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**by Mr. Mark Laity, NATO Acting Spokesman,
Lt. Col Scott Bethel, Dr. Michael Kilpatrick and Col. Eric
Daxon**

Mark Laity: (...inaudible...) scientific information about depleted uranium, its use, the medical effects of it. I have with me a number of briefers: on my left is Lt.Col Scott Bethel, he works for SHAPE down at Mons and he is going to brief on the use of depleted uranium and then how we safeguard our own troops and the handling procedures in the use of depleted uranium. On my right we have two briefers from the Pentagon: there is Dr. Michael Kilpatrick from the Office of the Special Assistant. Just beyond him, Col. Eric Daxon. Now these two gentlemen have just been briefing the North Atlantic Council. In other words, the briefing they are going to give you is exactly the same briefing that the Ambassadors of the North Atlantic Council have just received, so you are getting the same information. We'll start off with Lt.Col. Bethel, then we'll take the medical briefing and then we'll take questions which will be directed through me.

Lt.Col Bethel: Good afternoon. As Mr. Laity said, I am Lt.Col. Scott Bethel and I am from the SHAPE Operations Division and this afternoon I will provide you with some information on munitions that contain depleted uranium (...inaudible...). I will first briefly discuss the particular qualities of depleted uranium and how it's handled, next I'll describe its operational employment in general terms and finally I'll briefly discuss its use during operations in the Balkans. As Mr. Laity said, I will be followed by Col. Daxon and Dr. Kilpatrick, who will provide some of the medical implications.



Depleted uranium is a residual metal by-product of the uranium enriching process. Since most of the radioactive isotopes have been removed from it in the process, DU has only about 40 per cent of the radioactivity, but retains all of the extraordinary density and metallurgical properties that are characteristic in naturally occurring uranium. This makes munitions containing DU especially suited as (...inaudible...) weapons and I'll show you an example of an A10 30 mm round. This is an actual depleted uranium around on the top with the proper casing.

Mark Laity: So it is a real depleted uranium round?



Lt.Col Bethel: It is. For those of you who would like to know, it is inert, it will not go off, etcetera, so you don't need to flee the room.

Such munitions include rounds fired from main battle tanks such as the Abrams and the AMX 30, fighting vehicles and some aircraft cannon. DU is not used in any bombs. Because of its extreme density it cannot only act as a penetrator for a kinetic munition, but when used as a barrier it is difficult to be penetrated. For this reason, several NATO nations have experimented with incorporating DU into armour used on tanks. DU has also many commercial applications: these include use as ballast on commercial aircraft, and in the keels of sailboats.

DU rounds are handled and stored like any other live munition. All NATO rounds are stored along with other munitions inside bunkers until they are loaded into a delivery system. For the A-10, weapons loaders insert each round into the A-10 belt loading system, which is then transferred to the aircraft. These technicians have been handling these rounds since the A-10 was added to the US inventory in 1975. DU rounds are never loaded into the aircraft for non-combat missions. DU is used for combat missions only. The same is true for tank munitions; it is part of a standard combat load of the tank and for combat or contingency operations is stored along with other types of rounds inside the tank for immediate use if necessary.

Initially, in both Bosnia and Kosovo operations, the most significant weapons NATO and Partner forces had to contend with was armoured vehicles. In particular, VJ - or Yugoslav army - is very armour heavy. This was particularly true when the VJ or the MUP - which were the Yugoslav national police forces - were attacking civilians and conducting ethnic cleansing operations in both Bosnia and Kosovo. NATO solicited each nation during a force generation process to provide its very best resources for action as directed by the North Atlantic Council. To fulfil the air-to-ground and close-air-support role, the US offered the A-10. The capabilities and standard configurations of this aircraft are readily available in a variety of sources. But its primary weapons system is the GAU-8 or 30 mm gun. Its performance in The Gulf War solidified it as a premier armour destroyer, and when it became necessary to conduct an offensive operations against ground forces in the Balkans, the A-10s were called upon to deal with the armoured targets. In Bosnia, NATO used approximately 10,800 rounds during operations in support of UNPROFOR. The area where DU munitions were expended was confined to the so-called 20 km exclusion zone surrounding the city of Sarajevo. Two sorties were tasked in August and September of 1994. The majority of the A-10 sorties were during Operation Deliberate Force in August and September of 1995. No other DU rounds were expended in Bosnia. In Kosovo, NATO expended approximately 31,000 depleted uranium rounds. The vast majority were used against VJ and MUP armour targets along the westernmost part of the province where these

armoured units were engaged in an aggressive ethnic cleansing campaign against the Albanian population. Nearly one million ethnic Albanians were displaced into neighbouring countries at this time. Most missions flew in the areas between Pec and Prizren, with the highest concentration near Dakovica.

