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Lansing, MI

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Dear Readers:

In keeping with my new policy of simplifying these reports, I have reproduced the actual documents discussed. In this manner, you will be able to read the evidence yourself.

There is now quite a lot of evidence linking 2,4-D to non-hodgkin's lymphoma in humans. I think the U.S. Government should grant service-connected compensation to Vietnam veterans whom have died of NHL.

The article on the agent orange manufacturing plant I received from Michael Sovick. I think Michael has the ability to find information that other people cannot find. His discussion on "Misinformation" is well worth reading also.

Very sincerely,

  
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DISINFORMATION (MISINFORMATION) ABOUT TCDD LEVELS:  
A CDC "PERCEPTION GAP" BETWEEN THE BELIEFS OF THE  
CDC AND IT'S SCIENTISTS AND THE REALITIES OF WHAT  
HAPPENED TO MILITARY PERSONNEL IN SOUTH VIETNAM

Recently a published report from the Centers for Disease Control (CDC), found in both their Morbidity and Mortality Weekly Report (MMWR 36(28):471) and in the Journal of American Medical Association (JAMA 258:751), stated in part that median TCDD (tetrachlorodibenzo-p-dioxin) levels "were virtually the same" for Vietnam Veterans and non-Vietnam Veterans. A CDC editorial note within the report stated, "(t)he purpose of this study was to determine whether estimates of exposure based on military records or on interviews of U.S. Army veterans can identify those with heavy exposure to TCDD". The CDC continues, "(s)erum TCDD levels measured in 1987 were not associated with any of the indirect exposure scoring methods evaluated". Also, the CDC said, "(t)he distribution of TCDD levels reported here cannot be generalized with confidence to all U.S. Army Vietnam Veterans since the study did not use a random sample of all such veterans". In other words, this CDC study is NOT A VALID STUDY, because the cohorts were not randomly sampled and because these INVALID TCDD LEVELS were used to try to validate NON-EXISTENT military exposure records.

The CDC report claims it has deliberately over-sampled men with "higher exposure scores". However, within Table 1, on page 473 of the MMWR, we find that only 29% of the three Vietnam Veteran cohorts are in the "high exposure score" category. On the other hand, the "low exposure score" category contains 46% of the total study group. Clearly, these data in this table show that the men with "higher exposure scores" WERE NOT OVER-SAMPLED as the CDC claimed. Also, from Table 1, we find that the CDC's "high exposure group" had fewer men that were either draftees or had tactical MOS's (a combat military occupational specialty). In effect, this would have under-sampled exposure in the "high exposure" category because there are fewer combatants, a subgroup more prone to exposure. Table 1 shows that the non-Vietnam Veteran control group was 59% more likely to have civilian occupational exposure to herbicides than the Vietnam Veterans that were sampled. The bottom line here is that the CDC compared a deliberately under-sampled "high exposure group" within the larger "exposed" cohort with a deliberately higher exposed control group. Again, this clearly shows that THE CDC DID NOT OVER-SAMPLE EXPOSED VIETNAM VETERANS with "higher exposure scores" but rather THE CDC DELIBERATELY OVER-SAMPLED HIGH EXPOSURES IN THE CONTROL GROUP. THIS IS DISINFORMATION.

More about how the CDC compares "apples with oranges". The CDC reported in this study that the median serum TCDD levels between the two groups "were virtually the same" and that the highest level found in the exposed group was below "the upper limit for unexposed U.S. residents". The CDC is actually comparing MEDIAN SERUM (BLOOD) LEVELS with MEAN ADIPOSE (FAT) TISSUE LEVELS. This is just like trying to compare apples with oranges. They took this adipose tissue level from Table 2 (Comparison of the Adipose Tissue Concentrations of TCDD in Populations With No Known TCDD Exposure) from a journal article, "2,3,7,8-tetrachlorodibenzo-p-dioxin Levels in Adipose Tissue of Exposed and Control Persons in Missouri" (JAMA 256:2683), written by CDC scientists. By comparing MEDIAN with MEAN, and BLOOD with ADIPOSE TISSUE (FAT) the CDC has used DISINFORMATION, AGAIN.

Also, this same study (JAMA 256:2683, 1986) states that, "(p)rior to this report, the two highest levels of TCDD in adipose tissue were (1) 1840 ppt..." "...and (2) 130 ppt...". However, in Gross et al., "Tetrachlorodibenzo-p-dioxin Levels in Adipose Tissue of Vietnam Veterans" (Environ. Res. 33:261-268, 1984), both the abstract and the study clearly describe a sample, from a Vietnam Veteran exposed to Agent Orange as containing 173 ppt. Clearly, this amount, 173 ppt, should have been the second highest amount mentioned. THIS IS MORE CDC DISINFORMATION ABOUT DIOXIN LEVELS IN VIETNAM VETERANS.

