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Description Notes Attachments 2 (VACO Agenda) and 5 (proposed questions for position papers) are missing. Attachments 1, 3, and 4 were not scanned with this item, but were scanned for item 5756.

DEPARTMENT OF THE AIR FORCE
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AIR FORCE BASE, TEXAS 78235



REPLY TO
ATTN OF: EKS

17 OCT 1979

SUBJECT: Trip Report - S.O. TA-1578 (21 Sep 79)

TO: EK
CEA
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IN TURN

1. Places visited

- a. Veterans Administration Central Office (VACO),
Washington DC, 24 Sep 79
- b. HQ USAF/SGES and HQ USAF/CVAH (Air Force History),
Bolling AFB DC, 25 Sep 79
- c. The Environmental Sciences Laboratory, Mount Sinai School
of Medicine, New York, NY
- d. VA Conference on the Health-Related Effects of Exposure
to Agent Orange, 27-28 Sep 79, Hospitality House,
Arlington, VA

2. Personnel contacted

a. VACO

Participants in VA Advisory Committee on Health-Related
Effects of Herbicides (Attachment 1)

b. HQ USAF

Maj Phillip Brown, HQ USAF/SGES
Capt D. Rightmyer, HQ USAF/CVAH

c. Mount Sinai School of Medicine

Irving J. Selikoff, M.D., Director, The Environmental
Sciences Laboratory
Henry A. Anderson, M.D., Assistant Professor of Community
Medicine
Marion Moses, M.D., Resident in the Department of Community
Medicine

d. VA Conference

Speakers listed on Program Agenda (Attachment 2)

Lyndon Lee, M.D., VACO, Washington DC

Lawrence B. Hobson, VACO, Washington DC

Paul DeGovin, M.D., VACO, Washington DC

3. Topics Discussed

a. VACO

The purpose for visiting the VACO was to attend and participate in the second meeting of the VA Advisory Committee on Health-Related Effects of Herbicides. The objectives and scope of the Committee is described in the Committee's Charter (Atch 3). The agenda for the Committee meeting is provided in Attachment 4. Items of special interest included:

(1) Reports of the VA Steering Committee

(a) As of 31 Aug 79, 3,100 Vietnam Veterans alleging exposure to Herbicide Orange have been examined in VA Hospitals. Approximately 2,900 of these have been found to be clinically asymptomatic.

(b) As of 31 Aug 79, 625 claims for compensation have been filed by Vietnam Veterans alleging exposure to Herbicide Orange. Approximately 435 have claimed specific disabilities, while 190 have claimed only herbicide exposure. All cases claiming only herbicide exposure were denied, while 416 of the 435 claiming a specific disability were denied. The remaining 19 claims were allowed: one (1) allowed for chloracne and 18 allowed for disabilities originating during or 1 year after service, but unrelated to VA criteria for herbicide exposure.

(c) Fat biopsy has been performed on 34 volunteers. Twenty-one (21) of these individuals were Vietnam Veterans alleging exposure to Herbicide Orange; 3 were active duty Air Force personnel associated with the Herbicide Orange disposal project (PROJECT PACER HO); and 10 were controls (veterans not assigned in Vietnam). Twenty-two of the fat samples have been analyzed for TCDD at the parts per trillion level by the Department of Chemistry, University of Nebraska, Lincoln NE. The remaining samples are to be analyzed by 12 Oct 79. The VA is planning to have an "in-house" committee review the analytical results on 21 Oct 79 in Chicago.

(d) The VA has established a tissue registry with the Armed Forces Institute of Pathology (AFIP), Washington DC. Any pathological tissues removed from Vietnam Veterans alleging exposure to Herbicide Orange are sent to AFIP for examination, diagnosis and retention. A report from AFIP is then filed with the VA. AFIP will monitor for any unusual or unique tumors, or tumors occurring at an unusually young age in the Veterans or for an increase in tumors in a specific military unit that served in Vietnam. As of Jul 79, 13 cases have been examined, including 7 tissues removed during surgical procedures, 5 during autopsy and 1 seminal fluid.