In conclusion, let me make four clear points. First, DU munitions are technically handled like all other live pieces of ordnance. A special threat assessment from the medical point of view will be given by Col. Daxon and Dr. Kilpatrick.



Second, DU munitions are only used during combat operations.

Third, during NATO campaigns in both Bosnia and Kosovo, the DU round was the most effective weapon to stop aggression carried out by troops using armoured vehicles.

Fourth, in July 1999, SHAPE received a message provided by the US joint staff outlining in general terms the hazards associated with expended DU as a precautionary warning message for force protection purposes. This message was forwarded to all KFOR troops and southern command groups and consequently, together with geographical details, distributed to UNMIK and to all NGOs. As an airman on the ground in Kosovo at the time, I can personally say that the COMKFOR made it quite clear to his staff, and on down the chain to individual persons like myself, that KFOR personnel were to stay clear of former target areas and particularly clear of destroyed vehicles.

In addition, KFOR forces were advised to strongly discourage Kosovar civilians and particularly children to stay away from these destroyed vehicles. This was to protect them from all hazards around former target locations, to include mines, booby traps, and unexpended munitions that were part of the arsenal carried by that target vehicle.

Mark Laity: Thank you very much. We'll now hand over to the medical briefers - Dr. Kilpatrick.

Dr. Kilpatrick: Thank you. I appreciate the opportunity to be able to share with you the facts that we in the United States have learned from the studies of our Gulf War individuals to try to understand the illnesses that they have experienced. I think one of the primary lessons learned is that it is critical to listen to the health concerns of personnel who are deployed to a war zone or peacekeeping zone. It is also imperative to understand what the expected rate of diseases will be in any population when you are trying to determine whether there is in fact an increased rate of disease because of an exposure that is anticipated or suspected to have occurred during a deployment. The designs of these research studies need to really look at the health effects from all relevant exposures. To

try to single in on one or two exposures may be missing the exposure that is important or critical for that particular health effect, and then finally, this medical research must follow the science and must be the logical scientific progression.

I think it's also extremely important that you understand the medical definition of a syndrome. Because I know that the individuals and patients all want to know what their diagnosis is, and when medical science can't make a diagnosis of symptoms oftentimes people jump to using the words syndrome. But a medical definition of syndrome is a set of similar symptoms that occur in all people who were affected and that there is a similar progression of these symptoms over time and then finally there is a similar outcome of the people who were experiencing these symptoms, such as death or disability. In our Gulf War veterans there are no unique symptoms that they have that people who did not deploy are not experiencing, so there is nothing unique from a disease or symptom standpoint of Gulf War veterans, and there are no increased rates of hospitalisation or death in Gulf War veterans, and so we are not able to meet the medical definition of a syndrome in those who served in The Gulf. And I think trying to apply those criteria to people serving anywhere else in the world is extremely critical. We know in the United States since the Civil War that people who serve in war oftentimes after that service will have symptoms that cannot be explained by medical science and so you expect to see symptoms after service but that is not a syndrome. DU - and again this is 40 per cent less radioactive than the natural uranium that is in the environment around us; in a square kilometre of soil one foot deep you can expect to find somewhere between two and seventy tons of natural uranium and depleted uranium is forty per cent less radioactive than that, and we're talking about very small quantities. There is no medical evidence in the literature or any scientific studies that have been done, that natural or depleted uranium causes cancers or any kind of leukaemia. And, finally, it is important that you understand that DU is also a heavy metal and has chemical properties. And, if someone has a large intake of that heavy metal as they would with lead or tungsten or any other munitions metal, you can have chemical effects and the kidney is the most sensitive organ to that chemical toxicity.

