[redacted] County Community C[redacted]ege

Metro Detroit Task Force on Viet Nam Veterans

Veterans Action Committee, Inc.

[redacted] for Nurses
University of Michigan School of Nursing

"A G E N T O R A N G E"

May 15, 1981 and May 16, 1981

OBJECTIVES

Agent Orange, or dioxin (2, 4, 5-T or 2, 4-D) poisoning, has dramatically effected the lives of many former Viet Nam veterans, railroad workers, farmers and homeowners. Agent Orange was used by the U.S. government in Viet Nam as a strategic maneuver to destroy the food sources and foliage of the Viet Cong. This was also sprayed around U.S. bases to destroy foliage and prevent surprise attack. Many Viet Nam veterans have been exposed to this. In the U.S., 2, 4, 5-T and 2, 4-D was used to prevent weed growth around railroad tracks, on farms and on lawns. Extensive exposure to this chemical is believed to have caused many serious problems:

Birth defects
Cancer
Sterility
Altered sex drive
Nervous disorders
Psychological effects

This two-day conference is designed to provide the participant with results of current epidemiological studies, treatment modalities, psychological counseling, genetic counseling, litigation and legislative responses, and a panel of people who have personally experienced Agent Orange.

JD/laz
5/7/81

C22846

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AGENT ORANGE SURVEY QUESTIONNAIRE

Name: _____

Address: _____

_____

Phone: _____

Dates of Service:

Location of Service in Vietnam (Corp, Base and Movement within country):

How did exposure occur? How often? Also, were you given the Dapsone Pill?

(Continue to Page 2)

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Circle the symptoms that you are presently experiencing:

1. Gastrointestinal

Loss of Appetite (Anorexia)
Nausea
Vomiting
Diarrhea
Constipation
Yellowing of eyes, skin and urine (Jaundice)
Liver inflammation
Vomiting blood (Hematemesis)
Abdominal pain
Gastric hyperplasia
Gastric ulcers

2. Genitourinary

Stones
Burning
Bloody urine (Hematuria)
Dribbling
Brown urine
Bladder discomfort
Kidney pain

3. Neurological

Tingling
Numbness
Dizziness
Headaches
Twitching, fidgeting etc. (Autonomic dyscontrol)
Suspension of breath (Sleep apnea)
Incoordination
Unnaturally drowsy (Hypersomnolence)
Loss of sensation in extremities

4. Psychiatric

Violent
Irritable
Angry
Severe depression
Suicide
Frenzied (Manic)
Tremulous
Memory loss
Loss of concentration
Severe personality changes

5. Metabolic

Fatigue

5. Metabolic (Cont'd.)

Fatigue
Rapid weight loss
Spontaneous fever
Chills

6. Cardiovascular

Elevated blood pressure
Blood deficiency (Anemia)

7. Skin

Chloracne
Rash
Increased sensitivity (heat)
Increased sensitivity (sun)
Altered skin color
Loss of hair
Brittle nails

8. Cancer

Tumors
Liver
Lung
Testicular
Ear duct

9. Endocrine

Enlarged male mammary glands (Gynecomastia
Excessive milk flow from nipples
Decreased sexual desire
Difficulty maintaining an erection

10. Visual

Blurring
Burning

11. Hearing loss

12. Respiratory

Difficult or painful breath (Dysnea)
Shortness of breath

1. Veterans Administrati

A) Helpful ____ B) Questionable ____ C) Harmful ____

What diagnosis were you given?

2. Private:

A) Helpful ____ B) Questionalbe ____ C) Harmful ____

What diagnosis were you given?

Do any of your children have birth defects? ____ Yes ____ No

If yes, check as many as apply to each child:

	Child 1	Child 2	Child 3	Child 4
Cleft palate				
Open eye				
Kidney abnormalities				
Enlarged liver				
Enlarged head				
Club foot				
Intestinal hemorrhage				
Missing or abnormal fingers, toes				
Missing or abnormal reproductive organs				
Missing, abnormal or displaced body parts				

Comments: (use this space for any additional information):

C22849

The Veteran's

SELF-HELP GUIDE ON AGENT ORANGE

Suggestions for filing a claim at the VA for problems possibly caused by Agent Orange.

The defoliant Agent Orange was widely used in Southeast Asia between 1962 and 1971. Many veterans have begun to complain about a variety of health problems that they believe may be related to their possible exposure to Agent Orange.

If you think you have medical problems because of Agent Orange, you should go to the Veterans Administration and tell them. Doing this will say to the VA that you believe your problems began when you were on active duty and so are "service-connected." Even if you are not positive, but you are having medical problems now, there is no harm in getting your claim on file.

Nothing will guarantee that the VA will give you the help you need. As a matter of fact, through December 1979, the VA had turned down all those claims where veterans said their problems were caused by Agent Orange. But there are two good reasons you should go ahead and immediately get your claim on file at the VA.

First, if your claim is granted, your benefits will go back to the date you *filed* your claim. Even if your claim is turned down, but the VA later changes its attitude about Agent Orange, they will have your claim on file and be able to reopen it quickly.

Second, taking the time to go to the VA shows how serious you are about this problem and that you think the government has a responsibility to help. The government can be impressed with a large number of vets requesting help—statistics can make a difference.

CONTENTS

NOTE: If you are turned down, you can and should appeal. Look for instructions on the letter that turns you down on how to appeal.

The next section of this **Guide** is only a short summary of the VA claims system. A more complete description is found in the **ACLU Handbook: The Rights of Veterans** available in most bookstores.

STEP 1: GET YOUR RECORDS

To refresh your memory and help you build your case, you should obtain a *free* copy of all your military and medical records. Use a Standard Form 180 to do that (if not enclosed with these instructions you can obtain one from any VA office).

STEP 2: PUT YOUR FACTS TOGETHER

Before you go to the VA office to file your claim, you should put the facts together. Follow the instructions

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below and use the ATTACHME[illegible] on the next page as a guide. The ATTACHMENT is designed to be xeroxed and then stapled to the official VA forms you'll have to fill out at the VA office (that's discussed at STEP 3).

The first two paragraphs of the ATTACHMENT were written to force the VA to review your case thoroughly and to require the VA, rather than you, to come up with evidence about your contact with Agent Orange. *You* still must describe as best as you can all your contacts with Agent Orange, though.

Instructions on SECTION I of the ATTACHMENT

Most of Section I is easy enough. But if you served more than one tour in Vietnam, be sure to list the dates of each tour. Also, identify the *lowest* unit level you served with. For example, the company *and* squad name would be better than just the company name. So far, the government has not tried to match troop locations with the locations of the Agent Orange spraying operations. But if you now provide the lowest unit level, they will have the information if in the future they are forced to put it together. They can use the HERBS computer tapes which are a record of the spraying missions. You may want to refer to the map on page 4.

Be as exact as possible about your duties. If you worked in the field you were trained for, list it (an MOS or other code for your job). Try to describe exactly what you did if you didn't do the work you were trained for and state how many months you had that duty.

Instructions on SECTION II of the ATTACHMENT

Be as exact as you can in describing the way you believe you came into contact with Agent Orange. A few examples are that you could have been directly sprayed with it; you may have handled containers of it; inhaled it; ate food covered with it; drank water with it in it; had duty in an area where it had been sprayed. There are any number of possible ways you may have been exposed to it. List all the ways you believe you were exposed and when and where it happened if you can remember.

Instructions on SECTION III.A of the ATTACHMENT

Describe all medical problems which you think were caused by Agent Orange. Be as exact as you can about the nature of the problems you now have. Explain when symptoms began to appear and include a complete description of these symptoms. If you had a child with a birth defect and you think that the defect may have been caused by Agent Orange, state in Section III.A that *you* (not your child) suffered "genetic damage" as a result of Agent Orange exposure.

Instructions on SECTION III.B of the ATTACHMENT

In addition to physical problems many veterans believe are directly caused by Agent Orange, many vets have begun to compl[illegible] of the stress and anxiety caused by their worry over whether they too either have Agent Orange illnesses or might some day have them. This type of stress has long been connected with people with serious illnesses or people who are afraid of getting a serious disease like cancer. This type of stress might by itself be a disability for which the VA should give benefits.

If you feel you are suffering anxiety or stress over your illness or are afraid of getting such illnesses because of Agent Orange, consider filing a claim for the disability. This type of claim would ask for stress-related benefits, not for benefits for a disability directly caused by contact with Agent Orange.

Use Section III.B to describe these problems completely. Include when you first began to worry and how these problems affected your ability to work and get along with your family or friends.

STEP 3: FILE YOUR CLAIM

You can fill out the necessary paperwork the VA wants at any VA office. We know going to a VA office is not easy but we don't recommend that you try to fill out the VA forms by yourself—they are complicated. Find the address in your phone book under the U.S. Government section. When you arrive at the office, you will be asked to fill out a Form 21-526 to make your formal claim; someone there should help you. Staple a xerox copy of the ATTACHMENT you filled out in STEP 2 to that VA form. The VA will give you an identification number (a "C" number) which you should include on any other letters you send to the VA; mark it on the ATTACHMENT, too.

STEP 4: OBTAIN A FREE MEDICAL EXAM

The VA has a standing order that vets complaining about Agent Orange are to be given a medical exam. The exam should help detect present health problems and locate future ones. If you are interested, call your nearest VA medical center and make an appointment.

