Item ID Number 05407 ☐ **Not Scanned**

Author

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Report/Article Title Testimony before the Subcommittee on Compensation, Pension, and Insurance of the Committee on Veterans' Affairs, U. S. House of Representatives, April 26, 1983

Journal/Book Title

Year 0000

Month/Day

Color ☐

Number of Images 0

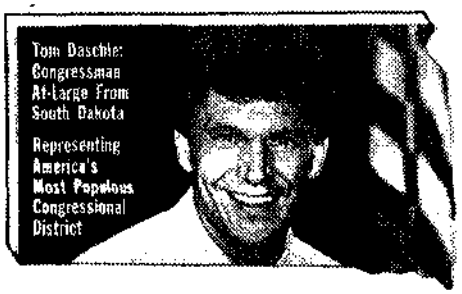
Descripton Notes Includes statements of David E. Bonior, James R. Currieo, Stephen L. Edmiston, Paul S. Egan, Samuel S. Epstein, Peter C. Kahn, Jerry L. Simmons, Dorothy L. Starbuck, and Donald J. Swartz.

WITNESSES

Subcommittee on Compensation, Pension and Insurance
Honorable Douglas Applegate, Chairman
April 26, 1983

H. R. 1961, "Vietnam Veterans Agent Orange Relief Act"

Honorable David E. Bonior U. S. Representative	State of Michigan
Honorable Harry Walters Administrator	Veterans Administration
Mr. James R. Currieo Commander-in-Chief	Veterans of Foreign Wars
Mr. Frank McCarthy – (not present because of illness) President	Vietnam Veterans Agent Orange Victims, Inc.
Panel	
Mr. Donald J. Swartz National Director of Veterans' Affairs	
Mr. Michael Milne National Director	Veterans of the Vietnam War
Mr. James Roxby Pennsylvania State Director	
Mr. Stephen L. Edmiston, Associate Deputy National Legislative Director	Disabled American Veterans
Mr. R. Jack Powell Executive Director	Paralyzed Veterans of America
Mr. Phillip Riggin, Director National Legislative Commission	
and	The American Legion
Mr. John F. Sommer, Jr., Deputy Director National Veterans' Affairs and Rehabilitation Commission	
Mr. Lewis M. Milford	National Law Center
Lt. Col. David J. Passamaneck, USA, Ret. National Legislative Director	AMVETS
Mr. John F. Terzano, Legislative Director	Vietnam Veterans of America
accompanied by	
Mr. Leslie A. Platt, Special Counsel	



603 South Main
Aberdeen, S.D. 57401
605-225-8823

816 Sixth Street
Rapid City, S.D. 57701
605-348-7551

800 South Cliff
Sioux Falls, S.D. 57103
605-334-9596

439 Cannon Building
Washington, D.C. 20515
1-800-424-9094
or 202-225-2801

NEWS/INFORMATION

FROM SOUTH DAKOTA CONGRESSMAN TOM DASCHLE

FOR IMMEDIATE RELEASE:
Tuesday, April 26, 1983

FOR INFORMATION, PLEASE CONTACT:
John Devereaux (1-800-424-9094)

DASCHLE ASKS SUBPOENA OF DOW RECORDS ON DIOXIN, SAYS DOW "IGNORED WARNINGS"

WASHINGTON, D.C. -- South Dakota Congressman Tom Daschle Tuesday called for a subpoena of all Dow Chemical Company records and research pertaining to dioxin.

Daschle's request came during opening testimony before a House of Representatives subcommittee considering his bill (H.R. 1961) to provide compensation to Vietnam veterans suffering from certain diseases resulting from their exposure to Agent Orange and its toxic bi-product dioxin.

Speaking to his colleagues on the Veterans Compensation and Pensions Subcommittee, Daschle said: "It is clear that Dow has waged a concerted effort to withhold documents pertaining to dioxin's effects, and it is equally clear that this information could be invaluable to this subcommittee in pursuing a legislative remedy for thousands of Vietnam veterans presently suffering from some of the worst diseases currently known to man."

Dow did not warn the government about dioxin's toxic properties, said Daschle, even though the company held a meeting of chemical industry representatives on the subject in 1965. Added Daschle: "Dow executives ignored warnings from their own researchers. Now, for more than 15 years, veterans and others exposed to dioxin have seriously suffered."

Calling for passage of his legislation to compensate Vietnam veterans suffering from Agent Orange exposure, Daschle said their diseases are "devastating. They destroy the body and in doing so, sometimes the mind. They have to represent the closest thing to hell that we can find on earth."

- more -

Daschle noted that government programs have "shown compassion and deep understanding to those veterans who have lost their limbs, their eyes, or the use of their bodies.

"But times are changing. New wars have brought new wounds. Modern conflict has brought about change in the way we fight. And now it must also bring about change in the way we treat our veterans."

Daschle estimated the cost of his bill at $4 million dollars annually, "less than what is spent each day on food stamps and less than what is spent every three months on military bands."

In arguing that the federal government has a responsibility to its veterans, Daschle pointed to the government's proposed $33 million "buy out" of Times Beach, Missouri, where dioxin exposure levels are considerably lower than for veterans exposed to Agent Orange in Vietnam. And, observed Daschle, "an Illinois jury was convinced enough of dioxin's harm to award 47 railroad workers $58 million."

Daschle's bill would establish three specific presumptions which would qualify Vietnam veterans for compensation -- a cancer known as soft tissue sarcoma, a liver condition known as prophyria cutanea tarda, and a skin affliction called chloracne. Scientific studies show all three conditions to be correlated with dioxin exposure.

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Following is the complete text of Mr. Daschle's testimony before the Veterans Subcommittee on Compensation and Pensions, April 26, 1983.

Mr. Chairman, this Committee, the Congress and the American people are making progress on the Agent Orange issue. For the first time we are addressing legislation which would compensate certain Vietnam veterans suffering ill health as a result of their exposure to toxic herbicides, including Agent Orange, which contain dioxin. You are to be commended for allowing this important step to be taken.

It is my firm belief, however, that we wouldn't even be here today, that we wouldn't have heard and continue to hear from thousands of sick and dying Vietnam veterans if the DOW Chemical Company had made a good faith effort to tell this government, principally the USDA and Department of Defense, of their knowledge and concern about dioxin's toxicity in 1965 when they decided to convene chemical industry representatives for a meeting on the subject. As we have recently learned, DOW executives ignored warnings from their own researchers. Now, for more than 15 years, veterans and others exposed to dioxin have seriously suffered.

It is clear that DOW has waged a concerted effort to withhold documents pertaining to dioxin's effects and it is equally as clear that this information could be invaluable to this subcommittee in pursuing a legislative remedy for thousands of Vietnam veterans presently suffering from some of the worst diseases currently known to man. I therefore propose that this subcommittee subpoena from DOW all information

pertaining to the 1965 meeting of chemical industry representatives as well as any and all research DOW has conducted on dioxin.

But, regardless of culpability, we have an obligation to provide for those who served this nation in wartime and who are now sick and dying.

This Committee has shown compassion and deep understanding to those veterans who have lost their limbs, their eyes, or the use of their bodies.

This Committee has shown determination in fighting for VA facilities to care for these brave people. We must always do so.

But times are changing. New wars have brought new wounds. Modern conflict has brought about change in the way we fight. And now it must also bring about change in the way we treat our veterans.

HR 1961 is a conservative beginning in our acknowledgement of that fact. It will compensate veterans suffering from soft tissue cancer, or a liver disease called porphyria cutanea tarda, or chloracne.

We can be quite detached from all of this unless we take the time to learn of these diseases and what they do.

Many are dreadful...devastating. They destroy the body and in doing so, sometimes the mind. They have to represent the closest thing to hell that we can find on earth.

Look at a victim's agonizing eyes, listen to his story--then hear of his death...

When that happens, you change. You lose that detachment and develop a deep commitment to find help for these people.

You want to cry out, "Why?" Why does it have to happen at all?

Why haven't we helped these people--especially as United States veterans? Why?

Once we were told it was cost. That's the reason. Yet, this bill will cost the U.S. Treasury $4 million annually. The five-year cost of HR 1961 will be less than what is spent each day on food stamps and less than what is spent every three months on military bands.

Culpability. That's another reason. The government does not want to show culpability. Yet the government paid $33 million to buy out Times Beach, Missouri even though it was a private individual who poisoned the community in the first place. An Illinois jury was convinced enough of dioxin's harm to award 47 railroad workers $58 million.

The third reason, the one most often given,is the lack of complete certainty that exposure to dioxin is the cause of these diseases. This is the flimsiest reason of all. We all know that exposure causes these diseases in animals when tested, but fortunately we don't test humans. We all know that there are many studies which do show the same effect on humans. But there are others which do not.

We all know that there are veterans who served in Vietnam who were exposed to dioxin and who now have these diseases.

Yet this government still refuses to pay compensation to offset their complete loss of income and perhaps their death.

Sure we must continue to study the scientific questions here. And yes, we must be skeptical of drawing premature conclusions.

But look upon HR 1961 then as an interim measure. Support my proposal to sunset these benefits if conclusive evidence can be shown that there is no link between dioxin and these medical illnesses.

And consider what happens if we fail to act. Look one of these cancer victims in the eye and tell him he'll have to wait. Or imagine your feeling upon learning of conclusive evidence that dioxin exposure does cause cancer if for 15 to 20 long years we have said no to our veterans who lie dying while imploring our help.

There is no good reason not to act. We owe these veterans the same presumptions we have given the victims of at least forty other illnesses already written into law.

So let us now act, out of ample precedent, out of ample evidence, and out of our continuing determination to send a clear message to our past and future veterans that this country will care for its wounded,regardless of what war and new warfare may bring.

At long last, let us tell those veterans patiently waiting that meaningful help is on the way.

NEWS Release

Telephone
202-543-2239

Washington Memorial Building
Veterans of Foreign Wars of the U.S.
200 Maryland Avenue, N.E., Washington, D.C. 20002

"THE VOICE OF TWO AND ONE HALF MILLION MEN AND WOMEN OF THE V.F.W. AND ITS AUXILIARY"

FOR RELEASE:

IMMEDIATELY
(April 26, 1983)

VFW BACKS COMPENSATION FOR
AGENT ORANGE DISEASES

WASHINGTON, D. C. -- Personally appearing before the Congress, VFW National Commander-in-Chief James R. Currieo asked that "legislation providing a presumption of service connection for the occurrence of certain diseases related to exposure to herbicides or other environmental hazards or conditions in veterans who served in Southeast Asia during the Vietnam era be enacted."

Rep. Thomas A. Daschle introduced a bill which will provide compensation for three diseases linked to the exposure of dioxin found in Agent Orange, a herbicide used in Vietnam by the government to defoliate vegetation. In addition, the bill will give the Veterans Affairs Administrator the power to presume service connection for other disabilities as medical evidence becomes available.

"I view it as a compassionate and responsible response on the part of the government to Vietnam veterans. This legislation represents the beginning of another aspect of the healing process for Vietnam veterans," said Currieo.

-30-

DAVID E. BONIOR
12TH DISTRICT, MICHIGAN

WASHINGTON OFFICE:
1130 LONGWORTH OFFICE BUILDING
WASHINGTON, D.C. 20515
TEL.: (202) 225-2106

Congress of the United States
House of Representatives
Washington, D.C. 20515

HOME OFFICES:
82 MACOMB PLACE
MT. CLEMENS, MICHIGAN 48043
TEL.: (313) 469-3232

526 WATER STREET
PORT HURON, MICHIGAN 48060
TEL.: (313) 987-8889

STATEMENT OF THE

HONORABLE DAVID E. BONIOR

BEFORE THE

SUBCOMMITTEE ON COMPENSATION, PENSION, AND INSURANCE

OF THE

COMMITTEE ON VETERANS' AFFAIRS

APRIL 26, 1983

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

MR. CHAIRMAN, I AM HONORED TO HAVE THE OPPORTUNITY TO APPEAR AGAIN BEFORE THIS COMMITTEE AND ADDRESS THE AGENT ORANGE ISSUE. THIS COMMITTEE HAS PLAYED A VITAL ROLE IN AGENT ORANGE POLICY.

ITS LEADERSHIP HAS HELPED FORCE AN AGGRESSIVE RESEARCH AGENDA ON AN ALL TOO OFTEN HESITANT VETERANS ADMINISTRATION (VA). TWO YEARS AGO, IN A LANDMARK EFFORT, THIS COMMITTEE PROVIDED INTERIM ELIGIBILITY FOR HEALTH CARE FOR VIETNAM VETERANS WITH AGENT ORANGE RELATED PROBLEMS.

ENACTMENT OF H.R. 1961 IS CONSISTENT WITH THIS TRADITION OF LEADERSHIP. I COMMEND THE PRESENT CHAIRMAN OF THE VIETNAM VETERANS IN CONGRESS (VVIC), MR. DASCHLE, THE CHAIRMAN OF THIS SUBCOMMITTEE, MR. APPLEGATE, AND THE CHAIRMAN OF THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE, MR. EDGAR, FOR THEIR ROLE IN THE DEVELOPMENT OF THIS LEGISLATION, NOW COSPONSORED BY MORE THAN 160 MEMBERS OF THE HOUSE.

