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PROS/CONS RANCH HAND STUDY OPTIONS

PROS

CONS

- Withdraw from study

Avoid controversy
Save resources

Violates AF commitments
Significantly delays scientific answers
Presents diminished AF image to public

Conclusion: Total withdrawal from study can create as many PR problems as it solves; does not do justice to the health issue.

- Perform clinical surveillance: no Epi study

Reaffirms AF medical concern to exposed
Comparatively inexpensive
Rapid implementation

Not science; will not answer cause/effect questions
Violates AF commitments
Perceived by public as the "AF Scientific Commitment"
Precludes proper use of highest DOD exposed population

Conclusion: The benefits of clinical surveillance to exposed AF members will be palliative at best since the key cause/effect issues cannot be resolved.

- Conduct mortality study only

Rapid Results
Comparitively inexpensive
Noncontroversial

Mortality analysis least meaningful of the 3 study phases
Will not answer cause/effect issues
Not comprehensive use of highest DOD exposed population
Will still have to "track" study and control populations 5-15 years for proper analysis

Conclusion: A sole mortality study is the minimum scientific effort the AF should make; it is least likely to produce scientific conclusions; it does not do justice to the health issue.

OPTIONS (Con't)

PROS

CONS

- Conduct mortality study and other selected elements (no controls)*

None

"Unacceptable" science
Confirms allegation of our poor credibility
Unacceptable cost/yield differential

Conclusion: If any study phase is to be conducted, it must be done with scientific excellence. If controls are added to other selected study elements (e.g., fertility); only small information bits would be collected at overwhelming cost.

*Previous comments on sole mortality study apply

- Conduct field Epi study: partial outhouse contracts

Helps credibility issue
Can solve critical medical
specialty problems for physical exams

Shift delay in field study
More expensive than total in-house effort

Conclusion: A credible partial contractual study can relieve critical medical manpower problems with only modest study delays and increased costs.

- Conduct full Epi study: total outhouse contract

Enhanced "public/media" credibility
Removes AF from controversy
Meets AF Commitment to do study

Total time delay 18-20 months
Expensive
Same science result at higher cost

Conclusion: Full contact option will alleviate some credibility issues but may not meet time requirements or be within AFs ability to fund the entire effort.

OPTIONS (Con't)

PROS

- Conduct full Epi study: total in-house

Fastest possible study
Least expensive
As scientifically credible as
outhouse study

CONS

Public/media credibility issue
Presents severest medical manpower/
facility problems

Conclusion: A total in-house study may be the fastest and cheapest option, but may not be feasible due to critical physician requirements or desirable from the standpoint of credibility.

RECOMMENDATION: Conduct full Epi study: partial contracts, compromise which honors AF commitments, preserves AF direction of study, preserves image, and helps alay public credibility issue.

- Assistance of SAF/MI

- Procuring funds for the study

- Air Force Air Staff has declined to fund, options: DOD
White House through the Interagency Group

- Procuring manpower for the study

- This would allow USAFSAM/Clinical Sciences to continue with its mission
- Public education re AF study