VIETNAM VETERAN
AGENT ORANGE HEALTH STUDY

P.O. Box # 1236
Eatontown, NJ 07724
(908) 544-1082

BEEPER No.:

James H. Burdge, Sr.
National Coordinator & Founder

COPY

THE ENCLOSED PACKET WAS RECEIVED FROM:

MR. HAROLD W. JACKSON
AGENT ORANGE VICTIMS IN TOUCH
#14103 ELLA LEE,
HOUSTON, TEXAS, 77077
(713) 493-0617

PLEASE DISTRIBUTE THE ENCLOSED TO AS MANY PEOPLE AS POSSIBLE.

JAMES H. BURDGE, SR.
FOUNDER AND NATIONAL COORDINATOR;
VIETNAM VETERAN/AGENT ORANGE HEALTH STUDY

Joe Krickenbarger-Oliver

V.V.S.O.H.S.
P.O. Box #1236
Eatontown, NJ 07724
(908) 544-1082

D'Wayne Gray
Under-secretary Of Veterans Benefits
Department Of Veterans Affairs
Washington, D.C.

19 DEC 92

COPY

Re: Harold W. Jackson, et al
Agent Orange Victims Class

Dear Mr. Grey:

I would like to render my private opinion regarding Harold W. Jackson and the Agent Orange Victims Class who will be subject to a rule that is scheduled for promulgation [finalization] in January of 1983.

In your letter to Senator Strom Thurmond, and an almost identical memorandum sent to Congressman Bill Archer [unsigned] you state:

> *"A proposed rule was published on January 21, 1992, regarding establishment of service connection for peripheral neuropathy due to exposure to agent orange. The proposed rule was based on recommendations made by the environmental Hazzards Committee. It states that many other conditions have a stronger probability of causing peripheral neuropathy and all of those conditions must be ruled out before service connection can be granted for peripheral neuropathy on the basis of exposure to agent orange. The proposal also states that evidence of the condition must have appeared within 10 years of the date the veteran last served in Vietnam, or it is more likely to have been the result of an intercurrent cause.*
>
> *A number of comments about the proposal were received. Based on these comments, we do not envision any major changes to the rule as proposed. The final rule is now going through concurrence ans is expected in January of 1983, at the earliest."*

1. On 13 MAY 92, I applied for all information that was used by the Committee in formulating recommendations. This application was in the form of a Freedom Of InformationAct Request. [5 U.S.C Sect. 552]

2. In my personal capacity, as a concerned citizen, I could find no basis in any of the studies that would cause recommendations for the exclusions proposed. As an individual who is familiar with law, what I unofficially found was:

a). A probable violation of Section 6(d)(3) of the Veterans' Dioxin and Radiation Exposure Compensation Act of 1984, PL 98-542 [38 U.S.C. Section 354] hereinafter "DiACT".

I base this on the scientific evidence I received in paragraph one (1) above, and your official letter to a Senator and Congressperson as addressed above. The DVA(VA) seems to have overlooked pertinent scientific studies relating to the health effects of Dioxin and specifically data that would show latency well beyond the 10 year time setforth in the proposed rule.

b). A probable violation of the Federal Advisory Committee Act, 5 U.S.C. App. Section 10(c) by failing to keep detailed and accurate minutes of meetings.

c). A probable violation of Section 5(a)(2) of DiACT in conjunction with paragraph (a) above and within the ten year time period proposed, a veteran claimant is denied the tradition of benifit of the doubt.

Looking through the scientific studies and comments, I, as an individual can only find the exclusions arbitrary and capricious. It is probable the DVA(VA) has exceeded statutory authority by adopting these guidlines without benifit of proper evaluation of pertinent scientific studies attached to the comments. Our own Environmental Protection Agency submitted comment on 19 FEB 92 that addresses the "Unjustified Limitations On Compensable Peripheral Neuropathies", by Dr. Cate Jenkins, Ph.D., that seems to have been lost in the abyss. In my opinion, as a concerned citizen of These United States, I can find "no" credible scientific evidence demonstrating a set time period for onset.

