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Chief Medical Caller Johnston Island Marchal ATO Can Prancince 90303

Past history reveals that there has been core vague right upper quadrant pains cospecially in the early morning hours coveral remine ago which suppired subject to receive. On Argust 29th, the patient experienced a call, constant pain in the right quadrant with constitive digital procurs on the bile duct with religion posteriorly through the back and projecting uppared to the acaputa. Demand tablets, qith, gave come eligible relief. Liver function tests were taken. (I with the back and projecting uppared to the acaputa. Demand have not been recorded at this time). The Sciinentation Eats were taken. (I with the back and been also a similar but less intense colic notation for and Uncertainty. In this been also a similar but less intense colic notation in May and Uncertainty. In this been also a call Bladder perior revealed an isolated and large streets. If x 1 cm in size which was radio-translucent. IMPRESSIGN: COLEDCHIMINEST.

Herbicide 2-1-D and 2-1-5-T with suspicion of and clinical extract of presence of 2-3-7-8 Tetrachlorodibenzo-p-dioxin present on Johnston Island to reservoir and drinking water. This same Herbicide Orange has been present of Island for approximately 12 years and its toxicity is well known in acceptible and article abstract concerning the same 2-3-7-8 Tetrachlorodibenzo-p-dioxin because the initial toxicity was known throughout the Company in its early production. Interestingly enough, there is an allied toxically an apparent leucopenia had occurred at this time. Nevertheless, the final classical is that of a CHOLENCHOLIVILICIES.

Evaluation by a Gestrointestinal Surgeon is indicated at this time. Dated to the environmental situation, this condition is classified under the Worker's program.

a Noteworthy also is that if this 2-3-7-8 Tetrachlorodibenzo-p-diaxin, so has been researched in the laboratory creating a biliary concentration and thus creating a bilirubin calcium stone as may well be the case.

Elma Hollensin ...

518268

Cult indical carter Journal Educal Southful Alo San Francisco 95325

Part history remains that there has been some vague right upper quadrant pain, especially in the early merning hours covered mention and which required analystics to recolve. On August 25th, the patient emperienced a dull, constant pain in the right quadrant with consitive digital processes on the bile duct with radiation posteriorly through the back and projecting upmed to the scapula. Demaited tablets, qlZh, gave some alight relief. Liver function tests were taken. (Results have not been recorded at this time). The Schirontation Enters was this Lymphocytosia base been also a similar but less intense colic noted in they and December 1972. On 30 August 1973, a Gall Bladder ceries revealed an isolated and large stone approximately 12 x 1 cm in size which was radio-translucent. INPRESSION: CHOLEDOMOLITHIASIS.

It is noteworthy that in recent months since KER73, that there has been presence of Herbicide 2-h-D and 2-h-5-T with suspicion of and clinical evidence of presence of 2-3-7-8 Tetrachlorodibenzo—p-dioxin present on Johnston Island in the reservoir and drinking water. This same Herbicide Orange has been present on Johnston Island for approximately 12 years and its toxicity is well known in scientific circles. An article abstract concerning the same 2-3-7-8 Tetrachlorodibenzo—p-dioxin has been researched in many spheres since the initial toxicity was known throughout Dow Chemical Company in its early production. Interestingly enough, there is an allied increased EGCT and Bilirubin concentration was elevated in animals treated. Also noteworthy, an apparent leucopenia had occurred at this time. Nevertheless, the final diagnosis is that of: CHOLEDOGIOLITHIAGIS.

Evaluation by a Castrointestinal Surgeon is indicated at this time. Based on the environmental situation, this condition is classified under the Workers's Compensation Program.

Noteworthy also is that if this 2-3-7-8 Tetrachlorodibenzo-p-dioxin, as has been researched in the laboratory creating a biliary concentration and thus creating a bilirubin calcium stons as may well be the case.

Elma Hollwicke M.D.

