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<td>Memorandum from Chair, Science Panel, Agent Orange Working Group, to Members, Science Panel, Agent Orange Working Group, Subject: Minutes of December 14 Meeting and Draft Memorandum to Chair, AOWG, dated December 17, 1981</td>
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Date: December 17, 1981

From: Chair, Science Panel
Agent Orange Working Group

Subject: Minutes of December 14 Meeting and Draft Memorandum to Chair, AOWG

To: Members, Science Panel
Agent Orange Working Group

Attached are the minutes of the last meeting and a memorandum to the Chair, Agent Orange Working Group concerning the Wisconsin Mapping proposal. Please provide your feedback by January 14.

The next meeting will be January 14, 1982, 9 a.m., in Room 729G of the Hubert Humphrey Building, Washington, DC.

Vernon N. Houk, M.D.

2 Attachments
The Science Panel met on December 14. A list of the attendees (Tab A) is appended.

The Science Panel notes with pleasure that Dr. Peter Greenwald, Director, Division of Resource Centers and Community Activities, National Cancer Institute, has been invited to membership on the Science Panel.

Documents Distributed to the Members:

Texas State Veterans Agent Orange Act, H. B. No. 2129 (Tab B).

Associated Press release on the State of Wisconsin veterans populations with alleged health effects of Agent Orange (Tab C).


Protocols Received

Dr. Shelia K. Hoar, Environmental Epidemiology Branch, National Cancer Institute, submitted a research protocol, "A Case-Control Study of Lymphoma and Soft-Tissue Sarcoma: Association with Herbicide Exposures," to the Science Panel for review (Tab G). The Chair asked for individual comments by January 15, 1982. These comments will be consolidated and returned to Dr. Hoar.

Agent Orange Troop Exposure and Non-Exposure Cohort Selection Concept Paper

The Department of Defense transmitted on December 4, 1981, a proposed Agent Orange troop exposure and nonexposure cohort selection concept paper (Tab H). From this concept, DOD indicated that it would be possible to identify groups of personnel down to the platoon level who have had certain characteristics of exposure to Agent Orange. These would include being within a kilometer within 7 days of fixed wing herbicide spraying, stationed in base camps with perimeter spraying, being associated with the so-called "aborted missions," etc. Other groups could be identified who would not have any of the above characteristics. An additional group could be identified from serving in the same time frame in southern continental United States bases where no herbicides were used. These groups could then be the basis of the VA Morbidity Study. The DOD was asked to provide and report more specific details in the next meeting on January 14, 1982.
Wisconsin Proposal for HERBS Tapes Data for Mapping

At a previous meeting the proposal from Wisconsin to the Veterans Administration to develop detailed, accurate, and reliable map series or atlas based on the HERBS tape data depicting the dates and locations of herbicide spraying missions conducted in the Republic of South Vietnam had been distributed and comments requested. In general, it was felt that to be useful, the maps should be accurate and reliable. Because they would not include information on base perimeter spraying and the so called "aborted missions," it was felt they would not be scientifically useful since they would be incomplete. Using the data on the HERBS tapes alone would require mapping on a 1:50,000 scale and would require approximately 1500 maps. The Chair will develop recommendations to the Agent Orange Working Group that contains the consensus of the entire Science Panel to be delivered to the Agent Orange Working Group at its next meeting in January.

Veterans Administration Mortality Study

The preliminary protocol for the Vietnam veterans study was again discussed. Serious concerns were raised the accuracy of the DOD computerized records that are being proposed for this study. The Science Panel members had divergent views on whether the study should be of the total Vietnam veterans death records or whether sample techniques could be used. A subcommittee was formed to review this matter and make recommendations to the Science Panel at the next meeting on January 14. The subcommittee to be chaired by Dr. Kimbrough also includes Drs. Greenwald, Keller, Brown, and Shepard. Dr. Greenwald also discussed the Upstate New York Mortality Study.

Vernon N. Houk, M.D.
Chair, Science Panel
Agent Orange Working Group
FROM: Chair, Science Panel  
Agent Orange Working Group

SUBJECT: Wisconsin Proposal for HERBS Tapes Data for Mapping

TO: Mr. James Stockdale  
Chair, Agent Orange Working Group

At a previous meeting the proposal from Wisconsin to the Veterans Administration to develop a detailed, accurate, and reliable map series or atlas based on the HERBS tape data depicting the dates and locations of herbicide spraying missions conducted in the Republic of South Vietnam had been distributed and comments requested (Tab A).

The following is a consensus recommendation to you from the Science Panel. If you concur, we recommend it be forwarded to the Veterans Administration.

While the Science Panel agrees in principle that detailed maps could be made available to others for the purpose of determining exposure to Agent Orange in Vietnam, we have serious reservation because it is unlikely that they would be sufficiently accurate to determine proximity to exposure in all instances.

A mapping of only the HERBS tapes locations would require from 1,200 to 2,000 maps on a minimum scale of 1:50,000. There are sufficient errors on the HERBS tapes that would not allow exact locations of all fixed wing spraying missions. In addition, very few of probably hundreds of helicopter spraying missions around fire bases, along roads, lines of communications, and along rivers are documented in the HERBS tapes.
Similarly, perimeter spraying from trucks and by backpack sprayers could not be adequately documented. While we agree in principle that we should make everything available, it is our consensus that if the maps are inaccurate and so voluminous as not to be useable that they in fact will do a disservice. One can argue that detailing the limitations of the maps is an approach to being able to provide them. It is our experience that those caveats are not always recognized and the maps are used as "gospel" without full understanding of their limitations. This would also be costly and would not successfully compete for the scarce resource dollars available for health studies.

Thus, there are public relations reasons for approving this proposal but scientific reasons for not doing so. Those scientific reasons are accuracy and usefulness. The Science Panel would recommend at this time that the Veterans Administration be advised not to financially support such a project.

Vernon N. Houk, M.D.