THE LONG RAOD TO H.R. 1961

MR. CHAIRMAN, OVER THREE (3) YEARS AGO, TWO INDEPENDENT SWEDISH EPIDEMIOLOGICAL STUDIES RELATED EXPOSURE TO 2,4,5-T, A MAIN INGREDIANT IN AGENT ORANGE, TO SOFT TISSUE CANCERS. DESPITE THE FACT THAT THE STUDIES WERE IN THE PUBLIC DOMAIN, INDEED, WERE PART OF THE ENVIRONMENTAL PROTECTION AGENCY (EPA) CASE AGAINST 2,4,5-T, THE VA DID NOT EVEN KNOW OF THEIR EXISTENCE.

YET THE VA WAS NOT MOVED BY THE EVIDENCE NOR EMBARRASSED BY THEIR IGNORANCE. IN AN ALMOST APPARENT RUSH TO DISMISS THE FACTS, A SCANT TWELVE (12) DAYS AFTER RECEIVING THE STUDIES, THE VA ADMINISTRATOR CONCLUDED:

> ... FOLLOWING PRELIMINARY ANALYSIS MY SCIENTIFIC ADVISERS HAVE INFORMED ME THAT THEY DO NOT THINK THE PAPERS MAKE A MAJOR CONTRIBUTION TO ANSWERING THE PROBLEM THAT IS OF CONCERN TO US. I HAVE BEEN ADVISED THAT THESE STUDIES APPEAR TO BE BASED ON A RANDOM DISTRIBUTION.

NOT EVERYONE AGREED WITH THE VA ASSESSMENT. SOME THREE MONTHS LATER, THE DISTINGUISHED OFFICE OF TECHNOLOGY ASSESSMENT (OTA) AND THE INTERAGENCY WORK GROUP ON PHENOXY HERBICIDES (WORK GROUP) COMPLETED THEIR OWN REVIEW OF THE TWO STUDIES. IN THE WORDS OF THE OTA EXAMINER:

> (THE STUDIES ARE) AMONG THE MOST CAREFULLY CONDUCTED INVESTIGATIONS OF THEIR TYPE THAT I HAVE EVER SEEN. IN TOTO, THE SWEDISH WORK IS CREDIBLE IF NOT FULLY CONCLUSIVE.

THE EVIDENCE HAS CONTINUED TO MOUNT. OVER ONE YEAR AGO, AN INDEPENDENT REVIEW OF FOUR ADDITIONAL GROUPS OF EXPOSED AMERICAN WORKERS FOUND THE SAME CORRELATION. NEARLY ONE YEAR AGO, IN THE DISTINGUISHED NEW ENGLAND JOURNAL OF MEDICINE, TWO DOCTORS FROM EMORY UNIVERSITY REPORTED ON THREE VIETNAM VETERANS WITH SOFT TISSUE SARCOMAS.

YET EVEN TODAY, THE VA HAS NOT YET BEEN MOVED TO PROVIDE COMPENSATION. VIETNAM VETERANS HAVE WAITED LONG ENOUGH FOR THE UNMOVABLE VA TO BE TOUCHED BY SHAME, IF NOT COMPASSION. H.R. 1961

IS A RESPONSIBLE ATTEMPT TO GIVE VIETNAM VETERANS A CLEAR SIGN THAT CONGRESS, AT LEAST, IS PREPARED TO ACT.

H.R. 1961 IS NOT THE HURRIED ANSWER TO A NEW PROBLEM. IT DOES NOT OPEN THE FLOOD GATE TO FUTURE CLAIMS NOR DOES IT REJECT SCIENCE IN THE NAME OF COMPASSION. RATHER, H.R. 1961 IS THE CONSIDERED PRODUCT OF LONG YEARS OF FRUSTRATION.

AT A YEARLY COST OF JUST $4 MILLION, ITS PRESUMPTIONS ARE CAREFULLY FOCUSED ON THREE (3) DISABILITIES: SOFT TISSUE SARCOMAS, CHLORACNE AND PORHYRIA. IN EACH CASE, SUBSTANTIAL EVIDENCE EXISTS RELATING THE DISABILITIES TO EXPOSURE TO 2.4.5-T IN HUMANS.

IN CONSIDERING H.R. 1961 NOW, THIS COMMITTEE WOULD NOT BE PREJUDGING THE OUTCOME OF THE EPIDEMIOLOGICAL STUDIES IT HAS WORKED SO HARD TO ESTABLISH. H.R. 1961 CREATES ONLY AN INTERIM ELIGIBILITY THAT EXPIRES FOLLOWING THE FIRST MAJOR REPORT ON THE EPIDEMIOLOGICAL STUDY MANDATED BY P.L. 96-151. THE COMMITTEE'S HANDS ARE FREE TO ADJUST PRESUMPTIONS TO THE NEW EVIDENCE WHEN IT ARRIVES.

NOR SHOULD THE COMMITTEE FEEL HESITANT ABOUT ACTING IN ADVANCE OF SPECIAL STUDIES. OUR KNOWLEDGE OF 2,4,5-T AND DIOXIN DID NOT BEGIN WITH THE VIETNAM WAR AND IS NOT BOUND BY THE LIMITS OF STUDIES FOCUSED SPECIFICALLY ON VIETNAM VETERANS. THERE IS AN EVER GROWING BODY OF INDEPENDENT ANIMAL AND HUMAN EVIDENCE. AGENT ORANGE POLICY CAN AND MUST REPOND TO THIS MATERIAL AS WELL AS THE SPECIAL STUDIES.

THE CREDIBILITY OF AGENT ORANGE POLICY

H.R. 1961 WILL PROVIDE COMPENSATION TO SOME 3,000 VIETNAM VETERANS. THAT IS AN IMPORTANT STEP, BUT THE BILL'S SIGNIFICANCE GOES BEYOND THE AID IT OFFERS TO INDIVIDUALS. BY DEMONSTRATING THE CONGRESS' WILLINGNESS TO ACT NOW, H.R. 1961 WILL CONTINUE THE EFFORT BEGUN BY THIS COMMITTEE TO RESTORE CREDIBILITY TO AGENT ORANGE POLICY AND ITS SCIENTIFIC AGENDA.

THE CREDIBILITY OF THE GOVERNMENT'S RESEARCH AGENDA DOES NOT REST EXCLUSIVELY ON THE QUALITY OF ITS SCIENCE. IT ALSO RESTS ON THE INTEGRITY OF THE POLICY IT SERVES. FOR VIETNAM

VETERANS TO TRUST THE CALL FOR MORE RESEARCH, THEY MUST BELIEVE THAT NEW FINDINGS WILL PRODUCE NEW POLICY AND WILL NOT DISAPPEAR BEHIND AN EVER ESCALATING BURDEN OF PROOF AND THE CALL FOR YET MORE RESEARCH. THEY MUST BELIEVE THAT AT SOME POINT ENOUGH WILL BE ENOUGH, AT SOME POINT A LINE WILL BE DRAWN.

REASONABLE PEOPLE CAN DIFFER OVER WHERE THAT LINE SHOULD BE DRAWN, BUT THEY CANNOT DIFFER OVER THE FACT THAT EACH DAY, AS CLAIM AFTER CLAIM IS DENIED, A LINE IS BEING DRAWN IN THE LIFES OF OUR NATION'S VIETNAM VETERANS. IT IS POSSIBLE TO ARGUE THAT THE EVIDENCE SUPPORTING THE DISABILITIES INCLUDED IN H.R. 1961 IS NOT ADEQUATE, BUT IT IS NOT POSSIBLE TO AVOID THE QUESTION THAT MUST FOLLOW UPON THAT ARGUMENT. IF THIS EVIDENCE IS NOT ADEQUATE, THEN HOW TALL A MOUNTAIN OF MATERIAL WILL FINALLY BE REQUIRED.

VIETNAM VETERANS CANNOT BE ASKED TO BELIEVE IN SCIENCE FOR SCIENCE'S SAKE. THEY MUST BE ASKED TO BELIEVE IN SCIENCE IN SERVICE TO A RESPONSIBLE BUT COMPASSIONATE POLICY. H.R. 1961

PROVIDES THAT POLICY. IT DEMONSTRATES THAT THE CONGRESS IS PREPARED TO DRAW A LINE AND ACT.

MR. CHAIRMAN, WITH YOUR PERMISSION I WOULD LIKE TO INSERT IN THE RECORD A COPY OF THE TWO SWEDISH STUDIES, THE OTA AND WORK GROUP REVIEWS OF THOSE STUDIES, AND THE SUBSEQUENT OBSERVATIONS NOTING A RELATIONSHIP BETWEEN EXPOSURE TO 2,4,5-T AND SOFT TISSUE SARCOMAS.

VETERANS OF FOREIGN WARS OF THE UNITED STATES

THE COMMANDER-IN-CHIEF

STATEMENT OF

JAMES R. CURRIEO
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

H.R. 1961, THE VIETNAM VETERANS AGENT ORANGE RELIEF ACT

WASHINGTON, D. C. APRIL 26, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 1.96 million members of the Veterans of Foreign Wars of the United States, I welcome the opportunity to express our views to this distinguished Subcommittee regarding H.R. 1961, a bill introduced by the Honorable Thomas A. Daschle for the purpose of providing a presumption of service connection for the occurrence of certain diseases related to exposure to herbicides or other environmental hazards or conditions in veterans who served in Southeast Asia during the Vietnam era. I am pleased to note that more than 130 members of the House have chosen to co-sponsor the measure. All this support is greatly appreciated.

Three resolutions dealing with the herbicide issue were adopted by the voting delegates to our most recent National Convention in Los Angeles, California. Resolution No. 607, entitled "Herbicide Exposure," mandates that the VFW seek a rapid and accurate scientific investigation of all the aspects of this issue and that the criteria for disposition of claims be liberalized. The purpose of the resolution is to discover how all the problems related to herbicide exposure may be resolved medically and that claims for compensation for them be reasonably resolved. Resolution No. 623,

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VFW MEMORIAL BUILDING ● 200 MARYLAND AVENUE, N.E. ● WASHINGTON, D. C. 20002 - 5799 ● AREA CODE 202-543-2239

entitled "Herbicide Fee-Basis Counseling," calls for genetic and psychological counseling to be provided to veterans who served in Vietnam and their spouses. Resolution No. 761, entitled "Agent Orange," resolves that legislation providing for compensation and health care be supported and that outreach campaigns concerning these programs be funded and encouraged at all levels of government. A copy of each of these is appended to my statement for your review.

Primarily in the last five years, Mr. Chairman, considerable national attention has been focused on Agent Orange, a defoliant used extensively in the Vietnam conflict. Since 1978, the Veterans Administration has received complaints from veterans concerning various forms of cancer, liver ailments, skin lesions, birth defects, neurological disorders, and other disorders that they attribute to exposure to Agent Orange. We, as well as others, have suggested that other causes of health problems in Vietnam be studied -- such as Agent Blue, an arsenical; Dapsone, an anti-malarial drug; Aflatoxin, a toxin occurring in Southeast Asia produced rice; and drug and alcohol abuse.

During this same time frame, Mr. Chairman, the division in the scientific community over this issue has continued; the administrative arm of the government had to be forced by law into undertaking scientific studies; the General Accounting Office (GAO) found mismanagement in the effort to get studies on the issue underway; legislation was required before an adequate level of health care was provided; arsenic compounds have been examined and known to medicine for approximately a century, and yet this information has not found its way into a review like that provided for dioxins; and finally, the questions raised by the government's offer to buy the community of Times Beach, Missouri are <u>real</u> to Vietnam veterans.

Mr. Chairman, I am not here to argue the scientific merits or demerits of the case for compensating Vietnam veterans due to herbicide exposure-related health problems. There are more than enough scientists available for such an exercise.

And while I do not presume to speak for them, I note that many veterans organizations, in some form, have supported the premises or enactment of this legislation.

I view it as a compassionate and responsible response on the part of the government to Vietnam veterans.

Mr. Chairman, typical of the questions and concerns that come to our headquarters in great numbers and with which I am greeted in my extensive travels throughout the country are those sentiments that came to us in a letter early in April of this year from a Jacksonville, Florida veteran:

> "AGENT ORANGE
>
> That title has been used to sell all types of newspapers and magazines from the supermarket to scientific journals.
> By now, most of us know that it contained Dioxin, deadly in Missouri but absolutely no threat to Vietnam veterans!
> Most of us also know that flight records exist that show when and where herbicides were sprayed and/or dumped; and where they were stored, shipped, moved, etc.
> How can we find out where and when we might have been exposed? Or put to rest our fears, knowing that most likely we were not exposed?
> Where is the published report or chart detailing herbicide locations and military unit locations in the same time period?
> We know it was sprayed in the delta and on trails and on base camp perimeters. But when?
> Someone knows! How can we find out?"

Mr. Chairman, I view this Subcommittee as the jury. Our government has asked its Vietnam veterans to continue to bear the legacies of their honorable service. Our government has advised its Vietnam veterans that more evidence is needed to resolve doubt. How much more evidence is needed before some of this doubt may be resolved in favor of veterans?

Our government has asked its Vietnam veterans to wait while studies can be done. How much longer is it necessary to wait?

