

Court Rules in Favor of DOE in Advanced Test Reactor Litigation

In January 2007, Keep Yellowstone Nuclear Free, Environmental Defense Institute, Mary Woollen, John Peavey and Debra Stansell (“Plaintiffs”) filed a lawsuit against the Department of Energy (DOE) for violations of the National Environmental Policy Act (NEPA) for failure to conduct an Environmental Impact Statement for the continued operation of the Idaho National Laboratory’s Advanced Test Reactor (ATR). Plaintiffs asked Idaho Federal District Court Judge Winmill to consider the following;

“That DOE meet the requirements of the National Environmental Policy Act with respect to the Advanced Test Reactor Life Extension Program (the “LEP”) by immediately commencing the preparing an Environmental Impact Statement for the LEP.” [1]

On April 28, 2008 Judge Winmill issued a judgment that states;

“Plaintiff KYNF [at al.] takes issue with the Court’s conclusion that the LEP was designed to avoid a premature shutdown of the ATR, not extend its life-span. KYNF points out that the ATR began operations in 1969 and had an original lifespan of 20 years. That means, KYNF argues, that the original life of the ATR expired in 1989, and that the LEP must have been designed to extend its life-span because it intended the ATR to operate well-beyond 1989.

“KYNF provides persuasive evidence that the original life span of the ATR was designed to be 20 years, expiring in 1989. Just a year before that life span was due to expire, the DOE acted to extend it substantially, by implementing the “ATR Aging Evaluation and Life Extension Program” (AELEX). The goal of AELEX was to operate the ATR “to the year 2014 and perhaps beyond.” *AR* at 25913. AELEX “concluded that the ATR could be operated well into the 21st century (2014).” *Id.* at 011497.

“AELEX was clearly a program designed to increase substantially the life span of the ATR, and it did so. Whether AELEX should have been subjected to a NEPA analysis is an issue not now before this Court. By the time the LEP was implemented, the ATR’s life span had been extended out to 2040 or so, as discussed in the Court’s earlier decision. The LEP was designed to avoid a premature shut down in 2008, and allow the LEP to live out its full life to 2040. The Court therefore adheres to its original decision.” [2]

Judge Winmill found that a 1987 DOE program known as the Aging Evaluation and Life Extension Program (the “AELEX”) “was clearly a program designed to extend the life span of the ATR and it did so.” Thus, the Court held, because the ATR’s life had been extended to “2014 and beyond” no NEPA review of the current Life Extension Program was required.

However, the AELEX program was never completed due to DOE budget shortfalls. “Phase 3” of the AELEX, which promised detailed assessments of 47 separate “critical components” of the ATR, was never performed, and no evaluation whatsoever was made of hundreds of other “noncritical” components of the reactor. Thus, in Plaintiffs’ view, the reactor’s originally-intended 20 year design life was never extended. Yet, the reactor continues to operate today, more than 40 years later.

The Plaintiffs are currently weighing their options concerning an appeal. If an appeal is filed, it would be with the 9th Circuit Court of Appeals in San Francisco.

Update on KYNF/EDI Freedom of Information Act Suit Against DOE

Wyoming Federal District Court Judge Downes conducted in-camera review of our requested Freedom of Information Act (FOIA) documents (related to the ATR) in Jackson, WY on April 26, 2008.

The DOE attorney Amy Powell along with DOE’s Idaho National Laboratory Reactor Technology Complex Team Leader Robert Boston and Security Division Team Leader Joel Trent joined Judge Downes for this exparte review with Plaintiffs’ attorney Mark Sullivan available only by phone if needed.

The purpose of this review was to give Judge Downes a concrete basis on how to rule on DOE’s claim that these documents must be exempt (for national security reasons) from release under our FOIA.

DOE has stated that if Judge Downes rules to release the requested FOIA documents, the Department will appeal the decision, further delaying document release.

