



**Work Session**

**WS**

**Milwaukie City Council**

**COUNCIL WORK SESSION**

City Hall Council Chambers  
10722 SE Main Street  
[www.milwaukieoregon.gov](http://www.milwaukieoregon.gov)

**AGENDA**

NOVEMBER 20, 2018

**Note:** times are estimates and are provided to help those attending meetings know when an agenda item will be discussed. Times are subject to change based on Council discussion. **Page #**

- 1. Downtown Wayfinding Signage – Update (4:00 p.m.)** **5**  
Staff: Vera Kalias, Associate Planner
- 2. Milwaukie Bay Park Pedestrian Bridge Emergency Order – Update (4:15 p.m.)** **9**  
Staff: Jennifer Garbely, Assistant City Engineer
- 3. Election Review and Legislative Session Preview – Discussion (4:30 p.m.)**  
Staff: Kelly Brooks, Assistant City Manager
- 4. Veterans Services – Discussion (5:00 p.m.)** **10**  
Presenter: Jerry Craig, American Legion Post 180
- 5. Adjourn (5:30 p.m.)**

**Americans with Disabilities Act (ADA) Notice**

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**Executive Sessions**

The City Council may meet in Executive Session pursuant to ORS 192.660(2); all discussions are confidential and may not be disclosed; news media representatives may attend but may not disclose any information discussed. Executive Sessions may not be held for the purpose of taking final actions or making final decisions and are closed to the public.

**Meeting Information**

Times listed for each Agenda Item are approximate; actual times for each item may vary. Council may not take formal action in Study or Work Sessions. Please silence mobile devices during the meeting.



## Memorandum

**To:** City Council  
**From:** Alma Flores, Community Development Director  
**CC:** Ann Ober, City Manager  
**Date:** November 16, 2018  
**Re:** Community Development Department Projects - City Council Update for November 20, 2018 Council meeting

<p><u>Community Development/Housing/Economic Development</u></p> <ul style="list-style-type: none"> <li>▪ Milwaukie Housing Affordability Strategy: 2018-2023</li> <li>▪ Housing Authority of Clackamas County: Hillside Manor rehabilitation and Hillside Master Plan</li> <li>▪ Cottage Cluster Feasibility Study</li> <li>▪ Downtown Wayfinding</li> <li>▪ Harrison and Main</li> <li>▪ Business Support During Construction</li> </ul>	<p><u>Building</u></p> <ul style="list-style-type: none"> <li>▪ October in Review</li> </ul>
<p><u>Planning</u></p> <ul style="list-style-type: none"> <li>▪ Comprehensive Plan</li> <li>▪ Land Use/Development Review: <ul style="list-style-type: none"> <li>• City Council</li> <li>• Planning Commission</li> </ul> </li> <li>▪ Design and Landmarks Committee</li> </ul>	<p><u>Engineering</u></p> <ul style="list-style-type: none"> <li>▪ Traffic Control</li> <li>▪ Engineering Projects</li> </ul>

### Community Development/Economic Development/Housing

#### **Milwaukie Housing Affordability Strategy (MHAS): 2018-2023**

- The **Milwaukie Housing Affordability Strategy** was adopted by the City Council on July 17, 2018. City staff is in the process of initiating a number of the actions in the strategy including increasing the supply of housing by making it easier to develop cottage cluster housing (see below) and accessory dwelling units. Developing a comprehensive website to serve as an outlet for residents to find the resources they need to either buy/rent housing, stay in their housing, or connecting to available resources. Soft Launch of NEW! Housing Affordability Website--  
<https://www.milwaukieoregon.gov/housingaffordability>

#### **Housing Authority of Clackamas County (HACC): Hillside Manor Rehabilitation and Hillside Master Plan**

- As part of the County's engagement strategy, three visioning sessions (two for the public

and one for service providers) were held during October 24-25. On November 7<sup>th</sup>, City staff will participate in a Sustainability Charette to continue gathering information on the vision for the site. Between January and May of next year, additional design workshops and an in-person and online open house will take place to develop and refine design concepts. Staff continues to dedicate time to bi-weekly Health Impact Assessment (HIA) team Meetings, monthly stakeholder meetings and planning committee meetings with the County and consultants. Visit the county's website periodically for updated information at <https://clackamas.us/housingauthority/hillsidemasterplan.html>

### **Cottage Cluster Feasibility Study**

- The [Cottage Cluster Feasibility Study](#) has been updated with the Milestone 4 deliverables of the project, which included a zone code analysis and draft recommendations for code changes. Additional documents corresponding to the deliverables for this milestone are available on the website. The next Stakeholder Advisory Group (SAG) meeting will be scheduled in Mid-January of 2019.

### **Downtown Wayfinding**

- Installation of the first phase of downtown wayfinding signs has begun! The informational kiosk at the top of Adams Street Connector, a vehicular sign at Washington St and 21<sup>st</sup> Ave, and several pedestrian signs have been installed. The remaining signs not affected by downtown construction, will be installed over the next few weeks. Please visit the following site for additional information: <https://www.milwaukieoregon.gov/communitydevelopment/downtown-wayfinding-systems-plan>

### **Harrison and Main**

- Staff had anticipated an RFQ release date of November 2018. That date has been delayed until 2019.

### **Business Support During Construction**

- Working with the Downtown Milwaukie Business Association (DMBA) and other downtown business to install temporary signs throughout the downtown to alert people to the construction and that businesses are open during construction. Visit the South Downtown website for up-to-date information: <https://www.milwaukieoregon.gov/southdowntown>

## Planning

### **Comprehensive Plan Update**

- Staff has prepared a draft set of policies for the Block 2 topic areas: Parks and Recreation, Climate Change and Energy, Willamette Greenway, and Natural Hazards. The draft policies were based on input received from the November 5 Comprehensive Plan Advisory Committee (CPAC) meeting as well as comments received through the October 15 Town Hall and the Online Open House.
- Staff held a work session to discuss policy concepts with the Planning Commission on November 13 and will return to the Commission on November 27 for an in-depth review of draft policies.
- The City's Technical Advisory Committee (primarily key Department Heads) are meeting to review draft policies on November 19.
- CPAC will meet to discuss the draft policies on December 3.
- The work on the Housing Element of the Comprehensive Plan kicks-off with the Housing Forum scheduled for December 6.

## Land Use/Development Review<sup>1</sup>

- City Council
  - ZA-2018-004 – The City Council will hold a public hearing on December 18 to review a set of amendments intended to clarify and correct various development-related code sections. A key issue being addressed is the green building requirement associated with four- and five-story buildings in the downtown.
  - ZA-2018-005 – On November 20, the City Council will hold a hearing to review code amendments related to construction and maintenance of trails and pathways within natural areas and the Willamette Greenway.
- Planning Commission
  - HR-2018-001 – On November 13, the Planning Commission held a continued public hearing regarding proposed improvements to City Hall to accommodate the renovation of the fire bay, installation of replacement roll-up doors, and the construction of a new ADA accessible door. The Commission approved the project with the condition that the existing original windows be repaired and restored rather than replaced.
  - ZA-2018-004 – On November 13, the Planning Commission held a public hearing regarding the next round of code amendments. The Commission discussed the proposed amendments and voted to recommend approval of the code package, with some additional recommendations, to the City Council. The City Council hearing is scheduled for December 18.
  - MOD-2018-002 – A Type II application to modify the approved plans for the Ledding Library was approved by the Planning Director on October 17. The appeal period ended on November 1. No appeals were filed.
  - VR-2018-012 – An application for a Type II fence variance at 11770 SE 33<sup>rd</sup> Ave was submitted on October 26. The application was withdrawn by the applicant.
  - VR-2018-013 – An application for a side-yard setback variance at 9371 SE 42<sup>nd</sup> Ave was submitted on November 5. The application will be processed with Type II review and is currently out for public comment and review.
  - CSU-2018-018 – The School District's application for review of the proposed Transportation Demand Management Plan (TDMP) for the Milwaukie High School's Lake Rd sports facility was submitted on November 13. The applicant has requested that the application be deemed complete, and a public hearing has been tentatively scheduled for January 8, 2019.
  - S-2018-001 (master file) – Subdivision application and zone change application from R-7 to R-5 were both deemed complete as of Nov. 6, 2018. The zone change application will move forward with Planning Commission. Tentative hearing is scheduled for Jan. 22<sup>nd</sup>. The applicant is waiting to move forward with the subdivision application pending further investigation of wetlands on the property.

## Design and Landmarks Committee (DLC)

- The DLC held its regular monthly meeting on November 5. On November 13, the group had its annual update with City Council, followed by a short special session. The group continues its work on updating the Downtown Design Review process and will meet next on December 3.

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<sup>1</sup> Only those land use applications requiring public notice are listed here.

## Building

### **October 2018 in review:**

	Valuation of permits issued:
New Single Family – 1	\$309,676
New ADU issued – 0 issued	\$0
Residential Alterations/Additions –5 issued	\$29,376.50
Commercial new - 0 issued	\$0
Commercial Alterations –11 issued	\$2,458,500
Demo's –0 issued	

Total number of permits issued (Structural, Mechanical, Plumbing, Electrical): 137

Total number of Inspections performed (Structural, Mechanical, Plumbing, Electrical): 317

## Engineering

### **Traffic Control:**

- Traffic regulation number 494 was signed on 10/25/2018. This new regulation will restrict vehicle movements at the intersection of SE Monroe St and SE Linwood Ave. The new traffic control measure for the intersection include:
  - No left turn signage on Linwood
  - Right turn only signage on Monroe
  - Continental crosswalks across Linwood
  - Raised center lane delineators on Linwood

### **Projects:**

#### **13001 Rusk Road:**

- The demolition permit inspection was approved on October 26<sup>th</sup>.

#### **South Downtown Improvements:**

- The Project was awarded to Emery & Sons Construction Group and the Pre-Construction conference will be taking place on November 16<sup>th</sup> 2018.

#### **Kellogg Creek Bridge Replacement:**

- Contractor has completed paving and waterline work. Currently working on sidewalk railing, kayak rack, landscaping, and final punch list.

#### **Riverfront Bank Repair:**

- The contractor, HP Civil has completed all major work below the ordinary high water level. The stairs are complete and final items include landscaping, curb, and clean up. We are anticipating all work to be complete before the end of November.

**COUNCIL STAFF REPORT**

**To:** Mayor and City Council  
Ann Ober, City Manager

**Reviewed:** Alma Flores, Community Development Director

**From:** Vera Koliass, Associate Planner

**Subject:** **Downtown Wayfinding Update**

**Date Written:** Nov. 13, 2018

**ACTION REQUESTED**

No action requested. This is a project update.

**HISTORY OF PRIOR ACTIONS AND DISCUSSIONS**

**January 3, 2017:** The City Council adopted Resolution R3-2017 which authorized the City Manager to enter into a contract with Metro for grant funds for the implementation of the Wayfinding Systems Plan.

**September 20, 2016:** The City Council approved the final Wayfinding Systems Plan and directed staff to implement the plan

([https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community\\_development/page/45111/09.27.16\\_downtown\\_milwaukie\\_wayfinding\\_plan.pdf](https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community_development/page/45111/09.27.16_downtown_milwaukie_wayfinding_plan.pdf)).

**ANALYSIS**

After a competitive Request for Proposals (RFP) process, Sea Reach, Ltd. was selected as the fabricator of Phase 1 of the downtown wayfinding signs. The signs were redesigned to conform to the City's new branding scheme and the final design was approved in the spring. The project webpage has the final locations and legend plan set:

([https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community\\_development/page/45111/05.16.18\\_mil\\_legend\\_plan\\_-\\_revised\\_final\\_for\\_website.pdf](https://www.milwaukieoregon.gov/sites/default/files/fileattachments/community_development/page/45111/05.16.18_mil_legend_plan_-_revised_final_for_website.pdf)). Department partners throughout this process have been the City Manager's office (Public Affairs Specialist and Assistant City Manager), Community Development Department (Planning and Economic Development), and Public Works (sign shop).

Fabrication of the signs was completed in October and the first two signs and the first informational kiosk have been installed. The remaining signs will be installed over the next few weeks. However, there will be a delay in the installation of three of the signs due to construction projects taking place where the signs were to be installed in this phase:

- VEH-014: construction of Ledding Library
- PED-001: construction of the Axeltree mixed-use building
- PED-011: reconstruction of Washington St

We expect that these Phase 1 signs will be installed by the end of 2019, as December 2019 is the estimated completion date of the construction projects. Phase 2 and Phase 3 of the Wayfinding

Systems Plan is still being programmed. We are currently in search of grant funds and have included the implementation into the 2019-2024 Capital Improvement Plan.

Installation photos – kiosk at Adams Street Connector:





Installation photos – vehicular sign on Washington St at 21<sup>st</sup> Ave:



Installation photos – pedestrian sign at City Hall and Jackson St:



**BUDGET IMPACTS**

Phase 1 has been funded with a combination of City funds and Metro grant funds.

**WORKLOAD IMPACTS**

Public Works staff is installing the signs; Community Development and Planning staff are managing the project.

**COORDINATION, CONCURRENCE, OR DISSENT**

Public Works, Community Development, City Manager's office, and Planning staff have all worked on this project.

## COUNCIL STAFF REPORT

**To:** Mayor and City Council  
Ann Ober, City Manager

**Date Written:** Nov. 13, 2018

**Reviewed:** Kelly Brooks, Assistant City Manager  
**From:** Jennifer Garbely, Assistant City Engineer

**Subject:** **Milwaukie Bay Park Pedestrian Bridge Emergency Order**

### ACTION REQUESTED

Update for Council on Milwaukie Bay Park Pedestrian Bridge A emergency replacement. The City Manager, on the 26<sup>th</sup> day of October 2018, declared the bridge an emergency exemption from competitive bidding.

### HISTORY OF PRIOR ACTIONS AND DISCUSSIONS

This bridge is an important feature on the park's river walk, not only connecting pedestrians and maintenance vehicles to the rest of the park, but also functions as a culvert, a tunnel allowing water to be carried downstream. This bridge was part of construction phase II completed in Spring of 2016.

### ANALYSIS

Milwaukie Police Department responded to an act of criminal mischief on October 11<sup>th</sup>, 2018. The officer discovered that an unidentified suspect or suspects had damaged the underside of our pedestrian bridge. Ash and soot covered the scene. Someone had caught the bridge on fire. The bridge was constructed with plastic pipe with concrete endcaps. Without the internal plastic pipe creating an arch and deflecting load through the backfill and soil, the culvert bridge became structurally unsound.



The bridge is currently undergoing emergency repairs. In place of a plastic pipe with concrete endcaps, an aluminum structural plate will form the underpass of the bridge. This new bridge will be installed by the contractor already on site. The new bridge is anticipated to be open in time for Milwaukie's Winter Solstice event. The rest of the construction in Milwaukie Bay Park, including rock work and cleanup, will be completed in time for the new year.

### BUDGET IMPACTS

An emergency contract was issued to HP Civil, Inc. for \$91,376 and structural design and inspection to OBEC for \$15,000.

# Are you a Veteran or do you know one?

Compensation and or health benefits may be available for health conditions considered presumptive by the Veterans Administration.

Lou Gehrig's Disease (ALS) and Multiple Sclerosis (MS) are presumptive conditions for which all military veterans with 90 days or more of continuous active duty may receive compensation.

## Vietnam Veterans: Do you have any of the following Conditions?

- AL Amyloidosis
- Chronic B-cell Leukemias
- Diabetes Mellitus Type 2
- Hodgkin's Disease
- Ischemic Heart Disease- also known as coronary artery disease or "hardening of the arteries"
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Peripheral Neuropathy, early-onset
- Prostate Cancer
- Respiratory Cancers (lung, bronchus, larynx, trachea)
- Soft Tissue Sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)
- Chloracne - a skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers
- Porphyria Cutanea Tarda - a disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas

**If you are a veteran or know a veteran with ALS or MS, exposure to Agent Orange, or were stationed in Camp Lejeune from 1953 to 1987, please call the Clackamas County Veterans Service Office at 503-650-5761.**

**Call the Clackamas County Veterans Service Office at 503-650-5761.**



**Call the Clackamas County Veterans Service Office at 503-650-5761.**



Jerry Craig- Basic Bio-

1). **Married** to Judy A. Craig 52 years (son Jeff VP and Director of IT and Communication for Atlanta HUD /daughter Jaime- A County Health Inspector) Lived Milwaukie 25 years, Gladstone 27.

2). **US Army 68-2007**--(Active, National Guard, US Army Reserve, Army Development and Evaluation Agency, and Special Operations Branch) Started as a private to Sergeant First Class, became an officer, 2Lt (OCS) to Flag Staff, Operations, and Command slots platoon to Division to I Corp. **Completed Military training:** Ranger, Airborne, Air Assault, Pathfinder, Jungle Warfare, Chemical Biological warfare, and Logistics, plus Operations schools. **Completed** Command and Staff School, Ft. Leavenworth, Kansas. **Instructor** at United States Army Military Academy – Liaison ORARNG/USAR 1 Year

3). **BS/MBA Business and Law, Personnel Management**, (Linfield College/Oregon State University/Portland State.). A member of Alpha Kappa Psi Fraternity. (attended through Military support program)

4). **Retired International Brotherhood of Electrical Workers**, retiring as a Builder Design Construction Superintendent for Electrical Construction Company (in between Active, National Guard, Reserve service and Special Services deployments)

5). **Ordained Minister in 2010**-Episcopal Church of Seattle.

6). **Current member** since 2011, of the Clackamas County **Veterans Advisory Board**. Designated a **Veterans Advocate** 2011. In 2010 became a **Military Service Chaplain** for Veterans Programs, and Military family support organizations within Clackamas County. Coordination with VA Chaplains in Portland, Social Services in Clackamas County, and Oregon City. **Member** of Oregon City and Milwaukie Elks – 32 years

7). **Member of the Milwaukie American Legion Post 180**, 2009-held Judge Advocate, Designated Senior Adviser, Services Chaplain, First Vice Commander, and Special Projects Officer.

8). **Lead** on establishing A.L. CERT (Community Emergency Response Teams, and Red Cross Sheltering at the Post in Milwaukie. Current member of Gladstone CERT Program.

9). **Legion Liaison** with the City of Milwaukie City Council, City Manager, plus associated Business organizations (Rotary, Downtown Business Association, Milwaukie Historical Museum) in Milwaukie, Oregon. This includes the NW Chamber of Commerce and Clackamas Rotary. Currently Liaison with City of Gladstone City Council, Rotary, Business Association, Kiwanis, and Celebrate Gladstone group.

10). **American Legion Honor Guard Commander (8 years)** (Color Guard, Funerals, and Memorials, plus many Department of Defense, State of Oregon, North Clackamas County Chamber of Commerce, and local ceremonies on request.).

