



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

SEP 10 2004

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (SAF/MR)

SUBJECT: Operation Iraqi Freedom Depleted Uranium Bioassay Results and
Semi-Annual Data Submission

Reference: Health Affairs (HA) Policy 03-12, "Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management," May 30, 2003, and Assistant Secretary of Defense (Health Affairs) (ASD (HA)) Memorandum, "Operation Iraqi Freedom Depleted Uranium Medical Management," April 9, 2004


The ASD (HA) memorandum of April 9, 2004, requested the initial reporting of the Services' DU urine bioassay results by May 9, 2004, as required under the above referenced HA Policy 03-12. The ongoing identification, evaluation, and clinical management of Operation Iraqi Freedom personnel possibly exposed to DU are vital to their well-being and to the continued use of DU munitions and armor in U.S. military operations. As a result, I request you provide your second semi-annual update on the implementation of the HA Policy 03-12 for the period April 2004 – September 2004 to my office by November 1, 2004. Please provide subsequent submissions every six months from that date.

A summary of the initial results covering a period of June 3, 2003 – March 31, 2004, is attached. The results are positive for the Department of Defense (DoD), only 14 out of the 766 tested were identified with total uranium levels above the upper bound of the U.S. population reference range, and only five had indications of DU in their urine. The fifth individual has retained fragments which have yet to be removed and analyzed, but they likely contain DU fragments.

Attachment 2 provides slightly revised data tables for the next data submission to more closely correspond with the Services' laboratory testing and reporting procedures. Please ensure everyone who undergoes a DU bioassay is personally notified of the results (and the interpretation of the results) in a timely manner, and your Service actively tracks these notifications to ensure they occur.

More detailed supplemental information and clinical guidance on these topics and others is now available on the DoD Deployment Health Clinical Center website,

www.pdhealth.mil. My point of contact is Colonel Deneice Van Hook, 703-578-8523, or Deneice.VanHook@deploymenthealth.osd.mil.


William Winkenwerder, Jr., MD

Attachments:

As stated

cc:

Assistant Secretary of Defense (Reserve Affairs)
Director, Joint Staff
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Assistant Deputy Under Secretary (ESOH)
Director, Health and Safety, USCG
DoD Deployment Health Clinical Center
Department of Veterans Affairs
Baltimore VA Medical Center (Dr. Melissa McDiarmid)

**Service Summary OIF Depleted Uranium (DU) Bioassay Results
June 2003 – March 31, 2004**

	Army	Navy/ Marines	Air Force	Total	Elevated Total Uranium ≥50ng/g cre	Urine DU detected/ indicated	Retained Fragments
Level I	107	32	1	141	4	5	5 (DU)*
Level II	107	195	3	305	8	0	0
Level III	52	0	2	54	0	0	5 (non-DU)
Uncat- agorized	267	0	0	267	2	0	0
Total	553	227	6	766	14	5	5/5

* One individual of the five has suspected DU fragments, based on indications that his urine contains DU, but none have been removed and analyzed yet.

3								
4								
5								
Cumulative Totals⁷								

Notes:

1. Positive response to Question 37a or 37b on the DU Exposure Questionnaire— (DoD Form 2872 Test)
 2. Urinalysis < 50ng Total Uranium per gram creatinine
 3. Urinalysis ≥ 50ng Total Uranium per gram creatinine
 4. Urinalysis ≥ 50ng Total Uranium per gram creatinine, initial and follow up specimens
 5. Report the criteria used to determine whether the presence of DU was detected or indicated by the bioassay procedures.
 6. If fragment metal composition is known, identify the major constituents; use additional sheets if necessary.
 7. Cumulative totals will reflect total for the entire reporting period (beginning 30 June 2003)
 8. Bioassay is only required if the fragment contains DU or if Level I or Level II exposure is suspected or known.
- * Enter only the number of Level III exposed personnel who received a bioassay.