Let me talk a little bit about the medical surveillance we have been doing on Gulf War veterans who were in or on armoured vehicles that were struck with depleted uranium munitions in friendly fire incidents in The Gulf. Those who were seriously injured at that time certainly had the highest exposure. They breathed in the dust, they had the dust in wounds, about a third of those individuals affected have small fragments of depleted uranium still in their body too small to take out without causing further damage to these individuals. We have seen no cancers or leukaemia in this group, which has been followed since 1993. There has been no evidence of any subsequent medical problems that can be attributed to that DU exposure. Some of these people were burned at the time, they have wounds, amputations, so that they do have medical problems, but they have no subsequent problems that are as a result of

that DU exposure. As I said, one third of these individuals still have DU fragments in their bodies giving very high levels of depleted uranium in their urine, but there is no indication of any kidney damage since this time and that's since 1993. Obviously the injuries took place in 1991. Those who do not have fragments in their body have also had urine uranium samples done and they are all in the normal range. As I said, it's in the environment, we all excrete uranium in our urine normally.

Finally, leukaemia...looking at statistics in the United States, the rate of leukaemia are two cases per every 100,000 people per year and that "per year" is extremely important. If you look at five years after an event, exposure you would expect to see 10 cases per 100,000 people total. The causes of leukaemia are often not known. And yet we do have medical evidence after the atomic bomb blast in Hiroshima that there were an increased number of cases of leukaemia starting about two years after that exposure and peaking at about four to six years. You also see an increase in cancers and leukaemia and people who were being treated for cancer with chemotherapy agents, and again there is a latent period of a couple of years after treatment with chemotherapy agents before we see leukaemia. And, finally, we know that toxic solvents such as Benzene have been linked to subsequent leukaemia, and with toxic solvent the latent period is much shorter than with the other exposures.

I'm going to now turn the rest of the briefing over to Col. Daxon to talk about the science behind the depleted uranium.

Col. Daxon: My name is Col. Eric Daxon and I've been working with depleted uranium since about 1983. The first point that I would like to make is that all of us in here right now are breathing natural uranium. If you drank some water today you drank natural uranium. If you ate food, you ate natural uranium. If I were to take a urine sample or a sample of your lung from anybody in this room, I would find levels of natural uranium both in the lung tissue and in the urine sample. The average person has about 90 micrograms of natural uranium in his or her body just because of the natural uranium that's in the soil, so this is not a new substance.

We, and by "we" I mean the United States and the rest of the world, have intensively studied the health effects of uranium since the early 1940s. In the US, DOD and non-DOD organisations have been studying the health and environmental impacts of depleted uranium since the 1970s - about the first time that we started considering using these weapons - and these studies are continuing, but the one point that I really want to make is all health effects are related to the amount of a substance that's internalised. I've already told you that all of us here have uranium in them so the amount is really the key. What I'm going to talk about now is what the US has done to actually determine the amount of depleted uranium that folks can internalise either by eating, breathing it or in wounds and shrapnel.

Right now we are using depleted uranium in our Abrams battle tanks, in

our anti army munitions. The arrow that you see in the middle of that (slide) is solid depleted uranium, and that is what makes up the depleted uranium round. It is just a solid arrow - that is a 105 mm tank round and those depleted uranium penetrators are about that long, and those depleted uranium penetrators in the munitions that were fired in Kosovo are about that long and there about as thick as, I guess, a pencil.

Well, these depleted uranium munitions hit their target, pieces of it basically fragment off and depleted uranium ignites and it burns, and as it burns it creates a depleted uranium dust that is carried in the air, it's inside the crew compartment and it's on the vehicle and on the ground among the depleted uranium target area.

In order to characterize the amount of exposure, the amount of dose that can be internalised, the US has done over 35 studies that actually measure the amount of uranium in the air around the vehicle. There was actually one study that tried to measure the amount of uranium that's inside the vehicle that's actually penetrated and we've done a lot of environmental studies to try to measure the amount of depleted uranium that is released when these penetrators strike.

What we've found is that only personnel that are in on or near a vehicle at the time that vehicle was struck may internalise depleted uranium in excess of safety levels. That means crewmen inside a vehicle, somebody standing on top of a vehicle at the time it was struck.

