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Webb and Akaka Declare War on Vietnam Veterans/Widows

Senator Webb and Senator Akaka have declared war on the Vietnam Veterans/Widows of the nation; those that are left. Seemingly in concert with the Senate Veterans Affairs Committee membership as well as most of the entire Senate that have championed this...declared war.

As you know many of your comrades have worked behind the scenes outside of the Veteran Service Organizations to try and get as many of these disorders/diseases associated before we are all dead despite the use of government scientific fraud and fraudulent conclusions testified to before congress and there was no concern. Winning a few battles here and there in spite of our governments best efforts to ignore the facts and data.

Recently Parkinson's, B-cell cancers, and Coronary Artery Disease (CAD) or Ischemic Heart Disease was recommended by IOM and accepted by VA. The Secretary announcing plans to service connect medical care as well as award any compensations as a result of death or disability.

Folks if the IOM has recommended these associations then there must be overwhelming evidence since they have also fought us since day one of their contract.

Senator Webb in his declaration of war concluded a hold must be put on the decisions until VA can justify the decision stating "someone must hold the VA accountable."

See stories at:

<http://www.vawatchdog.org/10/nf10/nfjun10/nf060510-1.htm>

<http://www.kitsapsun.com/news/2010/jun/05/tom-philpott-webb-delay-agent-orange-claims-stop/>

http://articles.chicagotribune.com/2010-06-08/health/ct-va-agent-orange-20100608_1_vietnam-veterans-enemy-crops-agent-orange

<http://www.military.com/features/0,15240,216032,00.html>

"Someone must hold the VA accountable says Webb." If this statement was not so sad it would be laughable.

Not one person in the House of Representative or the Senate has ever worried about holding the VA accountable for anything that went against the Veterans. No matter how egregious those actions and recently uncovered Regional criminal and attempt to fraud many Veterans and Widows.

Now if Senator Webb or Akaka or anyone had stated, I want to know why it has taken over 40 years to associate and demand an explanation I could understand his actions. Time and time again Veterans have elected veterans in the hopes of getting some descent representation. It has not worked. Senator Webb is as good of an example of that fact as any.

As I have written many times before, no one in the Senate including Webb and Akaka have ever held VA or the Executive Branch accountable in our issues. We have presented issue after issue of nothing but fraud and fraudulent scientific conclusions and they did nothing. Now all of sudden Senator Webb wants to do so since it is the Veterans/Widows favor and of course all about the money. No matter how justified it is for government created damages and death. Veterans are nothing but red ink anymore to our government.

Those Veterans/Widows/damaged off-spring and families of Veterans in Virginia and Hawaii you just might use caution in voting for these men again. Sooner or later the birth defects and generational damage issues will come up and I doubt you want someone like Webb or Akaka in the Senate; not after this lack of judgment and justice call by both men and the Senate VAC.

Just a sample of what we have uncovered and told both the House and the Senate memberships and they have done nothing on our behalf.

In testimony under oath before congress government scientists have stated:

- A key update to the study's findings on reproductive outcomes and birth defects was delayed for 8 years and not released until 1992.
- During my time with the Ranch Hand program, I observed two protocol violations. These were the lack of veteran representation in the science review process and command influence.
- In my opinion, the lack of Vietnam veteran representation denied veterans and their families a fair assessment of health effects associated with Vietnam service. Important on-the-ground operational dimensions, and critical study limitations were missed. The command influence directly altered report content. In my opinion, this also denied veterans a fair assessment of their health status.
- Protocol violations, in my opinion, are quite serious.
- Command influence is effectively scientific misconduct.
- These issues were addressed in the 1980's. The legislation passed after the 1988 hearings apparently did not fully correct the problems in the Air Force health study. Public Law 100-687 requires the study monitoring group to conform to the study protocol with one-third veterans representation.
- In my opinion, the effects of limited veterans representation and poor communication are apparent in the scientific reports issued by the Ranch Hand study. Of very great concern to me are birth defects and cancer in this group involved with spraying herbicides. Also, I perceive seriously inadequate data flow to veterans concerning heart disease, vascular disease, neurological ailments, endocrine disturbances and hematological difficulties.
- Timely full clear reporting can assist medical personnel to better care for veterans. And it is my definite medical opinion that the men in this study need care today. And what they need today relates also to what other veterans need today.
- The hierarchical structure of the military organization, which is excellent to conduct war, can compromise scientific and medical research. I am concerned that the recent failures to report the Ranch Hand study properly are institutionally influenced. I recommend that the Air Force adapt integrity programs such as the Office of Scientific Integrity in the NIH and the FDA program to improve the way they clear research and other papers for publication.
- I personally have experienced management changing a concluding sentence in an article even after that article was cleared by the Air Force and accepted in the open literature. This is not an every day matter, but there are no protections, that I'm aware of. About 10 percent of my medical articles have been thus changed. How can I view Dr. Michalek and his people as free, intellectually free, when I know that I am not and my other senior colleagues are not?
- And for nearly 20 years this study has only reported part of the truth.
- If integrity programs are not strengthened and if veterans are not included, and if data are not really shared, then at the risk of loss of time and data--and remember, my medical judgment is these men are ill--I recommend study transition to another agency.
- I also would like to say that when I read the GAO report and it talked about the reporting in 1992 of the study of birth defects, I checked the U.S. Air Force Health Study Internet and found that--I said how did I miss that, 1992? Well, it was published in Helsinki, Finland. And if I wanted a copy of that article, I would have had to write to the Health Institute of Finland.
- As I said, I have just returned from Vietnam where we received a briefing from the Hatfield Consultants of Vancouver, British Columbia. The Hatfield Consultants have been working in Vietnam since 1969, specializing in environmental assessments of the human and ecological consequences of large dioxin contaminations. I want to tell you that they really shocked us. They reported that, and I am going to tell you that my statement must be

