Nuclear Hotseat #768 - March 17, 2026 - Veteran's Depleted Uranium Exposure Records Disappear - DOD Incompetence or Cover-Up? Iraqi War Vet Nate Teach

Libbe HaLevy: [00:00:00] Depleted uranium weapons. Don't let the word depleted fool you. The uranium in DU weapons is a dense byproduct of uranium enrichment that remains highly radioactive, and their use can be considered a form of short range nuclear war without the explosion or the mushroom cloud. These weapons have been used primarily for their exceptional armor piercing capabilities by the US and NATO to destroy tanks in Iraq, the Gulf War, Bosnia and Serbia.

But they leave behind a legacy of radioactive contamination with consequences far beyond their initial use. So when a three time deployed serviceman. Who learned the hard way about the consequences of exposure to the aftermath of DU weapons tells you

Nate Teach: the depleted uranium metal, when it impacts a hard object, a part of it vaporizes, right?

It's, it's [00:01:00] it disintegrates, but itself sharpens as it actually disintegrates, which was what makes it such a good armor piercing round. But it turns into a powder, a dust. And so that entire environment was basically laden with depleted uranium, radioactive dust. And then the helicopter battalion that I belonged to stirred that dust.

Every day just churning it up into the air in huge clouds for everybody to breathe. So you wind up with a situation where the entirety of that country, and arguably every country that depleted uranium was utilized in now becomes a radioactive zone where that dust in the debris is just sitting there and it gets aerosol every time that the soil is disturbed.

So you get re-exposed just by kicking up dirt.

Libbe HaLevy: Well, when Nate Teach a retired US Army [00:02:00] Sergeant first class who was exposed to radioactive DU in Iraq in 2003 tells us not only

how his own toxic exposure happened and its impact on his health, but the bureaucratic coverup that tries to deny what he's going through as a result.

And when he does that. You get to see another painful aspect of that awful, dangerous, deadly seat that we all share.

Nuclear Hotseat Theme: Nuclear Hotseat. What are those people thinking? Nuclear Hotseat. What have those boys been drinking? Nuclear Hotseat. The corium is sinking. Our time to act is shrinking, but the activists are linking

Nuclear Hotseat. It's the bomb.

Libbe HaLevy: Welcome to [00:03:00] Nuclear Hotseat, the weekly international news magazine. Keeping you up to date on all things nuclear from a different perspective. We are a show for people who know nothing about nuclear, who want to know something, and people who know something, who would like to know just a little bit more.

My name is Libbe HaLevy I'm the producer and host as well as a survivor of the nuclear accident at Three Mile Island from just one mile away. So I know what can happen when those nuclear so-called experts get it wrong. This week we talk with Nate, Teach a retired US Army Sergeant first class who was exposed to radioactive depleted uranium in Iraq in 2003.

He relates how it happened, how he has strolled with not only recurring and expanding health issues, but a long history of less than adequate response to his difficulties in his dealings [00:04:00] with the Department of Defense and the Veterans Administration. While he doesn't use the term to this podcaster, it looks an awful lot like a coverup.

We will also have nuclear news from around the world. Numb nuts of the week for outstanding nuclear bone headedness, and lots more honest and verified nuclear information. All of it coming up in just a few moments. Today is Tuesday, March 17th, 2026, and here is this week's nuclear news from a different perspective.

Here's this week's featured interview. Nate Teach is a retired US Army Sergeant first class, and an advocate for veterans affected by toxic exposures including depleted uranium or du, a combat veteran of operations, Iraqi Freedom and Enduring Freedom. Teach reports how he was exposed to radioactive du [00:05:00] contamination in 2003 while participating in cleanup operations near Tikrit, Iraq.

That exposure led to an ongoing history of physical problems associated with radiation exposure, including severe gastrointestinal distress, skin irritation, and chronic fatigue. These were complicated by the response or lack thereof from the US Department of Defense and the Department of Veterans Affairs.

For nearly two decades, Teach has sought recognition and medical accountability from the DOD and VA regarding the long-term health impacts of DU exposure. His experiences, including documented radiation testing and reported gaps in follow-up care, has informed his advocacy. On behalf of other exposed service members, I spoke with Nate Teach on March 13th, 2026.

Nate Teach, [00:06:00] thank you so much for joining us today on Nuclear Hotseat.

Nate Teach: Thank you for having me. I'm excited to be here.

Libbe HaLevy: When did you join the military and how long did you serve?

Nate Teach: May of, uh, 2000 is when I joined and, uh, served 23 years active duty.

Libbe HaLevy: Where were you deployed?

Nate Teach: I did, uh, two tours in Iraq and a tour in Afghanistan.

Libbe HaLevy: How and where were you exposed to depleted uranium?

Nate Teach: Initial exposure was in 2003 in Iraq. On the initial push North, I was part of the ground convoy that left Kuwait and went all the way through Iraq into Northern Territories. Up, up in, uh, to crit those areas is where we, we stopped my unit on that initial push.

We had the Marine Corps ahead of us and the, of course, air Force providing air support and, uh, they were strafing the facilities on the way, airfield [00:07:00] and the hardened bunkers throughout the entire country. To displace any enemy that might be hiding in them. And then the ground forces were moving in and occupying them.

Um, when we arrived in what became known as Camp Spiker, prior to it being called Camp Spiker, it was still just to create east the airfield. That was end of March, beginning of April, 2003. I was part of a helicopter battalion, assault

battalion. Um, we were giving our marching orders to where we were gonna set up our camps, our individual tents.

We were assigned the, what they call the fast active hangers, or these concrete bunkers that jets were stored in that have a runway that goes straight out to the, the active runway so they can run up the jet inside the hardened facility and then roll it out and it just goes straight onto the runway and takes off.

