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OMB Approved No. 2900-0075 Respondent Burden: 15 minutes



#### **Department of Veterans Affairs**

# STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to Code of Federal Regulations 1.5/6 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of

| information unless a valid OMB control number is displayed. You are not required to respond to a collection of inform located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 form.   |                                       |                 |
|---|---------------------------------------|-----------------|
| FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)   | SOCIAL SECURITY NO.                   | VA FILE NO.     |
| Wesley Todd Carter  |                                       | C/CSS -         |
| The following statement is made in connection with a claim for benefits in the case of the above-named veteran:   |                                       |                 |
| Mr. James Sampsel of the VA Veterans Benefits Administration has required JSRRC to accept only military documentation regarding C-123 veterans' exposure, for JSRRC to then confirm veterans' claims for service in exposure situations.  Mr. Thomas Murphy, Director, Compensation Services, has directed VA regional offices to disregard professional opinions provided by toxicologists from various federal agencies and universities on the basis they are scientists, not physicians, qualified to provide opinions regarding toxicity, exposure and medical nexus.  In response to both VA authorities, I submit two statements from physicians who are highly experienced senior-level commissioned officers of the US Public Health Service. The USPHS, |                                       |                 |
| per 10 U.S.C $\S$ 101, are members of the uniformed service military documentation of C-123 veterans' exposure to Ag  |                                       | constitutes     |
| The statements confirming my Agent Orange exposure, and veterans, are provided by Rear Admiral (MD MPH) R. Ikeda CDC/Agency for Toxic Substances and Disease Registry, ar presently Senior Medical Officer National Institutes of   | a, presently servind by CAPT (MD MPH) | ng as Director, |
|   |                                       |                 |
|   |                                       |                 |
|   |                                       |                 |
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|   |                                       |                 |
|   |                                       |                 |
| I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.   |                                       |                 |
| SIGNATURE   | DATE SIGNED  23 July 2013             |                 |
| ADDRESS   | TELEPHONE NUMBERS (Include Area Code) |                 |
|   |                                       |                 |

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or both, for the willful submission of any statement or evidence of a material fact,

PENALTY: Th

knowing it to be false.



Public Health Service

Centers for Disease Control and Prevention (CDC) Atlanta, GA 30341-3724

March 6, 2013

### Ikeda, Robin (CDC/ONDIEH/OD)

to me, Tom, Sascha, Patty

Dear Major Carter,

Thank you for your email and warm welcome regarding my new acting position. I have recently been briefed about ATSDR actions related to this situation. I have also reviewed the ATSDR correspondence related to C-123 aircraft and I am in agreement with it. I understand that the VA has already received our letters and that ATSDR staff have spoken with VA staff about your situation.

The letter from ATSDR to General Hickey regarding exposures at Camp Lejeune was somewhat different. We sent that letter after completing an extensive dose-reconstruction model of exposures to volatile organic compounds at Camp Lejeune. We were obliged to notify the VA because they had been relying on out-of-date information previously generated by us.

The limited, but high quality, sampling of C-123 aircraft that we reviewed in 2012 confirm that some post-Vietnam era C-123 aircraft were contaminated with TCDD dioxin. All C-123 aircraft have since been destroyed. Thus, it is no longer possible to further characterize human exposure pathways through additional sampling. Without additional environmental sampling information, an official health consultation would not shed additional light on this situation beyond that provided in January 2012 and March 2013. I understand that United States Air Force restricted entry into these contaminated planes once they were found to be contaminated. ATSDR concurs with this position and believes it would also have applied to pilots and crew had these planes remained operational.

I hope this email is helpful. Thank you again for your service to our country.

#### Robin

Robin M. Ikeda, MD, MPH RADM, USPHS

Deputy Director, Noncommunicable Disease, Injury, and Environmental Health Acting Director, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

Centers for Disease Control and Prevention 4770 Buford Highway, MS F-39, Atlanta, GA 30341 (770) 488-0608



National Institutes of Health National Institute of Environmental Health Sciences P. O. Box 12233 Research Triangle Park, NC 27709 Website: http://www.niehs.nih.gov

March 1, 2013

Wesley T. Carter, Major, USAF, Retired 2349 Nut Tree Lane McMinnville, Oregon 97128

Dear Major Carter,

Thank you for the recent email on February 24 regarding continued discussions about plausible exposures and health effects associated with your work on military equipment contaminated with residues of 2,3,7,8-tetrachlorodibenzo-pdioxin (TCDD or dioxin). In addition to your email, I have reviewed the correspondence pertaining to this matter provided by Dr. Tom Sinks in his letter dated January 25, 2012 along with other information concerning your inquiries. In his correspondence, Dr. Sinks describes a review of the analytical data obtained from wipe samples collected on November 20, 1994. With limitations outlined by Dr. Sinks, the data indicate surface concentrations on contaminated equipment averaging 6.34ng TCDD/100cm<sup>2</sup>. Dr. Sinks points out that this level of contamination greatly exceeds concentrations generally considered hazardous by the Department of Defense. We understand that there have been possible exposures experienced by individuals working in contact with, or in close proximity to, these surfaces and we agree with Dr. Sinks January 25, 2012 hazard summary for exposure to this residual TCDD contamination.

