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*If Veterans don't help Veterans, who will?*

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Chief Medical Officer  
Johnston Island Hospital  
APO San Francisco 96365

Past history reveals that there has been some vague right upper quadrant pain, especially in the early morning hours several months ago which required analgesics to resolve. On August 29th, the patient experienced a dull, constant pain in the right quadrant with sensitive digital pressure on the bile duct with radiating posteriorly through the back and projecting upward to the scapula. Demasetol tablets, q12h, gave some slight relief. Liver function tests were taken (Alkaline Phosphatase 55%). Past history of SGOT elevation approximately 43 Frankel-Armstrong units. There has been also a similar but less intense colic noted in May and December 1972. On 30 August 1973, a Gall Bladder series revealed an isolated and large stone approximately 1 1/2 x 1 cm in size which was radio-translucent. IMPRESSION: CHOLELITHIASIS.

It is noteworthy that in recent months since MAR73, that there has been presence of Herbicide 2-4-D and 2-4-5-T with suspicion of and clinical evidence of presence of 2-3-7-8 Tetrachlorodibenzo-p-dioxin present on Johnston Island to the reservoir and drinking water. This same Herbicide Orange has been present on Johnston Island for approximately 1 1/2 years and its toxicity is well known in scientific circles. An article abstract concerning the same 2-3-7-8 Tetrachlorodibenzo-p-dioxin has been researched in many spheres since the initial toxicity was known through the Herbicide Company in its early production. Interestingly enough, there is an allied increased SGOT and Bilirubin concentration was elevated in animals treated. Also noteworthy, an apparent leucopenia had occurred at this time. Nevertheless, the final diagnosis is that of: CHOLELITHIASIS. \*

Evaluation by a Gastrointestinal Surgeon is indicated at this time. Based on the environmental situation, this condition is classified under the Worker's Compensation Program.

\* Noteworthy also is that if this 2-3-7-8 Tetrachlorodibenzo-p-dioxin, so has been researched in the laboratory creating a biliary concentration and thus creating a bilirubin calcium stone as may well be the case.

*Elnor H. [Signature]*

DDW 1 518268

6-3

Chief Medical Officer  
Johnston Island Hospital  
APO San Francisco 96365

Past history reveals that there has been some vague right upper quadrant pain, especially in the early morning hours several months ago which required analgesics to resolve. On August 27th, the patient experienced a dull, constant pain in the right quadrant with sensitive digital pressure on the biliary duct with radiation posteriorly through the back and projecting upward to the scapula. Demastol tablets, q12h, gave some slight relief. Liver function tests were taken. (Results have not been recorded at this time). The Sedimentation Rate was 14; Lymphocytosis 55%. Past history of SGOT elevation approximately 43 Frankel-Armstrong units. There has been also a similar but less intense colic noted in May and December 1972. On 30 August 1973, a Gall Bladder series revealed an isolated and large stone approximately 1 1/2 x 1 cm in size which was radio-translucent. IMPRESSION: CHOLEDOCHOLITHIASIS.

It is noteworthy that in recent months since MAR73, that there has been presence of ~~Herbicide~~ Herbicide 2-4-D and 2-4-5-T with suspicion of and clinical evidence of presence of 2-3-7-8 Tetrachlorodibenzo-p-dioxin present on Johnston Island in the reservoir and drinking water. This same Herbicide Orange has been present on Johnston Island for approximately 1 1/2 years and its toxicity is well known in scientific circles. An article abstract concerning the same 2-3-7-8 Tetrachlorodibenzo-p-dioxin has been researched in many spheres since the initial toxicity was known throughout Dow Chemical Company in its early production. Interestingly enough, there is an allied increased SGOT and Bilirubin concentration was elevated in animals treated. Also noteworthy, an apparent leucopenia had occurred at this time. Nevertheless, the final diagnosis is that of: CHOLEDOCHOLITHIASIS. \*

Evaluation by a Gastrointestinal Surgeon is indicated at this time. Based on the environmental situation, this condition is classified under the Workmen's Compensation Program.

