

Chapter 18

DR. SHENOY SPEAKS OUT

Betty Cash and I were participants in a press interview with Dr. Shenoy on June 16, 1982. The interviewer had led Betty to believe that if everyone consented to participate in the interview session, that he would have a new chromosome test conducted at the Jet Propulsion Laboratory in California. It was claimed that the test would pin down the type of radiation involved and the extent of the resulting chromosome damage. Dr. Shenoy graciously agreed to support this worthwhile effort by making a public statement about the case. As an aside, the interviewer never made good on his promise to provide the chromosome test.

In response to questions about Betty's appearance soon after her arrival at the hospital, Dr. Shenoy said: "Miss Cash has been followed by us since 1979, ever since she had heart surgery. She was admitted to a nearby hospital on the second of January 1981. Her main problem at that time was a severe headache, a swelling of the face, a swelling of the eyelids, and a swelling of the skull on the top of the head.

He continued: "Physical examination at that time showed a marked swelling of the eyelids. She also had marked swelling of the skull. One of the small glands in the back of the neck was swollen. We couldn't figure why she had marked swelling of the

Suburban?
for "skull" doesn't swell. Scalp?

*Vague to mention
"General Complication"
"Tension" "Headache"*

face, eyelids and the skull.

Not knowing about the UFO encounter at the time, he thought she might be suffering from an allergic reaction of some kind and called in a dermatologist "to find out what exactly is the reaction to the face and to the hair."

Dr. Shenoy said the dermatologist saw her and commented on the marked reaction; but he was not sure it was an allergic reaction. He did find "a definite inflammation of the skull and the face."

Thinking the headache could be caused by inflammation of the sinus cavity, Dr. Shenoy ordered an X-ray of that area. The results were negative - "she did not have any inflammation of the sinus." He said: "Miss Cash did not have any headache in the past," so he called in a neurologist to evaluate the headache. Again the results were negative. The neurologist said "the headache is most probably due to severe tension headache."

Dr. Shenoy said: "Miss Cash responded well to the cortisone and the antibiotics." About the blood work, he said: "Most of the blood tests that we did in the hospital are negative for any kind of inflammation." *- goes against chronic radiation sickness?*

About her release from the hospital, Dr. Shenoy said: "She stayed in the hospital approximately twelve days. The headache was getting better. The swelling of the face, eyelid, and the skull was getting better. So, she went home..."

He also acknowledged why she returned to the hospital. He said: "A few days after going home she felt the headache is coming back again, the swelling of the skull is coming back again, and she noticed her hair is getting thinner and thinner. Four or five days afterwards she noticed she is losing hair in patches. So, she came back to the hospital.... And when I saw her I was surprised that the hair was gone on the head in patches, four or five big patches on the skull, measuring at least three or four inches in diameter.... There was no damage in the skin." Dr. Shenoy again consulted with the dermatologist and found that he "couldn't pinpoint any definite

If hair was gone but scalp was normal, could have been simply cut!

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cause for the loss of the hair."

It was at this point in time that Betty broke down and told Dr. Shenoy about the UFO encounter. The doctor was astounded and mildly upset that she hadn't told him earlier, as it could have altered his investigation of her problems. With this new information in hand, he resumed his search for the cause of the headache. He said: "I found that if she had an exposure to the intense light, she might have had damage to the cornea that is the front portion of the eye or to the retina which is a screen in the eye. So, I sent her to the ophthalmologist. I told the ophthalmologist the story behind and the reason of my concern. He took the history by himself and he got the same story from Miss Cash. He examined her in detail and he did not find any infrared damage to the eye or damage to the eye as a result of the radiation. He found a little bit of problem with the lens. He could not document the damage to the retina either by the infrared or by the radiation.

Still puzzled by the hair loss, Dr. Shenoy said they clipped some hair and sent it to "the medical center" for examination. He said they wanted to find out if the medical center could document "whether the damage to the hair was from radiation, or this is due to the infrared, or whether she had some toxic reaction to heavy metals. Unfortunately, the hair they sent to the hospital was not fixed with the proper reagent and they couldn't document the nature of the damage to her hair."

When questioned about whether or not Betty's current problems were related to her earlier heart problem, Dr. Shenoy said: "Whatever symptoms she had, had nothing to do with the underlying heart problem. She had the bypass surgery in Alabama sometime in 1977. She had a little bit of chest pain in 1979, at which time the cardiac cath showed one of the grafts was closing. At that time we felt she was not a candidate for another bypass surgery, so we treated her with medicine and she responded very well. She did not have any of the problems like high blood

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pressure, diabetes, or the tension headache. She responded very well to the pills we gave her for the heart. She has seen us every six months and the problem is all gone. This is the first time I came across the swelling of the face and the intense headaches with Miss Cash. She did not have the symptoms in the past."

