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Medical Center, February 4-5, 1980

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Year

Month/Day

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Description Notes Includes letter from F. A. Zacharewicz to Alvin L. Young,
February 7, 1980. Also includes notes by Dr. Young.



February 7, 1980

Major Alvin L. Young, Ph. D.
Epidemiology Division
USAF School of Aerospace Medicine/ESS
Brooks AFB, Texas 78235



Dear Major Young:

Enclosed is a summary of information generated by you and other members of the content team in St. Louis on February 4-5, 1980. Please note that this information does not represent the final list of content that may be included in the program on herbicides for the target audience--veterans.

Thank you for participating and remember that our next meeting will be at the St. Louis VA Medical Center, March 4-5, 1980. Best wishes and again thank you.

Sincerely,

A handwritten signature in cursive script that reads 'F. A. Zacharewicz'.

F. A. ZACHAREWICZ, M. D., Medical Director
South Central Regional Medical Education Center

Enclosure

HERBICIDE ORANGE MEETING

February 4,5, 1980

St. Louis VAMC
Building 61
Conference Room

PERSONS IN ATTENDANCE:

- Richard A. Levinson, M. D., Deputy ACMD For Professional Services, 389-3560
- Alex Kutner, VACO, 389-3350
- Ronald DeYoung, Consultant
- Michael A. Skyer, Consultant, 312-968-2267
- Lt. Col. William H. Wolfe, M. D., Brooks AFB, 512-536-2715
- Major Alvin L. Young, Brooks AFB, 512-536-2411
- Mark Gray, St. Louis VAMC
- Dick Colloton, St. Louis VAMC
- Rick Coger, St. Louis VAMC
- F. A. Zacharewicz, M. D., St. Louis VA Medical Center

TARGET AUDIENCE ----- VETERANS/PATIENTS

TOPIC OUTLINE

I Background

- A. What is a herbicide or defoliant?
- B. Why were herbicides used in Vietnam?
- C. What herbicides were used in Vietnam?
- D. How were they used?

APPLICATION: C-123 (Ranch Hand - USAF)
 Helicopters (Army, Navy, Marines and USAF)
 Buffalo Turbine (Army)
 Hand Sprayers (Army)

WHERE APPLIED: Forests (for defoliation)
 Along rights-of-ways,
 canals, roads, communication lines.
 Base Perimeters (free fire zones)
 Crops in enemy or contested areas (for destruction).

II Likelihood of Exposure

- A. Time
- B. Location (geography)
 - 1. Vietnam
 - a. Where Missions Originated.
 - b. III Corps > I Corps > II Corps > IV Corps
 - c. Key Missions:
 - Ashau Valley
 - Rung Sat
 - DMZ (Spray Missions and Troop Movements)

2. Other military Locations
Other Southeast Asia Locations
Routine Military Use - Weed/Brush Control Programs
3. Widespread civilian use

C. JOBS

1. High Likelihood of Exposure
 - a. Field Personnel in High Risk Areas.
Air Force Personnel in Operation Ranch Hand
Armour
Aviation
Transportation units
Infantry
Engineers
Artillery

III Medical Effects

- A. Scientific Literature
 1. Animal Data
 2. Human Data (Time & Chemicals)
- B. Veteran's Registry Review
- C. Summary & Target Systems

IV VA Programs (Activities)

- A. What the VA is doing
 1. Formed a Health Advisory Committee
 2. Established a Registry
 3. Conducted fat biopsy studies
 4. Formed an Armed Forces Institute of Pathology Tissue Bank
 5. Provide symptomatic treatments.
 6. Established educational programs
 7. Psychological Readjustment Program
 8. General Benefits Assistance
 9. Close Cooperation with Veteran Groups
- B. What the VA plans to do
 1. Epidemiological studies
 2. Comprehensive/comparative literature review
 3. Specific areas of research the VA is involved
 - a. Chromosome
 - b. Immune systems
 - c. Development of an exposure model
 - d. Others to be specified later
 4. Continuous review and assessment of all programs
 5. Close cooperation with Veteran groups.
- C. What the VA will not be able to do
 1. Regulations limit the VA
 - a. Limited family services
 1. Can not examine or treat family or spouse at this time (legislation pending).

- b. Compensation limited by service connection
(see Department of Veteran's Benefits)
- c. Can Not provide legal assistance (see Veteran organizations)

2. Scientific Limitations

- a. No specific diagnostic tests for herbicide exposure or disease.
- b. Symptoms are common to many diseases.
- c. Limited results of some available symptomatic treatments.
- d. Data does not warrant "panic" reactions and radical treatments, i.e. abortion, fat biopsy, sex and physical fitness abandonment, etc.
- e. Changes in the direction of scientific concern and technology.