In my opinion, failure to correcly diagnose, given the uncertainty of dioxin, by phisicians unfamiliar with the problem will be prevalent.

As Dr. Dennis M. Smith pointed out in his contribution to the comments:

> *"These statements [referring to the proposed rule] indicate a fundamental misunderstanding of the medical concept of peripheral neuropathy and aquired toxic neuropathic states. They further indicate a lack of knowledge concerning medical decision making."*

On page two, paragraph one, Dr. Smith states:

> *"The term "chronic" includes neuropathies that have progressed over a period as short as 6 months to as long as 60 years. Acquired toxic neuropathic states may often be subacute; however, many more may be chronic in their progression. The use of an ABSOLUTE time limit of 10 years ignores the fact that there is an underlying distribution to time involved in progressive neurologic damage: as chronic neuropathies are documented to develop over time periods as long as 60 years, regardless of the etiologic agent involved, it is the responsibility of the examining clinician to review, ON AN INDIVIDUAL BASIS, the available medical information of each patient in the course of diagnostic evaluation. The committee may establish guidelines regarding facts to be considered in the diagnostic process, but to set absolute cut-offpoints would violate the clinician's ethical responsibility in the diagnosis of individual patients.*

And on page two in paragraph three:

> *"It is unreasonable, from the standpoint of clinical diagnostic ability, to set ABSOLUTE rules, such as the 10 year limit and the"diagnosis of exclusion," for diagnosis of peripheral neuropathy."*

Further, in a letter from Dr. Richard A. Albanese we find:

> ***"The Federal Register reports that the Veteran's Advisory Committee on Environmental Hazards (VACEH) has determined that the evidence supports the finding of a significant statistical association between exposure to herbicides containing dioxin and peripheral neuropathy. I concur in this opinion rendered by VACEH.***
>
> ***VACEH goes on to state that peripheral neuropathy related to dioxin exposure normally would occur shortly***

after exposure, but no later than 10 years after. I cannot determine the scientific basis for this opinion. In my opinion, high dioxin body burdens will result in neuropathy in a short time, while lower body burdens sustained over an extended period of time will result in the occurrence of symptoms at a later time. I feel that peripheral neuropathy, occurring as a diagnosis of exclusion, should be related to dioxin exposure for at least twenty years from exposure. I hold this view because Elovaara and colleagues (Res Commun Chem Pathol and Pharmacol, 1977, vol. 18, no.3, pages 487-494) found that acid proteinase activity was increased in the brains of Wistar rats after TCDD treatment. Acid proteinase is a lysosomal enzyme responsible for protein destruction in the mammalian brain, and may play a role in degenerative diseases and intoxications."

The Environmental Protection Agency (hereinafter "EPA") and Dr. Cate Jenkins in a well documented comment states:

"The VA proposed exclusion of peripheral neuropathies that only become evident 10 or more years after service in Vietnam, on the assumption that such a neuropathy could not be associated with Agent Orange exposure, due to the long interval from exposure. This assumption contradicts the findings of the OTA, which found that neurological damage is not always detectable clinically, or noticeable by, the sufferer after exposure to a neurotoxic substance such as dioxin. As time progresses or old age approaches, the rate of natural neuronal cell death accelerates, and the results of earlier neurological damage may first become evident, or unmasked (OTA, 1990). The availability of alternate neuronal pathways is reduced, which were formerly responsible for compensating for earlier toxic damage. The OTA specifically noted the importance of research showing the possibility that neurotoxic substances were important in Alzheimer's disease, the degenerative brain disease of old age. The VA also proposed exclusion of peripheral neuropathies which could only be attributed to diseases associated with neurological deficits (diabetes, Parkinson's disease) or alcohol abuse, under the assumption that the disease or alcohol abuse, and not dioxin, was the cause of neuropathy, similarly contradicts the findings of the OTA. The OTA found that damage to the nervous system from toxicants may first be unmasked by other conditions, such as diseases associated with

neurological disorders or the voluntary intake of substances capable of neurological damage (alcohol, prescription drugs). The OTA cited evidence that toxic chemicals might even be the sole causative agents in some cases of Parkinson's disease, since onset in certain families was at similar ages, and since Parkinson's disease has increased significantly from 1962 to 1984 along with exposures to toxic chemicals. The OTA also cited evidence that the substantial increase in the incidence of motor neuron disease and amyotrophic lateral sclerosis (Lou Gehrig's disease) between 1962 and 1984 was due to environmental exposures to neurotoxic chemicals.