Regarding the association between dermal exposure and effects that seems to have been a matter of some dispute, it is my opinion that the scientific evidence is clear. Dermal exposures, including exposures to contaminated equipment or secondary exposures through contaminated clothing, tools, vehicles, etc. could result in absorption that would be problematic. Studies conducted in both humans<sup>2</sup> and animals<sup>3</sup> clearly demonstrate the ability of TCDD to be absorbed through the skin. Exposure to TCDD has been associated with a number of both local and systemic effects, including cancer, heart disease, and diabetes, among others.

Sincerely.

Aubrey K. Miller, MD, MPH

Captain, USPHS

Senior Medical Officer

National Institute for Environmental Health Sciences

<sup>1</sup> Stellman, JM, Stellman, SD, Christian RC, Weber, TW and Tomasallo, C. The extent and patterns of usage of Agent Orange and other herbicides in

<sup>--</sup>Weisman, WH and Porter, RC. Consultative Letter AL/OE-CL-1994-0203, Review of Dioxin Sampling Results from C-123 Aircraft, Wright-Patterson Vietnam. Nature, 422, 681-687, 2003. AFB, OH and Recommendations for Protection of Aircraft Restoration Personnel. USAF, Armstrong Laboratory, Brooks AFB, TX. 19 December 1994. -- U.S. Army Center For Health Promotion and Preventive Medicine. Technical Guide 312 Health Risk Assessment Methods and Screening Levels for --Evaluating Office Worker Exposures to Contaminants on Indoor Surfaces Using Surface Wipe Data. June 2009 http://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/EH RAP TechGuide.aspx)
--Comments to the Institute of Medicine. January 16, 2013. Wesley T. Carter. C-123 Veterans Association.

<sup>--</sup>http://www.publichealth.va.gov/exposures/agentorange/residue-c123-aircraft.asp

<sup>&</sup>lt;sup>2</sup> Kogevinas, M. Saracci, R. Winkelmann, R. et al. (1993) Cancer incidence and mortality in women occupationally exposed to chlorophenoxy herbicides, chlorophenols, and dioxins. Cancer Causes Control Nov: 4(6):547-53.

<sup>&</sup>lt;sup>3</sup>Brewster, DW, Banks, YB, Clark, AM, Birnbaum, LS. Comparative dermal absorption of dioxin and three polychlorinated dibenzofurans. Toxico Appl Pharmacol. (1989) 97(1):156-166.





# **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention (CDC) Atlanta, GA 30341-3724

March 6, 2013

Domenic A. Baldini
Chief, Joint Services Records
Research Center US Army
Records Management and
Declassification Agency
7701 Telegraph Road
Room 2C12, Kingman Building
Alexandria, Virginia 22315-3860

Dear Mr. Baldini:

On January 25, 2012, the Agency for Toxic Substances and Disease Registry (ATSDR) sent the attached letter to Wesley T. Carter, USAF Retired. Major Carter had contacted ATSDR seeking an opinion about his potential exposure to 2,3,7,8 tetrachlorodibenzo-p-dioxin (TCDD) while piloting C-123 aircraft from 1972-1982. The letter represented the opinion of ATSDR and our subject matter experts.

The ATSDR letter to Major Carter included several important findings. Information contained within parentheses have been added for explanation:

- ATSDR calculated an average value of 6.36 ng TCDD/100 cm<sup>2</sup> for the three C-123 interior wipe samples collected on November 20, 1994. This calculation was based on information from a consultative letter from Capt Wade Weisman & Ronald Porter (see footnote 3 in correspondence to Major Carter).
- This value is 182 times higher than the screening value established by the United States
   Army Center for Health Promotion and Preventive Medicine Technical Guide 312.
   (see footnote 2 in correspondence to Major Carter.) [Levels below a screening value are
   often considered acceptable. Levels above the screening value are often considered
   unacceptable because of an associated health risk.]
- ATSDR pointed out that the average value of the three wipe samples represented a 200fold excess cancer risk above the screening value established by the Department of the Army.
- ATSDR stated that the office worker scenario used in Technical Guide 312 likely
  underestimates the daily exposures of Air Force flight personnel inside confined
  contaminated aircraft but that this depends upon exposed skin surface area, duration of
  exposure, hand washing, and food intake [as well as airborne dust].

# page 2 - Domenic A. Baldini

- ATSDR stated that TCDD levels on-board contaminated planes were likely higher in 1972-1982 than in 1994 when samples were taken.
- ATSDR stated that it could not exclude inhalation [or ingestion] exposures to TCDD while working on contaminated aircraft.
- Based upon the available information, ATSDR concluded that aircrew operating in this, and similar, environments were exposed to TCDD.

I hope this information is useful. Please contact Thomas Sinks, Ph.D., Deputy Director at 770 488-0604 if you have any questions.

Sincerely,

Christopher J. Portier, Ph.D.

Director, National Center, and

Environmental Health, and

Agency for Toxic Substances and

Disease Registry