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**Item ID Number** 05593  **Not Scanned**

**Author**

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**Report/Article Title** Letter from Alvin L. Young to John R. Moses, October 8, 1982

**Journal/Book Title**

**Year** 0000

**Month/Day**

**Color**

**Number of Images** 0

**Description Notes** Letter includes several attachments, all letters.

October 8, 1982

Mr. John R. Moses  
Secretary  
State of Wisconsin  
Department of Veterans Affairs  
P.O. Box 7843  
77 N. Dickinson Street  
Madison, WI 53707

Dear Mr. Moses:

Thank you for your letter of 27 Sep 82. Please accept my apologies for not following up on the Agent Orange Working Group (AOWG) letter to Senator Cranston. I had asked Dr. Houk to send a copy to you and it apparently was not done - I should have completed the circle.

Dr. Peter Beach AOWG Executive Secretary, informed me today that a copy of Dr. Houk's letter was sent to you this date.

I have enclosed more recent correspondence between Dr. Anderson and Mr. Prager (OSTP). You may not have previously seen this.

I have also discussed future research proposals with Dr. Anderson and Mr. Don Laurin. I understand that they are preparing those proposals for submission to the VA in the very near future.

My very best to you in your upcoming change in status. I have enjoyed our working relationship.

Sincerely,

ALVIN L. YOUNG, Major USAF, Ph.D.  
Specialist in Environmental Sciences  
Research Projects Office

Enclosures



State of Wisconsin

DEPARTMENT OF VETERANS AFFAIRS  
P. O. Box 7843, 77 N. Dickinson St., Madison WI 53707

September 27, 1982

Lee Sherman Dreyfus  
Governor

John R. Moses  
Secretary

JRM sd

Major Alvin L. Young, Ph.D.  
Office of Environmental Medicine (102)  
VA Central Office  
810 Vermont Avenue, N.W.  
Washington, D.C. 20420

Dear Al:

In a meeting with our Vietnam Veteran Advisory Panel Saturday I was reminded that I have still not received a copy of the letter sent by the head of your service panel to Senator Cranston relative to the utility of Wisconsin's Agent Orange Identification Program report.

In a April 30th telephone conversation you first told me of Senator Cranston's inquiry and Dr. Houk's response.

On May 20th we again discussed the matter, and in reliance upon the information received I advised the Governor that extension of Don Laurin's project was not necessary for your purposes.

At the Agent Orange seminar in Milwaukee on August 25th we again discussed the matter and you indicated the letter would be forthcoming.

I am concerned because Laurin, in addition to telling veterans groups that mortality studies he has undertaken establish a correlation between AO exposure and all of the dread symptoms cited, has also been telling veterans groups and legislators that I scuttled his program.

May I hear from you on this, Al? Can you also advise whether the National Academy of Science has cleared your protocols?

My best regards.

Sincerely,


John R. Moses  
Secretary

*Hire A Vet!*

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF SCIENCE AND TECHNOLOGY POLICY  
WASHINGTON, D.C. 20500

July 19, 1982

MEMORANDUM FOR VERNON HOUK

FROM: Denis J. Prager 

SUBJECT: Wisconsin Data on Vietnam Veterans

Attached is a letter from Dr. Henry Anderson of the State of Wisconsin Division of Health, concerning the availability and research potential of data on Vietnam veterans compiled during implementation of the Wisconsin Agent Orange Identification and Assistance Program. Mr. Don Laurin, of Dr. Anderson's office, called me some weeks ago to bring to my attention the availability of this data and to describe the potential opportunities for research based on that data. Dr. Anderson's letter follows up my request for more information.

As you can see from my response to Dr. Anderson, I have made no commitments concerning the usefulness of that data to federal research programs on the effects of Agent Orange use in Vietnam, but have promised to forward the information to you. I would very much appreciate your bringing the attached letter to the attention of the members of the Science Panel to be sure that the availability of this unique set of data is appreciated by those responsible for planning, designing, and implementing Agent Orange research programs. Perhaps, based on the response of the Science Panel, you could correspond directly with Dr. Anderson.

Best wishes.

Attachment

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF SCIENCE AND TECHNOLOGY POLICY  
WASHINGTON, D.C. 20500

July 19, 1982

Dr. Henry A. Anderson  
Chief  
Section of Environmental and  
Chronic Disease Epidemiology  
State of Wisconsin  
Department of Health and  
Social Services  
Division of Health  
Madison, Wisconsin 53701

Dear Dr. Anderson:

Many thanks for your letter of June 28, 1982 describing the Wisconsin Agent Orange Identification and Assistance Program and the research potential which exists as the result of data gathered during the program implementation. I appreciate your following up so promptly my telephone conversation with Don Laurin.

It would certainly appear that the State of Wisconsin has compiled a unique set of data concerning its Vietnam veterans and that considerable research potential exists in that data. As you know, there is a great deal of research activity ongoing at the federal level with leadership and coordination provided by the Agent Orange Working Group. As I told Don Laurin, I'm not sure how the Wisconsin data on Vietnam veterans can contribute to the objectives of the overall federal effort, but am bringing the availability of the data to the attention of the chairman of the Agent Orange Working Group Science Panel, Dr. Vernon Houk, of the Centers for Disease Control. It may well be that, as Dr. Houk and his colleagues address future research needs, the Wisconsin data may prove most useful.

Again my thanks for bringing your program and its research potential to my attention. Best wishes.