11) **Coordinated, (CO) &Chairman, and completed the “Moving Vietnam Wall”** project in Milwaukie in June 2015 with the City of Milwaukie and Milwaukie High School cooperation and assistance. Chairman of the **Milwaukie Vietnam War Monument** for Clackamas County residents who passed during the conflict November 11, 2017. Many in Gladstone helped support that project. (all Part of the National Vietnam War Commemorative Program).

WHAT IS THE AMERICAN LEGION IN BRIEF?

**American Legion: (Non-Profit organization)-Briefly!**

**4 Pillars of Service:**

Fostering a Strong National Security

Taking Care of Veterans

Mentoring the Youth of Our nation

Promoting Patriotism and Honor

**Committees, internal organizations, and activity for the Legion and Community:**

Americanism

Ceremonials-Memorials-Graves registration

Children and Youth

Economics

Foreign relations

Legislative

Public Relations

Veterans Affairs and Rehabilitation--working with Veterans everywhere in the community

Security

Post Members-Male and female who have worn the uniform in all services of their country, home and in foreign lands.

Sons of the American Legion (sons of Post members)

Auxiliary (daughter's and spouses of Post members)

Junior Girls (daughters under 18 who belong to Post and Auxiliary members)

**Added community involvement:**

Liaison and cooperation with City of Milwaukie (City Council, Downtown Milwaukie Business Association, Rotary, NW Chamber of Commerce, Milwaukie High School) and Gladstone (City Council, Business Association(?), Rotary, Kiwanis, and Gladstone High)

Partnering with the City of Milwaukie in the 50th Vietnam War Commemorative Program 2015-2017.

Working with Clackamas County, Milwaukie, and Gladstone Police and Fire Departments.

Providing Accredited Full Military Honor Guard and Color Guard for Funerals, Memorials, and National Flag honors as requested in many venues to include Willamette National Cemetery.

Providing community services in multiple ways such as Thanksgiving dinners to the community, Christmas toys and baskets to those in need.

Supporting five Families each year, who are stationed or attached to the Camp Withycomb ORANG.

Liaison with local Churches in Gladstone and Milwaukie in spiritual matters and support of Veteran's.

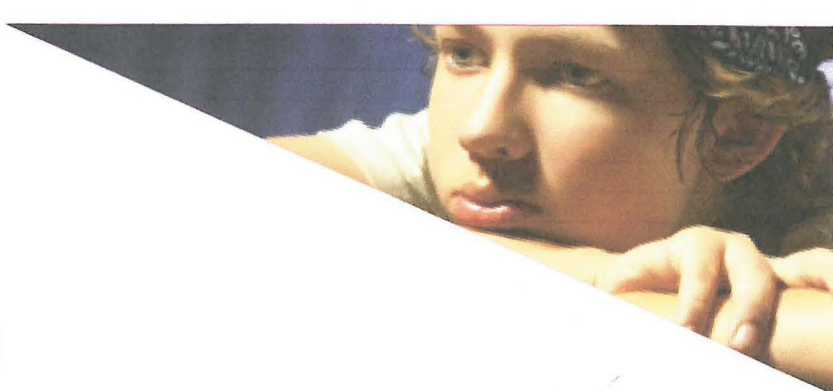
Organization and coordination of Legion Posts in Family support of local units.

We raise and provide donations to Veterans no matter where they are, VA Hospitals and clinics, and other such groups from Portland to Medford

Provide support to 12 different veteran groups in the NW Oregon sector (IE: Vets 4, 1<sup>st</sup> Cav Assoc., 25<sup>th</sup> Infantry, 1 Infantry ID, National Naval Aviation Assoc., Rivershore's Vets, Town Center Veterans)

presentations to 12 Assisted Livings and National Quilts of Valor,

List goes on, we have approximately 100 programs that we try to complete each year with our member's help.



# BSA SAFETY MOMENT

## YOUTH SUICIDE PREVENTION

### SUMMARY

Youth suicidal behavior is a problem that you may encounter in Scouting or with friends of Scouting youth, but it is often preventable. In order to save the life of a youth at risk, it is important to have a plan in place beforehand, know local professional resources, understand the severity of the problem, look for the signs in the boys you lead, understand major risk factors, and know how you can help.

### GENERAL INFORMATION

Youth with risk factors are more likely to engage in suicidal behavior, while youth with protective factors in their families and communities are less likely. While the risk factors don't directly cause the behavior, research with youth who have attempted suicide often show that those factors were present. They include:

- Mental illness
- Substance abuse
- Previous suicide attempts
- Non-suicidal self-injury
- Low self-esteem
- Having a clear plan for suicide
- Having close proximity to a means of killing oneself
- Severe depression
- Loss of a loved one
- Medical problems
- Family or friend rejection
- Sleep or eating problems
- Withdrawing from friends and social activities
- Expressing a sense of hopelessness
- Being a victim of bullying

Protective factors include family and school connectedness, affiliation with religious organizations, safe schools, academic achievement, positive self-esteem, and active involvement in groups that promote a sense of achievement—such as the Boy Scouts of America.

When you suspect that someone might be suicidal:

- If you have a plan in place, follow it.
- Take every threat seriously.
- Don't be afraid to ask whether the person has considered suicide.
- Listen and accept the person at face value.
- Don't give false reassurance.
- Notify the person's parent or guardian and seek professional help.
- Report any abuse to the appropriate authorities.
- One easy way to engage a youth is to simply ask if something is sad, bad, or scary in their life.

### ADDITIONAL RESOURCES

- National Suicide Prevention Lifeline—[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org); telephone: 1-800-273-8255
- Centers for Disease Control and Prevention—[www.cdc.gov](http://www.cdc.gov)
- American Foundation for Suicide Prevention—[www.afsp.org](http://www.afsp.org)
- American Association of Suicidology—[www.suicidology.org](http://www.suicidology.org)

### EMPLOYMENT

#### **Clackamas County Veterans Workforce Program (operated by Community Solutions)**

Ken Bietschek, Veteran Employment Specialist  
104 11<sup>th</sup> Str., Oregon City, 97045  
Phone: (503) 650-8914 or (503) 502-3411

#### **Worksource Clackamas Disabled Veterans Outreach Program (DVOP) Specialists**

*\* Help with employment training, job search and other job related needs*  
506 High Street, Oregon City, 97045  
Contact: Rosemarie Harding, (971) 673-6400

### OTHER RESOURCES

#### **Portland VA Vocational Rehabilitation**

*\*Service connected veterans with 30% or more*  
100 SW Main Str. (2<sup>nd</sup> floor), Portland, 97204  
Phone: (503) 412-4577

#### **Multnomah County Veterans' Service (<https://multco.us/ads/veterans-services-office>)**

*\*Help Veterans and their families receive all state and federal benefits available to them*  
421 SW Oak St. Suite 510, Portland, 97204  
Phone: (503) 988-8387

#### **Veterans' Recovery House (Residential Rehabilitation Treatment Program, RRTP)**

*\* Must be enrolled in the VA; Self-referral can walk in on Wednesdays at 1 p.m.; other referrals come from VA providers and the CRRC*  
*\*\* (36) bed residential facility for veterans experiencing homelessness and/or substance abuse*  
*\*\*\*Contact Heather Marshall, VA Social Worker for additional details*  
1601 East 4<sup>th</sup> Plain Blvd, Bldg 12, Vancouver, WA 98661  
Referrals: (360) 696-4061 ext. 34019

#### **VA Caregiver Support**

Portland VAMC Caregiver Support line (503) 273-5210  
National caregiver support line (855) 260-3274

#### **Clackamas Community College Veteran Service Coordinator (CCC Community Center, Room 100)**

(<https://www.clackamas.edu/veterans/>)  
19600 Molalla Ave., Oregon City, 97045  
Contact: R.B. Green: (503) 594-3442

### CRISIS LINES

#### **Clackamas County Crisis Line (Centerstone Urgent Mental Health Walk-in Center)**

*\*Mental health urgent care services, peer support, and crisis assessment & stabilization services*  
11211 S.E. 82<sup>nd</sup> Ave., Suite O, Happy Valley, 9086  
Crisis Line: (503) 655-8585

#### **Veteran Crisis Line**

Phone: (800) 273-8255, press 1; or text to 838255

#### **Military Help Line (non VA)**

Phone: (888) 457-4838

### VETERANS' EMERGENCY ASSISTANCE

#### **Oregon Veterans' Emergency Financial Assistance**

(<http://www.oregon.gov/odva/pages/index.aspx>)

*\*For veterans and their immediate family*

*\*\*Assistance is granted one time only and the average award amounts vary*

Clackamas County VSO: (503) 650-5631

Oregon Department of Veterans' Affairs: (503) 373-2085

#### **Operation Homefront**

(<http://www.operationhomefront.net/>)

*\*Provides short-term and critical assistance, long-term stability, and ongoing family support*

7014 NE 79<sup>th</sup> Ct., Portland, 97218

Phone: (503) 928-6794

Emergency assistance: (877) 264-3968

#### **The Salvation Army Home Front War Relief Program**

([www.cascade.salvationarmy.org/cascade/](http://www.cascade.salvationarmy.org/cascade/))

*\*Strives to meet the needs of military personnel and/or their dependents with one-time financial assistance*

The Salvation Army Cascade Divisional Headquarters

8495 SE Monterey Ave., Happy Valley, 97086

Phone: (503) 794-3275

#### **Semper Fi Fund**

(<https://semperfund.org/how-we-help/>)

*\*Provides immediate financial assistance and lifetime support to Post-9/11 wounded, critically ill, and injured members of all branches of the U.S. Armed forces, and their families*

Phone: (760) 725-3680

#### **Sergeant McDowell's Military Relief**

(<http://www.smmroregon.com/>)

*\*Provides relief funds for unforeseen events such as funeral services, medical problems, and natural disasters*

*\*\*Limited financial assistance at times*

Email: [smmroregon@aol.com](mailto:smmroregon@aol.com)

Phone: (503) 888-9053

#### **Veterans of Foreign War**

*\*Service offices on a limited basis*

*\*\*Financial assistance for hardship due to deployment, military pay issue, and/or military illness or injury*

825 SE Mill St., Portland

Local: (503) 234-6062

Unmet Needs Program: (866) 789-6333

#### **American Legion Temporary Financial Assistance**

(<http://www.legion.org/financialassistance>)

*\*Limited to minor children (17 yrs. or younger) whose biological parent, or legal guardian, is a veteran and is, or would have been eligible for American Legion membership*

*\*\*Contact the local American Legion Post for an application*

Oregon Legion Headquarters

30450 SW Parkway Ave., Wilsonville, 97070

Phone: (503) 685-5006

VFW Post 6057 (Anby - Anvova)  
210 MAIN ST, NE Anvova 97013  
2nd Thursday MTC 7PM  
MARTIN LACKNER (503) - 849-8396



## Clackamas County Veteran Service Office (VSO)

(not affiliated with the VA)

*\*Help with compensation, non-service connected pension, VA Health Care enrollment, survivors compensation, aid & attendance, request military records, burial & memorial benefits*

2051 Kaen Rd (PSB, 2<sup>nd</sup> floor), Oregon City, 97045

Phone: (503) 650-5631

DOG GOOD MULTNOMAH

(<http://dogoodmultnomah.org/>)

*\*(13) beds and will accept up to (6) dogs accompanied by the veteran*

*\*\*Open from 8 p.m. – 8 a.m.*

Rose City United Methodist Church

5830 NE Alameda. Portland, 97205

Contact: [dogoodpdx@gmail.com](mailto:dogoodpdx@gmail.com)

### HOUSING

#### Clackamas County Homeless Veteran Outreach Team

*\*Tina or Dave can meet the veteran anywhere and help the veteran connect with resources*

Contact: Dave Denney, (503) 650-5775 or (503) 729-3739 or [ddenney@clackamas.us](mailto:ddenney@clackamas.us)

#### Clackamas County Veteran Rapid Housing Specialist

Contact: Aaron Henry, (503) 650-5737 or [AHenry@clackamas.us](mailto:AHenry@clackamas.us)

#### VA HUD-VASH Representatives for Clackamas (VA supported housing through HUD-VASH Vouchers)

*\*Available most Tuesday mornings at the Clackamas County Veterans Services Office*

Social Workers: Ryan Parish, Christina Andrews

#### Transition Projects Veterans Program

(<http://www.tprojects.org/>)

*\*Services and assistance for veterans and their families experiencing homelessness or at risk of homelessness*

*\*\*Orientation on Thursdays at 9:00 a.m.*

650 NW Irving Str., Portland, 97209

Phone: (855) 425-5544

#### Veteran Community Resource & Referral Center (CRRC)

*\*(Mon-Fri 7:30 – 4:30)*

*\*\*Molly Finnegan is at Father's Heart on Fridays at 10:00 a.m. for those who are unable to make it downtown*

*\*\* \*Most Tuesday mornings VA VASH workers are stationed at Clackamas County CVSO, can register for VASH vouchers in Clackamas County. Coordinate with Tina Kennedy or Dave Denney.*

308 SW 1<sup>st</sup> Ave., Portland, 97204

Phone: (503) 808-1256

#### Clackamas County Coordinated Housing Access

*\*Only available during their business hours, Leave a message to be put on the waitlist and screened for eligibility*

*\*\*Screens eligibility for 18+ programs (i.e. Northwest Housing Authority, Chez Ami, Avalon, HomeSafe, HOPE I, Hope II, Jackson Transitional Housing, etc.)*

Phone: (503) 655-8575

### SHELTERS

#### Salvation Army, Beaverton

(<http://www.cascade.salvationarmy.org/cascade/>)

*\*Grant Per Diem program that provides 9-month emergency and transitional shelter for veterans and their families*

*\*\* Must attend orientation occurring every Wednesday at 9 a.m.*

*\*\*\*Emergency Transitional Housing Program (ETH), Men only, Referrals go through CRRC*

14825 SW Farmington Rd. Beaverton

Phone: (503) 239-1259 or (503) 731-3951

#### Salvation Army Female Emergency Shelter (SAFES)

(<http://safeshelterpdx.org/>)

*\*50 emergency beds, dorm opens from 6:00 p.m. – 8:00 a.m.*

### SEVERE WEATHER CENTERS

*Open by 7 PM on nights when temperature is predicted to be 32 degrees or colder*

#### \*Father's Heart Street Ministry

603 12<sup>th</sup> St., Oregon City, 97045

Phone: (503) 722-9780

#### \*Clackamas Service Center

8800 SE 80<sup>th</sup> Ave., Portland, 97206

Phone: (503) 771-7914

#### Molalla Warming Center

Winter 2018-19 location TBD., Molalla, 97038

*\*Provides meals and food boxes throughout the year*

### MEDICAL/COUNSELING

#### Portland VA Medical Center (Portland VAMC)

3710 SW US Veterans Hospital Rd., Portland 97239

Phone: (503) 220-8262 or (800) 949-1004

#### VA West Linn Outpatient Clinic

*\* Apply for your VA ID card, obtain primary care and outpatient treatment*

1750 Blankenship Rd. Suite 300, West Linn, 97068

Phone: 503-210-4900 or 1-800-949-1004

#### Returning Veterans Project

([returningveterans.org](http://returningveterans.org))

*\*All services are NOT connected to the VA and free; counseling, acupuncture, chiropractic, massage therapy, naturopathic, and art/music/equine/physical therapy*

Phone: (503) 954-2259

#### Portland Vet Center

*\*Not affiliated with the VA; counseling for war zone veterans of all eras and/or military sexual trauma counseling*

1505 NE 122<sup>nd</sup> Ave, Portland 97230

Phone: (503) 688-5361

#### University of Western States' Campus Community Clinic

*\*Free chiropractic and massage clinic services for Post 9/11 veterans*

Phone: (503) 255-6771

#### Pacific Psychology & Comprehensive Health Clinic

*\*Mental health, naturopathic care, speech & language pathology and occupational therapy*

*\*\*Call for phone screening (Veteran rates: \$25 for intake, \$10 per session)*

Portland (503) 352-2400

Hillsboro (503) 352-7333

Doreen's PLACE TRANSITVA PROJECTS

46 BEDS 4 VETS

650 NW IRVING ST PORTLAND (855) 425-5544

# *Suicide*

Are you or someone you know having thoughts of suicide? Suicidal thoughts may occur for a number of reasons, including depression, shame, guilt, desperation, physical pain, emotional pressure, anxiety, financial difficulties and other personal situations. If you are thinking about suicide or are exhibiting warning signs such as:

- Being depressed or sad.
- Talking or writing about death or suicide.
- Withdrawing from family and friends.
- Feeling helpless or hopeless.
- Feeling strong anger or rage.
- Experiencing dramatic mood changes.
- Abusing drugs or alcohol.
- Behaving impulsively.
- Losing interest in most activities.
- Giving away prized possessions.
- Acting recklessly.

**Contact the Suicide Hotline at:**

**800-273-8255 (273-TALK)**

**– veterans, press 1.**

There are counselors on duty 24 hours a day standing by to help.

You're not alone – your fellow veterans care about you!  
Make the call.

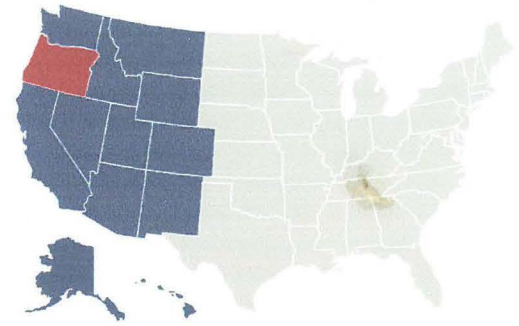
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**WS16**

# Oregon

## Veteran Suicide Data Sheet, 2016



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Oregon Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Western Region

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Oregon:

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Oregon Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	122
Male	110-120
Female	<10

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

### Oregon, Western Region, and National Veteran Suicide Deaths by Age Group, 2016<sup>c</sup>

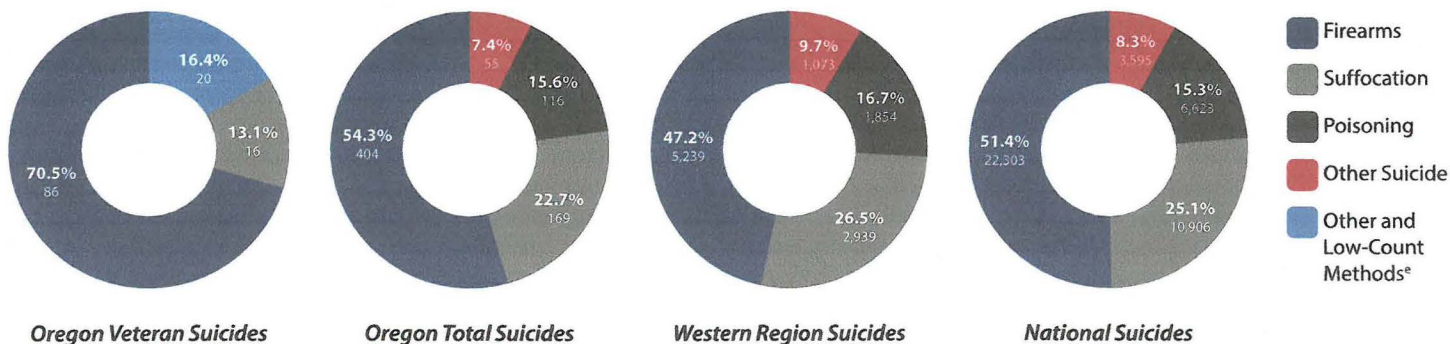
Age Group	Oregon Veteran Suicides	Western Region Veteran Suicides	National Veteran Suicides	Oregon Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	122	1,576	6,079	39.4	35.0	30.1
18-34	14	224	893	56.0*	47.9	45.0
35-54	30	418	1,648	44.8	38.8	33.1
55-74	50	595	2,259	34.5	30.6	25.9
75+	28	337	1,274	38.4	33.4	28.3

### Oregon Veteran and Total Oregon, Western Region, and National Suicide Deaths by Age Group, 2016<sup>c</sup>

Age Group	Oregon Veteran Suicides	Oregon Total Suicides	Western Region Total Suicides	National Total Suicides	Oregon Veteran Suicide Rate	Oregon Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	122	744	11,105	43,427	39.4	23.1	19.0	17.5
18-34	14	165	3,061	11,997	56.0*	17.6	16.6	16.1
35-54	30	264	3,854	15,467	44.8	25.2	19.5	18.6
55-74	50	231	3,155	12,162	34.5	24.0	19.9	17.3
75+	28	84	1,035	3,801	38.4	30.9	23.0	18.5

\* Rates calculated from suicide counts lower than 20 are considered unreliable.

