

The Silent Genocide from America

*Mohammed Daud Miraki, MA, MA, PhD
Director Afghan DU & Recovery Fund*

When Bush jr. said, "we will smoke them out..." he lived up to his promise, making life an unattainable reality for the unborn and unsustainable reality for the living sentencing the Afghan people and their future generations to a predetermined death sentence.

"After the Americans destroyed our village and killed many of us, we also lost our houses and have nothing to eat. However, we would have endured these miseries and even accepted them, if the Americans had not sentenced us all to death. When I saw my deformed grandson, I realized that my hopes of the future have vanished for good, different from the hopelessness of the Russian barbarism, even though at that time I lost my older son Shafiqullah. This time, however, I know we are part of the invisible genocide brought on us by America, a silence death from which I know we will not escape." (Jooma Khan of Laghman province, March 2003)

These words were uttered by an aggrieved Afghan grandfather, who saw his own and that of others' familial extinction at the hands of the United States of America and her allies. Another Afghan, who also saw his demise, said:

"I realized this slow, yet certain death, when I saw blood in my urine and developed severe pain in my kidneys along with breathing problems I never had before. Many of my family members started to complain from confusion and the pregnant women miscarried their babies while others gave birth to disabled infants" (Akbar Khan from Paktika province, February 2003)

The perpetuation of the perpetual death in Afghanistan continues with the passage of each day. Every day, people see the silent death striking their families and friends, hopeless and terrified at the sight of the next funeral in their minds' eyes. This indiscriminate murder of the Afghan people continues while those, whose tax money paid for the monstrous weapons and brought about this genocide pretend as though all is well. The horrific pictures of those dying remain in the memories of those still alive while fearfully waiting for their turn of disaster. The pregnant women are afraid from giving birth to babies--horrified to see a deformity instead of a healthy child. This is the legacy of the US "liberation", an indiscriminate murder of the weak and the unarmed that do not have any means of self-defense. In fact, there is no defensive measure against such Weapons of Mass Destruction because these deadly particles of uranium oxide--the dust formed after uranium pulverizes upon impacting a target--remain in soil, water and cover the surface of vegetation for generations to come.

When a US bomb or that of her allies landed on an Afghan village or town, the land and its people have become part of the deadly legacy of silent death. This death sentence is different from any other type since it condemned the people, their land, and future

generations to an inescapable genocide. The tragedy that makes this state of affairs so dreadful is the unavoidably invisible threat that targets everyone indiscriminately. Moreover, the threat has become endemic to the fiber of existence, contaminated the land, water and its inhabitants. In fact, when Bush jr. said, "we will smoke them out..." he lived up to his promise, making life an unattainable reality for the unborn and unsustainable reality for the living, hence, sentencing Afghan people and their future generations to a predetermined death sentence.

The true extent of this disaster is unfolding as time goes by. In light of the continuous revelations about the quantity and types of weapons used in Afghanistan, the worse has not yet fully materialized. Everyday, US AC 130 gunships, A-10s and B 52s bomb Afghan villages and towns whenever a unit of US troops encounter resistance. Consequently, not only, the perpetual death continues but rather, every round of depleted uranium is one additional nail in the collective coffin of the Afghan people.

The usage of great number of munitions and armaments dropped by US jets resulted in upsurge of various health problems weeks into 2002. This pattern is different from that experienced by the Iraqi after the first Gulf War where it took years for many of the birth defects, deformities and other health conditions to surface. This points to the enormity of uranium weapons used in Afghanistan, a fact, illustrated by many investigators world wide, notably Dai Williams in England, and Dr. Durakovic from the Uranium Medical Research Center in Canada, and Dr. Marc Herald in the United States among others. Furthermore, various international newspapers and media outlets notably Le Monde Diplomatique, Guardian, Frontier Post, BBC, CBC, Al Jazeera among others have reported the types of weapon systems used against Afghan targets--villages, towns--and mountain cave complexes. According to the BBC (April 10, 2002), more than 6600 J-dam bombs were dropped on Afghanistan. On October 2002, Boston Globe also reported:

"In contrast with older weapons, the new generation finds its way with advances such as target-elevation data and satellite signals. The JDAM already has proven itself in Afghanistan. By February [2002], commanders had dropped 6,600 JDAMs, consultants estimate - so many that stockpiles ran low and officials had to scramble up more production from a Missouri factory."