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if You have Not Already done So**

Citizen Group Wins Federal Lawsuit Against DOE for Unlawful FOIA Document Delays

Citizen Action, a public interest group, received a victory in a federal lawsuit against the National Nuclear Security Agency/Albuquerque Operations Office (NNSA) for engaging “in a continuing pattern and practice of unlawful delay” in furnishing documents under the federal Freedom of Information Act (FOIA).

The decision by U.S. District Court Judge Robert C. Brack states that “In light of the Kafkaesque review process adopted by Defendant, it is not surprising that the delay in this case stretched many months beyond the statutorily-prescribed time frame.” The decision describes a “labyrinthine process for reviewing FOIA requests” that does not justify the delays even for “situations involving national security, sensational, or complex issues.” The decision orders an agreement to be made between DOE and Citizen Action within 30 days for “responding to pending requests and for processing future requests.”

Citizen Action Attorney Richard Mietz, Santa Fe stated, “This is a complete vindication of my client’s right to receive information under the FOIA in a timely manner.”

This is the second time in a year that Mr. Mietz has successfully persuaded a federal judge that the Albuquerque NNSA office engages in a pattern and practice of unlawful delay when responding to citizen requests for information about the nation’s nuclear weapons facilities.

Citizen Action Director, Dave McCoy stated, “This decision should send a strong message to NNSA’s management that NNSA can no longer use delay to create secrecy about Sandia’s dangerous operations. This decision acknowledges that provision of information may be useless if it is not timely. The public needs to obtain information for commenting on Sandia’s current plans. There is a Sandia facility wide permit request pending approval. That would include: open air burning of high explosive wastes; production of neutron generator tubes that leak tritium without air monitoring; leaving radioactive and toxic waste contamination in place without monitoring groundwater over our drinking water, and; Sandia’s plans for future nuclear weapons related production that will generate hundreds of thousands of pounds of hazardous and radioactive waste.”

The decision also builds on and goes beyond an earlier federal FOIA decision in favor of Nuclear Watch in Santa Fe. The Citizen Action decision sets forth a requirement to avoid future violations and to timely furnish the documents from over ten outstanding Citizen Action FOIA requests. Judge Brack cited language from the Nuclear Watch case

that “observed this process ‘makes a mockery of the 20-day target set by FOIA and violates congressional intent.’”

Citizen Action continues to also battle with the New Mexico Environment Department lawsuit to obtain a 2006 TechLaw report about contamination at the MWL. The Environment Department is suing Citizen Action in state court to keep the report secret. McCoy said, “One can only question what the Environment Department hopes to achieve by suing a public interest organization instead of the polluter.” The New Mexico Supreme Court recently denied a request for a stay on the release of the TechLaw report to the Attorney General and Citizen Action’s attorney. [3]

Trick or Treat?

By Mary Woollen

You’re right—it’s not Halloween, but the Department of Energy (DOE) is pretending it is, and they are offering a “trick” in the guise of a “treat.” Here is the ghoulish coming to your doorstep.

On March 7 the DOE announced it will begin shipping nuclear waste to the Idaho National Laboratory (INL) from more than a dozen facilities around the country for “treatment,” before shipping it to its final resting place at the Waste Isolation Pilot Plant (WIPP) in New Mexico. This waste is classified as transuranic—meaning it is full of alpha particle-emitting radionuclides with atomic weights greater than Uranium (92). Further translation—a nasty cocktail of radioactive waste that takes *thousands* of years to decay to a level considered safe. The waste will be coming to Idaho from states as far away as New York and California, and many in between. When it arrives at the site it will need to be treated, classified for its consequent radioactive content, and then hit the roads again—destination New Mexico.

The DOE has made this decision because they have determined that the waste that now resides at numerous facilities around the country is best treated at INL because doing so will save them money. They further claim that INL has the best facilities to deal with the waste.

What does this mean for those who live in the close proximity to the site as we do? It means that soon there will be highly radioactive shipments on regional roadways headed to the INL from all over the country. It means that there will then be an additional 9,000 cubic meters of transuranic waste sitting around the site which poses its own set of risks, and adds to the already overwhelming burden of waste that resides there now in need of treatment. Of greatest concern, “treatment” will mean increased airborne emissions of toxic radionuclides such as

plutonium that further threatens our public health and ecosystem.

