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Medical Center, January 8, 1980

Journal/Book Title

Year

Month/Day

Color



Number of Images 0

Description Notes

AGENT ORANGE MEETING

January 8, 1980 8:30 - 4:00

St. Louis, VAMC
Building 61, Conference Room

PERSONS IN ATTENDANCE

- ✓ Ronald DeYoung, Consultant 217-356-7482
- ✓ Michael Skyer, Consultant 312-968-2267
- ✓ Dick Colloton, St. Louis VAMC
- ✓ Ray Iggulden, St. Louis VAMC
- ✓ Rick Coger, St. Louis VAMC
- ✓ Mark Gray, St. Louis VAMC
- ✓ F.A. Zacharewicz, MD, St. Louis VAMC

*Richard Levine
Alfred Kaufman
William Wint
A. ...*

MAJOR TOPICS DISCUSSED

VETERANS

- How to determine if veteran was exposed
- Psychological problems
- Facts about herbicide and toxicity (documentation)
- Expectation of human population exposed to the toxin
- Exposure and affects to Vietnam veterans
- Benefits available from the VA
- VA protocol during visit to hospital
- Description of treatment

CLINICAL STAFF

- Scientific information
- Concern and anxiety of the veterans
- VA protocol and procedures - why they are needed
- Affective domain - being understanding with problems of veterans
- Symptoms and treatment (recommendation)

ADMINISTRATIVE STAFF

- Describe protocol
- Implementation of protocol
- Purpose of protocol
- What to expect from the veterans
- Handle the veterans with care (understanding)
- Knowledge of veterans about chemicals (may be limited)
- Ask for photographs, slides, letters, or other information to help prove that veterans were exposed

GENERAL TOPIC OUTLINE

VETERANS PROGRAM

- A. Veterans expressing their problems, fears, etc.
 - 1) Was I exposed? (Very possibly)
 - 2) What can it do to me if I was exposed?
 - a) Here's what other veterans are reporting
 - b) Symptoms as per Bogen - Caveat et.al.
- B. Most probable exposures

NOT VALID

- 1) Operations in defoliated areas
- 2) Handling chemicals
- 3) Participating in defoliative missions
- 4) Firebases and LZ's
- 5) Perimeters
- 6) Communication and observation areas
- 7) Construction techniques
- 8) Food and water ingestion — NOT PROBABLE

C. Geographical time information on major spray missions (ranch-hand missions)

- 1) Major troop disposition (overlay over spray pattern)

D. Defoliation was a weapon - effective in some cases

E. Emergency health care delivery - great for massive, traumatic injury/poor for lower-order complaints may be the reason for no paperwork on previous complaints

CLINICAL STAFF PROGRAM

A. Scientific information

- 1) At what level does dioxin produce clinical manifestation
- 2) What is dioxin known to do? (Include studies of chemical companies)
 - a) In the laboratory
 - b) In the clinic (positive human exposure)
 - c) Civilian exposure in USA
 - d) Military exposure in Vietnam

What is dioxin?
What do we know?

B. Cacodylic acid-base chemical in agent blue and white

- 1) What it is
- 2) In the laboratory
- 3) In the clinic (positive human exposure)
- 4) Civilian exposure in USA
- 5) Military exposure in Vietnam

NO

C. 2,4D

2,4-D

- 1) What it is
- 2) In the laboratory
- 3) In the clinic (positive human exposure)
- 4) Civilian exposure in USA
- 5) Military exposure in Vietnam

D. 2,4,5T

2,4,5-T

- 1) What it is
- 2) In the laboratory
- 3) In the clinic (positive human exposure)
- 4) Civilian exposure in USA
- 5) Military exposure in Vietnam

E. 2,4,5TR

- 1) What it is
- 2) In the laboratory
- 3) In the clinic (positive human exposure)
- 4) Civilian exposure in USA
- 5) Military exposure in Vietnam

malathion
PCP

The before-mentioned, are major chemicals; however, other chemicals were employed.

F. Can it reasonably be expected that a veterans was exposed to these (before-mentioned) compounds and at what level? *Can't calculate*

G. How the veterans could have been exposed

- Handwritten: Blue*
- 1) Chronology of herbicide uses
 - a) Ariel spray of base camp perimeter to provide a clear field of fire extending several hundred meters
 - b) General defoliation destruction of vegetation along roads, to runways, ammunition dumps, rivers, streams, infiltration routes, crop destruction, (rice and vegetation)
 - c) Spraying from tracks and hand held containers
 - d) Ranch-hand mission
 - e) Contaminated food and water (Meselson study) - *validity?*

H. Symptoms - see Caveat symptoms (Bogen studies)

I. Treatments - see Bogen studies, Bederka, Yokoyama, Selicoff studies

- 1) Physician medical treatments
- 2) Need for psychological/psychiatric counseling to deal with psychological difficulties induced by chemicals
- 3) Counseling of family (spouse) rate of divorces, suicides, drug and alcohol addiction
- 4) Possibilities of symptomatic treatment
 - a) Vertac process *Selicoff - available?*
 - b) Kepone process (use Selicoff studies) and Monsanto chemical studies *NA applicable* *Susbernd*

Reference: Report OEHL TR-78-82 The Toxicology, Environmental, etc.

J. VA protocol and procedures

- 1) See circular 10-79-83
- 2) Develop new protocol (DeYoung)

K. Clinical staff treating patients (veterans) and family with understanding and compassion

- 1) Interviews with veterans *NOT ON Film !!*
- 2) VA is working with community-based veterans groups (show typical example)
- 3) "Operation Outreach" set-up should be referring patients to VAMC's
- 4) Check all available sources for veterans history and ask veteran to develop sick days at work, etc.
- 5) Check private physician's medical records to determine if veteran has been in previously for specific complaints - expect military records to be incomplete. Half of military records were lost by fire
- 6) Attitudinally there are physiological and psychological manifestations of chemical poisoning

ADMINISTRATIVE STAFF PROGRAM

A. Protocol

- 1) Circular 10-79-83

B. What to expect from the veteran

- 1) Attitude/condition of the veterans when they seek treatment
 - a) Frustrated with red tape (frustration breeds aggression)
 - b) Aggressive

d) Disoriented

C. Administrative, creative information gathering

- 1) Photographs, slides, letters mailed home from Vietnam, personal medical records, days lost at work, other information
- 2) Complete citations of unit designation - company, battalion; job designation
- 3) "Sympathetically Aggressive" question-asking (dramatic vignettes)

D. Digested scientific information from clinical tape

E. Nature of being in Vietnam

- 1) Highly mobile
- 2) Uninformed as to location
- 3) GI names doesn't match official designation, local jargon, nicknames
- 4) Selected readings - bibliography
- 5) There was little group support: individualized perceptions of Vietnam; no groups rotated home
- 6) Survival guilt
- 7) Response to veterans once home to societal rejection

F. Purpose of protocol

- 1) To determine compensation and pension benefits
- 2) Determine treatment modalities (Medical)
- 3) Research (epidemiological) verify exposure; determine rate of exposure (how much)
- 4) Projected GAO numbers of exposure
- 5) Attempt to fill voids in military medical records