

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
113TH LEGISLATURE  
SECOND REGULAR SESSION

"IT'S A TERRIBLE SHAME"

Report of

THE MAINE INFORMATION  
COMMISSION ON  
AGENT ORANGE  
AND  
RADIATION

DECEMBER 1988

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## RECOMMENDATIONS

1. The Legislature shall memorialize the Congress of the United States to grant presumptive compensation to Vietnam Veterans with conditions which have been proven more prevalent among this group such as chloracne, porphyria cutanea tarda, non-Hodgkin's lymphoma and lung cancer and to allow such compensation for additional conditions as the evidence accumulates;
2. The Legislature shall memorialize the Congress of the United States to amend the Social Security Act to provide an exemption for funds awarded to Vietnam Veterans pursuant to the class action suit for the purposes of determining eligibility for federally established public assistance programs;
3. The Maine Legislature shall memorialize the Congress of the United States to direct the United States Veterans' Administration to make available to any Vietnam Veteran who was exposed to dioxin while in military service, a test which measures the level of dioxin (2,3,7,8--TCDD) in the veteran's body;
4. The Legislature shall urge the Maine Congressional Delegation to support equitable compensation for Vietnam Veterans who are suffering from the effects of agent orange and to mandate that the Veterans' Administration implement P.L. 98-542 as intended by Congress;
5. The duties of the Maine Bureau of Veterans Services should be revised to include the monitoring of the results of legal suits and Congressional actions related to agent orange and the provision of information to Vietnam Veterans on agent orange and the availability of the screening for agent orange through the Veterans' Administration;
6. The State Toxicologist in the Maine Bureau of Health should be provided the funds to attend the annual Conference on Dioxin.



## INTRODUCTION

The Maine Information Commission on Agent Orange and Radiation was established under P&S 1988, c. 129, emergency legislation enacted by the Second Regular Session of the 113th Legislature. The impetus for the legislation came from Vietnam Veterans who had been exposed to agent orange and World War II era veterans who had been exposed to radiation during the early use and testing of atomic weapons. Both groups have been frustrated in achieving support from the American armed forces, the U.S. Veterans' Administration, and veterans organizations for their claims of medical problems and disabilities resulting from their exposure to agent orange or radiation during their military service.

The specific charge of the Commission was five fold. These were specified in the legislation as follows:

"1. Compile information concerning:

- A. The use of toxic chemicals in Southeast Asia;
- B. The effect of radiation on Atomic Veterans and their children;

"2. Develop a medical form for a medical history to be used by medical personnel treating Vietnam and Atomic Veterans and their families to record pertinent medical information. Veterans will be responsible for having the forms completed. In developing the form the commission shall request assistance from the Division of Disease Control and from agencies in other states which are dealing with veterans who have been exposed to agent orange or radiation;

"3. Develop procedures for the establishment of a registry of all Vietnam Veterans and Atomic Veterans in the state. The registry should establish a data base of information containing the medical history information on veterans and their families;

"4. Make an assessment of the availability and adequacy of health and social services for Vietnam and Atomic Veterans in Maine; and

"5. Publicize the existence of the commission and the commission's interest in having Vietnam and Atomic Veterans who wish to participate in the registry to contact the commission."

The Commission was to "report to the 113th Legislature by December 1, 1988, on its progress in making contact with veterans and in establishing a registry." The Commission was further charged with making "written recommendations and proposals as to how the registry should be made an on-going activity of State Government and how the social services provided to affected veterans could be improved."



The emergency clause on the legislation was designed to allow the Commission to start its work in the late Spring or early Summer. However, due to the delay in finding members and in assigning staff the Commission did not have its organizational meeting until August and did not start its work until the beginning of September. Complicating the start up of the Commission's work, the individual appointed to represent the Atomic Veterans did not accept the appointment due to health reasons.

This report represents the Commission's preliminary findings on the problems facing Maine veterans who have been exposed to agent orange or radiation during their military service. It describes the progress made in establishing a registry of names of affected veterans and in developing a medical form. Finally, it makes recommendations as to further actions which should be taken on behalf of these veterans and their families.

## HISTORICAL PERSPECTIVE

### Vietnam Veterans

The United States Air Force sprayed a variety of types of herbicides during the Vietnam War in an attempt to deny enemy troops protective cover and to destroy their food crops. The spraying started in 1962 and ended in 1971. The barrels containing the different herbicides were marked by the colored bands painted on them. One of the most commonly used herbicides was marked by an orange band and hence known as agent orange. Agent orange was a mixture of two common herbicides called 2,4,5-T and 2,4-D (2,4,5-trichloro-phenoxyacetic acid and 2,4-dichloro-phenoxyacetic acid). Dioxin, on which most of the health concerns are focussed, is actually a contaminant produced in the production 2,4,5-T. More specifically dioxin is TCDD or 2,3,7,8-tetrachlorodibenzo-para-dioxin.

#### Studies of the Health Effects of Dioxin

Animal studies of dioxin have shown it to be one of the most toxic substances known to man. It has a clear relationship to cancer in laboratory animals and to birth defects to females exposed during pregnancy. The data from epidemiological studies of the effect of dioxin on human populations is less clear.<sup>1</sup> Animal studies rely on extrapolations from high dose exposures. Human studies are based on naturally occurring low level exposures. The presence of confounding causes in human populations and lack of knowledge of the length of time between exposure and the appearance of identifiable effects makes epidemiological studies very difficult.

More recently there have been studies which have attempted to measure the level of dioxin in the adipose fatty tissue and blood of exposed individuals.<sup>2</sup> These studies have developed techniques for measuring dioxin levels and have shown that the dioxin levels of exposed Vietnam Veterans is substantially higher than those of control groups. The availability of these tests will allow future studies to assess the relationship of the level of exposure to dioxin with various health problems. At present, these tests are still relatively expensive and the studies which have been conducted have been on very small populations.

At present the Veterans' Administration has recognized only a limited number of illnesses as having been caused by exposure to Agent Orange in Vietnam.

## Atomic Veterans

Veterans of the World War II and the 1950s and 1960s who were exposed to radiation from atomic weapons blasts during their military service have been given the label Atomic Veterans. These include American prisoners of war who were used by Japan in the clean up of Hiroshima or Nagasaki or transported through the port of Nagasaki at the end of the war; veterans who participated in the occupation of Japan between August 1, 1945 and August 1, 1946; and veterans who participated in the atmospheric and underwater testing of nuclear weapons.

### Radiation Exposure

These Atomic Veterans have faced similar problems to those experienced by Vietnam Veterans. They were exposed before the US Armed Forces began to understand the potential health hazards of radiation. Once the health hazards became known the policy of exposing troops was changed.

While there is a clear recognition of the health hazards of exposure to radiation, the epidemiological data has led to inconclusive results. Official government reports tend to find no relationship while others draw alternative conclusions from the same data.<sup>3</sup> The underlying problems are the same. There are possible competing causes of the veterans, and their families', health problems. The time between exposure and the appearance of the illness is not clearly known.

### Conclusions

Whatever the final conclusions are about the cause of their problems both those veterans who were exposed to radiation from atomic bombs and those exposed to agent orange have health problems which demand attention. Beyond the question of cause remains the questions as to the types of services they need and what is the best way to deliver those services.

### Notes

1. Center for Disease Control, Health Status of Vietnam Veterans I, II, and III, Journal of the American Medical Association, May 13, 1988, pp. 2701 - 2719.
2. Peter C. Kahn, et.al., Dioxins and Dibenzofurans in Blood and Adipose Tissue of Agent Orange-Exposed Vietnam Veterans and Matched Controls, JAMA 1988; vol. 259, pp. 1661-1667.
3. Irwin D. Bross and Neal S. Bross, Do Atomic Veterans Have Excess Cancer? New Results Correcting for the Healthy Soldier Bias, American Journal of Epidemiology, vol. 126, pp. 1042-1050.

## COMPILING LITERATURE

There has been voluminous material written on both the effects of radiation and on the effect of agent orange and dioxin. The volume of material was well beyond the capacity of the present Commission and its staff to assemble or organize. The library at the Veterans Hospital at Togus, however, has collected and catalogued a large amount of materials on both these topics. The Commission decided that it was unnecessary to duplicate what Togus had already collected. It would instead concentrate its efforts on the experiences and problems faced by Maine veterans.

The information concerning agent orange and radiation covers a wide range. At one end, there are personal accounts of the lives of individual veterans which describe their medical problems, their suspicions that they might have been caused by exposure to agent orange or radiation, how the Veterans' Administration has met (or failed to meet) their needs for service, what the failure of official sources to confirm that their problems are related to exposure in the military has meant to them personally, and how they daily cope with their problems. At the other end, there are animal experiments and epidemiological studies which try to assess the causal connection between exposure and the illnesses experienced by veterans and their families. There are also numerous surveys and commentaries which try to assess the scope of the problem or discuss what the proper responsibility of government should be in assisting veterans.



## REGISTRY

The United States Veterans' Administration, Department of Medicine and Surgery, has established an Agent Orange Projects Office and an Ionizing Radiation Program to help monitor veterans and military personnel who had been exposed to agent orange during the Vietnam War or to ionizing radiation during World War II or at atomic bomb test sites. As part of these two efforts the Veterans' Administration has developed some registry information on exposed veterans. The names of individuals on these registries are available to nonprofit organizations for certain purposes.

