

Correspondence

Depleted uranium. *Is it potentially involved in the recent upsurge of malignancies in populations exposed to war dust?*

To the Editor

I read with interest the leading article by Shelleh entitled "Depleted Uranium. Is it potentially involved in the recent upsurge of malignancies in populations exposed to war dust?"¹ I would like to thank him for that; it is a breakthrough for both the author and the journal to arouse such combined medico-military issues, and thus widening the space of movement of medical research.

The paper carries a genuine concept with suspected anti-depleted Uranium (DU) material witness from the practical medium. That may form a good start for researchers to pick up these medical remnants and dystrophies from the battlefield soil, even after the war is over, and work on them. Although too late to do - as the DU has been already fired and sprinkled, this necessary work may save the future generations of new everlasting destructive carcasses in their environment. The work carried out by Al-Waiz et al² are examples of the human-medical duty of researchers, and should not be the last. Unfortunately, the work, which should have been carried out prospectively, is attempted now retrospectively.

Researchers from Iraq and Balkan, and possibly from Libya should give retrograde feedback reports regarding what DU cored ammunitions created in their late battlefields, what was the effect on man, animals and plants, on households and countryside, and what was the effect on psychology, embryology, and anthropology, what did it do deep in the cell biology, and what are the medical perspectives if it continues? How valid still is the environment for lives, and which life exactly. What is the possibility of dusting DU or chelating it? How long will we allow militarists to play haphazardly with the environment; the cradle where the human seeds grow up and mature. And before this, why they brought such poly-poisonous material to our bedrooms and farms, where our generations and we, dream and breathe. Yes, we are sick, it is from the human rights to tell those who will potentially be treated what are you going to dissect, and insert into them and their environs. The green environs should not become red by the bull-fights.

If a child is killed, then the entire humanity is killed. To think that your children live there, then do; it is easy to throw a bomb here when you live safely far away there, although children are the combined blossoms of the earth, and worth our combined care.

The DU is almost Uranium in toxicology, and radiology. It is as catastrophic as Uranium, it has even changed the behavior of cancers. The military experts did not even leave man with the adversary he knows. They have spoiled the adversary; they grieved the modest course of classic Kaposi sarcoma. The proposal of a new type; "DU induced KS" by the author is quite rational besides the other types; the HIV induced, and the immunosuppressive induced types, and so forth. It is a new "invention" by the military experts but in human medical field now.

The KS cases of Al-Waiz et al² behaved quite differently from the known classic KS cases. The possibilities of this proposal should be investigated by further research in Iraq and in other DU contaminated regions, in addition to the incidence of congenital anomalies and upsurge of new syndromes and cancers, and uprise of the incidence of known cancers. Mortality and morbidity should be well-observed and reported from now on, in DU polluted areas.

We were shaken by previous study³ of Basra Cancer Treatment Centre who reported the dreadful rise of local cancers from 11 per 100.000 in 1988 to 75 in 1998, to 116 in 2001, 10 folds in 13 years, a fold a year. What happened in Al-Basra to flare up with cancers, and where are the health authorities to do something? Yet, geno-mutations and geno-toxicity is not an acute process, it may take few offsprings to announce clinically and present completely, and thus, researchers should keep an alert eye. We express our regards for Busby's research⁴ in Fallujah, which supports the existence of serious mutation-related health effects on stillbirth; 4 folds more in Fallujah than in Egypt. We add our voice to the author's regarding "banning the use of DU until full -evidence-based decision- regarding safety is clear¹. Military materials should obtain a safety certificate before going to kill, but not after as long as man is not a laboratory rat to start with, in fatal trials"⁴. Last but not least, wisdom becomes a black myth unless followed by practice. We suggest that in addition to the recommendations of the authors, the creation of an "Anti DU Setup" as a civil medical pressure body, which should rise from the soil of pain and sufferings; from the victim's fields, and spread globally, in order to get efficient international fans and supporters. Nobody will pick out the thorns from your ole unless you shout. You can easily do it, please do.