The safety standards may also be approached by maintenance people. These are people that go inside the struck vehicle on a routine basis and do work inside that causes the depleted uranium to be re-suspended. We recommend routine precautions inside the vehicle not just because of depleted uranium but because of some of the other toxic substances inside the struck vehicle. It's just good hygiene and good practice to take the precautions that we are recommending.

This is just a listing of some of the key US consensus documents that talk about the health effects of depleted uranium. All these are readily available, either on the Web ,or probably in the library right outside I would assume.

Our decision to use depleted uranium has been reviewed several times, especially post Gulf War, first by the US National Institute of Health, Institute of Medicine, and all of these people have reviewed the health and environmental effects and impacts of our use of depleted uranium and have concurred with our basic conclusions on the use of these things, and there have been multiple US DOD panels, starting in the early seventies, that have been studying the health effects studying the exposure effects, for a very long time, and as we find a data gap we do work to fill that data gap. And I'll be talking about one of those data gaps in just a minute.

The UN Environmental Programme's 1999 report came up with

conclusions that are very similar to ours. The top one I think is the main one this group (...inaudible...) and the same literature we're using came to the first conclusion - the presence of DU is not an obstacle to (...inaudible...). We also found significant risk limited to personnel immediately and around the target. That's basically what I said in the conclusions, and personnel in the immediate vicinity during and immediately after an attack are the people who could receive exposures that are in excess of our safety standards. And that's the UN Environmental Programme's report, and I know they are actually taking samples at the moment in Kosovo, and as soon as those samples are analysed, the report will be written, and we're anxiously awaiting the outcome of that report.

These are some of the ongoing US efforts - the data gap that I was talking about - as we have found out we don't know as much as we thought we did about depleted uranium fragments, so we've had ongoing research since between 1993 and 1994, and as Dr. Kilpatrick mentioned, we've been following the veterans that had embedded depleted uranium fragments in them since the 1993-1994 timeframe. We have a (...inaudible...) task that's going on as we speak, there's a shot going on today and this is designed to verify our earlier measurements of the amount of depleted uranium that's actually (...inaudible...) inside a vehicle, so they (...inaudible...) air samples in the middle of an explosion and around that vehicle.

We've done a lot of environmental monitoring at all of our active test ranges, we've been monitoring some of our ranges for the past fifteen years. The Department of (...inaudible...) Affairs, Medical Surveillance Programme, Dr. Kilpatrick, talked about that already and we're starting a programme to introduce inter-laboratory comparisons to make sure that everybody's techniques are basically given the same (...inaudible...) it's a standard inter-comparison order, the same sample is sent around to labs and we basically see if the results are the same.

First of all, I can't emphasise enough that uranium has been extensively studied from both a radiological and toxological point of view and the intensity really picked up in the 1940s because of the Manhattan project. It has been shown not to be linked with leukaemia in humans. The medical surveillance of our highest exposed people - and those are the folks that are actually inside a vehicle when that vehicle is struck, so they have inhaled it and some of them have it in their lungs and some of them have embedded fragments - have shown no adverse health effects related to DU. And, again, we've had reviews by multiple US and non-US scientific organisations that come up with consistent (...inaudible...) that DU radiation in chemical doses are below safety standards and again the DU (...inaudible...) are on the way and we're going to verify that one more time, and the research on embedded fragments is continual, so that's the one data gap that we have. All the results of the current things, capstone tests, the embedded DU fragments and the medical surveillance are being published in the (...inaudible...) literature.

Mark Laity: Now I know a lot of that stuff is fairly undramatic, but it's what it's about, it's the calm, careful, scientific study. There's been a lot of fuss, a lot of copy, a lot of material written about DU, but the answer lies in the kind of studies being referred to here - careful, calm study. Look at it and draw your own conclusions. Now, we've actually put some of these reports being referred to today...we've put them in a document pile, which we're distributing now. It includes in it the Rand report, the UNEP report, WHO, you may find them useful, they are unedited; we've just basically compiled them and put them out. Look at them, read them, make your own mind up. There are also a few media reports there, newspaper correspondents who are science-based and so on, what they're saying. Again, they're unedited, we've put them there, read them and make your mind up, but I think it's time to read, think and then decide what you are going to say. I think there's an awful lot being said, and rather less thinking being done by some people, so I think - look at the issue, assess the issue - and we're now very happy to take your questions. Direct them all to me and wait for the mike to get to you.