If the VA medical center does not know about their duty to give you an exam, refer them to "DM & S Cir. 10-79-83." That VA circular requires a detailed exam. Some VA medical centers may give you only a short physical and blood test. If they do that, refer them to DM & S Cir. 10-79-83 and ask for the full series of tests. Once your exam is completed be sure to insist that a copy of your medical record and the results of the tests be given to you.

You can seek treatment at the VA hospital for any problems detected by the exam if you cannot afford private medical care. Even if you have an Undesirable Discharge you are still entitled to the exam. If you have any problems in getting health care because of your discharge, refer the VA staff to "DVB Cir. 20-78-18."

[Staple to VA Form 21-526 to support your claim for Agent Orange related disabilities.]

ATTACHMENT

NAME:
ADDRESS:

Date filed:
Claim number: C-

I request that the VA, in addition to the information given here, develop pursuant to 38 CFR 3.103, evidence of my exposure to Agent Orange while I served in Vietnam. Specifically, I request the VA to match the movement of my unit in Vietnam with any spraying operations described in the HERBS tapes. I would like to be notified immediately when such development has been completed and be sent a copy of the results of such development.

This also is to request that the VA presume I was exposed to Agent Orange, as I describe below, unless the VA can affirmatively establish that I was not exposed to Agent Orange. Because military service records contain no information about veterans' exposure to Agent Orange in Southeast Asia, proof that I was NOT exposed can be established only by a cross-check of my movement with the HERBS tapes. This request, and that any reasonable doubt involving my claim (particularly with regard to the question of whether I was exposed to Agent Orange) should be resolved in my favor, is made pursuant to 38 CFR 3.102.

SECTION I

I served in Vietnam from the month of . 19 , to the month of , 19 . I served with the following organizations: _____

I was in the following provinces and towns on the dates listed below: _____

I had the following duties during the dates listed below: _____

SECTION II

I was exposed to Agent Orange in the places and on the dates listed below: _____

SECTION III.A

I request VA service-connected benefits for the following medical disabilities which I claim were caused by my exposure to Agent Orange in Vietnam: _____

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SECTION III.B

In addition to the disabilities listed above, I also file this claim for benefits for other current disabilities. I want to make clear that I do not claim that these disabilities were caused by my exposure to Agent Orange. However, I believe I am suffering from these problems because I may have been exposed to Agent Orange and now fear that I have contracted or will contract chronic disabilities suffered by other Vietnam veterans who also may have been exposed. _____

[If you make an extra copy of this attachment and send it the National Veterans Information Clearinghouse on Agent Orange (c/o VEP, 1346 Connecticut Avenue NW, Rm. 301, Washington DC 20036), we may be able to

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TO LEARN MORE

If you want to read more about Agent Orange, the following are useful:

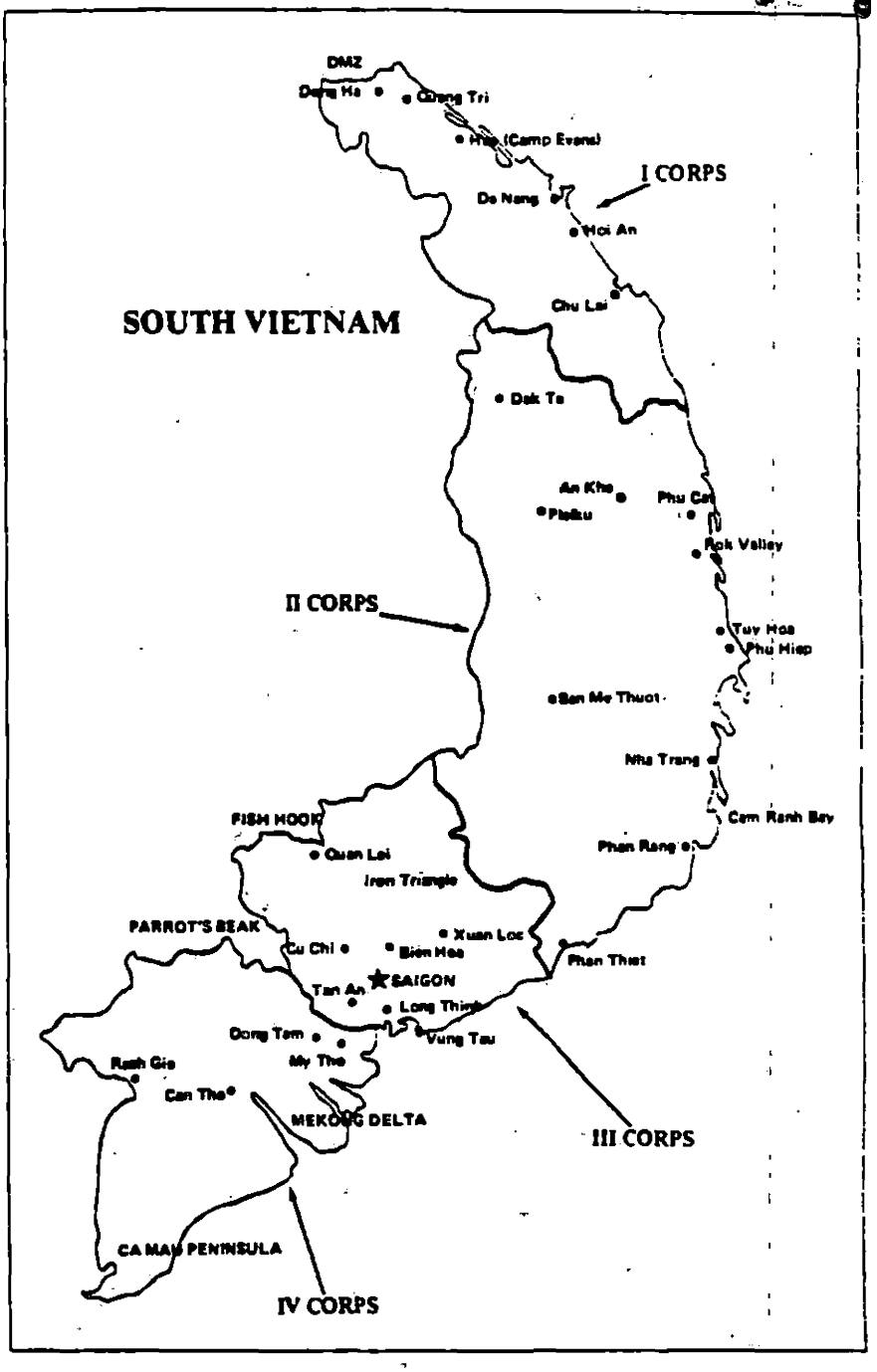
- GAO Report: Health Effects of Exposure to Herbicide Orange in South Vietnam Should Be Resolved, April 6, 1979 (CED-79-22)
- GAO Report: U.S. Ground Troops in South Vietnam Were in Areas Sprayed with Herbicide Orange, November 16, 1979 (FPCD-80-23)

(GAO reports are free; write: GAO Distribution Section, Rm. 1518, 441 G St., NW, Washington DC 20548.)

- The Pendulum and the Toxic Cloud, by Thomas Whiteside (Yale University Press, 1979)
- Agent Orange, A Legacy of Suspicion, by Richard Severo (New York Times, May 27, 28, 29, 1979)

MORE HELP IN YOUR AREA MAY BE AVAILABLE

For names of organizations in your state that may be able to provide help, send a self-addressed, stamped envelope to the National Veterans Information Clearinghouse on Agent Orange, c/o Veterans Education Project, 1346 Connecticut Avenue NW, Rm. 904, Washington DC 20036.



This Guide *was provided by:*

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C22853

REQUEST PERTAINING TO MILITARY RECORDS

Please read Privacy Act Statement and instructions on reverse. If more space needed, attach additional sheets.

DATE OF REQUEST

SECTION I—INFORMATION NEEDED TO LOCATE RECORDS *(Furnish as much information as possible)*

1. NAME USED DURING SERVICE (*Last, first, middle*)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH

For an effective records search, it is important that ALL periods of service be shown below.

ACTIVE SERVICE—PAST AND PRESENT

5. BRANCH OF SERVICE (*Show also last organization, if known*)	6. DATES OF ACTIVE DUTY		7. Check One		8. SERVICE NUMBER DURING THIS PERIOD
	Date Entered	Date Released	Officer	Enlisted	

RESERVE SERVICE—PAST AND PRESENT IF NONE, CHECK ☐ NONE

9. BRANCH OF SERVICE	10. DATES OF MEMBERSHIP		11. Check One		12. SERVICE NUMBER DURING THIS PERIOD
	Beginning Date	Ending Date	Officer	Enlisted	

NATIONAL GUARD MEMBERSHIP IF NONE, CHECK ☐ NONE

13. ARMY ☐ 14. AIR ☐ / 15. State	16. ORGANIZATION	17. DATES OF MEMBERSHIP		18. Check One		19. SERVICE NUMBER DURING THIS PERIOD
		Beginning Date	Ending Date	Officer	Enlisted	

20. IS SERVICE PERSON DECEASED?	DATE OF DEATH	21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?
☐ NO ☐ YES (*If "Yes" enter date:*)		☐ NO ☐ YES

SECTION II—REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3 BELOW

2. ☐ CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (*Check One*)

☐ REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN _____ (*Yr.*) (*This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next of kin, or to his representative with veteran's signed release authorization—item 6.*)

☐ DISCHARGE CERTIFICATE ISSUED IN _____ (*Yr.*) (*This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.*)

3A. HOW WAS SEPARATION DOCUMENT LOST?

4. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (*Explain*)

5. REQUESTER IS (*Check proper box*)	5A. SIGNATURE OF REQUESTER
☐ PERSON IDENTIFIED IN SECTION I ☐ SURVIVING SPOUSE ☐ NEXT OF KIN (*Show relationship*) ☐ OTHER (*Specify*)	

6. RELEASE AUTHORIZATION, IF REQUIRED (*Read instruction 5 on reverse*)	7. REQUESTER (*Please type or print complete return address. Include ZIP code*)
I hereby authorize release of the requested information/documents to the addressee shown at right. 6A. SIGNATURE OF VETERAN (*If signed by other than veteran, complete 6B*) 6B. RELATIONSHIP TO VETERAN	

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PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to Standard Form 180: Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397, of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating, and verifying the correctness of, the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. 552a(e)(4)(D) include the transfer of relevant information to appropriate Federal, state, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your request.

REQUEST PERTAINING TO MILITARY RECORDS

1. INFORMATION NEEDED TO LOCATE RECORDS.

Certain identifying information is necessary to determine the location of an individual's record of military service. Please give careful consideration to, and answer each item of this form. If you do not have and cannot obtain the information for an item, show "NA" meaning the information is "not available." Include as much requested information as you can. This will help us give you the best possible service.

2. CHARGES FOR SERVICE.

A nominal fee is charged for certain types of service. In most instances service fee costs cannot be determined in advance. If your request involves a service charge, you will be advised as soon as that determination is made.

3. RESTRICTIONS ON RELEASE OF INFORMATION.

The Military Departments have restrictions regarding the release of information from records of military personnel. A service person can obtain almost any information contained in his own record. The next of kin, if the veteran is deceased, and Federal officers for official purposes are authorized to receive most types of information from a military service or medical record. *Other requesters must have the Release Authorization in item 6 of the request signed by the veteran, or, if deceased, by the next of kin.* Employers and others needing proof of military service should accept, as authentic, the information shown on documents issued by the Armed Forces at the time the service persons are separated.

LOCATION OF MILITARY PERSONNEL AND MEDICAL RECORDS

The various categories of Military Personnel Records are described below. For each category there is a CODE number which indicates the address at the bottom of the page to which this request should be forwarded. For each military service there is a NOTE explaining approximately how long the records are held by the military services before they are transferred to the National Personnel Records Center, St. Louis. Please read these notes carefully and make sure you send your inquiry to the right address. (If the person has two or more periods of service within the same branch, send your request to the office having the record for the last period.)

	CATEGORY OF RECORDS AND WHERE TO WRITE ADDRESS CODE	Code No.
AIR FORCE	Active members (incl. Nat'l Guard on active duty in Air Force); TDRL**; and general officers retired with pay.	1
	Reserve; retired reservist in non-pay status; current Nat'l Guard officers not on active duty in Air Force; and Nat'l Guard released from active duty in Air Force.	2
	Current Nat'l Guard enlisted not on active duty in Air Force.	13
	Discharged; deceased; and retired with pay (less general officers retired with pay).	14
	NOTE: Air Force records are transferred to NPRC* as soon as processed—about 30 days after separation.	
COAST GUARD	Active, reserve and TDRL** members plus officers separated before 1–1–29.	3
	Discharged, deceased, and retired members, except officers separated before 1–1–29—see item above.	14
	NOTE: Coast Guard officer records are transferred to NPRC* 3 months after separation; enlisted records after 6 months.	
MARINE CORPS	Active and TDRL** members, reserve officers, Class II & III enlisted reserve, and Fleet Marine Corps Reserve.	4
	Class III Reservists (Inactive).	5
	Discharged, deceased, and retired.	14
	NOTE: Marine Corps records are transferred to NPRC* 4 months after separation.	

	CATEGORY OF RECORDS AND WHERE TO WRITE ADDRESS CODE	Code No.
ARMY	Officers separated before 7–1–17 and enlisted separated before 11–1–12.	6
	Reserve; TDRL**; living retired members less general officers; active duty records of current Nat'l Guard members who performed service in the U.S. Army prior to 1 July 1972.***	7
	Active officers (incl. Nat'l Guard on active duty in U.S. Army) and retired general officers.	8
	Active enlisted (incl. Nat'l Guard on active duty in U.S. Army).	9
	Current Nat'l Guard officers not on active duty in U.S. Army.	12
	Current Nat'l Guard enlisted not on active duty in U.S. Army.	13
	Discharged and deceased members, except old records in Nat'l Archives—see first category under Army.	14
	NOTE: Army records are transferred to NPRC* as soon as processed—about 30 days after separation.	
NAVY	Active and TDRL** members, reserve officers, and enlisted reserve in drill status.	10
	Discharged, deceased, retired, and enlisted reserve status pool.	14
	NOTE: Navy officer records are transferred to NPRC* 1 year after separation; active enlisted after 6 months; and enlisted reserve status pool 18 months prior to discharge date.	
	Medical record of Navy/Marine Corps personnel with active or reserve status.	11
	NOTE: Medical records transferred to NPRC* 6 months after retirement or complete separation.	

*NPRC: National Personnel Records Center **TDRL: Temporary Disability Retired List

***Code 12 applies to active duty records of current Nat'l Guard officers who performed service in the U.S. Army after 30 June 1972.

***Code 13 applies to active duty records of current Nat'l Guard enlisted members who performed service in the U.S. Army after 30 June 1972

ADDRESS LIST OF CUSTODIANS—WHERE TO WRITE FOR EACH CATEGORY OF RECORDS

1 USAF Military Personnel Center
Military Personnel Records Division
Randolph AFB, TX 78148

2 Air Reserve Personnel Center
3800 York Street
Denver, CO 80205

3 Commandant
U.S. Coast Guard
Washington, D.C. 20590

4 Commandant of the Marine Corps
Headquarters, U.S. Marine Corps
Washington, D.C. 20380

5 Marine Corps Reserve Forces Class III
1500 E. Bannister Road
Kansas City, MO 64131

6 Military Archives Division
National Archives & Records Service
General Services Administration
Washington, D.C. 20408

7 Commander
U.S. Army Reserve Components
Personnel & Administration
[illegible]
97 [illegible]e Boulevard
St. Louis, MO 63132

8 The Adjutant General
ATTN: AGPF
Department of the Army
Washington, D.C. 20310

9 Commander
U.S. Army Enlisted Personnel
Records Center
Ft. Benjamin Harrison, IN 46249

10 Chief of Naval Personnel
Department of the Navy
Washington, D.C. 20370

11 Bureau of Medicine and S[illegible]y
Department of the Navy
Washington, D.C. 20390

12 National Guard Bureau
Washington, D.C. 20310

13 The Adjutant General of the
Appropriate State; D.C.; or
Puerto Rico

14 National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

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AGENT ORANGE: The Persistent Uncertainty and Continuing Anguish Are Not Likely to End Soon

Agent Orange was one of several powerful defoliants or herbicides used extensively in Southeast Asia during the Vietnam War to deprive the enemy of ground cover and destroy his food supply. The chemical compound got its name from the orange stripes that marked the 55-gallon barrels in which it was shipped to the war zone.

Millions of gallons of Agent Orange were sprayed liberally over more than five million acres of Vietnam, approximately 12 percent of the country's land area, between 1962 and 1970. Usually sprayed crop-duster style from U.S. aircraft, the defoliant was used most heavily from 1966 to 1969, when American troop strength in Vietnam was at its highest.

The extreme toxicity of dioxin, a contaminant found in minute quantities in Agent Orange, was not known at the time, though a few scientists were beginning to express concern over use of the chemical in the late 1960s.

But Agent Orange had immediate advantages. Its use foiled ambushes and provided open fields of fire, thus saving American lives and holding down casualties. Few precautions were taken to protect our GIs—or anyone—from exposure to Agent Orange and other dioxin-bearing herbicides.

The chemicals were not sprayed only in limited, restricted areas, and they were almost certainly spread beyond treated areas by winds and by water flowing through ditches, streams, and rivers. In addition to sprayings over jungle and forest areas, Agent Orange was also used around base camps, compounds, roads, and ditches used by American forces.

The Department of Defense viewed these chemicals as a boon to U.S. ground troops in Vietnam. But, in what is one of the blackest ironies of the Vietnam War, Agent Orange may be causing the list of the war's casualties to mount today—years after the last drop of dioxin-bearing defoliant fell on the thick, steamy jungles of Southeast Asia.

Is there a cause for concern? As far back as ten years ago, apprehensions in the scientific community had become so pronounced that the Defense Department decided to end the sprayings in the war zone. And a year and a half ago, the U.S. Environmental Protection Agency banned Agent Orange for domestic use in agriculture and forestry.

The dangers of dioxin first came to general public attention in 1978 when Maude DeVictor, a VA veterans benefits counselor in Chicago, became fed up with authorities who would not listen to concerns over Agent Orange and went to the national media to expose the problem. Media news stories on Agent Orange began to proliferate immediately, and the defoliants used in Vietnam became a national issue.

For the past two years, the controversy over Agent Orange has raged. Many have stated unequivocally that Agent Orange has caused death and disability, while others have been just as firm in heralding the safety of the herbicide. Both sides have been impassioned in their arguments, and both have snatched at what little scientific evidence that exists to prove their points.

The fact is that no scientific evidence today conclusively shows that use of Agent Orange in Vietnam is causing long-term health problems among Vietnam veterans.

When the defoliant controversy mushroomed two years ago, it immediately became clear that no federal agency wanted to assume responsibility for the veterans who believed their disabilities and the birth defects of their children had been caused by Agent Orange.