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Reply from the Author

I would like to thank you and thank Dr. Al-Fahaad for his comment on my leading article regarding “DU and the upsurge of cancers”,¹ I fully agree with what he stated, and consider it as a completion of mine. Since my paper was published, this is the first supporting letter I received, and I got few offending vulgar letters from unknown sources on my e-mail, letters which really sounded pleasant for me. It made me feel that I am on the right cue, and I did touch a sensory tender point to those involved in DU misuse, otherwise, if you are solid and confident of your deed, why to get irritated by a rational request and scientific appeal.

We offered a very simple and reasonable message: “fight as much as you like- you military experts- but use healthy tools, which do not disturb the sleeping Queen (the environment), and her princes (the children). Do not disrupt the site and time; the cradle, which these princes live in. Do not leave an unseen agenda of death in soil, air and livestock, and there; far deep in the genes, an agenda of DU, which is programmed to act independently, indefinitely, and irresponsively, while the war has been over long ago, or thought to be so. Prove first that DU does not set up an everlasting devastating effect and then shot it. Try (but far away from man), confirm, conclude, and then use, that is the scientific regime we all believe in. I am not sure, to which extent were such scientific rules applied before DU was generously used on man’s head; was it the scientific “trial”? However, this was the message of the paper, I wonder here how can such a human message upset somebody, whereas the flow of cancers and congenital anomalies is hitting now -yes, now- some children somewhere, and it does not affect them at all.

On the other hand, reaching out to the topmost level of international health community, the matter there looks as if a decision has been taken pro-DU usage in the armory with coverage and approval of WHO, although multiple research were against it, and although proof of public safety has not yet been authenticated. This can be drawn from some distinct research published in the literature. I do not want to screen all the related literature here, but Dyer’s is an example;³ “there might have been a lot of “behind closed doors” vague talks, in which public health, official orders, and individual benefits merged together, the renewal of contracts were on the table as well”. That seems a sorrowful story when public health does not come first even in the uppermost health international house, and the other opinion regarding DU goes into obscurity behind closed doors talks. Baverstock, a member of the editorial team that produced the 2001 WHO report regarding the “Health Effects of Depleted Uranium”⁵ claimed that a research indicating carcinogenic effect

was deliberately suppressed. He tried to submit the research of evidence of DU genotoxicity from the Armed Forces Radiobiology Research Institute of the US Department of Defense, however, Mike Repacholi, the WHO scientist who oversaw the team, refused to include the research in the final WHO report, although genotoxicity was already supported in 2001 by 8 other studies, and by approximately 20 others later on.³

But why was it refused? According to Dr. Repacholi, the decision to exclude it “went right up to the Director General’s office”, and was based partly on the dissonance between it and the rest of the report. “To have a paper from another WHO staff member that says we absolutely think it is harmful makes WHO look a bit odd, and looks like WHO is not in control of its shop.”³ So, WHO does not absolutely think that DU is harmful but relatively, this is the other meaning of the statement. The WHO made the decision regarding DU depending on: 1) the desire not to be odd, by stating that DU is harmful; 2) the desire to issue a report of harmony without dissonance, even if the second opinion, which found evidence of genotoxicity from DU was suppressed; and 3) the desire to control its shop, and to speak in one tongue, even in anti-democratic and anti-truth accent.

What about if the second “harmful” opinion proved to be true, later supported by the potential proof of the field, or say relatively true -at least-, why not to keep the door of report semi-opened as the scientific doors should always be, specially in controversial cases. According to Dyer,³ Dr. Baverstock later planned to co-write an article in the International Journal of Radiation Biology discussing the findings but was prevented from going ahead under the terms of his WHO contract. He kept silent at that time because he was negotiating the renewal of his contract as a WHO consultant. The Department of Defense’s research was eventually reported by New Scientist Magazine in 2003.⁶ My apology in going into this dilemma, which looks like something wrong was going on just before the Iraq invasion and the great bang of DU.

I thank again Dr. Al-Fahhad for his comment on my report, and look forward to a clear, unbiased, evidence-based scientific decision towards DU by the respected WHO, and to a stronger response by the readers specially from the DU polluted victimized regions, and also to a better human bright, and healthy future for the Queen; the environment. May the Almighty bless her, and bless you all.

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Ethical Consent

All manuscripts reporting the results of experimental investigations involving human subjects should include a statement confirming that informed consent was obtained from each subject or subject's guardian, after receiving approval of the experimental protocol by a local human ethics committee, or institutional review board. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.