The Supplemental Analysis that the DOE released in February 2008 which designates INL to take on the additional waste burden, does not specifically state what treatment method will be used to convert, or “treat” the waste from its highly radioactive state, to a more stable and less volatile classification. In the past, INL has shown a preference for the quick and dirty approach of incineration or other heat treatments that produce emissions of the sort that pose a threat to all of us. Just one inhaled speck of plutonium is enough to cause lung cancer. Keep Yellowstone Nuclear Free (KYNF), the community of Jackson and many around the world pitched in to stop the Plutonium incinerator which was the DOE’s treatment of choice for transuranic waste just 9 years ago. We will do so again should they opt for such a choice.

The DOE needs to be transparent, specific, and forthcoming about just what treatment methods they intend to use to process the mounds of waste headed our way. Not only have they not specifically done so, they have once again unilaterally decided not to hear public comment on this plan. They justify this by claiming that there will not be increased “impacts” from the additional waste and its consequent treatment. This is ludicrous, as pure physics will bear out that processing additional waste in order to reduce the volatility will result in an increase of overall emissions from the INL.

KYNF will continue to press the DOE on its plan and the burden of responsibility they accept for all, in becoming the nation’s dumping ground for the worst possible type of waste known to mankind. Trick or treat? Sorry, it’s the former.

Mary Woollen is Director of Keep Yellowstone Nuclear Free; www.yellowstonenuclearfree.com

Cancer — is treatment worth cost?

Lauran Neergaard reports in the *Associated Press* 3/25/08; “You’ve just been diagnosed with cancer, and the doctor is discussing treatment options. Should the cost be a deciding factor? Chemotherapy costs are rising so dramatically that later this year, oncologists will get their first guidelines on how to have a straight talk with patients about the affordability of treatment choices, a topic too often sidestepped.

“These are awkward discussions,” says Dr. Allen Lichter of the American Society of Clinical Oncology, which is writing the guidelines. “At least we can bring this out in the open.” It’s a particular issue for patients whose cancer can’t be cured but who are seeking both the longest possible survival and the best quality of life — and may be acutely aware that gaining precious months could mean

bankrupting their families.

The prices can be staggering. Consider: There are two equally effective options to battle metastatic colon cancer, the kind spreading through the body — but one costs \$60,000 more than the other, says Dr. Leonard Saltz of Memorial Sloan-Kettering Cancer Center.

What’s the difference? The cheaper one, irinotecan, causes hair loss that makes it impossible for people trying to keep a job to hide their cancer treatment, he explains. The pricier oxaliplatin can cause nerve damage in hands and feet that might make it a worse option for, say, a musician or computer worker.

Saltz offers a tougher example: A drug for pancreatic cancer — an especially deadly cancer with few treatment options — can cost \$4,000 a month. Yet while Tarceva has offered some people remarkable help, research suggests that extra survival on average is a few weeks. “Is it a good investment, a high-risk investment, or buying a lottery ticket?” is how Saltz puts these choices.

Drug prices are a growing issue for every disease, especially for people who are uninsured. But cancer sticker shock is hitting hard now, as a list of more advanced biotech drugs have made treatment rounds costing \$100,000, or even more, no longer a rarity. Also, patients are living longer, good news but meaning they need treatment for longer periods. The cost of cancer care is rising 15 percent a year, Lichter notes.

Make no mistake: Some of these newer drugs have greatly helped some patients — Gleevec, for example, has revolutionized care for a type of leukemia — and the prices reflect manufacturers’ years of research and development investment.

Also, drug companies do donate a certain amount of medication to prescription-assistance programs that provide them for free to patients who otherwise couldn’t pay. Since 2005, nearly 5 million people — cancer patients and people with other diseases — have been matched to such programs through the drug industry’s “Partnership for Prescription Assistance.”