To the DAV, it looked very much like the callous treatment the government had for years afforded to veterans who had participated in atomic weapons tests in the 1950s and 1960s. Many of these veterans suffered disabilities related to the radiation to which they were exposed during the tests. Yet, it took years before a service-connection was ever granted for a disability related to radiation exposure.

The VA was particularly resistant to assuming responsibility for veterans exposed to Agent Orange. Of course, the agency was faced with the possibility of disability claims and health care costs that could amount to hundreds of millions of dollars, and the situation called for caution.

However, it was readily apparent that the VA, the Department of Defense, and other federal agencies were dragging their feet on the defoliant question. And, seeing this insensitivity to a problem that affected the lives of as many as 2.5 million Vietnam veterans, the DAV and several others raised an immediate outcry.

Early in 1979, these concerns were echoed by Senate Veterans' Affairs Committee Chairman Alan Cranston (D-Calif.), who called on the VA to "move more aggressively to learn the truth about Agent Orange and determine if veterans have a legitimate reason for their anxiety."

He accused the VA of "proceeding at too limited and too leisurely a pace" and giving "an inexcusable lack of priority" to research on the health effects of dioxin-bearing herbicides.

Mounting public concern forced a turnaround—though certainly a slow turnaround—in the government's attitude toward the dioxin question in 1979. In the spring of that year, a new VA advisory Committee on the Health-Related Effects of Herbicides was formed, and the VA put some steam behind its research on Agent Orange.

However, when the VA's advisory committee was established, the DAV learned that it was made up solely of government scientists, health care professionals, and *representatives of the chemical companies*. No Vietnam veterans had been appointed to the committee to act as consumer representatives.

Taken aback, the DAV pressured the agency into appointing a combat-disabled Vietnam veteran. DAV Special Projects Officer Bob Lenham, to the committee. Lenham has kept a close eye on the government's progress toward resolving the questions that surround Agent Orange.

Though he advises veterans to be patient and realize that scientific research takes time, Lenham remains dissatisfied that the VA still cannot point to any positive results in its research on the defoliant issue.

"Vietnam veterans need assurances that their government is doing everything possible to address the herbicide issue," Lenham said recently.

"We want to see research conducted expeditiously, but we want to see quality research . . . research that Vietnam veterans can have confidence in," added Lenham's alternate on the VA committee, DAV Administrative Assistant Charlie Thompson, also a disabled veteran of the Vietnam War.

The DAV's commitment to forceful representation of veterans exposed to Agent Orange was reasserted by DAV National Commander Stan Pealer, also a Vietnam era veteran. That representation is not limited to pressure on the federal government to move on the research and public policy aspects of the defoliant issue.

In the spring of 1979, the DAV set up a centralized system for handling claims related to herbicide exposure. Currently the DAV is representing approximately 2,000 Vietnam veterans who believe their disabilities may have been caused by Agent Orange or other defoliants.

These veterans, of course, get the full representation of expert DAV national service officers (NSOs) in their areas. But the centralized system offers the added

advantage of making the most up-to-date information on herbicede claims available to each DAV NSO.

DAV National Director of Services Norman B. Hartnett cautioned, however, that the VA has granted service-connection in only a handful of cases involving herbicide exposure as yet. These service-connections have been limited to chloracne, a severe skin rash that resembles acne and is usually found on the face, chest, back, arms or legs; and they have only been granted when medical records showed that the chloracne appeared while the veteran was still in military service.

Research has not yet demonstrated a positive and definite link between dioxin and any other disabilities. Nonetheless, Hartnett strongly urged all veterans who feel they have disabilities caused by Agent Orange to file VA disability claims through their DAV NSOs.

Said Hartnett, "Claims for disability benefits based on dioxin poisoning are, in every case, extremely difficult to substantiate. That's one reason why these claims should be filed as early as possible.

"Using the services of DAV NSOs puts the resources of the entire DAV National Service Program behind your claim," Hartnett told veterans. "This is important in any claim, but it's particularly important in claims that are difficult to substantiate."

Besides Chloracne, the most common symptoms alleged to be linked with exposure to Agent Orange include:

—*birth defects* in children born to affected parents, primarily defects of the hands, fingers, feet and toes;

—*cancer*, particularly cancer of the liver and other liver diseases, as well as cancer in other soft tissues, including the stomach;

—*psychological effects*, including loss of memory, confusion, aggression, or irritability;

—*nervous disorders*, especially loss or decrease in the sensitivity of the senses;

—*numbness* in fingers, toes, arms, and legs in varying degrees;

—*sterility*; and

—*altered sex drive*, including diminished sex drive or impotence in men and increased sexual activity in women.

With the exception of chloracne, none of these disabilities have conclusively been linked by research to Agent Orange or any of its component or contaminant chemicals, leaving tens of thousands of veterans with their questions unanswered and their anxieties unresolved.

Unfortunately, it may be two or three years before any real answers are forthcoming. That is the assessment of the Interagency Work Group to Study the Possible Long-Term Effects of Phenoxy Herbicides and Contaminants (IAG), which the White House established to oversee research the federal government is conducting in the Agent Orange arena.

In its fourth report to the White House, the IAG stated that it may be far longer than two or three years before answers to some of the questions surrounding the herbicide issue are resolved.

According to the report, none of the studies now planned "will be able to be used to determine whether Agent Orange is the cause of particular health decrements of Vietnam veterans, particularly if the studies do not identify any rare or unique diseases associated with Agent Orange exposure."

Because of this, the IAG's Scientific Panel recommended "that additional studies should be considered which focus on the health status of Vietnam veterans, to determine whether service in Vietnam, rather than solely Agent Orange exposure, may have placed Vietnam veterans at higher risk of suffering certain health decrements."

While such an approach would not provide many of the conclusive answers that everyone concerned would like to see, it would open the door for DAV efforts to work toward gaining presumption of service-connection for certain disabilities among Vietnam veterans. Winning such presumptions of service-connection through changes in law or VA regulation may, in the end, be the only way to make sure veterans with some disabilities get the benefits and health care they've earned.

Last summer, the VA put out a brochure entitled, "Worried About Agent Orange," which listed the highest priority research projects currently underway. These included:

—"A detailed study of the air crews who sprayed herbicides in Vietnam to see if the members of this most heavily exposed group have any unusual health problems;

—"A registry of all workers in the United States who have been involved in making 2,4,5-T, one of the components of Agent Orange, and a program to monitor the mortality rates of these workers;

—"Follow-up studies of other people both in the United States and abroad who were exposed to dioxin as a result of industrial accidents;

—"A study to determine the incidence of birth defects in children of Vietnam veterans; and

—"A study now being designed to evaluate any health problems peculiar to Vietnam veterans to see if these are related to Agent Orange exposure."

Research efforts have recently come up with two findings that may be significant; however, Vietnam veterans should be warned that these findings provide no definitive answers that can be used in making policy decisions.

The first finding involves increased rates of certain forms of cancer among a group of Swedish workers exposed to dioxin during an industrial accident. While the number of workers studied is too small to provide conclusive evidence that dioxin exposure causes certain forms of cancer, this research points to an increased cancer risk.

The second finding involves male mice exposed to nonlethal doses of Agent Orange over a period of weeks. Exposed mice suffered enlarged livers during and after their exposures. However, no significant differences were noted with regard to birth defects in pups fathered by exposed males, mating activity of the exposed males with nonexposed females, and the fertility of exposed males.

The U.S. Air Force study of the "Ranch Hand" personnel who sprayed Agent Orange during the Vietnam War hasn't yet gotten off the ground, but is already the subject of some controversy which the IAG addressed. First, because there is such a small number of these veterans (only 1,160) and because these airmen were exposed to extraordinarily heavy amounts of Agent Orange, they are not representative of what might be happening to those who served as ground troops in the war.

Even so, if higher incidences of certain health problems are found among these veterans, the information gained from the study will be helpful in determining which disabilities should be looked at more closely. And the DAV feels this research is very important.

Also, since the Air Force did the spraying of Agent Orange during the Vietnam War, there is an obvious conflict of interest in having the Air Force conduct this study. However, the IAG suggested leaving the study in the hands of the Air Force, saying it is more important to get this research underway as soon as possible than to find an outside firm to handle it.

The conflict of interest problem cropped up again at the DAV Department of California convention last summer when Senator Cranston called for management of Agent Orange research to be taken out of the VA's control and turned over to an agency outside the federal government.

At the convention, the Senator said, "There is now serious doubt that a study being planned by the Veterans Administration will ultimately be accepted as fair by either veterans or the general public."

What is the status of the Agent Orange issue today?

The government is finally moving, and research is underway. But the basic questions of how herbicide exposure has affected the health of Vietnam veterans remain unanswered.

AGENT ORANGE is a 50-50 mixture of 2,4-D, and 2,4,5-T, two commonly used herbicides.

AGENT ORANGE was intended for use by the US Military In Vietnam as a means of defoliating jungle and destroying crops which were presumed a vital food source for the enemy.

Tests performed on unused 55 gallon drums of the defolient showed the presence of 2,3,7,8 - TETRACHLORODIBENZO - PARA - DIOXIN, (DIOXIN), in amounts of 3 parts per million to 50 parts per million. Dioxin is considered to be "one of the most toxic substances known to man."

Long-term health effects of DIOXIN exposure are generally unknown and substancially untested.

In the last two years a very disturbing event has been replayed in various cities around the world. Those who were in a position to be in contact with AGENT ORANGE have been experiencing varied forms of physical and mental dysfunction since exposure. Traditional medical analysis and treatments have proven substantially inadequate for resolution of their problems.

