

ALLEGED MEDICAL INJURIES FROM UFOs

Project UFOMD Report No. 1

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PROJECT UFOMD is an international study of medical injuries associated with alleged UFO close encounters. Information dealing with this project has been published previously (5).

Reports of intense lights associated with medical injuries are now well documented in the UFO literature. The necessity of qualified medical observations is emphasized in dealing with these cases. A multitude of information may be obtained from the victims from observation alone which may explain the mechanisms of the injury event and substantiate further the unidentified flying object phenomena.

An excellent example to consider is that of the Cash-Landrum Case reported very professionally by Mr. John Schuessler. Strictly from the information reported in the MUFON Journal, November 1981, it would be feasible to assume that the principals might have been exposed to some type of non-ionizing or ionizing radiation. I would like to consider first a clinical model for non-ionizing radiation and then a clinical model for ionizing radiation. I will only *speculate* as to what occurred in the Cash-Landrum Case because I never examined or had access to their medical records.

There is much confusion and misunderstanding in the UFO literature about the relationship of medical injuries to radiation. It will be appropriate to clarify several fundamental aspects of radiation effects on biological systems.

Some definitions

First let us define radiation. Radiation is an emission of energy in the form of photons and/or particles. The photons actually represent electromagnetic radiation, which for our purposes and interest are in the upper end of the spectrum and in order of decreasing wavelength include microwave, ultraviolet, gamma or X-ray. Particulate radiation consists of betas, protons, alpha particles, neutrons, mesons, heavy charged ions i.e. nitrogen, carbon, neon, boron etc. just to name a few.

All of these radiations deliver an energy insult to living matter. These take the forms of heat and ionization. Heat destroys the proteins which are the machinery of life. Ionization damages the DNA essential for

the control and reproduction of life. Actually this is an extreme simplification of an immensely complex subject called radiobiology.

A few more terms need to be defined and then we can quickly proceed. The term ionization simply means energetic ejection of one or more orbital electrons from an atom or molecule by either a photon or particle. The more energetic the ejected electron the more chances for damage in living tissue. Ionization does not involve microwaves. Roentgen is a unit used to characterize the amount of X-ray or gamma radiation exposure in air and is expressed in terms of producing a certain amount of ionized air. The RAD is a unit of radiation absorption in living tissue and is measured as the amount of energy deposited into tissue.

Having defined a few terms we are ready to tackle superficially the question of how this information will be useful in radiation-like injuries involving intense lights/unidentified flying objects.

Several years ago I published a clinical sketch that delineated a series of physiological events that are well known to ufologues (1). Briefly, the witness observes an intense light which may be associated with olfactory, auditive and motor paralysis manifestations. The olfactory detection of odor is of course unexplained. However, an excellent paper by Thomas M. Olsen, "UFO Odors and Origins", in *Journal of UFO Studies*, Vol. II, explains the possibility of external oxidizing agents and resultant chemical products due to the phenomenon. He summarizes that the reported characteristic UFO odors are attributed to externally producing oxidizing agents, ozone and NO₂/N₂O₄, and their reaction with methyl-alcohol and/or benzene which may be implicated as an energy source in disc UFOs.

Microwave sound

The sounds experienced by the witness may be attributed to microwave radiation. In recent years, attention has been given to the so-called microwave "hearing" effect.* Under certain specific conditions of frequency signal modulation and intensity, it has been shown that animals and humans can perceive a radio

frequency signal as if it were heard. One hypothesis that explains this is that a microwave signal produces thermoelastic pressure within the skull that is in turn perceived as sound by the auditory apparatus (7).

I have described the paralysis problem elsewhere and remind the reader that the victim does not fall in the majority of cases (1,2). The exact mechanism of this paralysis remains poorly understood.

Further physiological events occur in the second clinical stage: the victim experiences, several hours to several days later, skin burns, diarrhea, nausea, vomiting, conjunctivitis, and general malaise (1,2,3).

Because no one is sure what radiation is being emitted by this phenomenon we will examine some physiological effects of microwave, radio frequency, atomic and ultraviolet radiation. To keep ourselves organized I am including a chart of the electromagnetic spectrum.