We utilize those for our helicopter maintenance. So first thing you wanna do is clean the area, make sure it's suitable to put your aircraft in, and it's not gonna get damaged by anything. There was a lot of debris all over the [00:08:00] ground. So I went in there. At first glance, it looked like somebody had been using that particular bunker for a machine shop.

There was all these little metal rods on the floor. They're about four inches long, an inch in diameter, and looked like they had been milled down on a lathe on one end. Very pointy. I didn't think anything else about it. I just started sweeping them up with the broom, and when I hit one with the broom, it actually sparked when it went across the floor.

Libbe HaLevy: Were you given any notice ahead of time of what you might be facing, what these metal pieces might be?

Nate Teach: No. Looking back on it, there was no briefings on potential interaction with depleted uranium or any hazards of that nature. In that context, they did have a class on depleted uranium when we were in Kuwait prior to leaving and crossing the berm.

But that was realistically just, Hey, we used depleted uranium. [00:09:00] It's a great armor piercing round. Stay away from burning vehicles or tanks if you know you come across them because more than likely they were engaged with this stuff and it's not good for you when it's burning. And so that's realistically the end of it.

It was basically just don't go climbing in the vehicles. If there's blown up tanks and, and shot up machinery, stay away from it, which we did. Nobody really messed with that stuff because of the briefings that we got that it was potentially dangerous that and it could be booby trapped. You know, there could have been all kinds of things wrong with it, so we really just ignored it.

Libbe HaLevy: So you were warned against depleted uranium when it took a particular form. If it had already exploded a vehicle or there was burning, or you

knew that it had been used there, but there was no warning that there were depleted uranium rounds in this facility. Were they live? You mentioned something about sparking

Nate Teach: calling them live.

They were already [00:10:00] shot, but that makes them more dangerous. What you're left with after an impact of a depleted uranium round is the metal, the depleted uranium penetrator that's in the core of that munition travels through the hardened structure and impacts. That's what causes the damage. So it's, it's basically the armor piercing portion of the round that's left, which is the depleted uranium metal.

So what I was sweeping up in this hangar was bare depleted uranium metal that had already been fired out of these were, uh, 30 millimeter rounds, and the casings, the outer shell casings were on the outside of this hardened concrete bunker, and the metal rods were inside of it. And after looking at them, I realized that was something armor piercing because I looked at the wall of the bunker and there's these holes that fit these rods perfectly and there's chunks of concrete taken [00:11:00] outta the floor inside this hangar.

And then you go around to the outside of the hangar and there's scorch marks on the concrete wall, little blast marks where you can see where each one of these rounds had impacted. So I went and got the Radiac meter, the our Geiger counter from the NBC kit.

Libbe HaLevy: What is an NBC kit?

Nate Teach: There's additional duties that you have in your unit where people have to wear different hats, and one of those is an NBC person, which is a nuclear, biological, and chemical respondent that's individuals inside of a unit organization that are in charge of anything.

That fits one of those three categories, primarily at the unit level. Your job is to then go get the battalion level NBC officer so that they can tell you what to do, right? So that's really what it is. It's not like you have a, you know, there's instructions on what to do. There's an SOP, but for the most part, if you're just an NBC [00:12:00] technician, you just know where the, the, the kit is.

So I went into that kit and I retrieved the radiac meter, and then I went back and I tested one of these rods and it was registering on the meter, and it was registering about 130 to 140 was the average reading that I was getting. Now I

say rads, and I'll be the first one to say this because that is what that meter from my understanding is.

What it reads in is rads, I turned it on, numbers were showing up on the digital display. Everything that showed up on those numbers is probably radioactive. So I confirmed that. Raised the V alarm, they pulled everybody back from that area to assess what was going on. And then the unfortunate part of it is in military operations to maintain your personnel in an austere environment.

If you have somebody that's already been exposed or already a lost cause, that person's probably going to do as much as they can [00:13:00] before, especially in a an NBC environment. If you have somebody that's been exposed to a contaminant, that person is gonna try to raise the alarm, get everybody else taken care of to maintain your force before they go to any kind of lifesaving measures for themself.

Because why would you then expose more of your personnel? To the same thing, right? If the person that's already been exposed could dispose of it, and that's the case, that's what happened. I mean, it's a, it's a brutal truth, but it's the way you preserve your force when you have a finite number of people.

And so I got told to continue the cleanup detail. So I spent the next two and a half hours roughly sweeping the area, finding anything that was registering on the meter and putting it into an MRE box, uh, which is a pretty thick walled cardboard box. And we had a trash bag laid on the inside of it.

Collected it all in there, roughly 50 to 60 pounds worth at the end, [00:14:00] and, uh, took it out to the desert and buried it. So that was the initial exposure that I received in 2003. That was brought up through the chain of command that is confirmed by my battalion kemo officer, my company commander, my brigade commander, everybody attests to that cleanup detail, uh, taking place.

At the end of that cleanup detail, I had approximately 886 rads. Again, the numbers on the machine registering on my midsection on my body, and I went through about three weeks of some pretty miserable ailments I had.

Libbe HaLevy: You gave your exposure in rads, but in other materials that I've read that you've sent to me, your exposure was listed in REMS and you were exposed to 1.4 rems of exposure to depleted uranium.

Nate Teach: Yes.

Libbe HaLevy: Is there an equivalency you can give us quickly between RADS and rems?

Nate Teach: [00:15:00] There is a lack of people that I've found that will talk about that in the DOD sector anyway, but the testing that I finally received in 2022 that confirmed the manmade uranium that was in my body still, it put an equivalent dose at 1.4 rem at the time of that testing.

I wasn't aware of the environmental exposure portion of this that we're gonna talk about. We were focusing on the actual cleanup detail, the, the direct contact that way.

Libbe HaLevy: Mm-hmm.

Nate Teach: Um, if you will, that was where all the eggs were being put into that basket and not the two years spent in the environment after the fact.

