

Why are they dying?

More questions over US military fatalities in Iraq

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On July 31, the US Army Surgeon General's office announced that it had dispatched teams of medical experts to investigate the causes of a severe pneumonia-like condition afflicting American soldiers taking part in operations in Iraq. The military informed the press that two healthy young soldiers had died from alleged pneumonia and approximately 100 personnel had fallen seriously ill. Since then, there have been at least four more unusual deaths of US servicemen in Iraq for which no adequate explanation has been made public.

On August 6, the Defense Department announced that Specialist Zeferino Colunga, 20 years old and a member of the 2nd Armored Regiment, died at the Homburg University Hospital in Germany. He was evacuated from Iraq on August 4. The Department of Defense press release stated: "His death was unrelated to the recent cases of pneumonia in Southwest Asia."

Specialist Levi Kinchen, a 21-year-old member of the 2nd Armored Cavalry Regiment, died on August 9 in Baghdad. The Department of Defense listed the cause of death as a "fellow soldier tried to wake Kinchen and noticed he was not breathing." Private Matthew D. Bush, 20 years old and a member of the 10th Armored Regiment, was also found in his bed by a fellow soldier on August 9, who "noticed he was not breathing."

Army Staff Sergeant Richard Eaton, 37, a veteran of US military intelligence, died on August 12. Military officials initially told Reuters that Eaton is "thought to have died from fluid in his lungs," a condition known as a pulmonary edema. Pulmonary edema can be caused by lung injury inflicted by extreme heat, toxins or poisonous gas, a severe respiratory infection or an excess of body fluid such as occurs during kidney failure.

A subsequent article appearing in the August 14 *Washington Post* cited military officials implying that heat stress—caused by the searing Iraqi summer—was responsible for the deaths of Eaton and the two other soldiers found dead in their beds. All three cases were said to be under investigation.

The initial reports of a pulmonary edema, however, raise further questions about whether American troops are dying due to exposure to depleted uranium.

The medical details of one of the deaths from the alleged pneumonia have been widely publicized. Private Josh Neusche, 20, collapsed in Iraq with respiratory problems on July 2 and died on July 12 as a result of a subsequent breakdown of his kidneys and other organs.

In an August 4 article, "Are American soldiers in Iraq dying due to depleted uranium?" the *World Socialist Web Site* pointed to the parallel between the symptoms of Neusche and the known effects of exposure to high concentrations of depleted uranium. Inhalation or absorption of large concentrations of depleted uranium-contaminated particles would produce acute respiratory problems and severely damage the kidneys—potentially triggering the medical symptoms of a pulmonary edema, for example.

Neusche's family in Missouri has released what details it has uncovered about the circumstances surrounding the young soldier's death. Based on letters and information provided by fellow soldiers, his parents, Mark and Cynthia Neusche, believe the last operation their son was involved in was clearing rubble from one of Saddam Hussein's bombed-out palaces in Baghdad. Missouri Senator Ike Skelton told the press: "The Army has confirmed that three or four of the

soldiers in Josh's unit are among those who got sick.”

This revelation clearly raises the likelihood that some contaminate in the environment in which the soldiers were working—a bombed palace of the former Iraqi regime—was the cause of their respiratory problems.

The possibility has been raised, including by Neusche's father, that the soldiers stumbled upon a hidden cache of Iraqi biological or chemical weapons. The fact the Bush administration has issued no triumphant declaration that it has finally located “weapons of mass destruction” tends to discount this scenario.

The palaces of Saddam Hussein were subjected to heavy bombardment by US aircraft during the invasion, partly in an effort to assassinate leaders of the Iraqi regime. Among the ordinance that is likely to have been used on such targets are the so-called “bunker-buster” bombs. Analysts believe the “dense metal” used in such bombs to enable them to penetrate deep into suspected underground bunkers is depleted uranium (DU).

Dai Williams, an independent DU researcher from Britain, wrote in the introduction to a January 2002 report: “A 2-ton DU warhead, suspected in the GBU-28 & 37 Bunker Buster bombs, would deliver *50-100 times more DU oxide contamination* per target than the 30-mm DU antitank shells fired by A10 aircraft in the Balkans War. This risk could totally alter previous evaluations of the health and environmental hazards of DU to civilians and troops, past present and future, in combat zones from Iraq and the Balkans to Afghanistan” (emphasis in the original). [See <http://www.eoslifework.co.uk/du2012.htm> for full report]

To date, the Pentagon has released no details about the last assignment of Eaton and the other two young men who died in their beds. Nor has the US Army Surgeon General's office released any information about the investigation that it is conducting. None of the media organizations with the resources to do so have yet surveyed Iraqi hospitals to ascertain whether pneumonia-like conditions or pulmonary edemas are being reported in increased numbers among former Iraqi soldiers or the broader Iraqi civilian population, who were also exposed to the lethal byproducts of US depleted uranium munitions.

Such a survey appears to be warranted.



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