Veterans Administration:

'How can you prove these problems are service-related if we don't know anything about Agent Orange?'

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A DECADE HAS passed since government officials learned Agent Orange, a herbicide used during the Vietnam conflict, might be dangerous to American soldiers and their offspring.

Officials have yet to launch a study of the veterans who were exposed to the chemical, however, and many of the men and their families are disturbed about the slowness of the proceedings.

"I think it's unfortunate that we've not started sooner, but there has been a lack of recognition that the problem is of the magnitude that it is," says Dr. Barclay Shepard, special assistant to the Veterans Administration chief medical director and responsible for coordinating Agent Orange activities nationwide.

"Besides, putting a study together takes a considerable amount of time," he says.

Shepard estimates that a long-term, VA sponsored, epidemiological study will begin in a year, and within the next few months, he says, the Air Force and the Center for Disease Control in Atlanta plan to get other Agent Orange-related studies under way.

Meanwhile, the VA has set up an Agent Orange registry, and offers a physical exam and whatever follow-up treatment necessary to vets concerned about herbicide exposure.

If health problems surface, "we make every effort to determine whether they originated in Vietnam," Shepard says. "But that's very difficult to do because there is no good scientific evidence that relates any disease (except a skin condition called chloracne) to Agent Orange."

There are roughly 30,000 veterans in the Agent Orange registry, including 113 Houstonians. The Houstonians have had at least some contact with Dr. Henry Cromwell, 75, and Dr. Paul Katribe, 69, the doctors at the local VA hospital in charge of the Agent Orange program.

Katribe, an internist and a World War II flight surgeon, says he didn't know anything about chemical poisoning until 1978, when he was asked to work with Cromwell and the concerned vets. "We're not chemists here and we don't have backgrounds in toxicology. But neither do most physicians."

Katribe says he has pleasant visits ("I give the men the red carpet treatment") with 95 percent of the people who come to see him. "They're generally very cooperative, very helpful. Only 5 percent want a direct answer (about the dangers of Agent Orange) which we can't give."

While Katribe says there "isn't too much of a pattern" among his patients, some problems he sees regularly ("but who knows what they come from"), are chloracne, gastrointestinal difficulties, lumps, joint and muscle aches, seizures, reduced sexual drive and numbness in isolated parts of the body.

The vets expect fast, efficient care, Katribe says, "but sometimes treatment progresses very slowly. The hospital is a teaching center for medical students, and it's large and crowded. Cromwell and I are doing what we can. We want to help the vets."

To date, no Houston veteran has received compensation from the government for service-related, Agent Orange-related health problems, Katribe says. "No one has gotten any money and no one is going to (anytime soon).

"For compensation, you've got to be able to prove the problem is service-related," he says. "How can you prove these problems are service-related if we don't know anything (about Agent Orange)?"

Dr. Sheldon Murphy, working not far from Katribe at the University of Texas Medical School at Houston, is a toxicologist and he is also a member of the VA's National Advisory Committee on the Effects of Herbicides.

Murphy, like Katribe, says it is not yet possible to link the health problems many of the vets are complaining of to exposure to Agent Orange.

He will say, however, that dioxin, the contaminant present in unknown quantities in the Agent Orange sprayed in Vietnam from 1962 to 1970, creates recognizable problems: chloracne, liver malfunctions, neurological and neuromuscular ailments, malaise, weight loss and in animals, cancer, birth defects and miscarriages.

Apparently, Murphy says, government officials didn't know dioxin, one of the most toxic synthetic chemicals known, was present in Agent Orange when the spraying was carried out.

"Probably all of the Agent Orange had dioxin, but some batches had relatively high concentrations and some had relatively low concentrations. It's hard to say, then, how much the men were exposed to or who got the most exposure. We don't know if it was the people loading and flying the planes, those sprayed on the ground or those who were drinking the water."

Did the chemical companies that manufactured the herbicide know of its potential danger?

"I can't say what Dow (Chemical Co.) or the others knew," Murphy says, "but my guess is that the handlers (company employees) were given protective gear. I really think the chemical companies and a number of others knew these materials could cause some kind of injury and some kind of skin problem."

Public concern over the use of Agent Orange arose three years ago. Murphy shrugs when asked why it took Americans so long to express interest.

"Maybe the vets were only starting to have problems that caused concern. Ideally, as soon as we learned about this nasty stuff in Vietnam, some far looking health scientist would have made plans to study the exposed individuals. But hindsight is the clearest of all."

In trying to understand the government's actions and reactions to Agent Orange, the most disgruntled authorities are not the administrators, doctors or scientists but the vets.