All the individuals on the list have sought some type of assistance from the Veterans' Administration. This could be for medical care, disability support, or educational or housing assistance. The addresses have not been updated since the veteran's last contact with the Veterans' Administration. The registries are larger for Vietnam Veterans than those exposed to ionizing radiation. This is probably due to the fact that the Ionizing Radiation Program is relatively recent and hence a considerable time has elapsed between exposure and the start of the registry.

Informal conversations with individuals at the VA indicate that there are approximately 2500 names of Maine residents on the Agent Orange Registry. Based on the experience of other states as many as 50% of the individuals on the registry list may have changed addresses since their last contact with the VA. Information on the Ionizing Radiation registry is more unclear, but there appears to be about 25 individuals in this category who have sought service from Togus Veterans' Hospital.

The process of acquiring the names and addresses of Maine residents on the Agent Orange Registry has been initiated with the Projects Office. The usual time delays in passing papers between bureaucracies, providing the necessary information in the proper form, and getting approval of the various review stages have been encountered. A recent letter from the Veterans' Administration has indicated that Maine will be receiving a list of names from one of their registries. (See Appendix A.)



## VETERAN'S EXPERIENCES

At an early hearing of the Commission in Augusta, Vietnam and Atomic Veterans were invited to present testimony to the Commission on the problems they felt they, and their families, were experiencing as a result of their military exposure to agent orange or radiation. Similar testimony was collected by one of the Commission members at a hearing in Presque Isle. The testimony at both hearings covered the medical complaints the veterans thought were associated with exposure and the difficulty they had in getting help, especially from the Veterans' Administration. This testimony lead the Commission to request their staff to conduct individual interviews with a selected group of veterans to determine the types of problems veterans had and the issues involved in receiving services. Some of the veterans interviewed had testified at the hearings, others were referred to the Commission through informal means. Experts from the interviews are found in Appendix B and are organized in to 5 areas -- where they were exposed, what health problems they have, what health problems their children have, what services they have received, and what they would like to see happen.

### Where Exposed:

The Atomic Veterans included one who was exposed when he was assigned to duty in Nagasaki for short period at the end of the war. The others were exposed during various test following the war. The Vietnam Veterans ranged from those who . . . had been in areas which had been sprayed before their arrival to one who was riding helicopters which had to "fly up through the mist to get out of there when the planes spraying agent orange came over. A common theme, especially among the Atomic Veterans, was that they "were never told, really about the amount of radiation that we were exposed to." and a feeling that "you're in the army but you're not in there to be a guinea pig."

### Health Problems:

The veterans selected for interviews all had health problems. Some had problems which did not prevent them from working while others were disabled. Coupled with the problems they had was the uncertainty as to whether their exposure during their military service was the cause. "I have kidney problems. I don't know if that is directly related or not. . . . In fact, I don't know of any way you would know." Most would like their problems to be recognized as service connected. However, most find it difficult to get the Veterans' Administration physicians to say there is a connection. Even when the Veterans' Administration pays for care the veterans are left to draw their own conclusions. "You see they wouldn't pay for it unless they did (see a service connection). . . . They're doing it. They're saying it really."



### Children:

What was very troubling was the uncertainty as to whether their exposure had caused problems for their children. A daughter born to one veteran after he had been exposed to radiation later had two still born babies herself. He was troubled that his exposure might be related. His other two children did not seem to have any problems "cause the other two were born before I was exposed to this. I don't know, you know. You just don't know." A Vietnam Veteran had a similar difficulty with the problems his wife and children were having. "Did I do this to my wife? I mean it bothers the hell out of you, if you think that you're the cause of these things and I'm hoping that my children aren't going to carry it on." Another Vietnam Veteran said that "as soon as I found out about this agent orange I stopped having children. I don't think I would have had children if I had known beforehand. . . . It's hard to sit here and watch my middle son go through all he goes through. I don't know, I get angry, frustrated."

The Vietnam Veterans still had young children. They were most concerned with finding out what their children's problems were and obtaining medical treatment or appropriate educational programs. The Atomic Veterans' children were much older. Those who had handicapped children were more concerned with getting some kind of assurance that their children would continue to get the help they needed once the veteran had died.

### Services Received:

Whether and where veterans received services varied greatly. Some were reportedly "afraid to go and see a doctor because they didn't want to owe people money and the V.A. says either 'if you have got this illness . . . we'll take care of you.' If not it's on a first come, first serve basis after all of the priority cases have been taken care of." Another Atomic Veteran was contacted by the Veterans' Administration and asked to come in for a "physical, no charge." While given free care by a specialist, this veteran did not like the result and went to a private doctor. "So I paid for it and got it done myself. . . . See I have insurance good enough. . . . So I don't feel like I need to go to Togus. . . ."

### Like to See:

What both groups of veterans would like to be done is to "pass a law . . . that we are entitled . . . to be treated for any health problems regardless of what health problems they are." They were also disturbed that they had no recourse against decisions that went against them. "We have second class citizenship. . . . We can't sue the government. You can, I can't."

The Vietnam Veterans were concerned that they get proper and effective treatment and finding out the cause of their problems. "I'd like to be treated with some concern for my

health. When I go up there and they hit me with these weird-ass experiments, right, I don't want to be an experiment. . . . I think they need to face that (dioxin is a killer) and deal with it in some way, not just say 'well no that's not what did it.' Well, if that is not what did it then find out what did do it and get on it."

There still seems to be a lot of hope that something can be done. Well, I would like to see some competent medical people look at this, you know, and develop some kind of plan. . . . I want to see a lot of outreach. . . . I'd like to have some kind of a plan to work from even if it's just somebody saying 'geez we're sorry.'"



## SUMMARY OF ACTIONS BY OTHER STATE COMMISSIONS

Besides Maine, at least fourteen other states operate programs dealing with the health problems of agent orange veterans: California, Connecticut, Georgia, Indiana, Illinois, Iowa, Maryland, Massachusetts, Michigan, New Jersey, New York, Pennsylvania, Texas, and Virginia. Iowa has since terminated its program.

Only one other state besides Maine--Illinois--is also exploring the connections between exposure to radiation and health problems. However, like Maine's commission, the Illinois Atomic Radiation and Dioxin Poisoning Victims Advisory Council is just beginning to gather information about its veterans. They have not developed programs designed to help the Atomic Veteran. This summary and the accompanying chart describes the efforts to assist Agent Orange Veterans.

### Registries

Ten of the states on the chart have developed registries of veterans who have been exposed to agent orange. The registries of Illinois and Maryland are in the planning stages. Only New York has decided not to develop a registry.

### Medical Questionnaires

California, Georgia, Indiana, Iowa, Massachusetts, Michigan, New Jersey, New York and Texas have sent out medical questionnaires. Illinois and Maryland are in the planning stage of sending out medical questionnaires.

### Scientific Studies and Surveys

Indiana is in the process of conducting a study on birth defects in children of Vietnam Veterans. Massachusetts is presently conducting a study of dioxin levels in Vietnam Veterans who believe they have been exposed to agent orange. New Jersey is doing the same thing in a more comprehensive manner in their Pointman and Pointman II Projects. These studies have concluded that these Vietnam Veterans who were heavily exposed to agent orange have more dioxin in their bodies than do veterans who were minimally or not exposed.

New York is conducting three projects: 1) Health Effects of Exposure to Phenoxy Herbicides in New York State Highway Maintenance Workers; 2) Long-Term Health Effects in Vietnam Veterans; and 3) a study to examine the relationship between dioxin exposure and lymphatic cancers. Michigan is planning an exposure assessment of veterans and epidemiological studies.

Texas has conducted a number of different tests in its pilot studies of selected veterans in the Texas Veterans' Agent Orange Program: Cytogenic testing to determine if Vietnam

veterans presumed to have been exposed to agent orange during their military service have more genetic damage as measured by chromosomal abnormalities in cultured lymphocytes than does a suitable comparison group of veterans presumed not to have been exposed to Agent Orange. Also, sperm evaluation was done to determine whether an association can be detected between current production of abnormal sperm and prior exposure to Agent Orange. An analysis of the immune response compared the immunocompetency of Vietnam Veterans thought to have been exposed to Agent Orange with that of age-matched controls having no history of exposure to Agent Orange. Finally, a birth defects study was done by the Division of Clinical Genetics of the University of Texas Health Center at Dallas. Statistical information was also kept on Cancer in veterans under age 36; cancer in veterans over age 36; tingling/numbness in extremities; Post-traumatic Stress Disorder; current rashes; children with deformities; miscarriages/stillbirths; and schizophrenia. Statistical surveys similar to that done in Texas were also done in California, Connecticut, and Virginia.

California, Connecticut, Georgia, and Virginia have conducted surveys that monitor, among other things, the health problems of Vietnam Veterans.