Mia Doornaert, De Standaard: The question you get when you come with this scientific material, you get the question "well, if the study isn't dangerous, why then do you have to take precautions even after it has been used in approaching vehicles which have been struck with DU munitions"?

Col. Daxon: The precautions that we're recommending are standard hygiene precautions, they're used basically throughout the industry. If you take a look at some of the other industries, maybe the manufacture of cobalt or other comparable heavy metals, you'll see the same type of precautions. It's just the standard thing you would do. If you got dust on you, you would dust it off. If you're going into a place with very high dust loading, we'd recommend you put something - a mask - over your face, or some sort of respiratory protection, to keep the dust from getting into your lungs, and we're saying it's not just because of depleted uranium in the vehicles, but because of the other things that are in these struck vehicles. This is just standard industrial hygiene practice.

Lt.Col. Bethel: In addition, having crawled inside every struck vehicle in Kosovo, there are all kinds of dangerous and potentially toxic debris adjacent to these vehicles, including lost fuel that was in the vehicle when it was hit, unexploded ordnance, sharp edges where rounds may have gone in or explosions may have happened, a variety of toxic and very dangerous things that are around all these vehicles, and it just is not a place that you need to find yourself.

Mark Laity: The emphasis here must be the risks are not absolute, they are relative, there are some things that are very dangerous, some things that are not so dangerous - all of them require handling at the appropriate level - and I think that there's been a perception that, because you have to take the appropriate precautions at appropriate times with regard to DU, that that makes it very dangerous. It's a limited risk in limited circumstances and that requires safety precautions but that is not an

absolute danger, it is just being precautionary. All sorts of things have safety precautions.

Alex Nicholl, Financial Times: A question first of all, which I guess is directed to Dr. Kilpatrick. You mentioned toxic solvents, I wondered if you could just elaborate on that a little bit? I wasn't clear whether it was related to depleted uranium or whether you were talking about something completely different? And, I suppose the broader question related to that is, if there is something causing a cluster of illnesses in the Balkans or anywhere else, is it possible that it is something else that is causing it and not depleted uranium?

Dr. Kilpatrick: You've asked a very difficult question that scientific researchers need to be asking. And, when you have a cluster of illnesses, there is very commonly a hysteria that goes on, saying "why is this happening"? In the United States we have parents who have children with leukaemia, they all live near high tension power lines, they believe the high tension power lines are causing leukaemia in their children. Our Center for Disease Control took seven years to do a very controlled study, and after seven years, proved that children living near high tension power lines did not get leukaemia at a higher rate than children who lived far away from high tension power lines, and so these studies are very difficult to design and conduct. When we do see diseases that raise a concern of a cluster, you have to go back and find out what is the normal rate of that disease you would expect to see. So people say "well three people in the same unit came down with the same disease within six months", is that just a random odds chance or is that statistically a random number? And that's why you need to have the denominator - how many people were involved - and then how many people have the disease and then a control group that didn't participate in that kind of exposure. If you do find you have an increased rate of the disease then you have to try to figure out what do we know medically that can contribute to those diseases and that's where with leukaemia we know that there tends to be a higher rate on exposure to toxic solvents like Benzene. There's a higher rate after people get treated with chemotherapy agents for other cancers like cancer of the lung, they come up with a second cancer or leukaemia. And, certainly after the atomic bomb blast at Hiroshima, there was an increased rate of leukaemia in those people who survived the blast. And so we look back historically for the individuals who are ill today. It's critical that their physician be informed, inform himself or herself of the scientific data, and work on a compassionate way to take care of the patient and inform the family members of what we know scientifically. So, that's a very complicated issue that I'm trying to condense.

Mark Laity: On the issue of leukaemia, we do know quite a lot about - and you've seen it demonstrated here - that there is no causal link being demonstrated between depleted uranium or natural uranium and leukaemia, so I think the science is pointing very clearly in one direction. So, it's not an unknown factor, there's a lot of work been done on leukaemia, a lot of work been done on uranium, and the conclusion of the science is very clear on leukaemia - that most people have been talking

about - especially in the cases of some of the countries like Italy, where's there's been most interest in this subject.