What I did is I took 1.4 REM in Google and I said, what is the rad translation of 1.4 rem? And it worked out to 886 roughly. That is exactly what the radioactive meter was reading, standing in Iraq in 2003 after this [00:16:00] cleanup detail had transpired.

Libbe HaLevy: Let me explain for listeners so that you can follow exactly how serious this is.

Usually when they're talking about. REMS or radiation exposure. The usual equivalency is to state the number of x-rays it would be the equivalent to, and a one REM dose would be the equivalent under the system of 100 chest x-rays. However, this is a false equivalency to measure DU exposure by X-ray standards.

That's because a chest x-ray delivers radiation externally all at once. It only lasts a fraction of a second and it's over. It stops completely. Whereas with depleted uranium, the exposure happens internally if dust particles are inhaled or ingested, or if it gets into a cut in your skin. DU [00:17:00] particles can remain in the lungs, lymph nodes, or bones.

For years, radiation is delivered continuously by these particles from inside the body up close and personal with your internal organs. And this is a chronic internal exposure, which raises concerns. So while they might have said that you had 1.4 remnants, maybe the same as 114 chest x-rays, in truth, it was a much more serious exposure than that.

So with you being exposed to this 886 RADS of radiation from depleted uranium, which is also the same as 1.4 rem, we're following it that way. What physical symptoms did you have and how soon did they happen?

Nate Teach: Initially, the very first symptom that showed up was within, I'd say, 12 hours, and that was the severe acid [00:18:00] reflux.

I just horrible heartburn would not go away, didn't matter what I did. It was constant and it, any kind of food, any, anything, just made it worse. Shortly after that, I developed, the best way I could describe it would be a sunburn, with the exception of it was actually through my clothing. So you could see on my body, you could see different shades of color where my pants and my belt and my t-shirt and everything was Within two or three days, my fingernails started to loosen up.

My gums were bleeding and my, uh, my teeth were loosening up a little bit. I just was having a very generalized sort of. Feeling like you're coming down with the flu. Just real like lethargic and queasy, upset stomach, not so much vomiting or nausea, but just having a very upset stomach and everything was just [00:19:00] feeling very blah is the best way I can describe it.

And then I started having episodes of sloughing of my intestinal lining, which was quite concerning. All of these items were mentioned to my doctors, my medics at the time, they were aware. We didn't really have any facilities. There was no evacuation, uh, so to speak. This was the initial push in 2003. So there was no role, three clinics, there was no hospitals other than the aid stations that we had brought with us.

So the best they could do is just watch us and I say us because there was two other individuals that were also part of that cleanup. They didn't get the same dosage that I did, but they were there and they were assisting. I've reached out to them to talk to them about it. Frankly, one of 'em doesn't want to, and the other one really didn't have any kind of documentation or anything done.

So he's, he doesn't know I'm, I guess I'm the only one that really dug in. So

Libbe HaLevy: it's a tough issue. [00:20:00] And to be faced with it personally, I was one mile from three mile Island when it happened, which is nowhere near the magnitude of exposure you got. But I know what that did to me. So magnitude's larger, I'm hearing what you're saying.

How quickly did the medics, did the doctors get involved after you realized that there was a high radiation level of exposure coming off of this material you were clearing out?

Nate Teach: It was the same day the cleanup detail happened, and then once that was finished and this radioactive material had been taken out to the desert and buried.

It sounds kind of silly now to say it, but everybody went right back to business as usual because we all have a mission to do. As soon as that was taken care of and we weren't finding any more radioactive material and what fragments we couldn't fish out of like the doors and everything else had been properly marked and cordoned off where nobody was getting around them, and we went right back to setting up our tents on the very sitting ground that we had just cleared and moving our equipment into the [00:21:00] hangar that we had just swept up.

It was basically outta sight, outta mind, you know, just moving on a couple hours later, I believe, if, if memory serves, is when one of the flight surgeons came over and spoke with me and just to see what was going on. And then he periodically came and checked in on me, or one of them did for the next couple of weeks.

Those symptoms that I had persisted for about two and a half, three weeks at the most, but then everybody contracted dysentery shortly after that because of the Tigris River water that was in the ice that nobody was paying attention to. So this very rapidly got forgotten for other way more pressing issues, uh, to everyone at the time.

Libbe HaLevy: You said that the surgeon or the medic would check in with you for a couple of weeks periodically. Was there any kind of checking in in a larger way with the US government or with the army or with a medical establishment [00:22:00] to track you or treat you as time went on?

Nate Teach: There was a couple of weeks after that cleanup.

I got called into the first sergeant's tent to escort some civilians, and they were dressed in regular civilian clothes out to the debris where the depleted uranium had been buried. And I didn't actually wind up doing that because Specialist Williams was one of the other guys. So I had originally taken this box of depleted uranium metal outside of our perimeter at the time and buried it in the desert.

It turns out where I buried, it eventually became a spot that they wanted to put a security position for the actual perimeter. So one of the other crew chiefs had gotten tasked with going out there and relocating this box of material,

Libbe HaLevy: digging it up, and then physically moving it it up

Nate Teach: and moving it [00:23:00]

Libbe HaLevy: with any kind of protective gear or any kind of warnings or radiation badges or,

Nate Teach: no, we had no badges and our NBC gear, because of the short notice, the push into Iraq that we had and the fact that our equipment was so spread out, we only had our one actual, what they call the go to war NBC suit, which is the one that's still air sealed in.

Its in its bags. And so if you open that, you basically start a shelf life clock. And so with that, nobody wanted to open their bag because the threat of. Chemical weapons at the time was still very real. So nobody wanted to actually use the one thing that was gonna protect him from that threat. Just to go dig up anything, hindsight being 2020, there's a lot of different things that could have been done, but at the time when you're just tasked with the, what we call the hey you, you just go do it and you go back about your business.