When asked how he reacted to her explanation of the UFO encounter, Dr. Shenoy said he made some telephone calls to physicians "who are functioning as radiologists, internists, and a gastroentologist." He said they told him that Betty's problems were similar to those of other people who had encounters with UFOs.

He said: "Her story is reliable in that I trust what she tells me, and what she told me about the UFO. I don't think at any time I questioned her history. The neurologist, the dermatologist, and the ophthalmologist who saw her and got almost the same story as me, felt that the story is reliable."

When asked if he has seen any other similar cases, he said: "I haven't seen any case which is similar to Miss Cash's problem, except the friend who traveled with her and the child who traveled with her in that same car, who had a similar reaction.

Chapter 19 ANOTHER DOCTOR OFFERS TO HELP

As soon as the investigation verified the existence of medical injuries, I began calling medical professionals in the state and federal government and in private practice. Nearly all were willing to listen to a brief overview of the case; but only a few were willing to engage in a discussion about what to do next and who else to contact. Some cited their job positions as the limiting factor in their getting more involved; while others were afraid they might get labeled as a kook, thereby hurting their business. In the business world, this situation is quite common, so I understand and respect their situation. One doctor in particular was an obvious debunker and he was only interested in proving that the incident was a hoax. That was disgusting.

Then on March 12, 1981, I received an offer of help from a highly qualified radiation medicine professional. He was Dr. Peter Rank, Chief of the Department of Radiology at Methodist Hospital in Madison, Wisconsin. The timing was perfect. Under Dr. Rank's guidance we were able to set up the protocol for obtaining medical records, as well as assessing the results of the treatments. His offer of assistance was especially gratifying to Betty, Vickie and Colby. It came at a time when they were beset with trauma and didn't know

which way to turn.

Dr. Rank provided a supply of medical information release forms which were quickly signed by both Betty and Vickie and submitted to their respective doctors and to Betty's hospital. By early April we had received a substantial package of Betty's medical records. Unfortunately, however, none of the results of the blood work were included. Betty would battle with the hospital for more than a year before getting even one piece of blood work data. Her inquiries were always met with the excuse that the records were temporarily out of the file.

After reviewing the first package of Betty's records on April 12, Dr. Rank made the following observations:

- 1) An ophthalmologic and dermatology consult were included.
- 2) X-ray reports, EEG, lab reports, and pathology reports of a localized skin biopsy were also included.
- 3) There was no record of a complete physical examination available, and no progress notes.
- 4) The dermatologist's diagnosis was alopecia areata, a well known benign dermis self limiting affliction of the dermis resulting in a discreet localized loss of hair. Occasionally there is an underlying problem which is discerned as a cause. Most often the cause of alopecia areata is unknown and localized hair growth recurs. The dermatologist's opinion was that Betty had localized benign alopecia areata, and this was partially confirmed by the pathology report. I would caution you that this skin diagnosis is a waste basket category and that Betty's loss of hair may not indeed be in that category. *- i.e. not radiation*
- 5) The ophthalmologic examination shows nothing more than the aging of the lens, causing difficulty with near vision. Fortunately the ophthalmologist, Dr. Darsey, was prudent enough to mention that there was no evidence of damage to the interocular structures secondary to radiation.
- 6) There is no laboratory record available of white blood count

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studies, either a single or serial determination, and no record of platelet counts.

7) No discharge summary is included.

8) All x-ray studies are for the most part non-contributory. The patient's heart is at the upper limit of normal and there are scattered areas of fibrotic change in the lung fields consistent with the patient's age, not an unusual finding.

9) Please note that Betty has had a previous coronary artery bypass operation.

10) Electroencephalogram shows no abnormality, and is therefore non-contributory to our current research.

11) They did make an effort to look for heavy metal intoxication as a cause of the patient's hair loss. According to the records supplied me this was an inconclusive study because insufficient hair was provided to the laboratory to make this chemical determination.

Dr. Rank commented on Betty and Vickie's fingernail damage. He said: "This shedding of the nails (onychomadesis) is a relatively rare condition that is brought out by the complete loss of growth of the keratin produced by the matrix at the base of the nail. It can be caused by a variety of situations including severe febrile reactions, such as following scarlet fever. One, a few, or more nails may be lost. Such shedding of the nails also occurs secondary to emotional stress, is a psychosomatic expression of disease, although I think this unlikely. Most important of all it is a result of severe local inflammatory changes and may occur in association with radiodermatitis secondary to ionizing radiation. Needless to say the loss of hair is also consistent with radiodermatitis secondary to ionizing radiation. These two physical findings, specifically nail and hair loss, favor the presence of ionizing radiation."