It is therefore scientifically probable that in the future a higher incidence than normal of of peripheral neuropathy will be experienced by Vietnam veterans due to Agent Orange exposure, despite the fact that the peripheral neuropathy was not detected in the 10 year interval after exposure in Vietnam. The degree or incidence of neurological damage in those Vietnam veterans suffering from diabetes or Parkinson's disease is also predicted to be higher than others suffering from diabetes or Parkinson's disease, due to earlier aggravating exposures to Agent Orange.

For the same reasons, there is no scientific basis for presuming that alcohol abuse is the only cause of any peripheral neuropathy in a Vietnam veteran. The Secretary of Veterans' Affairs, therefore, should not place any limitations or exclusions on compensation for peripheral neuropathy, and following the congressional mandate of providing the benefit of the doubt to the Vietnam veteran.

In my opinion, the DVA(VA) and it's Administrator have abused their discretion and exceeded their statutory authority, acting arbitrarily and capriciously within the proposed rule by requiring a higher standard of "proof" to establish service connection for peripheral neuropath(ies), [a disease that has been scientifically associated with exposure to dioxin or service in Vietnam], denying, in my opinion, Veterans the Due Process of Law guaranteed by the Fifth Amendment to the Constitution of The United States, by requiring them to meet a capricious time period for establishment of service-connection status. The Congressional intent of DiACT is also ignored, and procedures addressed by statute and rule have fallen by the wayside. Though you state in your letter to the Senator and Congressman Harold

Jackson's service medical records did not show his condition, and there was no evidence untill 1983, you overlook the latency factor. The DVA(VA)'s own regulations provide that a showing of inception or aggravation of a disease during service is unnecessary concerning latent diseas(es).

In passing DiACT Congress stated that claims (especially those involving health effects with long latency periods) present adjudicatory issues which are significant from issues generally presented in claims based upon the usual types incurred in military service. DiACT was to insure that Veterans' Administration disability compensation is provided to veterans who were exposed to herbicides in the Republic of Vietnam containing dioxin .... for all disabilities arising "AFTER" service that are connected, a burden the DVA has failed to meet by adding exclusions that are not well founded nor based on "any" pertinent scientific studies that I can find. From your letter it appears that absent Supervisory Jurisdiction by a Court of Law or Equity, the DVA(VA) will maintain, inter alia, the course established during the Nehmer vs. U.S. Veterans Adminsitration suit [712 F.Supp. 1404 (N.D. Cal. 1989)]. DiACT shows that a major concern was the scietific and medical uncertaint(ies) regarding the long term health effects of Agent Orange exposure, uncertainty that still exists and should be resolved in favor of the Veteran, not dismantled by an arbitrary and capricious time period.

I would apprciate a reply to this letter, and direction to the evidence scientifically found, or at least alluded to in the rule, that might show these exclusions to be just and proper. This is a formal request. I would also suggest you copy in Senator Stom Thurmond and Congressman Bill Archer "if" and "when" you can can produce this material.

The question is:

CAN YOU SAY WITH "CERTAINTY" THAT PERIPHERAL NEUROPATHY CAUSED BY EXPOSURE TO DIOXIN WILL NOT MANIFEST IN A VETERAN AFTER THE "MAGICAL" 10 YEAR TIME PERIOD?