But few patients get a Gleevec-style home run, and there’s very little research that directly compares competing treatments to guide cancer patients on which might offer the best shot at survival for the money. “As long as a therapy provides a benefit, it will tend to be offered to patients. Whether it’s a small benefit or a moderate benefit, it may be offered with the same level of enthusiasm,” says Dr. Neal J. Meropol of Philadelphia’s Fox Chase Cancer Center, who is leading the panel writing ASCO’s new guideline on how to weigh treatment costs.

The idea: treat cost essentially as another side effect to weigh in choosing a therapy. Meropol has watched patients do those calculations on their own, like the colon cancer patient who asked to switch from oral chemo to cheaper but more laborious intravenous chemo, or the woman who

refused a pricey anti-nausea drug that would make her chemo more bearable. Even if doctors want to discuss cost, they may not know it — it's not included in treatment standards. At a meeting of the standard-setting National Comprehensive Care Network earlier this month, Sloan-Kettering's Saltz and other doctors urged adding chemo prices to those treatment guidelines.

"If there's a need to spend it, let's talk about it. If we can do it just as well less expensively, I think doctors should know that and be able to make a decision," Saltz says. Even the well-insured are feeling the bite as patients are having to shoulder a higher portion of the bill.

When Medicare began its Part D prescription coverage, retiree Helen Geiger of Whiting, N.J., paid for a premium plan and put it to good use when she was diagnosed with multiple myeloma, a blood cancer. She said the plan listed the cost of her dose of Thalomid at \$5,500 a month but her copay was \$60 a month.

In renewing the prescription plan last year, the 71-year-old Geiger didn't notice that Thalomid coverage had been changed. It now was classified a specialty drug, costing a \$1,051 monthly copay that she couldn't afford. She went several months without the anti-cancer pills, as her doctors at Philadelphia's Fox Chase Cancer Center and her family appealed to the insurer and then scoured charities in hopes of finding her free or cheaper drug.

'You don't need this kind of stress when you're sick,' says Geiger, who finally stumbled onto a prescription assistance program that provided her free medicine."

Editor notes; Medical expenses cause over half of bankruptcies in the US in recent years. The only just cure for this huge national pandemic is European style universal single-payer health coverage.

Waste Away: Bill would ban foreign radioactive waste

The *Salt Lake City Tribune* Editorial 3/18/08 reports "It's the nuclear option, figuratively speaking. Instead of fighting a series of bloody battles to keep foreign low-level radioactive waste out of the United States, Rep. Jim Matheson, D-Utah, wisely wants to drop the bomb and end the war.

Matheson is co-sponsoring a bill that would ban the importation of low-level waste into the U.S., stripping the federal Nuclear Regulatory Commission of the power to rule on import requests on a case-by-case basis. The only exceptions would be waste originally generated in the U.S., or waste from an overseas U.S. military facility.

It's a case of desperate times calling for desperate measures. Utah-based Energy-Solutions is seeking a

license from the NRC to import 20,000 tons of waste from Italy's decommissioned nuclear power industry, an unprecedented amount that has raised legitimate concerns that the United States and Utah in particular, could become the world's dumping ground. After the Italian materials are processed and recycled in Tennessee, 1,600 tons would wind up in the company's low-level radioactive waste disposal facility at Clive in Tooele County. Beginning in July, Energy-Solutions' Utah dump will be the only disposal option available to 36 states. And, with only three such facilities in the nation, we don't have the space to spare.

If a foreign country has the technical expertise to build nuclear power plants and field industries that create radioactive waste, it certainly has the know-how to design its own dump and dispose of its own nuclear garbage. But, with a private, for-profit company ready and willing to take the waste off their hands, they'll line up to do business with Energy-Solutions, and spare their citizens the danger at our expense. We can't let that happen.

Matheson has the backbone to stand up to the nuclear waste disposal industry, a commodity in short supply among movers and shakers in Utah. And he has the best interests of his constituents, his state and the nation in mind. The rest of our congressional delegation need to step up and assure that Congress approves this bill."