\* Noteworthy also is that if this 2-3-7-8 Tetrachlorodibenzo-p-dioxin, as has been researched in the laboratory creating a biliary concentration and thus creating a bilirubin calcium stone as may well be the case.

*Elena H. Schwick M.D.*

DOM 1 518264

Medical Consultation in the case of: Francois J. SANTI, M.D.  
Chief Medical Officer  
Johnston Island Hospital  
APO San Francisco 96305

This patient has had persistent lymphocytosis and leucopenia since approximately one year ago. 42 year old white male arrived on Johnston Island approximately 3 years ago with a physical examination noting a GEC of 9,500 WBC (2370V70), Hemoglobin 15.1 gm%, Segs 60%, Lymphocytes 35%, Monocytes 2% and Eosinophils 1% and Basophils 1% ~~and~~. Progressively however, since arrival there has been an increased lymphocytosis with decreased polymorphonuclear cells associated with also a decrease in the WBC's. Typical of counts is approximately 50-53% Lymphocytes, 37% Neutrophils, 4,700 through 5,000 WBC's. Also noting the count of 25 AUG 73, where apparently the count was within normal limits but the WBC's globally created with some poikilocytosis. This however does not follow the normal hematological picture that has been presented to this point. Outside hematology was completed by Pathology Associates, one day prior and the date being 24 August 1973 with a count of 4,800 WBC's noted.

In view of recent revelations that many radioactive hot spots were noted on the island and obvious exposure to this alpha radiation has been progressive since three years on Johnston Island along with findings of Herbicide in the reservoir and drinking water with well known highly toxic impurities in the 2-4-5 T which is the 2-3-7-8 Tetrachlorodibenzo-p-dioxin, briefly stated as Dioxin. and with in-depth research by Dow Chemical Company as to the pathology involved, it is noteworthy that the hematological picture is effected by this toxic substance. This has been a low grade toxicity since March 1973 to the present date with the presence of Herbicide constantly in the water and therefore chronic toxicity possibly present. Although the Dioxin has never been checked on this island per se, other findings with several men working in the area portraying the symptoms of (Chloracne) hepatic toxicity and one recent Cancer of the Esophagus, which may well be ~~xxx~~ related to the presence of Herbicides in the water and the inhalation and toxic absorption in the work area. It is with this in mind that an in-depth study is recommended for any abnormal or persistent or degenerative blood findings which may continue to be progressive and worsen due to either and/or the presence of radioactivity exposure and toxic herbicidal exposure.

Based on the environmental situation, this condition is classified under the Workmen's Compensation Program.

*Elmer H. Schmitt M.D.*

DOW 1

518274

DOW 8-2

U.S. DEPARTMENT OF LABOR  
BUREAU OF EMPLOYEES' COMPENSATION

LONGSHOREMEN'S AND  
SEAFARERS' COMPENSATION PROGRAM

ATTENDING PHYSICIAN'S REPORT

1. OCCASION  
2. CARRIER'S  
2 - H&N - 1094

Notes: This form to be used (a) to report promptly the first treatment, (b) to make progress reports, and (c) to make a final report when the patient is discharged. All questions must be answered fully. If a specific question is not applicable, write in "N/A." The exact point of amputation and other permanent partial disabilities must be known in order to determine compensation due the injured according to permanent partial disability schedule in the law (see diagram on back). The back of this form may be used if more space is needed. Instead of this form, the physician may submit a narrative report covering all the information asked for below.

3. NAME OF INJURED EMPLOYEE (First, middle initial, last) Francis J. SACULLA, M.D.		4. DATE OF INJURY (Mo., day, yr.) No injury
5. EMPLOYEE'S HOME ADDRESS (Number and street, city, state, zip code) 710 Holvin Avenue Racine, Wisconsin		6. DATE OF BIRTH (for age) (Mo., day, yr.) September 24, 1930
		7. SEX Male