After reviewing an additional package of medical records on April 29, 1981, Dr. Rank said: "I doubt the diagnosis of alopecia areata on many grounds. I will list these considerations, as follows:

A) Both women sustained some evidence of scalp damage including hair loss.

B) Betty had simultaneous loss of nails on the second through fifth digit of the right hand. All of Vickie's nails were affected.

C) The pathology report describes lymphocytes in the specimen, loosely arranged around specifically placed immature hair follicles. The hallmark of alopecia areata is not lymphocytes but mononuclear cells. Note that the biopsy was taken approximately four weeks after the original incident so that any acute white cells, specifically the polymorphonuclear cells may at that time already be gone.

D) Her entire skin - scalp affliction began as cellulitis with considerable tenderness and erythema and responded to antibiotics. This is not a feature of alopecia areata.

E) The patient's entire history seems very reliable. She related the onset of her hair difficulties to the development of red inflamed tissue, in turn directly related to UFO exposure. This is also not a history of alopecia areata.

F) The biopsy specimen describes the dissolution of intracellular bridges. This is not a feature of alopecia areata, but may be a feature of ionizing radiation." - *Talos 2-3 wks for hair to fall out*

Dr. Rank provided the following information on the possibility of radiation exposure: "In regard to ionizing radiation, Betty and Vickie could have been exposed to alpha particles, beta particles, or gamma rays (including x-rays). I doubt alpha particles because while their linear energy transfer is quite high, they can be stopped in their forward travel by something as flimsy as a piece of paper. When they do attack the skin their injury is limited to the most superficial keratinized layers of the skin. I also doubt beta particles for those same reasons, they could be stopped by a barrier as thin as the glass in an Erlenmeyer flask. Again only the superficial layers

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of the epidermis would be affected by beta particles. We are therefore left with more penetrating gamma rays, which could penetrate not only to the subcutaneous layer but also throughout the body. By way of further elaboration, a neutron beam could also cause serious deep penetration. The hair loss in penetrating radiation occurs quite early. A dose of approximately 200 R to the skin is necessary for transient hair loss. Above 800 R hair loss is permanent. The growth of nails is disturbed in radiation exposure for the same reason that growth of hair is, which is that the germinal cells forming both hair and nails are affected by approximately equal doses."

"Whatever kind of radiation Betty and Vickie were exposed to, it was more penetrating than the most superficial types, but still did not penetrate sufficiently to cause systemic signs and symptoms. It seems therefore safe to conclude, at this time, that Betty and Vickie sustained radiation damage which was confined to the skin and the immediate subcutaneous area."

"Whether this radiation damage was indeed due to ionizing radiation is at this point unclear. Other possibilities include infrared, ultraviolet, and microwave radiation. I know of no way that we will be able to establish anything further as to the type of radiation or dose. The conclusion I can make so far is that radiation damage occurred, type unknown, probably limited in severity, without evidence or systemic involvement."

During 1982 and 1983, Dr. Rank continued to review medical records as they were released and to answer my questions about the various noted conditions.

Betty, Vickie and Colby experienced intense pain when they would take a hot bath, and had to take cold baths. Dr. Rank said: "This symptom is well within the range of radiation response."

In discussing the problem of diarrhea, he said: "Obviously their bowel problems, including chronic diarrhea, may also be secondary to radiation effect. It may persist for days or weeks. Diarrhea may

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occur at doses in the area of 200-300 rads."

Their hair loss and regrowth is often seen in conjunction with radiation exposure. Dr. Rank said: "Hair does regrow following radiation damage with both a different color and a different texture. So far, the outcome of radiation epilation cannot be predicted. Epilation may occur anywhere from a few days up to a year. This is based not only on the literature, but my experience in radiation therapy, as well as a personal experience in my family."

About the radiation effects on the skin, he said: "The dermatologic manifestations of radiation depend upon the wave length and the total dose and may be either acute, chronic, or a mixture of both. Some immediate post-radiation dermatitis begin within hours of exposure. Others do not develop for 20 years. An acute radiation dermatitis may result in non-healing ulcerative lesion and it may not necessarily indicate an exposure of fatal proportions."

Dr. Rank spent a lot of time telling me about how different individuals react to the same radiation exposure. He said that it seems that their reaction is affected by their diet, size, drugs taken and even the amount of caffeine consumed. The problem we have is that radiation creates a lot of broad nonspecific physiologic effects that are determined not only by the exciting agent, but more importantly by the limited ways that the body can respond to stimulæ.

My source says about 300. Both are sub-lethal. But 200-300 rads to face! A total dose unless shielded to a tiny part of the body. She wasn't shielded.

but timing of onset is crucial 200-300 rads would take 4 wks to manifest themselves.

→ it confined to a small area of body. But she wasn't shielded

So he is ~~not~~ confining the "radiation explanation" to just her scalp/skin? Not the diarrhea and other problems? (See next page)