The legislation before the Subcommittee should be enacted. It represents the beginning of another aspect of the healing process for Vietnam veterans.

How long will the jury be out?

Resolution No. 607

HERBICIDE EXPOSURE

WHEREAS, defoliants, the most commonly known being "Agent Orange" were utilized in Vietnam; and

WHEREAS, may of this nation's Vietnam Veterans were exposed, in varying degrees to these toxic defoliants; and

WHEREAS, some researchers contend that exposure to herbicides containing dioxin cause health defects, nervous systems disorders, liver dysfunctions, genetic changes, spontaneous abortions or miscarriages, nausea, dizziness, and skin disease; and

WHEREAS, some experts contend that dioxin concerns are considerably overblown and that no medical evidence exists to substantiate compensatory claims; and

WHEREAS, these factors, as well as several industrial accidents involving dioxin, have brought about one of the nations's most heated and potentially wide-ranging controversies; now, therefore

BE IT RESOLVED, by the 83rd National Convention of the Veterans of Foreign Wars of the United States, that we use every means at our disposal to insure an accurate and timely completion of studies to resolve this question independently of the Veterans Administration; and

BE IT FURTHER RESOLVED, that we endorse and support liberalizing criteria for proper disposition of herbicide related claims.

Adopted by the 83rd National Convention of the Veterans of Foreign Wars of the United States held in Los Angeles, California, August 13-19, 1982.

Resolution No. 623

HERBICIDE FEE BASIS GENETIC COUNSELING

WHEREAS, many veterans who believe they were exposed to herbicides during military service have psychological and physical disabilities affecting procreative powers; and

WHEREAS, many of these veterans have sired birth defective offspring, stillborn children and, in some cases, have wives who miscarried or fear the above may occur; and

WHEREAS, the Veterans Administration has no facilities of any consequence to assist veterans in these areas; now, therefore

BE IT RESOLVED, by the 83rd National Convention of the Veterans of Foreign Wars of the United States, that we support the institution of a Veterans Administration program of fee basis genetic and psychological counseling in all herbicides related claims in which the veteran has psychological or physical impairments of procreative power.

Adopted by the 83rd National Convention of the Veterans of Foreign Wars of the United States held in Los Angeles, California, August 13-19, 1982.

Resolution No. 623

Resolution No. 761

AGENT ORANGE

WHEREAS, since the dream of prevention at the beginning of the chemical age can no longer be realized, the already occurred catastrophe must be dealth with in an equitable fashion; and

WHEREAS, the herbicide code named "Agent Orange" was contaminated by the most toxi man-made substance in the world and the United States Military Personnel in South-east Asia were grossly contaminated and exposed (in doses 300 times that of the then industry standard) and those military personnel and their offsprings are revealing the effects of that exposure; now, therefore

BE IT RESOLVED, by the 83rd National Convention of the Veterans of Foreign Wars of the United States, hereby demand that the Congress of the United States and the President of the United States, act immediately to enact and implement the provisions of House of Representatives Bill 2493, herein known as the Vietnam Veterans Agent Orange Act; and

BE IT FURTHER RESOLVED, that the United States Government subsidize and encourage the states to conduct vigorous identification, treatment and information campaigns for veterans; and

BE IT FURTHER RESOLVED, that the States be encouraged to, in turn, encourage sub-units of the States, Public and Private Organizations to assist in the identification, informational dissemination and treatment of "Agent Orange" exposure.

Adopted by the 83rd National Convention of the Veterans of Foreign Wars of the United States held in Los Angeles, California, August 13-19, 1982

STATEMENT OF
STEPHEN L. EDMISTON
ASSOCIATE DEPUTY
NATIONAL LEGISLATIVE DIRECTOR
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION & INSURANCE
OF THE
HOUSE COMMITTEE ON VETERANS AFFAIRS
APRIL 26, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than 760,000 members of the Disabled American Veterans, I wish to thank you for the invitation to participate in today's legislative hearing on the proposed "Vietnam Veterans Agent Orange Relief Act"--H.R. 1961.

As a veterans' organization Congressionally chartered for the sole purpose of aiding and assisting those veterans who were injured or otherwise disabled during wartime service to their country, the DAV has, as a matter of priority, a very special interest in the important issues raised by the legislation pending before the Subcommittee today.

H.R. 1961

Introduced on March 8, 1983 by a distinguished member of this Subcommittee, Mr. Daschle, H.R. 1961 proposes, through appropriate amendment to Title 38, U. S. Code, "to provide a presumption of service-connection for the occurrence of certain diseases related to exposure to herbicides or other environmental hazards or conditions in veterans who served in Southeast Asia during the Vietnam Era."

Section 2 of the bill sets forth Congressional concern with respect to the possible adverse health effects and other related problems, including birth defects in the offspring of veterans who served in Southeast Asia during the Vietnam Era, which may have arisen as a result of their exposure to the various phenoxy herbicides used during that time period.

By appropriate amendment to Section 312 of Title 38, U. S. Code, Section 3 of the bill proposes to add a new subsection that would, for the purposes of Section 310 and subject to the provisions of 313, 38 USC, establish a presumption of service-connection for:

1. Soft tissue sarcomas;
2. Porphyria cutanea tarda;
3. Active and residual chloracne and chloracne form lesions;
4. Any diseases the VA determines are the result of exposure to the various phenoxy herbicides;

in the cases of veterans who suffer from such diseases and who, served in Southeast Asia during the Vietnam Era.

Finally, the presumption of service-connection established by this Section of the bill would terminate one year after the Veterans Administration has submitted the first report required by Section 307(b)(2) of the Veterans Health Program's Extension

and Improvement Act of 1979 (Public Law 96-151)--which requires the VA to conduct an epidemiological study of veterans serving during the Vietnam Era to determine if they had suffered long-term adverse health effects from exposure to Agent Orange, or other herbicides, chemicals, medications or environmental hazards or conditions.

The bill, as proposed, does not set forth a specific effective date, therefore, it would become effective upon date of enactment.

* * *

Mr. Chairman, the possible adverse health effects of exposure to the herbicide known as Agent Orange is and has been of great concern to Vietnam Era veterans, their families and the general public. As you are well aware, thousands of Vietnam veterans were exposed to this phenoxy herbicide by virtue of the widespread use of the defoliant by the military in Vietnam--especially during the period 1965 through 1970.

Serious questions have been raised concerning the relationship between exposure to Agent Orange and more specifically, exposure to dioxin--the toxic element in Agent Orange--and the subsequent development or appearance of such impairments as cancer, birth defects, nervousness, skin conditions, numbness of extremities and paralysis, miscarriages, etc.

As a result of this concern, Congress directed (P.L. 96-151) the VA to design a protocol for and conduct an epidemiological study of persons who were exposed to Agent Orange.

Subsequent legislation, Public Law 97-72, expanded the scope of this study to include an evaluation of the adverse health effects which may result from other factors (in addition to Agent Orange exposure) including exposure to other herbicides, chemicals, medications or environmental hazards or conditions. In addition, the legislation also permitted the inclusion of other studies and literature relating to adverse health effects caused by Vietnam service or adverse health effects caused in comparable situations, within the scope of the VA review.

Further, Public Law 97-72 extended eligibility for VA health care services to Vietnam Era veterans for the treatment of disabilities that may be related to exposure to dioxin or other toxic substances found in herbicides or defoliants used in Vietnam.

As you know, Mr. Chairman, the study mandated by Public Law 96-151 was initially embroiled in litigation and has not moved forward in a manner which we all would have preferred. Subsequently, due to the urging of many members of Congress and particularly the Chairman and Ranking Minority Member of the House Veterans Affairs Committee the Veterans Administration agreed to transfer the study to the Centers for Disease Control. VA and CDC entered into such an agreement in January of this year.

More than three years have passed since Congress first authorized the VA to conduct a study seeking answers to the serious questions raised regarding exposure to Agent Orange. Today, Vietnam Era veterans and their families are no closer to having their questions answered than they were in 1979.

Because we too share the concerns of Vietnam Era veterans and their families over the possible effects exposure to Agent Orange may have had upon their health, Mr. Chairman, the DAV is appalled, as are most Vietnam Era veterans, by the lack of decisive action on the part of the VA to complete this study.

There is no question of the DAV's sincerity and concern for the well being of those men and women who served as members of our Armed Forces in Vietnam--our track record speaks for itself.

Quite frankly though, Mr. Chairman, the DAV has some serious reservations regarding the legislative proposal (H.R. 1961) pending before the Subcommittee today.

Initially, I must point out that our membership has mandated, as the result of a Resolution (No. 024) adopted at our most recent National Convention, that the DAV support "...the enactment of legislation which would extend an open-ended presumption of service-connection for any identifiable residual disability or disease incurred by veterans which is <u>scientifically proven</u> to be the result of exposure to the chemical defoliant Agent Orange or any other phenoxy herbicide."

To date, no diseases or disabilities in humans, with the exception of the skin condition known as chloracne (which is apparently under question by some in the scientific community at this time), have been scientifically proven to be the result of exposure to the chemical defoliant Agent Orange or any other phenoxy herbicide.

We recognize, Mr. Chairman, that the pending legislation is a sincere effort to make up for the time that has been lost in completing the study mandated by Public Law 96-151.

However, we must seriously question the impact H.R. 1961 will have upon the integrity of the VA's Disability Compensation Program--a creative system that has served all categories of veterans who have been disabled as a result of their military service very well for more than 60 years.

In our view, the pending bill deviates from the traditional methods of establishing, on a factual basis, the incurrence or aggravation of a disease or disability during active duty military service, or as a direct result of such service. We believe such a departure from the VA's current rules of evidence could, in fact, undermine the integrity of our present Disability Compensation Program. No longer would accepted medical principles be the basis in law for establishing presumptions of service-connection for various diseases and disabilities.

Moreover, as proposed, H.R. 1961 would extend, in addition to the service-connected disability compensation benefits, the full

range of benefits that accrue to all otherwise eligible service-connected disabled veterans and their dependents.

For example, depending upon the degree of disability and other eligibility criteria, the following benefits could accrue to the eligible veteran and his dependents: (1) a varying range of health care benefits, including potential CHAMPVA eligibility for dependents; (2) Chapter 31 vocational rehabilitation educational benefits; (3) dependency allowances; (4) National Service Life Insurance; (5) certain housing and automobile assistance benefits; (6) preference in federal and state employment; (7) DIC and dependents educational assistance, as well as other benefits.

Aside from these reservations and in light of the sunset provisions of the pending bill, we are also deeply concerned with the potential impact of this legislation upon the lives of those Vietnam Era veterans and their families who would become eligible for all the benefits that would accrue from the bill--only to lose all entitlement upon completion of the study, particularly so, should there be no evidence found on which to base service-connection for these claimed impairments.

We realize that the bill's sponsors anticipate legislative recommendations and Congressional action upon receipt of the completed study mandated by Public Law 96-151. However, Mr. Chairman, what action will this Subcommittee and indeed, the

entire Congress take, should the completed study conclude, to the satisfaction of the scientific community, that veterans exposed to phenoxy herbicides in Southeast Asia suffer no greater health problems than any other segment of the population?

With these concerns in mind, Mr. Chairman, we believe the pending bill does contain a provision that would, as Mr. Daschle is attempting to do, compel the Veterans Administration to move forward and take positive steps to equitably consider and resolve the pending disability claims filed by Vietnam Era veterans relating to phenoxy herbicide exposure.

While this provision is a step in the right direction, we do not favor the enactment of legislation that would place the burden of establishing such presumptions upon the Veterans Administration. Historically, this is a function of Congress as generally outlined in Sections 301 and 312 of Title 38, U.S. Code.

However, it appears that the intent of this portion of Section 3 of H.R. 1961 is to mandate the development of a specific method for the disposition of claims related to herbicide exposure.

In this connection, Mr. Chairman, we would strongly recommend, in light of the findings contained in the GAO Report--Health Effects Of Exposure To Herbicide Orange In South Vietnam Should Be Resolved--dated April 6, 1979, that the VA be required

to develop concise and in-depth guidelines for the disposition of phenoxy herbicide-related claims since (as reported by GAO) the toxic effects of such herbicides has been reported by humans exposed during industrial accidents involving the production of such chemicals.

In our view, such guidelines should embrace: (1) the fact that the veteran served in Southeast Asia during the time phenoxy herbicides were in use by the military services; (2) the veteran is suffering from a condition which would be compensably disabling; (3) strict adherence to the provisions of Section 313, Title 38, United States Code regarding the absence of any other intervening cause which may have led to the veteran's present disability; (4) a measure of the level of dioxin retained in the human body which, in and of itself, would be considered the probable cause of the present disease or disability; (5) incorporate all known health effects of phenoxy herbicide exposure as reported by GAO in their April 6, 1979 report, pages 17 and 18, which sets forth a variety of dermatological, internal, neurological and psychiatric disorders; and (6) the relationship of acute symptoms appearing immediately following exposure to more chronic, latent conditions.

Mr. Chairman, the development and implementation of such guidelines will go a long way toward insuring the integrity of the VA's disability compensation program, as well as establishing a formal procedure for the disposition of those disability claims attributed to phenoxy herbicide exposure in Southeast Asia.