So Williams had gone out there. He had dug it up. He had moved it, and he happened to be [00:24:00] in the tent when First Sergeant was having me take these civilians out there. And so he let me know that he had moved it and he'd take 'em. And so I was like, oh, okay. And I just handed it off to him and I want about my business.

And later on I would find out that those were the civilians that run the, uh, exposure record for all service members. So they document all exposures. Airborne water, you name it. Basically any hazard that was in that environment, they document it in a document called the ILER, which is the individual longitudinal exposure report, and that goes into every service member's record for anyone that was in that environment and in mind.

On page six, it actually does say depleted uranium radiation exposure, 2003 Iraq. So it, it made it in that document. Now, I, at the time, I didn't know who they were. I was just told, take these people, show them what you've buried. You know, when I talked to Williams, these, they [00:25:00] tested it with their equipment and then they left and that was the end of it.

Libbe HaLevy: Now you've touched upon it here. You've also spoken when we were preparing this interview about the fact that this wasn't the only radiation exposure from DU that you and indeed all the soldiers over there faced. Tell us what that is and how you discovered it.

Nate Teach: It took several years of just digging and looking and talking to people and trying to get straight answers on this problem that I started to realize.

The depleted uranium metal, when it impacts a hard object, a part of it, vaporizes right? It, it, it disintegrates, but it self sharpens as it actually disintegrates, which was what makes it such a good armor piercing round. But it turns into a powder, a dust. And so that entire environment was basically laden with depleted uranium, radioactive dust.

And then [00:26:00] the helicopter battalion that I belonged to stirred that dust. Every day just churning it up into the air in huge clouds for everybody to breathe. So you wind up with a situation where the entirety of that country, and arguably every country that depleted uranium was utilized in now becomes a radioactive zone where that dust in the debris is just sitting there and it gets aerosol every time that the soil is disturbed.

So you get re-exposed just by kicking up dirt. I wound up finally getting in touch with professional named Dr. Busby,

Libbe HaLevy: Dr. Chris Busby. We've had him on the show many times.

Nate Teach: He did a case study on specifically for this. This was after I had retired, but he also had done several studies in Iraq specifically, and his last samples that he received from Fallujah showed an estimated background radiation level [00:27:00] of 30 to 50 RADS is the average number that we could expect to assess on everyone that was in that country for an annual period.

So the safe number right now using the current exposure model is five rads for an annual period.

Libbe HaLevy: Five rads is what is expected That's over the period of a year, or is that from a specific exposure? I need a little bit more information.

Nate Teach: From what I understand, for all radiation exposures in general, not just combat, but for, you know, nuclear workers, for x-ray technicians, for uh, people working in nuclear power plants or in nuclear submarines, you name it, there's gonna be a little bit of exposure to radiation throughout your duties.

You're gonna get a little bit of radiation that is cumulative throughout your life, and so it needs to be tracked because it adds up the safe. I use air quotes, but the [00:28:00] safe exposure threshold that someone can receive in just their normal daily duties is five rads. Under our current exposure model. So what that's saying is if you receive five rads or less in an annual period, it should not have an effect on you.

Basically, uh, the radiation shouldn't take that model though. Everybody that went to Iraq for a year received roughly 30 to 50 rads each year. They were there in just environmental exposure. And the problem with that, anybody that's been to Iraq will tell you that dust doesn't stay on the outside, the sand and the dust is everywhere.

You're getting face fulls of it. It's in your food, it's, it's in your water, it's in your bed, it's on your skin, it's in your eyes, it's in your nose. You can't get away from it. There's very fine particulate. So much so that Dr. Busby even made me aware of the fact that the depleted [00:29:00] uranium isotope that they were studying in Iraq was found in California's water supply in 2003.

So it had been aerosol to the point that it had gotten into the jet stream and traveled around the globe. Additionally, I have friends obviously that, that were in the same theater of operations that were at other bases that can remember throwing these metal rods at each other while they were sitting on the flight line, waiting on mission, like the go call to go take off for a mission and putting 'em in each other's helmet bags to see how many they could fit in there before the guy realize his helmet bag weighed 80 pounds because nobody knew what they were.

And so they were just playing with a nuisance on the flight line that was popping aircraft tires and just everywhere on top of that, guys that were infantry, that were calling in close air support strikes on buildings that were then occupying those buildings for the next month to two months as their outpost and just as they moved through, uh, [00:30:00] cities.

There's so many different accounts where people were in such close proximity to this and had absolutely no idea. We did just by pure happenstance figure out what it was. We annotated the exposure to it on our post-deployment health assessments on the return from that deployment, and myself and a couple other individuals were sent for residual radiation testing at Darnell Army Hospital, which is a 24 hour urine collection that was done and submitted, and then we never heard anything else about it.

Libbe HaLevy: We'll continue with this week's featured interview with retired US Army Sergeant First Class Nate Teach in just a moment, but first nuclear awareness is certainly heating up. The US has gone to war with Iraq over their nuclear program while ramping up our own to add to the more than 5,000 nuclear weapons we have already Stockpiled.

The daily [00:31:00] existential fears many of us lived with during the first Cold War are coming back in spades to haunt and frighten new generations with a vision of planetary apocalypse. I hate to be the one to say it, but it's not impossible. That is why you need Nuclear Hotseat every week. Even as the nuclear industry and war machine provide us with new nightmares beyond the short half-life of today's headlines, you couldn't tell any of it was happening.

If all you follow is mainstream media, that's why Nuclear Hotseat exists to give a caring, compassionate, and concerned person like yourself. A regular weekly dose of nuclear news you can count on Nuclear Hotseat is the longest running program that focuses exclusively on nuclear issues now in its 15th year as a podcast, and 10th year as a broadcast through Pacifica.