(e) VACO is computer coding all medical data from the examination of all Vietnam Veterans alleging exposure to Herbicide Orange. When the coding is completed (~ 1 month), a printout of symptom frequencies, diagnoses, clinical results, etc. will be available.

(2) Discussion of Position Papers

The Advisory Committee was asked on 11 Jun 79 to answer 13 questions prepared by the VA Steering Committee. Accordingly, at that time, Dr. Haber asked selected Advisory Committee members to prepare a draft position paper on each of the questions. Attachment 5 is a list of the proposed questions and the individual responsible for preparing a draft. On 24 Sep 79, draft position papers were discussed on 10 of the 13 questions. No drafts were available on questions 3, 10, and 13.

(3) Presentations by Lt Col Wolfe and Major Young

At the request of HQ USAF/SG, two presentations were given to the Advisory Committee to assist them to better understand the way in which herbicides were used in Vietnam, what data are available in developing exposure criteria, and what diagnostic approaches might be used to evaluate herbicide toxicity. Vu-graph outlines for both presentations are provided as Attachments 6 (Major Young) and 7 (Lt Col Wolfe).

b. HQ USAF/SGES, HQ USAF/CVAH

On 25 Sep 79, a visit was made to HQ USAF, Bolling AFB. Discussions on the RANCH HAND II protocol were held with Major Brown. The visit to the Air Force History Office was made in order to examine RANCH HAND historical records maintained by Capt Rightmyer. Eleven names, dates of tours and number of herticide missions were obtained

on RANCH HAND personnel. Only two of twelve boxes of RANCH HAND historical data were examined.

c. Environmental Sciences Laboratory, Mount Sinai

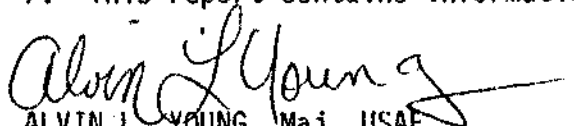
On 26 Sep, the Environmental Sciences Laboratory was visited. Brief discussions were held with Drs Selikoff, Anderson, and Moses concerning the RANCH HAND protocol. Dr. Selikoff emphasized (a) that criteria for the mortality study should be established prior to initiation of study; (b) matched group analysis could be employed to prevent loss of data; (c) when a subject is contacted, the name of a referral should be obtained so that if the subject were to move during course of study, the referral would have the change of address; (d) more detailed information should be obtained on reproduction, fertility and miscarriages; and (e) matching of controls with the RANCH HAND personnel should also be done on a geographic basis. Dr. Moses briefly discussed the status of her study on the Monsanto Workers at Nitro West Virginia. No definitive conclusions are available at this time.

d. VA Conference, Arlington VA

This Conference was held to inform physicians from each of the 160 VA Hospitals of the VA Central Office program for studying health-related effects of herbicide exposure in Vietnam Veterans. Mr. Max Cleland, VA Administrator, set the tone of the conference by emphasizing VA's concern for Veterans alleging exposure to Herbicide Orange. He stated that "at the very least, the Agent Orange Syndrome is characterized by FEAR, and it should be every VA physician's responsibility to show concern and understanding to every Vietnam Veteran that contacts or visits a VA hospital claiming exposure to Agent Orange". The agenda for the conference is provided in Attachment 2. Dr. Wolfe and I presented the same presentations as were presented 24 Sep at the VA Advisory Committee meeting. We received enthusiastic responses from not only the conference attendees but also from the VA Central office staff.

4. Items of interest to procurement and USAFSAM programming: None
5. Information of interest to other USAFSAM divisions or branches: BR, NG.
6. This TDY was performed in support of EPI ranch project.