British Study Links Radiation to Heart Disease in Nuclear Power Plants

Michael Kahn reports in *Reuters* 3/3/08 that; "Nuclear power plant workers exposed to chronic radiation may face a higher risk of heart disease, according to a large British study published on Tuesday.

Other research has shown that high exposure over a short period of time may cause heart disease but the new findings link exposure to long-term exposure at relatively lower levels, the researchers said in the *International Journal of Epidemiology*.

"Our results provide more evidence of a link," said Steve Jones, a researcher at Westlakes Scientific Consulting, who led the study. "This adds to the evidence of similar associations from other studies. The researchers cautioned that further studies were needed to consider factors such as diet, exercise, cholesterol levels and smoking habits that affect the risk of heart disease. The study focused on more than 65,000 workers employed between 1946 and 2002 at four sites operated by British Nuclear Fuels plc and its predecessors. The team analyzed non-cancer death rates and cumulative radiation exposure

using the workers' personal dosimeter badges.

“Comparing the some 42,000 workers exposed to relatively high levels of radiation to office workers and other employees pointed to an increased heart disease risk, the researchers said. The effect on life expectancy was slight -- about a year at most -- while the risk was greatest for people who worked before the 1980s when safety conditions improved, the researchers said. The risk rose with the level of radiation exposure. The top doses in the study -- funded by British Nuclear Fuels plc and the Nuclear Decommissioning Authority -- were also typically 5 to 10 times lower than radiation experienced by atomic bomb survivors, the researchers said.

“Dudley Goodhead, a radiation expert at Britain's Medical Research Council, who was not involved in the study, said studies of atomic bomb survivors in Japan had suggested a link with heart disease too. ‘The findings of the present study clearly suggest that even chronic exposure to radiation, spread over long periods of time such as received by some radiation workers in the past, may also be able to cause increased heart disease,’ he said”

Editor acknowledges Preston Truman's research and posting of this and other health studies.

Ultrasound-Detected Thyroid Nodule Prevalence and Radiation Dose from Fallout

Radioactive fallout from nuclear test explosions in the U.S., the Marshall Islands, and the former Soviet Union

“Radioactive fallout from nuclear test explosions in the U.S., the Marshall Islands, the former Soviet Union (FSU), Australia, China and elsewhere has affected populations throughout the world to varying extents. Significant local fallout of radioactive debris can result from any explosion involving nuclear fission or fusion in which the fireball touches the ground. In such a case, soil and other debris are drawn up into the fireball; as it cools, particles form and become contaminated with radioactive fission and activation products including isotopes of iodine, cesium, strontium and numerous other elements. These radioactive particles are then carried downwind from the explosion site and deposited on the ground and other surfaces including plants that are used by grazing dairy animals.

“Penetrating radiation, such as gamma rays or X rays, can affect internal tissues like the thyroid gland even when the radiation source is outside the body (external irradiation). Less penetrating radiation, such as beta particles (electrons) from radioactive iodine 131 or 133, is

effectively shielded by the several centimeters of tissue overlying most organs and substantially affects internal organs only when the radiation source comes from inside the body (internal irradiation). Radioactive isotopes of iodine are important sources of radiation from nuclear testing fallout because they are produced copiously by nuclear explosions and, when ingested or inhaled, tend to concentrate in the thyroid gland. The thyroid gland can be damaged by both external and internal irradiation from fallout, and increased risk of thyroid cancer is of concern as a major adverse health effect of fallout exposure.

“Epidemiological studies of populations with significant thyroid exposure from external radiation sources (medical X rays, or gamma rays with a very small admixture of neutrons from the Hiroshima-Nagasaki A-bombs) provide clear evidence for a dose response for the induction of thyroid cancer.

There is also epidemiological evidence for a dose response for internal radiation, but that evidence is less well established, not necessarily because the association is weaker but because it is more difficult to study. Current thyroid cancer risk estimates associated with ingestion and inhalation of radioactive fallout components still are based mainly on extrapolation of estimates for external radiation.