By October 2002, the first anniversary of US invasion of Afghanistan, more than 10000 tons of bombs dropped on Afghan soil. (Socialist Worker Online, October 11, 2002) Imagine the magnitude of carnage and contamination caused by such barbarism. While another report by Kate Randall on December 2001, put the number of US bombed dropped at 12000:

"Since the US launched the war on Afghanistan October 7, more than 12,000 US bombs have been dropped on the country. According to the Pentagon, about 60 percent of these bombs have been precision-guided by satellite or laser technology. However, many of these bombs—dropped by B-52s and other aircraft from tens of thousands of feet in the air—have strayed off course, hitting civilian targets." (WSWS, December 29, 2001)

In another report, a year after September 11, 2001, Matt Kelley of the Associated Press put the US munitions statistics as follows:

"U.S. and coalition airplanes have conducted more than 21,000 flights over Afghanistan, dropping more than 20,000 munitions. About 60 percent of the ordnance dropped on Afghanistan has been precision guided, the highest percentage in any conflict."

Similarly the Guardian reported on April 10, 2002:

"More than 22,000 weapons - ranging from cruise missiles to heavy fuel-air bombs - have been dropped on the country over the past six months.... US pilots dropped more than 6,600 joint direct attack munitions (J-dams), the satellite-guided bombs... One in four bombs and missiles dropped by the US on Afghanistan may have missed its target"

The new generations of hard target weapons whose warheads are made of this dense metal have contributed to the heavy contamination of land, water and general population.

The following munitions have been deployed in bombing the poorest country of the world, Afghanistan:

Smart Bombs	Guided Missiles	Sub-munitions
GBU-15 Y	AGM-86D CALCM Y	BLU-97B cluster bomb Y
GBU-24 Y	AGM-130C Y	
GBU-27 Y	AGM-142 Hav Nap Y	
GBU-28 B/B Y	AGM-154C JSOW 154 P	
GBU-31 JDAM Y	AGM-158 JASSM P	
GBU-32 JDAM Y	BGM-109 Tactical Tomahawk P	
GBU-37 B/B Y	Storm Shadow / SCALP P	
SSB P		

Y = reported use **P** = prototype testing expected

The patent information of many of these munitions point to the usage of dense metal-- depleted uranium, non-depleted uranium, or tungsten, the latter is unlikely to be used since it costs more and is difficult to manufacture. Tungsten is more expensive than depleted uranium, which is in abundance. The world uranium industry has over one million tons of depleted uranium to dispose of. Tungsten is also difficult to manufacture because it is 1.75 times harder than uranium; hence, Tungsten has a much higher melting

point, (U = 1132 Celsius, W = 3422 Celsius). Moreover, depleted uranium is also effective as incendiary device since it burns fiercely in air. As incendiary weapon, it could ignite munitions inside tanks and burn underground weapon and fuel storage facilities and would serve effective in destroying chemical and biological agents in underground facilities. The suitability of uranium whether depleted or non-depleted is further reinforced by the claims of the Uranium Medical Research Center (UMRC):

"By the DOD's own admission, the best performing metal that consistently fits these functional military profiles is uranium and alloys of uranium. Titanium and tungsten are not suitable as the prime alloy base for these purposes. Uranium (whether NDU or DU) offers unique structural features and the chemistry best suited for the defeat of deep, bunkerized targets, multiple types of targets in area denial munitions, and penetrating composite ceramic and metal armoured [sic] targets."

"Uranium can be engineered to be "self-sharpening" so that when it hits a target, it retains its punching point as material erodes off the warhead (titanium and tungsten will not do this). Uranium's molecular structure can re-formed, using metallurgical and "nano-technologies" to deliver a selected range of ballistic features, including kinetic, thermal, pyrophoric, liquid metal and high-pressure/high-heat, plasma effects. Uranium is a readily available metal, cheap to produce and is in abundance in DOE's, DOD's and their weapon's contractors' stockpiles."