3. Record limitations

- a. Personnel
- b. Medical
 - 1. Military
 - 2. VA
 - 3. Civilian

Note: Many military records were lost, destroyed, poorly documented or unavailable.

- c. Inadequate records on movements of individuals or small units.
- d. Records will not necessarily document exposure.

V What Should the Concerned Veteran Do

A. Seek medical evaluation

- 1. Symptomatic
 - a. Go to VA Medical Center for examination and treatment
 - b. Participate in herbicide registry
- 2. Asymptomatic
 - a. Go to VA Medical Center for examination
 - b. Participate in herbicide registry

B. Assist the VA in gathering and developing documentation

- 1. Military records
- 2. Civilian Medical Records
- 3. Photographs, slides, letters written from service to home which indicates
 - a. Exposure
 - b. Locations and dates
 - c. Symptoms

C. Take advantage of any current VA program which may address your needs

- 1. Psychological readjustment program
 - a. On-going counseling services
- 2. Priority medical care for service-connected disabled veterans
- 3. Others (see VACO)

NEXT GENERAL MEETING

DATE: March 4-5, 1980

St. Louis VAMC
Building 61
Conference Room

ASSIGNMENTS:

Dr. Wolfe

Dr. Levinson, Mr. DeYoung
and Mr. Skyer

Major Young & Mr. DeYoung

Major Young

DEVELOP INFORMATION ON

Acute and chronic symptoms by time and
chemicals.

Methods of information gathering techniques

Develop additional information for
"Background" and "exposure" Topics

Provide St. Louis VAMC with a 16mm film on
herbicides^s

Clinical Program

I. Background

- A & B. Same as Veterans Program
- C. Discussion of individual Herbicides and their constitution in some detail
- D. Same as Veterans Program

II. Same as Veterans Program

III. Medical Effects

- A. Scientific literature review
 - 1. Overview
 - 2. Discussion of mechanism of action chemicals
 - 3. Animal Studies
 - 4. Human Studies
 - 5. Summary target organ systems
- B. Herbicides Orange Registry

IV. Same as Veterans Program

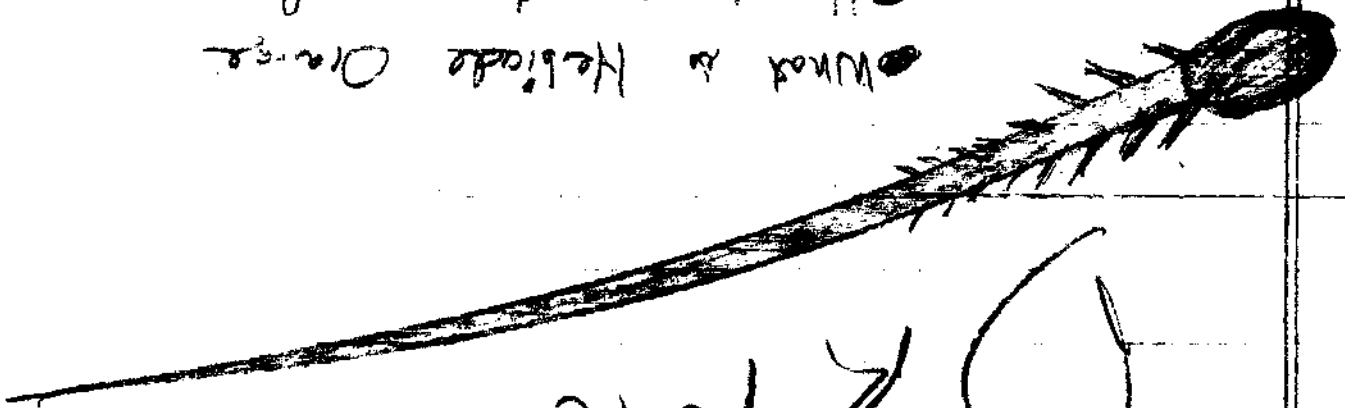
V. What is the physician's role in handling patients potentially exposed to herbicide orange?

- A. Attitude - needs to be supportive and non judgmental (should not take sides). Patient is often confused by what he reads and hears in the media and by what the physician tells him. He is frustrated by what he feels is an inflexible autocratic system. These often will lead to hostile attitudes on the part of the patient.