This approach, in preparation of obtaining the results of the study mandated by Public Law 96-151, is by no means new. Similar guidelines were developed for claims filed by former prisoners of war--the VA adjudicated cases based upon specific guidelines until Congress received definitive study results. Subsequently, legislation was initiated and enacted into law which generally liberalized the various VA benefits and services provided to former prisoners of war.

Mr. Chairman, I trust our views on this most important and emotional subject are received in the same manner as we have presented them--with true concern and sincerity for those who served in our nation's Armed Forces during the Vietnam Era.

That concludes my testimony, Mr. Chairman. I again wish to thank you and the members of the Subcommittee for permitting us to provide our views on this most important subject.

* * *

RESOLUTION NO. 024
LEGISLATIVE

TO EXTEND A PRESUMPTION OF SERVICE-CONNECTION FOR RESIDUAL DISABILITY RELATED TO AGENT ORANGE

WHEREAS, from 1965 to 1970 some 10.65 million gallons of the chemical defoliant Agent Orange was used extensively throughout Vietnam; and

WHEREAS, thousands of U.S. Troops were sprayed directly or were repeatedly exposed to herbicides containing dioxin; and

WHEREAS, with the exception of a skin condition -- chloracne -- the Veterans Administration has not granted a single claim for residual disabilities related to exposure to Agent Orange; and

WHEREAS, Public Law 96-151 mandated the Veterans Administration to conduct a study of the long term health effects on veterans exposed to the variety of phenoxy herbicides used in Vietnam; and

WHEREAS, the lack of conclusive scientific evidence has continued to hamper the claims of veterans who relate their residual disability to their exposure to the herbicide Agent Orange; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in Las Vegas, Nevada, July 18-22, 1982, seeks the enactment of legislation which would extend an open-ended presumption of service-connection for any identifiable residual disability or disease incurred by veterans which is scientifically proven to be the result of exposure to the chemical defoliant Agent Orange or any other phenoxy herbicide.

* * *

With respect to the diseases that would be listed in regulations prescribed by the Administrator, as required by this measure, The American Legion has urged the Centers for Disease Control to release all relevant findings as they become available during the epidemiological study of the long-term health effects of Agent Orange exposure, mandated by PL 96-151. And while we are on this subject, it must be said that we are encouraged by the manner in which CDC has performed since accepting the responsibility for the Agent Orange study in January. Within a matter of days following the signing of the Interagency Agreement with the Veterans Administration, CDC officials met with The American Legion, other veterans organizations and representatives of other government agencies involved in the study, to discuss the study and elicit input and recommendations relating to the research. The CDC officials have assured that they will maintain open lines of communication throughout the study.

In turn, we have offered the cooperation of the Legion in encouraging the participation of Vietnam veterans in the study, as we are aware of the importance that such participation will play in the success of the Agent Orange study.

Mr. Chairman, we understand and appreciate that the intent of this legislation must undergo the prudent deliberation of this Subcommittee, and, as with other issues where differences of opinion in the scientific community exist, we have no doubt that H.R. 1961 will be closely but objectively scrutinized. May we point out that other presumptions have been established by Congress based upon a lesser amount of evidence than is currently available in support

of the instant legislation.

The American Legion thanks you Mr. Chairman for your timeliness in scheduling this hearing on an issue that is of great importance to Vietnam veterans; and, again, we appreciate this opportunity to provide the Subcommittee with the views of this organization.

Statement of

The American Legion

1608 K STREET, N. W.
WASHINGTON, D. C. 20006

by

PAUL S. EGAN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION

and

JOHN F. SOMMER, JR., DEPUTY DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION

before the

SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

on

PRESUMPTION OF SERVICE CONNECTION FOR AGENT ORANGE EXPOSURE RESIDUALS

APRIL 26, 1983

STATEMENT OF JOHN F. SOMMER, JR., DEPUTY DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
HOUSE OF REPRESENTATIVES
APRIL 26, 1983

Mr. Chairman and Members of the Subcommittee:

The American Legion is pleased to have this opportunity to appear before the Subcommittee today to present our views on legislation that would establish a presumption of service connection for certain diseases related to exposure to Agent Orange and other herbicides or environmental hazards that have been incurred by Vietnam veterans.

The American Legion policy on Agent Orange is set forth in Resolution No. 410 (Iowa), approved by the 1982 National Convention (copy attached). Our policy on compensation payable to Vietnam veterans for Agent Orange related problems, as provided in the resolution, mandates this organization to support legislation to establish a mechanism for presumption of service connection for disabilities found to be caused by Agent Orange, based on scientific and medical evidence. In other words, diseases suffered by Vietnam veterans that bear a causal relationship to Agent Orange exposure as determined by competent scientific authority should be presumed to be service-connected, regardless of how long after service they become manifest, and compensation should be paid for them based upon the degree of severity of the disabilities.

The legislative proposal currently under consideration, H.R. 1961, would, in part, amend section 312 of title 38, United States

Code - which pertains to presumptions relating to certain diseases and disabilities - by adding a new subsection. This subsection would provide that in the case of a veteran who served in Southeast Asia during the Vietnam era and who after such service suffers from soft tissue sarcomas, porphyria cutanea tarda, active and residual chloracne, or any other disease that medical research has shown may be due to exposure to herbicides, chemicals, medications, or environmental hazards or conditions, as determined by the Administrator and prescribed by regulation, the disease shall be considered to have been incurred in or aggravated by service, notwithstanding that there is no record of evidence of such disease during the period of service.

This measure also provides the Administrator with the authority to determine what other diseases may be included, based upon scientific evidence, and to promulgate regulations relating to the additional diseases, to include a specification of the standards used in making the determination.

Mr. Chairman, The American Legion does not make a practice of supporting any legislative or administrative issue because it may seem to be the popular thing to do, or due to the fact the issue may be politically attractive. The positions of this organization are based upon our understanding of an issue acquired through existing knowledge and objective research of pertinent subject matter. The Legion, since early 1978 has been involved in every aspect of the issue of Agent Orange. The effects of the herbicide on those Vietnam veterans who were exposed to it in Southeast Asia continues to be a high priority issue of the organization.

Our review has shown that there is scientific evidence that the three specific conditions contained in H.R. 1961 may result from dioxin exposure, and we would like to share the following information with the Subcommittee.

SOFT TISSUE SARCOMAS

In reviewing a Respondent's Prehearing Brief on the Risks Associated With the Registered Uses of 2,4,5-T and Silvex, prepared for the U.S. Environmental Protection Agency and dated January 25, 1980, we noted the following:

"Two recent case-control studies of the relation between cancer and occupational exposure to phenoxyacetic acids and chlorophenols present persuasive evidence that human exposure to pesticide products containing 2,4,5-T and/or dioxin constitutes a carcinogenic hazard. Each of these new studies found statistically significant increases in the risk of malignant mesenchymal tumors of the soft-tissue (soft-tissue sarcomas) related to occupational exposure to phenoxy herbicides and to occupational exposure to chlorophenols. Each study utilized an entirely separate population of cases and controls, and the studies thus clearly corroborate and replicate one another.

"In a case-control study of the risk of soft-tissue sarcomas in a population in Northern Sweden which includes forestry, sawmill, and paper pulp workers, Hardell and Sandstrom found that individuals previously exposed to phenoxyacetic acid hericides, primarily 2,4, 5-T and 2,4-D, had a relative risk for soft-tissue sarcomas 5.3 times greater than unexposed individuals. They also found that

individuals previously exposed to chlorophenols, which like 2,4,5-T and silvex contain chlorinated dibenzodioxins as impurities, had a relative risk for soft-tissue sarcomas 6.6 times greater than unexposed individuals. Each of these findings was highly significant in statistical terms. In both instances, p was less than .001, indicating that the observed relative risk would occur by chance alone less than one time in a thousand.

"Soft-tissue sarcomas are a rare variety of cancer. A case-control study like the one conducted by Hardell and Sandstrom is generally recognized as the most effective epidemiologic method for documenting the relationship between a particular causative factor and a rare type of tumor. The protocol used by Hardell and Sandstrom in selecting controls excluded confounding factors such as sex, age, place of residence, and year of death. In addition, the authors evaluated the possible confounding effect of factors such as occupation, smoking habits, DDT exposure, and exposure to exhaust from motorized sawing and found no evidence that any of these factors accounted for the observed increase in relative risk. Thus, it is extremely unlikely that the results obtained by Hardell and Sandstrom were materially affected by uncontrolled confounding factors or other defects in the design or execution of the study.

"In a subsequent case-control study in an entirely separate population in southern Sweden, Eriksson et. al. found that individuals previously exposed to pheynoxy herbicides had a relative risk for soft-tissue sarcomas 6.8 times greater than unexposed individuals (p less than .001). They also found that individuals

previously exposed to chlorophenols had a relative risk for soft-tissue sarcomas 3.3 times greater than unexposed individuals (p less than .01). Thus, the results in the case-control study by Eriksson et. al. confirm and essentially replicate the results obtained by Hardell and Sandstrom."

The same brief contains the following information on stomach cancers among workers exposed to phenoxy herbicides:

"Studies of the incidence of disease in cohorts of exposed workers provide additional evidence that human exposure to pesticide products containing 2,4,5-T and/or TCDD constitutes a carcinogenic hazard. Two separate epidemiological studies of cohorts of workers exposed to 2,4,5-T and to TCDD have each documented a statistically significant increase in the incidence of stomach cancers among such workers.

"In a recent updating of an initially inconclusive study of mortality and tumor incidence in a cohort of Swedish railroad workers, Axelson et. al. reported a significant excess incidence of stomach cancer among those workers first exposed to phenoxy herbicides more than ten years earlier. Individuals in the Axelson cohort had previously been exposed to a number of herbicides, particularly phenoxyacetic acids (including 2,4,5-T) and amitrole. In the subcohort exposed to phenoxy herbicides but not to amitrole, the observed incidence of stomach tumors was 6.1 times greater than the expected incidence, after allowing for a ten year induction period. In the subcohort of all workers exposed to phenoxy herbicides (including those also exposed to amitrole), the observed

incidence of stomach tumors was 5.9 times greater than the expected incidence, after allowing for a ten year induction period. Despite the relatively small size of each of these subcohorts, each of these findings was statistically significant. In both instances, p was less than .01, indicating that the observed excess incidence would occur by chance alone less than one time in a hundred.

"In another study of a cohort of workers exposed to TCDD during and after a runaway reaction in 1953 at a trichlorophenol plant in Ludwigshafen, Germany, Thiess and Frentzel-Beyme also reported an excess incidence of stomach cancer among exposed workers. Immediately following the Ludwigshafen incident, many of the exposed workers developed chloracne, indicating dioxin exposure.

"The observed incidence of stomach cancer in the cohort of Ludwigshafen workers who may have been exposed to TCDD during the incident or subsequent cleanup operations, was approximately five times greater then the expected incidence. (p less than .025). Moreover, further analysis indicates that the observed incidence of stomach cancer in the Ludwigshafen cohort is more than seven times greater than the expected incidence, after allowing for a ten year induction or latency period. Thus, the results obtained by Thiess and Frentzel-Beyme corroborate the findings of Axelson, indicating that exposure to TCDD or preparations containing TCDD has been clearly associated with an excess risk of stomach cancer in humans."

In reviewing other available literature it has been found that there have been a number of studies of chemical plant employees exposed to dioxin who subsequently developed soft tissue sarcomas.

Because of the small numbers of individuals involved the general feeling has been that the findings are of little significance. However, we note with interest an article by Drs. P.A. Honchar and W.E. Halperin that appeared in the January, 1981 edition of The Lancet, that discusses their review of such cases. The article states, in part, "None of the four cohorts individually resulted in a reported excess risk for soft tissue sarcoma. When combined, however, the three cases from the four cohorts suggest a common pattern. This finding supports the concept of combining small cohorts of workers with a common occupational exposure for analysis."

The Veterans Administration does not accept the results of the Swedish epidemiological case control studies because the agency feels there were insufficient numbers of exposed individuals involved in the studies to make them scientifically valid.

The American Legion feels that the evidence is adequate enough to have raised a level of suspected cause so as to be sufficient that reasonable doubt should be weighed in favor of the Vietnam veteran and service connection should be presumed for the condition.

PORPHYRIA CUTANEA TARDA AND CHLORACNE

Porphyria cutanea tarda results from a disturbance in the capacity to break down hemoglobin, which leads to high levels of porphyrins (nitrogen-containing organic compounds) in the liver and urine. In many, if not most cases there is also skin involvement.

In reviewing available literature we have found a substantial number of references to the connection between dioxins and porphyria cutanea tarda. Many references to PCT are made in conjunction with

those pertaining to chloracne, so we have combined our views and comments on the two conditions.

A recent report by the Council on Scientific Affairs of the American Medical Association discussing the health effects of Agent Orange and dioxin contaminants states in part, "Two of the more pronounced biological effects of some of the chlorinated dioxins are their tendency to cause chloracne (especially in the rabbit, nude mouse, monkey and man) and the accumulation of fluid (ascites) in the pericardium and peritoneal cavity of chicks." The report further states, " Other acute toxic reactions to dioxin include liver and renal damage, porphyria cutanea tarda, hyper-pigmentation, hirsutism, ..."

