Sent
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to Tom Parker
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Personal and Confidential

Oct 8, 1983

Dr. Carleton Turner
The White House
Washington, D.C.

Dear Carleton,

I am writing by way of follow up of our recent conversations regarding fat biopsies as a method to estimate exposure to dioxins and liver biopsies in selected cases after exposure to dioxins, furans, PCBs and related isomers to observe characteristic liver cellular lesions.

With respect to fat biopsies, these have been used by Swedish and Japenese chemists (Rappe and Masuda, respectively) to estimate exposure to dioxins, furans and PCBs. They have reported their findings from autopsy specimens.

The Veterans Administration and EPA are about to fund a massive feasibility study with respect to using fat biopsy material to estimate exposure to dioxins and hence also agent orange. They propose autopsy material only from previously obtained tissues. This has the disadvantage of allowing no metabolic data to be collected by sequential fat biopsies on the same patients. With living patients halflives can be determined and the metabolites identified and followed over time. In addition the chemotherapeutic attempts to lowere body burden or the diets used in the orient to lower total body burden can be studied in living patients. With autopsy material it is not known whether there was contamination with dioxins during the autopsy.

At present, with no good method to estimate exposure to dioxins and related chemicals, our epidemiology is very weak. With a well developed estimate of exposure it will or should be possible to unravel the question of the toxicity of dioxins in humans.

The Federal Government seems for some time now to have avoided the development of fat biopsies as an estimate of exposure as a matter of policy. Most physicians and chemists as well as toxicologists around the world believe the method can be developed probably within five years, as a good estimated of exposure. This information should reassure most persons concerned about dioxin exposure, permit good epidemiology, decrease frivolous lawsuits and permit the development of methods to remove dioxins from the body.

At present we know practically nothing about dioxin metabolism in humans. It is my strong belief that any administration which would encourage the scientific development of such medical knowledge would enhance its popularity in the environmental field. My colleagues at Mt. Sinai Medical School and Wright State University and I feel confident that our preliminary work with 21 patients and some controls will lead to increased knowledge if funded further.

Sincerly,

Arnold

Arnold Schecter, M.D.,M.P.H.
Professor of Preventive Medicine