*** Excerpts from "other" comments on file with the DVA appear below.**

RESPECTFULLY SUBMITTED

Joe Krickenberger-Oliver

cc:

Senator Strom Thurmond
Congressperson Bill Archer
Gershon M. Ratner, National Veterans Legal Service Project
Dr. Cate Jenkins, EPA - Washington
Kerwin Miller, Assistant General Counsel, DVA
Admiral Zumwalt
American Legion
National Coalition of Vietnam Veterans
Vietnam Veterans of America
Oklahoma Agent Orange Foundation
Independent Agent Orange Network
Vietnam Veterans of Australia/New Zealand
New Jersey Agent Orange Commission
Greenpeace, U.S.A.
Natural Resources Defense Council
Environmental Research Foundation
National Coalition Against the Misuse of Pesticides
National Network to Prevent Birth Defects
Mike Petruska, RDB, EPA

\\\\\\\\\\\\\\\\\\\\\\\\\\
/////// EXCERPTS /////////
\\\\\\\\\\\\\\\\\\\\\\\\\\

==========

VIETNAM VETERAN
AGENT ORANGE HEALTH STUDY
P.O. Box # 1236
Eatontown, NJ 07724
(908) 544-1082

8th February, 1992

James H. Burdge, Sr.
National Coordinator & Founder

It is a known fact, that exposure to Dioxin has shown in people that they develop knumbness and tingling of the lower extrimenties, that is called "Peripheral Neuropathy".

In your Proposed Rules, it stated that Peripheral Neuropathy must have manifested itself no later than ten (10) years following the date of exposure. I feel that this is wrong. It should be that anytime it develops, in the Veteran, because some Veterans out there may have the symptoms, but do not know that they have the illness, and have not went to the Veterans Administration or other doctor as they did not know that they had "Peripheral Neuropathy", they only know that their lower extrimenties go knumb and tingle. Also everyones body is different, as something may effect you one way, in ten (10) years, and effects me in eleven (11) years.

The rule should be if a Veteran develops Peripheral Neuropathy or signs of it anytime during or after their Military Service, it should be Service-Connected under Title #38 (USC).

==========

John Freiberger III
9 Olympus Drive
Macedon, New York
14502

February 3, 1992

Scientific evidence validates a positive link between lung cancer and dioxin exposure. Studies of neurophysiological disabilities including peripheral neuropathy show that the disease can manifest after ten years.

==========

THE OKLAHOMA AGENT ORANGE FOUNDATION
P.O. Box 849
Lexington, Oklahoma 73051
A NATIONAL VIETNAM VETERANS COALITION GROUP

Gregg Knowlton
Great Lakes Representative
Oklahoma Agent Orange Foundation
754 Gargantua
Clawson, Michigan 48017

My comments are based on continual statements by the DVA that it always endeavors to afford the veteran "the benefit of the doubt" and the well-known DVA standards of "at least as likely as not" as applicable to the herbicide issue and compensation.

PERIPHERAL NEUROPATHIES: Most exposed Vietnam veterans were subjected to varying levels of chronic environmental exposure, which is quite different that that of industrial accidents or substantial occupational exposure, so it is reasonable to expect that the course of neuropathy will be different as well. This would be consistent with "the benefit of the doubt".

Six of the nine studies scheduled for consideration by Mr. Conway (DVA) were published within two to twelve years after the exposure of the subjects. No conclusion could possibly be drawn from these six studies beyond their limited latency, but it is notable that both clinical and sub-clinical neural effects manifest early in massive spills and accidents and in manufacturing exposures. I suggest to you that the evolution of the sub-clinical effects (meaning no noticeable or serious symptoms) was not considered by the committee. However, they chose to make note that many of the clinical effects cleared within the short time frames of the studies.

One study was disregarded because of the use of improper control subjects and bad technique for measuring conduction velocity. Another was disregarded because the study population was not substantially exposed.

The last scheduled study was "short latency and negative", but the latency was 20 years, and abnormalities were discovered.