An Environmental Protection Agency report on dioxins, in the chapter relating to health effects notes, "Although chloracne is a common indicator of 2,3,7,8-TCDD exposure in humans and some animals, chronic exposure to this dioxin can affect many organ systems. In addition to chloracne, another dermatologic manifestation of exposure is porphyria cutanea tarda (PCT), a photosensitive dermatosis caused by altered porphyrin metabolism." The following is also mentioned in the report: "Dermatologic diseases are perhaps the most sensitive indicators of 2,3,7,8-TCDD exposure and toxicity in humans. Although chloracne is the most frequently observed dermatosis, PCT has been observed in as many as 10 percent of a group of occupationally exposed workers (Purkyne et. al. 1974)."

A VA Chloracne Task Force report dated November 30, 1982 contains the following: "The examination will incorporate new findings and

old confirmed by the 3rd International Symposium on Chlorinated Dioxin and Related Compounds in Salzburg, Austria, October 12-14, 1982. New and confirmed findings are:

1) Chloracne may persist in 25-50% of cases, up to 30 years, as shown by the longest follow-up to date of an industrial accident. It was previously believed it cleared in a few years.

2) Porphyria cutanea tarda may result from low chronic exposure to dioxin (as may have occurred in some Vietnam veterans). Therefore, screening of urine, stool and any liver biopsy tissue will be done for porphyrins.

3) Hirsutism of face and hyperpigmentation may be due to PCT."

In an October 1982 report by a Subcommittee of the National Academy of Sciences on a review of the protocol for the VA Agent Orange study, it was recommended, in part, that the protocols should be focused, if possible, on known effects on humans and animals of exposure to phenoxy herbicides contaminated with TCDD (dioxin). Included among the conditions were effects on the skin and liver function, including porphyrin metabolism.

Mr. Chairman, these are but a few of the references to the relationship between dioxin exposure, and porphyria cutanea tarda and chloracne that we uncovered during our review. However, the Legion feels that these representative examples are sufficient to illustrate that a causal relationship does in fact exist, and that Vietnam veterans exposed to dioxin while serving in Vietnam and who incur these disabilities, should be presumed to be service-connected and compensation awarded where applicable.

With respect to the diseases that would be listed in regulations prescribed by the Administrator, as required by this measure, The American Legion has urged the Centers for Disease Control to release all relevant findings as they become available during the epidemiological study of the long-term health effects of Agent Orange exposure, mandated by PL 96-151. And while we are on this subject, it must be said that we are encouraged by the manner in which CDC has performed since accepting the responsibility for the Agent Orange study in January. Within a matter of days following the signing of the Interagency Agreement with the Veterans Administration, CDC officials met with The American Legion, other veterans organizations and representatives of other government agencies involved in the study, to discuss the study and elicit input and recommendations relating to the research. The CDC officials have assured that they will maintain open lines of communication throughout the study.

In turn, we have offered the cooperation of the Legion in encouraging the participation of Vietnam veterans in the study, as we are aware of the importance that such participation will play in the success of the Agent Orange study.

Mr. Chairman, we understand and appreciate that the intent of this legislation must undergo the prudent deliberation of this Subcommittee, and, as with other issues where differences of opinion in the scientific community exist, we have no doubt that H.R. 1961 will be closely but objectively scrutinized. May we point out that other presumptions have been established by Congress based upon a lesser amount of evidence than is currently available in support

of the instant legislation.

The American Legion thanks you Mr. Chairman for your timeliness in scheduling this hearing on an issue that is of great importance to Vietnam veterans; and, again, we appreciate this opportunity to provide the Subcommittee with the views of this organization.

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Flow of potential problems that have not been scientific and medically proven

Testimony on Agent Orange and H.R. 1961 by Samuel S. Epstein, M.D.

School of Public Health
University of Illinois Medical Center
Chicago, Illinois

before the House Veteran's Affairs
Subcommittee on Compensation and Pensions

April 27, 1983

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A. Introduction

Mr. Daschle, members of the House Subcommittee on Compensation and Pensions, my name is Samuel Epstein, M.D., and I am professor of occupational and environmental medicine in the Department of Preventative Medicine at the University of Illinois Medical Center, Chicago.

As a human and experimental pathologist and toxicologist, I have for some three decades studied the hazardous effects of chemicals and chemical pollutants, including pesticides, herbicides, industrial chemicals, drugs, and food additives, in air, water, food and the workplace, with particular reference to delayed or chronic toxic effects, notably cancer, reproductive and genetic effects and have over two hundred and fifty scientific publications and six books in these areas. Furthermore, over the past decade, I have had increasing involvement in the interface between science and public policy, as exemplified by membership of a wide range of Federal advisory and expert committees, and by consultantships to Congress, including the Senate Committee on Public Works. Additionally, I have served over this period on the Environmental Health Advisory Committee of EPA, and more recently on its subcommittee on pesticide tolerances. Other committees on which I have also served include the 1973 Advisory Committee to the Department of Labor on Standard Setting for Occupational Carcinogens.

Of interest in the present connection is the fact that I chaired the Panels on H.E.W. Secretary Finch's 1969 Commission on Pesticides and Their Relationship to Environmental Health, which warned of the critical need to restrict useage of 2,4,5-T and 2,4-D to prevent risks of human exposure. On the basis of these recommendations, and the April 1970 hearings of Senator Hart's Subcommittee on Energy,

Natural Resources and the Environment, in which I testified, H.E.W. suspended most domestic uses of 2,4,5-T. More recently, I had the privilege of testifying on H.R.6377 before the Subcommittee on Medical Facilities and Benefits in 1980.

I should like to offer Mr. Daschle, Mr. Applegate, and other subcommittee members my congratulations for their proposed legislation, H.R. 1961 which attempts to address major inequities in compensation of Agent Orange disease.

B. Problems in Demonstration of Causality for Agent Orange Disease

The level of scientific proof generally attainable and required for the demonstration of causality is conventionally defined in terms of presumption of probabilities, rather than more absolutely. However, for Agent Orange disease not only is a high or absolute level of proof inappropriately demanded by the Veterans Administration (VA), but also the burden of proof is shifted to the veteran.

The demonstration of causality in disease due to toxic exposures requires evidence of exposure and of adverse effects, and evidence of positive associations between exposure and effect, as derived from toxicological and/or epidemiological studies. Neither scientifically or legally is evidence on causality invalidated by the possibility of unrelated contributory exposures. Nor can or should such evidence be challenged by inability to retrospectively quantitate exposure data.

The application over a decade, ending in May 1970, of multi-million gallons of concentrated 2,4,5-T formulations, apart from 2,4-D and other non-phenoxy herbicides, coupled with its heavy contamination with the highly persistent dioxin, creates the strong

presumption of exposure for all military personnel in Vietnam, other than possibly those in defined groups permanently stationed in such urban centers as Saigon.

C. Evidence for Adverse Health Effects Induced by the Dioxin Contaminant of Agent Orange

1. In Experimental Animals

The dioxin contaminant of Agent Orange is the most toxic synthetic chemical compound known. Dioxin is also the most potent known carcinogen and teratogen which, in relatively small groups of laboratory animals, induces cancers and injures or kills embryos at doses as low as one billionth of a gram/kg body weight/day (0.001 ug/kg).

The acute oral LD_{50} of dioxin in guinea pigs and rats is about 1 and 30 ug/kg, respectively. Death following a single oral dose in rats may be delayed for weeks and appears to be due to acute liver necrosis (Poland & Kende, 1976). Mortality patterns are similar in rats and guinea pigs irrespective whether dioxin is given as single or divided doses over a 5 weeks period, indicating cumulative toxicity (Harris et al., 1973). A variety of acute toxic effects are seen at much lower doses than those required to induce mortality. For instance, a single oral 0.1 ug/kg dose induces disturbances of lipid metabolism and liver enlargement in rats (Cunningham & Williams, 1972); low doses also induce profound changes in thyroid function, as evidenced by increased I^{131} uptake and increased levels of serum TSH (Bastomsky, 1977). In rodents, reduction of thymic weight (Harris et al., 1973) and, to a lesser extent, of body weight are sensitive indicators of subtoxic dioxin effects, whose characteristics tend otherwise to be

both dose and species dependent. For instance, mice and rats are resistant to the acneigenic effects of dioxin, while rabbits are sensitive. Still more sensitive are monkeys, in whom chloracne and alopecia are induced by a single 400 ug/kg injection (Van Miller et al., 1976). Suggestions have been made that the high toxicity of TCDD is somehow correlated with its very marked potency in inducing microsomal liver enzymes, such as Aryl Hydrocarbon Hydroxylase (Poland & Glover, 1974).

Subacute and chronic effects of dioxin in rodents are varied and include liver necrosis and thymic atrophy (Gupta et al., 1973). Suppression of cell mediated immunity and other immunological abnormalities, including increased sensitivity to bacterial infection and reduction in delayed type hypersensitivity responses, have been consistently induced in rodents at doses of dioxin producing no other overt clinical or pathological effects, 1.0 ug/kg week or lower (Vos & Moore, 1974; Thigpen et al., 1975). Doses of 500 ppt fed over months to monkeys produced chloracne, pancytopenia, reproductive abnormalities and death (Allen et al., 1977; Allen & Van Miller, 1978). Chronic feeding of rats with 0.1 ug/kg (about 2000 pppt in diet) induced profound cardiovascular changes, including periarteritis, intravascular thrombosis, and myocardial degeneration (Kociba et al., 1978).

Dioxin induces a wide range of adverse reproductive abnormalities. Gonadotoxic effects, including testicular atrophy and necrosis and inhibition of spermatocyte development, have been recognized in rodents, chickens, and monkeys (Norback & Allen, 1973; McConnell et al., 1978).

Fetotoxic effects have been induced in every species at the lowest dose tested, including mice and rats, and monkeys at 0.001

and 0.002 ug/kg day, respectively (for review, see EPA, 1980). Administration of dioxin to pregnant rats induces fetotoxic effects, including reduced fetal weight, subcutaneous edema and intestinal hemorrhage (Sparschu et al., 1971). Various studies have demonstrated that TCDD induces teratogenic effects in mice and rats, particularly cleft palate and kidney defects, and in all other species tested (for review, see EPA, 1980); the teratogenic effects are synergized by concomitant administration of 2,4,5-T (Sparschu, et al., 1971). The lowest dose of dioxin tested in female monkeys, 0.002 ug/kg (50 ppt in diet) produced profound reproductive toxicity, including stillbirths, abortions, reduced fertility, menstrual irregularities and hormonal disturbances (EPA, 19

TCDD is the most potent known carcinogen. In tests with small groups of rats over a dose range from 1 ppt (0.0003 ug/kg) to 1000 ppb (500 ug/kg), all animals receiving doses in excess of 500 ppt died within 95 weeks. Dioxin induced a wide range of malignant tumors in doses as low as 5 ppt (Van Miller et al., 1977). These include squamous carcinomas of the lung, cholangiosarcoma of the liver, and soft tissue sarcomas at 1 and 5 ppb levels, and carcinomas of the ear duct, kidney and skin, as well as soft tissue sarcomas and testicular tumors at the 5 ppt dose. In more large scale carcinogenicity tests by DOW Chemical, which are generally confirmatory of the Van Miller studies, TCDD was administered orally to rats at levels of 0.001, 0.01, and 0.1 ug/kg (Kociba et al., 1978). Carcinomas of the liver, lung, palate and tongue were induced at the highest dose levels, neoplastic liver nodules at the intermediate dose level, and toxic liver effects at the lowest dose level tested.

These results have been confirmed and extended in recent NCI carcinogenicity tests in mice and rats, conducted by the Illinois Institute of Technology, at concentrations of 0.01, 0.05, or 0.5 ug/kg/week for rats and male mice, and 0.04, 0.2, or 2.0 ug/kg/week for female mice, respectively (NCI, 1980). Thyroid adenomas and carcinomas were induced in the higher dose groups of the rats, and also liver cancers in the highest female dose group. Similar tumor patterns were induced in the mice.

2. In Humans

The toxic effects of dioxin alone or in conjunction with TCP, 2,4,5-T and related chlorophenoxy compounds, have been investigated or recognized under a wide range of conditions and circumstances. In addition to exposures in South Vietnam, these include about 8 occupational accidents, some involving both workers and the surrounding community; about 15 occupational exposures from handling contaminated intermediates, such as TCP, within plants; occupational exposures during agricultural, forestry or rights-of-way application; community exposures from dioxin contaminated waste oils, such as in Times Beach, Missouri; and presumed community exposures in Midland, County, Michigan in proximity to the DOW Chemical facility whose soil is heavily contaminated with dioxin. The symptomatology and effects induced by dioxin reflect a wide range of factors including dosage or exposure levels, duration of exposure, presence of other toxic chemicals and contaminants, and age, sex, and reproductive status of exposed populations.

a. chloracne

There appears to be considerable misunderstanding as to the role of chloracne in Agent Orange disease, with particular regard to its alledged obligatory or pathognomonic value as an index of

exposure (Epstein, 1980). As pointed out in this testimony, there is marked species-specificity in experimental animals for the acneigenic effects of dioxin; mice and rats being resistant and rabbits and monkeys being sensitive. Chloracne has protean manifestations ranging from chronic pustular cystic, follicular, acneiform, hyperkeratosis, and blepharo-conjunctivitis, to milder reversible forms with minimal residual scarring, pitting, hyperpigmentation, depigmentation, and hypertrichosis. The chloracne is generally, but not invariably, associated with a wide range of other symptoms and objective signs of multi-system disease.