7. This report contains information worthy of filing in TSK.


ALVIN L. YOUNG, Maj, USAF
Consultant, Environmental Sciences

- 7 Atch
1. Advisory Committee Membership
 2. VACO Agenda
 3. Charter of VA Advisory Committee
 4. Committee Meeting Agenda
 5. Proposed Questions for Position Papers
 6. Vu-Graph Outlines (Major Young)
 7. Vu-Graph Outlines (Dr. Wolfe)

**DIAGNOSTIC APPROACHES
TO HERBICIDE TOXICITY**

FACTORS TO BE CONSIDERED

- **TIME BETWEEN THE EXPOSURE AND THE EFFECT**
- **DURATION OF THE EXPOSURE**
- **LAG TIME/INCUBATION PERIOD**
- **CONFOUNDING EXPOSURES**

PROBLEMS UNIQUE TO PHENOXY HERBICIDES

- **MIXTURE OF TWO ACTIVE COMPOUNDS
AND ONE CONTAMINANT**
- **LACK OF CLEARLY DEFINED AND OBJECTIVE
END POINTS**
- **WIDE RANGE OF PRESUMED EFFECTS**
- **CONFUSION BETWEEN ACUTE, SUBACUTE
AND CHRONIC EFFECTS**
- **DIFFICULTIES IN VERIFICATION OF EXPOSURE**

SUMMARY CHARACTERISTICS OF VETERANS CLAIMS SUBMITTED AS OF 30 APRIL 1979

TOTAL NUMBER OF REVIEWED CLAIMS: 361

SEX: 100% MALE (64% IDENTIFIED)

MEAN AGE: 34 YEARS (96.1% IDENTIFIED)

MEAN NUMBER OF SYMPTOMS PER VETERAN: 2.3

BRANCH OF SERVICE: (66.8% IDENTIFIED)

US ARMY	66.4%
US MARINE CORPS	17.4%
US AIR FORCE	11.2%
US NAVY	5.0%

**PERCENT OF VETERANS SUBMITTING CLAIMS BY SIGN/SYMPTOM
CATEGORY AS OF 15 SEP 1979**

<u>CATEGORY</u>	<u>PERCENT</u>
DERMATOLOGIC	50
NERVOUSNESS/HEADACHE/FATIGUE	23
PERIPHERAL NEURITIS	15
GI/GU	13
MALIGNANCY	11
DECREASED LIBIDO	6
RESPIRATORY	5
EAR NOSE THROAT	5
CARDIOVASCULAR	4

N = 417 CLAIMS

NOTE: 190 OTHER CLAIMS ALLEGED "EXPOSURE" WITHOUT ILLNESS

SUGGESTED ATTRIBUTABLE SYMPTOMS OF HERBICIDE/TCDD IN HUMANS

2,4-D	2,4,5-T (+TCDD)	TCDD
		● CHLORACNE
	● PORPHYRIA	● PORPHYRIA
	● HYPERPIGMENTATION	● HYPERPIGMENTATION
● ASTHENIA	● ASTHENIA	● ASTHENIA
● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY
● SWEATING/FEVER		
● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE
● RENAL DYSFUNCTION		
● LIVER DYSFUNCTION	● LIVER DYSFUNCTION	● LIVER DYSFUNCTION
● GI DISTURBANCE	● GI DISTURBANCE	● GI DISTURBANCE
● HEADACHE		
● PNEUMONITIS		
		● HYPOTHYROIDISM
		● HEARING/SMELL DISTURBANCES
● CSF PROTEIN ABNORMALITIES		
● CONVULSIONS		

COMPONENTS OF SELECTED HUMAN SYMPTOM/SIGNS FOLLOWING EXPOSURE TO PHENOXY HERBICIDES AND/OR TCDD

NEURO-PSYCHIATRIC ABNORMALITIES

ASTHENIA

ANXIETY
DEPRESSION
FATIGUE
APATHY
LOSS OF DRIVE
LIBIDO
IMPOTENCY
SLEEPLESSNESS
EMOTIONAL INSTABILITY
ANOREXIA
DIZZINESS
↓ LEARNING ABILITY