Only when certain individuals publically announced the symptoms of dioxin poisoning, in the belief that US Servicemen/Women had been exposed, did the calls begin. Large numbers of people have now reported a wide variety of problems which are the same substancial complaints across the calling population. Symptoms announced publically are only the tip of a growing symptom list. The only common factors appear to be the sharing of the same physical and mental problems - and - the sharing of probable exposure to AGENT ORANGE or one of it's components.

Those close to the issue claim cancer, birth defects, and various other forms of debilitating or life threatening illness can be caused by exposure to 3 to 5 parts per trillion.

JON R. FURST
CAVEAT INC.
(Concerned American Veterans Against Toxins, Inc.)

Information distributed by
Michigan Association
of concerned Veterans
A. O. Program
313 - 232-8742

CAVEAT, INC.
(Concerned American Veterans Against Toxins)
SAINT LOUIS, MISSOURI AREA

"SYMPTOM"	PERCENTAGE OF 55	NUMBER REPORTING
RASH	89.0%	49
NUMBNESS AND TINGLING	83.0%	46
CHEST PAIN	80.0%	44
SWEATS	74.5%	41
FATIGUE	69.1%	38
LOWER BACK PAIN	67.2%	37
GASTRO-INTESTINAL DISORDERS	65.5%	36
JOINT PAINS	65.5%	36
STARS	63.6%	35
VISION	63.6%	35
HEADACHES	60.0%	33
URINARY DISORDERS	50.0%	28
HEARING	45.5%	25
LIGHT SENSITIVITY	45.5%	25
IMMUNO-DISORDERS	43.6%	24
ALCOHOL (REDUCED TOLERANCE)	43.6%	24
SORE THROATS/GLANDULAR SWELLING	41.8	23
ABDOMINAL PAIN	40.0%	22
BOWEL HABITS (DRAMATIC CHANGE IN,)	36.4%	20
SINUS/ALLERGY (EMERGENCE SINCE EXPOSURE)	36.4%	20
SMELL (LOSS OF,)	34.5%	19
SPONTANIOUS NOSEBLEEDS	29.1%	16
POUNDING IN CHEST	27.3%	15
DRAMATIC WEIGHT LOSS (UNEXPLAINED)	25.5%	14

SYMPTOMOTOLOGY (Continued)

FAINTING SPELLS	18.2%	10
LOSS, OR CHANGE IN, TOENAILS	18.2%	10
LOSS, OR CHANGE IN, FINGERNAILS	14.5%	8
HAIR LOSS	14.5%	8
TASTE, INABILITY TO,	12.7%	7
APPETITE LOSS	10.9%	6
RESPIRATORY PROBLEMS	3.6%	2

-- BEHAVIOR --

MEMORY LOSS	65.5%	36
IRRITABILITY	60.0%	33
SLEEP PATTERN DISRUPTION	54.5%	30
AGGRESSION	43.6%	24
DECREASED SEXUAL DRIVE	43.6%	24
CONFUSION	29.1%	16
DEPRESSION (INCOMPLETE FIGURES)	20.0%	11
TREMORS	7.3%	4
GENERAL BEHAVIOR DISORDERS	3.6%	2

-- CHILDREN --

MISCARRIAGES	30.7%	16
RESPIRATORY PROBLEMS	26.9%	14
FEVERS OF SHORT DURATION (Unexplained)	25.0%	13
RASHES	23.1%	12
ALLERGIES	19.2%	10
SPEECH DEFICIENCIES	17.3%	9
HEART MURMURS	13.5%	7
HYPERACTIVITY	13.5%	7

THE FOLLOWING DESCRIPTIONS ARE BASED ON 650 CONTACTS FROM PERSONS WHO MAY HAVE BECOME VICTIMS OF "DIOXIN" EXPOSURE.

THE DESCRIPTIONS SHOULD NOT BE CONSIDERED "SCIENTIFIC".

A DELIBERATE ATTEMPT HAS BEEN MADE TO AVOID MEDICAL WORDING.

CAVEAT / SAINT LOUIS
(Concerned American
Veterans Against Toxins)

CAVEAT

INFORMAL DEFINITIONS OF "SYMPTOMS"

"SYMPTOM"
NUMBER

1. VISION - Refers to occational blurring of vision, which can be "blinked" away", and has occurred at some point in time since expected exposure, (usually vietnam service). Usually described in one of three ways.

   a. Like a film on eyes, can be "blinked away", but quickly returns only to be "blinked away" again. Interference with clear vision may last a moment or two, to sporadic events lasting a day or two.

   b. Inability to readily focus upon items varying in distance. If reading, may need to blink and blink to change focus from book to object across room. Those reporting blurring in this way occationally report inaccurate perception of light in closed room as if a lamp is dimming or brightening, but often "seen" in an area of the room where no lamp is lighted.

   c. Eyes attempt involuntary "crossing", as if the person is desperately fighting to stay awake. "Just like a kid in church trying to stay awake, wrestling with himself to keep his eyes open." Such people seldom perceive themselves to be falling asleep... Just their eyes involuntarily trying to close.

2. RASH - This catagory does not restrict itself to "acne-like" skin eruptions. It should be noted that all involved in preparing this information were shocked at the predomination of "acne" cases in this catagory. Many reported one, or a very few, unusual skin eruptions occurring under the watch or ring. The usual description is of "eruptions surfacing in Vietnam, or since being there,(including recently,) which itch violently as a rule. The eruptions vary in size and kind. Some are reported to look like a small pimple, a large pimple, or perhaps not like an acne eruption at all. Psoriasis like patches are reported, and according to some, can be anticipated by a recurrant,oozing, poison ivy-like rash. Usually the skin eruption is perceived as an insect-like bite, which, if scratched becomes extremely tender and the itch more aggrivated. The eruptions are often reported to resist actually coming to a "head", leaving a lump under the skin that becomes covered with scar tissue. They take a long time to go away, often leaving a small pock-mark. If, by the way, eruptions occur under one's watch, I am told that continued wearing of a watch will "encourage" repeat episodes.

Many report severe acne rash over much of their bodies. The nature of the rash varies greatly, and we have found that many who report having a rash do not associate "acne-like episodes" with their "rash". For instance, several reported having no rash, only to acknowledge with great emphisis the acne-like events.

3. NUMBNESS AND TINGLING IN EXTREMITIES - Described predominently as very like the reduced circulation occurrance of a limb "falling asleep". Is sometimes reported to interfere with dexterity and strenght to such a degree as to preclude the skills of employability. Reported as occurring in varying degrees on a come and go basis.

4. CHEST PAINS - Described, in general, as angina pectoris would be described. Pain is usually sufficient provocation to seek medical advice, but almost all such inquires are discounted by physicians as no EKG findings verify the complaints. When severe pains are reported, the pains are described as "radiating down arm," with accompanying shortness of breath or inability to draw deep breath due to the triggering of "stabbing" pain which "shoots" from solar-plexus region up to heart region (deep inside torso). The description include the words "stabbing" and "shooting" with such consistency that it is deemed appropriate to include these words in this information.

While the description of "severe" pain is greatly interesting, most who report chest pain experience a dull, somewhat persistent ache which is frightening but not nearly so dramatic. Many who have the less dramatic experience report at least one serious episode.

5. ABDOMINAL PAIN - Usually described as similar to "gas pains" most of the time. However, it appears that the "solarplexus-stabbing" pain related in "CHEST PAIN" section is present and confuses us as to which seems most likely. Keep in mind that constipation and diahrea are being experienced also.

6. SWEATS - A spell, occurring without warning or apparent common cause, which very nearly always includes ALL of the following:

a. Pervasive weakness.
b. Nausea.
c. Dizziness or Balance loss.
d. Profuse perspiration.
e. Clamminess.
f. Experiencing of hot or cold "flushes."
g. Rapid but weak pulse.
h. (In some) reduction of field of vision.

This is described as being "on the edge of passing out" with remarkable consistency. On occation, the caller will remark that they could feel their heart pounding through out their bodies. Most also say that it fails, oddly enough, to scare them, as if the experience somehow insulates them from fear. Much like shock, but a doctor should make such decisions.

a. Seems muscul
b. Seems "more internal"
c. Seems spinal or skeletal in origin.

Often considered chronic by caller, and in some severely disabling on occation. Severity fluctuates.

8. FATIGUE - Our best efforts seem to indicate this to be more a chronic problem. Is defined as both beyond what has been previously normal for individual as well as out of apparent relation to exertion.

9. JOINT PAIN - Includes joint pain, joint swelling, and joint stiffness. Has been, when severe, capable of immobilizing a person. For some it is the cause of greatly increased absenteeism from work.

10. HEADACHES - Most often described as a marked increase in frequency and severity of headaches. Often described as beginning around eye area, or temple area - some reporting the severity as "blinding" - wives have said, on occation "he dropped to his knees, held his face at his eyes, and simply began to sob."

We have heard this many times. We believe that it is significant to report many say pain only occurs on one side of head - some of the "symptoms" in this list seem to be related to only one side of the body - but different sides for different people - if a specific side of the body is affected on an individual - most of these problems will occur on that side.

11. IRRITABILITY - Usually identified as a major change from familiar behavior. It is a popular curiosity among those in contact with lots of callers to wonder if this might indicate a loss or decrease in basic coping skills. Callers say it is absolutely beyond what has always been normal for them.