## Oregon Veteran and Total Oregon, Western Region, and National Suicide Deaths by Method,<sup>d</sup> 2016



These 2016 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov).

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging ONline Data for Epidemiologic Research).<sup>1</sup> Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.<sup>2</sup> The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2016 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population.<sup>3</sup> The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group.<sup>4</sup> The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.<sup>5</sup>

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (\*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

<sup>a</sup> The 2016 state data sheets contain suicide information for all 50 states and the District of Columbia.

<sup>b</sup> Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

<sup>c</sup> Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (\*).

<sup>d</sup> Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

<sup>e</sup> "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

<sup>1</sup> National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>2</sup> World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

<sup>3</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics, January 2001.


<sup>4</sup> Veteran Population Model 2016 (VetPop2016). Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

<sup>5</sup> U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2016 American Community Survey one-year estimates.

Download the full set of 2016 state data sheets:

[www.mentalhealth.va.gov/suicide\\_prevention/suicide-prevention-data.asp](http://www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp)





*Serving at one of the  
nation's most contaminated  
places may have health  
consequences for veterans  
and their families –  
for generations.*

*Kathy Keefer and her family have suffered a long list of unusual health problems consistent with exposure to toxic chemicals since she served at Fort McClellan, Ala., adjacent to one of the nation's most contaminated sites.*

Steven Bridges/The American Legion

# The Long Shadow of Fort McClellan

BY KEN OLSEN

**K**athy Keefer had no idea that Fort McClellan was adjacent to one of the nation's most contaminated communities when she returned for her second Army stint in 1987 while pregnant with her eldest daughter. She didn't know that decades of polychlorinated biphenyl (PCB) pollution from the nearby Monsanto plant had permeated the tree bark in Anniston, Ala., and turned domestic pigs into hazardous waste. Or that the drinking water had been tainted by heavy metals, solvents and other hazardous waste from the Anniston Army Depot, Fort McClellan and other industrial sources.

She's thought a lot about it in retrospect, given the strange health problems visited upon herself, her husband – also a Fort McClellan veteran – and her children, problems entirely at odds with their family medical histories.

"If I had known that Fort McClellan was a potential hazard for my unborn child, I would have found a way to stay off base and petitioned not to have gone at all," Keefer says.

That sentiment is shared by thousands of veterans who suspect that a litany of cancers, autoimmune disorders and other diseases are a result of toxic chemicals they were exposed to while stationed at the base in northeastern Alabama.

"Fort McClellan is a powder keg of what was known, suspected and found there," says Joan Zakrocki, who earned her bachelor's degree in public health after leaving the Army and now researches the former base's environmental problems as an advocate for Fort McClellan veterans and families. "Our time at Fort McClellan was the single most important factor contributing to our health."

Not only does Fort McClellan's toxic résumé rival Camp Lejeune, N.C., where trichloroethylene (TCE) and other pollutants eventually forced VA to provide exposure-related health care to Marines, formerly serving Marines and families. But the

combination of toxic chemicals from Monsanto, Fort McClellan and the Anniston Army Depot makes it the most contaminated place in the United States, says David Carpenter, director of the Institute for Health and the Environment at the State University of New York at Albany in Rensselaer.

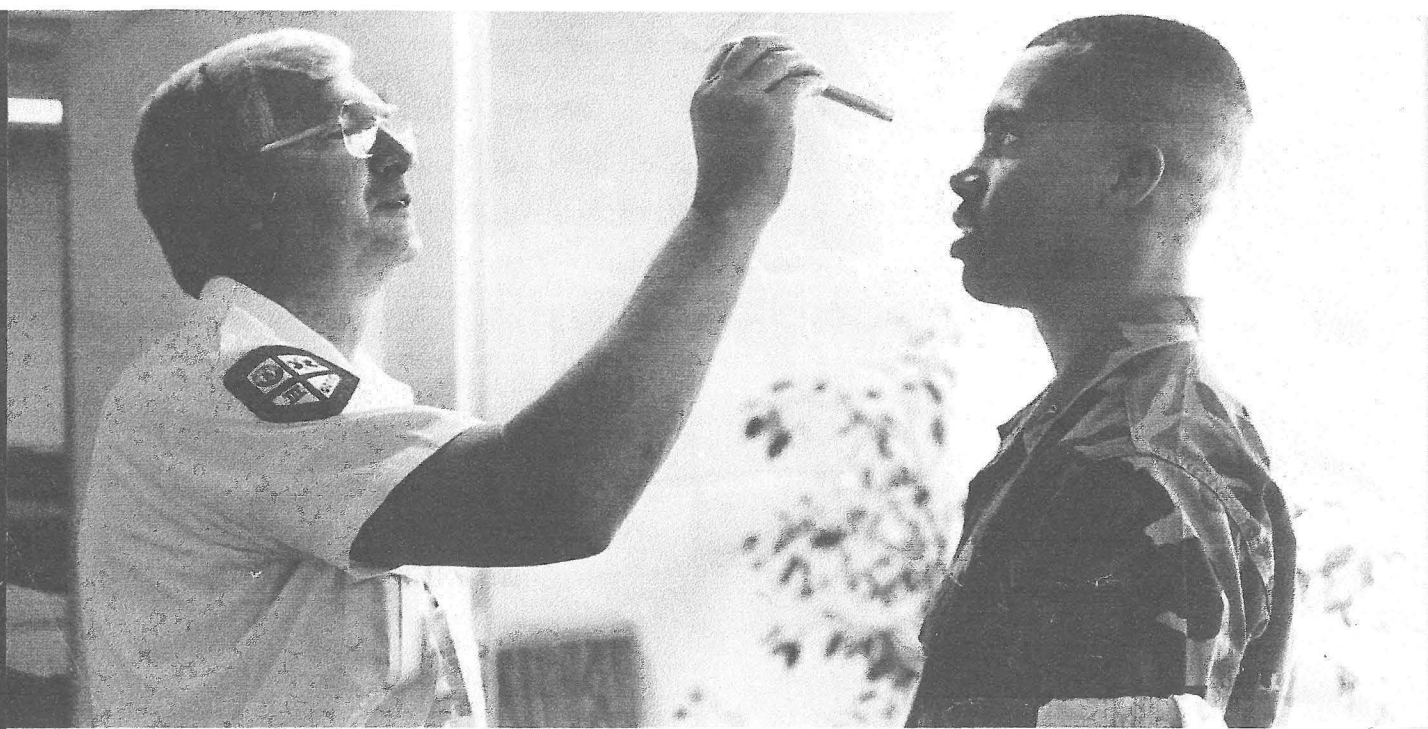
"In terms of documented contaminants, the levels are absolutely outrageous," Carpenter says. And there's plenty of anecdotal evidence that Fort McClellan veterans suffered as a result. "There's too much smoke for there not to be a cause common to those people."

The issue is particularly acute for female Army veterans, whose future children may have been affected by that exposure, Carpenter says. Add to that the fact that Fort McClellan was once the primary basic training base for women who joined the Army.

"That's what makes Fort McClellan a little different," says Diane Zumatto, who suspects her family's health problems are tied to her time in Anniston. "I think more women were exposed at Fort McClellan than other military bases."

Rather than getting help from the nation they served, Fort McClellan veterans say they are getting the brushoff, and that VA dismisses the suggestion that servicemembers may suffer health consequences as a result of toxic exposure at the base. "Veterans who mention Fort McClellan to VA providers," Zakrocki says, "are often rebuked."

**TOXIC LEGACY** Fort McClellan was established next to Anniston, a city known for its iron smelters, in July 1917. Named for Civil War Gen. George B. McClellan, the base has had a variety of missions. It trained approximately 500,000 soldiers and was a prisoner of war camp during World War II. The Chemical Corps was activated there in 1951. The Army's Chemical/Biological/Radiological Agency followed in 1962 and the U.S. Army Chemical School in 1979.



Safety officer Jerry Rice checks the eyes of Marine Cpl. Marty Williams at Fort McClellan, Ala., on Aug. 30, 1990. From the 1920s through the base's closure in 1999, hundreds of thousands of servicemembers were exposed to toxins through chemical weapons training, or indirectly through air, soil and water contamination. Photo courtesy The Anniston Star

Women's Army Corps (WAC) basic training started at Fort McClellan in 1952. Approximately 350,000 female recruits trained there before the WAC was disbanded in the late 1970s. Fort McClellan also served as the primary military-police training base for the Army, Navy and Marines, Zakrocki says. Over the years, it had an average population of 10,000 military personnel and 1,500 civilian employees, according to Army websites.

The fort was shuttered at the recommendation of the Base Realignment and Closure (BRAC) Commission in 1999. A portion of the acreage was turned over to the city of Anniston for redevelopment. Some of it became a national wildlife refuge. Some is used by the Alabama National Guard and the Department of Homeland Security.

Fort McClellan's toxic legacy is virtually unknown, which is surprising considering its own chemical and biological weapons training programs, the chemical weapons stockpile at the Anniston Army Depot, and its proximity to the Monsanto plant that manufactured PCBs in Anniston from 1929 to the 1970s.

There are 209 PCBs. They cause cancer, suppress the immune system,

disrupt the endocrine system – the thyroid gland, for example – and elevate the risks of high blood pressure and type II diabetes, Carpenter says. “The thing that most people don't realize is how many different organ systems can be disrupted by exposure to a chemical.”

Monsanto's PCB pollution attracted national media attention, including a “60 Minutes” segment

### AMERICAN LEGION RESOLUTION 118

Passed at the 98th National Convention in 2016, Resolution 118 urges DoD to fully disclose all wartime and non-wartime locations to VA where hazardous environmental exposures exist and U.S. servicemembers were exposed “through testing, transportation, storage, disposal, and environmental contamination,” including Fort McClellan, Ala., Fort Drum, N.Y., Fort Dugway, Utah, and others.

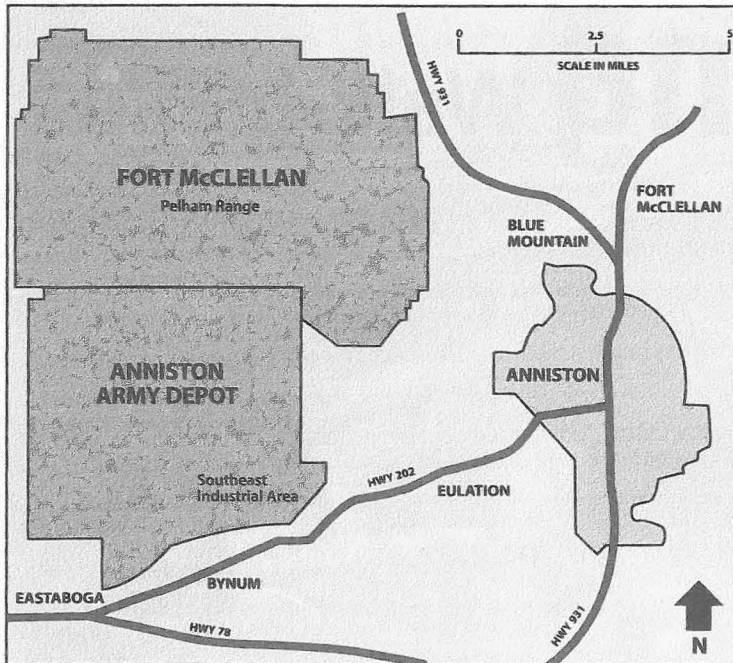
Resolution 118 calls for:

- Legislation requiring VA to establish a national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances during service.
- Providing “thorough and appropriate examinations and treatment” to veterans reporting to VA medical care facilities claiming exposure to environmental hazards, and compassion from VA physicians in responding to the medical needs of these veterans.
- Liberalization of rules relating to the evaluation of studies involving exposure to any environmental hazard, “and that all necessary action be taken by the federal government ... to ensure that veterans are properly compensated for diseases and other disabilities scientifically associated with a particular exposure.”

Read the full resolution online:

[www.legion.org/resolutions](http://www.legion.org/resolutions)

## Anniston Army Depot and surrounding area



*out 10 miles*



*In 2003, Monsanto settled a class-action lawsuit with residents of Anniston, Ala., but veterans who trained and lived at Fort McClellan were not included in the suit. At present, VA does not recognize Fort McClellan as the cause of toxic exposure health issues, claiming no evidence of widespread contamination problems.*

Source: Environmental Protection Agency, September 1991

in 2002. The company settled a lawsuit with Anniston residents for \$700 million in 2003, a sum that reflects the extent of the contamination. "There were PCBs found in the tree bark up to three miles away – about the distance the Monsanto plant is from Fort McClellan," Carpenter says. Pigs raised by Anniston residents – often the poorer members of the community – were so contaminated they had to be carted off to hazardous-waste landfills.

No veterans were included in the litigation, likely because the attorneys who sued Monsanto focused on civilians who lived in neighborhoods closest to the manufacturing plant and had the highest PCB levels in their blood, says Carpenter, who was an expert witness in the case.

That exclusion is mind-boggling to Fort McClellan veterans. "I don't know how Anniston was exposed and we weren't," Keefer says. "Were we not drinking the same water? Were we not living in the same town? Were we not breathing the same air?"

**FIRST SYMPTOMS** Keefer's health problems surfaced soon after she was recalled to active duty as an MP during the run-up to the first Gulf War. Blood started leaking out of her right breast while she was taking a shower at Foot Hood. An Army doctor recommended immediate surgery. Keefer refused and, at her mother's urging, was

examined at a top civilian cancer center in Houston after she left the Army in late 1991. The medical team couldn't find a cause for the bleeding, but Keefer continues to experience strange discharges from her right breast.

Other medical problems have since piled on: benign cervical tumors and a benign lump in her left breast that grew to the size of a lemon in six months. Abdominal pain, insomnia, fatigue and Hashimoto's disease – an autoimmune disorder that causes the body to attack the thyroid gland. Keefer suffers the sudden onset of a burning sensation on her left leg that comes and goes without explanation. And she deals with involuntary muscle twitching and gastrointestinal problems. "I had so many physical problems – I had no idea why – that I kind of thought I was a huge hypochondriac."

No one in Keefer's family had previously experienced any of these health issues. But one of her daughters now has the same gastrointestinal problems. Another daughter – the one she was carrying during her second stint at Fort McClellan – suffers from periodic bouts of a ringworm-like rash, as does her husband.

"It all goes back to Fort McClellan," says Keefer, a member of American Legion Post 273 in Madeira Beach, Fla. "It has to be the crap we were exposed to."

Carpenter confirms that the health



consequences of toxic exposure could affect the children of Fort McClellan veterans. "Something your grandmother was exposed to can affect your grandchildren," he says. "The health effects are going to continue for years, if not generations. That's why we need to study the women who were stationed at Fort McClellan. Do their daughters have profiles of diseases that are elevated?"

That prospect weighs on Zumatto. Two of her children have had seizures. Her eldest son has Crohn's disease and her eldest daughter has hip dysplasia. Her sister, also a Fort McClellan veteran, has suffered seizures and two bouts of cancer. None of these health problems had previously occurred in her family.

**INACTION** Keefer filed a VA claim four years ago. It was rejected. Appealing that decision is a waste of time until the department officially recognizes how serving at Fort McClellan came with exposure-related problems, she says.

VA is far from convinced.

"VA has reviewed several documents on the environmental investigations conducted at Fort McClellan and has found no evidence of widespread contamination issues," VA said in an email responding to questions from *The American Legion Magazine*. That applies to PCBs as well, even with Fort McClellan's close proximity to the now-defunct Monsanto plant. VA's Fort McClellan webpage cites a report from the federal Agency for Toxic Substances and Disease Registry (ATSDR) that says people who lived outside the neighborhoods near Monsanto didn't face a higher risk of cancer or other health problems.

"That is an outrageous response that is totally inconsistent with the evidence," Carpenter says. "ATSDR has a very bad track record of minimizing risks, and they seem not to even know the relevant literature."

Fort McClellan veterans have long lobbied for a health registry that would help establish whether they've experienced abnormal health problems that can be tied to toxic exposure and potentially pave the way for VA health care for those diseases. Carpenter supports that idea.

"It's impossible, at this stage of the game, to go back and determine all of the things people were exposed to because the base has been closed so many years," Carpenter says. "We know they were exposed to organic solvents, incinerator emission from the Anniston Army Depot, TCE and some level of PCBs wafting over from Monsanto."

A health registry is the logical next step. "It's

## RESOURCES

■ **Operation Stand Together** Founded by Fort McClellan veteran Vincent Diem and his wife, Carrie, in 2016, Operation Stand Together is an advocacy and education organization for veterans dealing with toxic exposure related to their military service. Diem was stationed at Fort McClellan twice and is dealing with numerous resulting health issues. He is chaplain of Shenandoah American Legion Post 77 in Strasburg, Va. The organization also has a Facebook group; search for "Operation Stand Together." Other Facebook groups include **Fort McClellan Toxic Exposure Right to Know** and **Fort McClellan Toxic Exposure for Veterans**.

■ **VA** The VA website has a page about potential toxic exposure at Fort McClellan. It lists several resources but makes it clear that VA does not believe Fort McClellan caused any contamination-related health issues.