Denis J. Prager  
Assistant Director

cc: Dr. Houk, CDC



State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

June 28, 1982

DIVISION OF HEALTH  
MAIL ADDRESS:  
1 WEST WILSON STREET  
P.O. BOX 309  
MADISON, WISCONSIN 53701

Mr. Dennis Prager  
Assistant Director  
White House Science Office  
Washington, DC 20500

Dear Mr. Prager:

Don Laurin and I certainly appreciate your interest in the Wisconsin Agent Orange Identification and Assistance Program and the research potentials we feel exist in the program. As Don indicated to you, the program ends June 30 and with it Don's position and the outreach education and information dissemination. Although the legislative directive to the program was specifically not to do "research," it was placed in my Section (Environmental and Chronic Disease Epidemiology); and we were careful to identify and maintain the research potential while addressing our legislative mandate. We utilized our epidemiologic principles in implementing our program.

Two sets of information have been gathered which offer different research design potential. I will discuss them separately. The first is the foundation for the second and consists of a computerized listing of all Wisconsin Veterans discharged from the military from 1962 to 1976 and who had served in Southeast Asia. We have every indication that the list compiled from hand-sorted DD-214 discharge papers maintained by the Wisconsin Department of Veterans Affairs (56,360) is quite complete. That list could form the base for a retrospective-prospective cohort mortality study: following mortality experience of the group from date of discharge to the present or into the future in the form of a registry. While we have current addresses on the majority of these men (the list was cross-referenced with the Wisconsin Departments of Transportation and Revenue records), to locate the remainder, especially those outside the state, is beyond our current staff and financial capabilities. For us to utilize Federal Social Security Records to locate and determine alive/dead status or to utilize the B.I.R.L.S. VA system has been difficult. Aside from the mortality study aspect, the cohort could be studied via subsamples of the group, since obtaining detailed information on everyone in the cohort would be difficult.

The objectives of the program were to identify Wisconsin Vietnam Veterans (program product was the above discussed computer listing), to provide information, education, and assist veterans in entering the medical care delivery system (via VA Hospital Program or private physicians) to obtain help for their problems, and finally, to determine the veterans' perceptions of their problems. We utilized a double sampling plan to address the third objective. We developed and sent a short, general, self-administered questionnaire to every veteran on the "master" list. In the double-sampling framework, this was designed to be inexpensive, maximize response likelihood with the recognized tradeoff of being subjective and non-specific. A second sampling of the respondents was meant to provide detailed, verifiable objective information on a much more limited number of veterans. Epidemiologically, the second sample would

Mr. Dennis Prager  
June 28, 1982  
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be used to assess bias, misclassification and place confidence intervals on the larger group results. Unfortunately, this second sampling was deemed "research" and removed from the second year program plan. We were thus left with our subjective set of information (30,000 first questionnaire responses) without the verification sampling results, or the sampling of the non-respondents to determine bias in the first questionnaire's response prevalences. Performing both of these samples would make the information already in hand more meaningful.

The subsample of questionnaire respondents also provides an excellent resource for case-control studies within a cohort. For instance, about 150 respondents reported current or post treatment for a cancer. These "cases" after verification could be matched with other cohort members without cancer and differences between the two groups evaluated. Similarly, individuals reporting children with birth defects could have the defects verified, and then the men matched with veterans within the cohort who did not report children with defects and possible risk factors compared. Rather than define cases by an outcome, the questionnaires also provided information on what military units the individual served in and when, as well as the type of job performed. When the project ended, Don was in the process of recoding this information into a standardized form. If the consolidation and recoding were completed, it would be possible to compare various groups (chemical corp vs. transportation, etc.) and to use the same in-depth interview and comparisons as in the case-control format, except the "case" would be defined by a unit or grouping rather than by an adverse health outcome.

I hope this has given you an understanding of what is available in Wisconsin and what we see as being appropriate research use of the established information bases. I think you will find that we are the only state with such information available. Certainly our potential study population size and the subsequent power of any results cannot compete with the planned nationwide, VA/DOD study rumored to have a price tag of 60 million dollars (our program had a budget of \$60,000 per year). However, we do feel that smaller scale studies can be useful in providing a diversity of approaches and corroboration for other studies. We have learned from the outreach activities of the program that it is critical to develop a strong infrastructure upon which the "research subjects" can rely and have their personal needs addressed while the scientific aspects are being resolved. Our program was initiated because the veterans and their representatives did not feel the social issues were being properly addressed by the national programs. It is a sad commentary that the primary reason given for discontinuing the program was that it was not useful to the Federal VA or to the special White House Science Advisory panel and their scientific research endeavors. It would appear that since the social aspects of the program weren't scientifically useful to the VA, the continuation was not supported; and the program was terminated. Apparently it was not enough to address the needs of the constituency and use their response as the yardstick of success.

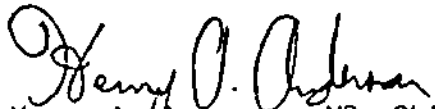


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Mr. Dennis Prager  
June 28, 1982  
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Should you wish more detailed information, please give me a call at (608) 266-1251. If you are interested, I would be pleased to keep you informed as we continue our modest efforts to address the public health needs of our Wisconsin Vietnam Veterans.

Sincerely,

FOR THE BUREAU OF COMMUNITY HEALTH AND PREVENTION



Henry A. Anderson, MD, Chief  
Section of Environmental and  
Chronic Disease Epidemiology

HAA/jml