PERIPHERAL NEUROPATHY

HYPOREFLEXIA
WEAKNESS
PARESTHESIAS
EXTREMITY NUMBNESS
MYALGIA
GAIT DISTURBANCE
"MILD" PARESIS

DERMATOLOGIC DISEASE

CHLORACNE
PORPHYRIA CUTANEA TARDA
HYPERPIGMENTATION
HIRSUTISM (BODY)
ALOPECIA OF THE SCALP

COMPONENTS OF SELECTED HUMAN SYMPTOM/SIGNS FOLLOWING EXPOSURE TO PHENOXY HERBICIDES AND/OR TCDD (CONT'D)

OTHER DISORDERS

HEPATIC DYSFUNCTION

CHOLESTEROL
SGOT , SGPT, LDH

RENAL DYSFUNCTION

PROTEINURIA
OUTPUT
TUBULAR DEGENERATION
GLOMERULAR DEGENERATION
RENAL GLUCOSURIA

GI DISTURBANCE

NAUSEA
VOMITING
DIARRHEA
GASTRITIS
ABD PAIN
FLATULENCE

CARDIAC DISTURBANCE

BRADYCARDIA
TACHYCARDIA
ATRIAL FIBRILLATION

PROBLEMS UNIQUE TO PHENOXY HERBICIDES

- **MIXTURE OF TWO ACTIVE COMPOUNDS
AND ONE CONTAMINANT**
- **LACK OF CLEARLY DEFINED AND OBJECTIVE
END POINTS**
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AND CHRONIC EFFECTS**
- **DIFFICULTIES IN VERIFICATION OF EXPOSURE**

COMPLEXITY OF THE DIAGNOSTIC PROCESS



LIMITED EXAMINATION
OF THE PATIENT

COMPREHENSIVE STUDY
OF THE PATIENT AND
HIS FAMILY

APPROACH No. 1

- **GENERAL PHYSICAL EXAMINATION**
- **DERMATOLOGIC EXAMINATION**

APPROACH No. 2

- GENERAL PHYSICAL EXAMINATION
- DERMATOLOGIC EXAMINATION
- NEURO-PSYCHIATRIC EVALUATION
- LIVER FUNCTION EVALUATION

APPROACH No. 3

- GENERAL PHYSICAL EXAMINATION
- DERMATOLOGIC EXAMINATION
- NEURO-PSYCHIATRIC EVALUATION
- LIVER FUNCTION EVALUATION
- REPRODUCTIVE EVALUATION
- IMMUNOLOGIC EVALUATION
- ENDOCRINE EVALUATION

**DOES EXPOSURE TO
PHENOXY HERBICIDES
RESULT IN
ADVERSE HEALTH EFFECTS?**

SUMMARY OF MAJOR EPIDEMIOLOGIC STUDIES IN PROGRESS

SCOPE

SEVESO, ITALY

DERMATOLOGICAL STUDY OF 32,000 CHILDREN AND CLINICAL STUDIES OF 1,024 PERSONS (ALL AGES, BOTH SEXES) EXPOSED TO TCDD IN JULY 1976.

NITRO, WEST VIRGINIA

THIRTY-YEAR FOLLOW-UP OF 238 PEOPLE (WORKERS & FAMILIES) EXPOSED TO TCDD IN 1949.

DOW CHEMICAL COMPANY.
MIDLAND MICHIGAN

LONG TERM HEALTH STUDY OF 204 MALE EMPLOYEES OF 2,4,5-T PLANT

DOW CHEMICAL COMPANY.
MIDLAND MICHIGAN

FERTILITY/REPRODUCTIVE STUDY OF WIVES OF WORKERS IN 2,4,5-T PLANT

CZECHOSLOVAKIA

TEN YEAR STUDY OF 80 MALES OCCUPATIONALLY EXPOSED TO TCDD IN 1965-68.

NATIONAL CANCER INSTITUTE

CASE CONTROL STUDY (MORTALITY) OF 4,500 NON-AGRICULTURAL PESTICIDE APPLICATORS IN FLORIDA