- B. Help the veteran understand that the physician can give the veteran no "final" answer.
- C. Insure that the physical exam and history is performed in accordance with VA protocol. Stress that in order to get valid information from this effort, the physician's time is invaluable (avoid taking "short cuts" in conducting history physical exam.)
- D. Data collected by the physician will be used and not lie in a computer. Physician will be kept informed on new developments arising from the registry and on-going studies.

11-21 Feb

- Wind in Helideck Area
- How used of weed
- Exposure
- Environmental Fate
- The Controversy
- Signs/Symptoms reported by Veterans
- Examination from



Dr. Melvin
Data related to
operation

Mike Newton



- Herbicides in General.

- Major Areas of Interest

- Appeal to Veterans

- Lack of Scientific Data

- Areas of VA Study

Do Herbicides/CID Cause Effects.

What are the possible effects

- What herbicides were used in Vietnam
- How were they used
- Were you likely to be exposed
- What symptoms occurred
- Are there treatment options

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- I Backgrounds
- II Likelihood of Exposure
- III Medical effects
- IV VA Programs
- V What should the Concerned Veterans Do.

Assignments

Next Meeting - 4, 5 March
De Wolfe - Acute to Chronic
Symptoms by time
& Chemicals

De Levinson }
He D Young }
Mc Sayer }
Methods of Information
Gathered, Techniques

May Young }
Ron DeYoung }
Develop Outline
Information for Background
to Exposure

May Young - Possible Background
16 mm film on Herbicides

CONTENT TEAM

Organize Technical Content - Validity
Technical Accurate.

Define The problem.
Educational

Dec. Education Material Suggested.

Two video tapes.

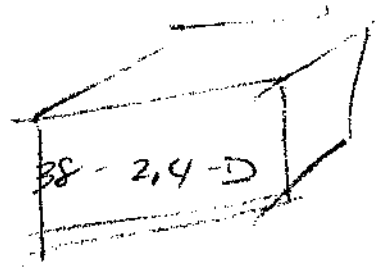
①: For Professional - Veteran Presents Himself.
Express VA's Position

②: General Information Tape
Used in Admission Areas

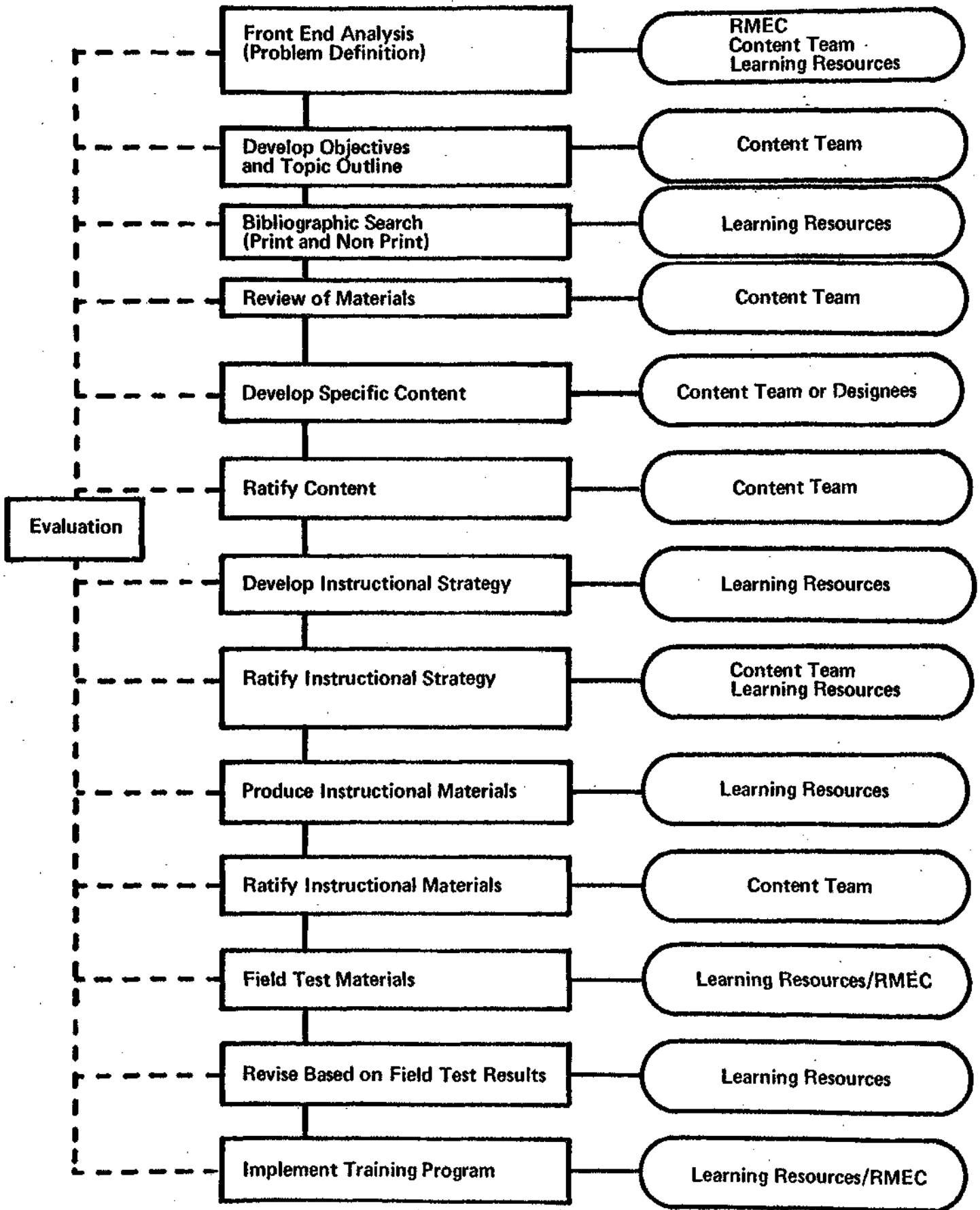
Films would be field tested.