#### Initiated Programs, Developed Services, or Distributed Money

Some state Agent Orange programs have lobbied for and received substantial legislative assistance for programs designed to respond to the needs of Agent Orange veterans. The New Jersey State Commission on Agent Orange has been appropriated \$300,000 for individual Post-Traumatic Stress Disorder Counseling, and \$2,000,000 to establish a laboratory capable of detecting the level of dioxin in the body. New Jersey also provides a comprehensive outreach program for all Vietnam Veterans. The state employs a full-time outreach coordinator and a full-time information disseminator. New Jersey also passed a bill making the proceeds of the Agent Orange settlement exempt from income taxes.

Virginia has established the Congenital Anomalies Reporting and Education System for informing parents of children identified as having birth defects and their physicians about the health resources available to aid such children. The legislature passed a bill exempting victims of Agent Orange exposure who will receive funds from the Agent Orange Settlement of tax liability or denial of services from the state or federal government.

California is expanding its existing Agent Orange Outreach Programs. In Connecticut both public and private agencies are working to help victims of Agent Orange exposure. The Connecticut Agent Orange Commission provides educational information to medical students and doctors about Agent Orange. Connecticut's Vietnam Veterans Agent Orange Victims, Inc. refers Vietnam vets for medical, administrative or social assistance. A staffer at Vietnam Veterans Agent Orange Victims, Inc. said the crisis intervention they provide to vets has saved lives.

Massachusetts provides free, comprehensive medical care to all disabled veterans living in Massachusetts. New York runs the Dioxin Outreach Program that provides a number of services to Agent Orange victims. Indiana distributed a war bonus to all Vietnam Veterans living within its boundaries.

SUMMARY OF ACTIONS BY OTHER STATE COMMISSIONS

<u>STATE</u>	<u>DEVELOPED REGISTRY?</u>	<u>SENT OUT MEDICAL QUESTIONNAIRES?</u>	<u>CONDUCTED SCIENTIFIC STUDIES?</u>	<u>LATEST REPORT?</u>	<u>INITIATED PROGRAMS, DEVELOPED SERVICES OR DISTRIBUTED MONEY?</u>
California	Yes	Yes	Random telephone survey	1/1/87	Legislation requires the Department of Veterans Affairs to expand the existing Agent Orange Outreach Programs.
Connecticut	Yes	No	Surveys on health status of vets & their children	6/30/88	Connecticut refers Vietnam Vets for medical, administrative, legal or social assistance and crisis intervention.
Georgia	Yes	Yes	Survey veterans, physicians, and hospitals.		No
Indiana	Developing a registry	Yes	Birth Defects in child- ren of Vietnam veterans.	?	War bonus to Vietnam vets.
Illinois	Planning Stage	Planning Stage	Planning Stage	None	Though established over two years ago, the Council has had one meeting. Another is planned for December, 1988.
Iowa	Yes	Yes	Yes	7/85	Agent Orange Program has been terminated.
Maryland	Planning Stage	Planning Stage	Planning Stage	Preliminary report, 1987	No
Massachusetts	Yes	Yes	Dioxin tissue analysis	?	Veterans Entitlement Program for disabled veterans: free, comprehensive medical care.

<u>STATE</u>	<u>DEVELOPED REGISTRY?</u>	<u>SENT OUT MEDICAL QUESTIONNAIRES?</u>	<u>CONDUCTED SCIENTIFIC STUDIES</u>	<u>LATEST REPORT?</u>	<u>INITIATED PROGRAMS, DEVELOPED SERVICES OR DISTRIBUTED MONEY?</u>
Michigan	Yes	Yes (awaiting results)	Planning an exposure assessment and epidemi- ological studies	preliminary report, 6/88	Not yet.
New Jersey	Yes	Yes	Pointman Project Pointman II	6/88	employs a fulltime outreach coordinator and information disseminator. Conducting medical research comprehensive outreach program. Provide a wide range of social services from PTSD counseling to Agent Orange and substance abuse counseling.
New York	No	Yes	Health Effects of expo- sure to Phenoxy Herbi- cides in N.Y. State High- way Maintenance Workers.  Long-Term Health Effects in Vietnam veterans.  A study to examine the relationship between di- oxin exposure & lymphatic cancers.	4/86	Dioxin Outreach Program.
Pennsylvania	Yes	No	No	July, 1988	The Deputy Secretary for Drug & Alcohol Programs, Dept. of Health, has developed a special information bulletin advisory that military histories be taken at intake of all drug & alcohol abuse clinics. Also, he has agreed to review the mental health program intake process to ascertain how many veterans are entering mental facilities.
				8/85	The Executive Director has established liaison with the Agent Orange Lawsuit Advisory Board to obtain information relative to the lawsuit settlements payout plan for veterans and social service programs.



<u>STATE</u>	<u>DEVELOPED REGISTRY?</u>	<u>SENT OUT MEDICAL QUESTIONNAIRES?</u>	<u>CONDUCTED SCIENTIFIC STUDIES</u>	<u>LATEST REPORT?</u>	<u>INITIATED PROGRAMS, DEVELOPED SERVICES OR DISTRIBUTED MONEY?</u>
Pennsylvania (continued)					Media efforts: TV appearance discussing health related concerns of Vietnam Veterans and the goals of the commission.
Texas	Yes	Yes	Cytogenetics study, Bleomycin Test, Immune Profile, Uroporphyrins, Aryl Hydrocarbon Hydroxylase Induction  Statistical information kept on: Cancer in Veterans under age 36 Cancer in Veterans over age 36; Tingling/numbness in extremities; Post Traumatic Stress Disorder; Current rashes; Children with deformities; miscarriages/stillbirths; schizophrenia	8/85	35,500 brochures + 7,726 posters mailed. 1,962 veterans referred to program 2,073 medical records reviewed
Virginia	Yes	No	Survey of medical problems	1/88	Establish Virginia Congenital Anomalies Reporting and Education System for informing parents of children identified as having birth defects and their physicians about the health resources available to aid such children.  Exempt recipients of the Agent Orange Settlement of tax liability or denial of services from the state or federal government.

## SUMMARY AND CONCLUSIONS

From the testimony presented to the Commission, it is clear that a number of Vietnam Veterans have significant health problems for which they seek not only treatment but an understanding of the cause of their condition. As veterans, they have a choice of obtaining care through private (or state and local government) health care facilities or of seeking care through the Veterans' Administration.

The accounts of the Maine Vietnam Veterans indicate a dissatisfaction toward the services received from the Veterans' Administration. The reasons for this dissatisfaction are important because they have ultimate bearing on where veterans will be seeking services (ie whether it is realistic to expect they will use VA services) and what recommendations should be made to deal with the problems facing Vietnam Veterans.

The veterans the Commission received testimony from are interested in having their conditions treated. They are also concerned about what caused their conditions. Veterans' Administration physicians, on the other hand, have difficulty in giving affirmative answers to their patients' questions about the relationship between radiation or agent orange exposure and their medical problems.

The Veterans' Administration gives priority to the treatment of veterans with service connected disabilities. A physician might personally support the conclusion that exposure to agent orange or radiation is the most likely cause of a particular patient's illness. Officially, however, the physician must support the Veterans' Administration's position that there is no proven link.

The prioritization of service connected illness makes sense in the allocation of scarce resources. On the other hand, the chance of having ones treatment delayed because it is considered not service connected can be a source of resentment. This is particularly true if the veteran feels there is a service connection.

In addition, pensions given to veterans are affected by whether a disability is service connected or not. Again until the official position of the Veterans' Administration changes, the Veterans' Administration physicians have to tell patients that the cause of their problem is not known or that there is no proven link between exposure to agent orange or radiation and their present problems.

Finally, accepting that exposure to agent orange and radiation as the cause for veterans' illnesses raises larger issues of responsibility. Acceptance, of course, would have substantial budgetary consequences.

Compounding the feeling that the system does not support their position is the fact that the Veterans' Administration has opposed Congressional initiatives designed to help Vietnam veterans. Since World War II, the VA has built up services around the needs of World War II veterans. Both the Veterans' Administration and the national veterans' associations (made up of World War II veterans) have been fearful that in a period of fiscal restraint, new programs for Vietnam Veterans would be instituted at the expense of existing programs.

The Veterans' Administration, also, does not provide medical care for veterans' families. The only support they provide families is indirectly through pension. From the testimony received by the Commission, one of the major concerns of veterans is the effect their exposure might have had on their children. The Vietnam Veterans were focussed on the problems their children seemed to be having in school. The Atomic Veterans were now worried about what was going to happen to their children who had handicaps after the veteran had died.

One result of the veterans' perception of the Veterans' Administrations response to their needs is that Vietnam Veterans may not perceive the Veterans' Administration system as the logical, or consider it the preferred, source of services. They may select other sources as their first choice for services. Many of those who presented testimony to the Commission indicated they use private health care providers, private health insurance programs, or their personal resources instead of seeking aid from the Veterans' Administration.

In any continuation of the investigation into the problems facing Vietnam and Atomic Veterans, the assumption should not be that the Veterans' Administration will be the sole source or even the primary source of services. A specific concern, in fact, should be to determine where veterans do in fact seek services. Any solutions to the problems facing these veterans should build on, or at least take into consideration, actual utilization patterns.