8. NAME OF EMPLOYER Holmes & Narver, Inc.	9. EMPLOYEE'S ADDRESS (Number and street, city, state, zip code) 531 Ohohia Street Honolulu, Hawaii 96819
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10. DATE OF FIRST VISIT (Mo., day, yr.) 4 September 1973	11. DATE DISCHARGED (Mo., day, yr.) Not admitted	12. WHO AUTHORIZED THE TREATMENT? Holmes & Narver, Inc.
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13. NATURE OF TREATMENT Complete Blood Count	14. DATES OF YOUR TREATMENT (Mo., day, yr.) September 4 through September 6, 1973 (Condition noted on year ago)
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15. WAS EMPLOYEE HOSPITALIZED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give name and address of hospital in item 17)	16. WERE X-RAYS TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give results in item 19)
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17. GIVE (1) NAMES, (2) ADDRESSES, AND (3) DATES OF TREATMENTS PROVIDED BY HOSPITALS OR OTHER DOCTORS FOR THIS INJURY

Elmer H. SCHNICKE, M.D. Johnston Island Hospital APO San Francisco 96305	Francis J. SACULLA, M.D. Johnston Island Hospital APO San Francisco 96305
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18. EMPLOYEE'S ACCOUNT OF HOW INJURY OR EXPOSURE TO OCCUPATIONAL DISEASE OCCURRED: Employee states that this condition may have been caused by exposure to alpha radiation, progressive 3 years on island along with findings of Herbicide in reservoir and drinking water with well known highly toxic impurities in the 2-1-5 T which is the 2-3-7-8 Tetrachlorodibenz(p)-dioxin.

19. FINDINGS UPON EXAMINATION (INCLUDE RESULTS OF X-RAYS, LABORATORY STUDIES, ETC. NOTE PRIOR INJURIES AND PRE-EXISTING CONDITIONS AND ANY REMARKS AND RECOMMENDATIONS ON THE REVERSE OF THIS FORM.)

Persistent lymphocytosis and leucopenia since approximately one year ago. Decreased polymorphonuclear cells associated with decrease in WBC's. Count done on 25AUG73 revealed globally cretated RBC's with some polikilocytosis. Hematological appointment made with Dr. Reginald HO, Hematologist, Straub Clinic, 888 South King Street, Honolulu, Hawaii 96813 at 1500, 13SEP73.

20. DIAGNOSIS Persistent Lymphocytosis and Leucopenia	21. IS DIAGNOSED CONDITION DUE TO OCCURRENCE DESCRIBED IN ITEM 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," EXPLAIN ON REVERSE OF THIS FORM UNDETERMINED
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22. WAS THERE DISABILITY FOR WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer 22-A, B, C) →	A. DATE DISABILITY BEGAN (Mo., day, yr.) N/A	B. DATE ABLE TO RETURN TO LIGHT WORK (Mo., day, yr.) N/A	C. DATE ABLE TO RETURN TO REGULAR WORK (Mo., day, yr.) N/A
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23. WILL THERE BE PERMANENT DEFECT, OR FACIAL OR HEAD DEFORMITY?  
(If "Yes," describe nature and extent of same. Estimate loss of function in % terms.)  
 YES  NO UNDETERMINED

24. NAME OF ATTENDING PHYSICIAN (Type or print) Elmer H. SCHNICKE, M.D.	25. ADDRESS (Number and street, city, state, zip code) Johnston Island Hospital APO San Francisco 96305
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26. SIGNATURE OF ATTENDING PHYSICIAN <i>Elmer H. Schnicke M.D.</i>	27. DATE OF THIS REPORT 6 September 1973
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NOV 1 15 1973

ATTENDING PHYSICIAN'S REPORT

1. OCCASION  
2. CARRIER'S

2-HAN-1092

Note: This form to be used (a) to report promptly the first treatment, (b) to make progress reports, and (c) to make a final report when the patient is discharged. All questions must be answered fully. If a specific question is not applicable, write in "NA." The exact point of amputation and other permanent partial disabilities must be known in order to determine compensation due the injured according to permanent partial disability schedule in the law (see diagram on back). The back of this form may be used if more space is needed. Instead of this form, the physician may submit a narrative report covering all the information asked for below.