Radio Belge : Est-ce que votre réponse veut dire finalement qu'il n'y a pas de problème spécifique de santé vécu par les contingents dans les Balkans qui présenteraient une similitude avec les problèmes vécus par les vétérans du Golfe ; autrement dit le syndrome des Balkans n'existe pas?

Mark Laity: I think you're asking them to draw (...inaudible...) cannot be diagnosed with a recognised medical disease. Symptoms of headaches, fatigue, muscle aches, joint pains, memory loss, multiple symptoms and the rate of those symptoms is about three times higher in people that went compared to people that didn't go, and this is after many years of medically assessing these individuals. We do not have the same sort of data from people who served in Kosovo or Bosnia. We do not have the same sort of assessment medically so I really can't make comparisons. We would expect to see symptoms, as I said before, in anyone who was deployed, and that's where medical assessment is so important for those who deployed to have done, to answer their medical concerns. Now when it comes to depleted uranium in The Gulf we have not been able to see any indication of any medical problem from those who had the highest exposure, who were in or on a vehicle which was struck with depleted uranium - about half the crew survived those hits, half died - and among those that survived we've not been able to see any medical problem now, nine years later, and they had, we know, the highest exposure to depleted uranium of anyone who served in The Gulf.

Mark Laity: I think, again, before we get too carried away, the issue around here has mostly been with leukaemia, where there isn't a range of symptoms, we know what leukaemia is, and the linkage just simply isn't there according to the science.

Question: This isn't strictly a medical question, but what other material that has this high density characteristic that might work equally well - tungsten or something like that - what is the comparison in terms of what other materials might be used for penetrators like this?

Lt.Col. Bethel: No, there's not anything that's better than depleted uranium.

Question: I'm talking on economics of it, on strictly metallurgical terms.

Lt.Col. Bethel: No.

Question: Why?

Lt.Col. Bethel: Well, we wouldn't use it otherwise. As far as I know, there's not an equal metal that does as good a job of penetrating armour as depleted uranium.

Col. Daxon: I can help out on that a little bit. The primary reason is depleted uranium actually self-sharpens as it penetrates because of its metallurgical properties. Tungsten on the other hand mushrooms, so a depleted uranium penetrator starts out about that thick and as it's penetrating it becomes about that sharp. A tungsten penetrator starts out about that thick and as it's penetrating it starts to mushroom and that means the difference between a single shot kill at 3000 m for a DU round versus 2000. The numbers are over magnitude, they are not exact. It's a significant tactical advantage.

Lt.Col. Bethel: And there's been a significant amount of effort as far as development goes to find the best. If something were to surface that way we would use it.

Dr. Kilpatrick: And if I could just add from the medical standpoint, we know that the heavy metal chemical toxicity of things like nickel, tungsten, titanium are very similar to depleted uranium, and so if we were to have people exposed to that heavy metal we would still be faced with the potential of that chemical toxicity.

Mark Laity: Yes and the same limited risk in limited circumstances.

Jonathan Marcus, BBC World: Yes, you quite rightly pointed out that before we can really proceed here any further we need to know is there actually a medical problem that has to be addressed? There are clearly people that are ill, including a lot of hysteria and concern in the media, is it possible yet to tell whether the incidence of leukaemia among the Italian servicemen, or indeed in some of the other countries that have claimed to have similar illnesses, is it possible to say whether the incidence of leukaemia in those cases is higher than one would have expected among a similar age group in those countries?

Dr. Kilpatrick: I can't provide you an answer because I don't know the data from the region where the people came from, and those are the critical issues. If you have a national healthcare database that is electronic you can get those answers very quickly.

In the United States, healthcare is in the hands of private physicians, there is no national database. If a disease is not reportable to the national interest then you are struggling uphill, and so I wouldn't try to answer that question, it would be best given to the people that have national health concern in the country involved.

Mark Laity: I think the point too is that epidemiological studies take a long time, and it emphasises that the answers to some of the questions raised can't be answered overnight. Careful science takes time.

Mr. Krasniqi, Kosovo newspaper: All we hear is talk about one side of the story - is DU causing illness in the soldier or not - but the other side of the story is - what is the cause? Can you give an answer to that?