Independent of the problems that their concern with cause creates in their dealings with the Veterans' Administration, both Vietnam and Atomic Veterans are frustrated with the inability to obtain scientific proof that their problems are caused by exposure to agent orange or radiation. This frustration is perhaps to be anticipated given the high expectations that the general public has of "science" and the real difficulties the scientific method has in definitively proving a connection between two events.

The scientific method is clearer when testing the connection between a single cause for a single result. In the case of exposure to any potentially toxic environmental agent, there is generally no one-to-one relationship. The toxic agent may have multiple effects. The toxic agent under investigation may also not be the only factor to produce these effects. Under these conditions the problem of designing studies to isolate the competing causes to assess a general relationship between the toxic agent and a particular effect is difficult enough. To determine whether the toxic agent (and not one of the competing factors) caused a particular veteran's illness is at present beyond the scope of the scientific method.

These and other limitations of the scientific method mean that science is unlikely to develop a definitive proof that a service connected exposure to agent orange or radiation was the cause of a particular veteran's illness. The resolution of the issue must be based on a general public acceptance of a possible link and a political decision to act on that acceptance.



APPENDIX A

LETTER FROM THE UNITED STATES VETERANS' ADMINISTRATION





NOV 15 1988

In Reply Refer To:  
723B  
RONA 1410

Honorable Maria Holt  
Chair  
Maine Information Commission  
on Agent Orange & Radiation  
Augusta, Maine 04333

Dear Ms. Holt:

I am pleased to inform you that the names and addresses of Vietnam era veterans residing in your state and currently receiving a VA benefit will be supplied as requested in your October 6, 1988, letter.

As explained to Lars Rydell, designated point of contact, the data will not be extracted from the Veterans Administration's Agent Orange Registry because that file is not routinely updated after the initial screening process. A recent mailing, which used the Agent Orange file, had 50 percent of the mail returned as undeliverable. Consequently, data for your requested list will be extracted from the Compensation and Pension (C&P) and the Education (EDU) files and will be provided to you on magnetic tape and on gummed labels. Name and address listings that are released do not include records which contain bank addresses. You may expect delivery of the data from C&P and EDU in approximately 2-3 weeks.

I am sure you are aware that the confidentiality of veterans' names and addresses is protected by title 38 U.S.C., section 3301(a). Under title 38 U.S.C., section 3301(f)(1), use of names and addresses of veterans is limited to purposes directly connected to the conduct of programs and utilization of benefits under title 38. In addition, sections 240-245 of title 38 authorize a VA program to advise VA beneficiaries of non-VA government benefits available to them and also provide for cooperating with and utilizing the services of local and state governments. Per the telephone conversation with Mr. Rydell, it is our understanding that the information collected will be used to cite illnesses and patterns relative to Vietnam and Atomic veterans and their families. The information will be furnished to the state legislature and government health agencies to assist them in improving the services and benefits to these veterans and their families. Accordingly, we are releasing the names and addresses to you for the purpose of inviting these veterans to participate in your clinical studies




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Honorable Maria Holt

pertaining to the Maine Information Commission on Agent Orange and Radiation. No other purpose is authorized. There is a penalty for any other use not specified or provided for in this approval letter. Administrative controls are placed in each list to review the purpose for which the names and addresses have been used.

Copies of the tape formats are enclosed for your use. Should there be any questions concerning this matter, please have a member of your staff contact Sahon Palmer of my office on (202) 233-3988.

Sincerely yours,

A handwritten signature in cursive script that reads "Frank E. Lalley". The signature is written in dark ink and is positioned above the typed name.

FRANK E. LALLEY, Director  
Office of Information Management  
and Statistics

Enclosures

# FIXED LENGTH RONA TAPE LAYOUT FOR (C&P) AND (EDU)

ZIP CODE	STUB NAME	PAYEE CODE	ENTITLEMENT CODE	BLANKS	NO. ADDRESS LINES	NAME AND ADDRESS MAXIMUM OF 6 LINES, 20 CHARACTERS EACH
5	5	2	2	65	1	120

**FORMAT**

TRACK: 9  
 DENSITY: 1600 BPI  
 BLOCKING FACTOR: 10 RECORDS PER BLOCK  
 HEADERS/TRAILERS: STANDARD OS HEADERS AND TRAILERS

NOTE: FOR (C&P) AND (EDU) TAPES, PAYEE CODE WILL BE IN FIELDS 11 AND 12  
 FOR (C&P) TAPE, ENTITLEMENT CODE WILL BE IN FIELDS 13 AND 14  
 FOR (EDU) TAPE, PERIOD OF SERVICE CODE WILL BE IN FIELD 13



APPENDIX B

INTERVIEWS WITH VETERANS



## INTERVIEWS WITH VETERANS

The following excerpts are from interviews with four Atomic Veterans and four Vietnam Veterans. Each group is arranged into five categories:

- o Where were you exposed;
- o What are your own health problems that you feel are connected to exposure;
- o What health problems do your children have;
- o Where have you sought services and what services have you received; and
- o What would you like to see done.

## ATOMIC VETERANS

### WHERE EXPOSED

Interview #1:

I: Where were you exposed to radiation?

R: I was assigned to Task Group 3.2 joint task force 3 Eniwetok at Northern Marshall Islands from October, 1950 to November 1951. There I witnessed detonation of four poorly staged nuclear weapons. These were the 13th, 14th, 15th and 16th weapons ever detonated. . . . Three of the four bombs, to which I was exposed, created fallout. We were never . . . warned that a fallout was in progress and at that time it was an official government policy not to warn us. The documents said usual living island routines would go on as normal. We were at liberty to go swimming, play softball, sit down and watch the movies, sit on the veranda of the NCO club and pick these little dots out of your drinks with your fingers, during the fallout. We were never told about this. Then we were never told, really, about the amount of radiation that we were exposed to. . . . All of us were horribly over exposed. . . .

Interview #2:

I: Where were you exposed to radiation?

R: In Yucca Flats. That would have been . . . between the fall of 1954 and when I was discharged in January.

I: Can you tell me about the test a little and what was your involvement in the test?

R: The official name was the 1st Marine Atomic Brigade. We did a lot of experiments. One of them was we went to the desert . . . near Las Vegas. Prior to that they had put us through training on what to do in the instances of atomic blasts. We learned about how much exposure individuals could handle on an individual basis and things like that. Plus we saw a lot of

movies and things on Nagasaki and Hiroshima and what the impact was there and we studied things like the impact of blasts and the impact of heat. . . . The day before we went out to the site, they showed us how it was set up in pie shape with Civil Defense having a section and Marine Corps having a section, the Army, the Air Force and different groups where they set up experiments. We were actually walked directly under the bomb ground zero where it was to go off. . . . The bomb was in a tower like a radio tower in a box at the top of the tower. We were able to look at the different displays and experiments that day. The whole purpose of the test was to coordinate a vertical assault with helicopters with an atomic blast. And that was the exercise that we participated in. . . . Prior to day break, we were taken to an area several miles away from the blast site by truck . . . and there we were involved in the countdown procedure. We'd already had instructions on what to do . . . . At a certain point, they had us turn our backs, sit down and we closed our eyes and covered our faces with our hands and then they counted down to zero and when they hit zero we saw a very bright light, it was like looking into a flashbulb even with your eyes back to. They then told us we could get up and turn around and watch, which we did. You could see the blast coming across the desert and . . . the very exceptionally loud noise. Shortly after that we proceeded to attack an area that was fairly close to ground zero.

I: Is there anything you would like to add about your experience, your experiences as an Atomic Veteran?

R: I don't think so. It's something that I haven't talked about a lot to anybody. It was top secret and you don't get in the habit of talking about things like that and I didn't.

I: How do you feel about being a participant in that test?

R: Well, I really wasn't worried about it until recent years. And now in the past few years I received that literature and then I began wondering if the kidney problems or some of these things are directly related to that. I mean how do you know?

Interview #3:

I: When were exposed to radiation?

R: 1953. . . . . The name of the shot was Upshot, Knothole, it was in Nevada. The reference number was 043120.

I: Where were you in relation to where the tests took place? How far away were you?

R: We was probably a quarter of a mile from it. Almost under. We were in trenches and there were buildings. They built houses there, there were animals there, there were trucks, you know, big tanks and they showed us the big gun. It

took two train cars to haul the thing in there. And the bomb was a big sucker. It was big. They were exploding shells up over us all day long until . . . the bomb went off.

I: And how far away were you from the blast?

R: We was practically under it. You know, we was just back. The mushroom hit down in front of us and then after the bright light, the white light that they called it, you know that blinded you, after that went off they told us to stand up and we got out of our trenches and the thing knocked us down..

I: What do you mean it knocked you down? Was it a big wind or?

R: All of those, where the mushroom comes down and hits the ground it spurts out and that's what does the destruction. We didn't know that. You know. We jumped up, you know, we could see this thing coming at you. But then it knocks you right down.

I: How far do you estimate you were from that?

R: About a mile. We were within 5 or 10 minutes of walking to it, you know, so we weren't very far.

I: So after the wave came over then you went over and right through it.

R: Went right through where it knocked the buildings down, rolled everything over you know. The animals were all burnt. It was a mess.

I: How many of you were there that walked through?

R: Three or four hundred probably. A lot of people. You know, I don't really know, but I know there was a lot of us there.