We have a long history of [00:32:00] scooping mainstream media on nuclear issues, providing context and continuity to local, national, and international stories. We also work behind the scenes providing links and introductions between activists, researchers, reporters, and whistleblowers so that the true nuclear story gets out far beyond this show.

But in order to keep doing this work, we need your help. Nuclear Hotseat runs on donations and we are always in need of your support. $5 the same as one would spend here in the US for a nice cup of coffee and a tip to the barista would help us out. Or you can buy Nuclear Hotseat, a cup of coffee a month with a recurring donation of $5 or more, be it one time or ongoing.

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Don't wait. Go to Nuclear Hotseat.com to donate right now and know that whatever you can do to help. I am deeply grateful that you're listening and that you care. Now, back to this week's featured interview on depleted uranium weapons and the consequences of their use with Iraqi. You are veteran Nate Teach.

We've covered your exposure and what you were up against from your time in Iraq. There's much more to the saga, however, because you have a long history now of interacting with the Department of Defense, with various government agencies, and I think that's as much of a story as the [00:34:00] carelessness and ignorance that went into your initial exposure.

Where does this pick up in terms of your dealings and trying to get some satisfaction, some care, some track record of what you were exposed to, what it was doing to you and what the government could do for you? In response,

Nate Teach: there is a woefully inadequate amount of training on, uh, nuclear exposure for service members in particular.

And I say that because I was 19 years old when I joined the military. Uh, so this first deployment, I actually turned 21 in Iraq on that first deployment by the time I was 25. I was already suffering from low testosterone levels, uh, and unfortunately that was undiagnosed for another 12 years, but I started to have episodes of extreme lethargy and weight gain and brain fog and just low [00:35:00] drive.

I'd come home from work, I'd sit down on the couch. I'd fall asleep and I wouldn't wake up and, you know, I mean, I'd get up the next morning and go to pt. It was just, I was a lump and nobody could figure it out. I, I went to the doctor, I spoke with several doctors about it. I knew something was wrong. Some people had said it was chronic fatigue.

Some people had said it was just burnout. I needed to take some leave. Never actually quite got diagnosed for several years. I went through two separate duty stations. So I left Fort Hood 2007, went to Korea. I was in Korea for two years, suffering the whole time. I was in Korea as well. And then I got stationed at Fort Campbell, Kentucky.

Where I deployed again to Afghanistan in that three year period. The whole time, I'm struggling with unspecified weight gain, uh, just random fluctuations in my body mass index and low energy and, and just these rampant changes in mood. There was tons of [00:36:00] things that were going on that nobody could really explain.

They were hinting that it was PTSD, but. I was kind of shocked about that. And then, um, from Fort Campbell, I got stationed at Fort Rucker, Alabama, and, uh, was assigned a civilian doctor at the aid station. And what's beautiful about Fort Rucker is that they have an aid station. It's not an actual hospital.

So all of your medical testing goes to the economy. It goes out into the, the civilian sector. So those doctors just hear your symptoms and they don't take into account your age. And they're like, oh, that sounds like a hormone problem. So they tested my hormone levels and lo and behold, I was bottoming out on testosterone.

Now, at this time I was only 32, 33, so it still didn't match. They started my, uh, testosterone therapy and that helped. It's not a, not a perfect science, but it helped.

Libbe HaLevy: Did you make them aware of the exposure to [00:37:00] radiation?

Nate Teach: I brought it up, I talked to my primary care manager about it. When I was diagnosed as being hypogonad, which was low testosterone, I spoke with my primary care manager about the exposure that I had received, because in my mind, I was trying to figure out how something that's normally a genetic abnormality, normally something that's passed down through generations.

None of my family has that. None of my family has any kind of a predisposition to any hormone imbalance whatsoever. And so I'm trying to figure out how it happened because this is just random. And at the time, I also had children, so I'm trying to figure out if there's something medically we need to be aware of.

For my kids. I was drawing blanks. Nobody was. They were like, yeah, that doesn't make any sense. And then it dawned on me, I got radiated pretty bad in 2003. Let me mention that to my doctor and see if that's something that might be the reason for this. And he was the one that let me know that there was no evidence of that in my medical record.

Libbe HaLevy: Yeah,

Nate Teach: [00:38:00] that's what really started the deep dive for me because it was shortly after that that he showed me my medical record where the request for the residual radiation testing that had been ordered from Darnell Army Hospital was in there, but there was no results available. So I was like, okay, well we need to redo that testing because it was absolutely happened.

And the first thing you gotta do is get the justification for the doctor so that he can order the tests that aren't normally ordered. Right. So I went and started trying to gather paperwork for this doctor and the first thing I went to get my

hands on was the post appointment health assessment. The, because that post-deployment health assessment had depleted uranium contact and exposure annotated on it by a medical professional.

And so I went onto the archive website. I saw the post-deployment health assessment available for viewing and download. I opened it to view it. It said unavailable. I clicked a copy to download [00:39:00] it, and I got an email a couple weeks later that says that it had been destroyed in a fire, that it was unavailable.

What's interesting about that is the time of that fire was, I believe, 2016. According to the email that I got, I deployed three times in my career, 2003 to 2004, 2005 to 2006, and then 2010 to 2011 to Afghanistan. So all three of those post-deployment health assessments would have been together in the same document folder at the archives when that fire happened.

But the only document that was destroyed was the 2003 post-deployment health assessment. The other two were still available, and I have copies of them from the archives, so they were able to retrieve them for me. I then reached out to other members of my unit to see if I could get a copy of their deployment medical record from that deployment, because it wasn't in my medical record.

That was the other thing I had noticed. There was a [00:40:00] gap from 2003 to 2004. So I reached out. Began talking with other service members and lo and behold, nobody has their 2003 to 2004 deployment medical record. I was told at some point that there had been a fire in a Conex at the airfield down at Fort Hood, Texas when, when fourth ID was there.