Chloracne has been recognized since the 1890s as an occupational dermatosis in workers handling chlorinated phenols, diphenyls, and napthalenes. These lesions attracted the attention of dermatologists, whose reports indicted an interest restricted to the skin. There is thus a probability that a bias has developed, particularly in the early literature, in the over-emphasis of the dermatological aspects of dioxin and in the failure to recognise systemic toxicity in the absence of overt skin disease. This may well have resulted in substantial under-reporting of dioxin toxicity. These considerations have been further strengthened by reports of dioxin-induced systemic disease in the absence of chloracne (Bleiberg et al., 1964; Oliver, 1975; Scarisbrick & Martin, 1981; Martin, 1983) and by the absence of a history of chloracne in cases of soft-tissue sarcoma in workers exposed to phenoxy herbicides and chlorinated phenols (Honchar & Halperin, 1981; Johnson et al., 1981; Moses and Selikoff, 1981). Furthermore, of a group of children and young adults with acute burnlike skin lesions following the Seveso accident, only 12 subsequently developed chloracne, which was mild and

reversible (Reggiano, 1980). Clearly, chloracne is not an obligate determinant of dioxin toxicity.

Of interest in this connection is the dismissal by the VA of most skin condition claims for compensation, irrespective of their signs and symptoms and exposure history, on the grounds of the absence of classic chloracne. Insistence by the VA on specific proof of exposure and on evidence of classic chloracne, irrespective of other symptoms and evidence of disease, is thus inconsistent with the scientific realities and inappropriately shifts the burden of proof, and a virtually unattainable burden at that, to the individual veteran. This extreme position, whether reflecting lack of familiarity with scientific literature, bureaucratic inertia, or fear of opening the floodgates of compensation claims, is in interesting contrast with the awarding of compensation for service-related disability to veterans contracting multiple sclerosis within seven years of the termination of service, even though the etiology of this disease is poorly understood and its possible relation to military service is unknown.

b. Multi-System Disease

Dioxin, as well recognized in the clinical and toxicological literature, is a potent multi-system toxic agent producing a panoply of acute and delayed effects, many of which can progress to the chronic. Recognized clinical symptoms include asthenia, muscular weakness, pains in limbs and joints, insomnia, photosensitivity, nausea, vomiting and diarrhea. Recognized signs include abnormalities in liver function, porphyria cutanea tarda, peripheral neuropathy, elevated blood triglycerides and cholesterol, and psychological and personality changes; additionally, an excess of cardiovascular deaths from coronary disease in a Dutch TCP accident clean-up crew,

and also a case of rapidly progressive atherosclerosis in a TCP accident clean-up crew, and also a case of rapidly progressive atherosclerosis in a TCP worker have been reported. This disease complex is generally consistent with that recognized in preliminary surveys of Vietnam veterans (Bogen, 1980; Stellman & Stellman, 1980), and with those recognized following occupational accidents and exposures. Other major symptom categories include gastro-intestinal, neurological, and psychological. A history of alcohol intolerance is not uncommon and appears suggestive of liver dysfunction.

c. Cancer

With the exception of recent Swedish studies, the epidemiological literature on cancer rates in occupationally exposed workers or in workers involved in TCP or related accidents is too inadaquate, particularly in size of cohorts and duration of follow-up, to sustain valid negative inferences. An apparent example is a follow-up study on 121 workers developing chloracne, and systemic toxicity, following the 1949 Monsanto accident in Nitro, W. Va. (Zack and Suskind, 1980). The report appears to exclude exposed workers who did not develop chloracne, and fails to provide basic information on age distribution and employment history. Furthermore, the controls were based on the general population rather than on similar industrial populations with the resulting likelihood of underestimating mortality rates from cancer and other diseases. While the study recognized the small cohort size and the number of observed deaths, it was concluded that there was no apparent excess of cancer mortality. Contrary to these conclusions, however, the cited data clearly demonstrates excess mortality from lymphoma and leukemia.

lung (5 v 2.85) NS (3 vs 0.88) NS

Additionally, and of critical interest, are the findings among these workers that of two deaths from soft tissue sarcomas, only one was reported to have chloracne. 1 - 173.9 other malignant neoplasm of skin Honcha & Halperin ICD 171

There are also some interesting cohort studies which provide suggestive evidence. Illustrative, is the follow-up of the 1953 Ludwigshafen accident in a TCP plant, in which a 5-fold excess in stomach cancer over expected rates was noted (Thiess & Frentzel-Beyme, 1977). A statistically significant excess of stomach cancer has also been reported in an updated analysis of an initially questionable study in a cohort of Swedish railroad workers exposed to phenoxyacetic acids and amitrole over 10 years previously (Axelson et al., 1979); the excess was found in the total cohort and in the phenoxy subcohort. In a 5 year follow-up of 55 subjects in a cohort of 78 workers involved in an explosion in Spolana, Czechoslovakia in 1965, 2 cases of lung cancer were noted versus 0.12 expected (Jirasek et al., 1973).

In a recent case control study in a population in Northern Sweden with a high proportion of paper pulp, forestry, and sawmill workers, a relative risk for soft-tissue sarcomas in workers exposed primarily to 2,4,5-T and 2,4-D was more than 5 times greater than in unexposed individuals; this finding was statistically highly significant (Hardell & Sandstrom, 1979). Even higher risks were found in groups exposed to other chlorophenols contaminated with chlorinated dibenzofurans. This study was confirmed by similar findings of statistically significant excess risks for soft tissue sarcomas in other populations exposed to chlorophenols in a different area in Southern Sweden (Eriksson et al., 1979). These studies have also demonstrated excesses of other cancers including malignant lymphomas.

$\frac{2.9\%}{0.07\%} = 41.4$

These findings are consistent with reports on a 40-fold excess of soft tissue sarcomas in dioxin exposed workers including those from DOW and Monsanto (Honchar & Halperin, 1981); with an approximate 800% increase in soft tissue sarcomas in female residents in Midland County, Michigan, from 1970-78, (compared to 1950-59), and with reports on 3 cases of soft tissue sarcomas in 3 Vietnam veterans heavily exposed to Agent Orange, none of whom had any prior history of chloracne (Sarma & Jacobs, 1981). The association of dioxin exposure and soft tissue sarcoma is of critical significance. Soft tissue sarcomas are exceptionally rare and highly lethal malignancies whose background incidence in males aged 25-40 is only 13 per million.

In addition to the reports on soft tissue sarcomas in Vietnam veterans, there are also growing numbers of case reports possibly suggestive of an apparent excess incidence of cancer in various groups of Vietnam veterans, although these data have not yet been subject to epidemiological analysis. The incidence of testicular cancer appears high, even allowing for selection bias. In one group of about 5000 plantiffs, approximately 200 testicular cancers, mainly seminomas, have been recognized. In the absence of data on age distribution and date of first diagnosis (as this tumor is associated with prolonged survival), it is difficult to estimate whether this incidence is excessive. Seminomas are rare, and fewer than 2,000 are diagnosed annually in the entire white U.S. population; the incidence in blacks is considerably less. There are also suggestions of an increased incidence of lymphomas and leukemia.

d. Reproductive Toxicity

There are a growing number of case reports on reproductive toxicity, including impaired spermatogenesis, infertility, and birth defects, among Vietnam veterans. The defects reportedly tend to be bizarre, mainly involving extra or missing limbs or limb deformities, and are also sometimes associated with mental retardation. Experimentally, dioxin induces a wide range of adverse reproductive abnormalities, including teratogenicity, and gonadotoxic effects in male rodents, chickens, and monkeys. However, the scientific basis of paternally-mediated teratogenicity is still obscure. A large scale NIEHS study on male reproductive effects in mice, including studies on dominant lethality was essentially negative. A negative standard dominant lethality test does not, however, eliminate a genetic basis for paternally-mediated birth defects. There is significant literature on the genetic transmission of sperm abnormalities induced by chemical mutagens. This has been substantially strengthened by the recent demonstration of neurobehavioral deficits in the F_1 progeny of cytoxan-treated male rats (Adams et al., 1981). Moreover, the unresolved problem with birth defects in veteran's children is the reality of the apparent excess, not current inability to comprehend its basis. Of interest in relation to paternally/mediated effects are the recent findings of an increased failure in conception rates in the wives of dioxin exposed workers in the middle 1970s (Townsend et al., 1982).

The study on wives of dioxin exposed workers also yielded suggestive evidence of excess birth defects which were also found in wives of DOW workers without recorded occupational exposures to dioxin but residing in Midland County, Michigan, from 1971-74,

suggesting the importance of community exposure to dioxin. These data are also consistent with excesses noted in comparisons of birth defect rates based on birth certificates of residents in Midland County, Michigan, in contrast with residents of the state of Michigan over the same four year period. Of greater significance however, are the findings of major excesses of cleft lip and cleft palate in Midland County births from 1971-74 (Houk, 1983; Poole, 1983).

D. Comments on H.R.1961

H.R.1961 establishes a presumption of causality between Agent Orange exposure and three categories of adverse health effects; soft tissue sarcomas, porphyria cutanea tarda, and chloracne, and for other unspecified disease conditions as determined by the disretion of the VA Administrator. This restriction to the specified disease categories is, however, at variance with an extensive body of toxicological, clinical and epidemiological data on the effects of dioxin, and as such improperly excludes a wide-range of dioxin induced diseases. The discretion afforded the Administrator to recognize and compensate other dioxin induced diseases appears to reflect an unduly optimistic faith in the agency's ability and interest to take such steps.

An alternative concept which this subcommittee may wish to consider is the establishment of a non-rebuttable presumption of causality for the specified diseases and for those other diseases which are consistent with the scientific literature on dioxin toxicity. Such presumptions would be still further strengthened by the absence of other defined and exclusive causalities for the disease in question.

For Agent Orange disease not only is a high of absolute level of proof inappropriately demanded by the VA, but also the burden of

proof is shifted to the veteran. While H.R. 1961 is a commendable step in the direction of reducing this heavy burden, it fails to reflect the major inconsistencies with established practices in compensating other diseases such as multiple sclerosis (MS), if manifested within 7 years of discharge, even though there is virtually no scientific data relating MS to service, in contrast with the substantial data relating the Agent Orange disease complex to dioxin exposure. Such inconsistencies raise the suspicion that constraints to the recognition of the extent of Agent Orange disease and need for its equitable compensation may reflect the political and economic considerations, rather than scientific considerations. Such constraints are often manifest in recommendations to postpone further consideration of compensation pending results of further studies; apart from the striking contrast of a wide range of Federal acts of restitution in instances when data on causality are much less well developed than for Agent Orange disease, such as compensation for MS and the Times Beach buy-out. Many of the studies in question are unlikely to yield other than invalid or equivocal data, for reasons of design defect, or for such problems as attempted retrospective quantitative exposure, which in turn would serve as still further alledged justification for yet more postponement and study.

Illustrative of such problems is the Ranchhand study which is unlikely at this stage to yield adaquate information on mortality and chronic disease with particular reference to cancer. Additionally, there are major problems in attempting to extrapolate exposure patterns and other data from Ranchhand personnel to the ground troops, who operated under conditions involving confounding variables, such as heat, stress, fatigue, and were often unable to shower or change

their contaminated clothing for long periods.

Such considerations were clearly articulated by Joan Bernstein, Chair of the original Interagency Work Group on Phenoxy Herbicides and Contaminants and General Counsel of H.H.S., who testified in September, 1980 before the House Committee on Veterans Affairs that the anticipated research findings "will not tell us what elevation of risk a veteran's illness should be deemed service connected...(and) will not and cannot by itself answer questions that seem to us to be fundamentally ones of broad social policy..."

This subcommittee may also wish to consider the inconsistencies between heavy burdens of proof still imposed on the Vietnam veteran with recent unprecedented governmental action in buying out the Times Beach community on the basis of grave imminent hazard posed by exposure to dioxin. Finally, Congress should consider the belated need to shift the burden of compensation for Agent Orange disease from the U.S. taxpayer to DOW Chemical, who while publicly asserting in 1964 that 2,4,5-T was "absolutely non-toxic to humans or animals," deliberately suppressed substantial information on the presence and toxicity of its dioxin contaminant.

E. Conclusions

1. Concerns on dioxin-induced disease among U.S. veterans have recently burgeoned. They now involve all major veterans' organizations, besides many new ones which have been created to deal with these problems, the Congress, the White House, a wide range of Federal agencies, State governments, the courts and the general public.