amended at this juncture where I referred to this. Because in my statement I say some of the most barren spots the dioxin level was 1,000 points per trillion. That was not true. It was on the site of a former United States base, military base in Vietnam that the 1,000 points per trillion soil dioxin 25 years later was obtained. And so you must realize that that is not a barren spot. That is where our troops were working on a daily basis. In addition, I wish to also amend my statement after talking with Mr. Hatfield last night. What they found in the food that people eat, even to this day, in a place called the Aloui Valley, which many Marines will remember, is their finding that in the food it's 65 points per trillion in the ducks and the fish that they are getting from there. And it's 30 points per trillion these many years in the blood and breast milk of people who live in the Aloui Valley.

- The notice of the first meeting was indeed published in the Federal Register, under the FDA, probably the last place a veteran would look for a meeting about the Ranch Hand study.
- The Agent Orange Act of 1991 authorizes presumed service connection disability for diseases from certain herbicides. One of the things it says, and maybe you don't have to fix this, is that an association of a disease in human and exposure to herbicide is considered to be positive of the credible evidence of an association is equal to or outweighs the credible evidence against the association. With these parameters in mind you can see that the fact that the Ranch Hand data has not completely been made available, and not all of their associations, only the statistically significant associations.
- I just would like to say, in closing, that war, like any other human catastrophe, must be acknowledged as an important occupational epidemiological event.
- If I could just give a quick example that will maybe illustrate I think where our problem is with this whole thing right now, and it's a forest and trees argument. If you were standing in the middle of a redwood forest and some of the trees are sick. We've gotten to the point where it's no longer an issue that you can't see the forest for the trees. People aren't even seeing the trees anymore in this study.
- I could go into a lot of discussions about synergy, something you've probably encountered in your discussions of the Persian Gulf situation, mixtures of chemicals, biological agents. I spent a lot of time in my career studying those things. Where a couple of small effects can become a huge effect when you put things together. There are lots of suspects in Vietnam beyond dioxin, that may have caused adverse health outcomes.
- I'd be a lot more comfortable with that if the VA wasn't involved in it. I'm a combat wounded veteran with a service-connected disability. I stay as far away from the VA as possible.
- This is more than a veterans affairs issue. It is, in fact, a national security issue. Because if the country continues to treat their veterans poorly and, in some cases, abominably as has been the case with the veterans suffering from adverse health outcomes from Vietnam, from the Persian Gulf, we're not going to meet the recruitment and retention needs in this new era of needing highly educated, highly technically proficient people. They aren't going to stay in because why should they, when they know what's going to happen going out the other end?
- Which also says something to me about the veterans organizations, that they were not pushing this organization.
- When you compare the Ranch Hand sprayers with their control group, there's a more than 50 percent excess in the group that has sprayed. Now that birth defects excess, using current analytical techniques, does not regress linearly on dioxin. But that group difference exists. I am one of four authors of that protocol. The purpose of this study was to determine whether Agent Orange is associated with problems. There's also a portion in the protocol which says we're concerned about the Vietnam experience. We have sitting on the table a greater than 50 percent increase in the birth defects. And because it doesn't have a linear regression with dioxin, which is not the only dangerous contaminant in Agent Orange, we've ruled it out. And in the IOM report we have a statement which says let there be an independent analysis of this data because they severely criticized this.
- In Agent Orange, 2,4-D being essentially 50 percent of the mixture, which has been shown to cause problems. Weed-B-Gone is how it's currently marketed. But that has problems. You put dioxin, which came in in the other component, 2,4,5-T, you put those together and I don't know that anyone has ever scientifically studied the potential for synergy that these two things together could cause a much greater effect than either alone. And those are just a couple of possibilities.