P: How do you feel about being there, about the whole thing?

R: I didn't like the idea of it. You know. Cause I don't believe the government should do things like that to you. You know, you're in the army but you're not in there to be a guinea pig. You know. I don't know.

I: Did anyone tell you that it could be dangerous?

R: No. They give us no protective clothing, no nothing.

Interview #4

R: Of course, originally the bomb went off so instead of staging at Okinawa . . . we kept right on going . . . as the occupation troops into Japan. And our outfit went into Sasibo, Japan.



I: What time of year was this?

R: We landed there September 23, 1945. After about a month, there was no sign of any military effort of the Japanese, so there was no need for combat troops. We began to break up many of the companies, etc. and ours was broken up and a group of us was sent up to Nagasaki to remove the material that had been stored there by the Second Wing Division. . . . They were a combat outfit. . . . These are men who are the top physical condition. That is something that doesn't seem to register when they make one of these medical studies. They just take an average group of people. . . . When they went in they had one hundred and thirty some odd ships for their supplies. . . . (The Second Wing Division) went down into the atomic area and cleared the area. . . . They unloaded and stored material that could be stored outdoors. After, around the first of November, . . . fellas began to come down with diarrhea, nausea, and dizziness and sickness. And these are combat men in top physical condition and they are unable to work. The whole outfit. Somebody knows something is wrong. So they secured the detail there and left two ships at the dock, one half unloaded and one wasn't unloaded at all. . . . They sent these fellows home from what I understood and discharged them.

In the meantime here's this material stored there and somebody feels that it ought to be utilized, they don't realize that it is contaminated. So they send a group, which I was part of, to Nagasaki . . . along with others . . . . A unit of about 200 men all together. . . . We unloaded the two ships that were there. . . . And that was shipped right directly out by train. It was unloaded and loaded right onto freight cars and shipped right out of Nagasaki. And when we got done . . . , we didn't stick around even three or four days afterwards. . . . The orders were that we were leaving the next morning and the next morning we got out. . . .

These fellas (in the Second Wing Division) were in there with bulldozers and graders, trucks. You don't know what it's like when the fellas get done working at the end of the day. . . . The minute you move any of it the dust flies so they are covered. Those fellows get covered and there is no way of showering, no facilities to clean up each night. So most of the time that stuff was on them for three, four or five days probably before they had a chance to get somewhere where they could wash off their bodies. I mean their faces and hands they could wash, but then they were washing in water that was contaminated, so there is no wonder that they were taken sick. But then they realized what was going on, there was more to this than what both sides were telling them. . . . (Even though they must have realized the danger), they still wanted to remove this material. So they set up this company and when it was all over they just deep-sixed it (that we had been there) to the archives.

## OWN HEALTH PROBLEMS

Interview #1:

(Did not want to health status to be included.)

Interview #2:

I: Do you have any health problems?

R: I have kidney problems. I don't know if that is directly related or not. . . . In fact, I don't know of any way you would know of knowing whether some of these things. . . . It appears I'm getting arthritis in my fingers right now, but I don't know if that is directly related to this or not. I know it's directly related to the function of the kidneys.

I: Has any medical professional confirmed or suggested that there could be some connection between your health problems and exposure?

R: I've asked them that question and they said they really have no way of knowing.

Interview #3:

I: What specifically was the medical problem that you had?

R: Well I had hard spots that came out on my arms. You can see some of them now still. And they sent me to Boston and had them burned out and when they did it made big round white sores. The liquid nitrogen. And I had to end up going to my hospital having this stuff, all these things cut out. They were big things, big as a nickel. They said it was. . . . solar keratosis of the skin.

I: Did they say it was related at all to your exposure to the radiation? Has anyone ever said that?

R: They wouldn't admit it, but they said they would treat me for anything that happened because of that.

I: For free?

R: Right. They paid me my mileage back and forth and I got a card, a V.A. card, right here somewhere. It's not a disability card.

I: Is that the only problem that you've had?

R: Well I don't know, four years ago I had a heart attack, bypass surgery. They said I had two bad heart attacks before that, that I didn't know about. So I don't know. But I have done more since then. I went back to work three months after my operation and I've been working ever since.

I: So it took about, what about 17 years or so for those to appear?

R: Longer than that. About 25.

I: Has any doctor that you have seen in Togus or private physician said that the problems on your skin were related to radiation exposure?

R: You see they wouldn't pay for it unless they did. See they wouldn't pay for this stuff unless they thought it was...They wouldn't send me to Boston and have this all done and pay my mileage down there and back, if they didn't think it was related.

I: So they are not saying it?

R: They're doing it. They're saying it really.

Interview #4:

I: Did you feel ill at all while you were there?

R: No. I had severe headaches started along towards the tail end of it and just either, I can't recall now, whether it was before Christmas or right after Christmas, I had this terrible pain start in my stomach. I went to the doctor and checked in and he examined me and said I think you've got an ulcer started. He said there is nothing I can do for you here and shortly you'll be going to Pearl Harbor anyway and you can get treatment back there, but in the meantime I will give you a chit so that you can buy what chocolate milk you want. . . . Well it helped a little. . . . It wasn't an ulcer, so that's the odd part of it. As long as I had a little something on my stomach it didn't pain so bad, but later when I was home and had a GI series there was no sign of an ulcer in my stomach at all. The end of my esophagus, I'm all scarred up. Something they say that can happen that some of this stuff can stick there .....soft tissue.

I: Radiation?

R: What they call isotopes. It can cause considerable damage. I suffered . . . . I suffered all, ever since. In fact when I was first home and I was taken sick. . . . I was sick. I thought I was dying and come to find out I didn't have any blood pressure at all and I was anemic. He treated me with iron pills at the time and other stuff they gave me, I don't know what it was, got me back on my feet. But ever since I have had to take vitamins. I never took heavy vitamins. I'd go right down hill. I couldn't get around. I'd be right in bed.

I: Did a doctor say that's connected to radiation?

R: Well he didn't know anything about radiation then, at all. But I mean why would I be an anemic just a few months

after getting home and I got home in June, 1946 and this took place in the spring of 1947. I mean it's a funny thing that a man with deteriorating health would deteriorate that quick so that he would be practically dead from low blood pressure and anemic to the point of where that's what has caused the low blood pressure, anemia I suppose.

### **CHILDREN'S HEALTH PROBLEMS**

Interviews #1 & 2

(No problems mentioned)

Interview #3

I: Do you have children?..Have they had any problems?

R: We don't know. (My wife) had a lot of miscarriages. My youngest daughter had two.

R's wife: She (daughter) was the only one we had after you were exposed?

R: She (daughter) had two different babies born dead. Cause the other two (of my children) were born before I was exposed to this. I don't know, you know, you just don't know.

Interview #4

(No problems mentioned.)

### **SERVICES**

Interview #1:

I. A lot of veterans have been afraid to go and see a doctor because they didn't want to owe people money and the V.A. says either if you've got this illness.....we'll take care of you. If not it's on a first come, first serve basis after all of the priority cases have been taken care of.

Interview #2

I: Have you sought advice or treatment from the V.A.?

R: No I haven't.

Interview #3

I: And how do you feel your treatment has been with the V.A.?

R I don't feel like what they did in Boston helped me. Because I had to have it come under my own insurance and have it fixed. . . . They sent me to Boston . . . and it looked terrible. So I paid for it and got it done myself. . . . See I have insurance good enough so I go into my doctor

every once or twice a year to get a checkup. So I don't feel like I need to go to Togus for that.

I: So you received a notice from Togus after 25 years. They asked you to come?

R: Yup. They give me a complete physical, no charge. They paid my way up and my way back. And I went back and forth quite a few times, didn't I? Then they decided they wanted me to go to Boston and have these things treated so that's what I did. . . . But I don't know if they are going to come back again.

Interview #4:

R: One time I was making a call down here to Augusta and never thought of Togus at all and I was so sick that when I got down here to Augusta I said I got to go home I can't make this call. I could just drive and that's all. It begin to go through my mind you know how sick I really was right then. I saw Togus, I saw the sign Togus,.....I was suppose to be a World War veteran. Of course I was young then, I thought I was. So I drove out to Togus and I walked up over the steps I had to stop four or five times to get up those steps to get into the office. At that time they had doctors' offices right . . . where the main lobby use to be. . . . I asked the girl there if I could see a doctor and she showed me right in. I sat down and started talking and said what do you think is wrong with you. .... what the doctor always does what do you think the problem is instead of going to work and checking you all out and then telling you what is wrong they ask you what you think is wrong. Actually, I said I think it is radiation. "Ha, Ha, Ha, Ha, Ha." (He) tipped right over and laughed. "What are you talking about radiation" he said. I just sat there and looked at him for a few minutes and got up out of the chair and started out. He said "wait, wait, wait. Where you going Mr. \_\_\_\_\_." I said "I am too damn sick to be laughed at" and I walked out which was a big mistake. I should have laid right down on the floor and said lug me upstairs and see what is wrong with me, you know.

I: Did (the doctor) say there was a connection between the radiation (and your problems)?

R: No he wouldn't say that.

I: Has anybody said.

