



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

23 Jan 12

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (INSTALLATIONS
AND ENERGY)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
COMMANDER JOINT TASK FORCE NATIONAL CAPITAL
REGION-MEDICAL

SUBJECT: Operation IRAQI FREEDOM/Operation NEW DAWN Depleted Uranium Bioassay
Results - 16th Semi-Annual Report and Policy on Future Data Submissions

The Assistant Secretary of Defense for Health Affairs' (ASD(HA's)) memorandum, "Operation IRAQI FREEDOM/Operation NEW DAWN Depleted Uranium Bioassay Results – 15th Semi-Annual Report and Request for Data Submission for 16th Semi-Annual Report," dated August 3, 2011, requested the semi-annual submission of the Military Departments' Operation IRAQI FREEDOM (OIF)/Operation NEW DAWN (OND)-related depleted uranium (DU) bioassay results. The attachment summarizes the data submitted for the latest semi-annual reporting period (April 1, 2011 through September 30, 2011), as well as the cumulative bioassay results since June 1, 2003.

During this period, the U.S. Army reported nine urine bioassays from OIF and OND, while the U.S. Navy and the U.S. Air Force reported none. Since the beginning of this program, a total of 2,701 U.S. Service members have undergone DU urine bioassays. A total of 10 Service members, with none during this reporting period, have had confirmed detections of DU in their urine. All of those Service members were referred to the Department of Veterans Affairs' long-term DU follow-up program. None of them has had total (depleted plus natural) urine uranium levels or depleted uranium levels that have caused or are expected to cause adverse health effects.

Because of the small number of urine specimens tested now for DU, concurrent with the military drawdown in Iraq, the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) will no longer require routine, semi-annual reporting of DU urine biomonitoring data by the Military Departments, although collection and testing of specimens and retention of data by the Services will continue as before. Should any Service member test positive for DU (using your current laboratory criteria), notify the Office of Force Health Protection and Readiness (FHP&R) within 30 days.

This change in the reporting of data from the Services' DU urine biomonitoring programs does not alter the current policies on analysis and reporting of embedded metal fragments (See

HA-Policy 12-001

HA Policy 07-029, "Policy on Analysis of Metal Fragments Removed from Department of Defense Personnel" (December 18, 2007); and ASD(HA) memorandum, "Operation Iraqi Freedom Depleted Uranium Bioassay Results – Ninth Semiannual Report and Request for Data Submission for Tenth Semiannual Report," (September 30, 2008)). The U.S. Army Public Health Command, the Joint Pathology Center, and the U.S. Air Force School of Aerospace Medicine should continue to report their analytic results for the metallic elements identified in any metal fragments removed from OIF/OND or Operation ENDURING FREEDOM Service members to permit us to assess any long-term health hazards that may be associated with specific metal fragments.

Please refer any questions on this memorandum, and submit metal fragment analytic results, to Dr. R. Craig Postlewaite, Program Director, Force Readiness and Health Assurance, in OASD(HA)/FHP&R. Dr. Postlewaite may be reached at (703) 578-8513, or Craig.Postlewaite@tma.osd.mil. Additional information and clinical guidance are available on the Department of Defense Deployment Health Clinical Center Web site, www.pdhealth.mil.



Jonathan Woodson, M.D.

Attachment:
As stated

cc:
Assistant Secretary of Defense (Reserve Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Joint Staff
Assistant Deputy Under Secretary of Defense (Environmental, Safety and Occupational Health)
Director, Health and Safety, United States Coast Guard
Director, Department of Defense Deployment Health Clinical Center
Under Secretary for Health, Department of Veterans Affairs
Baltimore VA Medical Center (Dr. Melissa McDiarmid)
Commander, United States Army Public Health Command
Commander, United States Air Force School of Aerospace Medicine
Interim Director, Joint Pathology Center

**Service Summary of Operation IRAQI FREEDOM/Operation NEW DAWN
Depleted Uranium Bioassay Results
16th Semi-Annual Report (April 1, 2011–September 30, 2011)**

Level	Army	Navy/ Marine	Air Force	TOTAL	Confirmed Elevated Total Uranium	Confirmed Depleted Uranium (DU) Detected in Urine Specimen	Retained Fragments or Fragment- Type Injury
I	3	0	0	3	0	0	0
II	3	0	0	3	0	0	0
III	3	0	0	3	0	0	0
Uncat	0	0	0	0	0	0	0
TOTAL	9	0	0	9	0	0	0

**Service Summary of Operation IRAQI FREEDOM/Operation NEW DAWN
Depleted Uranium Bioassay Results
16th Cumulative Report (June 1, 2003–September 30, 2011)**

Level	Army	Navy/ Marine	Air Force	TOTAL	Confirmed Elevated Total Uranium	Confirmed DU Detected in Urine Specimen	Retained Fragments or Fragment- Type Injury ^{a,b}
I	365	71	3	439	6	9 ^c	29
II	588	98	14	700	0	0	5
III	339	92	10	441	0	0	10
Uncat	1,108	13	0	1,121 ^d	0	1 ^c	33
TOTAL	2400	274	27	2701	6	10^f	77

^a Navy and Air Force data is based on positive responses to question 37 on VA Form 10-9009D or DD Form 2872 TEST. Army data is based on submission of fragment for analysis, due to inconsistency in questionnaires submitted.

^b Includes individuals with Level I, II, or III exposures who experienced injury with fragments not composed of DU.

^c Includes one Air Force member who had a small DU fragment removed from his eyelid. His urine had detectable levels of DU at the time of fragment removal, but was negative for DU on the confirmatory test several months later.

^d Uncategorized exposures consist of tested individuals with incomplete exposure information.

^e One uncategorized individual with elevated bioassay results consistent with a retained DU fragment has separated. He originally submitted a spot urine specimen rather than a 24-hour specimen, but because of the elevated DU level, he was categorized as a confirmed exposure and was referred to the VA's DU Follow-up Program.

^f Seven of these personnel have confirmed DU embedded fragments or fragment injuries. Of the remaining three personnel, one indicated that he was not wounded, one was unsure about possible wounding, and no information about wounding was provided for the third individual.