12. LOSS OF MEMORY - Again, a marked change in familier individual behavior. Most appropriate paraphrase is "disruption of immediate recall', or so it seems. The wives of some individuals propose that the information seems not to have been received, therefor, cannot be recalled. The best analogy being the difference between "hearing" and "listening." Some say have become lost driving on their own street.

13. SEEING STARS - Usually occurs when arising quickly - but a small number of those reporting "stars" see them while relaxed, watching, television or something equally passive. Many report experiencing this when performing heavy labor, or in conjunction with other "symptoms."

14. SLEEP PATTERN DISRUPTION - Many callers report the inability to go to sleep on a reasonable basis. Other complaints include awakening with a start, and finding themselves unable to return to sleep. Wives often report that sleep will be avoided or unattainable for a time, only for sleep to come all at once for long stretches. "First he can't sleep, then nobody can wake him up, for long periods of time.

15. HEARING - Most co only described as a loss or crease in the ability to hear well. In most, ability to hear fluctuates, and in some occurs in one ear more than the other.

A complaint of persistent shrill ringing in the ears, for periods of time, has been added to our list. We have no real information on the number of our callers who would report ringing, due to the lateness of our awareness - (in casual conversation with some of our possible exposure victims, it has been noted as a fairly common experience - and is apparently, not perceived as a "normal" experience.)

16. URINARY - Complaints under this heading may include any or all of the following:

a. Minor burning at urination.
b. Having, on occation, to "force needed urinations.
c. Rapid appearance and disappearance of "symptoms."
d. Inconsistent response to medication.
e. Occationally experienced strong odor to urine.
f. Cloudy or dark urine.

17. ALCOHOL INTOLERANCE - Perceived changes in ones ability to consume alcohol. These complaints center on fluctuations in the individual's ability to predict their reaction to alcohol.

Regarding the popular vision of the "overindulgent vietnam veteran," we were truly shocked at the number of callers who report they no longer choose, or are able, to consume alcohol.

It makes some violently ill, when they were able to consume morderate to large amounts of alcohol before vietnam, or assumed exposure to the substances in question.

Some report that as little as one beer can launch them into a consideralbe state of inebriation.

18. SINUS - Many of those tallied sounded as if they had a bad cold. Upon being asked if they had sinus trouble they reported the emergence of sinus trouble since their time in service.

19. DECREASED SEX DRIVE - This concerns those reporting a significant loss of sexual perspective in the lives. The probability is that the actual number of callers experiencing this is larger than reported. Several of those who allowed their wives to help with the intake had said there was no change in their sexual behavior. Only to be confronted with a very different perspective by their wives.

The drive seems to be, quite simply, absent. Sexual activity is very infrequent for some, sporadic for others, just fine for others.

7

20. GASTRIC DISRUPTION - In this catagory, we have included those who claim periods of a week, to a year or so, of markedly increased heartburn and/or indigestion.

    Possibly significant, is the seemingly frequent report of ulcers since vietnam, or the physicians perceptions that the stomach and entire small intestine is highly inflamed, or so some of these people have been advised.

    Most common response to the question about acidity, etc. has been "eat antacids like candy sometimes, or can't get through the day." It seems to come and go.

21. REDUCED IMMUNITY - These people believe they experience a higher frequency of colds, flu, and general illness. They also perceive they have more difficulty recovering from such illness.

22. THROAT PAIN/SWELLING - This catagory is for those who feel they have acquired a problem with frequent, (for them,) sore throats, and/or, glandular swelling of the throat. We are unsure of what this should be called for a better more defined explanation. One Medical School Student referred to the glandular swelling as "sub Mandibular non-tender."

23. CHANGE IN BOWEL HABITS - These complaints include periods of increased consitpation and/or diahrea. Callers who complained of such changes in their bowel habits characterize such changes as "not normal for them."

24. AGGRESSION - Again, we are -hearing of a noteable increase in aggression, as a MAJOR CHANGE in the individual's behavior - they say they don't understand their feelings. They, in their own words "can't cope" sometimes. Most common descriptions include an aftermath period of a day or two, during which many grieve for their behavior and discount altogether, any appropriate rational for such behavior.

25. NOSEBLEEDS - Since Vietnam or other possible exposure to toxic substances, some individuals have had a period of time in which, for no apparent reason, the suffered nosebleeds. Most commonly these people have had a recovery of such problems.

26. WEIGHT LOSS - Spontanious loss of weight has been reported by some. In some cases this is a result of one to three days of a revulsion to food. In some of the "revulsion" people, attempts at food intake were met with vomiting or intense nausea. However some report the loss of weight to have occurred without changes in daily routine or food intake.

27. SMELL - This refers to loss of smell. Loss of smell is extremely difficult to determine during extended phone intake. As our most productive approach, we asked the caller if they had ever experienced the ina bility to perceive odors or fragrances which others in the room had commented on. Many disclaimed such ina bility as a fault of sinues trouble. Some said they smoke cigarettes too heavily to trust it as a possible effect of "AGENT ORANGE." Others said loss of the a bility was occational, and still others, chronic.

28. CONFUSION - Again, beyond what the individual perceived "normal" for them. While we cannot be certain of the accuracy of the statement, we felt there was a very general concensus that this refers to an inability to cope with an event. Perhaps this is the quasi-panic that one feels under great stress when no options appear to exist and the circumstance is intolerable. A blanking of productive thought.

29. MISCARRIAGES - Self evident, since vietnam duty or other potential exposure.

30. TASTE - Difficulty or inability to taste is another problem with definition - too subjective. We chose to ask a qualifying question: "Do you need to heavily season your food?," - most wives who said their husbands might have taste impairment were emphatic - no matter the amount of seasoning - further seasoning seemed necessary on foods.

31. CHANGE IN, OR LOSS OF, TOENAILS - Some report the loss of toenails and/or fingernails while in vietnam or since possible exposure. Many who say they've never actually lost any without obvious reason they have dramatically changed in appearance. Commonly reported are the following: thickening, yellowing or other obvious color change brittleness, or easy splitting/ usually diagnosed as fungus, but sometimes amazes and confuses doctors.

32. CHANGES IN HAIR - Some report circular bald spots, ranging in size from dime to sil ver dollar size. Our question allowed for (1) scalp hair, (2) facial hair, (3) body hair. These bald spots recover their hair. Reports have included a black mans bald spots growing back with a very different texture, or loss of the mustache on half of the lip, which grows back, similiar to the remaining half mustache, but never quite matching exactly. The body hair was reported the least. Often reported was the sudden graying of the hair at some point, usually in the last five years. Many report receeding hairlines, but we have no figures on it.

33. DEPRESSION - Most don't wish to talk of such problems. In those reporting depression, it was largely agreed that the depression had frightened them by its intensity. Due to the nature of the phone call intake and some "mechanical problems" with the count, we discount the 20% figure. We speculate that the figure is higher, and that the depression may be occurring in a come and go manner as do some of the other "symptoms".

34. LOSS OF APPETITE - See weight loss # 26.

35. FAINTING - Mostly, self evident we, on occation heard the report that people know they would pass out, but that it was never in time to act. Length of time unconsious varies from a split second to hours.

36. TREMORS - The same as the shakes. Involuntary twitching or shaking. Like a"brush with convulsions," doctors who have used muscle relaxants are reported.

37. EMERGING ALLERGIES - Allergic reactions to some substances, which have surfaced since vietnam duty or other possible exposure.

38. IMPOTENCE - A few felt this was possibly due to age! It varies in seriousness.

39. CHANGE, OR LOSS OF, FINGERNAILS - See Toenails #31.

40. UNEXPLAINED FEVER - Self evident/sometimes occational, sometimes chronic.

41. RESPIRATORY - Difficulties with the respiratory system.

42. SPEECH PROBLEMS (ADULT) - This complaint was in regard to a man who now stutters but never has before.

43. SKIN TUMORS - The development of fatty skin tumors is seen with more clarity if entire contact file is reviewed. Also, the appearance of boils or cystes is a fairly frequent complaint. A core is present which is some times posessed of a foul odor.

44. WEIGHT GAIN - Many said they had gained weight since returning from the service. Fewer felt they had gained weight since "symptoms" onset.

