

d. Josef Kees
für Allgemeinmedizin
Strahlungsverfahren

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CONFIDENTIAL MEDICAL REPORT
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Re : **Mr Raymond James Fox, 337 Wokingham Road, Reading, Earley, Berkshire, RG6 7EB**
DOB: 31/07/1950,

Admitted : 29th of June 2001 / 10th of October 2001
Discharged : 05th of July 2001 / 13th of October 2001

Dear Dr Van Steenis:

I hereby send to you the medical report regarding the diagnostic assessment and treatment of our mutual patient Mr Raymond James Fox in my practice during the period of time from the 29th of June to the 5th of July 2001 and as well as from the 10th of October to the 13th of October 2001:

- Diagnoses:**
- **Chronic Multiple Chemical Sensitivity Syndrome (MCS)**
 - **Toxicodermatitis with desquamation, blistering, bleeding, broken skin, strong itching, preferentially at both feet and lower legs (most likely radiation-induced and due to exposure to uranium and Lindane)**
 - **Nephritis with recurrent kidney pains and renal colics (most likely radiation-induced and due to uranium exposure, uranium in the urine = 1,6 µg/g crea, normal value = < 0,2 µg/g crea), differential diagnosis: uranium nephritis**

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 Praxis für Allgemeinmedizin
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- **Slight bone marrow suppression and uncharacteristic reactive phenomena,**
Histological expert opinion of the bone marrow:
no indication of a systemic hematological disease;
 medium-grade ferritin siderosis of phagocytary reticular cells,
 marked reactive changes in direction of an increase in eosinophils as well as increased storage iron,
 reticulocytes in the differential white blood count decreased to 0,6 %, normal value = 0,7 to 1,5 %),
 these changes represent uncharacteristic reactive phenomena,
 differential diagnosis: radiation-induced alteration or toxipathy of the bone marrow
- **Roundish osseous defect in the right os sacrum,** about 1,5 to 2,0 cm in diameter, with disturbance of assimilation,
 differential diagnosis: radiation-induced residual osteochondrosarcoma
- **Toxic allergic reaction**
 (IgE ↑ = 263 u/ml, normal value = < 85 u/ml, IgE antibodies against Lindane previously in January 1998)
- Combined **restrictive and obstructive pulmonary ventilation disorder** with **peribronchitis**
- Multiple **odontogenous disturbances and defects of the teeth**
- **Mercury intoxication**
 (mercury in the blood ↑ = 4,4 µg/l, normal value = < 2,0 µg/l)
- **Reactive depression** (given rise to trouble by toxins and radiation)

Medical statement:

Mr Raymond James Fox was referred to my practice again for the further diagnostic assessment and treatment of his continuing bad health.

His medical history I presuppose.

Mr Fox still distinctly suffers from a dermatitis and toxicodermatitis with desquamation, blistering, bleeding, broken skin, strong itching, preferentially at both feet and lower legs with severe bullous desquamation of the skin in layers of 1 to 2 mm thickness with occasional severe exacerbation, especially at the bottom of the feet and interdigitally.

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He also still suffers from severe cholangiolitic pains radiating into the back and into the right abdomen superimposed by severe recurrent kidney pains and renal colics.

He also suffers from an ache at different dermatomes especially at the right cranium and as well has attacks of severest splitting headaches. This is accompanied by episodes of a distinct reactive depression with mood swings.

A clinical examination and further biochemical, histological, toxicological and radiological testing has been done anew. The testing results are listed below:

Chemical laboratory findings:

uranium in the urine = 1,6 µg/g crea (normal value = < 0,2 µg/g crea),

uranium in the serum = 0,12 µg/l, previously in 1998 uranium in the serum = 0,40 µg/l, (normal value for uranium in the serum = < 0,2 µg/l),

cobalt in the serum = 0,7 µg/l (normal value = < 0,4 µg/l),

plutonium in the serum and bone marrow pending,

(chemical testing could not yet been carried out because of a damage of the testing device for testing plutonium beyond repair, a new laboratory shall be chosen for the testing for plutonium in the bone marrow and the serum),

Lindane isomer β-HCH in the serum = 0.39 µg/l (normal value = < 0.30 µg/l),

mercury in the blood = 4,4 µg/l (normal value = < 2,0 µg/l),

immunoglobulin E (IgE) = 263 u/ml (normal value = < 85 u/ml),

reticulocytes in differential white blood count = 0,6 % (normal value = 0,7 - 1,5),

basophils absolute in diff. white blood count = 0,13 (normal value = 0,00 - 0,09),

Normal values for: α, β, γ radiation, erythrocyte sedimentation rate, rest of red and white blood count, thrombocytes, iron, crea, urea serum, LDH, LDH isoenzymes, GOT, GPT, GGT, GLDH, alkaline leukocyte phosphatase, alkaline leukocyte phosphatase index, bilirubin, electrophoresis, ferritin, blood protein, sodium, calcium, magnesium, chloride, PSA, CRP, α-HCH, γ-HCH, thallium, PCB no. 28, 52, 101, 138, 153, 180.