R: Only this doctor my wife has. "Yeah," he says. . . "no question about it."

I: But no one at Togus?

R: No. And you can't blame them. This doctor at one time told me he says "you know there is an awful lot of pressure on me." He says "I can't give you." I had to have some prescriptions renewed, he said "I just can't do it anymore." I

said o.k. doctor, I appreciate it. He says "it's too bad. It's a terrible shame", but he says "I am going to retire shortly." He said "oh to hell with them", he took his pad out and started.... I said don't get yourself in trouble. "I could care less about them, to hell with them." He wrote a prescription. And a couple of times afterwards before he retired.

#### **WHAT SHOULD BE DONE**

Interview #1:

I: We have second class citizenship. We can't sue the government. You can, I can't. I could stand up, uphold, protect and defend the constitution and bleed for that oath but I don't enjoy the same constitutional safeguards as all the other people do. If you are a veteran you have lost your rights.

I: Could you explain that further?

R: Well, V.A. law says there can be no judicial review of a V.A. decision, all right. They've taken our rights away from us. Why? Merely because its dioxin or radiation and they don't want the truth to come out. If they wanted the truth to come out they would have told us about the fallout and taken care of us and filed this medical claim. They've never done that.

I: What should they be doing in terms of treatment?

R: I believe that any veteran exposed to radiation should be eligible for any type of treatment. Medical treatment, psychological treatment, family counseling, whatever it takes without regard to thirty or forty years and without regard to how much radiation we received.

Interview #2;

I: It would be kind of nice if somehow we were covered financially. . . . Medically, my insurance is absolutely ridiculous because of my kidney problems. It could be directly related to this. I can't change insurance companies, yet my rates have gone out of sight.

R: If it turns out that you do find out that you have certain health problems that are related to your exposure to radiation, what would you like the V.A. to do? What type of services?

I: I think they should provide whatever health services that are required to deal with those problems and be supportive. Plus I don't think it should be my financial burden. I really don't. I think it might be right now. It certainly is in terms of health insurance.

Interview #4:

I: What would you like for them to do for you? What do you think they should be doing?

R: Well you know what they should do. What should be done and it wouldn't hurt them a bit, what they have done they passed a law now that we are entitled to medication and we're entitled to be treated for any health problems regardless of what health problems they are. You figure radiation may have caused any of them or all of them. But we are the same as the service connected...We have the same rights out there as the service connected veterans as far as priority goes. They've got this means test . . . A, B & C and the service connected veterans are in the A category he is entitled to a bed, if there is one available, he's entitled to any medication that is necessary. So actually we are service connected. But we don't receive any compensation period. And now they have just passed a law this year, a few months ago, that they are compensating for certain types of cancer. Pretty nice, if you get a cancer you don't live very long, it's not going to cost them a great deal there. But what should be done, what would be the ultimate, we should be service connected and a zero rating and then work from the zero rating up like according to a person's health. There is no reason why they shouldn't do that. I've written several times on it, nobody picks up on it, nobody cares about it. If we are considered in the same categories as the service connected veteran, then why aren't we service connected.

It was an awful black mark against our nation, them treating the fellows that way, especially Agent Orange fellows. Just the same way, no difference.

## VIETNAM VETERANS

### WHERE EXPOSED

Interview #1

I: Where do you think you were exposed to Agent Orange?

R: I've got a picture of it. Well I was exposed all through the country for the years I was there, right? Where I got now with these huge boils, right.

I: The boils that you have right now, the condition that you have right now, you had it back then in Vietnam?

R: This is the spot where it came out. When I was in the Aushau Valley, the spraying was so heavy out there that I was only good for maybe 3 weeks before they backlogged me.

I: Backlogged you. What is that?

R: Which means that they put me on a medivac chopper to get me out of there for awhile because my skin just could not cope with it. I mean it was heavily sprayed. The Vietnamese called it the Valley of the Dead.

I: Why is that?

R: Nothing grows there. Nothing is alive there. Ah, there it is. That's me. That's up in the, what I call the Elephant Valley. Which is the pass that comes into the Aushau Valley. There I am drinking the water.

I: So you feel that you were exposed to, first of all by one means by drinking the water. Were there times when they were spraying and you felt that it touched your skin?

R: When I worked for Project Delta, of course, we were on secret missions all the time. We were on a sniffing mission one time near Van Thiet outside the air base down there, because they had been getting hit a lot and that was really heavy spraying. We were riding around trying to find ammonia deposits from the machine we had. Where the (North Vietnamese) were going to the bathroom it would register on the machine and then we'd check it out to see if we could draw fire or something and mark it down and have it bombed. Well, about six of them come over. Coming down the valley, C-130's, and they were spraying the stuff. Of course, we were down on the tree tops they were up there quite a ways, about 18,000 feet, when they come through. Six of them right abreast, just spraying. We had to fly up through the mist to get out of there. It made you sneeze, your eyes water, itched.

I: You were coated with it?

R: Oh yeah. Well, with the rotor blades going you know it's kind of like having a fan right in front of your face all the



time. Drove it in. We got it pretty good.

#### Interview #2

I: Do you remember of any contact with direct spray?

R: . . . somebody passed the word to put on your hard shell because they were spraying. They would say they were spraying again.

I: So how would they hear that?

R: They would just put on their hardshell and they would go overhead, I don't know what kind. . . . They have like C-130's. Something like that. And they just see jet spray come out.

I: Would it actually land on you?

R: Oh yeah. Land on everybody. It would dry on your ponchos.

I: Were you in areas that had been sprayed and see changes in the foliage?

R: Oh absolutely. They would spray the defoliant and you could see changes within a matter of a couple of days. You could see the foliage start to shrivel up. . . . It seems like the small brush went first. It would seem the other way around that the top layer would go first, but it seems like it got the underbrush first and kind of worked its way up.

I: And you spent a lot of time patrolling such areas?

R: Yes. A lot of the time ambushes, listening posts, observation posts.

#### Interview #3

I: Where were you exposed to Agent Orange?

R: Well, we ate. I know I've eaten bananas over there, you know, from that country. The rice I've eaten over there. Of course we drank the water over there. Right outside of our base coming from the Mag 36 Area . . . . There's a lot of trees that the leaves were all dead and everything on, and this was not very far away from our work area. Also the . . . area where we slept.

#### Interview #4

I: Can you tell me about where, you think or you know, you were exposed to Agent Orange?

R: Well, just about every mission that we went on was sprayed with Agent Orange because it was all new jungle new territory. It had to. See this is the first that this area had had Americans in it. They sprayed it and sprayed like the night

before, the day before, sometimes two days before. And you go through and it ate the foliage so quick.....

### **OWN HEALTH PROBLEMS**

Interview #1:

R: I'll show you what is growing on me.

I: O.K.

R: It's not pretty but..... You see the size of that? That's probably about a week from busting. I'll be like this next week before she breaks. I've got them all over. Every place where I sweat heavily. And I'm not alone. There's probably 30 other veterans I know that are growing these things too. So it's just not me. They try to tell me well you're getting too fat and I had it when I was skinny. A pint of blood and puss will come out of it. I've got them right along here down my crotch, all over my knees.

Interview #3:

I: But you have had physical problems that you think are related, I mean definitely believe are related to Agent Orange, since you have returned home.

R: Yes.

I: Can you describe them please?

R: Ah, a lot of degenerative joint disease. A lot of arthritis.

I: So you have degenerative bone disease and you had what other conditions?

R: Also, on other papers I've got here, it says that possible disc disease too.

I: Has anyone at the V.A. or any other medical profession said that your physical condition is related to Agent Orange?

R: No.

I: Has anyone hinted that?

R: Well, when they ask me about any sort of rashes or anything like that, I told them about my son, they just clammed right up and wouldn't even talk about it. I tried to ask them questions on it and they just wouldn't answer anything at all.

## CHILDREN'S HEALTH PROBLEMS

### Interview #4

R: Did I do this to my wife? I mean it bothers the hell out of you, if you think that you're the cause of these things and I'm hoping that my children aren't going to carry it on. Never mind the problems I'm having, to hell with me. I've been concerned about my wife and my kids. . . . I mean most of my friends have died. I haven't got hardly any of my combat.....I haven't got any combat friend I can call up. They're gone. Either they died in Vietnam or they've died stateside.

I: Before we go on to the physical problems you have could you describe the problems, if any, that your children have? I know you mentioned your daughter, but could you explain?

R: She loves sports and she is quite an athlete. Good basketball player. She's got all she can do to run. See she can't run, she can't over exert. She has to take it real easy, cause she will just drop and that's from this prolapsed valve and heart murmur. . . . Is that my fault that, did I bring that home to her? That bothers the hell out of me and I know it does all the other guys. To think that, whether you meant to or not, if they had told us O.K. we saved your life here, we used this stuff on you we saved your life, I can understand. But if they had told us that we would be passing this on to our offsprings and to our....problems to our wives and whatever I'll tell you one thing there wouldn't have been very many vets who would have gotten married and there wouldn't have been very many vets who would have had children.

### Interview #1:

I: Do you have any children?

R: I have three.

I: Are they affected in any way do you feel by this condition?

R: Yes. Two of them have all kinds of symptoms that I attribute to this any ways.