🌐 [www.publichealth.va.gov/exposures/fort-mcclellan](http://www.publichealth.va.gov/exposures/fort-mcclellan)

not trivial," Carpenter says. "It's not cheap. But it's not at all impossible."

VA, however, opposes a registry, again citing what it believes is a lack of evidence of consequential environmental hazards at the Anniston base. Efforts in Congress to mandate such measures have failed. U.S. Rep. Paul Tonko, D-N.Y., has introduced legislation to establish a health registry four times since 2010, only to have the bills die in the House. He reintroduced his bill in September with bipartisan support from seven co-sponsors, and the measure has been referred to the Veterans' Affairs Subcommittee on Health. Tonko is optimistic his effort ultimately will succeed as calls for the measure grow from affected veterans around the country.

"In this case, you have a group of veterans who appear to be showing a pattern of severe and otherwise unexplained health consequences, and a denial by the system to acknowledge and support their needs," Tonko says. "That's wrong. Creating a health registry is a first step in establishing the link between service at Fort McClellan and serious adverse and deteriorating health."

Time is of the essence.

"To be clear, these veterans have been left to suffer for far too long already," Tonko says. "There's a right way to do this, and we need to get this started now." 🌐

*Ken Olsen is a frequent contributor to The American Legion Magazine.*



## Camp Lejeune's Toxic Legacy

by Ken Olsen

JAN 18, 2013

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Jerry Ensminger's 9-year-old daughter died of a rare form of leukemia he believes was caused by solvent-laced drinking water at Camp Lejeune, N.C. Her death could have been prevented, he says, if the Marine Corps had followed its own testing regulations.

"I have never been so disillusioned in my life," says Ensminger, who served 11 of his 25 years in the Marine Corps at the base. "I want the truth. I want accountability. And I fully recognize they will probably pat me in the face with a shovel and blow Taps over me before I get that."

Ensminger can claim partial victory in his 15-year battle over contamination at Camp Lejeune, where drinking water was tainted with five times as much trichloroethylene (TCE) as the Woburn, Mass., drinking water system made famous in the book and movie "A Civil Action." Congress recently mandated that VA provide health care for Marines and family members stationed at Camp Lejeune between 1957 and 1987 who are suffering from certain cancers and neurological diseases.

"This bill is confirmation by the president of the United States and Congress that we were harmed by our leaders," he says.

But the plainspoken former drill instructor and father of four is not standing down. "This is not the end of the issue – this is the end of the first act," Ensminger says. "They are still withholding information from Congress and the public. There has been no accountability for the people who perpetrated this on us and our families."

**Record Exposure.** The Marine Corps acknowledges that as many as 800,000 Marines, family members and civilians drank, swam and showered in Camp Lejeune's toxin-laden water, the largest exposure of its kind in the nation.

Established as an advanced training base in 1941, the 246-square-mile complex relied on dozens of shallow wells, averaging 40 feet deep, for drinking water. These wells were contaminated by leaking fuel-storage tanks, a chemical dump and discarded industrial solvents. One well was even installed in a corner of a Camp Lejeune landfill where solvents, DDT and other waste was discarded. A civilian dry cleaner near the Camp Lejeune family housing complex where Ensminger lived also polluted the drinking water.

The Marine Corps says the contamination was the unintentional byproduct of an era when federal law didn't limit the amount of toxins – including tetrachloroethylene (PCE), TCE, benzene and vinyl chloride – in drinking water.

"In the early 1980s, standards and regulations for the treatment and disposal of solvents were just starting to be put into place," the Corps said in an email response to questions about Camp Lejeune. "The understanding of health effects of these chemicals has evolved. For example, up until 1977, TCE was allowed for use as a general anesthetic, skin wound and surgical disinfectant."

Health experts call the Marine Corps' response disingenuous.

"Hiding behind the lack of an official regulation doesn't fulfill its moral obligation to the Marines and their families," says Richard Clapp, an epidemiologist at the Boston University School of Public Health, who specializes in causes of cancer in workers, community residents and veterans. Massachusetts voluntarily closed two Woburn wells in 1979 after tests revealed a far lower TCE contamination level than that at Camp Lejeune, even though the Environmental Protection Agency (EPA) hadn't yet set drinking water limits on the carcinogen.

"That was based on guidance from EPA and not a formal regulation, but it was done to protect the public health based on evidence available at the time," Clapp says. "I see no reason why the Department of the Navy could not have done the same thing to protect its people."

The medical community, meanwhile, abandoned TCE as an anesthetic because it was lethal. "It was causing people to go into heart failure on the operating table," Clapp says. "That should have sent up a red flag about TCE exposure in the late 1970s as well."

"I Had to Be Strong." Ensminger first went to Camp Lejeune after he graduated from boot camp in 1970. He and his wife lived in a Marine Corps family housing complex called Tarawa Terrace from 1973 to 1975. One of their daughters, Janey, was conceived and carried through most of her first trimester at Camp Lejeune. That timing is key. A developing fetus is so sensitive to the chemicals that were present in Camp Lejeune's water, Clapp says, that a few hours or days of exposure at the wrong time could cause birth defects, cancers or neurological diseases. There was an eightfold increase in the risk of childhood leukemia among Woburn, Mass., babies whose mothers were exposed to the TCE-contaminated water during pregnancy.

Ensminger and his family returned to Camp Lejeune in 1982, and lived in nearby Jacksonville, N.C. The town had little in the way of community recreation facilities, so his daughters regularly swam in the base swimming pools. Because TCE and the other contaminants can be absorbed through the skin, the pools were just one more source of potential exposure.

Janey Ensminger was diagnosed with childhood leukemia in July 1983. She was 6.

"At first I went into shock," Ensminger says. "Then it was the hustle and bustle of getting her to a treatment facility."

They took Janey to Penn State University Medical Center and Duke Children's Hospital, searching for a cure and answers. No one in his or his wife's family had ever had cancer. Janey's illness didn't make sense.

"After I had a chance to sit down and think about it, the question was why," Ensminger says. "But these doctors couldn't – or wouldn't – answer my nagging question."

Ensminger told Janey they would fight her cancer together. He told himself that he wouldn't cry in front of his daughter. "I had to be strong," he says.

"Every time that child went into a treatment room, she was screaming, 'Daddy, Daddy, don't let them hurt me,'" Ensminger says. He finally broke down in front of his daughter in late September 1985. Janey told him she loved him, lapsed into a coma and died 30 minutes later.

"I didn't just lose my daughter. I feel like I lost my entire life," Ensminger says.

**A Secondary Concern.** Why didn't the Marine Corps begin testing drinking water for total organic pollutants – a class of chemicals including TCE, PCE, benzene and other toxins – in 1963, as Navy regulations required?

The Corps says such testing wouldn't have made a difference because those early regulations didn't require specific analysis for TCE, PCE and other toxins. Indeed, the appropriate analytical tools weren't readily available or commonly used by water utilities in the early 1960s.

But even if the Marine Corps hadn't identified the specific contaminants, those early tests would have alerted officials to a significant pollution problem and prevented decades of human exposure to solvents and other dangerous chemicals, Ensminger says. At a minimum, the Corps would have discovered that Camp Lejeune's Hadnot Point Fuel Farm was leaking, eventually allowing as much as 1 million gallons of petroleum to seep into the soil and groundwater.

There is other evidence to suggest that camp commanders were slow to act. Congress passed the Safe Drinking Water Act in 1974 after a national outcry over water pollution. Even the magazine *Civil Engineering* – hardly a staple of the environmental movement – published a cover story in September 1977 headlined, "Are U.S. cities doing enough to remove cancer-causing chemicals from drinking water?" By then, Camp Lejeune had the third-largest municipal water system in North Carolina and was obligated to meet federal drinking water standards.

An Army analytical lab was finally tapped to test Camp Lejeune's water in 1980, as required under the Safe Drinking Water Act. It alerted the base several times to high levels of drinking water pollution that were interfering with its analysis, although the lab didn't identify specific contaminants. Two years later, a private lab also found dangerously high levels of toxins while conducting similar water sampling. In fact, the water was so contaminated that Grainger Labs assumed it had gotten bad samples. It repeated the tests several times in May 1982 and discovered dangerously high levels of TCE and other solvents.

"I was alarmed," says Mike Hargett, then co-owner of the lab. "By 1982, the toxicological impact of TCE and PCE exposure was well-established. They should not have been drinking that water."

Hargett took his concerns to Camp Lejeune officials, and even met with the officer in charge of the water utility – an individual whose name he no longer recalls. "I said, 'This is not something you want

to expose the population to,” Hargett says. “He dismissed me, saying, ‘This is something we will turn over to the Navy.’”

Camp Lejeune continued to use the contaminated wells for another two and a half years. As a result, water supplied to parts of the base by the Hadnot Point treatment plant contained as much as 1,400 parts per billion of TCE. That’s the highest level of the solvent recorded in a municipal drinking water system in the United States, and 280 times today’s TCE limit.

But the Marine Corps says the source of the pollution was unknown. It also cites the lack of limits on solvents in drinking water as a reason it didn’t take immediate action. In addition, it’s difficult to second-guess decisions made decades ago.

“Although it is impossible to know why a discretionary action was or was not taken more than 25 years ago, one must view the situation in the context of the relevant time period,” the Marine Corps says.

Camp Lejeune finally began closing its highly contaminated wells in late 1984. Even then, the base newspaper mentioned only “trace contamination” and did not warn of any potential health effects. A letter the Marine Corps sent to Tarawa Terrace residents in April 1985 mentioned “minute (trace) amounts of several organic chemicals in the drinking water,” but most of the letter focused on water conservation required by the well closures.

This lackluster response is puzzling for other reasons. The Navy shuttered contaminated water wells at other bases well before Camp Lejeune finally took action. Naval Air Station Willow Grove and Naval Air Warfare Center Warminster – both in Pennsylvania – closed contaminated wells in 1979, according to records Ensminger unearthed.

Hargett’s firm found lower concentrations of contamination in the drinking water at Marine Corps Air Station Cherry Point in North Carolina in the early 1980s. Hargett notified Cherry Point’s water system manager, who immediately shut down the offending well because the person in charge of the utility “understood the severity of the problem,” he says.

The difference, Hargett believes, is that the problem didn’t come to the attention of the right person at Camp Lejeune until late 1984. “I don’t think they had the right information or understanding of the problem,” he says. A field commander is concerned about having enough water for his troops to bathe, drink and do the work he needs to do. “The details of what was in that water were a secondary concern.” That mentality carried over to the water utility at Camp Lejeune.

**Haunted By Questions.** In the summer of 1997, almost 12 years after his daughter died, Jerry Ensminger heard a TV news report that said Camp Lejeune’s drinking water had been contaminated with solvents potentially linked to childhood leukemia. “It was like God had opened up the sky and said, ‘Jerry, here is a possible answer to the nagging question that has plagued you,’” he says.

By then, Ensminger had retired from the Marines as a master sergeant and was raising corn and soybeans not far from Camp Lejeune. He started a group called The Few, The Proud, The Forgotten and began digging for answers. Tom Townsend, a former Marine whose son mysteriously died six weeks after his birth at Camp Lejeune, joined Ensminger. Townsend filed more than a thousand requests for Marine Corps and Navy records under the federal Freedom of Information Act.

Townsend’s health later forced him to step aside. But Mike Partain, the son of a Camp Lejeune Marine, heard about Ensminger’s work and stepped up. Partain was born at Camp Lejeune in 1968, had just undergone a radical mastectomy for a rare case of male breast cancer and was likewise searching for answers. He dedicated nine months to sorting the records Townsend and Ensminger had obtained and constructing a detailed timeline of Camp Lejeune’s contamination.

Ensminger and his volunteers pored through hundreds of documents, including copies of emails that showed that the Marine Corps considered postponing the release of information about drinking water

contamination at Camp Lejeune, as well as a health survey, because the movie version of "A Civil Action" was about to hit theaters. Such timing would bring unwanted attention to the problems at the base, one Camp Lejeune official worried.

Ensminger, meanwhile, made countless trips to Capitol Hill. He's testified before the House and Senate five times. In 2008, he successfully lobbied Congress to order the Marine Corps to formally notify former Marines, family members and civilians about the Camp Lejeune water contamination. Ensminger scored another victory last August when President Barack Obama signed legislation mandating VA health care for former Camp Lejeune residents. However, there are concerns about how long it will take VA to begin providing care to families.

Ensminger continues his fight for comprehensive epidemiological studies of the people who lived and worked at Camp Lejeune, and is worried about ongoing delays in the release of the results. The Agency for Toxic Substances and Disease Registry was expected to publish two studies in July: an analysis of birth defects among Camp Lejeune residents and a historical reconstruction of their exposure to contaminated drinking water. The historical reconstruction is particularly important, he says, since it's the foundation for future Camp Lejeune health studies.

Most of all, Ensminger tries to make sense of the profound betrayal he and others feel from an institution he served and revered – and to answer the questions that still haunt them, such as how and why.

"We still don't have the whole truth about what happened to us and our families," Ensminger says. "Janey's dead. Nothing's going to help her. But there are other people out there who are still suffering."

Ken Olsen is a frequent contributor to The American Legion Magazine.

# A's rule establishes a presumption of service connection for diseases associated with exposure to contaminants in the water supply at Camp Lejeune

VA to provide disability benefits for related diseases



Tuesday, March 14, 2017 1:51 pm News Releases, Top Stories OMR 3k views

VA regulations to establish presumptions for the service connection of eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune, N.C. are effective as of today.

"Establishing these presumptions is a demonstration of our commitment to care for those who have served our Nation and have been exposed to harm as a result of that service," said Secretary of Veterans Affairs Dr. David J. Shulkin. "The Camp Lejeune presumptions will make it easier for those Veterans to receive the care and benefits they earned."

The presumption of service connection applies to active duty, Reserve and National Guard members who served at Camp Lejeune for a minimum of 30 days (cumulative) between Aug. 1, 1953 and Dec. 31, 1987, and are diagnosed with any of the following conditions:

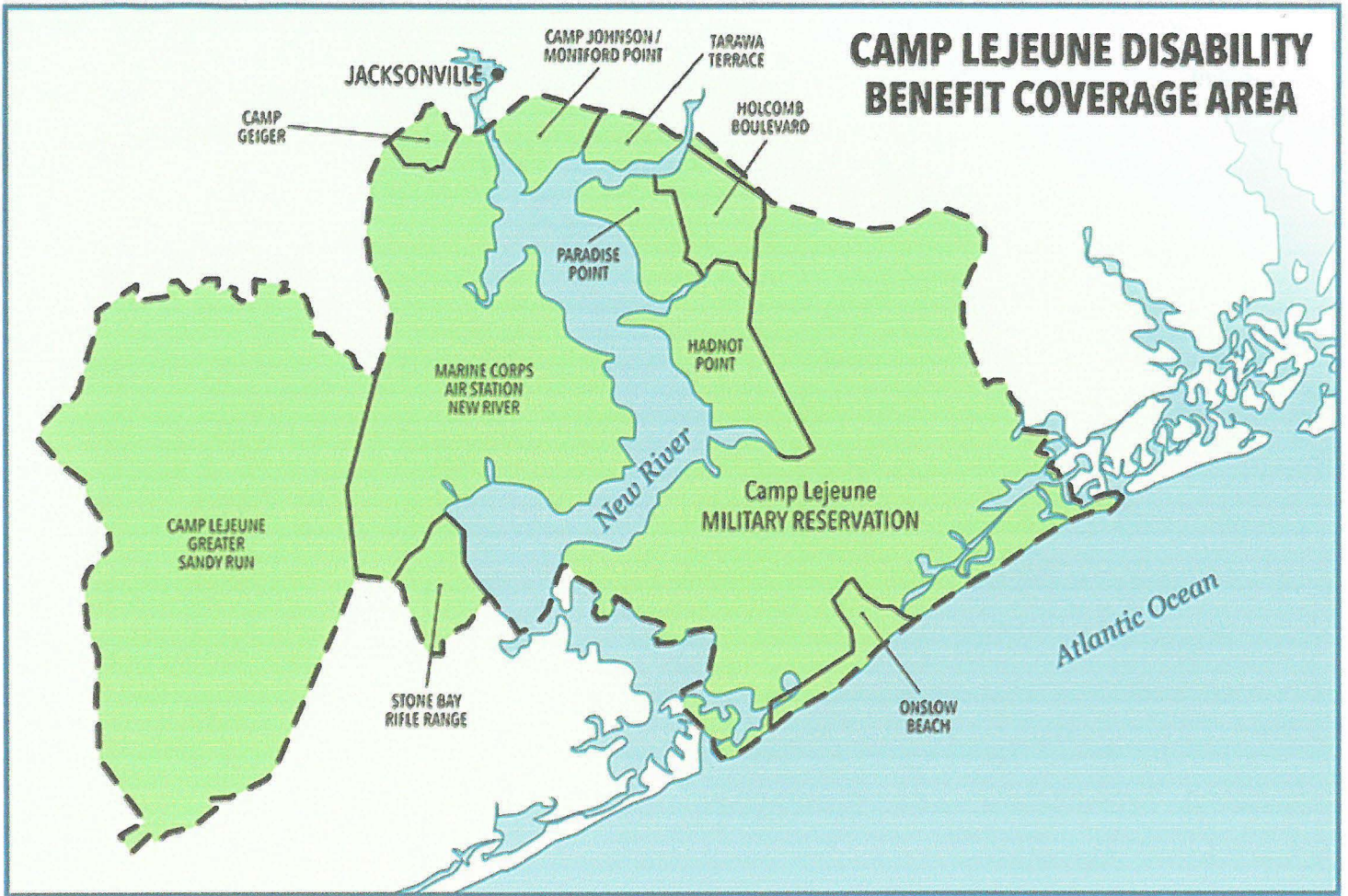
- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin's lymphoma
- Parkinson's disease

The area included in this presumption is all of Camp Lejeune and MCAS New River, including satellite camps and housing areas.

This presumption complements the health care already provided for 15 illnesses or conditions as part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012. The Camp Lejeune Act requires VA to provide health care to Veterans who served at Camp Lejeune, and to reimburse family members, or pay providers, for medical expenses for those who resided there for not fewer than 30 days between Aug. 1, 1953 and Dec. 31, 1987.

## Additional information added 3/23/2017:

Additional information on Camp Lejeune disability compensation information or health care reimbursement for family members can be found [here](#).



Map of the Camp Lejeune disability coverage area.

Tags:



Since their first encounter with nuclear weapons tests in the 1940s, U.S. servicemembers have been exposed to atomic radiation, toxic defoliants and choking burn pits, among other contaminations that, while slower-acting, are often just as lethal as bullets and bombs. In each of these situations, the government response to afflicted veterans' needs for information, acknowledgment and health care has been even slower – decades of denial, followed by begrudging but limited acceptance and bureaucratic skepticism. The American Legion has been at the forefront of advocating on behalf of these veterans, from the Legion service officer in Iowa who helped Orville Kelly win the first atomic veteran's claim, to the continuing fight for Agent Orange benefits and today's work on behalf of post-9/11 veterans.