- I think the thing is that Ranch Hand was designed to look at Ranch Handers. What happened was because they honed in on the ability to be able to measure dioxin, that became the coin of the realm when indeed it should not be the coin of the realm. And statistical significance should not be the way in which you decide what things are compensable.
- I would just like to say, as a way of informing everyone, that the VA did complete a study of the birth defects associated with women veterans. Agent Orange was not in the--was not considered in that because of the presumption that if you served in Vietnam you would be eligible for this, and that the Secretary of Veterans Affairs found that the high rates of birth defects in women and the children of women who served in Vietnam was so high that he did make an announcement that they would be making efforts to compensate these women and their children.
- Congressman Shays, I think it's very important for me to say, based on what Dr. Schwartz just said, I studied that report on the birth defects to female veterans. The pattern in the Ranch Handers is nearly identical to the pattern in that study. But because they didn't meet the standard of a linear increase with dioxin, the fact of that difference hasn't been further pursued. That's the tragedy of it.
- Perhaps the most overt effect was a letter from Commander Mosher who wrote in the name of the Surgeon General Chesney. And in the mortality report we were directed to use five controls for every exposed Ranch Hand instead of the 8 to 10 that we had available. We were to put that as a secondary analysis. So we received this letter saying highlight the one to five analysis, not the stronger, more powerful statistical one to eight analysis. And report percentages, mortality percentages rather than numbers. I was the lead statistician at the time. My desire was to go with the strongest statistical analysis, one to eight, and feature that. I felt that there were some indications of a mortality blip. And furthermore, when men and women are young, in their 40's and early 50's, percentages are small. But numbers are people, numbers are real. And the thing to do is actually publish both. General Chesney intervened directly and changed our report.
- I wrote that protocol and that protocol says--with Moynahan, Lathrop and Wolfe. And that protocol says we were going to look at the relationship of Agent Orange to disease. Not dioxin, Agent Orange to disease.
- If Ranch Hand is publishing, crafting their reports to fit into professional journals, then we are not seeing the things that probably are greater than a 50 percent chance. So we are denying veterans, or maybe we are denying veterans some compensation and disability for the facts that we have not really looked at all. And also, I think the thing is that the subjects who have participated in the Ranch Hand study deserve, deserve to know if there is anything else. Dr. Albanese raised an excellent point, that the study is of herbicides. There were 15 herbicides used in Vietnam. Agent Orange was one of them.
- In addition to elevated birth defects, Ranch Handers also showed a significant increase in skin cancers unrelated to overexposure to the sun as originally suggested in the 1984 report. Air Force scientists also admitted that Air Force and White House Management representatives were involved in scientific decisions in spite of the study's protocol which prohibited such involvement.
- I think it's beyond a reasonable doubt that there is a birth defects excess in the Ranch Hand group. I think the preponderance of the evidence is that there has been an excess of cancer. I think it's beyond a reasonable doubt that there are some neurological effects. And I think there's a preponderance of the evidence that there are endocrinological effects in the Ranch Hand group.

Folks that is just some of the data we have furnished of interferences over the last 40 years or more and neither Senator Webb nor Senator Akaka have raised not even a finger in question as to the appropriateness of these issues in determining health care service connection for government damages. Only now when it finally is coming out in our favor somewhat do they want to hold the VA accountable. Only we can hold them accountable for their actions and I would suggest that we all do that come election time.

But lets go one step further on at least some of the issues in question.

Let's take the only real honest blind study I can find actually done by practicing real medical doctor specialist. This was done back in 1992 and had built in quality assurance provisions. I could not find any study bias in the study statistics.

At random the test and exam data was sent to other doctor specialist outside the study group to confirm diagnosis. In addition, the statistics were done by a firm not associated to the study and even located outside the country. Manipulation of data did not have a conflict of interest in future DoD contracts.

