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Department of Health Policy and Management
600 West 168th Street – 6th Floor
New York, NY 10032

February 7, 2012

Wesley T. Carter (Major, retired)
2349 NW Nut Tree Lane
McMinnville, OR 97128

Dear Major Carter,

I am writing this letter in response to your request for assistance in establishing evidence of likely exposure to Agent Orange and other military herbicides during your years of service as a crew member on C-123 “Provider” aircraft. A large number of the Provider aircraft on which you flew had previously been used for herbicide missions in Operation Ranch Hand in Vietnam. They returned from Vietnam heavily contaminated with herbicide residues. Indeed, their contamination levels were so great that, as a final resolution to the contamination problem, it is my understanding that the aircraft were shredded by the Air Force in order to avoid further exposure of either military personnel or civilians.

In my opinion, there is every likelihood that you would have been exposed to both airborne herbicides and their contaminants, as well as come into contact with surfaces contaminated by these toxic substances. In my opinion, the extent and manner of exposure is analogous to that experienced by many Vietnam veterans, with service in-country. Such in-country Veterans are eligible for Agent Orange-related compensation should they develop a disease that the VA deems to be related to such exposures. My further understanding is that you have developed one or more eligible conditions and thus, in my opinion, you should qualify for appropriate compensation, just as if you were an in-country Vietnam veteran.

I feel well qualified to render this opinion. I have extensive experience in evaluating exposure opportunity arising from military herbicide exposures. I served for nearly a decade as the Exposure Consultant to the Special Master for the Eastern District Court’s Agent Orange Veterans Payment Program. I was the Principal Investigator of the National Academy of Sciences contract for a \$5 million dollar study on developing a methodology for evaluating exposure to herbicides in Vietnam. The funding for this study was from the Veterans Administration. My methodology has been strongly endorsed by the Institute of Medicine in three separate major published reviews. I am currently the exposure

consultant on several federally funded health studies that involve evaluating herbicide exposures. I have recently been appointed by the Province of Ontario to a special panel to evaluate the historical use of 2,4,5-T in the province. My work on military herbicides and other occupational and environmental health issues has been widely published and cited in prestigious peer reviewed journals. My professional expertise has been recognized in the academic community, as well. I am Professor Emerita and Special Lecturer at Columbia University and since 2007 I have also held the position of Professor of Environmental and Occupational Health Sciences at the SUNY-Downstate Medical Center in Brooklyn N.Y.

In order to render this opinion, I have carefully examined several scientific studies of contamination of C-123 aircraft that had been deployed to Vietnam in Operation Ranch Hand, as well as technical guidance documents issued by the Department of Defense with regard to indoor and surface contaminants. I am also relying on my extensive research of existing records of herbicides used and their consequent exposures in Vietnam (see for example, 1).

In my opinion, it is highly likely that you and other crew members were exposed to the herbicides and to their highly toxic contaminant, 2,3,7,8-tetrachlorodibenzodioxin (dioxin, for short), although it is not possible to estimate the precise levels of exposure because of the failure of the Air Force to carry out proper assessments of contamination levels prior to assigning the contaminated aircraft to post-Vietnam military operations. I base my opinion on several sets of measurements that were eventually carried out by United States Air Force technical personnel (references 2 and 3). The 1979 Air Force air samples clearly establish that the herbicides were airborne and hence could be inhaled. The 1994 wipe samples of surface residues show that the levels of dioxin present greatly exceeded the maximum recommended levels of exposure set in the technical guidance provided by the U.S. Army Center For Health Promotion And Preventive Medicine regarding potential exposure to indoor contaminants (reference 4). The Agency for Toxic Substances and Disease Registry concurs in this opinion (reference 5).

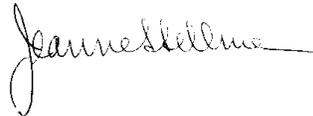
I have reviewed the Veterans Administration website (reference 6), which states: *“VA has concluded the potential for long-term adverse health effects from Agent Orange residues in these planes is minimal. Even IF crew exposure did occur, it is unlikely that sufficient amounts of dried Agent Orange residue could have entered the body to have caused harm.”* The VA further states *“But in the dry form – for example, adhered to a surface – Agent Orange residue cannot be inhaled or absorbed through the skin, and would be difficult to ingest.”* These statements, to be blunt, are technically flawed and show insufficient understanding of surface contamination and its potential toxic effects, as well as of the various routes of entry of toxic substances. The VA statements appear to have been made without knowledge of standard practice for assessment of

contaminated surfaces and uses terminology, like “dried Agent Orange residue,” that does not reflect insight into the nature of surface contamination. The VA also states “*Crew members had reported smelling strong odors but these odors may be attributed to various chemicals associated with aircraft. TCDD, the contaminant in Agent Orange, is odorless.*” In fact, the investigations carried out by the Air Force, following the crew complaints of odors, showed measureable quantities of the military herbicides in the air. (See reference 2.) There is no requirement that dioxin be the only exposure that qualifies for compensation. Indeed, nothing more than the 1979 measurements are needed in order to establish that crew that flew the C-123 Provider aircraft were likely to have been exposed to military herbicides.

The inconsistency in the VA’s policy with respect to military herbicide exposures is not defensible. No minimal levels of exposure to herbicides have been set for veterans who served in-country, Vietnam and exposures have NOT been limited to dioxin.

Please let me know if I can be of further assistance.

Sincerely,



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References cited

¹ Stellman, JM, Stellman, SD, Christian RC, Weber, TW and Tomasallo, C. The extent and patterns of usage of Agent Orange and other herbicides in Vietnam. *Nature*, 422, 681-687, 2003.

² Conway, William W. Aircraft Sampling Westover AFB MA. Technical Report 79-59. USAF Occupational & Environmental Health Laboratory. Brooks AFB TX. September 1979.

³ Weisman, WH and Porter, RC. Consultative Letter AL/OE-CL-1994-0203, Review of Dioxin Sampling Results from C-123 Aircraft, Wright-Patterson AFB, OH and Recommendations for Protection of Aircraft Restoration Personnel. USAF, Armstrong Laboratory, Brooks AFB, TX. 19 December 1994.

⁴ U.S. Army Center For Health Promotion and Preventive Medicine. *Technical Guide 312 Health Risk Assessment Methods and Screening Levels for Evaluating Office Worker Exposures to Contaminants on Indoor Surfaces Using Surface Wipe Data*. June 2009 (http://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/EH_RAP_TechGuide.aspx)

⁵ Sinks, Thomas. Official Correspondence to Wesley T. Carter. Agency for Toxic Substances and Disease Registry (ATSDR). Atlanta GA. January 25, 2012.

⁶ <http://www.publichealth.va.gov/exposures/agentorange/residue-c123-aircraft.asp>