Histological expert opinion of the bone marrow: No indication of a systemic hematological disease. Medium-grade ferritin siderosis of phagocytary reticular cells. Marked reactive changes in direction of an increase in eosinophils as well as increased storage iron. These represent uncharacteristic reactive phenomena. Moreover, there are no significant toxic or myelodysplastic aberrations.

X-ray of the chest in two planes on 2nd of July 2001: Peribronchitis of the central and lower basal sections of the lungs. Occasional small calcium-tight post specific changes. Otherwise no suspicious findings.

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X-ray of the abdomen on 2nd of July 2001: Roundish osseous defect in the right lower section of the os sacrum. Otherwise no suspicious findings.

MRT of the spinal column lumbar region, iliosacral joint as well as the pelvis on 11th of October 2001: Enlargement of the caudal sacral foramen with disturbance of assimilation and right-side asymmetry and roundish osseous defect in the right os sacrum, about 1,5 to 2,0 cm. No interforaminal cyst nor a neurinoma. Initial degenerative damages of the intervertebral discs L3/4, L4/5 and L5/S1 with dehydration and accompanying protrusions. Otherwise no suspicious findings.

I have obtained test results again which still show a severe and diseased physical condition of Mr Raymond James Fox with a definite toxic allergic reaction, a multiple chemical sensitivity syndrome (MCS), a severe toxicodermatitis with desquamation, blistering, bleeding, broken skin and strong itching at the lower extremities and feet.

He still suffers from a cholecystitis and cholecystalgia, a toxic nephritis with kidney pains and colics and a combined restrictive and obstructive pulmonary ventilation disorder with toxic bronchitis as well as a reactive depression with agitation caused most likely by intoxication with technical Lindane, uranium and other toxic substances.

According to the reports we know and the evidences shown to us the source for some of the toxic poisons is on the land of the house of Mr Fox and on the surrounding area.

The contamination seems to have migrated off of the adjacent site into his land and caused a long-term unknown exposure of the body of Mr Ray Fox to these toxins.

This is still evidently supported by the fact that when Mr Ray Fox goes to the affected area he becomes very ill for 3 to 5 days with the same symptoms.

From the kinetics of the natural elimination of these toxins we have to assume that in the area where he lives he has been exposed to a higher concentration of uranium, technical Lindane and other toxins for a longer period of time

There can occur a different kinetics of mobilization of the deposited toxins so that even very low concentrations of this substances can aggravate the clinical symptoms and cause a severe reaction of the body and can cause a relapse of the patient.

As far as his current health condition is concerned Mr Fox should be properly examined again and blood tests should be carried out again after the new testing of the sole of his plot has been carried out and the results are validated and known.

We have found on the 2nd of July 2001 uranium in the urine of Mr Ray Fox with 1,6 µg/g crea (normal value = < 0,2 µg/g crea), uranium in the serum with 0,12 µg/l, previously at

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From the kinetics of the natural elimination of these toxins we have to assume that in the area where he lives he has been exposed to a higher concentration of uranium, technical Lindane and other toxins for a longer period of time.

There can occur a different kinetics of mobilization of the deposited toxins so that even very low concentrations of these substances can aggravate the clinical symptoms and cause a severe reaction of the body and can cause a relapse of the patient.

As far as his current health condition is concerned Mr Fox should be properly examined again and blood tests should be carried out again after the new testing of the soil of his plot has been carried out and the results are validated and known.

We have found on the 2nd of July 2001 uranium in the urine of Mr Ray Fox with 1,6 µg/g crea (normal value = < 0,2 µg/g crea), uranium in the serum with 0,12 µg/l, previously at the 9th of January 1998 we had found uranium in the serum with 0,40 µg/l, (normal value for uranium in the serum = < 0,2 µg/l) and we have found on the 2nd of July 2001 cobalt in the serum with 0,7 µg/l (normal value = < 0,4 µg/l).

The plutonium value for the bone marrow is pending. The chemical testing could not yet be carried out because of a damage of the testing device for testing plutonium beyond repair, a new laboratory shall be chosen for the testing for plutonium in the bone marrow and the serum.

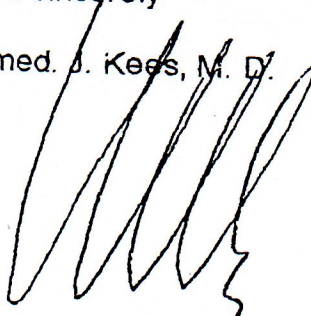
This very definitely is a mixture of substances, which causes damages of the DNA and can cause as well very bad chronic physical illnesses and these substances are carcinogenic.

I have been informed that an insurance company has commissioned a new testing of the ground and soil of the plot of Mr Ray Fox. We have to match these results with the previous results of the radiation pollution of the plot as well as with the findings in the body of Mr Ray Fox.

You may phone me immediately for any further help, information or support in concern with Mr Raymond Fox.

Yours sincerely

Dr. med. J. Kees, M. D.



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