Mark Laity: No, NATO is a military alliance, we're being asked (...inaudible...) approached about issues such as depleted uranium - that is our issue - but there are a whole variety of organisations involved in things like environmental health, this is not just NATO. Depleted uranium is the issue here today.

German press agency: You would expect that the Serbian soldiers that were exposed to most of the uranium dust when they were sitting in their vehicles or around their vehicles, is there any figure about leukaemia cases from the Serbian point, any figures given from the Yugoslav Foreign Minister this morning?

Mark Laity: We've had discussions this morning on it, but I wouldn't want to reveal what those were, but the Serbians have said publicly and it's just a matter of record - you can go through the wires and so on in the same way as me - but they've not detected any problems. They've got depleted uranium sites that they want our help with, but they have not detected any problems, and if their VJ and civilian spokesmen are on record as saying that, so they can speak for themselves. As a point of information I can pass that on to you, but I'd advise you to go to them direct.

Question: I want to know if you shared the information that you have been studying depleted uranium since The Gulf War, and I want to know if you shared it with the other 19 Allies, because you talked about precautions, and especially in Italy, the Italian army is lamenting that it knew too late, only in December 2000, so they are a bit worried?

Mark Laity: I don't know - if you don't have a specific answer or whether it's generally shared information.

Dr. Kilpatrick: All of the data collection that our organisation has done has been put on the Internet under www.gulflink.osd.co, we have shared that with again our people that participate in organisations like NATO, the UN, with any of the Allies, it's been shared with the coalition that was involved in The Gulf War, so that information wasn't tucked away anywhere. How it could have been used or was used - I don't know the answer to that - by the different nations that had concerns about depleted uranium, but that information has been in the public domain.

Mark Laity: Essentially this is science. It's not military, it's science and this is open-sourced information, it's available to anyone who wants it and it's all there and that's why they came and they've been so frank with you and that's why we've put documentation outside. There's no mystery about depleted uranium, it's a common material. If you flew here, then the airplane you flew in probably had some depleted uranium. If you were lucky enough to sail in a yacht, it might well have had some depleted uranium. Depleted uranium is common and therefore there's no mystery about it, and I think people are trying to make a mystery of a product that is not mysterious and to also make mystery about science which is essentially open. Scientists talk to each other and they use the

internet. There's a lot of information out there.

Nicholas Fiorenza, Armed Forces Journal: Which NATO countries use depleted uranium in their munitions and the countries that don't use it, why is that?

Mark Laity: It's up to individual countries to say that. Individual countries make individual choices. NATO's an alliance, if you want to go to individual countries that's fine, but you've heard what's said about the effectiveness of munitions, no-one is denying its effectiveness and countries decide whether they want to use it or not.

Question: On a notamment émis en France l'hypothèse de mauvaise administration de vaccins dans le cas de la guerre du Golfe. On en parle aussi dans le cas des Balkans. Est-ce que c'est une piste que vous avez exploré?

Dr. Kilpatrick: As far as The Gulf War, we've explored many possible events where people were concerned that could cause illnesses. Vaccinations were one of those and we have not been able to find anything related to vaccines, either number of vaccines or types of vaccines that were given and subsequent illnesses or symptoms in Gulf War veterans. Further, we took a look at (...inaudible...) bromide, which was given to protect people against nerve agent exposure - we did not see any association there. We looked at low level nerve agent that occurred at a place called (...inaudible...) where our troops blew up rockets filled with this nerve agent - nearly 100,000 US troops were exposed to very low levels of nerve agent - we've not seen any negative medical consequence equalling that area of exposure. So we've looked at about 12 different things, we've looked at combinations, the research still goes on. Some 190 projects have been funded and 155 million dollars are being spent to try to get answers to a science which literature doesn't have answers today, but we do not have any exposure to date that we can say is causally linked to the symptoms in any of our Gulf War veterans, so science takes time...if we had answers faster, it's been 10 years now and we still have a lot of unexplained symptoms.

Mark Laity: Ok, I'm afraid we're going to have to wrap it up now, we've given you a fair wallop, so thank you very much. I'd like to thank the briefers. I'd like to remind you though Internet is there, we have taken stuff off it, there is objective information out there to be read and you can read the stuff we've collated for you. Thank you very much everyone.

