

Statement by Dr Keith Baverstock prior to the hearing of the Defence Committee of the Belgian House of Representatives on Depleted Uranium.

I first became interested in the public health implications of exposure to depleted uranium (DU) in 1999 in connection with the aftermath of the war in Kosovo. By 2001 it was apparent to me that there was a potential cancer (genotoxic) risk from inhalation of DU oxide dust that is produced when DU ammunition impacts a hardened target such as a tank or building and that this risk was most pertinent in dry and arid climates, such as that in southern Iraq, where DU was deployed in 1991.

In 2001 the World Health Organisation (then my employer) was preparing a Monograph on the toxicity of uranium. The WHO management declined to accept my view that uranium was potentially genotoxic (that manager (Dr Michael Repacholi) recently told the BBC that the WHO did not publish fairy-tales) and the WHO in 2002 withheld permission to submit these findings for publication in the peer reviewed literature.

Since 2001 the evidence, in terms of peer reviewed scientific papers, of genotoxicity has steadily increased to the point that the question of the toxicity of uranium needs to be re-examined, preferably by the International Agency for Cancer Research, the body responsible for categorising carcinogenic agents. I shall be informing the Defence Committee of the latest position supported by the scientific evidence. This shows several indicators of carcinogenicity are induced in cells in culture and in one and possibly two, instances in humans who have been exposed to uranium oxides.

This seems to me to be a situation where the Precautionary Principle should be applicable, namely where there are reasonable grounds to suspect that an agent or practice carries a risk to the environment (and therefore health) and its use or application should be discontinued until it is proved to be safe.

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19 November 2006