Sec. Derwinski
3 Feb 92, p12

An unscheduled study was also discussed, the Ranch Hand study, "in particular 1984 showed very subtle differences between the Ranch Hand group and its comparison group. In fact, there were

7

small mean differences in nerve conduction velocity and a variety of neurologic assessments, such as tremor and so forth" Dr. Lathrop said (pp 187-188). If I am not mistaken, the Ranch Handers were under study prior to 1984. This seems to indicate the onset of SUB-clinical signs as Ranch Handers APPROACHED THE TWENTY YEAR MARK, as did most of the other Vietnam veterans.

Although this is "anecdotal", I have noticed in the years since 1984 there are many non-Ranch Hand Vietnam veterans who developed severe neurological problems that began with "tremor and so forth" about and since 1984. Increasingly we see Vietnam veterans in wheel-chairs with neurological problems of resent onset which are severely disabled and robbed of their human dignity.

I see no evidence in the transcript which supports the ten year post-exposure manifestation rule, but I do see evidence which indicates manifestation ought to be greatly extended into the next century, assuming you mean it when you say the DVA will afford the veteran "the benefit of the doubt". Further, I challenge you or anyone else to show that the recent trend of Vietnam veterans to become disabled due to neuropathies is "less likely" to be a result of exposure to herbicides containing dioxin than anything else.

==========

Cheryl A. Kozell

My husband's peripheral neuropathy did not develop until 15 years after he returned from Vietnam, and then it took almost four years to get diagnosed (through private physicians, after the VA did nothing for the first two years). His exposure is well documented, his illnesses are well documented, and so are the OBJECTIVE MEDICAL FINDINGS THAT HIS ILLNESSES ARE THE RESULTS OF HIS AGENT ORANGE EXPOSURE. To limit the presumptive period to ten years would make my husband ineligible for benefits. And his case is not unique. There are many veterans out there in similar circumstances.

Until the VA and other governmental agencies acknowledge and report Agent Orange illnesses openly and completely, no presumptive period should be attached to any disease associated with dioxin exposure. There is already enough stress being placed on Vietnam veterans because of the pervasive and life-threatening illnesses they develop. They do not need the VA deliberately trying to make things more difficult on them because it is afraid of the responsibility involving in ackowledging and helping the veterans.

The artificial limitations being set as presumptive periods need to be removed from rule pertaining to dioxin exposure.

DEPARTMENT OF VETERANS AFFAIRS
Edward Hines, Jr. Hospital
Hines IL 60141

In Reply Refer To:
Division of Pulmonary and
Critical Care Medicine

Mail Route 111N
Telephone: 708-216-2705
Fax: 708-531-7982

. G. Alex, M.D.
T. Draghi, M.D.
N. J. Gross, M.D., Ph.D.
S. Khandelwal, M.D.
J. W. Jenne, M.D.
A. Jubran, M.D.
M. S. Skorodin, M.D.
M. J. Tobin, M.D.
J. Zvetina, M.D.

February 18, 1992

Morton S. Skorodin, M.D., F.C.C.P., F.A.C.P.
Staff Physician, Ambulatory Care Service
and Division of Pulmonary and Critical Care
Medicine, Edward Hines VA Hospital, Hines, IL
Associate Professor of Medicine,
Stritch School of Medicine,
Loyola University of Chicago

This communication regarding dioxin is brought about by a case of peripheral neuropathy that came to my attention and which I describe forthwith. J.W. is a 45 year old man with an intense exposure to Agent Orange during his tour of duty in Viet Nam. About 10-15 years ago he gradually developed "pins and needles" feelings along with numbness of his extremities. He was subsequently diagnosed by our neurology service as having peripheral neuropathy. Nerve biopsy showed pathologic changes of a non-specific variety. He had no risk factors for neuropathy, being a life-long non-drinker and having no evidence of carcinoma, diabetes mellitus or heavy metal exposure. He is also a life-long non-smoker. I was asked to consult on his case because he complained of shortness of breath. He had been an expert swimmer and diver but now is only able to swim 25 yards with difficulty. Examination of his respiratory system unremarkable.