The only issues I could find in the study was no pulmonary doctor specialist in the study therefore no lung disease such as COPD analysis done (1). I also found the method of the levels of dioxin in the category distribution was somewhat speculative. However, the way the data was presented this had little if any effect in the overall picture and found outcomes. Our government studies compare apples and apples and then say, see little difference if any between apples therefore - no significant veteran effect. This study actually compared non-Vietnam Veterans or toxic clean Veterans versus Vietnam Veterans or apples and oranges. The Vietnam Veterans served in II Corps and I Corps.

Remember a dioxin study at any given time is a study in work since there is no cut-off time limit on dioxin effects.

As a simple guide to this discussion is think of it this way when it comes to p-value of difference:

The lower the p-value, the more "significant" the result is, in the sense of statistical significance. The statistical significance would indicate that the results would not have occurred by chance alone and there is a extraneous factor; in this case since we are comparing those exposed at some level and those not exposed that Agent Orange would be the contributing factor.

For example; in this study under Peripheral Neuropathy (PN) the study actually gives the reader the numbers found in both groups compared to N Number so one can judge an increase regardless of some unproven mythical dose rate.

The study done in 1992 found in the non-Vietnam group with PN a total of 5 at 3.3%. In the Vietnam Veteran group they found with PN at the respective four levels of dioxin in order of least exposed up of 33 at 10.8%; 43 at 14.1%; 42 at 13.7% and 32 at 10.5%. The p-value of difference was found at p-0.0042 which is certainly significant. More than that, the p-value of association to dioxin was found at p-0.039 which reaches scientific significance of association.

Since the overall picture is given the reader of what was found one can easily see even with the scientific estimated half life of dioxins in the body that these numbers in the out years would even digress further at some x rate. While the non dioxin group would remain fairly constant. Since the p value of association to dioxin reached significance during this snapshot in the dioxin causations within this time frame from exposures; one would could easily predict or surmise a further development in those Vietnam Veterans that were not diagnosed during this snap shot in time over the life effects of Agent Orange. In other words, their risk ratio of developing PN from the "found associated Agent Orange" is now at a greater level than the non-exposed group.

Yet, Senator Webb and Senator Akaka could care less about the fact that VA has refused to associate Peripheral Neuropathy in a reasonable and scientific manner and in their own words "hold VA accountable".

Given the other studies that found significant associations to PN (including Ranch Hand) as well, not just the one I explained, and the evidence is overwhelming that PN is associated to Agent Orange in and by itself (more than likely in the form of immune system damages). In other words, VA is committing scientific and medical hypocrisy and fraud and no one in your House of Representative or your Senate is going to hold VA accountable; including these two Senators that have declared war when it finally after 40 plus years favors the Veteran/Widow and suddenly have some sense may after 40 plus years of lies in many issues want to hold the VA accountable.

Let's discuss the issues in question by these two warring against Veterans/Widows Senators and what this honest/sound study found back in 1992.

In Ischemic Heart Disease they found:

In the non-Vietnam Veteran group they found 0. Yes that is a ZERO

In the Vietnam Veteran Group they found again from level 1 to level 4; 6 at 2%, 10 at 3.3%, 5 at 1.6%, 13 at 10.1%. The p-value of difference was found at p-0.0045. Again since the overall picture is given it is at least logical to say that once again the dioxin effects over life these numbers would expect to digress even further with the non-exposed group remaining constant or close to constant and would only dilute the findings negatively when the groups met what could be considered disease of old age. But even this confounding factor could be statistically removed.

This study found and I quote: "Higher levels of exposures among Vietnam Veterans were associated with increased frequency of ischemic heart disease ($p < 0.01$) and valvular heart disease ($p < 0.01$)." (Valvular heart disease is not unexpected here even though no one talks about it including the two Senators.) Patients with Acquired Immune Deficiency Syndrome (AIDS) experience increased heart valve problems. Does not necessarily mean HIV developed AIDS. With the immune system problems created by Agent Orange this should not be some eye opener except for those that work for our government and our elected officials. Science already knows most of this but money for paid for bad science becomes the trump card.

But lets go even further in the symptoms and issues associated to Ischemic Heart Disease (Coronary Artery Disease {CAD}) and what the study also found in atherosclerosis causations.

Vasculopathy (any disorder/disease of blood vessels)

In the non-Vietnam Veteran group they found 0. Yes that is a ZERO

In the Vietnam Veteran Group they found again from level 1 to level 4; 21 at 6.8%, 22 at 7.3%, 24 at 7.8%, 31 at 10.1%. The p-value of difference was found at $p = 0.0002$.