Based on these favorable military characteristics including low cost, it is logical to use uranium than tungsten. With this mind, the following patent information would further shed light on the composition of these DU based munitions: These extracts are from the works of renowned independent DU researcher Dai Williams <http://www.eoslifework.co.uk>

"Patent 6389977 (Shrouded Aerial Bomb) clearly identifies **Depleted Uranium** as an intended design option for the hard target guided bombs most widely used in Afghanistan - upgraded versions of the 2,000 lb. BLU-109/B hard target warhead with the AUP-116 advanced penetrator. These include versions of the GBU-15, 24 and 31 and the AGM-130C."

In light of the advantages of uranium over tungsten, exploring the following US patent table should further put to rest any doubts about the deadly composition of those weapons that turned Afghanistan into uninhabitable wasteland.

The extracts in the following table are presented by Dai Williams and could be found on the following web-site <http://www.eoslifework.co.uk/u23.htm#USpatreport>

Table A: US Patents with direct references to Uranium or Depleted Uranium DU

US Patent Number	Date	Title and extracts from patent specifications
4,638,737	June 28, 1985	<p>A missile for defeating active armor¹ of a target as set forth in claim 3, wherein said primary warhead is made of a heavy metal selected from tungsten carbide and uranium ore...</p> <p>... these subcaliber warheads are preferably kinetic energy warheads that are referred to as flechettes and are made of heavy material such as depleted uranium or tungsten carbide</p>
5,542,354	July 20, 1995	<p>Segmenting warhead projectile</p> <p>The warhead of claim 2 wherein said first housing and said second housing are independently each selected from the group consisting of iron, steel, tungsten, tantalum, depleted uranium and alloys thereof ... Other metals useful for the frangible first housing include tungsten, tantalum, depleted uranium and alloys thereof.</p>
5,691,502	June 5, 1995	<p>Low velocity radial deployment with predetermined pattern</p> <p>The invention can be employed in an interceptor missile for the purpose of increasing the area of potential impact with a target. Each lethality enhancing object (28) is preferably fabricated from a dense metal. While any suitable dense metal can be employed, metals having a density of at least 15 gm/cc are presently preferred, e.g., tantalum, tungsten, rhenium, uranium, etc.</p> <p>The higher densities permit a greater mass in a given volume or the same mass in a smaller volume, thereby enhancing the impact force of a lethality enhancing object....</p>
6,389,977	Dec 11, 1997	<p>Shrouded Aerial Bomb [BLU-109/B and variants]</p> <p>This is definitive patent for the outer casing of the upgraded GUB-15, 24,27, 31 and AGM-130C warheads. The shroud contains the AUP-116 advanced penetrator.</p> <p>This patent specifically identifies BOTH Tungsten AND Depleted Uranium penetrator versions</p> <p>Claims: 1.... ... 5. The shrouded aerial bomb as claimed in claim 1, wherein the penetrating body is formed of depleted uranium.</p>

Since 1997, the US has been modifying and upgrading its munitions enhancing their penetrability by using dense metal as the following quote further confirms:

"Since 1997 the United States has been modifying and upgrading its missiles and guided (smart) bombs. Prototypes of these bombs were tested in the Kosovo mountains in 1999, but a far greater range has been tested in Afghanistan. The upgrade involves replacing a conventional warhead by a heavy, dense metal one. Calculating the volume and the weight of this mystery metal leads to two possible conclusions: it is either tungsten or depleted uranium." Le Monde diplomatique March 2002

"The DU explosive charges in the guided bomb systems used in Afghanistan can weigh as much as one and a half metric tons (as in Raytheon's Bunker Buster - GBU-28)" Le Monde March 2002

The usage of new generation weapons was also confirmed by the Uranium Medical Research Center (UMRC):

"Independent research and publicly available documentation of NATO and US weapons' development programs hinted at or noted directly that non-fissionable (non-thermal nuclear) uranium weapons (including DU) development programs are still underway. Sources include: military research laboratories and sub-contract research & development programs; the US Science Based Stockpile Stewardship Program; the Federation of American Scientists; veterans' reports; and, the annual reports and advertising of independent weapons contractors. US military health warnings to OEF [Operation Enduring Freedom] personnel indicate the presence of radiological contaminants; recommending troops take protection measures. OEF's forward targeting personnel, Special Forces and post-bombing, site inspection teams have been given radiation protection instructions, radiation detectors and protective equipment prior to and since entering Afghanistan."

