

FACT SHEET

Office of the Assistant Secretary of Defense (Health Affairs) **Deployment Health Support Directorate**

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Deseret Test Center

Pin Point (Update)

Shortly after President Kennedy's inauguration in 1961, the Secretary of Defense, Robert McNamara, directed that a total review of the U.S. military be undertaken. The study consisted of 150 separate projects. The chemical and biological warfare review was known as Project 112. As part of the Project 112 review, the Joint Chiefs of Staff convened a working committee that recommended a research, testing, and development program for chemical and biological weapons. To oversee this program, the Deseret Test Center (DTC) was established at Fort Douglas, Utah, in 1962. Both land-based and ship-based tests were conducted during the period 1962 – 1973. The Deseret Test Center closed in 1973.

The purposes of Pin Point were to evaluate the riot-control-agent CS-dispensing, man-portable E8 launcher and the aerially-delivered CBU-19/A and CBU-30/A munitions for area-coverage-time-dosage relationships in a tropical jungle environment. The reactions to CS of unmasked, volunteer personnel operating in the impact area and the persistency of the agent were also evaluated.

Ortho-chlorobenzylidene malonotrile (CS), a white crystalline powder riot-control agent, was used for the Pin Point tests. CS was dispersed by a counter insurgency-type aircraft (A-1E/Skyraider) using CBU-30/A and CBU-19/A munitions as well as by using an E8 man portable launcher.

While the United States does not classify CS as a chemical warfare agent, Deseret Test Center managed Pin Point as a matter of convenience. Testing CS delivery methods was not part of a chemical-biological warfare agent assessment.

Pin Point trials were conducted in June and August 1966 in a tropical jungle environment in Panama.

Following publication of this fact sheet in October 2002, we received new information from veterans who were present during the Pin Point test. As a result of this feedback, we now know that Pin Point trials were conducted in June and August 1966 in Panama.

| Test Name | Pin Point (Test 66-10) |
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| Testing Organization | US Army Deseret Test Center |
| Test Dates | June and August 1966 |
| Test Location | Tropical jungle environment in Panama |
| Test Operations | The riot-control-agent CS-dispensing, man-portable E8 launcher, and the aerially delivered CBU-19/A and CBU-30/A munitions were operationally evaluated for area-coverage-time-dosage relationships in a tropical jungle environment. Reactions of unmasked, volunteer personnel operating in the impact area were evaluated as well as the persistency of the agent. |
| Participating Services | Deseret Test Center personnel, US Army, US Air Force, US Marine Corps |
| Units and Ships Involved | Counter insurgency type aircraft (A 1E/Skyraider) |
| Dissemination Procedures | CS-filled submunitions were released from single and double dynamic drops of the CBU-19/A munition, CBU-30/A munition and from the firing of the E8 launcher. |
| Agents | CS Riot-Control Agent |
| Simulants and Tracers | Not identified |
| Ancillary Testing | Not identified |
| Decontamination | Not identified |
| Potential Health Risks Associated with Agents, Simulants, Tracers | CS Riot –Control Agent CS is one of several chemicals commonly called "Tear Gas." CS is a white, crystalline powder and is dispersed into the air as either an aerosol or powder. The chemical name for CS is ortho chlorobenzylidene malononitrile. It is chemically |

identical to CS2 but differs in its physical characteristics. This chemical is an incapacitating/riot-control agent that acts as a contact irritant on the exposed body surfaces (eyes and skin), and on the respiratory tract. Exposure to CS causes burning, irritation, tearing and pain in the eyes. Airway symptoms include burning, sneezing, cough, shortness of breath and increased secretions, such as runny nose and increased salivation. High concentrations of CS can cause blistering of the skin. With commonly used concentrations, these effects are short-term and the potential for long-term health consequences is low.

(Sources: Riot-Control Agents (chap. 6), in US Army Medical Research Institute of Chemical Defense, Medical Management of Chemical Casualties Handbook, 3rd edition, 1998; Sidell FR, Riot Control Agents (chap. 12), in Zajtchuk R (ed.), Textbook of Military Medicine (part 1, Medical Aspects of Chemical and Biological Warfare, 1997), Office of the Army Surgeon General, Washington DC, 1997, p. 310-6. http://www.metrokc.gov/health/hazard/riotcontrol.htm#cs [as of September 26, 2002]and Cornell University, http://msds.pdc.cornell.edu/msds/siri/files/chl/chlfz.html [as of August 26, 2002]).