Brain Atrophy

In the non-Vietnam Veteran group they found 0. Yes that is a ZERO

In the Vietnam Veteran Group they found again from level 1 to level 4; 4 at 1.3%, 7 at 2.3%, 9 at 2.9%, 3 at 1%. The p-value of difference was found at $p = 0.0165$. On this one let's not forget that brain atrophy as a result of atherosclerosis occurs over time and lags behind the diagnosis of ischemic heart disease. Never the less the implications are there.

Brain Infarction

In the non-Vietnam Veteran group they found 1.

In the Vietnam Veteran Group they found again from level 1 to level 4; 19 at 6.2%, 16 at 5.3%, 22 at 7.2%, 18 at 5.9%. The p-value of difference was found at $p = 0.0013$. On this one let's not forget that brain infarction as a result of atherosclerosis occurs over time and lags behind the diagnosis of ischemic heart disease. Never the less the implications are there.

Now what known common biological issue has been to be associated to dioxin exposures for decades could possibly create such increases in these ischemic heart disorders?

What do the scientists say that do these investigations?

...Dioxin can adversely affect the cardiovascular system is well documented. -- TCDD has been shown to alter cardiac functions and morphology (2-7). It increases serum triglycerides and cholesterol, well-established and known risk factors for cardiovascular disease (8), in both experimental animals (9-11) and humans (12,13). In an international cohort of pesticide manufactures and applicators, exposure to TCDD and higher-chlorinated dioxins was associated with significantly increased ischemic heart disease mortality (14). Both German (15) and Dutch studies (16) found a significant excess of ischemic heart disease associated with dioxin exposure.... Bottom line; if IOM would associate "known damaging processes" to dioxin exposures instead of piece meal or selective choosing some ICD code then all of this issues would have been associated years ago. Especially since that damaging process has been medically characterized for decades as to what will develop and systems effected and the severity of that process such as the characterization of the dioxin damaged metabolic system or what is called syndrome X.

Of course in many of these studies the outcomes depend on who is paying for the study. Should not be that way in a perfect world but alas that is the way of paid for science especially when that science involves "our government politics."

Let's move on to Parkinson's.

In Parkinson's they found:

In the non-Vietnam Veteran group they found 0. Yes that is a ZERO

In the Vietnam Veteran Group they found again from level 1 to level 4; 2 at 0.7%, 2 at 0.7%, 4 at 1.3%, 3 at 1.0%. The p-value of difference was found at p=0.1830. Yes not significant on face value but remember the brain and CNS is a wonderful thing in the human body and alternate neuron paths are found. Diagnosis and symptoms only manifesting as the disease becomes more acute over time or the loss of alternate neuron paths due to aging. Does not mean the disease was not there as a sub-clinical manifestation of exposure to Agent Orange in greater numbers than this study found at the time and duration of the study.

No one in the Senate or our Congress should be surprised at this finding or even question it. Their own commissioned study over two decades ago by the Office of Technology Assessment (OTA) surmised and predicted this rise in neurological issue in Vietnam Veterans as they age over their unexposed civilian counterparts.

Let's move on to the B cell involved cancers as an addition.

Dioxins and especially TCDD have been found to be the most potent manmade carcinogenic compound found to date. Every honest study has found increased cancers in all areas when exposed to TCDD. We have had some T cell cancers already associated but to say that TCDD could not create B cell cancers would be like saying sugar in a gas tank can have an effect on carburetors but would have no effect on a fuel injection system.

In fact, as most of you know we had a new cancer bill introduced by Congressman Kagen that has gone no where with your elected officials that would include most SEER cancers. It did not include brain cancers such as glioblastoma. However, the data demonstrates that all site cancers are associated with dioxin and dioxin like compounds.

In a response analysis and risk assessment study published in 2003 on low level exposures it concluded the following:
(17)

Little indication that any particular cancer site was elevated compared to other cancer sites.

There appeared a general increase in all types of cancer

SMR for all cancer sites 1.46 (1.15-1.82)

SMR for digestive cancers 1.41 (0.85-2.20)

SMR for lung respiratory cancer 1.67 (1.16-2.34)

Findings suggest that dioxin is a true all-site human carcinogen (i.e. smoking and asbestos cause cancer at many sites but not all)

Rational being that Ah receptors (target of dioxin actions) occurs throughout the entire body in all cells lending itself to this all site finding. (18)

There is no threshold of exposure below where there is no cancer risk.

