



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

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WASHINGTON DC 20372-5300

IN REPLY REFER TO

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DEC 09 2004

The Honorable Lane Evans
Committee on Veterans' Affairs
U. S. House of Representatives
Washington, DC 20515

DEC 14 2004

Dear Mr. Evans:

Thank you for your letter of November 2, 2004 regarding the final report of the Navy Occupational Lung Disease Assessment Program. We have been in contact with Department of Veterans Affairs (VA), Armed Forces Institute of Pathology (AFIP), Naval Health Research Center (NHRC), and Navy Environmental Health Center (NEHC) regarding the recommendations of the Scientific and Public Policy Advisory Committees.

The Navy continues to have strong interest in the research questions raised by this project and prior studies. However, a decision to provide outreach and evaluation of former Navy personnel with sarcoidosis or significant shipboard dust exposure rests primarily with the VA. Dust exposure from removal of non-skid materials has been greatly reduced in recent years due to improved methods of removal. Individuals that performed these operations when dust levels were higher have generally left Navy service. We will continue to work closely with the VA on this issue.

Our proposed actions to the recommendations from the Public Policy Advisory Committee that are mentioned in your letter include:

Recommendation #1: *U. S. Government officials should notify the individuals whose tissues were evaluated in the study of the findings from their pathology reviews and particle analysis and advise them of the study's findings.*

Response: Navy Medicine concurs with this recommendation. We will develop appropriate notification letters.

Recommendation #2: *U. S. Government officials should notify all government personnel who have worked aboard U. S. military ships and acquired a diagnosis of "sarcoidosis" that the U. S. Government medical personnel will conduct free medical evaluations to better clarify their lung disease if they know or suspect that they were exposed to dusts, such as deck grinders and they have not fully recovered from lung disease.*

Response: We believe that this is primarily an action for the VA. NEHC will be developing a fact sheet for Navy Medicine clinicians that provides background on the studies, guidance on taking an appropriate occupational history, and utility of specialized tissue examination for particle concentrations.

Recommendation #3: *U. S. Government officials should notify all government personnel who have worked aboard U. S. military ships that the U. S. Government medical personnel will conduct free medical evaluations to detect dust-induced lung disease, if they know or suspect that they were exposed to dusts, such as deck grinders and they have acquired chronic respiratory symptoms without known cause.*

Response: This is primarily an action for the VA. The Navy will evaluate active duty sailors with shipboard dust exposure and respiratory symptoms through our existing occupational health screening programs. A fact sheet will be provided to Navy Medicine clinicians to alert them of these potential concerns and to guide their clinical assessments.

We look forward to continued collaboration with the VA on this program. The Department of the Navy point of contact is Captain Garry Rudolph, Director of Occupational and Environmental Medicine at NEHC at (757) 953-0760 or e-mail wgrudolph@nehc.med.navy.mil.

Sincerely,



D. C. ARTHUR
Vice Admiral, Medical Corps
United States Navy