In summary, the CDC authors of these two articles, the MMWR report and the Missouri study (JAMA 256:2683), use disinformation to misinform health care professionals, the media, the public, and Vietnam Veterans and their families about the truthful information concerning Agent Orange and dioxin exposure. Should those individuals responsible for this disinformation be held accountable for the illness and additional deaths due to lack of appropriate health care information?

#### BRIEF CRITIQUE OF THE CDC DIOXIN SERUM LEVEL STUDY

1. The CDC claims that men with "high exposure scores" were over-sampled; HOWEVER, THE CDC ACTUALLY OVER-SAMPLED HIGHLY EXPOSED CONTROLS (instead of highly exposed Vietnam Vets).
2. The CDC INCORRECTLY compares MEDIAN serum (blood) levels of dioxin with MEAN adipose (fat) tissue levels.
3. The CDC OMITTS a previously reported HIGH LEVEL OF DIOXIN FOUND IN A VIETNAM VETERAN. (in another article)
4. THE BOTTOM LINE: The CDC states, "(t)he distribution of TCDD levels reported here cannot be generalized with confidence to all U.S. Army Vietnam Veterans since the study did not use a random sample of all such veterans."
5. O.T.A. reviewers: "For self-reported indirect exposure, CDC did find an association of dioxin levels with categories."

CRITIQUE OF THE CDC STUDY "SERUM 2,3,7,8-TETRACHLORODIBENZO-  
P-DIOXIN LEVELS IN US ARMY VIETNAM-ERA VETERANS"

(Journal of the American Medical Association, Sept. 2, 1980)

THE VARIOUS VERSIONS OF THIS CDC STUDY WERE FLAWED BECAUSE  
OF THE FOLLOWING:

1. INDIVIDUAL EXPOSURE ASSUMPTIONS WERE BASED ON NON-EXISTENT  
EXPOSURE-BASED MILITARY RECORDS.

IN FACT, Helen Gelband, Senior Analyst, Congressional Office  
of Technology Assessment, in Senate testimony stated in part  
that this CDC "validation study" was "to verify the  
suspected lack of correlation of military records-based  
exposure estimates with actual exposure."

2. THE EXPOSURE SCORES WERE BASED ON A FALSE ASSUMPTION THAT  
DIOXIN PHOTODEGRADES.
3. INCONSISTENT ADJUSTMENTS WERE MADE IN THE TCDD LEVEL AND  
EXPOSURE DATA BASE. (O.T.A. REVIEWERS STATED, IN SEPTEMBER,  
1987 BASED ON THE NUMBERS 573-88, THAT SELF-REPORTED  
INDIRECT EXPOSURE SHOWED STATISTICAL SIGNIFICANCE. [See #7])
4. COMPARED ADIPOSE AND BLOOD LEVELS OF DIOXIN WHEN NO  
STATISTICALLY SIGNIFICANT CORRELATION EXISTS.
5. DECEASED, DISEASED, AND IMPRISONED VIETNAM VETERANS WERE  
EXCLUDED FROM TISSUE SAMPLING.
6. CONTROL "POPULATIONS" CONSISTED OF AUTOPSY SPECIMENS, PEOPLE  
FROM MISSOURI (A state known to have many locations  
contaminated with TCDD, e.g., Times Beach.), AND VIETNAM  
VETERANS (Who according to the VA had "no known exposure").
7. FAILED TO MENTION THAT THE ONLY STATISTICALLY SIGNIFICANT  
RESULTS SHOWED THAT THERE WAS AN ASSOCIATION BETWEEN SELF-  
REPORTED EXPOSURE AND EXPOSURE CATEGORIES HIGH, MEDIUM, AND  
LOW; SUCH THAT THE SELF-REPORTED HIGH EXPOSURE TCDD LEVELS,  
BOTH DIRECT AND INDIRECT, HAD THE HIGHEST MEDIAN LEVELS OF  
TCDD EXPOSURE FOUND IN THIS STUDY.

THE CDC CORRECTLY REPORTED THAT "FOR EXAMPLE, RECORDS MAY BE  
UNAVAILABLE FOR MANY OF THE HERBICIDE APPLICATIONS MOST LIKELY TO  
HAVE EXPOSED TROOPS". I BELIEVE, LIKE THE CDC, THAT NOT EVERY  
VIETNAM VETERAN WAS HEAVILY EXPOSED TO AGENT ORANGE AND  
SUBSEQUENTLY DIOXIN; HOWEVER, I ALSO BELIEVE THAT MOST OF THOSE  
VIETNAM VETERANS HEAVILY EXPOSED TO HERBICIDES PROBABLY RECEIVED  
SUCH EXPOSURE IN BASE CAMPS, FIRE BASES, LZs, AIR BASES, OR ALONG  
ROADWAYS. FINALLY I, LIKE DR. KAHN OF THE NEW JERSEY AGENT  
ORANGE COMMISSION, BELIEVE THAT THE CDC IS "LOOKING IN WRONG  
PLACE" FOR HIGH EXPOSURE.

Michael N. Sovick