TYPE OF RADIATION: (6)

IONIZING	FREQUENCY
Cosmic rays	
Gamma rays	
X-rays	
Visible and Ultraviolet light	
Infra-red	
Microwave	
Radar	
Radio frequency	
UHF, VHF, FM	
AM, shortwave	
Longwave	

The known effects of microwaves on animals and humans will be summarized. It is beyond the scope of this paper to expand this subject. Microwave effects appear to be principally thermal, similar to conventional electrical burn injuries, but with some unique systemic expression. Derangements of cardiovascular, gastro-intestinal, endocrine, haematological, ophthalmological and behavioral function are well described in animal experimentation. To complicate the matter even more, radio-frequency radiation can also produce similar non-thermal systemic effects. Some of these are summarized below: (6)

PHYSIOLOGICAL EFFECTS:

Central nervous system	Altered circadian rhythms
Behavioral changes
EEG alterations
Acoustic stimulations
Cardiovascular system	Hypotension
Bradycardia
Haematological	Depressed immunity
Depressed lymphocytes
Depressed phagocytes

Altered bone marrow
Ophthalmological	Cataracts
Retinal damage
Gastrointestinal	Increased motility
Endocrine	Increased
	adrenocorticoids
Depressed thyroid

Direct contact with radio-frequency electrodes can produce thromboses of arteries and veins. Thus, depending on the vascularization territory affected, there will be areas of healthy tissue and injured tissue (6).

Low dose atomic radiations, known for producing skin burns and systemic perturbations, are well known and may mimic many of the biological damages seen in microwave and radio-frequency exposures. The difficulty is to differentiate between the two types of radiation. Unfortunately this may be a difficult task for the inexperienced observer involved in a UFO case. For example, depending on the rad dose and energy of the photon emission, gamma radiation injury to the face can be selective. We know that 2,000 rads produces alopecia, but eyelashes and eyebrows have their own selective radiation injury thresholds. Whole body and localized radiation play differently on the haematological system. Different cell populations are depressed depending upon the radiation field location and area. The systemic problems such as listed under the radio-frequency and microwave effects also occur.

Ultraviolet over-exposure besides producing skin burns can also result in fever, chills, weakness, shock, and manifestations due to hyperpyrexia. We are aware of our own experience with severe sun burn.

In the Cash-Landrum Case, the medical injury catalogue described by Mr. John Schuessler presents injuries which can be produced by all of the radiations described above. If the reader carefully exploits the information given in the case it is possible to medically appreciate the event but only superficially. That is why I emphasize the importance that similar cases be brought to the attention of Project UFOMD in order that the victims can be evaluated rapidly and precisely in the context of the event. The eventual medical data must be in depth and follow standard medical reporting practices (3,4,5). The reward may be a substantial amount of information directly related to the UFO phenomenon.

In May 1982, the author was solicited as a consultant to the U.S. Army Inspector-General's Office, Washington, D.C., dealing with the Cash-Landrum Case. Their responsibility was to identify the source of the medical injuries; namely, the helicopters. An in-depth effort to locate these helicopters was undertaken. They could not be identified as an Army mission. The medical data used by the author was

solely that reported by various UFO journals.

Clearly there is the need for better medical data gathering and reporting which has now become our responsibility by way of default.

Notes and References

1. *Paralysis and UFO Close Encounters*: Richard C. Niemt-zow, M.D., The APRO Bulletin: 1,6: March 1975.
2. *Seeking the Mechanism for Paralysis in Close Encounter Cases*: Richard C. Niemt-zow, M.D. and John F. Schuessler. MUFON No. 127, June 1978, p. 6-7.
3. *Preliminary Analysis of Medical Injuries as a Result of UFO Close Encounters*: Richard C. Niemt-zow, M.D., MUFON Symposium, June 1980.

4. *Evaluation of Medical Injuries Resulting from UFO Close Encounters*: Richard C. Niemt-zow, M.D. and John Schuessler, requested by GEPAN.

5. *PROJECT UFOMD*. 532 Merchant St., Vacaville, Ca., 95688, 707-446-5050 (24 hours).