In this second article of a three-part series, *The American Legion Magazine* examines the long fight to provide health care and benefits for veterans exposed to Agent Orange – a battle that continues for many former servicemembers who are suffering the consequences of the massive toxic herbicide campaign without help from VA.

## 'A relentless tragedy'

*Fifty years after the Vietnam War, VA still dodges Agent Orange claims despite federal court rulings and a mountain of scientific evidence.*

BY KEN OLSEN

From the moment Julie Diane Haley was born with a hole in her heart and underdeveloped lungs, her family suspected it was a consequence of her father's service in Vietnam. But they weren't aware of Operation Ranch Hand or the millions of gallons of toxic herbicides the U.S. military sprayed in Southeast Asia. So when Alton and Iralee Haley buried their only daughter four months later, they were left only with questions.

Their suspicions grew as Alton's health problems multiplied: high blood pressure, heart disease, peripheral neuropathy, prostate problems and more. Each new diagnosis brought another frustrating battle for VA health care and benefits.

This is the story for thousands of veterans and their families. On the one hand, more than half a million people are now receiving Agent Orange benefits thanks to the dogged advocacy of The American Legion, the National Veterans Legal Services Program (NVLSP) and other groups. Billions of dollars in claims have been paid as a result of their victory in *Nehmer v. U.S. Department of Veterans Affairs* as well as the Agent Orange Act of

1991. "There's been a lot of progress," says Bart Stichman, executive director of NVLSP.

Yet a significant number of veterans are still fighting VA, even those who had "boots on the ground" in Vietnam and should therefore automatically qualify for Agent Orange benefits for more than a dozen diseases presumed caused by exposure to the U.S. military's arsenal of toxic herbicides. Many give up after the second or third VA denial. Other veterans suffer for decades, without knowing they qualify for help.

Blue Water Navy veterans – who drank and showered in distilled seawater contaminated by Agent Orange-laced runoff from Vietnam – are still trying to regain benefits VA withdrew in the early days of the George W. Bush administration. And former servicemembers who believe they were exposed to toxic herbicides in Thailand, Korea, Guam, Okinawa and military bases in the United States can expect to have their claims denied.

If that's not grim enough, VA has not added benefits for any diseases that science shows are connected to toxic herbicide exposure since 2015,

## World War II

Two key components of Agent Orange – 2,4,5-T and 2,4-D – are tested at Fort Detrick, Md.

### 1962-1972

U.S. military sprays some 20 million gallons of Agent Orange and other toxic herbicides in Vietnam and Laos as part of Operation Ranch Hand.

### 1964

U.S. military tests Agent Orange in Thailand.

### February 1967

More than 5,000 scientists – including 17 Nobel laureates – sign a petition asking President Lyndon Johnson to stop toxic herbicide use in Vietnam.

### Nov. 25, 1967

Arthur W. Galston, a Yale botany professor, warns of possible human health consequences of toxic herbicide use in Vietnam.

### 1968-1971

U.S. military uses Agent Orange at Korean DMZ.

### April 15, 1970

The White House bans the use of one of the key components of Agent Orange around homes, schools, food crops and similar uses because of concerns about the consequences of human exposure to the herbicide.

### Early 1970s

Vietnam veterans raise concerns about chloracne, birth defects in their children and other inexplicable illnesses. VA requires proof of exposure before granting benefits.

### 1974

The National Academy of Sciences finds dioxin, a component of Agent Orange, "is extremely toxic to some laboratory animals."

### March 23, 1978

WBBM in Chicago airs "Agent Orange, the Deadly Fog" – an Emmy Award-winning documentary about health-care problems among Vietnam veterans that started with a tip from Maude DeVictor, an employee at the Chicago VA's regional office.

### Nov. 27, 1979

Orville E. Kelly of American Legion Post 52 in Burlington, Iowa, announces he has won his VA claim for lymphatic cancer related to radiation exposure from 22 atomic tests he witnessed in the Marshall Islands in 1957 and 1958. Veterans exposed to Agent Orange and burn pits continue to cite the Kelly decision in their efforts to gain VA benefits.

### 1979

A class-action lawsuit representing 2.4 million veterans exposed to Agent Orange is filed in federal court against seven large chemical companies who manufactured the deadly herbicide. The case is settled for \$240 million in 1988.



Alton Haley served as a security dog handler with the 366th Tactical Fighter Wing at Da Nang Air Base. He later learned the base's perimeter, which he patrolled, had been sprayed with Agent Orange.

when Congress allowed provisions of the Agent Orange Act to lapse that required VA to make decisions within 180 days.

"It's a relentless tragedy," says Fred Wilcox, author of "Waiting for an Army to Die," one of the first books to chronicle the carnage wrought by Agent Orange when it was published in 1983. "We pay a lot of lip service to people who serve in the military. But the reality is we expose them to radiation, we expose them to Agent Orange, we expose them to depleted uranium and burn pits, and then go into a fit of denial when they become ill."

The cost to veterans and their families is staggering, adds William Davis, a Blue Water Navy veteran. "The pain, the suffering is deep. And for the survivors, the grief when the veterans die is both welcoming for the end of the suffering and frightening for what the future holds."

**PERIMETER PATROL** A neighbor introduced Alton and Iralee at a teen recreation hall in Texas shortly before he entered the Air Force in 1969. The couple got to know each other through letters they exchanged during Alton's yearlong deployment to Vietnam. A security dog handler, he knew the U.S. military was spraying something around the perimeter of the air bases in Da Nang and Phan Rang where he patrolled. "I didn't know what it was," Alton says. "I didn't know it was poisonous to people."

Alton and Iralee married in August 1970, soon after he returned from Vietnam. He finished his hitch at Altus Air Force Base in Oklahoma and became a homebuilder in Texas. In 1980, their daughter was born three months premature, and Alton's mother was certain his service in Vietnam was the reason. He began experiencing health problems at odds with his family's history.

"I'd always pondered it," Iralee says of her mother-in-law's belief that something in Vietnam was to blame for the loss of their daughter. "When all of this stuff started happening to him, I began to think about it again." Iralee asked several VA doctors if there was a connection between Alton's service in

**Dec. 20, 1979**

Congress orders VA to study the long-term health effects of exposure to dioxin, a toxic component of Agent Orange.

**1982**

VA decides that Vietnam veterans with chloracne are presumed to have been exposed to Agent Orange.



**January 1982**

The American Legion Magazine publishes the first of a three-part series titled "Agent Orange: Time Bomb or Dud?"

**March 12, 1982**

Dow Chemical, a major manufacturer of Agent Orange, tries to blame an exotic Asian bacterium for growing health problems among Vietnam veterans.

**May 3, 1983**

Fred Wilcox's "Waiting for An Army to Die," which explores the devastating health consequences of Agent Orange exposure among Vietnam veterans, is published.

**Oct. 24, 1984**

The Veterans' Dioxin and Radiation Exposure Compensation Standards Act becomes law. It requires VA to establish benefits for veterans exposed to toxic herbicides as well as former servicemembers exposed to above-ground nuclear weapons tests.

**1986**

The National Veterans Legal Services Program challenges VA's "chloracne only" rule on behalf of hundreds of thousands of veterans and survivors in a class-action lawsuit known as *Nehmer v. U.S. Department of Veterans Affairs*. A federal court rules in favor of veterans three years later, and orders VA to reconsider all claims it rejected under its illegal regulation. It is one of the most far-reaching legal victories for veterans exposed to toxic herbicides.

**March 29, 1990**

Vietnam veterans – particularly those who served on ships off the coast of Vietnam – have a far higher rate of non-Hodgkin's lymphoma than veterans who didn't serve in Vietnam, according to a study conducted by the Centers for Disease Control and Prevention. However, CDC also concludes there's no link between Agent Orange exposure and five other cancers, prompting The American Legion to label the CDC's Selected Cancers Study "scientific fraud."

**Feb. 6, 1991**

The Agent Orange Act of 1991 provides that any veteran who served in Vietnam from Jan. 9, 1962 to May 7, 1975 is presumed to have been exposed to Agent Orange and automatically qualifies for disability rating and medical care for a list of specified diseases.

Vietnam and his ischemic heart disease. The doctors told her to drop her inquiry. "They said, 'It's not going to do you any good because it's not service-connected.'"

Iralee filed Alton's first VA claims in the 1990s – and continued to file and appeal over the next several years. "They denied and denied it was service-connected," Iralee says of Alton's health problems, many of which are now presumed connected to Agent Orange exposure. VA even denied that Alton had heart disease, even though his own VA doctors had made the diagnosis following an angiogram.

More medical issues appeared: type 2 diabetes, prostate problems, and the sudden onset of peripheral neuropathy so severe that Alton had to learn how to walk again. "There's an old saying," says Alton, who had to retire at 55 because of his failing health. "The war killed me, but I'm not dead yet."

VA kept denying his medical claims. Iralee kept appealing, eventually receiving some benefits. She eventually found NVLSP, and the nonprofit legal advocacy group won retroactive compensation for Alton's ischemic heart disease as a result of the federal court ruling in *Nehmer*.

**DELAY AND DENY** In the years after the war, VA maintained that a painful, blistering skin rash known as chloracne was the only illness caused by Agent Orange exposure. This was the story even as Wilcox and journalists nationwide reported on Vietnam veterans dealing with testicular cancer, bladder cancer, multiple miscarriages, babies with severe and inexplicable birth defects, and other problems.

By the late 1970s, Sen. Alan Cranston, chairman of the Senate Veterans' Affairs Committee, told VA that its denial of nearly all Agent Orange claims suggested the federal government was covering up evidence about the hazards of toxic herbicide exposure in much the same way as information about the adverse health effects from radiation was withheld from nuclear-weapons test participants in the 1950s and 1960s, according to Wilcox's book. Not only were Alton Haley's illnesses excluded under VA's chloracne-only rule, but he couldn't win a simple hearing-loss claim even though he served on the flight line at Altus.

In 1986, NVLSP filed a class-action lawsuit against VA's chloracne-only rule on behalf of hundreds of thousands of Vietnam veterans and their survivors – *Nehmer v. U.S. Department of Veterans Affairs*. A federal court ruled against VA in 1989, ordering the agency to rewrite its Agent Orange regulations and redo claims it denied under its illegal rules.

Next came the Agent Orange Act of 1991, directing VA to revisit scientific research regarding toxic herbicide exposure every two years, then provide Agent Orange benefits for additional diseases on the recommendation of the National Academy of Sciences. That same year, a consent decree in the *Nehmer* case required VA to provide retroactive compensation for all pertinent claims it had previously denied. NVLSP had to repeatedly return to court to enforce that decree, and is the court-appointed watchdog over any new *Nehmer* claims.

## February 2002

VA changes strip Agent Orange benefits from Vietnam War Navy and Marine Corps veterans who cannot prove they had "boots on the ground," reversing a key provision of the Agent Orange Act of 1991.

## Dec. 12, 2002

Royal Australian Navy publishes study showing distilling water on Navy ships increases the concentration of dioxin – a powerful toxin found in Agent Orange.

## 2003

The American Legion recognizes chemist Jeanne Mager Stellman and her husband Steven, an epidemiologist, with the Distinguished Service Medal for decades of work on Agent Orange exposure, including an analysis that shows up to four times more toxic herbicides were sprayed during the Vietnam War than were previously estimated.

## 2006

The Australian government authorizes Agent Orange benefits for its Blue Water Navy veterans from the Vietnam War.

## 2007

The George W. Bush administration requests introduction of legislation to eliminate all Blue Water veterans from qualifying for presumptive exposure to Agent Orange. The bill dies in Congress.

## 2008

National Academies of Science confirms the Royal Australian Navy finding that distilling seawater for drinking water increases dioxin concentration. VA calls for more study.

## May 5, 2009

Rep. Bob Filner introduces H.R. 2254 to restore Agent Orange benefits for Blue Water Navy Vietnam veterans. Companion legislation is introduced in Senate. The legislation dies. A second attempt two years later fails to even get a vote in Congress.

## Sept. 30, 2015

Congress allows two key provisions of the Agent Orange Act of 1991 to expire that compel the VA secretary to make a decision about granting presumptive benefits for additional illnesses related to herbicide exposure within 180 days of receiving the most recent National Academy of Medicine's most review of relevant evidence.

## March 10, 2016

National Academy of Science says bladder cancer, hypothyroidism and Parkinson-like symptoms are likely linked to Agent Orange. VA fails to add these conditions to the list of diseases presumed connected to Agent Orange, despite repeated promises to do so.

## May 4, 2018

Legislation to restore Agent Orange benefits for Blue Water Navy veterans is reintroduced in the House of Representatives – but proposes to pay for the benefits by increasing fees veterans and active-duty military pay on VA loans.

Many Agent Orange issues remain unresolved, however. Legislation to restore benefits for Blue Water Navy veterans has repeatedly failed to receive a vote in Congress. The latest effort, introduced in the House in May, proposes to pay for benefits by increasing fees veterans and servicemembers pay on VA loans. VA, meanwhile, has denied claims of veterans exposed to Agent Orange at U.S. bases such as Fort Drum, N.Y., though it acknowledges the herbicide was used there.

Barbara Wright's late husband believed he was exposed to Agent Orange in Korea in 1962 and 1963. However, VA only recognizes claims from servicemembers who can establish they were at the DMZ between April 1968 and August 1971. Joe Dunagan was part of a clandestine Army special ops unit whose records remain classified, so he was never able to prove he'd served overseas, Wright says.

Dunagan died in early March, soon after he was diagnosed with liver and lung cancer. Wright is pushing ahead with her survivor's claim, including sending repeated records requests to DoD and the CIA. Struggling to get by on \$600 a month, she is mystified that the government isn't forthcoming more than 50 years after Dunagan came home. "If you served in Korea during the Vietnam War and need documentation for a VA claim and it isn't in your 201 file, you are basically screwed," Wright says. "When will somebody expose the plight of Korean vets?"

After all these years, there are also Vietnam veterans who are unaware they might be eligible for help. They include John Naldrett, a retired Savannah, Ga., firefighter and Navy veteran who is dealing with prostate and colon cancers. He learned about Agent Orange benefits from a former shipmate just a few years ago and filed a claim, which VA promptly rejected. He's appealing, a task made more daunting by the fact that he's in the last eight to 10 years of his life, he says.

There are illnesses that the National Academy of Sciences found sufficient evidence to connect to toxic herbicide exposure in 2016. But VA still has not added bladder cancer, hypothyroidism, high blood pressure or Parkinson's-like symptoms to the list of Agent Orange presumptions.

"We've been fighting since 1978 and not getting any response," says Brian Russ, a member of American Legion Post 266 in Sarasota, Fla., who was a helicopter pilot in Vietnam. His bladder cancer claim has been denied four times. "I can understand why so many veterans get depressed and give up," Russ says. "Congress has to say, 'Let's get this done and quit giving veterans the runaround.'"

And for Alton and Iralee, there's VA's steadfast denials that Julie Diane Haley's premature birth and untimely death were caused by Alton's Agent Orange exposure. "I think their aim is to prove the veteran wrong," Iralee says. "I've finally let it sit – with the hope that maybe someday VA will finally recognize that something happened." 🍀

*Ken Olsen is a frequent contributor to The American Legion Magazine.*

# DoD: At least 126 bases report water contaminants linked to cancer, birth defects

By: [Tara Copp](#) April 26

225K



U.S. Air Force and New Jersey state fire protection specialists from the New Jersey Air National Guard's 177th Fighter Wing battle a simulated aircraft fire at Military Sealift Command Training Center East in Freehold, N.J., on June 12. The foam used to put out aircraft fires has been tied to cancers and childhood development issues, and the military is working on developing a replacement. (Airman 1st Class Amber Powell/Air Force)

The water at or around at least 126 military installations contains potentially harmful levels of [perfluorinated compounds](#), which have been linked to cancers and developmental delays for fetuses and infants, the Pentagon has found.

In a March report provided to the House Armed Services Committee, the Pentagon for the first time [publicly listed the full scope](#) of the known contamination. The Defense Department identified 401 active and Base Closure and Realignment installations in the United States with at least one area where there was a known or suspected release of perfluorinated compounds.

These included 36 sites with drinking water contamination on-base, and more than 90 sites that reported either on-base or off-base drinking water or groundwater contamination, [in which the water source tested above the Environmental Protection Agency's acceptable levels](#) of perfluorooctane sulfonate or perfluorooctanoic acid, also known as PFOS and PFOAs.

The man-made chemicals, which can be used to make items heat or water resistant, are found in everyday household, food and clothing items, even take-out food wrappers.

At military bases, however, they are concentrated in the foam used to put out aircraft fires.

[ [Here's the Pentagon report, list of all contaminated bases](#) ]

Maureen Sullivan, deputy assistant secretary of defense for environment, safety and occupational health, said DoD has already made safety changes at affected bases, including installing filters and providing bottled water to families living there. It has also [released the full list of installations](#), reported in a lengthy chart [attached toward the end of the congressional report](#), and will be working with the Centers for Disease Control next year on a study of the potential long-term effects of exposure.

Air Force Secretary Heather Wilson was asked about the exposure this week on Capitol Hill, where she was testifying about the service's fiscal 2019 budget needs.

“It’s an issue [not just in New Hampshire, but at military installations across this country](#),” said Sen. Jeanne Shaheen, D-New Hampshire. “We have 1,500 people who have been tested with elevated levels in the Portsmouth area, who are anxious about their future and their children’s future. And I know there are many people throughout the Air Force and our other military installations who share that concern.”

In all, [25 Army bases](#); [50 Air Force bases](#), [49 Navy or Marine Corps bases](#) and two Defense Logistics Agency sites have tested at higher than acceptable levels for the compounds in either their drinking water or groundwater sources. Additionally, DoD tested 2,668 groundwater wells both on and in the surrounding off-base community and found that 61 percent of them tested above the EPA’s recommended levels.



### **Air Force won't pay for towns' water contamination costs**

The Air Force doesn't plan to reimburse three Colorado communities for the money spent responding to water contamination caused by toxic firefighting foam previously used at a military base, potentially leaving the towns with an \$11 million tab.

**By: The Associated Press**

In 2016 the EPA established a new, lower guideline for acceptable levels of PFOS or PFOA levels in water supplies: no more 70 parts per trillion. While the EPA did not make the guidelines enforceable, DoD decided to test all of its locations and work toward complying with the new standards.

It won't be a quick fix, Sullivan said.