Pulmonary function tests revealed mild restrictive impairment. However, of particular note is his abnormally diminished respiratory muscle strength. His maximal inspiratory pressure was 75 cm H2O (normal 116.5 [22.9 SD]) and maximal expiratory pressure was 80 cm H2O (normal 136.6 [39.8]). (Normal values taken from J Appl Physiol 1989; 66:943.) Thus, I concluded that his shortness of breath was due to respiratory weakness due to peripheral neuropathy. Please take this case into account when considering amending the rules for adjudication of claims involving dioxin.

==========

Oklahoma Center for Veterans Rights
P.O. Box 6105
Norman, OK 73070

February 14, 1992

We are pleased that peripheral neuropathy associated with exposure to Agent Orange/herbicides containing dioxin will become service connected; however, we are disappointed with the proposal that the peripheral neuropathy must occur within ten years after exposure. We believe that this ten year limit is arbitrary and it is not suggested by any of the studies cited as positive for peripheral neuropathy by the DVA Advisory Committee on Environmental Hazards or in the medical and scientific literature in general.

Also, we have a problem with the Committee language "TCDD-induced peripheral neuropathy is regarded as a diagnosis of exclusion" only if the initial neurological complaint of those now suffering with peripheral neuropathy are excluded as they have been in past chemical industry studies.

For example, on March 29, 1965, Ben B. Holder, M.D., Dow Chemical, reports that "the incidence of fatigue among the afflicted people as being the only other significant finding in these folks" (besides chloracne in exposed Dow employees). However, in 1978 when Dr. Holder was a Veterans Administration consultant, he helped propose what became VA policy -- chloracne is the only human health consequence after dioxin exposure. What happened to fatique (circa 1965), one of the initial neurological complaints of those now suffering from peripheral neuropathy. (See Klawans et al. Neurologic Problems Following Exposure To 2,3,7,8-Tetrachlorodinbenzo-p-Dioxin, Neurotoxins, and Their Pharmacological Implications, ed. Peter Jenner, Raven Press, New York, 1987).

In addition recently released documents, form Kemner et al. vs. Monsanto et al., Circuit Court St. Clair County, Ill., No.

80-L-970, show that nervous system problems such as psychoneuroses were concealed from the West Virginia Workers Compensation Commission in the 1950's. And Dr. Suskind hired by Monsanto, and at their request, "made no mention of these psychoneuroses in his later reports published on the Nitro workers". Thus, "Monsanto was able to maintain its position that chloracne is the only long-term health effect of chronic Dioxin exposure".

Furthermore Plaintiff's Exhibit 1748 from the above mention court case, shows that three workers exposed during 1949 and who had no C.N.S. (Central Nervous System) symptoms in a 1953 exam; finally presented with C.N.S. symptoms after being examined in 1979.

An explanation for the delay in presentation of symptoms is found in Pazderova-Vejlupkova et al., The Development and Prognosis of Chronic Intoxication by Tetrachlorodinbenzo-p-dioxin in Men, Arch. Environ. Hlth. 36:10, 1981. "The manifestation of these [neurplogical] lesions was promoted by unspecific stress (e.g., greater physical exertion, intercurrent inflammation of upper respiratory pathways, stress situations, etc.), none of which could, by itself, produce a similar illness."

Similarly, documents from the Hamburg Court of Social Security and Related Matters, Case No. 26 U 245/84, reports the medical opinion of internist Dr. Fintelmann of the German Red Cross Hospital on those persons exposed in the 1950s to "2,3,7,8-Tetrachlorodinbenzo-1,4-dioxin had the characteristic of building deposits in fatty tissue, in the liver and the retikuloendothelial system, and from there were constantly released anew into the system during the course of a lifetime with the result that the intoxication would constantly be fed into the human organism from the deposits within the body".