45. INCREASED SEX DRIVE - A rarity. Many, however, report no perceivable change in sexual behavior.

[redacted] Legal

Metro Detroit Task Force on Viet Nam Veterans /

Veterans Action Committee, Inc. /

Continuing Education for Nurses
University of [redacted] School of Nursing

"A G E N T O R A N G E"

May 15, 1981

PROGRAM

8:30	Registration
9:00	Dioxin Poisoning—Overview James R. Allen, MD JRL Associates Novato, California (Formerly with the University of Wisconsin)
10:00	Break
10:15	Dioxin Poisoning (continued) Dr. James R. Allen
11:30	Lunch (on your own)
1:00	Psychological Counseling Michael M. Katz, Ph.D. Clinical Psychologist Dept. of Psychology Veterans Administration Medical Center Allen Park, Michigan
	Genetic Counseling Eugene V.D. Perrin, MD Professor of Pathology in Pediatrics Wayne State University Director of Histopathology Children's Hospital of Michigan Attending physician at Children's Hospital of Michigan, Hutzel Hospital, and Sinai Hospital Past President of the Sierra Club of Michigan
2:15	Break

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(over)

C22869

2:30 Litigation and Legislative Responses
Arthur S. Woll
Attorney at Law
Koslow, Woll, Crowley
& Berman
Southfield, Michigan

Mary Roxburgh
Special Project Assistant
for Congressman David Bonier

3:20 Community Resources
Representative from the City of Detroit
Neighborhood Services Center
for the Education for Returning
Veterans (CERV)

3:45 Panel of people personally involved
with dioxin poisoning
Tim Rae, Moderator

Ken Boling

Michael Brobecker

Tom Miller

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C22870

Agent Orange - TV3
5-18-81
Veterans Forum

Loss of memory, nervousness, insomnia, birth defects, cancer, chloracne. Chloracne is a reoccurring skin condition that doesn't seem to have any cure and we find that in the people we've seen about 85% of them are suffering from chloracne in form or another. I have two people who live over at Davidson who can't go out in the daytime because they are so sun sensative, and they have skin like a crocodile. Sounds like a form of leprosy. Well as far as they are concerned it is. As to the birth defects, we have all of the information in a computer and, so that when we come accross a certain kind of birth defect we can see whether it's the kind of thing that we're getting a lot of. For instance, we have some cases where the children were born with their feet facing the wrong way, which is very odd, and we have 16 of those cases. We also have testicular cancer in young guys, which is almost unheard of. We have a 26-30 percent birth defect rate in our verterans, progeny, their children, in so that we have a high number of verterans who are having surgery so they won't have any children. There is a terrible cancer syndrome going through this group of people. How about some of the verterans that children of the verterans like, say they had kids before they were in the service, prior to and after they were in the service? We have cases like that. I have 8 guards, that there are 4 guards in the Federal Correctional Institution in Miland, Michigan, who were professional soldiers and had families before they went to Vietnam and children and all of their children are healthy! Since returning from Vietnam the 4 of them have 8 children, 8 new children, and all 8 new children have birth defects ranging from severe learning disabilities and eye problems to unbelievable grotesque. One child has wings, instead of arms. Just little hands that stick out. What possible action would you gain from these. Well this particular class action is against the manufacturers of Agent Orange, it is not against the Federal Government, it is not against the V.A. as far as we're concerned. We claim that the manufacturers, who made a large profit in this matter, failed to warn the Federal Government that there were some by-products that were going to be very harmful. They knew what they were! They know that dioxin is very lethal, on cup of it would kill Detroit, everybody! They know that 100 parts per billion is a manageable level as a by product to the Agent Orange. In Vietnam, as far as we can tell, the average was 66,000 parts per billion of that which they sprayed. The reason it is called Agent Orange, by the way, is because

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canisters they sprayed it on had an orange band around it. But they also sprayed agent white, blue, and purple. Just different colored bands. Which held the same ingredient. Ya, the same, it had to do with who manufactured it, I think. In 1967, in Vietnam, they used up the world supply of the defoliant. Everything there was in the world they used in Vietnam. They had to get rid of it somehow. Well they did, and they came to the chemical companies and said we need more. Now there is a way to make that fairly safe, and it would not cost a whole lot of money compared to what the war costs, it'd be pennies, but no, they just went right in there and they just produced it in vast quantities and had their technicians mixing it and they sprayed it everywhere. You know what it does, don't you. It forces growth, so that the plant forgets to reproduce, and supposedly we weren't suppose to go into the areas for 2 months or 3 months, whatever the period was, after they had sprayed. They were spraying our positions and they certainly sprayed all the Australians, they filed with us. They sprayed the first 100 meters of every base camp in South Vietnam. There is 330,000 tons we think. One cup will kill Detroit,hey. Right. Well three ounces will take out New York City in the water system. Its the most deadly poison known to man. It's absolutely devastating. Know we don't know what's going to happen, we have a huge birth defect rate. I talked to 5 veterans, all have three children with some kind of birth defect, out of 5. That's just the first generation. How long is this going to go on. That's what this is about. In fact, in 1970, on the floor of the Congress, Philip Hart, Senator from Michigan, made a skathing speech about what are you doing you're going to kill everyone, this is going to be unbelievably horrible. Then it took them 3 years to find out, then they stopped spraying. It was time to do it. Tim, when did you serve in Vietnam, where and with who? I served with the second of 47th infantry, 9th division, and I work recongizanze in the Mekong Delta and Cambodia. And what year was that? 1968,1969 and 1970. Were you affected by Agent Orange, yourself, you know? I have kidney problems, I have skin rashes that haven't gone away, my eyes are failing, every now and then I have a loss of memory. Hum. Who is actually being sued by the other veterans? Well, its the class action suit, is against the Penn Chemical Company, who principally produced Agent Orange. Principally, the Dow Chemical Company. Hooker, of course, you would never want to leave them out of anything, and, give them all a plug, hey. Right. Are you handling any civilian dioxin

cases, has there been any settlement. Actually, there was one settled against Dow Chemical and the US Forest Service out West somewhere and it was settled approximately 2 months ago. The suit had been in process for approximately 10 years and they sequested the settlement, and that means that nobody knows who got what, it's a secret. But the Claimants, who were some ladies living in an area where they did a lot of heavy spraying in forstration to cut down the undergrowth, had a lot of birth defects and miscarriages and problems of that nature along this certain area. They paid them all, but we don't know what they paid them, but this is the reason for suit and it took 10 years to do it. Jim, you mentioned on last week's show that this Country has been using Agent Orange all along for years, I mean I'm. It's been in use since 1940 and range lands has been using it in past years where beef cattle for market, its been used state forest lands, its been used on the railroads, its been on the side of the road to kill the right away. And all along nobody ever knew the tragedy of this. It's in some of the different fertilizers and weed and feed that you used to buy in the market. You know you can make it safe. How is that just don't mix them together. No, No, there's certain ways to make it, certain process, which are more expensive and take more time, they bring down the dioxin level below 100 parts per billion, you can do that. And it works. But if you want to make maximized profits, there's other ways. I won't say that they did that but there are 66,000 parts per billion in the stuff used in Vietnam. In Oregon, along the Clamith River, there's a man by the name of Silus Vigims (Silas Brogham?) and his farm was sprayed, he had 500 acres of fruit trees, and his farm caught an overspray from the department of Forestry. It killed all 500 acres of his trees, that was in 1970. 8 years later when they replanted 5 different areas of that man's 500 acres, all the trees died 8 years later. The ground was still saturated with that amount of poison, the trees couldn't live. He had a son 4 years after the overspray, and his son was born with a cleft palate. The people who live next door to him, down the road or whatever, their son was born with a birth defect and they believe it came from the dioxin in his land through the water system that ran between the houses. You said, wait a second, let me get this straight, you said 8 years

later the ground was still saturated. Still saturated. For the stuff to go away. 500 years or else you can burn it. Forever. In other words, we gota live with this. It's something that doesn't go away, you gota understand that its biodegradeable. It doesn't go away. It's just there, all the time. You can get rid of it by burning it at 2,000°. Ok, that's what they did with the 200 million gallons that were left over in Vietnam. It wasn't allowed to be brought back to the United States, so they burned it on a ship in the South Pacific called Valcanus, an inceneration ship. Didn't they import it. They didn't even want it back in the United States. It was banned in 1970 in South Vietnam, but the ban wasn't put on hte United States until 1978. How long does this stuff last in your body then if it lasts on Earth that long? We don't know, we've only been through our first generation. If it affects the DNA structure of the body, then once that blue print of life has been affected it could go on for untolled generations. That's what part of the suit is, to set up the proper research facilities to discover its course and how long it lasts. We don't know, really, but supposedly it last forever. It's in the structure, the cell structure and once that happens, grandchildren of Vietnam veteran and great grandchildren ad infinitum will be having birth defects that are caused by something that happened in 1969 in the Mekong Delta. How about the Vietnamese people themselves, what's happening with them? That's a great question because the South Vietnamese nationals have been paid for Agent Orange birth defects and they've been paid for defoliation and the loss of property. By United States Government? Right, the United States Government, but the United States Government won't pay their own Vietnam Veterans for birth defects and problems that they themselves are suffering at this time. And the people in the North won't admit that they were fighting in the South so they don't have a claim. Oh I see. But there's a study done in Switzerland about birth defects and cancer related incidents and relationship of stomack cancer of people who live in North Vietnam , South Vietnam is so astronomical it's a joke, its off every graph. There's so many people there with cancer. How many suits have been filed just in the veterans favor?

Well, the class action suit has not been won, it goes on. It goes by what motions, is that what that is? Well, presently, they made a motion to discover whether or not there is a Federal Common law that question is being taken up to the Supreme Court of the United States. We expect to prevail, we prevail alot of times when logic says we're not supposed to, and every day the numbers grows, the evidence grows, more birth defects, more people with strange kinds of cancer, more kinds of interesting medical problems that shouldn't happen to people. Like I mentioned before, testicular cancer. You never see testicular cancer in anybody under 30, just loads of people with that problem. That's supposed to be a rare type of cancer. Well older, older, you know 27 years old, it just doesn't happen. We have won most of the motions that we have come forth with, and we have been met at every turn with some hard fighting, but we're doing great and things that we never think we need, we get in the mail anonymously. We have gotten reports, secret government reports have come to our leading lawyer in New York, Victor , who is the lead lawyer in this case, from who knows where. Secret Air Force reports. Can they be used in Court? We find a report, we can get another copy of it. Well we're trying to do as much we can do, but there's a lot of cover up here, we think, I don't know who to point to but this is a huge national problem and its gona take in a lot of people. We have people that are today, who had been in Vietnam 13 years ago, wake up tomorrow morning and find out they have cancer. I had a guy the first of the year, came to see me, worked in a bank in Lansing. He was a Marine in Vietnam, he was there in '70, early '70's, and he felt pain in his shoulders, 31 years old. He went to see some doctor. Naw, its tennis shoulder. Then he went to see a second opinion, and they took his shoulder off. We did a tissue biopsy, that's how I know this is an Agent Orange case, there's no question about it. We have the shoulder, and they did a tissue biopsy and we discovered dioxin in the fat tissue. There's no question in my mind, from the outfit he was in, the area he was in that he was sprayed. But it took him 13 years for it to develope. Now what else is going to happen, how many other guys are walking around like time bombs waiting for something to happen. I mean I have people that come in today, who are having problems that are 2 and 3 months old, and haven't been in Vietnam or thought about it for 10 and 12 years.