The first target for the department was to address the 36 direct drinking water sources that are contaminated and "cut off that human exposure as soon as possible," Sullivan said. DoD was only able to do that quickly at the 24 locations where it manages the water supply. At those locations it has installed filters at the water source or inside base housing, relocated water usage to another well, or provided alternate drinking water, such as water bottles, for personnel, Sullivan said.

For the other 12 drinking water sources, provided either by a contracted vendor or through the local utility, it's a harder fix, because the EPA's guidelines are not enforceable. For example, commercial airports and industrial sites also use the foam, which could impact a municipality's drinking water, but it will be up to that municipality to determine if it will test and make fixes to comply with the EPA's guidelines, Sullivan said.

"It's up to the owner of that system to make a decision on what they're going to do," Sullivan "So we're on a fine line of trying to provide drinking water to our folks when we're buying it from somebody else."



In those cases the department is working with the vendors or utilities on a solution, and providing bottled water or filters as needed, Sullivan said.

Each base should have its water information posted, Sullivan said. Families with any concerns should be able to go to the base's restoration program manager — an on-site point person tasked with addressing environmental cleanup issues — with their questions.

DoD has already spent \$200 million studying and testing its water supply, and also providing either filters, alternate wells or bottled water to address contamination.

For the groundwater sources, both on-base and off-base, however, cleanup will take years to address, Sullivan said. Those groundwater sites will be added to the department's long list of environmental cleanup responsibilities it has at each of its more than 2,900 facilities around the world, and will prioritize that cleanup based on risk. Sullivan estimates the groundwater perfluorinate cleanup will add about \$2 billion to the \$27 billion previously identified cleanup projects for which the department is responsible.

The services are also phasing out the firefighting foam they use and working on replacements that do not contain perfluorinated compounds, Sullivan said.

Since their first encounter with nuclear weapons tests in the 1940s, U.S. servicemembers have been exposed to atomic radiation, toxic defoliants and choking burn pits, among other contaminations that, while slower-acting, are often just as lethal as bullets and bombs. In each of these situations, the government response to afflicted veterans' needs for information, acknowledgment and health care has been even slower – decades of denial, followed by begrudging but limited acceptance and bureaucratic skepticism. The American Legion has been at the forefront of advocating on behalf of these veterans, from the Legion service officer in Iowa who helped Orville Kelly win the first atomic veteran's claim, to the continuing fight for Agent Orange benefits and today's work on behalf of post-9/11 veterans.

In this first article of a three-part series, *The American Legion Magazine* examines how servicemembers who endured these exposure wars are treated today, and where Congress and VA need to do more to fulfill the nation's obligation to them.

## 'Like a giant X-ray'

*They had a front-row seat to secret nuclear weapons tests. Now they're fighting for recognition and compensation.*

BY KEN OLSEN

Charles Savukas' South Pacific deployment almost sounds like a page from an exotic travel brochure: fishing, swimming and exploring the white sands and turquoise waters of Christmas Island, when he wasn't working as secretary to a naval commander.

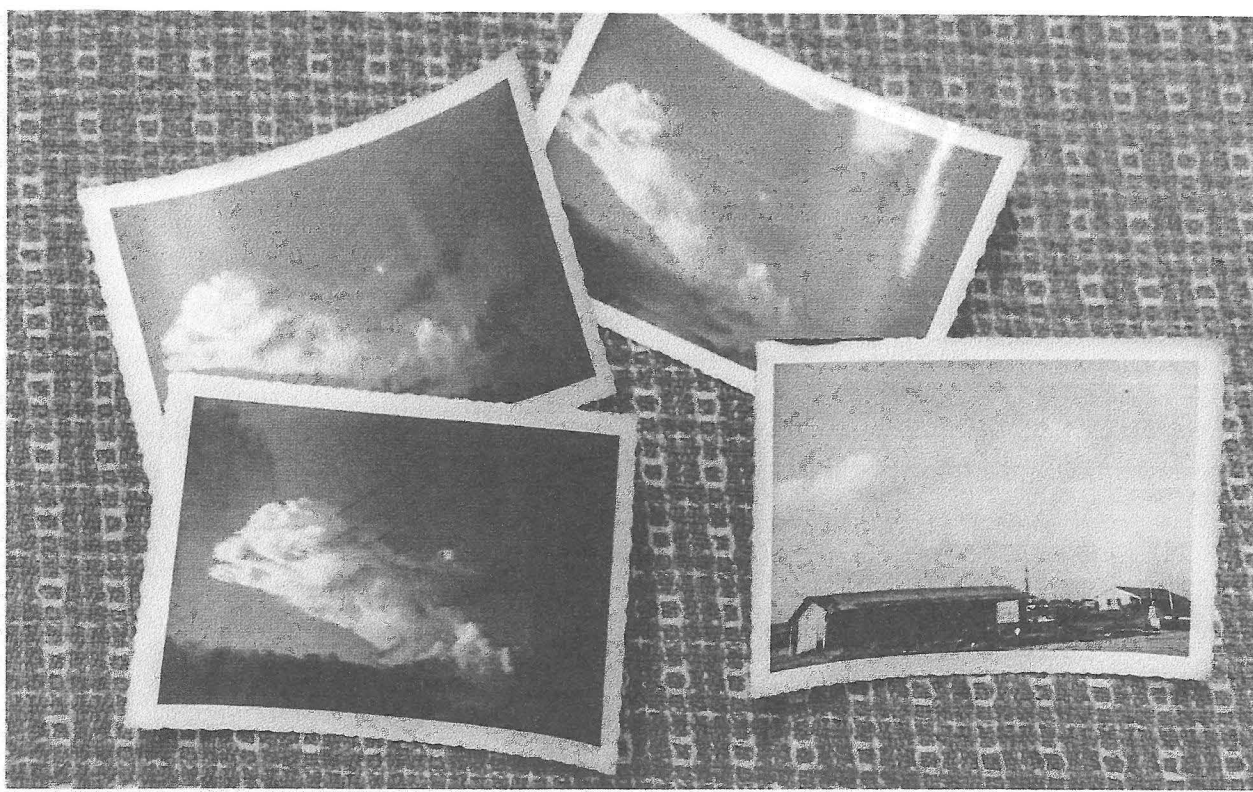
He had no health problems to report when the Navy sent its annual questionnaire in the years that followed. Remarkable, given that Savukas witnessed a series of thermonuclear bomb tests between March and July 1962, standing out in the tropical sunshine, his only protection a pair of special dark glasses. Watching endless fireballs boiling up on the horizon. Feeling the superheated blast waves pulsing over him. Hearing the sonic booms that rocked the buildings on the tiny island.

Then, a decade ago, Savukas was diagnosed with colon cancer – a first in his family history. That was followed by radical surgery that saddled him with a restricted lifestyle and a different perspective on his island time. "We wore badges to record the amount of radiation we received and were told it was safe," says Savukas, a member of American Legion Post 628 in Lilly, Pa. "Until 2007, I thought I was great."

In some ways, Savukas is fortunate compared to other servicemembers dispatched to the South Pacific during decades of U.S. nuclear weapons tests. The government tracked his health for 20 years after he left the Navy, eventually acknowledging his exposure to ionizing radiation and the resulting cancer, then belatedly provided Savukas some compensation. That's far more than thousands of other atomic veterans have received.

"The government really did them wrong," says Michael Blecker, a Vietnam War combat veteran and executive director of Swords to Plowshares, a veterans organization based in San Francisco. "They didn't take any real precautions. They made no effort to conduct any follow-up. Then they deny everybody's (health-care) claims when there's no controversy they were there."

Many veterans never saw a dime, says Fred Schafer, national commander of the National Association of Atomic & Nuclear Veterans (NAAV) and a Legionnaire who served on a Navy oiler during some of the 1962 nuclear tests. "When they could finally talk about it, it was too late," he adds, referring to scores of veterans who were dead by



*In 1996, the government lifted an order that prevented Charles Savukas and thousands of other U.S. servicemembers from talking about their participation in nuclear tests, such as those shown in Savukas' photos from his tour on Christmas Island. By that time, they were too late to apply for VA medical care and benefits.* Photo by Lucas Carter

1996, when the U.S. government finally lifted an order that had prohibited veterans from revealing their participation in atomic bomb tests. Too late to apply for VA medical care and benefits. Too late to receive the recognition they were promised.

Atomic veterans have only four years – until July 2022 – to file claims with a Justice Department compensation program. That would leave them only with VA, which often treats them with the same doubt and denial it gives veterans dealing with the health effects of Agent Orange, Gulf War Illness, or burn-pit exposure in Iraq and Afghanistan.

“Right here in Oregon, VA has been treating us great,” Schafer says. “In other states, atomic veterans can’t get the time of day.”

**‘THE GREAT THERMONUCLEAR SEA’** The U.S. military conducted approximately 200 nuclear weapons tests between 1945 and 1962, most often in the Marshall Islands. The location was ideal because it was under U.S. control, sparsely populated and had reliable weather, author Simon Winchester wrote in his book “Pacific.” Yet the atomic weapons testing was so pernicious that Winchester dubbed the Pacific “the Great Thermonuclear Sea.”

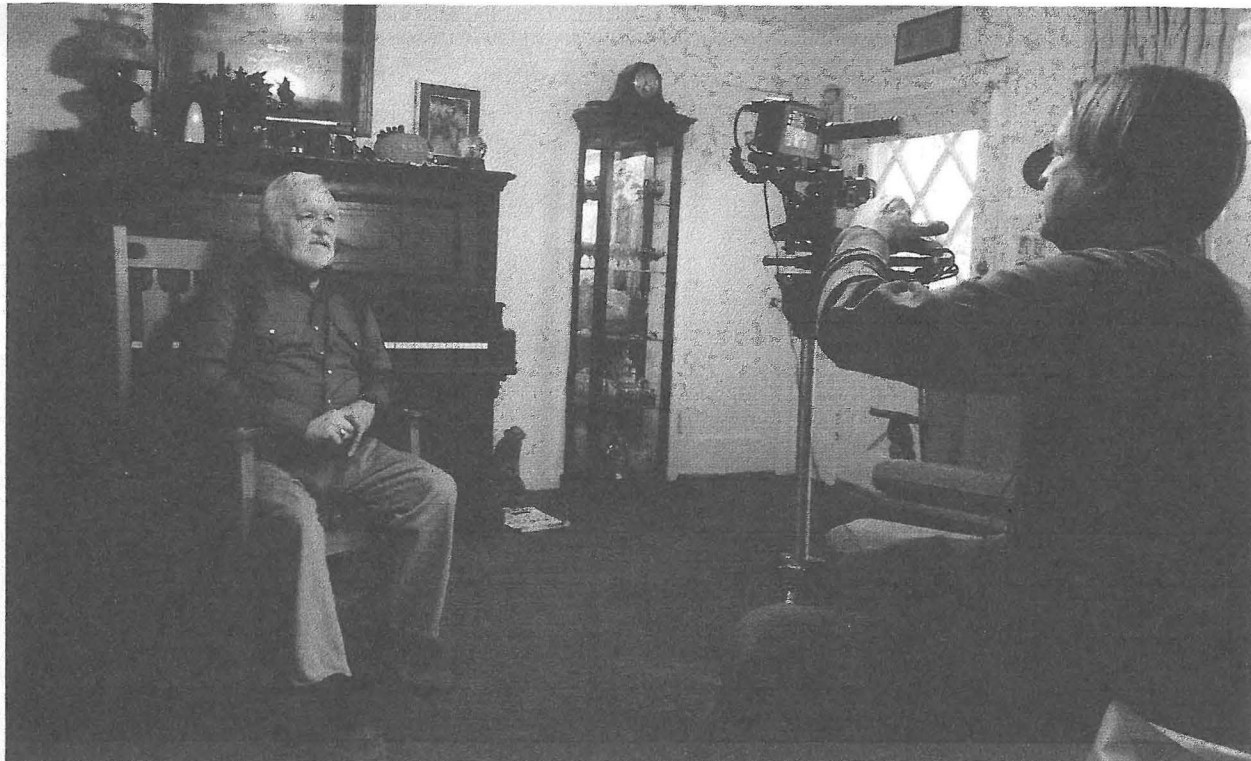
Approximately 200,000 U.S. servicemembers participated, along with British, Australian,

Canadian and French troops as well as civilian scientists, engineers, technicians and support staff. More than a million people were exposed to ionizing radiation during Operation Crossroads, Operation Frigate Bird and dozens of other atomic bomb tests at home and abroad, Schafer says. That includes his aunt, who the U.S. Forest Service sent to Nevada in 1952 to witness two atomic bomb tests. She died of breast cancer at 56.

Participants were threatened with treason if they talked. “We were told we had cleared top security,” Schafer says. “That felt real good to a 19-year-old.” Even today, he encounters atomic veterans who don’t realize they are allowed to talk about their experience or exposure to lethal ionizing radiation.

**DENIAL** Atomic veteran Orville Kelly and his wife, Wanda, founded the National Association of Atomic Veterans in the late 1970s (“Nuclear Veterans” was added to the name later) and lobbied Congress to help the soldiers, sailors and airmen who were suffering as a result of their radioactive service. Lawmakers insisted the nuclear weapons tests had never taken place, Schafer says.

Meanwhile, a young attorney named Gordon Erspamer filed suit on behalf of the National Association of Radiation Survivors (NARS) and other



Filmmaker Brian Cowden interviews Fred Schafer, national commander of the National Association of Atomic & Nuclear Veterans and a Legionnaire who served on a Navy oiler during 1962 nuclear tests in the South Pacific. Like most atomic veterans, Schafer was prohibited from talking about his experience until the federal government lifted a secrecy order in 1996. Photo courtesy Fred Schafer

veterans groups, including Swords to Plowshares. Erspamer had a personal interest in their cause. He had been fighting VA on behalf of his late father, Ernest, who contracted leukemia as a result of his participation in atomic bomb tests at Bikini Atoll in 1946, and his mother's right to survivor's benefits.

The NARS case reached the Supreme Court in 1985. Erspamer was not only fighting on behalf of radiation survivors, but he was also challenging a Civil War-era law that prevented all veterans from paying an attorney more than \$10 to represent them no matter how complicated the case, Blecker says. He also took issue with the fact that veterans could not appeal VA decisions in court.

Up to then, "(VA's) Board of Veterans' Appeals was the highest level of appeal," Blecker says. "If you couldn't appeal an administrative decision outside of the agency, then VA had the ultimate authority."

In the course of the NARS litigation, Erspamer deposed Ron Abrams, who was part of the quality review team in VA's Central Office. Abrams verified that VA was not meeting its legal obligation to assist veterans filing claims for service-related injury and illness. "My testimony indicated that the quality of regional office adjudication sucked, to put it in layman's terms," Abrams says. "VA was violating the due process rights of veterans."

The agency harassed Abrams until he left the agency five years later, he says. He then joined the

National Veterans Legal Services Program (NVLSP) and went on to help the nonprofit win major precedent-setting cases on behalf of veterans, as its co-executive director.

Although Erspamer eventually lost the NARS case at the Supreme Court, the lawsuit changed the way Congress – and to a certain extent VA – dealt with atomic veterans. Congress repealed the \$10 limit on what veterans could pay attorneys and created the Court of Appeals for Veterans Claims in 1988. Erspamer filed the new court's first case – challenging VA's decision to deny his mother survivor's benefits in the wake of his father's death from an illness related to his military service.

Meanwhile, The American Legion played a part in getting the Court of Appeals for Veterans Claims created, Abrams says. It was accomplished without undermining the service office system so integral to helping veterans. And it's an important part of Erspamer's legacy; he died of a brain tumor in 2014.

VA eventually opened the door to disability and medical care claims from some atomic veterans. Today, former servicemembers with one of two dozen types of cancer who served in the testing areas between 1945 and 1962 are presumed to have been exposed to deadly ionizing radiation and qualify for VA benefits. But many atomic veterans still don't qualify for VA assistance. That includes more than 4,000 Enewetak Atoll cleanup

veterans, dispatched to mitigate the radioactive contamination of a highly toxic portion of the Marshall Islands in the late 1970s.

Keith Kiefer, NAAV national vice commander, wants to change that. He's working to persuade Congress to provide VA benefits to Enewetak cleanup veterans and extend the deadline for all atomic veterans to apply for help from the Justice Department program that expires in 2022.

Kiefer knows the issue firsthand. He came home temporarily sterile from his service as an Air Force communications specialist on Enewetak and has since developed several autoimmune diseases, thyroid problems and a blood-clotting disorder. Once private physicians connected his illnesses to his exposure during the Enewetak cleanup, they recommended he apply for medical care from VA. That proved fruitless.

"VA says none of the veterans involved in the cleanup were exposed to enough radiation to qualify," says Kiefer, who has been so busy helping other atomic veterans file claims that he hasn't taken time to revisit his own case. "It's not right. But I'll do what I can to change it."

**BENEFITS AND RECOGNITION** In the early 1990s, Congress passed the Radiation Exposure Compensation Act (RECA) after years of lawsuits, including those brought by the workers who mined and processed uranium during the Cold War. RECA has provided lump-sum payments to about 30,000 uranium workers and civilians who lived downwind from U.S. nuclear weapons test sites, as well as approximately 4,000 veterans.

Savukas received a check for \$75,000 after providing proof of service on Christmas Island during the atomic testing and verification of his medical condition, money he would happily trade for never having had cancer. Meanwhile, his VA claim has been denied twice. Even if he prevails, the \$75,000 likely would be deducted from any VA benefits.

Savukas' experience is typical. Veterans have generally had better success getting a straight answer and timely adjudication from the Justice Department program, Kiefer says.

Most veterans, however, probably don't know they even qualify. Savukas got a tip from his son, who came across the program while working for a government subcontractor.

Schafer has yet to apply for any of the programs, even though his exposure stories are harrowing. For example, his ship was ordered to sail through the blast area soon after an atomic bomb was

#### WHERE TO GO FOR HELP

Learn more about the Department of Justice Radiation Exposure Compensation Act:

☎ 1-800-729-7327 ✉ [civil.reca@usdoj.gov](mailto:civil.reca@usdoj.gov)

🌐 [www.justice.gov/civil/common/reca](http://www.justice.gov/civil/common/reca)

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detonated to test an experimental ship-washing system. Schafer and his shipmates were told they were part of an atomic bomb test.

"We were told it wasn't harmful," he says, "and that it was a safe test."

In retrospect, that didn't make sense. A person could see the bones in his hands or the ribs of the man in front of him after the bombs went off, Schafer says: "It was like a giant X-ray."

He has not developed cancer or any other radiation-related illnesses.

Schafer returned home to Oregon after his Navy service and started a successful career as a salesman. He was at an American Legion post in Lebanon, Ore., in the 1980s when a discussion with a stranger there led him to join NAAV. He's been national commander of the group for four years and Oregon state commander for the past two decades.

Not only has the state NAAV chapter fought on behalf of Oregon veterans, it has taken up the cause of refugees from the Marshall Islands who moved to the state because their homeland is contaminated from the atomic bomb tests. The atomic veterans also have helped the islanders secure Oregon driver's licenses and health insurance.

