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**Veterans
Administration**

Date: October 20, 1982

To: Acting Dir. Agent Orange
Projects Office (10A7)

*Excellent
report!
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Air Force Ranch Hand
Memorandum

From: Clinical Assistant (102A)

Subj: Ranch, Hand, Advisory Committee
September 28, 1982

1. On September 28, 1982, the Advisory Committee on Special Studies Relating to the Possible Long-term Health Effects of Phenoxy Herbicides and Contaminants (the Air Force Ranch Hand study) met at NIEHS, Research Triangle Park, NC. The purpose was to review the progress of the study.
2. Dr. J.A. Moore chaired the session with Drs. I. Selikoff, R. Monson, A. Poland, G. Comstock, and N. Nelson, members in attendance. Aside from Air Force personnel and me, the only attendees were Maureen Corcoran and Margaret Warner, the latter a lawyer from Carr, Jordan, Coyne, and Savits.
3. To date more than 1,000 participants have been examined with only one serious complaint (nature unspecified). An attempt is underway to obtain military records and private medical records for all.
4. Serum (20+cc.) and urine (100 cc.) from each participant are being retained at - 70°C. Selikoff suggested needle fat biopsies to obtain 500 mg. of material for storage. This suggestion was rejected, as it had been before, despite Poland's skeptical report that Rappe claims measurement in tissue with less than 1 ppt. (less than 0.1 nanogram) of TCDD. Nelson believes that even smaller amounts (1 femtogram) can be measured by immunological techniques. He suggested that red blood cells should be stored since hemoglobin has proved to be an effective long-term adsorbant for a variety of chemicals.
5. The morality study, as expected, is showing a death rate below that for the U.S. population control and equal among Ranch Handers and their Air Force controls. Analysis of causes of death is not yet complete and, in any event, the numbers are very small, limiting the significance of differences (all P's equal to or greater than 0.05).
6. Only 3 Ranch Handers have died from malignant neoplasms, less than half the rate among controls; 5 died of gastrointestinal diseases, more than twice the rate among controls. Three participants are 5 year post-operative survivors of testicular carcinoma but the code has not been broken to determine whether they are in the exposed or the control cohort.

7. No chloracne has been observed. Selikoff said that 50 percent (sic) of the the chemical workers at Nitro who had cloracne initially still had it 30 years later and that this indicates severe exposure; laborers who cleared a dump site at Jacksonville, Arkansas, had no chloracne.

8. An attempt is being made to develop an exposure index for Agent Orange. The Ranch Handers include individuals who were exposed to 320,000 to 1 million gallons of all herbicides a maximum to 100 gallons as a minimum.

9. Of 1,265 Ranch Handers, 22 were killed in action, 38 are dead of other causes, and 1,205 were alive on December 31, 1981. The search for these has resulted in 1,160 cooperative participants, 39 who refused participation, and 6 who are still not located. The corresponding numbers for controls are 1,149, 81, and 10. Of the Ranch Handers it is anticipated that 90 percent will complete the examination at best, 75 percent at worst; for controls the percentages are 82 and 65. Lack of time and interest is the most common reason given for refusal.

10. The immunology testing of a subset of 600 participants was discussed at length. The Air Force has not included skin tests as unreliable or dangerous; Selikoff believes that the decision should be reconsidered.

11. Among laboratory tests, HDL is the least reliable, although BUN, total and conjugated bilirabins are also poor. Electrophoresis studies are also variable but this was shown to be within the accepted limits of general experience.

12. The study remains on schedule: Mortality results will be available in March, 1983; an interim report on morbidity in April to June 1983. The next Committee meeting will be in March, 1983, to consider the mortality data and perhaps the exposure index determinations.


LAWRENCE B. HOBSON, M.D., Ph.D.