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Description Notes Meeting was to discuss Ranch Hand II study. Item includes a 3 page summary for General Myers from Bill Welch of thoughts/questions regarding Air Force involvement in the "Agent" Orange effort.

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27 May 1980

Meeting with General Myers and Mr. Zengerle

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IN TURN

1. On the 21st of May the undersigned and Col Lathrop met with Gen Myers, Gen Parker, Col Sloan, Maj Brown, and Mrs. Bragg. Col Lathrop presented a briefing on Ranch Hand (Atch 1) which was well received by Gen Myers. Following the briefing, we had extensive discussion with Gen Myers and Gen Parker. Gen Parker was concerned about the need for resources and the fact that, for FY80, the SG currently had a \$5M shortfall and that the Air Staff (line) had shown no inclination to assist the Surgeon in any Orange funding. The impact on the AMD and the SAM - if the Ranch Hand physicals were done in-house at Brooks - was discussed and, I believe, understood. Gen Myers stated that he had a concern for the health of the people that were (or wore) the blue and felt that, as a minimum, he had to assure them of their health status. Following the meeting, I prepared a memorandum for Gen Myers (Atch 2), outlining my thoughts on this matter.

2. On the 22nd of May, Col Lathrop and I met Gen Myers and Gen Chesney at lunch, discussed my memorandum and prepared for the meeting with Mr. Zengerle for that afternoon. In addition to Generals Myers and Chesney, Col Lathrop and me, in attendance were Mr. Zengerle, Dr. Stern, Lt Col Laney and Maj Brown. Gen Myers presented the briefing, basically using the slides shown in Attachment 1. One addition was an options slide:

- Do nothing: Use NAS as a lever to withdraw
- Perform clinical surveillance: No epidemiology
- Conduct mortality study only
- Conduct mortality study plus other selected elements
- Conduct full epidemiologic study: Total out-house contract
- Conduct full epidemiologic study: Partial out-house contract
- Conduct full epidemiologic study: Total in-house.

Gen Myers stated that, at the least, we should perform the clinical surveillance, recognizing that if we did so, we would bias the Ranch Hand population. If a full epidemiologic study were directed on the Air Force, we should opt for the partial out-house contract, using the contractor for physical examinations.

3. Mr. Zengerle liked the option list and we had some discussion regarding the list. At Gen Myers' request, I briefly discussed the study, the likelihood of equivocal results, and the feeling that these results (while valid) would not be accepted and that we would continue to be a balloon in the political wind. Mr. Zengerle seized on the political issue, gave us a background on his role in the Vietnam Veteran's organization and his dedication toward a fair share for the Vietnam veteran. He stated that Agent Orange was the flagship issue of the group, was driven by lots of emotional content, fueled by the feeling of lousy treatment on return from Vietnam and the "fact" that it was a class war with the less privileged having to serve. The root of the matter, he said, was that the Vietnam veterans were looking for a sign that the Government and the people care. Orange is the lightning rod - the focus of this - and is a political issue.

4. A briefing to the Interagency Group dealing with the TCDD question in toto is planned for some time in June. Gen Myers requested that Dr. Lathrop and I be available for this. The consensus of the group was that the Air Force would likely not be involved (the NAS report and public perception issue), but should be prepared to provide help to the Interagency Group initially, if that group assumes a lead role in the overall TCDD question.

5. Following the meeting with Mr. Zengerle, Gen Myers outlined the following:

- Continue activities at in-house level only;
- Wait for the Interagency Group to review and force a decision;
- If Air Force directed to do study, probably out-house on physicals with dollar augmentation.

6. Conclusions:

- Believe AF/SG better understands total Ranch Hand program;
- Should have held this type of discussion a year earlier;
- Political issues well aired;
- Resource problems clarified in regard to in-house conduct of study;
- Trip was worthwhile.

SIGNED

BILLY E. WELCH, Ph.D.
Deputy Director

2 Atch

1. Ranch Hand Briefing *wd*
2. Memo to Gen Myers

General Myers:

Some Random Thoughts/Questions Regarding Air Force Involvement
in the "Agent" Orange Effort

1. You stated your concern regarding the potential adverse health effects in those Ranch Handers still on active duty as well as those that have retired or been discharged from active duty. I find no argument with that concern--it is valid and indeed appropriate. We should, however, have that same concern for all of our people that are exposed to potentially hazardous environments; e.g., UDMH, hydrazine, benzene, noise, high G, beryllium, carbon fibers, depleted uranium, lasers, etc. The point is--what is driving us in the Orange arena--medical data, public pressure, politics, or all of the above? I believe we should sort this out and have the answer clearly in mind.