The governments own 25 year study of Veterans is of monumental impact for both Veterans and Widows demonstrating once removing the flawed assumptions we had pointed out years ago a remarkable significant trend in all site cancers in cohorts and significant increase in risk factor of all site cancers in the highest exposed was found.

Yet, this finding is still ignored by Senator Webb and Akaka as well as most of your elected officials in both the house and the senate.

These revealed facts are not a surprise though to Veterans and have surfaced in other studies that concluded that even at low exposure levels of the dioxin, TCDD the Standard Mortality Ratio (SMR) delta between 'specific cancer sites' versus 'all cancer sites' was negligible. Considering the level of mitochondrial cellular effects of dioxins (plural), similar structured furan isomers, and similarly structured inclusive PCB isomers one should expect that any cancer increase would be statistically associated depending on many genetic variables (genetics and genetic pathways); as well as other exposure factors involved in method of exposure(s) and rate of exposures; as well as other confounding and synergy factors such as simultaneous body burden of Agent Blue, Picloram, other dioxin compounds from Agent White; or Dapsone, Malathion, or all them, etc.

1. COPD - has been found in some studies as associated to dioxin exposures. While it has not been studied as much as mortality cancers. Seveso studies found an increase in mortality from COPD. Many veterans regardless of smoking or not report from mild to severe COPD with no historical family background of the disorder. VA's own study of Army Chemical Corps workers reported "Odds ratios for diabetes, heart disease, hypertension, and chronic respiratory disease were significantly elevated among those Vietnam Veterans who sprayed herbicides. Hepatitis C was associated with Vietnam Service but not with herbicide application." Study was published in the Medical Journal of Industrial Medicine. Of course the known fact of increased IgE and IgA antibodies in dioxin exposure victims has been somehow disregarded in the role of immune system disorders and allergy related disorders as far as it applies to the Vietnam Veteran. As if the cells had been exposed to excess Interleukin 4(IL-4) also found in Vietnam Veterans. Even recommended testing protocols by those that developed Agent Orange (Dr. Clary) in IgA and IgE immunoglobulin testing has been disregarded. I would think this would be germane since some of the recommended treatments for severe COPD is anti-IgE antibody treatment. But maybe what would look like common sense and based on related findings all of sudden becomes political instead. Webb and Akaka and the others in congress do nothing but talk even when VA's own study finds associations to dioxin exposures still not recognized by our wonderful VA.

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18. Ah receptors target of dioxin actions were thought to be the way dioxin interferes with the most delicate of human biological cellular process decades ago. It is now according to such outstanding dioxin researchers as Dr. Birnbaum formerly of the EPA thought to be much more complex than just interference with cell Ah receptors. In other words, it is much more complex than previously thought decades ago. But for the sake of discussion assume that is the only mechanism of cell modulation or corruption from dioxin. That would mean that dioxin, a man made toxic chemical, is so “target specific” that while cellular Ah receptors processes are the known target of damage it can actually select only specific cells to damage or corrupt. Other cells not effected according to some science, like the IOM, with the exact same cellular process would be immune from dioxin damaged Ah receptor damages. Not only is this the most carcinogenic man made toxic chemical but with that scenario it must have a laser guided seeker to seek out only those cellular Ah receptors that the National Academy of Science Institute of Medicine and paid for science has deemed appropriate. I guess in my pea sized brain I would concluded “it is at least as likely as not” if a toxic chemical is damaging a “specific cellular process” that no cell with that “specific cellular process” regardless of origin, function, body organ, or body system would be immune from that process damage. The outcomes and severity of outcomes after that on going dioxin damage would be more related to genetics and genetic pathways. But I guess not. Maybe it only damages those cell Ah receptors that have a red tint to them and that is why we only have specific cancer sites as associated by the IOM, VA and our government; even though other studies show no or little difference.

At what level do you think Government should consider compensation? Should we have a no shadow of a doubt? The reason why I am asking the question is I have come to the conclusion, based on our work that we have done on gulf war illnesses, based on our review of Agent Orange, that I have to be honest with our veterans. By the time we will know the scientific data, you are dead. You will either have died early or you will have died in your old age in pain, but you will not get help from the Federal Government.

Congressman Christopher Shays

Senator Webb and Senator Akaka in concert with the Senate Veterans Affairs Committee membership as well as most of the entire Senate that have championed this...*declared war* seem to want to make what Congress Shays said in 2000 a government reality.

Charles Kelley