As the veterans poisoned by the nuclear arms race dwindle – membership in NAAV has dropped from a peak of 100,000 to about 1,500 today – the organization is opening its doors to U.S. servicemembers who were exposed to depleted uranium from armor-piercing tank ammunition and bunker-buster bombs, and is working to help the widows of atomic veterans apply for VA survivor's benefits.

As much as anything, the group wants the federal government to formally acknowledge their service by approving the long-delayed Atomic Veterans Service Medal.

"I'm proud of my service," Schafer says. "This is a form of recognition they promised. It says, 'Yes, we did this to our guys.'" 🌐

*Ken Olsen is a frequent contributor to The American Legion Magazine.*



# Faces of AGENT ORANGE

Florida



## Shelia and Henry Snyder

By Jim Belshaw

Shelia Snyder asks a straightforward, troubling question: “Why do I have to worry about my grandkids because their grandfather served our country? There is nothing to justify that.”

Her husband, Henry, served in Vietnam with the Army in 1968-69. He is diabetic and the recipient of a VA-approved claim related to Agent Orange. One of her grandchildren, born with multiple and devastating birth defects, died a few months after her first birthday. When the founder of the Agent Orange Quilt of Tears, Jennie LeFevre, died in 2004, Shelia and Henry took over, travelling with the Quilt, and sharing information about the horrific effects of Agent Orange.

It wasn't until the late 1990s that Shelia became aware of the Agent Orange issues veterans and their families had been dealing with for many years. Her husband, Henry, had met a Vietnam veteran, Jack Griffin, in an online chat room and over time forged a close friendship. Because the chat line was voice, not typed, Shelia often picked up bits of the conversation while at home with Henry.

Both men came from Michigan, and there was much talk about hunting and fishing and other things they had in common. One day one of those commonalities caught Shelia's ear.

“Jack told Henry about Agent Orange,” she said. “At that time Henry had become

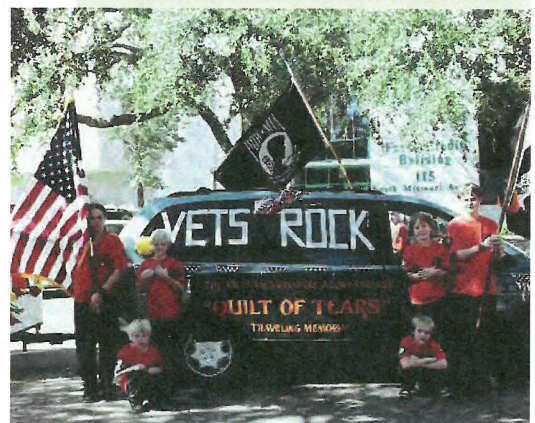
diabetic. He used to drive a truck for a living, but once he became diabetic, he had to stop. Jack told him he needed to make a claim with the VA. He was just on him and on him and on him about having that checked out. Finally, Henry got tired of hearing Jack push, and he went to the VA.”

Henry put in a claim for diabetes. Shelia called it a “lifesaver,” because it allowed both of them to educate themselves about Agent Orange. Jack advised him on what to do and how to handle the VA. When Henry's claim finally was approved, though, the celebration was bittersweet.

Jack Griffin had serious health issues of his own — non-Hodgkin's lymphoma.

“Jack died of Agent Orange-related cancer almost to the day that Henry got the letter from the VA saying that his claim had been approved,” Shelia said. “Henry went into a terrible slump when Jack died. It was like Jack was part of our family. His voice was in our house every day. It was very strange for me. Henry and I had lost parents together, and I never saw the kind of reaction I was getting after Jack passed away.”

About the same time, two people came into Shelia Snyder's life that would have great influence over the years to come. One was Fred Wilcox, who had written a book, *Waiting for an Army to Die: the Tragedy of Agent Orange*. The book tells the stories of veterans and their families and the legacy of Agent Orange that





# Faces of AGENT ORANGE

## Shelia and Henry Snyder's Story Continued...

afflicted them.

The second person was Jennie LeFevre, the widow of a Vietnam veteran and the creator of the Agent Orange Quilt of Tears. (On the Web it is at [www.agentorangequiltoftears.com](http://www.agentorangequiltoftears.com))

After the death of Jack Griffin, Shelia read about the Quilt of Tears traveling to a town not far from the Snyder's Florida home. She thought she might get ideas for making a quilt in remembrance of Jack. It took some doing on her part to talk Henry into going, but he finally acquiesced.

Shelia took the Wilcox book with her. When she finally got a chance to speak with Jennie LeFevre, Jennie was busy with other people. Shelia and Henry waited on the periphery. Then Jennie noticed the book in Shelia's hands.

"She looked at my book and said, 'Oh, my God, you have that book! I have the same book!'" Shelia said.

It was not the only coincidence.

"It was really weird, because she thumbed through it, and she had started to tell me how she had highlighted certain areas of the book," Shelia said. "I opened my copy of it, and I had done exactly the same thing. It was strange."

The beginnings of their friendship "broke the ice" with Henry, and he started coming out of the depression that had come with the death of Jack Griffin. Shelia found herself working with Jennie on the Quilt project, an effort she found to have great importance.

"Now I feel like the Quilt is Henry's PTSD therapy," she said.

In 2004, their granddaughter, Hope Nicole, was born. Before the birth, the family faced a grim prognosis. Tests showed that the infant had no brain, only

a brain stem. Babies such as this are expected to die at or shortly after birth. Hope Nicole would live more than a year.

While speaking with a hospital counselor, Shelia mentioned Agent Orange. In an online retelling of the story, Shelia wrote: "I brought up the subject of dioxin/ Agent Orange ... but she honestly didn't seem to have a clue about dioxin. After I explained some about Agent Orange, the counselor dismissed the subject quite quickly, which I didn't really like, but I was becoming too overwhelmed with the options and decisions that were being explained to my son and pregnant daughter-in-law."

The possible Agent Orange connections to birth defects in the children and grandchildren of Vietnam veterans is something Shelia Snyder does not want to see so easily dismissed.

"I want to prevent these things from happening in the future," she said. "I don't want to see this happening to generation after generation. The VA needs to pay attention to birth defects. There's research and information others have done. Legitimate scientists a whole lot smarter than I am have done a lot of work on these questions. The VA needs to pay attention to these people. All of this information has been there for years, and they just keep shoving it under the carpet. They pay no attention to it."

*Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to [mporter@vva.org](mailto:mporter@vva.org) or call 301-585-4000, Ext. 146.*

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# Faces of AGENT ORANGE

Pennsylvania



## The Morrises

By Jim Belshaw

**B**obbie Morris sells cars in Pennsylvania, car sales being something that runs in the family. Her Vietnam veteran husband, Philip, worked in the car business for 37 years. When Bobbie first sits down with a customer, she likes to “break down the walls,” make the customer comfortable, and create an atmosphere in which conversation is open and easy-going. It helps her to sell a car. It helps some customers in ways she hadn’t dreamed.

“You have no idea what happens when I talk to some of the men,” she said.

They talk to her about things they don’t discuss with men who sell cars. When the sales associate is a man, it’s all business. Everyone in the cubicle is there to discuss buying a car—interest rates, down payments, monthly payments. It’s all business.

When the sales associate is Bobbie, other matters come up.

“There was one guy, he came in to buy a utility vehicle,” she said. “So we got to talking, and all of a sudden, he’s telling me about problems he’s having with his legs and with his diabetes.”

When the conversations turn this way, there is a question she always asks: “Were you in Vietnam?”

The man with diabetes said yes, he had been in Vietnam. She steered the talk to Agent Orange and told the customer where he could find more information on it and how he could get tested to see if he qualified for VA benefits.

He called the next day and said he was coming in to talk about the payment schedule on the vehicle. His wife came with him. She pulled Bobbie aside.

Bobbie recalls what the man’s wife said: “She said, ‘Do you know why he came back? It wasn’t about the payment. It was because you talked to him about Vietnam.’”

He wound up joining VVA Chapter 862, to which Bobbie’s husband belongs.

Bobbie said the “light bulb” on Agent Orange came on a year ago at the AVVA Leadership Conference in Louisville, Kentucky, where speakers at a town hall meeting spoke about Agent Orange and its effects, not only on veterans, but on their children and grandchildren. Veterans spoke, too, telling of health problems suffered by their children.

Bobbie could not help but think of her daughter, Dara Rae, who has been deaf from birth, 37 years ago. She now has three leaks in her heart. Doctors worry that she may not be up to the surgery because of other health problems.







# Faces of AGENT ORANGE

## The Morris's Story Continued...

Thinking about her daughter inevitably brought tears. Her AVVA regional director saw her crying and asked if she was all right.

"I told her about Dara, and she said, 'You're not alone,'" Bobbie said. "I always thought I was."

Before the town hall meeting switched on the Agent Orange "light bulb," Philip and Bobbie hadn't given herbicide a thought. Over the years, he had received two letters urging him to be tested, but he threw them away. The letters spoke to "in-country" Vietnam veterans. Philip served with the Air Force in Thailand.

After the convention, Bobbie struck out on a search to gather as much information as she could. She found that Agent Orange, thousands of barrels of it, were stored at Korat Air Base, where Philip was stationed.

Her brother, 100 percent disabled and a Vietnam veteran, told her that when he first arrived in Vietnam, he thought it was raining. He was soaking wet. He was the newbie, and he asked if it was the monsoon.

The Air Force was spraying.

"A year ago, all of this came together for me," Bobbie said. "We need to get information out to as many people as we can. I see myself working on this for a long time. This is something I'm going to continue with. First and foremost is Beaver County, because I live here."

To that end, she and others held a second annual Veterans Day balloon release to generate publicity in the local media and draw attention to the Agent Orange issue. While working on an AVVA project, she called widows in her chapter whose husbands had died from Agent Orange-related diseases.

"I wanted to know if they could tell me one thing they wished they'd had," she said. "They all said they didn't have enough information on Agent Orange. So I guess what drives me now is to get the information out. That's what they need."

Bobbie said her boss, Keith Edwards, at Morrow Ford Lincoln & Mercury, is very supportive of her Agent Orange outreach efforts. He contributes the orange balloons for the Veterans Day balloon release.

"My boss says people tell me everything," she said. "He doesn't know what it is, but they sit at my desk, and they tell me everything. Well, I think people are called to do different things. I am honored when veterans open up to me and talk to me about Vietnam. I have tremendous respect for all they have gone through—their physical, spiritual, and mental suffering, and if I can help just one person, I've done some good."

*Significant numbers of veterans have children and grandchildren with birth defects related to exposure to Agent Orange. To alert legislators and the media to this ongoing legacy of the war, we are seeking real stories about real people. If you wish to share your family's health struggles that you believe are due to Agent Orange/dioxin, send an email to [mporter@vva.org](mailto:mporter@vva.org) or call 301-585-4000, Ext. 146.*

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# Faces of AGENT ORANGE

Pennsylvania



## The Petroskys

By Jim Belshaw

### The Petrosky's story is brought to you by Chapter 176, Centralia, Illinois.

Pete Petrosky and his wife had planned on having a large family. They talked about it before getting married. At least five kids, they agreed, a house full of kids. They stopped after two daughters.

"I was not going to bring anyone else into this world," Pete said. "We wanted to have a large family. But after those two kids came, I said something's wrong. There's either something wrong with me or something wrong with you [his wife], because we have no history of anything like this in either of our families."

Those "two kids" who came were his daughters, Lisa and Kimberly. Lisa was born with some kind of "soft tissue" growth covering the roof of her mouth. He remembers trying to get more information from doctors, but it never went beyond "a soft tissue growth." Whatever it was, it did not belong there.

Kimberly, his second daughter, was born with a cleft lip that would evolve into even more serious health issues and a long history of surgeries. At one point in her young life, she nearly died and would have done so had not the Petroskys rushed her to an emergency room.

Pete believes he knows what caused the birth defects—Agent Orange, and it has shadowed him since his time in Vietnam.

"I want some kind of explanation or a better understanding from the VA that it accepts that veterans have a connection to something like

my daughter's cleft lip," he said. "They'll recognize women Vietnam veterans as having problems with these kinds of things, but not men, not me. It makes no sense to me. This Agent Orange thing has stuck in my craw for a long time."

He served at Bien Hoa in 67/68 during the TET Offensive in the Air Force. He worked in the motor pool, servicing all of the vehicles on the base and working with the Army as well.

"We had a service that went out on the perimeter at night to bail out the 101st and 173rd when they got stuck," he said, laughing at the memory of pulling the Army out of the mud. "I went out on the perimeter with a wrecker. Real quiet vehicle, right? We worked on all the equipment they used."

He remembers the base being sprayed with Agent Orange. He remembers the aircraft overhead dumping their loads of vegetation killer.

Back home, he no longer gave any thought to Agent Orange. He and his wife began what they thought would be that large family. The first was Lisa.

"We didn't know anything about Agent Orange with the first one," he said.

They went for a regular check-up on the new baby one day, and the doctors found the odd "soft tissue" covering the roof of her mouth. They took her to a specialist to have the tissue surgically removed. **WS48**



Pete Petrosky, Bien Hoa, 1967



Kimberly



# Faces of AGENT ORANGE

## The Petroskys Story Continued...

In 1973, Kimberly was born with a cleft lip.

“The doctor brought her out to me, and she was wrapped up in a blanket,” he said. “It was quite upsetting. The doctor said, ‘Don’t get too excited. She’s a very healthy baby.’ Well, it was back to the specialists again.”

At the time, he was having trouble holding on to jobs, too. The economy was sour. The nearby Pittsburgh steel mills were anything but solid economically. Meanwhile, surgery to correct the cleft lip beckoned for Kimberly, who was then six months old.

At nine months, she nearly died.

Pete’s wife called him at work. She couldn’t get Kimberly to wake up. Pete rushed home. He couldn’t wake her, either. They put her in the family car and rushed her to the emergency room.

“She was breathing, but very little,” he said. “The doctors didn’t know what was going on. After all was said and done, it turned out to be a bowel obstruction and gangrene had set in. If we hadn’t gotten her in when we did, she probably would have died.”

But Kimberly was far from being out of the woods.

“Later on down the road, it got infected and she needed surgery again,” he said.

More surgeries for Kimberly came. The cleft lip had flattened her nose and her nostrils needed to be rounded. Years later, as she began attending school, it was discovered that she had a “still eye.”

His oldest daughter, Lisa, has never been married. She is 40. His younger daughter, Kimberly, 36, is married and has two healthy children.

“If you don’t think we went through pure hell when those two kids [his grandchildren] were born ...” he said, his voice trailing off. “I was scared to death. I had to sit down with my daughter when she got married and explain to her and her husband that they might have consequences down the road.”

At a recent Agent Orange meeting, he began talking to a Marine who served at Khe

Sanh. The Marine told him one of his sons was having a serious problem with anxiety. Pete told him he had noticed a change in his youngest daughter since the birth of her children. She seemed to be anxious frequently.

“It was my wife who said it had to be the Agent Orange,” he said. “I’ve watched documentaries on TV about how many Vietnamese children have cleft lip/palate. My thing with the VA is it won’t even recognize male veterans as being carriers of anything. I haven’t talked to the VA about it. I’ve gone in for PTSD, and I mentioned that the kids might be connected somehow to my PTSD problems.”

The VA has awarded him a disability due to PTSD.

“I sit in on meetings with veterans from all over Pennsylvania, and what are we doing? Nothing,” he said. “They say there’s nothing we can do. I say, ‘Bullshit.’ We’ve hit a stumbling block, and it needs to be opened up and recognized nationally as far as I’m concerned. I’ve been on a vendetta about this for some time now.”

He spoke of a chapter member whose daughter was born with severe birth defects. She is 36 years old and has never been able to walk or talk.

“She’s never driven a car, she’s deaf, she crawls around on the floor, and those two parents have never abandoned her,” he said. “To never hear your child speak, to never hear your child say ‘I love you’ or anything like that—it has to be a very tough row to hoe. My wife and I have managed to raise a family, and we have a home and two grandchildren, but this Agent Orange thing bugs me. It really bugs me.”

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# Faces of AGENT ORANGE

Missouri



## Jim "Butch" Whitworth

By Jim Belshaw

When Jim "Butch" Whitworth went home to Missouri from the recent Vietnam Veterans of America Leadership Conference in Orlando, he needed to buy an extra suitcase to take back all of the Agent Orange materials pressed upon him by those at the conference who had been involved with the issue for many years.

Butch, too, stresses the importance of communication when it comes to such matters. It is critical that Vietnam veterans know they may be due substantial assistance from the Department of Veterans Affairs (VA) concerning diseases related to Agent Orange exposure.

"When they gave me that material, I copied and copied and copied, until I finally had to buy a \$60 suitcase to bring all the stuff back for my fellow veterans in St. Peters VVA Chapter 458," he said.

He had a special, compelling interest in the Agent Orange material, the most striking being that after years of battling disease himself and having gone through the heartbreak of serious medical difficulties with his daughter, he had been unaware of the VA help available to him. He hadn't even considered contacting the VA about it.

He was, in fact, exactly the kind of veteran to which he now finds himself so dedicated.

"People in VVA gave me the information," he said. "And I read articles in *The VVA Veteran*. I've got a couple of guys in my chapter with problems or their kids or grandchildren have problems. I'm reading all this stuff, and I know something's not right. And people from VVA are telling me I needed to make a claim with the VA. Well, I hadn't done any of that."

Over the years, he had spent \$10,000 of his own money on insurance, and \$5,300 for medicines.

"The people at VVA were flabbergasted," he said. "I didn't figure the government owed me anything, and boy, they jumped all over my butt."

He served in Vietnam in 1968 as a radio operator with the 1st Air Cav. In addition to the workaday exposure to Agent Orange, he remembers reading in later years about chemicals involved with the diesel fuel used to burn human waste.

"I remember wearing gloves but no mask," he said. "I remember that black smoke curling up all over the place. We all had to take a turn at it. It was a detail like KP or guard duty."





# Faces of AGENT ORANGE

## Jim "Butch" Whitworth's Story Continued...

About eight years ago, his heart problems began. Today, he's on his second pacemaker. A third back operation in 2002 ended his career in construction. Then in December 2007, he had a terrible pain in his groin area. He couldn't shake it for weeks and finally went to see a doctor.

Blood tests were ordered and a CT scan done on his stomach area. There was no hernia. But there was leukemia.

Admitted immediately to a hospital in St. Louis, chemotherapy began. Then a bone marrow transplant when it was found that his sister was a perfect match. He lost 33 pounds.

"It was quite an ordeal for me and my sister," he said. "I got the transplant and spent three weeks and three days in the hospital. I've survived two years this past July."