Finally, from the Hamburg Court judgement, Prof. Finke and Dr. Dermig report on a "gradually progressing polyneuropathy" of the seven afflicted persons. Additionally, they reported "it was probable that there was a casual relationship between the chlorophenol poisoning and the polyneuropathy, including the progressiveness noted after decades had past, because all seven of the persons examined had exhibited evidence of polyneuropathy with subjective symptoms and objective clinical defunctionalisation symptoms; in addition, the objective clinical symptoms were progressive in all of the subjects.".

In summary, we believe the ten year limit is arbitrary, not supported by the literature cited as positive for peripheral neuropathy and associated with dioxin exposure. Further, we

documented a consistant pattern by the chemical companies to conceal evidence of neurological problems in their exposed employees. This pattern of concealing evidence included no mention of severe neurological problems in subsequent industry studies of exposed workers. Thus, the progressive nature of peripheral neuropathy from initial symptoms, such as fatique, was never reported adequately within the medical and scientific literature. Vietnam Veterans presenting with peripheral neuropathy should be given the benefit of the doubt just as those presenting with NHL or soft tissue sarcoma.

==========

E.R. Zumwalt, Jr.
1500 Wilson Boulevard
Arlington, Virginia 22209
(703) 351-8297

The 1989 German BASF study, in addition to finding statistically significant excess cancers of all sites, found excess deaths from lung cancer. A borderline statistically significant excess of death from lung cancer was found for workers with 20 or more years latency from first exposure to dioxin, and who had been diagnosed as having chloracne at one time (SMR = 2.52; 90% C.I. = 0.99 - 5.30).

==========

*WASHINGTON OFFICE * 1608 "K" STREET, N.W. * WASHINGTON, D.C. 20006-2847*
(American Legion symbol here) (202) 861-2700*

February 19, 1992

The American Legion is totally opposed to the restriction that peripheral neuropathy must appear within ten years of exposure. There is no credible scientific evidence demonstrating a time limit. Indeed, evidence from the Ranch Hand study and The American Legion/Columbia University study appear to show the opposite, namely that effects become more evident with passing time. The evidence cited in the Federal Register is not scientific evidence, but a summary of a Committee opinion. Without a dose and time related study, all such limits are capricious and arbitrary.