"I told my men to go into battle in Vietnam and be proud to wear their uniform," says Gary Thomas, 50, now the general sales manager of Plaza Lincoln Mercury and a retired Air Force sergeant.

Thomas, who retired in 1968, flew 70 combat missions during his service in Vietnam and used five gallon drums to spray Agent Orange around newly constructed bomb shelters for weed control.

Recently, he has been treated for hypoglycemia and skin cancer, both ailments caused by exposure to Agent Orange, he thinks.

"Agent Orange is a slow acting time bomb," Thomas says. "In Vietnam, we ate the food, drank the water, walked in areas that had been sprayed. Today, the government needs to take care of these men instead of wishing they would all go away. And I'm not sure they won't go away because Agent Orange may kill them. And I've seen these men's children — Agent Orange may kill the children, too."

Thomas got the herbicide on his hands and ankles when he sprayed during the war, and later, when skin problems developed, he sought help at the VA hospital here. The Agent Orange program in Houston, he says, is a joke.

Thomas's skin cancer was noticed and identified by an herbicide expert in Washington, not by local VA doctors.

In fact, Thomas refuses to go back to the hospital. "I have a new doctor there now and he wants to start all over again with me. I just don't have time to be a guinea pig."

Despite Thomas' dissatisfaction with the medical care he has received at the hospital, he doesn't find fault with local administrators or doctors. Instead he accuses higher-ups in the federal government for failing to provide local VA staffs with proper guidance and adequate funding.

Thomas believes the government should get on with epidemiological studies of the men who served in Vietnam, and treat them, now, as though their problems are service-related.

"Some officials are saying Agent Orange is as harmless as a glass of water. Well, I'd like to spray a bit on them and

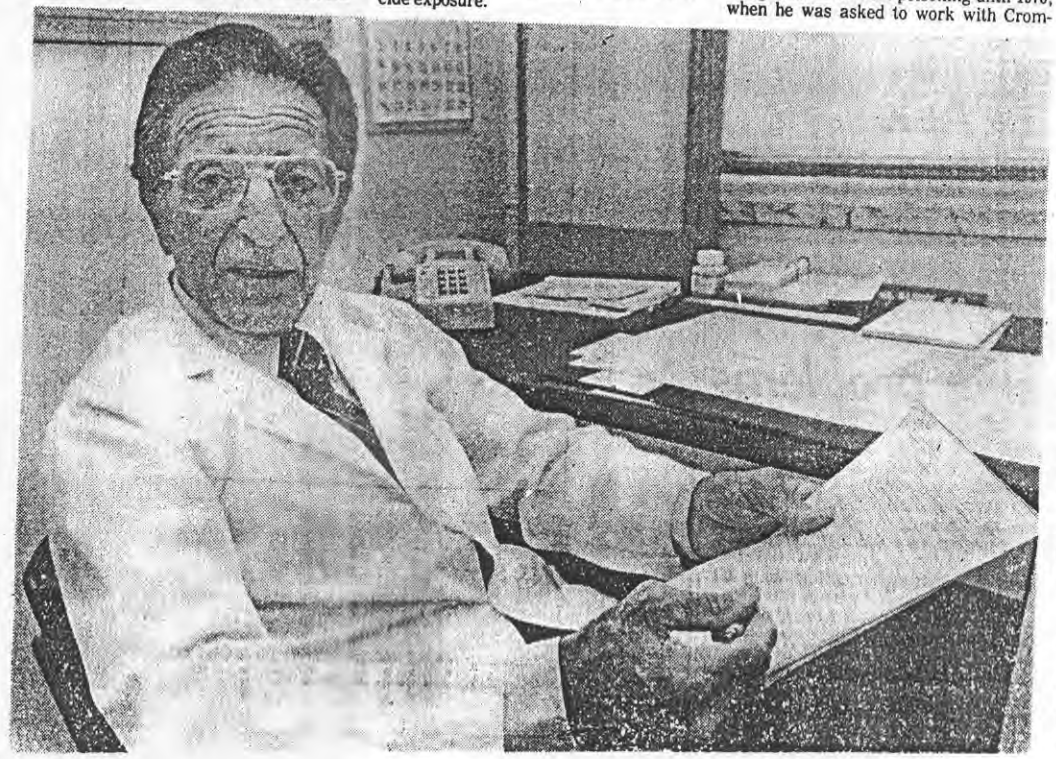

Photo by Carrie E. Tucker, Chronicle Staff

Dr. Paul Katribe is one of two doctors working on the Agent Orange program at