August 10, 2009

The Honorable Eric Shinseki
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Re: Petition for Presumptive Service-Connection for Parkinson’s disease due to herbicide exposures

Dear Secretary Shinseki,

The Institute of Medicine (IOM) released the 2008 Veterans Agent Orange (VAO) biennial review update on July 24, 2009. This report confirms that exposures to herbicides used in Vietnam have a positive association with Parkinson’s disease in exposed Veterans.

U.S. Military Veterans with Parkinson’s (USMVP), is a grass roots organization of more than two hundred Veterans diagnosed with Parkinson’s disease. Some of these Veterans are represented by their widows. These Veterans have already suffered with Parkinson’s disease an average of seven years without the care and compensation they have earned and rightly deserve.

USMVP has worked for the past two years accumulating research on the association between toxic exposures in Vietnam and Parkinson’s disease. The information gathered was provided to IOM, June 2009, for consideration in their biennial review. Much of that information was considered and cited in their finding of a positive association between herbicides and Parkinson’s disease in Vietnam Veterans.

Unfortunately, some important scientific information was not considered in this IOM review. Studies not yet published, studies published after the IOM-established cut-off date, or studies of non-herbicides toxic exposures were not considered.

An unpublished study by L. Nelson et al. on “Military Deployment and the Risk of Parkinson’s disease” confirms Vietnam Veterans who deployed to the war zone have 2.6 times more incidents of Parkinson’s disease than Veterans who served during the same
time but who did not deploy to Vietnam. Another unpublished study, C. Reid et al., “Parkinson’s disease in a self reported group of Vietnam Veterans” points to additional support of the association of Parkinson’s disease to service in Vietnam. Additionally, recent studies published after the IOM cut off date identify the impact of TCDD on the dopamine system and on brain cells. These studies provide insight into the biological plausibility of these toxic exposures in Parkinson’s disease.

Given the limited amount of published scientific studies where Vietnam Veterans are the study group, it is important to consider all known studies (published and unpublished) that focus on these Veterans. The Agent Orange Act of 1991 provides you with the authority and responsibility to consider these studies.

Much like the Gulf War, Vietnam Veterans were exposed to a mixture of many toxins, which included herbicides. Environmental toxins, including organophosphates, solvents, and medications, impacted the health of these Veterans. Furthermore, research that considers these concurrent toxic exposures or interactions with each other is nonexistent.

Two attempts to look at the issue of toxic exposures in Vietnam Veterans were the Ranch Hand Study and the IOM VAO Review and Updates:

The Air Force Ranch Hand Study was almost completely focused on the dioxin, TCDD. The study itself had limitations and some flaws that impaired its ability to evaluate all the various health issues of Vietnam Veterans. USMVP applauds the IOM for pointing out those limitations in the current 2008 VAO Update.

Secondly, although the IOM VAO review update committee took in consideration many of the issues USMVP brought to the Committee in their public meetings; one issue they failed to address was the mixture of toxic exposures and their impact on Veterans. In regards to Parkinson’s, the Committee clearly points out below that the interactions of mixtures of toxins may impact the health of Vietnam Veterans and state, categorically, they are limited in looking at these other exposures and any interactions even with herbicides.

“Given the rather broad spectrum of environmental exposures that epidemiologic studies have found to be associated with PD, it has been hypothesized that interactions may play a prominent role in this disease’s etiology. This would be compatible with PD arising from other exposures experienced during service in Vietnam (insecticides for instance) interacting with the herbicides. The charge of this committee, however, is limited to the herbicides sprayed in Vietnam; an extension to consideration and evaluation of the limitless universe of interactions is not feasible for a single health outcome, much less the full spectrum of adverse outcomes for which the committee is responsible.”

Vietnam Veterans are suffering from the results of toxic exposures other than herbicides and by the possible interaction of a mixture of toxic exposures. This is an important issue and deserves consideration as you look at presumptiveness for Parkinson’s disease. It is also an issue that needs attention in future IOM VAO review updates.
The following work relates how non-herbicide exposures play a role in Parkinson’s disease. The organophosphate Malathion used in “Operation Flyswatter” and Chloroquine (anti-malaria drug) individually and combined can put Vietnam Veterans at risk for Parkinson’s disease:

Paul F. Cecil Sr. and Alvin L. Young, 2007, “Operation Flyswatter: A War Within A War”, describe a global routine spraying of the neurotoxin organophosphate, Malathion, over the troop area in Vietnam every 9 to 11 days. This operation establishes the exposure.

The Dr Hancock et al. study, 2008, “Pesticide Exposure and the Risk of Parkinson’s disease” provides that organophosphates (including Malathion) are significantly associated with an increased risk for Parkinson’s disease.

Lastly, Vietnam Veterans routinely took the anti-Malaria drug Chloroquine. A study by Dr. Adedayo Adedoyin et al., 2007, “Chloroquine modulation of specific metabolizing enzymes activities:” points to the fact that Chloroquine inhibits the P450 2D6 enzyme that plays a role in metabolizing neurotoxins.

The simple facts: toxic exposure by Malathion (a neurotoxin shown to increase the risk of Parkinson’s disease) coupled with the inhibition of the body’s detoxification system to metabolize the toxic exposure by Chloroquine results in combined increased risk of Parkinson’s disease for Vietnam Veterans. USMVP will provide your staff with information on these and other unconsidered studies under a separate letter for consideration in your presumptive review.

Congress passed Public Law 102-4, the “Agent Orange Act of 1991” to provide a presumptiveness for toxic exposures experienced in Vietnam. The Act also provides presumptiveness for certain diseases and provides you with the authority to establish presumptive service connection for other diseases that have been scientifically demonstrated to be associated with exposure to the chemical defoliant Agent Orange, dioxin and other herbicidal agents. The association between a disease and exposure is considered to be positive if “credible evidence for the association is equal to or outweighs the credible evidence against the association”.

The Act also requires that, “In making determinations for the purpose of this subsection, the Secretary shall take into account (A) reports received by the Secretary from the National Academy of Sciences under section 3 of the Agent Orange Act of 1991, and (B) all other sound medical and scientific information and analyses available to the Secretary.”

The Act also provides “Not later than 60 days after the date on which the Secretary receives a report from the National Academy of Sciences under section 3 of the Agent Orange Act of 1991, the Secretary shall determine whether a presumption of service connection is warranted for each disease covered by the report. If the Secretary determines that such a presumption is warranted, the Secretary, not later than 60 days after making the determination, shall issue proposed regulations setting forth the Secretary's determination.”
Additionally, “If the Secretary determines that a presumption of service connection is not warranted, the Secretary, not later than 60 days after making the determination, shall publish in the Federal Register a notice of that determination. The notice shall include an explanation of the scientific basis for that determination.”

Given the scientific evidence establishing the positive connection between Parkinson’s and toxic exposures in Vietnam and, given your Congressional authority and responsibility to take immediate action through administrative rule making, USMVP petitions you to expeditiously take action to make Parkinson’s disease presumptive to exposure to herbicides and their components.

The members of USMVP also respectfully request that you develop procedures to expedite the claims approval process once a disease is made presumptive. Veterans fighting progressive incurable diseases like Parkinson’s should not have to wait for the care and help they need. Don’t allow more of these Veterans to lose their homes, suffer physically and financially, or die before you act on this important issue.

Sincerely,

Steve Fiscus, Alan Oates, Lorenzo Gonzales
Directors
U.S. Military Veterans with Parkinson’s