6. *High Frequency Electromagnetic Radiation Injury to the Upper Extremity: local and systemic effects*. M. Ciano, et als., Ann. Plast. Surg. (United States), Aug. 1981, 7(2) p. 128-35.

7. *QST (Devoted to Amateur Radio)* Vol. LXVI Number 11, November 1982, p. 67.

* NOTE BY EDITOR, FSR.

What Dr Niemt-zow says here about the "microwave hearing effect", should be considered in connection with the article by Sr. Joaquim Fernandes on the Phenomena at Fátima, which we have recently published (FSR Vol. 28, No. 6).

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A NOTE ON THE ROMANIZATION OF CHINESE

WITH the reported "loosening-up" in China on the subject of UFOs, it is possible that, even if only temporarily, the flow of material from that quarter may prove to be very considerable. A note on the difficult problem of rendering Chinese words and names into English may therefore not be unwelcome to FSR readers.

The Chinese language possesses no alphabet, and consequently, even after all the pruning of obsolete or complicated forms and the simplifications carried out since the Communists came to power in 1949, an average small Chinese dictionary can still contain around 8,000 different characters, vast numbers of which are *homophones* (i.e. they sound alike). Owing to this vast number of *homophones*, or *homonyms*, no successful system has yet been devised whereby whole Chinese texts might be rendered with clarity into Latin script or any other alphabetic script. Many folk thought the system worked out some years ago by the late Dr. Walter Simon of the School of Oriental and African Languages (University of London) was a promising start, but it failed to "catch on".

The Wade/Giles System

Until recently, the system employed by Governments and official bodies in the English-speaking world for the rendering of Chinese proper names and terms and the Chinese place-names on maps was the so-called *Wade/Giles System*, which derived from the work of two predecessors of the present Editor of FSR who, like him, were diplomats in China and became specialists in the Chinese language. These were Sir Thomas Wade, at one time H.B.M.'s Ambassador in Peking, and Dr. Herbert Giles, H.B.M.'s Consul at Ningpo and later Professor of Chinese in the University of Cambridge.

Although admittedly still presenting serious disadvantages and imperfections, *Wade/Giles* was the best system that we have had. It has prevailed for many years in the English-speaking world, and most of the indexed or translated material now in the English-Language libraries and museums of the West is transcribed in it. (The Russians, Germans and French have also devised their own quite separate — and

equally imperfect — systems for transliterating Chinese for speakers of those three languages.)

The American official body which is most concerned with these matters is the *Board of Geographic Names* (BGN) in Washington, D.C., while in Britain its "opposite number" and close working-partner is the Committee with which the Editor of FSR was connected for some years after long periods of service in Diplomacy and Intelligence.

The main task of these two bodies, in USA and Britain, is to devise and apply, jointly, systems for the easy and efficient transcription into English of all those languages in the world which do not employ our Western (Latin) script, and which are important enough to be widely used in books and maps — particularly the latter. Both committees have used the *Wade/Giles* system for rendering Chinese for many years past. When working with the British Committee, FSR's Editor was also concerned with the development and application of transliteration systems for rendering a number of other Eastern scripts, viz: Mongolian, Tibetan, Burmese and Shan, Hindi and Nepali, Arabic, and Uighur (Eastern Turkish).

Chinese launch new "Pinyin" system

Very recently, without adequate consultation of anybody else about their project, the Communist Chinese have sprung upon us a new transliteration system devised by themselves and called "*Pinyin*", which possibly has even more defects and drawbacks than *Wade/Giles* and is going to provide a lot of headaches for many people for a long time to come. Had the Chinese taken the trouble to consult with those who have spent years in the study of these highly specialised matters, they could no doubt have had something at least much better than *Pinyin*. But the damage is now done, and the Chinese are already putting out a flood of maps and books in which Chinese proper names and placenames all appear in the *Pinyin*, and, as a result of this, foreign Governments and official bodies are being driven to start filing and recording material in accordance with this new system, awful as it is in many respects. (As examples of its needless obscurity and difficulty for foreigners who do