2. There is now growing and substantial evidence of a clear consistency between the wide range of toxic effects induced by dioxin in experimental animals of various species and those observed in a wide range of exposed human populations, including occupational and Vietnam veterans. This consistency relates to multi-system disease, reproductive toxicity, and carcinogenicity. Over-emphasis on the significance of chloracne as an allegedly obligate determinant of dioxin exposure has limited previous recognition of a wider range of other toxic effects. Recent reports of the very rare and highly lethal soft-tissue sarcomas in three Vietnam veterans have also provided a critical link with a wide range of studies demonstrating major excesses of soft-tissue sarcomas in groups occupationally exposed to dioxin. Such data, together with qualitative evidence of exposure have created the strong presumption of causality in Agent Orange disease.

3. Current objections to evidence of causality in Agent Orange disease have been expressed by insistence on quantitating past exposure and on continued prospective studies. Reacting to such objections, and responsive to national concerns, are recent trends in the Congress to reduce the burden of proof on the individual veteran to establish the scientific validity of claims for Agent Orange induced disease, and to shift this burden in the direction of the government. While unduly restrictive, H.R.1961 is clearly a step in the right direction of reflecting such concerns, for which the sponsors of the bill should be commended.

4. Besides extending the scope of H.R.1961, this subcommittee may wish to examine the evidence relating to the justification and

feasibility of shifting the burden of restitution from the government to the manufacturers of Agent Orange in view of their suppression of information on the presence of the highly toxic dioxin contaminant in Agent Orange.

Thank you very much, this concludes my testimony.

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Testimony before the Subcommittee on Compensation,

Pension, and Insurance

of the

House Committee on Veterans' Affairs

on behalf of the New Jersey Agent Orange Commission

Peter C. Kahn, Ph.D.
April 27, 1983

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to appear here today. My name is Peter Kahn. I am Associate Professor of Biochemistry at Rutgers, the State University of New Jersey, and a member of the New Jersey State Agent Orange Commission. I appear here today on behalf of the Commission. We support HR 1961, and our arguments in its favor follow. The Commission approved this testimony at its meeting of April 15, 1983.

To convey some sense of the immediacy of the problems faced by Vietnam veterans who are ill, we offer two case histories from our files. Next, we suggest two conditions that we believe should be added to those now in the bill. We then discuss the use and misuse of science in formulating public policy, and, lastly, we examine some of the moral and political issues that are involved.

Case 1: Mr. A., thirty-seven, married, three children. He was a "river-rat" in the navy from 1965 through 1967 and was discharged in 1971. His work in Vietnam involved running small craft up and down the rivers of the Mekong Delta, and he worked on a barracks ship as well. He was decorated.

Until he fell ill in 1979 he earned a confortable living as a master chef. His primary diagnosis was of cryoglobulinemia with associated vasculitis. The conditions is an unusual immunological disorder. Other problems developed as a consequence, and the aggregate result was his death late last year.

His widow now works two jobs. That and social security are all they have. The family have large debts arising from the long illness. Their oldest child, a daughter, graduates high school this year. She is a good student and wants to go to college. The American Legion has established a

scholarship fund in his memory with the stipulation that his children shall have first claim on it. It is small and may not be enough.

Case 2: Mr. B., thirty-six, married, with four children. He was an aircraft mechanic before entering the army, served in Vietnam in 1968-69, and now earns his living as an auto mechanic. He did helicopter repair work while in the service, and he was in combat.

The oldest of their children, a girl, was conceived before he went to Vietnam. In her mother's words she has "no real health problems. Has exceptionally high I. Q. School psychological evaluation done - child extremely artistic, athletic, and a 'genius'." Parental pride may be showing there! The other three children, all conceived since Vietnam, have problems. One has arthritis. Another is asthmatic. All suffer from frequent respiratory infections, including bronchitis and pneumonia. Two have been hospitalized. All three have required speech therapy, and there are other problems, as well.

The financial burden of continuing care makes it necessary for Mrs. B. to work two jobs. In January of this year she contacted the Commission. It is common for our first contact with veterans to be through their wives. The men often think it useless to seek outside help. We sent her a copy of our "Vietnam Veterans' Self Help Guide," which contains a brief questionaire. Here is her reply:

January 11, 1983

Dear Commission:

I finally succeeded in getting my husband to fill out the enclosed form from your "self help guide." I have tried for years to get him to have a physical done to no avail. So finally he got so sick he asked me to make him an appointment, which I did, and on June 28, 1982, he had his physical done and many other tests. He came home from Vietnam with sores on his chest which since have enlarged and spread to other areas such as his back and shoulders. If I had known that he was eligible for a free exam at the V.A. hospital I would have pushed him to go sooner. It's only for this reason he never had a physical done - we couldn't afford it. We have very high medical expenses from our children's illnesses. We just couldn't put any more out.

The people at the V.A. hospital in Delaware were nice, but boy it's a long wait. They would not commit themselves to say anything in regard to Agent Orange except that he has nine of the ten symptoms all the other boys have.

My husband constantly have chest pains (sometimes worst than other times). Pains particularly around the main sore in the center of his chest (which by the way is three times bigger than it was when he came home from Nam with it). He has numbness in hands, arm, legs, breathing difficulties, inflammation/irritation of sores on chest, constant trouble with bowels - either constipation or diarrhea (very seldomly has normal bowel movements), occasional headaches, dizziness. He gets cold, loses feelings and becomes weak and pale looking. It frightens me to know and feel that something is wrong with him but yet all tests performed proved to be medically negative. In other words they can't medically find anything wrong. They also said (but it isn't in writing) that his appendix is enlarged "possibly" from chemical poisoning or "whatever."

I myself don't understand any of this red tape medical talk, but being married to the same man for fifteen years I can tell you something is wrong with him. When he first came home from Nam he dreamed bad dreams and many nights I would become a victim and find myself fighting him off, for he would physically fight me thinking I was Vietcong. I grew to understand and stood by him. He still dreams but it's not as bad as it first was when he came home.

I can slowly see his health is tearing down and all this talk about Agent Orange I don't understand. Why would the U. S. government spray such a deadly chemical over "Nam" knowing our boys could be harmed? I often wonder about that and now the government doesn't want to recognize our men who fought hard in Vietnam, many who died, as veterans. So its after a great deal of persuasion getting him to fill out this form I'm finally mailing it to you. He knows about the form, but he <u>does not</u> know I've written this letter to you.

He has another appointment tomorrow in Deleware for he still has pains in chest (in center of main sore), has numbness, weakness, and recently developed sores on his legs. His physical appearance is run down and pale looking. Yet they can't find anything wrong with him except for his exposure to chemicals in Vietnam.

So tomorrow will be another long day of waiting so they can say "nothing" is wrong; but then I wonder. Only time will tell.

I'm not much at writing letters so forgive the wording and penmanship. I hope further research would be proven to be beneficial for all boys who were exposed to the chemicals so they can be cured or helped anyway possible. I wish there was something I could do for my husband - and I guess just being by him is enough for him.

I don't know if my letter is of any importance to you but I felt I had to write.

Cordially,

Mrs. B.

Mr. B. knows of his wife's letter now, and they agreed to let it be used here. Mrs. A. also agreed to our use of material from her husband's file.

The medical conditions which we suggest adding to the bill are melioidosis and the family of cancers celled the malignant lymphomas, including the leukemias. Melioidosis is a bacterial disease. Its origin has nothing whatever to do with Agent Orange. The disease is endemic in Southeast Asia. It can take two forms: acute, which is often fatal, and chronic. Years can elapse between exposure to the bacterium and the onset of symptoms. Cases were diagnosed in troops in the field during the war. Cases have arisen in Vietnam veterans since their return, sometimes triggered by physiological stresses such as influenza. The number of cases proven to have arisen from exposure in the Western Hemisphere can be counted on the fingers of one hand. The likelihood, therefore, of a Vietnam veteran's case of the disease having originated anywhere but in Southeast Asia is almost nil. The number of cases expected to arise in veterans is small.

The evidence supporting the inclusion of the malignant lymphomas is of four kinds:

1. Lennart Hardell and his associates in Sweden, the people whose work on soft tissue sarcomas led to the current interest in those cancers, have also studied the lymphomas. A preliminary case report appeared in The Lancet in 1979[1] and a detailed, case-control study was published in The British Journal of Cancer in 1981[2]. These results indicate that persons exposed to chlorophenols and phenoxy acids had a five to six fold greater incidence of these cancers than did unexposed persons.

2. Lumberjacks, occupationally exposed to phenoxy herbicides, appear to have an increased incidence of lymphomas and leukemias.[3]

3. One study of American workers exposed to trichlorophenols found three deaths of lymphatic and hematopoietic malignancy when, for the size of the cohort, 0.88 were expected[4].

4. Dioxin is known to suppress the cell mediated immune response in animals[5]. Organ transplant patients, who receive immunosuppressive drugs for obvious reasons, have a greatly increased incidence of lymphomas[6].

The preliminary evidence is sufficiently suggestive, we believe, to justify at this time presumptive service connection pending further work. Although the research is by no means conclusive, we strongly recommend that in the context of the bill, melioidosis and the lymphomas be included.

As a scientist, I can't tell you that the medical problems of Vietnam veterans are unequivocally the result of exposure to noxious materials during service there. I think that there is an abundance of circumstantial evidence to suggest such a connection, but that is not rigorous proof. The Federal Government has generally taken the position that in the absence of such proof no action should be taken, and not only with regard to Vietnam veterans. Political considerations sometimes alter that position, but they do so only occasionally. The burden of justifying action is thus shifted to science. We are asked to produce evidence sufficient to "convict beyond reasonable doubt". Science cannot do that. There is always reasonable doubt in the evaluation of research, particularly biological research. By requiring science to do what it cannot do before you, the Government, take action, you avoid taking action. In the process science is discredited, and if that continues, the river of good it has produced will run dry.

In shifting the burden onto science, moreoever, you shift it away from its proper place, which is on you and on the rest of the Government. The issue before you is not primarily sceintific; it is political and moral. There are no technological diasters. There are, instead, failures of political will and moral courage.

The families that we have described here today are in trouble, and they represent only a few of many in such situations. The problems of the men affect their families directly. If a man cannot keep a job, or if he has one but is so often ill that he exhausts his sick leave, he suffers doubly - from the illness and from the loss of self-respect that attends his inability to support his family. How would any of us face the future with debilitating illness that doctors can neither diagnose clearly nor treat effectively? Feeling poorly, moreover, a man is less able to deal with the stresses that his frequent incapacity creates. Often his wife must work to make ends meet, and the resulting fatigue reduces her ability to cope with the increased emotional needs of her husband and of the children. The children are not immune from the results. In addition to a lack of money and continual uncertainty about the future, their parents frequently cannot provide the kind of predictable, secure family life that children need. The parents moreover, usually recognize this, and the knowledge itself adds to their difficulties. Some marriages survive these stresses, and some do not.

We submit that the ultimate dollar cost to the country of not helping these men will far exceed the dollar cost even of generous help. Help, unfortunately, is an easily identified and vulnerable single target in a budget. The lack of help now, however, will grow into a multitude of items in many budgets, federal, state, and local. Their connection to the subject of today's hearing will be obscured, but they will nonetheless be real. In addition to direct dollar costs, moreover, there are other losses of material wealth, wealth not generated by people whose vigor is sapped and whose children's vigor is not nurtured as well as it could be. To all these a dollar value could be attached. Add to them costs for which there can

never by a money equivalent: damaged lives, anxiety, and, for some, despair. We can write all this off as yet another cost of war, but if we do, we allow a rip in the fabric of a nation that can ill afford them to become a spreading hole. In the long run we'll pay handsomely for that.

If you pass this bill, then some of the people who receive help as a result may do so for illnesses that are not, in fact, service connected. If you vote it down, and if it is later shown that there is a connection between exposure to environmental hazards in Vietnam and later medical problems, then you will have declined to help men who have earned it at a time when it is needed.

We of the New Jersey Commission look at the same evidence that Government finds inconclusive and find it suggestive of service connection, some of it strongly so. If we are right, and I believe that we are, inaction now means national trouble later, for in making a choice not to act you raise questions in the minds of the people of the credibility of the Government.

Thank you.

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PREPARED STATEMENT OF TESTIMONY BEFORE THE SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE LEGISLATIVE HEARING ON H.R. 1961, VIETNAM VETERANS AGENT ORANGE RELIEF ACT, ON APRIL 26 AND 27, 1983 - ROOM 334, CANNON HOUSE OFFICE BUILDING, WASHINGTON, D.C.

April 22, 1983

My name if Jerry Lee Simmons, M.D. I was born 29 October, 1939 in Maumee, Ohio. My Social Security number is 296-34-2519.

I graduated from Bowling Green State University at Bowling Green, Ohio in June, 1962, and attended medical school at The Ohio State University College of Medicine, Columbus, Ohio, graduating in June, 1967. I was ordered to active duty from the U.S. Army Reserves on the 27th of June, 1967, and served a rotating internship at Brook General Hospital in Ft. Sam Houston, Texas from July 1967 to June 1968. During the Tet Offensive in 1969, I was an intern on the orthopedic service where we took care of over 150 bed patients and 750 patients on the service at any one time. Many of these patients were within 24 hours of their war wounds suffered in the VietNam conflict.