314 light-anti-aircraft batteries.
25 N of Da Nang

17 Assault Helicopter
178 " "



MEDIATED INSTRUCTION DEVELOPMENT PROCESS
Learning Resources Service
St. Louis, MO



SUGGESTED ATTRIBUTABLE SYMPTOMS OF HERBICIDE/TCDD IN HUMANS

<u>2,4-D</u>	<u>2,4,5-T (+TCDD)</u>	<u>TCDD</u>
		● CHLORACNE
	● PORPHYRIA	● PORPHYRIA
	● HYPERPIGMENTATION	● HYPERPIGMENTATION
● ASTHENIA	● ASTHENIA	● ASTHENIA
● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY
● SWEATING/FEVER		
● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE
● RENAL DYSFUNCTION		
● LIVER DYSFUNCTION	● LIVER DYSFUNCTION	● LIVER DYSFUNCTION
● GI DISTURBANCE	● GI DISTURBANCE	● GI DISTURBANCE
● HEADACHE		
● PNEUMONITIS		
		● HYPOTHYROIDISM
● CSF PROTEIN ABNORMALITIES		● HEARING/SMELL DISTURBANCES
● CONVULSIONS		

18 DEC 1979

COMPONENTS OF SELECTED HUMAN SYMPTOM/SIGNS FOLLOWING EXPOSURE TO PHENOXY HERBICIDES AND/OR TCDD (CONT'D)

OTHER DISORDERS

HEPATIC DYSFUNCTION

↑ CHOLESTEROL
↑ SGOT , SGPT, LDH

GI DISTURBANCE

NAUSEA
VOMITING
DIARRHEA
GASTRITIS
ABD PAIN
FLATULENCE

RENAL DYSFUNCTION

PROTEINURIA
↓ OUTPUT
TUBULAR DEGENERATION
GLOMERULAR DEGENERATION
RENAL GLUCOSURIA

CARDIAC DISTURBANCE

BRADYCARDIA
TACHYCARDIA
ATRIAL FIBRILLATION

COMPONENTS OF SELECTED HUMAN SYMPTOM/SIGNS FOLLOWING EXPOSURE TO PHENOXY HERBICIDES AND/OR TCDD

NEURO-PSYCHIATRIC ABNORMALITIES

ASTHENIA

ANXIETY
DEPRESSION
FATIGUE
APATHY
LOSS OF DRIVE
LIBIDO
IMPOTENCY
SLEEPLESSNESS
EMOTIONAL INSTABILITY
ANOREXIA
DIZZINESS
↓ LEARNING ABILITY

PERIPHERAL NEUROPATHY

HYPOREFLEXIA
WEAKNESS
PARESTHESIAS
EXTREMITY NUMBNESS
MYALGIA
GAIT DISTURBANCE
"MILD" PARESIS

DERMATOLOGIC DISEASE

CHLORACNE
PORPHYRIA CUTANEA TARDA
HYPERPIGMENTATION
HIRSUTISM (BODY)
ALOPECIA OF THE SCALP