I: Can you describe the symptoms?

R: Well, I've got one boy who's got bone disease, osteogenesis imperfecta, green bones. I have another son is really, I think, severely hit with it. He does not have a memory, no attention span, he's dyslexic, marginal reader. Motor skills are really poor. He's a beautiful little boy, but there's a lot of malfunction going on there that they have to work extra special hard up here you know to help him with. They're doing pretty good. I'm really pleased with the way, that you know, just the people help. Cause they know, you know, our

circumstances up here at the school. And the teachers go the extra mile to help him out. My little girl she's got these brown spots all over her body. And I believe in the Ranch Hand study that the brown spots and the symptoms that Carl shows, he has a permanent rash on his chest also.

Interview #3;

R: My kids, my oldest boy Chris, is, he had a rash when he was born. He still has it to this day. I've got a 14 year old daughter that has a lot of problems with her joints and stuff like that.

I: Does she have degenerative bone disease?

R: Ah, we really haven't had the money to get in to really have that checked out to seeing how far it's gone with her.

I: Does Togus take care of the children of the veterans?

R: No, they do not. . . . My oldest son is anemic. And my 4 year old son is a borderline anemic. But the biggest symptoms we have noticed so far with him is just being anemic. A lot of this stuff seems to be coming out further down the road. We just haven't pinpointed anything down and it's hard to get them to release the information to just what this will do. They've taken, they've spent millions of dollars on tests, but turn around, they won't even give it to outside doctors so they can do something with it to treat the patients out there.

## SERVICES

Interview #1

I: What did (the non-VA doctors) say regarding the Agent Orange?

R: I think they were suspicious that there was a connection. I mean they didn't come right out and say I had Agent Orange, you know. But they did look at it and they did listen to what I had to say and they did think it was possible. It has to be some kind of a chemical poison because I'm not alone. Uncountable veterans in this country who have the exact same symptoms, you know. How. You know if I was just alone and they came down and told me, all right you've got a sweat gland problem from being in the jungle, fine, all right. But I'm not alone. I go and see them all the time and they're covered with the stuff. Rashes, the boils, the little pimples everywhere and stuff you know. I don't understand how the government can come out and say "no we didn't do this". It's obvious they did.

. . . .

I: What type of support have you been receiving from the Federal government or State government for your conditions?

R: Well, it's been feast or famine with the V.A. I mean I can be 100% today and tomorrow some bureaucrat can sign a piece of paper and I can be zero percent. The last time they cut me, when Reagan was elected, I got two weeks notice. I went from the 100% I was receiving for unemployable to 70%, no 60% they put me down, and I was collecting \$700. I had two weeks notice. I lost my social security because of the cut and I had to fight them, it took me 5 years going through their system to reinstate what it was in the first place and I received probably half the time in back pay and I got out of the shack I was living in and bought a home with that back pay.

Interview #4

I: Do you know of any doctors who support your feeling that there is a link between your illness and Agent Orange?

R: They all will say off record...

I: Including up in Togus?

I: Including up in Togus, especially up in Togus by the way, especially up there, but they won't put it on record. Nobody wants to make that step because there isn't enough proper data. Why isn't there enough proper data. Because they haven't done it. They haven't done the proper physicals. They haven't helped the ones in trouble. The ones that died and their families are on poverty. They shouldn't be on welfare, their father did his job and it ain't fair.

#### WHAT SHOULD BE DONE

Interview #1

I: How would you like to be treated? What would you like the V.A. to do in order to treat you?

R: I'd like to be treated with some concern for my health. When I go up there and they hit me with these weird-ass experiments, right, I don't want to be an experiment. I want some help for the problem I have. I want to see some concern. I mean I sit around here and I'm running puss and blood, you know, and I'm upset about it because it is scary.

I sit around here and the pus and the blood just pours right out of me and it is scary. I mean you can see the size of this. That's about half of what it will be. When it is done, my hand will be up like this and I won't be able to put it down to my side, it will be so big. When that sucker lets go, this God awful smell is going to come out of there. I mean its just scary. And we go to Togus and we get no response. I get medicine, but the medicine, I think makes it grow. I'd like them to face the fact that they've got a serious problem here with this Agent Orange. It's not a game, dioxin is a

killer. I think they need to face that and deal with it in some way, not just say "well, no that's not what did it." Well, if that is not what did it, then find out what did do it and get on it. Make some kind of effort to do something. They put all their money and all their time and all their effort into denying that it exists.

I: What would you like to see in assistance for your family?

R: Well, I would like to see some competent medical people to look at this you know, and develop some kind of a plan. I'm afraid that my children are going to end up dying from this too and that their children are going to be genetically deformed or some damn thing you know. I don't want that to happen to my children. Now as soon as I found out about this Agent Orange I stopped having children. I don't think I would have had children if I had known beforehand, because it is kind of. It's hard to sit here and watch my middle son go through all he goes through. I don't know, I get angry, frustrated.

. . . .

I want to see a lot of outreach. Because these guys that are out here, poor boys that are in the woods man, they been in the woods, they haven't, you know . . . . Their life stopped when they came back and the families and the children they're suffering. The children are the poorest in the schools, they're not getting the education, they are not getting the attention they need. It's just such a struggle for them to survive, right, that they don't have time to make a good life for themselves. I think these guys are the best ones in the country. These are the good people. They were willing to stand up and defend their country, do their duty. I don't think you should run out on your duties.

Interview #3:

I: What do you think the V.A. should be doing for you, for your treatment and in general? I imagine first that you believe you deserve a service connected disability.

R: Yes.

I: And beyond that what should they be doing for you?

R: Well if they had a service connected then I could afford to have either medical insurance or some sort of help for the medical on my kids on the outside, but I think with this the way it is right now with no medical insurance no help for the rest of my family on the outside, I think they ought to have something come up so the rest of the family is helped out in some way.

Interview #1:

R: I'd like to have some kind of a plan to work from even if it just somebody saying "geez we're sorry".



APPENDIX C

PROPOSED LEGISLATION





MAINE INFORMATION COMMISSION ON AGENT ORANGE: P&S 1988, C. 129

JOINT RESOLUTION MEMORIALIZING THE CONGRESS OF THE UNITED STATES TO GRANT PRESUMPTIVE COMPENSATION TO VIETNAM VETERANS WITH CERTAIN MEDICAL CONDITIONS

We, your Memorialists, the House of Representatives and Senate of the State of Maine of the One Hundred and Fourteenth Legislature, now assembled, most respectfully present and petition your Honorable Body, as follows:

Whereas, many Vietnam Veterans have developed conditions which have been shown to be more prevalent among this group such as chloracne, porphyria cutanea tarda, non-Hodgkin's lymphoma and lung cancer; and

Whereas, these conditions require extensive medical care and may make the veteran partially or totally disabled; and

Whereas, the failure of the United States Veterans' Administration to consider these conditions as service related has caused additional suffering and distress to these veterans; now therefore, be it

Resolved: That We, your Memorialists, respectfully recommend and urge the Congress of the United States to grant presumptive compensation to Vietnam Veterans with these conditions and to allow such compensation for additional conditions as the evidence accumulates; and be it further

Resolved that a duly authenticated copy of this Memorial be immediately submitted by the Secretary of State to the Honorable George Bush, the President of the United States, The president of the Senate and the Speaker of the House of the Congress of the United States, each Member of the Senate and House of Representatives in the Congress of the United States from this State, and each Governor of the 50 states and US territories.



MAINE INFORMATION COMMISSION ON AGENT ORANGE: P&S 1988, C. 129

JOINT RESOLUTION MEMORIALIZING THE CONGRESS OF THE UNITED STATES TO EXEMPT FUNDS AWARDED TO VIETNAM VETERANS FROM THE CLASS ACTION SUIT AGAINST DOW CHEMICAL CORPORATION FROM THE DETERMINATION OF ELIGIBILITY FOR FEDERALLY ESTABLISHED PUBLIC ASSISTANCE PROGRAMS.

We, your Memorialists, the House of Representatives and Senate of the State of Maine of the One Hundred and Fourteenth Legislature, now assembled, most respectfully present and petition your Honorable Body, as follows:

Whereas, some Vietnam Veterans will receive compensation from the out of court settlement of the class action suit against Dow Chemical Company;

Whereas, the money from this settlement may make these veterans ineligible for certain federally established public assistance programs; and

Whereas, the class action settlement was initiated to benefit Vietnam Veterans and not to restrict access to federal assistance programs or to save the federal government money; now therefore, be it

Resolved: That We, your Memorialists, respectfully recommend and urge the Congress of the United States to amend the Social Security Act of the United States to provide an exemption for funds awarded to Vietnam Veterans pursuant to the class action suit for the purposes of determining eligibility for federally funded public assistance programs; and be it further

Resolved that a duly authenticated copy of this Memorial be immediately submitted by the Secretary of State to the Honorable George Bush, the President of the United States, The president of the Senate and the Speaker of the House of the Congress of the United States, each Member of the Senate and House of Representatives in the Congress of the United States from this State and each Governor of the 50 states and US territories.