It continues:

"The U.S. DBHT (Deeply Buried Hard Target) Project, aimed at developing weapons to destroy biological, nuclear and chemical weapons storage and manufacturing facilities in rogue states; and, the US Strategic Military Plan and US Nuclear Posture Review expresses intentions to use new classes of weapons in Afghanistan and other states. This program was known to be accelerating its weapons development and experiments in readiness for a possible Iraqi incursion. The White House and US-DOD spoke frequently about the development and use of fission, low-yield and non-fission, seismic bunker- and cave-busters. These weapons, by design, require heavy ballast and narrow diameter casings that can drive deeply into the earth or through super-reinforced military targets, tough enough to withstand high velocity impacts before they reach detonation depth."

UMRC articulates the difference of these weapons with those of the first Gulf War:

"These new generations of weapons and the targets for which they are designed dictate specific features and functions: They are designed as "self-forging" and capable of punching through multi-layered, extra-reinforced, hardened-targets. They must be able to defeat 14 to 20 feet of heavily reinforced concrete. Unlike the Gulf War DU armour [sic] defeat penetrators, these new warheads would be used in conjunction with high explosive charges and or high-pressure, shaped charges and delayed-action detonators."

In addition to the bombs and rockets, the US air force relies heavily on AC-130 flying gunships which are equipped with the 25 mm GAU-12 Gatling gun (1,800 rounds per minute) with DU ammunition further adding to the contamination of the environment and misery of the poor people of Afghanistan. Furthermore, US ground forces also rely heavily on A-10 'tank killer' that uses 30 mm rounds of depleted uranium ammunitions. These two weapon systems contribute on daily basis to the misery of the people there.

This disaster will haunt Afghan children, women and men for generations to come. Dr. Michael H. Repacholi of the World Health Organization reported:

"DU [depleted uranium] is released from fired weapons in the form of small particles that may be inhaled, ingested or remain in the environment."

He added further:

"Children rather than adults may be considered to be more at risk of DU exposure when returning to normal activities within a war zone through contaminated food and water, since typical hand-to-mouth activity of inquisitive play could lead to high DU ingestion from contaminated soil." (*The Laissez Faire City Times*, Vol 5, No 44, October 29, 2001 }

At the defense department briefing, Dr. Ross Anthony, from the Rand Corporation had said the following about depleted uranium:

"The kidney is the part that is the most susceptible." (*The Laissez Faire City Times*, Vol 5, No 44, October 29, 2001 }

Steve Fetter and Frank von Hippel wrote in the Bulletin of the Atomic Scientists (1999)

"Radiation doses for soldiers with embedded fragments of depleted uranium may be troublesome... The ground the DU-contaminated plumes passed over would be coated with a thin layer of DU dust, some of which would be later kicked up by wind and human activity. ...The munitions could deposit a layer of [depleted uranium] dust on crops that could be eaten directly by humans or by animals later consumed by humans. ...However, rough estimates suggest that the cancer risk from consumption of contaminated produce would be less than from inhalation"

What this translates into is more deformities, diseases and deaths for the poor Afghans. As I also stated in my previous report <http://www.rense.com/general35/perp.htm>, it took on average 5 years for various deformities to emerge in Iraq after the first Gulf War, however, in Afghanistan, people started to complain from various health problems within weeks of the initial bombing. This means only one thing, the magnitude of uranium based weapons used in Afghanistan is much higher than that in Iraq during the first Gulf War. As I mention in the previous paragraphs and at the risk of being redundant, in the first few months of the bombing more 6,600 J-dams/smart bombs have been dropped on Afghanistan, making the size of the uranium contamination much higher than in Iraq during the first Gulf War.