It incredible, and what if they have a child? We have a child with 7 of everything. 7 spleens, the whole thing, its incredible. The chance that they've taken. Isn't there a safe way to use this at all, or is it. Well, they could make it so that its useable. I don't know if it is safe or not. Prior to Vietnam, didn't, wasn't there directions on. On What! They sprayed it from the air. They sprayed it totally undiluted. They shipped it over in 55 gallon drums. YOu were in the Army, weren't you? Ya, I was in Vietnam. Right. That was in 1971. They were spraying then. They told me it was. No, NO, they were spraying till '73, even though Tim thinks they stopped in '70. Hum. That's when the ban was put on. They changed the color codes then. They were spraying. Don't you know. YOu know how the Army does things. Everybody lines up and measures it out, They dump it out of the plane, Where do you think you are, that's war! People are shooting at you, you gona sit there and say what a minute we better not drop the dioxin on these guys, we might hit the Australians or the 9th division. Drop it out of the plane and go home. It's the name of the game. Put you 8 hours in and go home. Right, you were there. These suits that are filed now, are these covering just the Vets or is there something in it for their children and stuff. Oh yes, children are definately a large part of this suit. It makes up the real thrust of the suit. And what we really like to do, is we would like to have the studies done that we should have done. The VA has turned a deaf ear to this problem. In fact, just recently they decided there was something called Vietnam syndrome, which is kind of a new classification for disability. I would say that 80% of the people I see have it in one degree or another, but they pay disability for that. The veteran that is forced to go into a veterans hospital for any problem ... (end of side one)

Veterans whom they can't communicate with, they may be capable doctors but they don't speak English frankly. That's not funny if you have to go in there. We got something here from a Dr. Elizabeth Whalen from Scottsdale. She stated that she couldn't "link 2452 to health problems in animals or humans. She stated this to the EPA two weeks ago in efforts to having the ban on 2452 usuage in the United States lifted. What effects is this having on the environmental food stuffs that we grow in the United States. Let me say this to you,

I would like to know who financed her studies. Because I know for a fact that we can't have 30,000 people with the same problem and have some doctor who who knows where she got her money from, say oh that just kind of a coincidence right. How about 30,000 people that didn't go to Vietnam, lets see how many deformed children they have, and how much cancer they have. I'll bet you that it'll be significantly different, OK. But the government won't do that study, that the study, we have a study, we're ready. We're not showing it yet, we know what we're doing. I don't care what Elizabeth whats-her-face says. Dr. Elizabeth Whalen. Right. Are you familiar with the South resolution bill 6377, its know in Congress, for the benefit of Veterans exposed to Agent Orange. That bill is in Congress rightknow, Representative Dashill introduced the bill its got the signature and indorsement of 136 other Congressmen. What the bill provides for is the veteran be allowed to be paid some type of disability for Agent Orange exposure, he does not have to prove his exposure, all he has to furnish the VA with is his DD2-14 and his military records. From that the Military has to prove he wasn't in an area sprayed. So, therefore, what this bill is doing is offering the veteran benefits on a presumption basis. They don't have to prove it. The VA has to prove that they weren't there and that they were not sprayed and that why this bill is very important to the veterans right now. Especially with the budget cuts that are going to be enacted pretty soon against the Veterans affairs and VA Administration, the Veteran outreach program, Bamboo raft and the Flight of the Pheonix will all be cut out all the phsycological help and job placement, technical training assistance programs will all be cut out by the budge cuts that Reagan's proposed. It comes down to 1/100 of 1% of the total Federal Budget. He sends that 1/100 to El Salvador, it doesn't seem quite fair to the Vietnam Veterans. It's funny because they just had fought Congress for so long to get a job placement bill that was suppose to go into affect in January and what was it called Dwatt or Dbopp or something, a funny name like that. And just as they got it going it's the first thing that cut, so nobody,

they had studies, I mean feasibility studies and all of that crap you know that they do. and they finally got them passed, and then they cut it out, so nobody every got anything, even though it took them 3 years and they did tons of studies and the feasibility and they really need this and the Vietnam Veterans really needs this and were gona do it in all the Viet centers. You know, the D-bopp program or the D-Wapp program or whatever it's called. They cut it out nobody every got trained. They did all these fabulous studies to say they need it but know they cut it out. Just a front in other words. Well, I mean, remember that's all from Jimmy Carter era and this is Ronald Reagan. But Reagan has always said you know he's a strong veterans guy, and everything else as long as it doesn't cost any money. He supports the Vietnam veteran and he's kind of a haunt, but he closed all of the Vet Centers, and there all gona be gone by October, there won't be one left. Bamboo Raft and the Flight of the Phoenix we didn't get in Detroit until late '78, so we haven't even been effective, know we've had two and a half years of effectiveness, people are just starting to realize that they exist, the veterans have psychological problems, their wives go down there, and try and find out why is my husband acting like this, he did not act like this before. At least Bamboo Raft and Flight of the Pheonix are able to help these people and give them some type of direction, know there gone. Hum. How long do you expect the litigation to take in these suits, before the final verdict comes down? I don't know, I wish I knew. Two or Three years I imagine it'll be and then we'll see an end to it. Don't you think that the Vietnam Veteran, maybe some of them don't have that much time left. We have, we're taking depositions all the time by video tape of guys who are dying. The initial suit, the first case, was the one of the two Agent Orange victims who were ever acknowledged by the VA and paid by the VA, died the night they paid him and they of course, cancelled the check. He is the lead case in this whole suit, it's all on video tape too. We take video tapes, oh somewhere in the Country, probably every day. I'm doing one in Harbor Springs or Silver Springs in two weeks of a Veteran who we don't expect to survive. Two in Harper Hospital right now, who we are trying to arrange for testimony at this point so we can put it away for their estates. Which is their Children?

Whoever. We have veterans dying all the time. You know, this is not a new problem. In the late '40's and early '40's, they tested atomic bombs on American Troops, you know. If there ever, all of the names of all of the troops that went to these atomic tests, and, of course, they're all seen on Movietone News, watching the test, and all of those guys have high rates of cancer. Most of them are dead, 30 years ago, 35 years ago. They were as close as 400 yards to an atomic blast. Our own guys, checking it out. I remember last week when Ken Bowling was on the program, his daughter developed a small pimple behind her ear, and this week she is in the hospital and it had grown inside of a week to a size of a golf ball, she had it removed surgically this morning. The doctor couldn't acutally give why this occurred. How old is she? She's under the age of 8. Hum. You mentioned that you were the Communications Director of Veterans Action Committee, just what is this Veterans Action Committee? The Veterans Action Committee was set up two years ago at Macomb College to help Veterans with Education benefits and with Agent Orange claims and to help Veterans in the community have a place to go and have a rap session with their own type of peers and possibly do some good in the community. Then you were just the attorney in the, the head go getter, hey, for the class action suit? The class action suit is in every state, and my particular jurisdiction in that class is Southern Michigan an the Federal prison system. You working in or out of the prisons to huh. How are the guys in prison taking this know? There's a high degree of Vietnam veteran who is come, run a foul in the long, the prisons are just loaded with guys who have been in Vietnam. Incredible numbers. How is there medical treatment compared to our like on the outskirts. Well, medical treatment in prison is never the greatest, its kindof a controlled atmosphere. It turns out a lot of guards in Federal Prison System are also Vietnam Veterans, we have alot of them as clients too. Some of the conditions that are, they halucinate alot. But they're the extreme cases, and there is some very serious problems among these people and among these people and among their progeny, alot of them have families, and there just incredible the kinds of skin conditions and cancers, kidney problems that are unheard of in people who hadn't been to Vietnam. Right accross the board, you won't just find one

you'll find 1/100. We have all the information in a computer in New York and we were kind of hoping that the Federal Government would match our people with as many people that they have that have not been to Vietnam so that there would be a definitive study and there could be a profile made on what is the Vietnam veteran and what is he really about and also the birth defect thing is just overwhelming at times, I mean sometimes its overwhelming it truly is. It's ridiculous. The rate is incredible, its 26 or 28 of their children. The national average is just minut by comparison. If any of our viewers out there want to contact you, either one of you two about more information on Agent Orange how would they get a hold of you. Well as a matter of fact we are having an Agent Orange seminar at the Vets Memorial and its May 16 at the Veteran Memorial building in Detroit there will be a seminar and I am listed in the book if anybody wants to talk about it. We will be holding open house at the Bamboo Raft and at the Flight of the Phoenix from the week of the 11th for any Vietnam Veteran who wants to come over and discuss his problems or he can call me at my office and come any time he wants. They can get a hold of you through Veterans Action Committee at Macomb College.

WELL THAT'S ABOUT OUR SHOW FOR TODAY. I'D LIKE TO THANK YOU FOR JOINING US. Our guest next week will include Bob Morris, he's the Health Director for Veterans Action Committee out of Macomb County Community College.