“Between 1949 and 1962, over 100 nuclear tests were conducted above ground at the Semipalatinsk Nuclear Test Site (SNTS) in northeastern Kazakhstan. Significant fallout deposition occurred at a number of settlements within a few hundred kilometers from the site and, as best as is currently known, came from only a few tests. In particular, the first Soviet test, on August 29, 1949 (explosive yield equivalent to 22 kilotons, or kT, of TNT) exposed villages along a narrow track moving east by northeast from the detonation site, and two others, one on September 24, 1951 (38 kT) and a much larger thermonuclear test on August 12, 1953 (400 kT), exposed villages to the south and southeast of the SNTS. Another eight tests were identified that contributed lesser, but nevertheless significant, amounts of fallout to settlements in the region.

“The population under consideration is rural and, because of a generally cold and dry climate, is highly dependent on animal food products. In addition, the local populations have historically been medically underserved. It is possible that the villages near the SNTS constitute the only sizable population anywhere with sufficient exposure to be potentially informative about the relative effectiveness of internal compared to external radiation dose. Thyroid cancer is the outcome of greatest significance for public health after exposure to radioactive fallout, but its rarity and low mortality make it difficult to study. In this investigation, we chose to evaluate a more common thyroid abnormality—thyroid nodules—that, according to much literature, is associated with thyroid cancer. Thyroid nodules have been shown to be positively

associated with external radiation dose from medical X rays and from the Hiroshima and Nagasaki atomic bombings.

“Moreover, nodules detectable by ultrasound but too small to be of clinical concern may nevertheless be of biological interest: A pathology evaluation by Sampson and others of thyroid glands obtained at autopsy from A-bomb survivors found that prevalence of occult thyroid cancers, the vast majority of which were under 1 cm in diameter, was positively and significantly associated with radiation dose.” [4]

The National Cancer Institute’s 1997 “Estimated Exposures and Thyroid Doses Received by the American People from Iodine-131 in Fallout Following Nevada Atmospheric Nuclear Bomb Tests” states the following; [5]

Counties in the NCI Estimated Average Dose Range

Dose Range (rads)	State	County
12.0 – 16.0	Montana	Meagher
	Idaho	Custer
	Idaho	Gem
	Idaho	Blain
9.0 – 12.0	Idaho	Lemhi
	Montana	Broadwater
	Montana	Beaverhead
	Montana	Jefferson
	Utah	Washington (subcounty 2)
	Montana	Powell
	Montana	Judith Basin
	Montana	Madison
	Montana	Fergus
	Utah	Kane (subcounty 2)
	South Dakota	Haakon
	Montana	Gallatin
	Idaho	Idaho
	Montana	Petroleum
	Montana	Lewis and Clark
Utah	Washington (subcounty 2)	
Montana	Blain	
Colorado	Gunnison	
Montana	Silver Bow	
Montana	Chouteau	
Montana	Dear Lodge	

The Cost of War

The ongoing occupation in Iraq is sucking up the resources we need to make our economy work again. The tradeoffs are stark: Bombs or unemployment insurance for people laid off as the economy slows? Billions for Halliburton and Blackwater, or help for people on the verge of losing their homes because of the subprime meltdown? Consider these key facts:

a. The recession is going to force states to cut back their budgets. Most likely, the cuts are going to affect the services that working families need and depend on.

b. Meanwhile, the war is costing Americans more than \$338 million a day. Congress plans on an additional \$178 billion in fiscal-year 2009 for the war. That money could be spent to help out the folks who're hurting most now and who now have \$900 billion in credit card debt. For less than what we're spending on the war, we could pay for affordable housing for hundreds of thousands of families, health care for children, or scholarships to help folks pay for education.

c. Gas prices are close to double what they were before the war began. The cost of oil is still hovering around \$100 barrel. Exxon recorder recorded profits 2007 of \$40.6 billion. A wind-profits tax on big oil is needed to fund renewable energy development.

d. We're borrowing \$343 million every day to finance the war in Iraq. Our skyrocketing debt (\$9trillion) will be a bigger and bigger drag on the economy—slowing recovery and burdening future generations (\$30.000/individual).

e. The truth is that economic forecasts are going to continue to be grim as long as we continue to dump billions into a reckless war that has no end in sight.

f. National Public Radio reports \$2.2 trillion in Defense budget is “undocumented” which literally means DOD cannot account for these expenditures of taxpayer dollars.