Libbe HaLevy: This is a separate fire from the one that they said destroyed your information initially? Yes.

Nate Teach: Yes. So this fire supposedly destroyed the Conex that our deployment medical records, the actual paper copies were stored in before they were uploaded to the digital medical system. I called the fire department at Fort Hood, Texas and asked them if they had a record of a Conex fire in around 2004 on the airfield.

And they don't, or the person that I spoke with couldn't find mention of it, so there's no evidence this fire actually happened, but nobody from two four Aviation that was on the [00:41:00] 2003 deployment has a copy of their deployment medical record.

Libbe HaLevy: How did this make you feel when you started seeing that your records didn't exist anymore?

Nate Teach: It was frustrating because there's always the, the oopses in the army, right? It's, it's not a perfect system. Everybody tries, and I, and I love the military. I spent 23 years in it. I understand it and all its flaws, you know, it is what it is. And sometimes things fall through the cracks. And at the time it was naive of me, but I was still under the mindset of things are falling through the cracks.

But this is a lot of important things. And so I was trying to approach this from a standpoint of, I need to bring attention to this because this affects a lot of people and we don't have any proof it happened because all of the mechanisms that were in place to raise the [00:42:00] flag failed at some reason or another.

That's what I began doing. I began trying to gather the evidence together to get things talked about. I spoke with different organizations and what I found out is there's really nothing in place in the DOD for chronic radiation exposure. There's systems in place for. Acute radiation exposure like it happened yesterday or something along those lines.

But as far as suffering the medical effects of an exposure from years and years ago, there's nothing in in that. So in the process of trying to bring attention to this, I really was, I was hitting brick walls everywhere I went. So I reached out to the head of the DOD Depleted Uranium Program, Dr. Bob Cherry and Dr.

Jerry Fallow. They actually responded and I spoke with 'em and I told 'em the situation of what I was facing. I told 'em the, the lack of [00:43:00] evidence that I was struggling with, and I needed the justification to get the residual radiation testing done so we could have the definitive answers they assisted with getting.

Those lab requests ordered. They emailed my primary care manager my doctor, and gave him the codes for the testing that needed to be conducted because the codes that he was seeing was for acute radiation exposure testing, and it's not the same thing. So we finally got the right medical codes. I submitted another 24 hour urine sample, and this one went to the actual radiation exposure laboratory at the Aberdeen proving grounds for the DOD.

It was done at the DOD laboratory. I received a phone call from one of the technicians at the laboratory about three weeks later that let me know that I was being added to the roles as a radiation exposed service member, and they

provided me with a copy of my [00:44:00] lab reports. I took those in to my primary care manager and showed 'em to him, and here I am with the smoking.

You know, I'm like, Ooh, I'm all excited, but I can't read 'em again. It's very, very confusing language. And, and there's a lot of stuff in there that most people don't understand. There's very few people in the world I've come across that actually do read it, you know, and, but he looked at it and he's, I, he's, I don't know what to do with this.

I, I don't know what we need to do about it. And what I did notice was as soon as I got those lab reports back, I emailed Dr. Fallow and was asking him what they mean, what is this actually saying? And I noticed that I was getting very vague answers. And then people stopped responding to me. And I stopped getting any kind of contact with anyone, and so now I'm still in the same situation as an individual, so I'm still struggling with 12 to 14 inches of weight fluctuation in a 24 hour period.

It's a massive [00:45:00] bloating. I'm still having the acid reflux heartburn outbreaks. I'm still having all these medical issues, but my testosterone levels at least were leveled out at this point. That was kind of a bonus, but I was still struggling and I'm trying to protect my career and get the evidence I need to put this together to hand it to the DOD and say, Hey, there was an exposure that happened that everybody needs to be aware of because nobody has this in their records.

Nobody has any kind of knowledge of this. Nobody's acknowledging that it happened. And I started to just get stonewalled. I, I didn't have a leg to stand on. My medical professionals, the primary care manager, he didn't know where to send me. He didn't know who I would even go see with that evidence that I had for medical treatment, for evaluation, for anything.

I started calling on my own. I was calling out to reacts, uh, radiation exposure and training center for the United States. They were very interested. They actually had an interview with me on this, but then at the end of the day, they told [00:46:00] me that it was a DOD and VA concern because it was overseas that it happened.

So it didn't fall into their lane. I reached out to Walter Reed. I reached out to everywhere that I could, any, any major medical facility to speak with their radiation department. And the only information I got, uh, at one point, you know, the poor captain that answered the phone, I don't even remember his

name, but he just happened to answer the phone at, at Walter Reed for their nuclear department.

He told me. Well, if in fact you got that level of dosage, it did you, and it just hasn't caught up with you yet. And I hate to tell you that that was it. And he just, he said there was nowhere he could even recommend that I go. And so that was basically the extent of the help that I got from the Department of Defense.

It wasn't so much that I was being stonewalled intentionally on all levels. It was just at a certain point nobody knew what to actually do. And then I, I even reached out through the safety channels to talk to [00:47:00] occupational health, uh, to try to raise the flag with them because they deal with environmental hazards.

And that's when I found out that depleted uranium wasn't even considered a radiation hazard according to their documents.

Libbe HaLevy: Are depleted uranium weapons still being manufactured and used by the United States?

Nate Teach: No, according to the personnel I've spoken with in the DU program. The United States stopped production of depleted uranium in 2001, and that's their official stance is that depleted uranium munitions haven't been utilized till 2001.

Now, the war stock of depleted uranium that existed, obviously there was millions of rounds that were already in existence, just kind of stored in facilities. There would've been a time period that those would've been expended,

Libbe HaLevy: meaning used in war.

Nate Teach: Used in, yes. And there's no real clear answer on when that was finished up.

But the United [00:48:00] States has gone from a depleted uranium penetrator to a tungsten penetrator for its, its, uh, armor piercing rounds. And that change, as best as I can determine from what I was told, was 2001.