The emergence of excessive health problems increased curiosity and concerns among scientists worldwide of the usage of depleted uranium. The first scientific undertaking was led by the Uranium Medical Research Center (UMRC) which consisted of two consecutive trips to JalalAbad and Kabul. The preliminary findings by the UMRC research teams concluded:

- "Radiological measurements of the uranium concentrations in Afghan civilians' urine samples indicate abnormally high levels of non-depleted uranium. Radiological measurements of Afghan civilians' have high concentrations of uranium in a range beginning at 4 X's and reaching to over 20 X's normal populations. This is 400% to 2000% higher than the study controls and normal population baselines of the concentrations of nanograms of uranium per liter of urine in a 24-hour sample."
- "The isotopic ratios of the uranium contaminant measured in Afghan civilians show that it is not Depleted Uranium (DU). The isotopes of uranium found in the Afghan civilians' urine is Non-Depleted Uranium."
- "UMRC investigated the possible origins of this contamination. The preliminary results of the radiological urine analysis are corroborated by radiological measurements of debris and weapons' fragment samples at OEF (Operation Enduring Freedom) target sites and bomb-craters."
- "UMRC's Field Team found several hundred civilians with acute symptoms and reportedly developing, chronic symptoms of uranium internal contamination (including congenital problems in newborns). All subjects' onset of symptoms are reported to coincide with the calendar dates of the bombing and were not present prior to the bombing."
- "Radiological measurements of any populations' urine specimens identify, as a standard practice, the abundance of each of the 3 naturally occurring isotopes of uranium (U234, 235, 238). These isotopes' abundances (quantities) are measured as a fraction of the uranium released in a 24-hour sample of urine. The isotopic ratios (proportions) of the uranium in the urine collected in Afghanistan has the unmistakable signature of Non-Depleted Uranium. It does not express the isotopic ratio of DU. Depleted Uranium and

Non-depleted Uranium are both species of uranium. UMRC is reporting the isotopic signatures of the uranium found in the Afghan civilians' urine." (UMRC Preliminary Findings from Afghanistan & Operation Enduring Freedom, <http://www.umrc.net/AfghanistanOEF.asp>)

The staff of UMRC communicated the following about Non-Depleted Uranium:

"Actually, NDU, if it is "virgin uranium", is pure uranium extracted from the feed stock at the pre-enrichment phase of either the fuel or weapons development cycles and is significantly less expensive per ton than DU. The gaseous diffusion and centrifuge processes of enriching uranium require so much electrical power, they need dedicated power production sources - some powered reactors have been constructed simply to power up the enrichment process. They also are expensive technologies to operate and capitalize. DU, being the by-product of enrichment is by definition, much more expensive per ton since it had to be processed through the enrichment phase."

After collecting samples of urine, and soil from blast sites and their surrounding areas in Kabul and JalaBad and as well as other areas, UMRC carried out detailed scientific analysis of these samples and released their findings on 21.05.2003, <http://www.umrc.net/AfghanistanOEF.asp>:

- UMRC's recent findings, May 2003, reveal a wider scope of human and environmental contamination in Afghan civilians, corroborating the November 2002 Jalalabad findings.
- Jalalabad area: New reference levels based on recent collections of samples and controls have revised the Jalalabad results upward to uranium values 45 X's normal.
- New bioassay studies identify uranium internal contamination in Spin Gar (Tora Bora) area and the City of Kabul are up to 200 X's the Reference Level of the unexposed population.
- Surface water, rice fields and catch-basins adjacent to and surrounding the bombsites have high values of uranium, up to 27 X's normal.
- Low but as yet inconclusive readings of U^{236} have been identified by the laboratory in some urine samples; further analysis is underway to determine the metallurgical origins of the uranium with a consideration of "commercial natural uranium" containing recycled reactor spent fuel products.
- Analyses of soils and debris collected inside OEF bomb craters and target sites have uranium values 3 X's to 6 X's normal.

- Surface soils surrounding the bombsites and downwind from ground-zero are elevated close to 3 X's reference levels.
- Field and laboratory data show that samples with elevated uranium levels, civilian health problems, and weapons exposure histories correspond spatially and chronologically to ordnance deployed by Operation Enduring Freedom.

Along the lines of the UMRC findings, I instructed two groups of field surveyors to comb eastern and southeastern Afghanistan as well as Kabul for the effects of uranium on local populations. They have discovered many people suffering from various dreadful conditions.

The US and her allies targeted wide areas all over Afghanistan; however, the depth of the contamination is situated in the Pashtun dominated areas, east, southeast, south and southwestern Afghanistan. More than one thousand tons of non-depleted uranium along with depleted uranium (DU, mostly from A-10 and AC-130 Gatling guns) has been used by the US and her allies against the defenseless people of Afghanistan.