2. The NAS report raised the question of credibility with the public if the Air Force studies its own people. In terms of our objectivity and scientific competence, this question is hogwash. Even if we wanted to be non-objective, there will be so many people involved that that approach would be non-productive. However, the public perception of this emotionally charged issue is a different question. I firmly believe that--if we do the study as essentially described to you--that the results will not be clearcut. In scientific investigations using statistical techniques, if there is insufficient evidence to reject the null hypothesis, one must accept it. This is fine in professional circles (most of the time), but we are still dealing with the aftermath of the Viet Nam war and with a problem (Orange) that is only symptomatic of the real problem. This real problem is the broad, societal rejections of the legitimacy of that war and the subsequent feeling on the part of a reasonable member of veterans that their contribution was not fully recognized nor appreciated. Orange is a way of forcing the issue for them "to get what's coming to them". Thus, I do not believe that a conclusion of negative results will be accepted. We will not have studied enough people, conducted the right tests, carried the study long enough, etc., etc. Orange will be an albatross around our neck for many years to come and will likely produce negative benefits for the Air Force in the press, in the Congress, and with the public.

3. This brings us to the questions of what to do any why. What are our options and what are the pros and cons related to each.

a. Do nothing--rely on others:

(1) Pro: Least cost today.

(2) Con: Doesn't address health issue; politically hot; not what you want to do.

11/10/72

b. Health of active duty Ranch Handers only:

(1) Pro: Addresses part of health issue; can be done with almost no impact; minimum public/political heat.

(2) Con: Results limited; little use to VA and others; follow-up limited in terms of active duty; study population limited; downstream bias of population.

c. Health of all Ranch Handers only:

(1) Pro: Addresses past and current health status; can be done with almost no impact; minimum public/political heat; no unusual long term commitment.

(2) Con: Results limited; can't ascribe results to TCDD; no control; downstream bias of population.

d. Conduct study as planned:

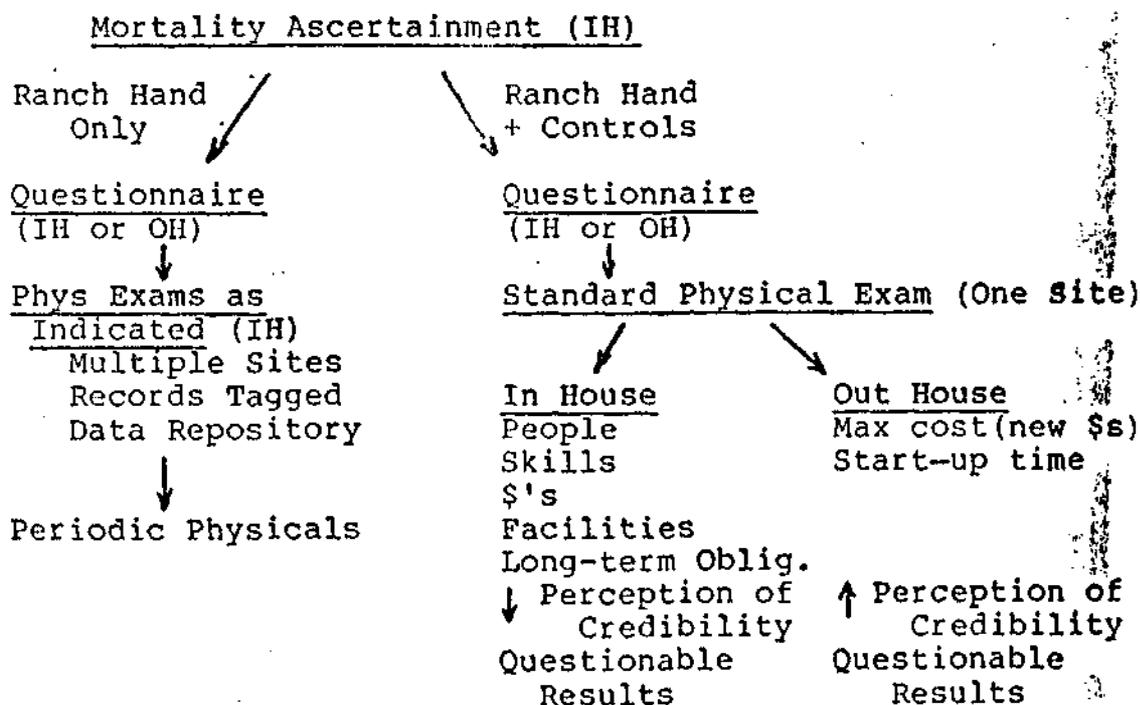
(1) Pro: Best scientific approach; provides some data (+/-).

(2) Con: Significant impact on \$\$/physicians/facilities; long term (10 years minimum); AF in public eye on Orange; requires continued commitment.

4. A flow diagram of these options is below:

Clinical

Scientific



5. Recommendation:

- Follow the clinical side of the diagram
- Tell the Chief why--health issue of our people
- Tell Interagency Group--back away only if Administration commits to picking up the entire study. Back away needed to avoid fouling up an entire population.

6. My apologies for length. We will support to the best of our ability your decisions.



Bill