Libbe HaLevy: But still in 2003, they were using the depleted uranium because that's when you were exposed to it.

Nate Teach: So, yeah, there's articles online that attest to where the United States government has admitted to shooting. I think there's one that specifically says what, 3000 tons in between March and May of oh three alone. And in other conversations I had with Air Force representatives in personnel like that, the, uh, depleted uranium armor piercing round was still the munition that was utilized upwards of around 2008 in some cases.

So it was several years from what I can de determine, uh, that it's been utilized while the war stock was being expended. And then the, to penetrators were backfilling. That munition

Libbe HaLevy: [00:49:00] given this long history of exposure and missing records and lack of responsiveness from government agencies, this runaround that you had been on, you have become involved in.

Veterans for Peace. When did you join up with them and what has been the nature of the work that you've been doing with them?

Nate Teach: I've actually shared my story with every organization that wants to listen. I have reached out to Disabled American veterans. I've reached out to the 107 Foundation. I've reached out to the veterans for Foreign Wars, everyone that I can to try to get some more clarity.

I even have a congressional filed with my senator's office for this, and what I'm running into is it's such a problem, a big problem that I don't think anyone really knows where to go with it. And I believe there's some concern about possible repercussions for saying [00:50:00] this with your out loud voice for these organizations, because they have talking time in front of Congress, they have things that they're worried about preserving, and if they bring up something that isn't really the hot topic that anybody wants to talk about.

It could potentially mean punishment by losing some of that talking time. It's interesting because I have enough evidence at this point that it's not even a question of whether it happened or not. The first fight I had was with the va. Obviously. When I retired, I submitted my records through the environmental health.

I went through the entire environmental health screening process. The environmental health doctor took one look at the paperwork that I had, didn't even order any residual testing. Just said, Nope, I'm pushing you through because the, it's not even a question of if you were exposed, it's what it did. And so I was pretty hopeful at that point.

I was referred to the war related Injury and Illness Study Center in dc. They took one look [00:51:00] at my records and dismissed me at first because the memorandum from the Department of Defense states that there's a possibility no exposure occurred due to the timeframe from when the exposure happened and the testing that was done because it was so long after the fact.

But then when you do the in-depth review of the testing that they found, there is manmade uranium in the sample. So they confirmed it. But the original memorandum from the uranium spot test that was done first is negligible, but that again was 19 years after the initial exposure. The uranium spot test is actually what is causing the most problem in this case for veterans specifically, because it is an inaccurate test for determining exposure from 20 years ago.

The problem is they look at that test and if the results of that test are negligible, they don't even send you to get any in-depth testing that would find trace amounts of uranium in [00:52:00] your body. So the issue is that they're testing your urine. Of course, your kidneys are still gonna function, albeit the radiation and the the DU probably damaged them.

It is gonna filter this heavy metal outta your body eventually. So at a certain point, you're not gonna have very high levels of uranium in your body like you would've if you had just left that theater of operations. The problem is, is that when you go to the VA right now and you say, Hey, I think I was exposed to depleted uranium, they give you that uranium spot test as the test.

You send it in and then the lab calls you and says, there's nothing to be concerned about. Don't worry about it. And they actually brag about that in their once Over the world document for uranium exposure for their doctors. I got a copy of it. It says, and this is three or four years old now, but it actually says that at that time, over 8,500 veterans had submitted for potential concerns on exposure to depleted uranium.

And [00:53:00] only five had been entered into the programs for the radiation exposure that they have at Baltimore. And those five have embedded fragments of depleted uranium in their body. They have shrapnel, so it's a little hard to say they don't have it because it's still there. And that's it. So. Initially I was dismissed from the war related injury illness study Center because of the front cover memo of my DOD samples.

And that's when my congressional team got involved. Um, and, uh, they had some words with the va. And then I got reevaluated and I went through a year and a half process with the war related adrenal illness study center where they

tried to tell me that all of my symptoms were travelers' diarrhea. That just never went away.

That wa you know, you name it, it was because I ate too many res and the processed foods from the dac. There was a bunch. And then that's when Dr. Busby got involved. I reached out to Dr. Busby [00:54:00] on my own. I sent him my paperwork, he did a case study on me, uh, that was submitted to the va and they begrudgingly acknowledged all of it.

So currently with the va, I have exposure to radiation exposure to depleted uranium. And diagnosed with what they call chronic multis symptom illness, which is the new Gulf War syndrome. I also have a pituitary tumor that wasn't caused by prolactin spike. I have a lesion on my liver that they're evaluating for a potential tumor, and I have basically every gastrointestinal problem you can have without Crohn's Celiac or any underlying medical condition that would cause it.

And all of those are rolled up into the chronic multis symptom illness umbrella. So they're saying it was caused by toxic exposures received while deployed, but they're refusing to acknowledge depleted uranium and radiation specifically [00:55:00] as causing any of those. That is the current stance of the uh, of the va, the war related injury illness study center.

And I mentioned this in my article, but they referred me to the DU lab in Baltimore for long-term radiation exposure monitoring, and the director of the home office, the VA home office, the health outcomes for military exposures. That office encompasses the world related injury illness study center and the D Lab in Baltimore.

They both fall under the purview of the VA's Home office. The director of the home office, which is Dr. Patricia Hastings, she called me directly and told me that I wasn't being entered into that program because I did not have vetted fragments of depleted uranium in my body. My sample came back negligible, so there was nothing to worry about.

Libbe HaLevy: And that's the test you just told us about that is inadequate for measuring your kind of situation.

Nate Teach: Yes ma'am. So at that point, that sparked a conversation. I have audio and [00:56:00] video recording of the phone call, but it was a long phone conversation and then it was also several emails back and forth where I began to ask her, okay, what about the damage that was done?