Middeal Consultation in the case of: Promotis J. SMINIA, H.D.
Chief Redical Ciriers
Johnston Island Regulation
AFO San Francisco 95305

BALL STATE OF THE SAME OF

This patient has had persistent lymphocytosis and leucopenia since approximately one year ago. h2 year old white male arrived on Johnston Island approximately 3 years ago with a physical examination noting a CEC of 9,500 WEC (250070), Homoglobin 15.1 mgm%, Segs 60%, Lymphocytes 35%, Homogytes 2% and Ecsinophils 1% and Pasophils 1% mai. Progressively however, since arrival there has been an increased lymphocytesis with decreased polynorphomuclear cells associated with also a decrease in the WEC's. Typical of counts is approximately 50-53% Lymphocytes, 37% Houtrophile, 4,700 through 5,000 WEC's. Also noting the count of 2540073, where apparently the count was within normal limits but the MEC's globally creasted with some policilocytesis. This however does not follow the normal hematological picture that has been presented to this point. Outside hematology was completed by Pathology Associates, one day prior and the date being 2h August 1973 with a count of 4,800 WEC's noted.

In view of recent revelations that many radioactive hot spots were noted on the island and obvious exposure to this alpha radiation has been progressive since three years on Johnston Island along with findings of Herbicide in the reservoir and drinking water with well known highly toxic impurities in the 2-4-5 T which is the 2-3-7-8 Tetrachlorodibenco-p-dioxin, briefly stated as Dioxin. And with in-dopt research by Dou Chemical Company as to the pathology involved, it is noteworthy that the hematological picture is effected by this toxic substance. This has been a low grade toxicity since March 1973 to the present date with the presence of Harbicide constantly in the water and therefore chronic toxicity possibly present. Although the Dioxin has nyer been checked on this island por se, other findings with several men working in the area portraying the symptoms of Chlorgene hanatio toxicity and one recent Cancer of the Esophagus, which may woll to max related to the presence of Herbicides in the water and the inhalation and toxic absorbtion in the work area. It is with this in mind that an in-depth study is recommended for any abnormal or persistent or degenerative blood findings which may continue to be progressive and worsen due to either and/or the prosence of radioactivity exposure and toxic herbicidal exposure.

Elman H Schwickstul

Based on the environmental situation, this condition is classified under the Workmen's Compensation Program.