Prepared by Nita, Wes, Justin, Eli, and the MoveOn.org Political Action Team; February 19th, 2008.

Idaho Taxpayers have Paid \$1.2 billion for the costs of the Iraq war through 2007

According to the National Priorities Project, Idaho taxpayers have paid \$1.2 billion for the costs of the Iraq war through 2007. For the same amount of money we could have:

1. Provided 337,467 people with health care, or
2. Built 11,417 affordable housing units, or

3. Established 143,836 Head Start places for children, or
4. Salaried 23,517 elementary school teachers, or;
5. Funded 312,414 scholarships for university students.

The National Priorities Project website (www.nationalpriorities.org/tradeoffs) offers individual states/cities analysis on taxes paid for war and what that money could generate in local improvement. Current estimates of the average family of four pay via taxes for the war in Iraq is \$16,500. World renowned economist Joseph Stiglitz' reports "The True Cost of Iraq War" puts the cost to American taxpayers at \$3 trillion.

Editor thanks Palouse Peace Coalition research.

What you don't know about your government could kill you...

Department of Defense documents obtained through the Freedom of Information Act expose the horrific underworld of the disposable army mentality and the government funded experimentation upon US citizens conducted without their knowledge or consent.

UNMASKING SECRET MILITARY PROJECTS:

- Chemical & Biological Exposures
- Radioactive Poisoning
- Mind Control Projects
- Experimental Vaccines
- Gulf War Illness
- Depleted Uranium (DU) [4]

Is the United States knowingly using a dangerous battlefield weapon banned by the United Nations because of its long-term effects on the local inhabitants and the environment? Explore the illegal worldwide sale and use of one of the deadliest weapons ever invented.

Beyond the disclosure of black-ops projects spanning the past 6 decades, *Beyond Treason* also addresses the complex subject of Gulf War Illness. It includes interviews with experts, both civilian and military, who say that the government is hiding the truth from the public and they can prove it.

Torture is not useful for gaining "actionable information" because the individual tortured will tell whatever the torturer wants to hear. Therefore, all confessions derived from torture will be overturned under International Court rules.

Torture is a tactic to terrorize targeted Iraq/Afghanistan populations into submission. Torture also sends a clear message to all American residents what will happen if taken into custody by U.S. authorities that no longer recognize Constitutional or international human rights.

References:

1. Keep Yellowstone Nuclear Free, Environmental Defense Institute, at al, v. The United States Department of Energy; U. S District Court of Idaho, Civ.No. 07-36-E-BLW.
2. Memorandum Decision and Order, Case 4:07 cv-00036-BLW, Document 72, Filed 4/28/08.
3. Posted April 1, 2008; For more information; Contact: Dave McCoy, Director, Citizen Action (505)262-1862 dave@radfreenw.org
4. This study is a collaboration of the National Cancer Institute (NCI) with the Kazakh Research Institute for Radiation Medicine and Ecology (IRME) and the Semipalatinsk State Medical Academy (SSMA). RADIATION RESEARCH 169, 373-383 (2008 0033-7587/08; 2008 by Radiation Research Society.
5. Estimated Exposures and Thyroid Doses Received by the American People from Iodine-131 in Fallout Following Nevada Atmospheric Nuclear Bomb Tests ; U.S. Department of Health and Human Services, National Institute of Health, National Cancer Institute, October 1997, page ES.2
6. See Documentary videos "Beyond Treason"; "Metal Dishonor" and "Poison Dust" available at www.FreespeechTV.org

Vote

If you have not already registered to vote or someone you know has not registered, please contact your local county registrar and if necessary request an absentee ballot or Mail-in Ballot.

This is a crucial time in American history when previously nearly half of eligible voters do not vote.