How do we assess that? What I came into contact with this or not isn't in question. It's what did it do? It was what we're trying to figure out that was unanswered. I pointedly asked her, what about the other million and a half service members that were in that country with me and got no answer on that.

And I was basically just any way I could, trying to shake whatever tree I could to figure out, how do you go about. Okay. We've now established that there is an exposure modality for radiation exposure that is otherwise undocumented. That affects arguably over a million and a half service members across two generations.

Now what we have the proof, we're not arguing whether it's there. We're not arguing whether people were exposed to it. What you're saying is it affects everybody different, so we don't [00:57:00] know what it does do. And she actually said this to me. This is a direct quote from her. We haven't studied depleted uranium enough to know what it does and doesn't do to the human body.

But we know for a fact it doesn't cause chronic multis symptom illness.

Libbe HaLevy: So they don't know, but they know

Nate Teach: Now. They also have a called the TERRA Act, the Toxic Exposure Risk Activity, the TERRA Act, no proof of Exposure required. It covers National Guard Reserve active duty if you were part of any one of the named operations since the end of Vietnam until current.

The Terra Act for the VA applies to you. And what this does is it puts an annotation on your medical record where regardless of your actual percentage rating with the va, you are a tier one or tier two medical category. You get priority for appointments and it annotates that you are exposed to toxic exposures throughout your military career because of the [00:58:00] operations, the missions that you were on, you know what you took part in.

And it is important because it's the first document that I've found from the VA that actually admits depleted uranium and radiation by name as known hazards in these environments of operation. So that is a thing that exists with the va. But then at the same time, in order for them to change the way they handle this, and this is where I go into, it's the rules, the the CFR governing the va, they have to follow it.

They can't change it. Well, how do you change the C FFR that has to get voted? Okay, well, how do you vote that? Well, it has to go before the committee. And so then you start just going back and down and the whole thing. And then it's like, okay, well what do they need to see? So you get into this almost impossible situation for a single individual.

And that's when I started reaching out to all these veterans organizations individually to see if I could get some help, right? To see if I could make this somebody's. [00:59:00] Cause what I was finding, and still am finding for the most part, is I will send them all of my paperwork. I will give them the smoking gun, and they will immediately stop talking to me at that point because they realize the severity of what it is that I'm actually showing them.

You can't argue it. It's all there and it's done by the organizations that can actually have the say so that it was there. Right. The DOD and the va, it's, it's all there and world renowned experts on this topic, so it's kind of all packaged nice and pretty. The issue is though, is that I think it's pretty much a risk for a lot of people to start talking about, I can't know this information and not share it.

I, I don't wanna see people suffer. The biggest concern I have right now is that you have arguably an entire generation, or actually two, 'cause you have two Gulf Wars. Those two generations of service members were exposed to extremely high levels of radiation and depleted uranium, heavy metal [01:00:00] poisoning just because of the environment they were in.

At a minimum, they need to be tracking their exposure to radiation from this point on. At a minimum, because everybody's threshold is different, everybody has a total count that will eventually start causing way more problems and nobody knows exactly what that is. So the issue then becomes when you're sending these veterans off for CT scans and x-rays and nuclear medicine treatments, without taking into consideration the fact that they are abnormally high exposure level veterans for radiation anyway.

That's a risk to their health, that's not actually helping them. So we're doing a detriment to these individuals more than we're helping them with modern medicine and we're ignoring it. So at, at that point, that definitely needs to get addressed. The Veterans for Peace has been one of those organizations, uh, specifically the ICRR, the Depleted Uranium Working Group.

They have welcomed me in and have taken [01:01:00] my story, and they're absolutely willing to run with it and put me in contact with people such as yourself that, that can help me get this information out and draw attention to it.

Because for me, it's not about. I'm way less concerned about the gotcha, and I'm way more concerned about the let's do right by these people, and let's just figure out how to mitigate this and how to make it safer for everybody involved in the future.

That's ideally the way forward.

Libbe HaLevy: I'm so sorry that you were exposed and that you've been going through all of this. There's a quote that I've heard about the VA and the Department of Defense or anyone dealing with the medical aftermath of exposures, and that phrase is that their policy is delay, deny until they die.

This sounds like in the background, that's the policy that's running, and I applaud you for your efforts. You've been steadfast [01:02:00] about this, you've been unstoppable. Now you're in contact with DeMaio Lopez, so I know great things are going to happen. Check back in with us. Let us know how you're doing. Let us know of any breakthroughs.

And for now, I wanna thank you for being my guest this week on Nuclear Hotseat.

Nate Teach: Thank you for having me.

Libbe HaLevy: Retired Army Sergeant First Class Nate Teach. We will have links up to some of his articles and other information on DU Weapons on our website, Nuclear Hotseat.com. Under this episode number 7 68, this has been Nuclear Hotseat for Tuesday, March 17th, 2026.

If you'd like to get Nuclear Hotseat delivered via email every week, we make it so easy. On the website, there is a yellow opt inbox that's at Nuclear Hotseat.com. Just put in your first name and email address and every week you'll get one email from us containing the link as soon as [01:03:00] it's posted, and a short description of the show's content.

That way you need never miss a single episode. Now help us out because if you have a story lead, a hot tip, or a suggestion of someone to interview, send an email to info@nuclearhotseat.com. And remember, if you can go to Nuclear Hotseat and donate. Thank you. Any amount will help us out and we really appreciate your support.

website names of any guest who's comments you use and me for now, this is Libbe HaLevy of Nuclear Hotseat, reminding you any fool can start a war and once he's done, so even the wisest of men are helpless to stop it, especially if it's a nuclear [01:04:00] war that from former Russian Prime Minister Nikita Kche.

And there you have it. Your weekly nuclear wake up call, so whatever you do, don't go back to sleep because we are all in the Nuclear Hotseat.