1 NO.

518274

PILM. APPROVED BUDGET BUREAU NUMBER '44-RESS.S LONGMORGHENIS ATTENDING PHYSICIAN'S REPORT - H&N-1094 Notes This form to be used (a) to report promptly the first treatment, (b) to make progress reports, and (c) to make a final report when the patient is discharged. All quentions must be answered fully. If a specific question is not applicable, write in "NA." The exact point of amputation and other permanent partial disabilities must be known in order to determ injured according to permanent partial disability achedule in the law (see disgress on back). The back of this form may be se if more space is needed. Instead of this form, the physician may submit a narrative report covering all the information asked for 3. NAME OF MUUREU EMPLOYEE (Phot, middle initial, last) Francois J. SACULLA, M.D. 4. DATE OF INJURY (Mo.dey.) B. EMPLOYPH'S HOME ADDRESS (Number and street, city, stote, sip ends) No injury 710 Holvin Avenue DATE OF BIRTH (or age) To GE (Ma., day, yr.) Racino, Wisconsin September 24,1930 S. NAME OF EMPLOYER . S. EMPLOTEN'S ADDRESS (No d street, city, state, sip er 531 Oliohia Stroot Holmes & Narver, Inc. 10. DATE OF PIRST VISIT (Ma.,dep. 11. DATE DISCHARGED (Ma.,dep.pr. Honolulu liawaii 25019 12. WHO AUTHORIZED THE ATMENTS L September 1973 Not admitted Holmos & Harver, Inc. 18. NATURE OF TREATMENT 14. DATES OF YOUR TREAT-Complete Blood Count September & through Soptember 6, 1973 16. WAS EMPLOYEE HOSPITALIZED! [] YES DEDIG 16. WERE H-RATS TAKENT [] YES DE NO (Condition noted on-(If "Yes," give name and address of (If "Yes," give results in sem 19) year ago) 17. SIVE (1) NAMES, (2) ADDRESSES, AND (3) DATES OF TREATMENTS PROVIDED BY HOSPITALS ON OTHER DOCTORS FOR THIS INJUNY Elmer H. SCHNICKE, M.D. Francois J. SACULLA, M.D. Johnston Island Hospital Johnston Island Hospital APO San Francisco 96305 APO San Francisco 96305 is. EMPLOYEE'S ACCOUNT OF HOW INJURY OR EXPOSURE TO OCCUPATIONAL DISEASE OCCUPATED Employee ... tates that this condition may have been caused by exposure to alpha radiation, progressive 3 years on island along with findings of Herbicide in reservoir and drinking water with well known highly toxic impurities in the 2-4-5 T : which is the 2-3-7-8 Tetrachlordibenzu-p-lioxin. PINDINGS UPON EXAMINATION (INCLUDE RESULTS OF E-RAYS, LABORATORY STUDIES, ETC. NOTE PHIOR INJURIES AND PRE-Existing conditions and any remarks and recommendations on the reverse of this form.) Persistent lymphocytosis and leucopenia since approximately one year ago. Decreased polymorphonuclear cells associated with forces with decrease in WBC's. Count done on 25AUG73 revealed globally cremated REC's with some pulkilocytosis. Hematological appointment made with Dr. Reginald NO, Hematologist, Straub Clinic, 888 South King Street, Honolulu, Hawaii 96813 at 1500, 13SEP73. BO. DIAGNOSIS 21. IN DIAGNOSED.CONDITION DUE TO OCCUMPENCE DESCRIBED Persistent Lymphocytosis and Leucopenia IF 'NG', EXI'LAIN ON REVERSE OF THIS FORM □ ves □ me UNDETERIONED 82. WAS THERE DISABILITY FOR WORK! A. DATE DISABILITY SEGAN S. DATE ABLE TO RETURN C. DATE ABLE TO RETURN TO TES 2000 (1/ "Yes," ensuer (Ma.day.yr.) TO LIGHT WORK (Ma.,dey, TO REGULAR WORK IS 22-A.B.C. N/A po.1 11/4 23. WILL THERE BE PERMINENT OFFECT, OR PACIAL OR MEAN DEFINING MENTS [] YES [] NO U!!)) THE CONTROL OF THE CONT SO. NAME OF ATTENDING PHYSICIAN (Type or print) 28. ADDRESS (Number and street, city, state, sip cade) Elmer H. SCHTCKE, M.D. Johnston Island Nospital APO San Francisco 96305 27. DATE OF THIS REPORT 6 September 1973

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ATTENDING PHYSICIAN'S REPORT

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Note: This form to be used (a) to report promptly the first treatment, (b) to make progress reports, and (c) to make a final report when the patient is discharged. All questions must be answered fully. If a specific question to met applicable, write in "MA."

The exact point of amputation and other permanent partial disabilities must be known in order to determine compensation due the injured according to permanent partial disability schedule in the law (see diagram on back). The back of this form may be used if more space is needed. Instead of this form, the physician may submit a narrative report covering all the information saked for below.

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Francois J. SACULLA, P				4. DATE OF INJURY IN	
S. EMPLOYEE'S HOME ADDRESS (Nomb	or and atreat, city, apare, ale	radel	-	No injury	
710 Melvin Avenue				MATE OF DIRTH (or age)	7. 942
Racine, Wisconsin				optembor 24,1930	Malo
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Holmes & Narver, Inc.		531 Ohohia 5 Honolulu, Ha	troct		•
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IS. NATURE OF TREATMENT				14 04 22 22 22 22 2	
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APO San Francisco 96305		Johnston Island Hospital APO San Francisco 96305			
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