MAINE INFORMATION COMMISSION ON AGENT ORANGE: P&S 1988, C. 129

JOINT RESOLUTION MEMORIALIZING THE CONGRESS OF THE UNITED STATES TO MANDATE THAT THE UNITED STATES VETERANS' ADMINISTRATION MAKE TESTS WHICH MEASURE THE AMOUNT OF DIOXIN IN AN INDIVIDUAL AVAILABLE TO VIETNAM ERA VETERANS

We, your Memorialists, the House of Representatives and Senate of the State of Maine of the One Hundred and Fourteenth Legislature, now assembled, most respectfully present and petition your Honorable Body, as follows:

Whereas, there is continually increasing evidence that many medical conditions are associated with exposure to dioxin; and

Whereas, many veterans have elevated dioxin levels in their bodies; and

Whereas, the failure of the United States Veterans' Administration to consider these conditions as service related until further studies are conducted will cause additional suffering and distress to these veterans; now therefore, be it

Resolved: That We, your Memorialists, respectfully recommend and urge the Congress of the United States to direct the United States Veterans' Administration to make available to any Vietnam Era Veteran who was potentially exposed to dioxin contaminated herbicides while in military service, a test which measures the level of dioxin (2,3,7,8--TCDD) in the veteran's body and be it further.

Resolved that a duly authenticated copy of this Memorial be immediately submitted by the Secretary of State to the Honorable George Bush, the President of the United States, The president of the Senate and the Speaker of the House of the Congress of the United States, each Member of the Senate and House of Representatives in the Congress of the United States from this State and each Governor of the 50 states and US territories.



MAINE INFORMATION COMMISSION ON AGENT ORANGE: P&S 1988, C. 129

AN ACT TO AUTHORIZE THE VETERANS' SERVICES BUREAU TO PROVIDE ASSISTANCE TO VIETNAM VETERANS.

37-B MRSA §505, sub-§ 4 is enacted to read:

4. Vietnam Veterans. The bureau shall

A. In cooperation with other organizations, disseminate literature and information on Agent Orange and Radiation to Vietnam and atomic veterans in the state;

B. Monitor congressional actions related to Vietnam veterans and exposure to agent orange;

C. Inform veterans of the services available from the U.S. Veterans' Administration and help them fill claims for medical treatment and disability pensions;

D. Aid Vietnam veterans in filing claims in the class action suit against Dow Chemical Company; and

E. Attend the National Conference of State Agent Orange Programs.

Sec. 2. Appropriations. The following funds are appropriated from the General Fund for the purpose of this Act.

	1989-90	1990-91
General Fund		
Defense and Veterans' Services, Department of		
Veterans' Services Positions	(1.5)	(1.5)
Personal Services	\$26,041	\$36,993
All other		
Capital	\$880	

This provides funds for one professional and one half time



secretary and two desks for  
the Bureau of Veterans'  
Services.

Defense and Veterans' Services,  
Department of

Total	\$26,921	\$36,993
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Human Services,  
Department of  
Health, Bureau of  
Division of Disease Control

All other	\$2000	\$2000
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Travel money for the  
State Toxicologist to  
attend the annual  
Conference on Dioxin.

Human Services,  
Department of

Total	\$2000	\$2000
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#### STATEMENT OF FACT

This bill establishes the duty and the capacity with the Bureau of Veterans' Services to provide information to Vietnam Veterans on the effects of agent orange and how to apply for benefits from the Veterans' Administration. It also provides money for the State Toxologist to attend the annual Conference on Dioxin.

AN ACT to Re-establish the Maine Information Commission on Agent Orange and Radiation.

**Emergency preamble** Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the commission needs to start early in July in order to complete its work; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

**Sec. 1. Commission re-established.** The Maine Information Commission on Agent Orange and Radiation is established. The commission shall consist of 7 members, 3 of whom shall be appointed by the Governor to include 2 Vietnam Veterans and one Atomic Veteran as defined in section 2; one veteran appointed by the Governor from a list of 3 veterans selected by the Maine Veterans' Coordinating Committee; and the Director of Disease Control or the director's designee. The President of the Senate shall appoint a member of the Senate and the Speaker of the House shall appoint a member of the House of Representatives. The President of the Senate and the Speaker of the House shall jointly appoint one of the members as chairman.

**Sec. 2. Definitions.** For the purposes of this Act, the following terms have the following meanings.

1. "Atomic veteran" means a person who:

A. Participated in the occupation of Japan between August 1, 1945 and August 1, 1946;

B. Was an American prisoner of war used by the Japanese to clean up Hiroshima or Nagasaki prior to the surrender of the Japanese empire; or

C. Was a veteran of the Armed Forces of the United States who participated in the atmospheric or underwater testing of nuclear weapons.

2. "Radiation" means any fissionable material used in the composition of a nuclear weapon and any fissionable material created as a result of a nuclear detonation.

3. "Toxic chemicals" means any of those insecticides and herbicides used in Southeast Asia during the Vietnam War, including, but not limited to:

A. Agent Orange containing trichlorophenoxy acidic acid and dichlor-phenoxy acidic acid;

B. Agent White, containing picloram;

C. Agent Blue, containing cacodylic acid, including arsenic;

D. Lindane, mirex, dichloro-diphenyl-trichloroethane, chlordane, dieldrin, dapsone, malathion, hexachlorobenzene, dinoxol, trinoxol, diquat, bromacil, monuron, tandex and dalapon; and

E. Any form of dioxin or tetrachlorodibenzo-p-dioxin.

4. "Vietnam Veteran" means any person who served on active duty in the Armed Forces of the United States during the Vietnam War, August 5, 1964 to May 7, 1975.

**Sec. 3. Convening of Commission.** When the appointment of all commission members is completed, the chair shall convene the first meeting. The first meeting shall be convened no later than July 15, 1989.

**Sec. 4. Meetings.** The commission shall meet as necessary to complete the tasks assigned the commission.

**Sec. 5. Charge.** The commission shall develop a questionnaire to obtain a self reported medical history on Vietnam and Atomic Veterans and their families. The questionnaire will also determine the veteran's utilization of medical and social services and determine the unmet need for additional services.

The commission, shall, in cooperation with the Division of Disease Control, develop an informational booklet for veterans who have been exposed to agent orange.

The commission shall publicize the existence of the booklet and the questionnaire and make an effort to gain as wide a participation in the survey as possible.

The commission shall explore the possibility of convening a national meeting of state commissions similar to the Maine commission.

**Sec. 6. Report.** Resolved: That the Commission shall present its findings, together with any recommended legislation to the Second Session of the 114th Legislature by December 1, 1989.

**Sec. 7. Assistance.** If staff assistance is desired, assistance shall be requested from the Legislative Council. The commission may hire outside consultants to conduct all or portions of the study if the commission so chooses.

**Sec. 8. Compensation.** All members of the commission shall receive expenses and per diem, as defined for legislators in the Maine Revised Statutes, Title 3, section 2, for the days of attendance at commission meetings. All members of the commission shall receive expenses, as defined in the Maine Revised Statutes, Title 5, section 12002, upon application to the Executive Director of the Legislative Council for those expenses.

**Sec. 9. Appropriation** The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1989-90

LEGISLATURE

Maine Information Commission  
on Agent Orange and Radiation

Personal Service	\$8310
All Other.(sub-unit)	\$7100

Legislature

Total	\$15,410
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Provides funds for travel, computer services and miscellaneous expenses for the commission, a half-time research assistant, and money for one Commission member to attend the National Conference of State Agent Orange Programs.

**Sec. 9. Sunset.** This Act is repealed on January 15, 1990.

**Emergency clause.** In view of the emergency cited in the preamble, this Act shall take effect when approved.

#### STATEMENT OF FACT

This bill re-establishes the Maine Information Commission on Agent Orange and Radiation. In the next year the commission will conduct a survey of the health status and health and social service utilization patterns and needs of Vietnam and Atomic Veterans. It will also develop and disseminate a pamphlet on the health effects of agent orange and the services available to veterans.

APPENDIX D

LETTER TO MAINE'S CONGRESSIONAL DELEGATION



December 1, 1988

The Honorable George Mitchell  
United States Senate  
176 Russell Senate Office Building  
Washington, D.C. 20515

Dear Senator Mitchell:

On behalf of the Maine Information Commission on Agent Orange and Radiation, I am writing to urge you to support equitable compensation for Vietnam Veterans who are suffering from the effects of Agent Orange and Atomic Veterans who are suffering from the effects of radiation and to request that you support the full implementation as intended by Congress of the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, P.L. 98-542.

The Maine Information Commission received testimony from Maine Vietnam and Atomic Veterans on the services they have received from the United States Department of Veterans' Affairs. Some of these individuals report very positive experiences. Many, however, do not believe that the issue of Agent Orange or Radiation exposure has received a fair, objective assessment by federal officials. In their individual cases, they do not feel they have received the care and consideration their conditions warrant. In their frustration, they have turned to the states for assistance. We ask that you work to get the U.S. Department of Veterans' Affairs to acknowledge its duty to these veterans.

Thank you in advance for your consideration of this matter. Any assistance that you can provide to secure the services these veterans need and deserve will be greatly appreciated by the veterans and their families.

Sincerely,

Rep. Maria Glen Holt  
Commission Chair