The bulk of the contamination is in ToraBora, Bagram frontline--north of Kabul, Shaikoot, Paktia, Paktika, Mazar-i-sharif, and Kundoz frontline. (Field surveyors)

Data Collected by field surveyors:

Subsequent to the contamination, newborn children have physical deformities and those that do not have physical deformity are suffering from Mental Retardation. These cases are reported in Paktia, Nanagrhar, Bagram, Mazar-e-Sharif and Kundoz.

As I stated in my previous report, the survey team also reported that in bombardments of ToraBora, Shaikoot and Bagram frontline large number of anti-aircraft weapons and rifles had melted.

During the bombardments of ToraBora, Bagram front lines, Kundoz and Mazar-e-Sharif, many Taliban soldiers were seen with blood coming out from their mouths, noses and ears. Meanwhile, those Taliban soldiers who returned to their respective villages started to vomit blood and had bloody stools. Subsequently, many have died from their conditions.

During bombardment of Kuram village, Surkhroad district of Nangarhar, the village was completely destroyed and many peoples were killed without any physical injuries.

After bombardments in Khost public health workers have reported some skin lesions. Those that developed the skin lesions died after their conditions deteriorated. Moreover, in Paktia area, children are born deformity in the genital areas, namely having only one exit.

In Pachir Wa Agam district near ToraBora targeted area, women started to suffer from a deadly condition. Several months after the bombing, women of the area would become angry by petty things and that anger turns into rage, which subsequently causes the women to collapse and die. (Field Surveyors of the Afghan DU & Recovery Fund)

My team also reported that many children are born with no limbs, no eyes, or tumors protruding out from their mouths and their eyes. The following testimonies, which are accompanied by photos of Iraqi babies used here to illustrate and exhibit the identical conditions of children in Afghanistan as those in Iraq. It is worth mentioning that in Afghanistan due to the absence of medical facilities and lack of interests in investigating the horrors of local population, compel people to bury the dead as soon as possible. That is why, there are no photos of the Afghan children to be found anywhere.

The father one of the children in Paktia said this about his child:

"When I saw my little boy with those monstrous red tumors, I thought to myself, why is it difficult for Americans to understand that they are hated in our country. If I do this to the child of an American family, that family has the right to pull my eyes out of my eye sockets. I like to tell the Americans that they love to live their lives of luxury at the expense of our extermination" (Assadullah, February 2003)



The father of one of the victims from Kunduz whose wife had given birth to a deformed child that hardly resembled an infant said this to our survey team in Kabul:

" My wife was pregnant and we were happily waiting for the moment to see our second child. On the day of the delivery, my wife felt weird, saying that she did not feel good and had pain in her abdomen. When the baby was born, it was hardly a human. It looked as if some one had beaten a baby and then covered its body with floors. My poor child looked like someone has rolled it in a basket of floors. When my wife saw the baby, she went into shock and died after 5 hours." (Zar Ghoon, December, 2002)

The following picture exhibits the condition Zar Ghoon baby was born with:



A man from ToraBora lost control of his emotions while chatting with one of the field volunteers, screamed and posed a question and continued:

"What else do the Americans want? They killed us, they turned our newborns into horrific deformations, and they turned our farmlands into graveyards and destroyed our homes. On top of all that their planes fly over and spray us with bullets. We have nothing to lose; we will fight against them the same way we fought against the previous monster [the former Soviet Union]" (Sa'yed Gharib, April 2003)

Most of the people that developed various health problems have died; others suffer from conditions such as kidney disease/failure, confusion, and loss of immunity and painful joints.

I wish to conclude this paper with the following quote from one of the victims of the US bombing:

"Tell America, we are not fools. Your words and actions are those of evil. We do not have airplanes like you do, however, we have one thing that you do not have principles and morals. We will never do anything remotely similar to American children what Americans have done to our children and families. They might win some fights, but we have already won the big fight, the moral ground." (Nurullah Omar-Khail, March, 2003)

Mohammed Daud Miraki, MA, MA, PhD
Director
Afghan DU & Recovery Fund
Mdmiraki@Ameritech.net