3. NAME OF INJURED EMPLOYEE (First, middle initial, last) Francois J. SACULLA, M.D.		4. DATE OF INJURY (Mo., day, yr.) No injury	
5. EMPLOYEE'S HOME ADDRESS (Number and street, city, state, zip code) 710 Melvin Avenue Racine, Wisconsin		6. DATE OF BIRTH (or age) (Mo., day, yr.) September 24, 1930	7. SEX Male
8. NAME OF EMPLOYER Holmes & Narver, Inc.		9. EMPLOYER'S ADDRESS (Number and street, city, state, zip code) 531 Ohohia Street Honolulu, Hawaii 96819	
10. DATE OF FIRST VISIT (Mo., day, yr.) August 29, 1973	11. DATE DISCHARGED (Mo., day, yr.) Not admitted.	12. WHO AUTHORIZED TREATMENT? Holmes & Narver, Inc.	
13. NATURE OF TREATMENT Donnatal Liver Function Test Gallbladder Series X-rays SCOT Bilirubin Sedimentation Rate Demerol			14. DATES OF YOUR TREATMENT (Mo., day, yr.) August 29 through September 6, 1973
15. WAS EMPLOYEE HOSPITALIZED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give name and address of hospital in item 17)		16. WERE X-RAYS TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," also results in item 19)	
17. GIVE (1) NAMES, (2) ADDRESSES, AND (3) DATES OF TREATMENTS PROVIDED BY HOSPITALS OR OTHER DOCTORS FOR THIS INJURY Elmer H. SCHNICKE, M.D. Johnston Island Hospital APO San Francisco 96305 Francois J. SACULLA, M.D. Johnston Island Hospital APO San Francisco 96305			
18. EMPLOYEE'S ACCOUNT OF HOW INJURY OR EXPOSURE TO OCCUPATIONAL DISEASE OCCURRED Employee states that above condition may be due to presence of Herbicide in drinking water on Johnston Island. (Herbicide 2-4-D and 2-4-5-T with suspicion of and clinical evidence of presence of 2-3-7-8 Tetrachlorodibenzo-p-dioxin).			
19. FINDINGS UPON EXAMINATION (INCLUDE RESULTS OF X-RAYS, LABORATORY STUDIES, ETC. NOTE PRIOR INJURIES AND PRE-EXISTING CONDITIONS AND ANY REMARKS AND RECOMMENDATIONS ON THE REVERSE OF THIS FORM.) Gallbladder Series reveal isolated gallstone approximately 1.2 x 1.0 cm in size. SCOT - 43 Frankel-Armstrong Units; Sedimentation Rate - 14; Lymphocytosis 55%. Physical exam reveals pain in right quadrant with sensitive digital pressure on the bile duct with radiation posteriorly through the back and projecting upward to scapula. Appointment made with Dr. James CHERNY, Gastroenterologist at the Straub Clinic in Honolulu on 18 September 1973.			
20. DIAGNOSIS CHOLEDOCHOLITHIASIS		21. IS DIAGNOSED CONDITION DUE TO OCCURRENCE DESCRIBED IN ITEM 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," EXPLAIN ON REVERSE OF THIS FORM UNDETERMINED	
22. WAS THERE DISABILITY FOR WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer 22-A, B, C)	A. DATE DISABILITY BEGAN (Mo., day, yr.) Not Applicable	B. DATE ABLE TO RETURN TO LIGHT WORK (Mo., day, yr.) Not Applicable	C. DATE ABLE TO RETURN TO REGULAR WORK (Mo., day, yr.) Not Applicable
23. WILL THERE BE PERMANENT DEFECT, OR FACIAL OR HEAD DISFIGUREMENT? (If "Yes," describe nature and extent of same. Estimate loss of function in % terms.) UNKNOWN			
24. NAME OF ATTENDING PHYSICIAN (Type or print) Elmer H. SCHNICKE, M.D.		25. ADDRESS (Number and street, city, state, zip code) Johnston Island Hospital APO San Francisco 96305	
26. SIGNATURE OF ATTENDING PHYSICIAN <i>Elmer H. Schnicke M.D.</i>		27. DATE OF THIS REPORT 6 September 1973	