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**Report/Article Title** Memorandum from Alvin L. Young to Edward N. Brandt, Jr., regarding Agent Orange Working Group (AOWG) Research Agenda, dated February 24, 1984 with table of Major Epidemiologic Studies of U.S. Vietnam Veterans, Agent Orange and TCDD Exposure and the Vietnam Experience Currently Ongoing in the United States

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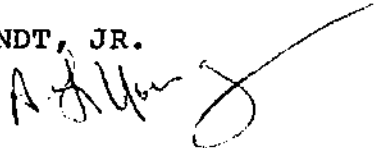
**Description Notes**

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF SCIENCE AND TECHNOLOGY POLICY

WASHINGTON, D.C. 20500

February 24, 1984

MEMORANDUM FOR EDWARD N. BRANDT, JR.

FROM: ALVIN YOUNG 

SUBJECT: AOWG Research Agenda

I am pleased to respond to your request for the preparation of a formal AOWG Research Agenda. The need for a coordinated Research Agenda is especially important at this time if the Government is to resolve the concerns of the Vietnam Veterans in a timely and fiscally responsible way.

In developing the Research Agenda, I believe it is important to review the questions asked by Vietnam veterans exposed to Agent Orange and its associated dioxin, namely:

1. Are they more likely to have children born with birth defects?
2. Are they dying in increased numbers, at earlier ages or from unexpected causes?
3. Are they more likely to develop connective tissue cancer (i.e., soft tissue sarcoma)?
4. Are they more likely to develop other forms of cancer?
5. Do they have residual levels of dioxin in their body tissues, and is it likely that these residues will cause subsequent health problems?
6. Are there other long-term problems peculiar to phenoxy herbicide and/or TCDD exposure?

Obviously, the health concerns of individuals exposed to the herbicides and 2,3,7,8-TCDD are varied. Any approach must encompass studies comparing morbidity, reproduction and mortality patterns between exposed and non-exposed populations. Moreover, for Vietnam veterans, an added dimension is present - if Agent Orange is not the causative agent, other factors associated with the Vietnam War may be responsible. Consequently, the goal of some research efforts must be to determine whether Vietnam veterans as a group are experiencing more or different health problems than their counterparts who did not serve in that part of the world. In such a complex situation, no single study can provide all of the answers. Thus, there is a need for a number of different approaches to examining the health of the Vietnam veteran.

I have prepared a table (Table 1) of the major federal studies that I am aware of. This table of research projects address the concerns noted in the above paragraphs. The identified projects suggest that AOWG presently has a "reasoned" Research Agenda. I believe it is only necessary to explore how AOWG can "fine tune" and maximumly use this agenda. The following items are proposed:

1. Is there sufficient duplication between "components" of projects (e.g., mortality) to adequately provide valid conclusions? To address this issue the Science Panel should evaluate mortality, morbidity and reproductive components of the appropriate studies. For example, the VA has a mortality study of 60,000, yet the VA Twin Study and two of CDCs Epidemiologic studies will provide mortality information.
2. Are the procedures used to collect the data comparable between studies thus permitting comparisons of results? Again the Science Panel (or an independent group of scientists) can evaluate this item.
3. Are the populations (cohorts) involved in each study sufficiently defined so as to avoid using the same individual in more than one study. I note with some concern that both NCI and CDC will be using cases from SEER.
4. The scope of the AOWG research effort appears to be centered around the Vietnam veteran. A formal declaration of that scope should be made or is it appropriate for the AOWG to play an extended role and oversee all research on dioxins and phenoxy herbicides in the Federal government? If the latter is the selected option than it will be important to explore the individual research projects of CDC, EPA and DOD

Thank you for the opportunity of assessing the AOWG Research Agenda. I look forward to reviewing the comments of the participating agencies.

Table 1 Major Epidemiologic Studies of U.S. Vietnam Veterans, Agent Orange and TCDD Exposure and the Vietnam Experience Currently Ongoing in the United States

<u>Title</u>	<u>Responsible Federal Agency and Study Location</u>	<u>Type of Study</u>	<u>Total Study Population Size</u>	<u>Completion Date</u>
Air Force Health Study	United States Air Force School of Aerospace Medicine, San Antonio, Texas	Matched Cohort Study of Ranch Hand Personnel and Controls. Mortality, Morbidity and Reproduction.	2,500	a) Baseline Reports 1983-1984 b) Long-term follow-up planned
VA Mortality Study	Veterans Administration, Agent Orange Projects Office, Washington, D.C.	Mortality Study of Vietnam-Era Veterans	60,000	Early 1985
Vietnam Experience Twin Study	Veterans Administration, VA Medical Center, St. Louis, Missouri	Morbidity Study of Identical Twins	1,200	1986
Birth Defects Study	Centers for Disease Control, Atlanta, Georgia	Case-Control study of Anatomical Birth Defects	8,400	1984
Agent Orange Epidemiologic Study of Ground Troops	Centers for Disease Control, Atlanta, Georgia	Three-Cohort Morbidity Study of Vietnam Veterans	18,000	1987
Vietnam Experience Epidemiologic Study	Centers for Disease Control, Atlanta, Georgia	Matched Cohort Morbidity Study of Vietnam and non-Vietnam Veterans	12,000	1987
Selected Cancers Case-Control Study	Centers for Disease Control, Atlanta, Georgia	Case-Control study	2,000-Cases 1,300-Controls	1988
NIOSH Dioxin Registry	NIOSH, Cincinnati, Ohio	Registry Study	6,000	1985

<u>Title</u>	<u>Responsible Federal Agency and Study Location</u>	<u>Type of Study</u>	<u>Total Study Population Size</u>	<u>Completion Date</u>
VA/AFIP Soft Tissue Sarcoma Study	Veterans Administration, Agent Orange Projects Office, Washington, D.C.	Case-Control Study of Soft Tissue Sarcomas	500-Cases 1,000-Controls	a) Vietnam Service Data 1984 b) Total Study 1985
Kansas Soft Tissue Sarcoma Study	National Cancer Institute, Washington, D.C.	Case-Control Study of Soft Tissue Sarcomas	100-Cases 300-Controls	1984
Washington Soft Tissue Sarcoma Study	National Cancer Institute, Washington, D.C.	Case-Control Study	100-Cases 300-Controls	1986
TCDD in Human Fat	Veterans Administration Environmental Protection Agency, Washington, D.C.	Analytical Study of TCDD in demo- graphically collected Human Tissue	555 samples	1985