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JUST A TASTE OF THE INFORMATION OUT THERE ON THE ASSOCIATION OF PERIPHERAL NEUROPATHY (PN) AND DIOXIN'S (PLURAL)

How this is still being denied by VA and IOM is outside of my realm of reasoning. Maybe one of our elected officials in Washington can explain it!!!!!!

The VA propaganda Agent Orange Update says they compensate peripheral neuropathy as automatic associated. Well that is not exactly true. The caveats on it which normally they just do not bother to tell you until you apply are that 1) It must be diagnosed within one year of Vietnam 2) Then it must resolve itself within two years. This is more in tune with peripheral neuropathy associated with the taking of 'Dapsone' for malaria prevention; not exposure to dioxins and all the rest of the herbicides and what was in them.

Note: Dapsone in some patients is noted for not only creating PN but also blood disorders. The normal treatment is to quit taking the Dapsone and the body will re-grow any damaged axons and the blood count should return to normal; but not in all cases.

This entire scenario painted by VA and IOM of a time limit and then period to resolution cannot even begin to fit a toxic chemical that even by our own government standards in-the-body half life is from 8 to 11 years depending on fat cell content. IT MAKES NO SENSE TO HAVE A DEVELOPMENT TIME AND THEN A TIME FOR RESOLUTION; NOT WITH DIOXINS. The VA/IOM PN scenario makes no sense either medically or scientifically.

You will note these studies and findings were many years after the war and directly contradict VA's hired assassin scientists as well as the biased IOM assessments.

Official Ranch Hand Advisory Transcript for download

Minutes and study of October 14-15 1999

Rockville, MD

<http://www.2ndbattalion94thartillery.com/Chas/RHTransOct14-151999.doc>

On page 1 and 2 you will should note the following:

REVIEW OF THE AIR FORCE HEALTH STUDY CYCLE 5 DRAFT CHAPTERS

Chapter 11 - Neurology. The reviewers of this chapter are Drs. Favata and Shockley; Dr. Michalek made the presentation. In it, he summarized findings that appeared statistically significant. He discussed an increase in inflammatory diseases, but said that result had little real statistical meaning. He said the data showed a significant increase in the index of polyneuropathy when comparing moderate versus mild or none on all Ranch Handers and in the high category and against current dioxin. Another run through the data showed it correlated significantly with dioxin.

On page 11 you should note the following:

REVIEW OF THE AIR FORCE HEALTH STUDY CYCLE 5 CHAPTERS

Chapter 19 - Conclusions. Dr. Michalek presented a slide listing findings throughout the report: a significant number of Ranch Handlers with increased dioxin; continued relation between body fat and dioxin and serum lipids and dioxin; and increased liver enzymes; platelets increased consistently across study cycles, including this one; consistent relations with diabetes, and a new finding in cardiovascular on the ECGs, evidence of prior heart attack, and a new finding in neurology of confirmed polyneuropathy.

Dr. Stoto wanted a change in the sentence: in summary, the prevalence of endocrine disease remains similar in Ranch Hands and Comparisons.

Official Ranch Hand Advisory Transcript for download

Minutes and study of October 19-20 2000

San Antonio, TX

<http://www.2ndbattalion94thartillery.com/Chas/RHTransOct192000.doc>

On page 3 you will should note the following:

III. Study observations to date – Air Force Report (Dr. Joel Michalek)

- A. A significant adverse relation between reported health and dioxin body burden, and an increased risk of reporting fair-to-poor health in the high dioxin-exposed category
- B. No significant relationship between any measure of exposure and cancer
- C. A significant and adverse relationship between peripheral neuropathy and dioxin body burden
- D. A significant and adverse relationship between reduced short term memory loss and dioxin body burden
- E. A consistent and adverse relationship between certain liver enzymes such as GGT and dioxin body burden
- F. No evidence of a relationship between liver disease and dioxin body burden
- G. An overall 25 percent increase in cardiovascular disease in the Ranch Hand group
- H. Average platelet count and average mean corpuscular increased with dioxin body burden
- I. An adverse relation between diabetes and dioxin
- J. No detectable adverse relation between any measure of exposure and immune function
- K. An adverse relation between dioxin body burden and mild bronchial obstruction in Ranch Hand officers
- L. No dermatological evidence of chloracne
- M. No relationship between any measure of exposure and impairment of renal function

The following is the only real honest study ever done with built in quality assurance provisions as well as the statistics were done by an outside house not even in the same country!

Impact of Agent Orange Exposure among Korean Vietnam Veterans (started in 1996 and published in IH in 2003.

<http://www.2ndbattalion94thartillery.com/Chas/Impact%20of%20Agent%20Orange%20Exposure%20Vietnam%20Veterans.pdf>

On page 149 in the abstract you will note the found Odds Ratio or (OR) to PN is 2.39.

On page 154 you will note the found p-value of difference for PN is found at 0.0042.

Also on page 154 you will note the comparison of those with diabetes and PN did not reach significance which should indicate a separate versus coexistent medical issue. In the out years at least in my mind, simple as it is, these two indicators would diverge not converge. This would be based on the medical perception that diabetes develops first and then PN. This data does not demonstrate that standard of what medicine concludes as normal progression of diabetes associated PN in the dioxin victim.

On page 156 you will note Table 7 which gives the found association between types of diseases and Agent Orange Exposure Status.

p-value for PN = 0.039

Also note while VA and VA's Dr. Brown somehow has overridden the IOM recommendations for Hypertension yet note the found association in this study to hypertension and other cardiovascular issues just as a gee wiz how can they deny!

Yes, these are adjusted statistics using the standard methods of multiple logistic regression.

Do not panic on the page numbers it only goes from page 149 to 157.

Immunotoxicological Effects of Agent Orange Exposure

<http://www.2ndbattalion94thartillery.com/Chas/Immunotoxicological%20Effects%20of%20Agent%20Orange.pdf>

I referenced this study only to point out on page 1 under the Introduction the reference to; based on the results of two Government epidemiologic studies, peripheral nerve disease is the most prevalent disease...

Now is PN only a symptom of an underlying subclinical dioxin created disorder or disorders? I have no idea but in either case as a stand alone or subclinical disorder manifestation the data says it is associated. Given any kind of benefit of the doubt mandated by Congress which is a VA/BVA joke then PN should be an automatic presumptive disorder without all the VA unpublished caveats that even when it was announced by President Clinton as a “degenerating nerve disorder” no one could qualify for. Talk about budget control at its finest.

President Clinton calls it a degenerating disorder and gets the press coverage for approving it then VA regulates it back to some minor temporary medical issue that when they were done not one Veteran would qualify.

This is just a sampling of what is out there such as the Seveso, Italy study that found a 3 to 5 X factor increases in PN after that dioxin disaster. Remember that all studies regarding dioxin are nothing but a snap shot in time of the development of disorders created by dioxins and like compounds. In other words it is an over life issue.

However, it seems conclusive that studies have found a dioxin relationship to PN even without calculating an over life issue.

I would also conclude based on the science that given this much PN damage in our Veterans that AN damages are just as likely as not and probably more responsible for many of the other issues that are found and still denied. If one looks at what all the AN system controls in bodily functions to include some blood fat issues it certainly matches some of what we have been saying for decades now.

Again this is just a sampling but I could write 160 pages of information, analysis, submit 50 certified studies, and proof which I did for my own case and for VA and BVA; it would do no good, they still deny with tyrannical like impunity while our Congress does nothing to stop it.

A well grounded case with data and facts means nothing to VA clerks and even to our BVA judges.

Hope this helps at least some of you in your cases.

Kelley