Long before his own health deteriorated, he and his wife faced a long, difficult battle with a brain tumor diagnosed in their toddler daughter, Emily, in 1978. She was 2 ½ years old. A neurosurgeon told them Emily would not live to see her tenth birthday.

Today, she is 32, married and a marine biologist at the Mayport Naval Base in Jacksonville, Fla. But she must deal with severe handicaps as a result of the brain tumor and the efforts to control it.

"We fought it for 18 years," Butch said. "They'd bore holes in her head and run tests. They put in a shunt that became infected, and finally they went after it with a Gamma Knife. They took out all of the tumor, except for one little piece. She's handicapped now. She has a terrible

limp, her right foot is turned inside, her hip gives out, and she lost the use of her right arm."

Butch's father gives insight to his granddaughter.

"My dad said, 'That daughter of yours has the most incredible drive and determination. She'll work four hours to do a job that would take you or me two minutes.'"

Butch has three claims pending with the VA. In addition to his VVA friends, his own doctor insisted on him making the claims when she found out he was a Vietnam veteran. He's on YouTube, too, doing everything he can to spread the word.

"If nothing else, I'm hoping that sharing my story will help," he said. "I just tell people this is what I had, and I had it bad."

He comes from an extended family with many children. He is unique among them.

"I'm the only one who has these cancers," he said. "I'm the only one who has a pacemaker. And I'm the only one who served in Vietnam."

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# Faces of AGENT ORANGE

Louisiana



## Dayna Dupuis Theriot

By Jim Belshaw

**Dayna and Keeyan's story is brought to you by  
The Missouri Vietnam Veterans Foundation.**

**D**ayna Dupuis Theriot writes a letter filled with questions, not the least of which is to whom she should send it for answers. She scours the Internet looking for such answers and finds only tantalizing clues, or more to the point, one clue, one connector between her son and the various abnormalities that have been visited upon him. The clue repeatedly shows itself, but never to the degree that she can say it is the answer with any certainty.

"Every time I put in one of Keeyan's abnormalities with that information about my dad, Agent Orange in the first thing that would pop up," she said.

With the exception of a too small body, his physical appearance gives no indication that her young son knows firsthand the medical mysteries that Dayna includes in her letter:

"Esophageal Atresia/stricture  
"Dyslexia and learning disabilities  
"Speech and hearing problems  
"Asthma and allergies so severe that Keeyan is on Xolair injections (normally for people who are 12 years of age or older according to the Xolair Web site)  
"Illecolitis (a form of Crohn's disease)  
"Premature Ventricular Contractions (heart disease)."

Her father, a Vietnam veteran who served in the Army, is under treatment for

PTSD, but has never been diagnosed with a disease connected to Agent Orange. Nonetheless, pointing to the presence of Agent Orange in her Internet research, Dayna finds yet another clue hard to pin down.

"My father was in an area that was heavily sprayed with Agent Orange," she said. "He's been through a lot. I don't know how he would handle it if we found out this kind of thing was transferred from his body to us. It would have a powerful emotional effect on him. I would hate for him to blame himself. What I'm doing now is just looking for answers. You don't know who else is out there with the same problems."

Dip in anywhere in her letter and "powerful emotional effect" becomes understatement.

"My son, Keeyan, was born August 2, 2000, weighting only 4 lbs., 14 oz.," she writes. "He had problems before coming home with his sugar levels and body temperature. We stayed in NICU (Newborn Intensive Care Unit) for five days before allowing us to go home. He then came home to vomiting, choking, and almost losing him in our home.

"He was checked by his pediatrician to discover his esophagus was strictured. It was narrowed so severely that it only allowed a few drops in at a time and not



*Dayna and her son Keeyan  
- Keeyan is 8. He weighs 48  
pounds*



# Faces of AGENT ORANGE

## Dayna Dupuis Theriot's Story Continued...

even his own mucus could be digested. It is similar to Esophageal Atresia. He was admitted, and the surgeon dilated the esophagus. It lasted two weeks before collapsing again. So in September 2000, only 4 weeks old, a thoracotomy was done. They would cut out the narrowed part and resection the damaged esophagus."

As her letter continues, it takes on a peculiar phenomenon of language, one in which mothers become conversant in a medical language usually reserved only for specialists, men and women who have spent the greater part of their lives studying such things. It falls to mothers to understand medical terms and procedures that would leave most people scratching their heads.

This is not the case with the mothers of children like Keeyan Theriot. They understand the complications, because the complications become the stuff of daily life.

"After the procedure was done, he assured us that Keeyan would be fine," she writes. "He then began vomiting, choking, and the esophagus was so irritated that it began to bleed. We began PH probe studies to find out what was going on. The studies showed reflux and it was really bad. So they put him on a drug given to patients with esophageal cancer to be able to tolerate feedings. It didn't help ...

"We went to see a Pediatric Surgeon for Rare Anomalies. He gave us a few options ... He mentioned doing a fundoplication/nissen so he would not be able to vomit. The procedure was done at age 4 1/2 ... only to be discouraged by vomiting and bleeding ...."

Some of the questions Dayna asks are the same questions asked by the wives of other Vietnam veterans exposed to Agent Orange:

+If the children of women veterans are determined to suffer from such

service-connected disabilities, why are the children and grandchildren of male veterans excluded? (Dayna's son, as well as the children of other women, were born with conditions that are on the presumptive list for children of women veterans.)

+Studies show more defects in women than men. Why?

+There are cases of second and third generations, but no proven studies. Why?

+Are there more studies planned for future generations?

+In the small study of 24 Vietnam veterans, they all had some type of chromosomal changes. Why was the study stopped?

It is a proven fact, Dayna points out, that more children of Vietnam veterans suffer learning disabilities, health issues, asthma/allergies, birth defects, and other health issues. "They all seem familiar to me," she says. Kids are also born with rare disorders that may show up later."

"It's been rough," she said. "You always have in the back of your mind that [answers] would leave you with some closure and you would be done with this. I mean, you have to live with it, but at least you know why and you say, OK, this is the way life is going to be. We're going to have to live with it, like it or not. This has been my life for the last eight years. I have no idea how I get through this. It takes a lot."

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# Faces of AGENT ORANGE

Texas



## TOMMY THORNTON

By Jim Belshaw

*"I remember being sprayed several times. We didn't have any idea what it was they were spraying. When we were out on the road between Pleiku and Dak To, we were recovering a couple of tanks and a bulldozer, and they sprayed us. A bunch of planes, C-130s, I think, came over. They were spraying along the road."*

— Tommy Thornton

Tommy Thornton had four children, all daughters — Tracy, Hope, Angela, and Chelsey.

Tracy was born in 1970. She had numerous problems from birth. She stayed sick for about the first six months of her life. Thornton says he never really got an answer as to why. Eventually, Tracy also was found to suffer from severe dyslexia. But by then, she had been labeled.

"Retarded," he said. "But she wasn't."

She died in 2002.

"She had surgery on her back," he said. "They say she committed suicide, but I don't believe it. She woke up in pain, took some medication, went back to sleep. Woke up in pain again, took more medication, went back to sleep and didn't wake up. I think she overtook her pain medication. It's easy to do, especially

when they give drugs that are dangerous. She was 33 or 34. My memory's crap, man. When I need to remember something, I can't."

Hope was born a year after Tracy. She, too, suffered from numerous problems. He provided a list:

Migraines, seizures, chemical imbalance causing syncopal episodes, Barrett's Esophagus in first stage, gerd (gastroesophageal reflux disease), acid reflux, irritable bowel syndrome, polyps, colitis, mitral valve prolapse, asthma, bronchial spasms, chronic bronchitis, chronic pneumonia, interstitial cystitis, diabetes, neuropathy in legs, cervical cancer, cancerous tumor removed from abdominal wall, cancerous tumor removed from left breast, losing hair and teeth.

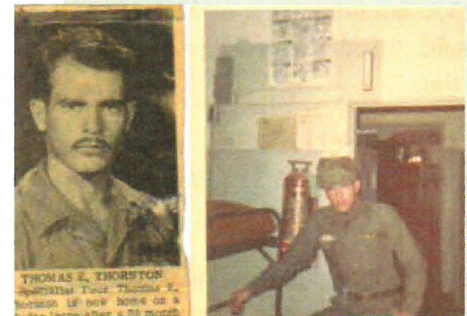
"This is the short list so far," he said. "There may be more to come."

Angela, born two years after Hope, is a cancer survivor and unable to have children of her own.

"She's doing OK, but I've kind of lost contact with her," he said.

The youngest, Chelsey, is 15 years old.

"She's losing her hair, clumps of it come out," he said. "And she has bad pain in her legs that hasn't been diagnosed."







# Faces of AGENT ORANGE

## TOMMY THORNTON's Story Continued...

He served in Vietnam in 1967-68. He said he worked on recovery teams and spent a lot of time out on Vietnam's roads, bringing back helicopters, tanks, trucks, APCs, and even men killed in action.

"I traveled on every road you can name in Vietnam for one reason or another," he said.

When he returned to the states, and after his release from the Army, he had digestive problems for about two years. He suffered from acne as well. He continues to suffer from chronic fungus infections, athlete's foot, and other related problems.

"I'm on the Agent Orange Registry with the VA, but I didn't get nothing out of it," he said. "I had skin problems all the time."

He's 61 years old and lives alone, about fourteen miles outside of Woodville, Texas.

"I didn't connect any of it to Agent Orange until way later, because nobody ever said anything about it," he said. "I didn't know nothing about it until somebody said I was showing signs of stuff connected to Agent Orange."

Those conversations were a long time coming for him. He didn't talk much about Vietnam.

"You have to understand that for a lot of years I didn't talk to people much," he said. "That was a lot of my problem getting my VA benefits. I didn't talk a lot about what I did, and I didn't talk a lot about what I went through. It was eating me from the inside out. And when I did try to tell someone about what was

bothering me, they'd say things like that didn't happen. They'd say I was lying. Those people don't understand. They didn't care. So I was diagnosed as being paranoid schizophrenic and all kinds of weird stuff. But I was just suffering."

He said he's talked to the VA about his children but that nothing comes of it. He is haunted by the guilt he feels for having "caused" the problems for his children, and he now worries about grandchildren and the possible health problems they may face as they grow older.

"I stay pretty much to myself," he said. "I haven't worked since 1986. I've had back problems since I got back from Vietnam, and they tell me the pain in my legs is peripheral neuropathy, and it's directly related to Agent Orange, but I don't know and I don't care. But when it starts showing up in my kids ... man, it sucks. I don't get it. But I guess it's how our government works — denial, denial, denial."

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# Faces of AGENT ORANGE

Alabama



## Sherri Wise

By Jim Belshaw

When an Agent Orange diagnosis first confronted Sherri Wise's father in 2002, he denied the fact of it.

"He said this is our country, that our government would not do this," she said.

He went into the hospital two days before 9/11. On that fateful day, Sherri and her mother rode a hospital tram to visit him. They found themselves surrounded by veterans.

"We saw these men who were disfigured, emotionally distraught, physically incapable of fighting," she said. "But the minute that first plane hit, you could see the wheels turning in their heads. When the second plane hit, we were surrounded by men who said they would protect us. We were never in danger, but it was the most touching thing. The whole time we were there, everywhere we walked, there was a man trying to reassure us that everything would be OK."

Soon the fact of her father's condition became too much for him to deny—heart attack, stroke, diabetes, eyesight failing, kidneys failing...

"It was one thing after another," she said. "The VA doctors said they could

relate everything he had to Agent Orange. His main reaction was to worry about the family. His first question was: 'Could I pass any of this on to my kids?' We were all born after his exposure."

He served in Vietnam with the 82nd Airborne in 1966-67.

"He had such faith that our country's government would make it right," she said. "I'm angry. We're all angry. But he kept saying: 'They'll make it right. I did what I had to do in Vietnam. I'd do it all over again.' That amazes me."

Sherri has undergone 13 back surgeries. Diagnosed with degenerative back discs at 20 years old, her doctors expressed disbelief that it could happen to someone so young.

"I have fibromyalgia, neuropathy, Type 2 Diabetes, arthritis, and depression," she said. "I'm 35 years old. The doctors said there is no reason for me to have degenerative discs at this age. I was born with a leg out of socket, as well."

Her older brother has been diagnosed with degenerative discs and severe depression; her younger sister suffers from depression.

Sherri's youngest child was born with a congenital heart defect; her oldest is



Sherri's mom and dad: Vietnam veteran Ronald Steve Harrison with his wife, Reba Harrison



Sherri, with daughter Andrea, and Grandpa Harrison



The Harrisons: Ronald, Reba, Sherri, and baby Ginger



# Faces of AGENT ORANGE

## Sherri Wise's Story Continued...

bipolar. There is no family history of such things.

"I look at them, and I wonder if I passed this on," she said. "Deep down, I know I did, and it just breaks my heart. Any time any little thing comes up with them, I'm really hit by the fact that I did this to them. I know logically I didn't, but it makes no difference. The VA won't do anything. They either don't know how or don't care."

She praises one doctor the family has met throughout the years, the first doctor to diagnose her father. She said he was an older man who was straightforward about Agent Orange and the fact that so little research has been done to determine its effects on the children and grandchildren of Vietnam veterans.

"That man sat with us and talked to us about it, and I think he was the most honest man we met."

In May 2008, her father entered the VA hospital for the last time. She said he died as a result of an allergic reaction to a drug and that his last 11 days were spent in confusion, unable to respond to those around him, unable to eat.

"It was very difficult," she said. "But he never stopped saying, 'They'll take care of it. They'll make it right.' Until the day he died, he believed that our government would take care of it."

She said she was consumed with anger when he died and that her anger did not find a release until she became involved with Agent Orange Legacy, an Internet support program for the families of Vietnam veterans. She began meeting

and talking with other family members whose experience tracked with hers.

"It was strange talking to other people who had gone through it, and I started realizing all the things that correlated," she said. "These people were going through the exact same things and experiencing the exact same things with their loved ones."

She stresses the importance now of spreading information about Agent Orange. Like so many others, she is adamant that the VA must research the question of links between the veterans' Agent Orange diseases and health issues arising in their children.

"It needs to be talked about," she said. "Somebody has to talk about it. The biggest thing to tell the government is: You did this. Now help us. Honor these veterans."

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# Faces of AGENT ORANGE

Ohio



## Gary Jones's Story

By Jim Belshaw

**Gary Jones's story is brought to you by the California Veterans Benefit Fund.**

For Gary Jones, the puzzle that is Agent Orange can be explained, or more to the point, not explained, by two words — “circumstantial” and “coincidence.” The words are at once the core and the conundrum of his Agent Orange experience.

“The problem with all this Agent Orange discussion is that everything is circumstantial,” Jones said. “We can’t prove anything. But after awhile, the word ‘coincidence’ just doesn’t work anymore. Something is causing all these different problems.”

He pulled two tours of duty in Vietnam, one blue, the other brown. The first for the young Naval officer came in the deep water off the Vietnam coastline; the second came inland, in the brown water of the Cam Lo River, near the DMZ, where he worked delivering supplies with Marines and an ARVN unit.

“My job was kind of like being on the old Red Ball Express, but on water,” he said.

Before Jones returned to Vietnam with Vietnam Veterans of America in recent years, the dominate memory of the country for him always came with a reddish hue, not the deep, rich green that stretches across Vietnam as far as the eye can see.

“Everything was reddish,” he said. “Red mud, red water. Everything in my mind was red because we’d killed off the vegetation.”

The area in which he operated was heavily saturated with Agent Orange, the chemical defoliant being delivered by air, from the backs of trucks, and by hand. At the time, he said, no one knew much about the defoliant.

“We didn’t have a clue,” he said. “You could smell the stuff. I thought it was mosquito spray or something. No one told us anything.”

Because he was stationed near a large base, certain amenities were enjoyed. The locals washed the Americans’ clothes — in barrels that once held Agent Orange. The Americans, if they could get their hands on one of these barrels, often cut it lengthwise and used it as a barbecue.

For many years, Jones congratulated himself for escaping the lingering effects of the chemical that had brought so much misery to the lives of others. Then several years ago, he noticed a rash near his ankles. It would come and go, and come and go, never rising above the level of irritant.

“Then I had a pretty substantial breakout up and down my legs, and they did a biopsy on it and came back as ‘psoriasis-like,’” he said. “It’s basically an immune-deficiency disease. In the most critical cases, it can become nephrotic. A year or two ago, I started getting pretty sick, and it turned out I was dealing with a nephrotic syndrome that attacked my kidney. Now I have



Gary Jones in Vietnam



Jones and family



# Faces of AGENT ORANGE

## Gary Jones's Story Continued...

two problems, and both are immune-deficiency related.”

At his own local VVA chapter, he spoke with a former Army warrant officer. The Army friend struggled with exactly the same health problem.

“Then he says, ‘I’ve got five other guys with the same thing,’” Jones said. “Now the word ‘coincidence’ has gone completely out of the conversation, and I’m thinking, ‘OK, you’re being hounded by immune-deficiency problems, and the group includes only those guys who were in-country in Vietnam. What does that mean?’”

He can prove nothing, continually finding himself circling back to “circumstantial.”

Then his oldest son developed the same rash, but on his chest, not on his legs. His youngest son battled a serious attention deficit disorder that still plagues him. Neither Jones nor his wife knows of anyone in their immediate or extended families with either of the medical diagnoses given their sons.

“I don’t expect to go to the VA and have a conversation about any of this,” Jones said. “I’m already being compensated for PTSD and a hearing loss. At one point I had decided to go in and talk about it, but I decided I needed to get a lot more evidence and a lot more of the story before I submit anything. But I plan to put it on my record.”

He said he has no complaints about the VA and, in fact, calls himself “a kind of advocate for the VA.” He’s heard all the horror stories about VA health care and says he believes them, but he also believes that, in the larger picture, the VA provides good health care for veterans. Still, he sees room for improvement and changes.

He said statistics show that 80 percent of veterans don’t use the VA system at all. He would like to see the VA work closer with civilian doctors so the general practitioners

will be more likely to make inquiries of veterans.

“In all the intake interviews I’ve done with new civilian doctors, I have never been asked: Are you a veteran? Where did you serve? What were you exposed to?” he said.

Jones wants the VA, and the government in general, to recognize that men and women in the armed forces are routinely exposed to toxic situations rarely faced by civilians.

“There should be a general health program where these people are monitored throughout their lives so that problems that are not only proven to be connected to their service, but are probably connected, are watched,” he said. “We need to stay on top of these health situations so when something connected to military service arises, they can respond to it quickly.”

Jones doesn’t think the VA can do this by itself. He sees a need for civilian health professionals to be part of the system.

“If what I’m suggesting is too much for the VA to do, and I’m inclined to think that it is, then the civilian medical community should be supported to take care of veterans who are not in the VA system,” he said.

“These Agent Orange guys are dying 30 and 40 years after the fact with no treatment. That should never happen. We owe our veterans the support they need.”

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