

# Fallujah and the Uranium

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The introduction of so-called depleted uranium [DU] in modern warfare took place in 1991 in Iraq. Many soldiers caught a strange disease and many remained out of working capability in the years to come. Although they were out of focus of Western scientists, Doucet, in his article on the 'Desert Storm syndrome' [1] mentioned that also many children appeared to be victims of the same condition, which he suggested (among other possible aetiologies) to be caused by exposure to chemical and biological warfare agents, in particular depleted uranium ammunition. Anecdotic case-reports have since documented radioactive diseases by soldiers, who were only exposed for a limited time-span, whereas the recipients of the chronic pollution received little attention.

In a Russian study of 600 cases [2], an aerosol of mixed uranium oxide was shown to be the entry of DU-related toxicity, from where it spreads to other organs. Most remain in the body forever, but using the urinary excretion as a measure, Durakovic *et al* [3] succeeded to provide evidence that the pulmonary concentration of DU at the time of inhalational exposure can be quantified as late as 9 years later. A number of studies, which have neglected or extenuated the exposure of uranium to the soldiers are themselves neglected in this description.

In 2003, a new war against Iraq brought an even greater load of depleted uranium to Iraq. In April and in particular November 2004, the city of Fallujah was targeted by heavy attacks, by the latest occasion of which the city was completely destroyed. Exceptional increases in birth defects and cancer among the survivors led to the expectation that depleted uranium had been used in the heavy fighting between the Americans and the locals. In 2010, Busby *et al.* [4] performed a questionnaire involving 4,843 persons of Fallujah. Both among children and adults, they found increased incidence of Cancer, in particular leukaemia. Serious mutation-related health effects were indirectly shown by a high infant mortality in the first year of 80 per 1000 (9.7 in neighbouring Kuwait). Moreover, the relation of newborn boys to 100 girls, normally 105, was reduced. This epidemiological study can, of course, not tell, what is the reason for the disturbance hereby documented.

Such was, however, given in a study carried out by Alaani *et al.* [5], who analyzed hair from 25 parents of children with congenital anomalies in Fallujah. Many minerals were identified, but among them, only uranium was associated with the anomalies. Samples of soil and water were then also analysed and Uranium isotope ratios determined. Not depleted but enriched uranium was then found (the American forces had also denied use of DU in Fallujah). The authors concluded that these findings suggest the enriched uranium exposure is either a primary cause or related to the cause of the congenital anomaly and cancer increases.

The foreign troops may have withdrawn from Iraq. A destroyed and polluted land remains. See also Prof. Busby's contribution on the Internet:

<http://vaccineliberationarmy.com/usa-have-been-using-secret-nuclear-weapons-not-depleted-uranium-but-enriched-uranium-prof-chris-busby/>

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## Literature:

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- <sup>1</sup> Doucet I. Desert Storm syndrome: sick soldiers and dead children? *Med War* 1994;10:183-94.
- <sup>2</sup> Ushakov IB, Afanas'ev RV, Berezin GI, Zuev VG. [Depleted uranium: radiation and ecological safety aspects]. *Voen Med Zh* 2003;324:56.
- <sup>3</sup> Durakovic A, Horan P, Dietz LA, Zimmerman I. Estimate of the time zero lung burden of depleted uranium in Persian Gulf War veterans by the 24-hour urinary excretion and exponential decay analysis. *Mil Med* 2003;168:600-5.
- <sup>4</sup> Busby C, Hamdan M, Ariabi E. Cancer, infant mortality and birth sex-ratio in Fallujah, Iraq 2005-2009. *Int J Environ Res Public Health* 2010;7:2828-37.
- <sup>5</sup> Alaani S, Tafash M, Busby C, Hamdan M, Blaurock-Busch E. Uranium and other contaminants in hair from the parents of children with congenital anomalies in Fallujah, Iraq. *Confl Health* 2011;5:15.