==========

JANETTE D. SHERMAN, M.D.
INTERNAL MEDICINE

P.O. BOX 4605
ALEXANDRIA, VA 22303
(703) 329-8223

25811 W. 12 MILE ROAD
SOUTHFIELD,MICHIGAN
(313) 358-5830

P.O. BOX 1239
MAKAWAO,MAUI
Hawaii
(808) 572-6166

February 4, 1992

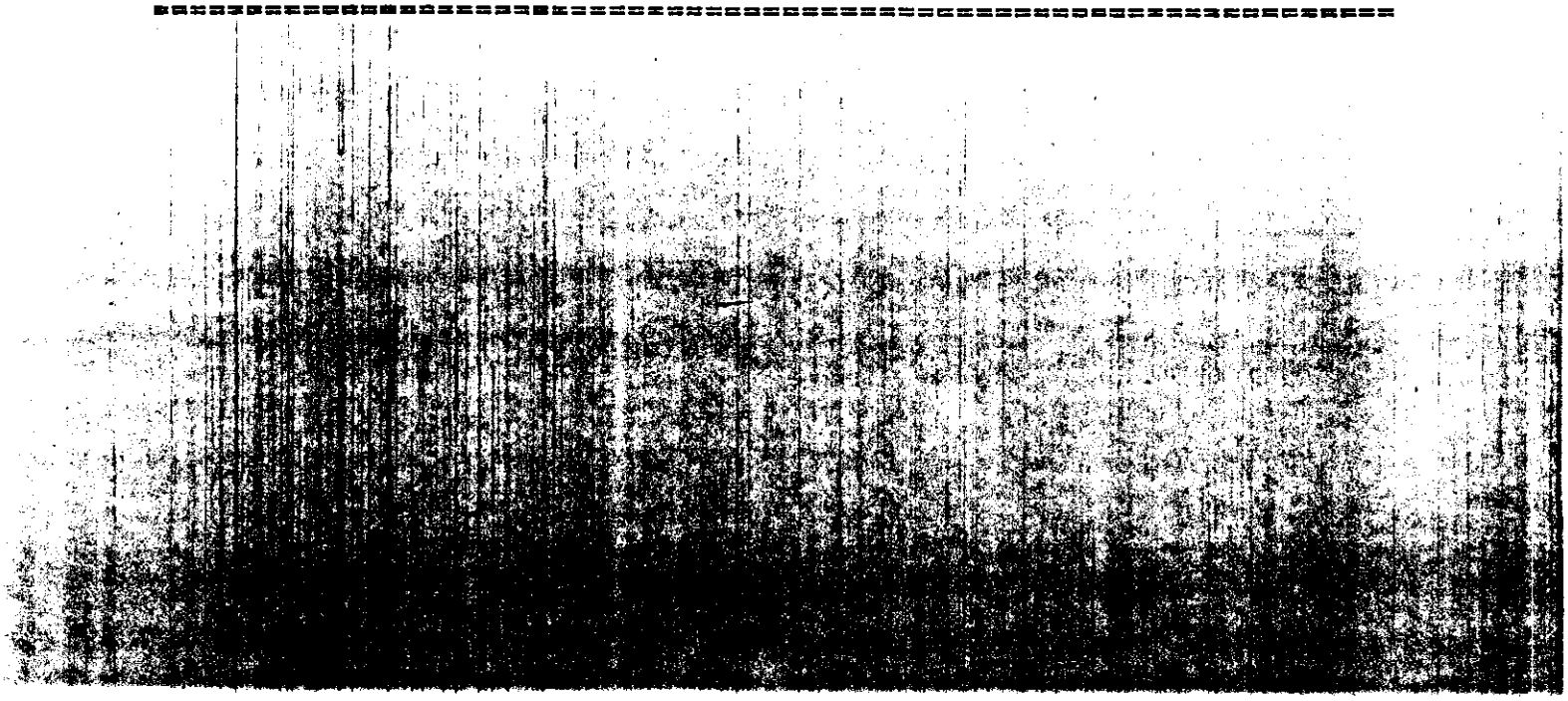
On a medical basis, I believe that the rules proposed by the Department of Veterans Affairs are faulty and based upon unscientific ideas for the following reasons:

1. While peripheral neuropathy frequently manifests itself within a short time after exposure to a neurotoxic agent, there are frequent problems with diagnosis because of:

   a) failure to correctly diagnosis a neuropathy, especially with subtle neuropathic changes, and

   b) failure to correctly diagnosis a neuropathy by physicians who are unfamiliar with the problem, and

   c) failure of a Veteran to presenthim/herself for evaluation of neurotoxic problems because of lack of medical care, and/or lack of appreciation of the serious symptoms that he/she may have experienced.



Though just a part of the actuall comments the DVA(VA) received, these comments should surfice. There was only one comment, based on a disser-tation that was against, inter alia, the above:
//

LEWIS, RICE & FINGERSH
A Partnership Including Partnerships and Individuals
ATTORNEYS AT LAW
611 Olive Street
St. Louis, Missouri 63101

St. Louis, Missouri
Overland Park, Kansas
Clayton, Missouri

314/444-7600
Facsimile 314/241-6056

February 4, 1992

It is disconcerting that the May 23, 1991 meeting of the Veterans' Advisory Committee during which the relevant literature on the issue of peripheral neuropathy was reviewed, that a study by NIOSH (Fingerhut, 1991) was either overlooked or ignored.

We enclosed a copy of the dissertation by Mary Haring-Sweeney submitted to the Doctoral Committee of the University of Michigan in 1990.
//

While these examinations were conducted a number of years after exposure, the fact that there were no excess chronic deficits among workers with documented TCDD body burdens well in excess of the overwhelming majority of Vietnam veterans, demonstrates that the proposed rule is based on purely political considerations and has no relationship to either science or the standards of NEHMER V. UNITED STATES VETERANS ADMINISTRATION.

Michael P. Casey