Following my internship, I trained at the U.S. Medical Field Service School (AMEDS) Officer Basic Training in 1968 followed by U.S.A. Aviation School at Ft. Rucker, Alabama in 1968. In October of 1968 I was ordered to VietNam, where I served until October 1969. For the first few months I was assigned as a flight surgeon to the 159th Heavy Helicopter Battalion stationed in Phu Bai in Northern ICORE. The 159th Heavy Helicopter Battalion is part of the 101st Aviation Group of the 101st Airborne, now Air Mobile Division. Midway in my tour of duty, I was promoted to the Group Flight Surgeon and moved to Camp Eagle with 101st Aviation Group of 101st Airborne Division.

My duties in VietNam included care of aviation and non-aviation personnel assigned to the 159th Heavy Helicopter Battalion and later all personnel assigned to the 101st Aviation Group Headquarters and assigned Pathfinder Unit. My duties included going on perimeter patrols as medical support, investigating aviation accidents and losses wherever they occured throughout ICORE and Laos, and going into hot landing zones with the Pathfinders to assess and support their medical needs. During this assignment we spent considerable hours in the field, both in the air and on the ground, including ground excursions into many defoliated areas in the Ashau Valley, Laos and throughout Northern ICORE. During that time there was considerable perimeter spraying with defoliants. Perimeter patrols, of necessity, were exposed to these defoliants on a regular basis.

The units were frequently sprayed with various insecticides.

As officer in charge of the health needs of our battalion, and later the entire aviation group, I insisted that each member faithfully take their Dapsone anti-malarial tablets, as well as quinidine. The quinidine was taken once a week, but Dapsone was taken every day, including a 60-day period after return state-side.

The drinking water was heavily chlorinated. This is another potential source of toxic compounds which, to my knowledge, has not been fully evaluated.

Many of us were exposed to various tropical diseases, including various forms of hepatitis. There was also moderate to wide spread alcohol and drug ingestion. The effect of the combination of alcohol and/or other drug ingestion, including medicinal drugs such as Dapsone, in combination with various pesticides, chlorinated compounds and herbicides is unknown.

It is my understanding that Dapsone, at the time it was given in VietNam, was an experimental drug. We, the medical officers in charge of the health of the soldiers, were not informed that this was an experimental drug. In my opinion, from my experience in VietNam, Dapsone undoubtedly saved many lives. In several instances, 101st Airborne soldiers taking Dapsone would not get malaria while 1st Marine Division marines in the next valley would have a high incidence of malaria. Nevertheless, the effects of the "little white pill" - Dapsone, in combination with other substances we were exposed to in VietNam should be further investigated.

During my tour of duty in VietNam we participated in many MEDCAP programs. These medical civic action programs were designed to promote good will by American solders, including physicians, and coreman working with and teaching South VietNamese civilians to better care for their own health problems. We observed many strange and exotic diseases, including cholera, rampant tuberculosis, many kinds of parasitic disease, and two separate plague epidemics. Many of the children and adults had various skin problems which, in retrospect, may have been chloracne.

We also noted skin problems in many of our American soldiers, especially those who spent considerable time in the field and/or on perimeter duties. These skin problems, in retrospect, could have been chloracne.

After serving my tour of duty in VietNam, I was assigned to Ft. Knox, Kentucky as the Post Flight Surgeon. We served at this post until the 26th of June, 1970, when I was honorably discharged from the United States Army Reserves.

I was fortunate enough to obtain a residency position in the Department of Pathology at the University of Michigan, where I trained from 1970 to 1974. Part of this training included tours of duty at the Veterans Administration hospital. From June of 1974 until May 1981, I was employed by the Veterans Administration Medical Center in Ann Arbor, Michigan. During that time period I became board certifed in anatomic and clinical pathology (1974) and became a fellow of the American Society of Clinical Pathologists and the College of American Pathologists. I also belong to the American Medical Association,

State Medical Association, and District Medical Association, the American Association for Clinical Chemistry, on the subcommittee on Animal Clinical Chemistry, and I am an honorary member of the Michican Society of Histo-technologists. While at Michigan, I developed several areas of interest, including comparative pathology, gastrointestinal pathology, and muscle and peripheral nerve pathology. In 1975 and 1976, I was the interim director of the neuro-muscular pathology laboratory at Michigan State University and served as an Assistant Professor at Michigan State University, as well as instructor and later Assistant Professor at the University of Michigan.

In 1975 I became involved in the scientific study of P.B.B., a fire-retardant which had contaminated the cattle feed in Michigan. This substance quickly spread to most Michigan residents via milk and milk products. I collaborated with Dr. Tom Corbett, an anesthesiologist in the study of the effects of P.B.B. on mice and gerbils. This collaboration resulted in several scientific presentations and a publication.

During this same time frame, we became increasingly aware, perhaps due to our interest in environmental contaminants, of VietNam veterans who had multiple complaints which they felt were due to Agent Orange. I became superficially involved with several veterans organizations in Michigan, including Citizen Soldier. Through this relationship I became aware of many health problems VietNam veterans were suffering. These health problems included birth deformities, multiple gastro-intestinal complaints, emotional disturbances, skin diseases and circulation disorders. Unfortunately many of these cases were hearsay or one of a kind occurrences. There seemed to be an increase in carcinomas in a young age group. In 1978 and 1979 I suggested we save fats from autopsies from VietNam patients for possible dioxin. We attempted to find commercial sources for this evaluation. We found the cost was prohibitive, at least $1,000.00 per sample. We were also discouraged from saving fats because there was no mechanism for proper storage or a central repository (such as A.F.I.P.). As you are aware, at the present time, the Armed Forces Institute of Pathology requests all surgical specimens from VietNam veterans be sent to them as a registry. However, to my knowledge, at the present time there is no concentrated effort to save and/or evaluate fats for herbicides from VietNam veterans undergoing surgery or autopsy.

In 1981 we decided to move to Sioux Falls, South Dakota in the position of Clinical Chief of the Laboratory Service. This move was made because a new Chairman of Pathology, whose interests were divergent from mine, had been appointed at the University of Michigan. If felt there was greater opportunity for advancement by moving to South Dakota. At present, I work for the Laboratory of Clinical Medicine, which has a contract with the Veterans Administration Medical Center in Sioux Falls to provide the pathology services. Because of my previous Veterans Administration experience, and my background as a probable Agent Orange exposed veteran, I have been assigned to cover the position of Clinical Chief of Laboratory Service.

In general, I feel the Royal C. Johnson Veterans Administration Medical Center in Sioux Falls, South Dakota is an excellent facility. The Director, Chief of Staff, Chiefs of Bed Services, administrators and employees have an excellent attitude toward VietNam veterans and are willing to work with them in any way possible to help solve their problems. The VietNam veterans I have

talked to who have been examined at our facility felt their examination was thorough and they were handled with courteousness and professionalism. As of 8-9-82, we have a cumulative total of 868 Agent Orange appointments, of which 82 had dermatology references, 419 were South Dakota veterans, 371 were Minnesota veterans, and 64 were Iowa veterans. There were 14 others. Ten (10) of the Agent Orange veterans had an examination with C&P, and 17 patients had examinations as in-patients.

We have two excellent veterans out-reach centers; one in Sioux Falls and another in Sioux City. I have talked with personnel from both of those centers about Agent Orange and its scientific and medical aspects.

We provide psychiatric, psychological, and social service counselling for VietNam veterans, as well as veterans in general. There is a substance abuse program in our hospital which is unfunded, but which, nevertheless, does an excellent job in providing services to both VietNam and non-VietNam veterans. Those patients needing peer counselling are referred to the veterans out-reach centers.

During the past year I have had the opportunity to attend the Second International Agent Orange Conference held in October in Arlington, Virginia. This conference was rather enlightening, as a cross-section of "experts" presented various scientific and social topics concerning Agent Orange. In conjunction with this conference, a two volume set on the review of literature on herbicides, including phenoxy herbicides and associated dioxins, volume I and II was prepared by the Veterans Administration under the leadership of Barclay M. Shepard, M.D. I have found these publications to be most useful in answering most of the scientific inquiries concerning Agent Orange. During the conference, it became increasingly apparent that even the experts did not know the effects of Agent Orange or any other herbicides, pesticides or other substances used in VietNam. This area certainly deserves much further study. One of the questions I asked the panel was why we had been discouraged to save fat specimens from VietNam veterans undergoing surgery or autopsy. A satisfactory answer was not forthcoming other than no one would know what the results meant anyway. It was brought out that the samples analyzed from the Ranch Hand evaluation showed some of the controls who had never been to VietNam had higher levels of dioxins than those who were presumably heavily exposed.

In discussions following, we pointed out that it would make a lot of difference in total exposure if personnel was to able to quickly shower following contamination. This would be possible for Air Force personnel but impossible with Army personnel on patrols in the "boonies."

Another fact that became apparent during the conference was dioxin is a very dangerous substance. Researchers using dioxins describe their biologic safety set-ups. This type of facility is well beyond the reach of most investigational institutions, certainly including ours in Sioux Falls.

During the past several years there has been periodic publicity regarding dioxin, a contaminant of Agent Orange. Recently the Times Beach episode, and the alleged dioxin contamination of water sources in the Midland, Michigan area, has resulted in considerable coverage by the media. The medical literature contains very little hard data or conclusions regarding the results of human exposure to dioxins. A two volume review of literature prepared by the Veterans Administration, Department of Medicine and Surgery, was completed in 1981. Another viewpoint is expressed by Archie B. Blackburn, M.D. in his article, "Review of the Effects of Agent Orange: A Psychiatric Prospective on the Controversy," published in "Military Medicine," Volume 148, April 1983.

Most Americans seem unaware that during the time period 1961 through 1969, 44 million pounds of 2, 4, 5-T were actually sprayed in VietNam while 78.1 million pounds were used in United States for weed control, railroad rights-of-ways and forest-related vegetation control. It should be pointed out that military spraying utilized 27 times more herbicide per unit area than most of the domestic operations (Harrington, J. F.: Herbicide Orange Surplus. Science, 180:1320 (1973). Those of us who have contact with VietNam veterans, counselors, and health professionals caring for VietNam veterans can relate many cases of young veterans with unusual cancers, birth defects in their children, multiple neurologic and psychiatric complaints and skin rashes. Many veterans complain of vague gastrointestinal disorders. Some develop disorders of the immune system manifest by either hypersensitivity phenomenon or vascular disturbances, such as stroke or thrombosis of extremities. Unfortunately, these cases are rarely reported. The association of these diseases with Agent Orange exposure is difficult, if not impossible, to prove.

Many states, veterans groups, and governmental agencies including the Veterans Administration have attempted registries of Agent Orange exposed veterans. The Armed Forces Institute of Pathology has requested tissues on patients with VietNam experience. Evaluation of these cases has, so far, not shown any clustering of diagnoses (Dr. Nelson Irey, personal communication).

The 1976 Seveso incident has been well documented. The symptoms of exposed people are very similar to those expressed by VietNam veterans including loss of hair, liver and kidney disease, hypothyroidism, neurologic disorders including loss of hearing, smell and taste, depression, lack of vigor, sleep disorders, emotional instability and decreased libido. Many people develop skin rashes and had impaired immune reactions. Follow-up studies so far have not revealed increase in neoplasms, however, it is too early to make valid scientific conclusions.

Most studies on humans, primarily from questionnaires, indicate increased neoplasms including kidney, testicular, lymphoma, and soft tissue sarcomas. Unfortunately these studies are not well controlled and no valid scientific conclusions have resulted.

Animal studies show various responses, depending on the species studied. These include skin hyperplasias (chloracne), immune suppression and involution of lymphoid organs, birth defects, liver lesions including neoplastic proliferation and porphyria. The effects seem, in part, dose related.

In my opinion, the physical effects of Agent Orange other than chloracne are still unproven. In all fairness, at this point it cannot be stated with certainty that these symptoms are or are not caused by Agent Orange or other chemical exposure. It should be pointed out there were many other factors in VietNam veteran exposure, including pesticides, herbicides, other medications such as Dapsone, infectious diseases including malaria, hepatitis, and melioidosis, highly chlorinated water and local drugs of unknown composition.

From my prospective as a physician, I feel the health problems VietNam veterans are experiencing are real. At the present time I do not feel anyone can say whether or not these health problems are secondary to Agent Orange or other chemical exposure which may have occured in VietNam or, for that matter, here in the States. Whatever the cause, these health problems must be recognized and treated. The short and long range effects of the VietNam experience must continue to be studied in all of its ramifications. This includes incidence of birth defects, cancer development in VietNam veterans, cardiovascular complications, and stress-related conditions.

At the present time, most VietNam veterans, including myself, feel that only combat-exposed peers really understand our problems and feelings. In this regard the Vet Centers throughout the United States should be fully funded. Increasing efforts must be made to identify, counsel, and take care of the needs of our VietNam veterans, both now and in the future.

JERRY L. SIMMONS, M.D.
Clinical Chief, Laboratory Service

STATEMENT OF

DOROTHY L. STARBUCK

CHIEF BENEFITS DIRECTOR

BEFORE THE

SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE

COMMITTEE ON VETERANS' AFFAIRS

HOUSE OF REPRESENTATIVES

APRIL 27, 1983

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here this morning to present the views of the Veterans Administration on H.R. 1961, 98th Congress, the proposed "Vietnam Veterans Agent Orange Relief Act." Mr. Chairman, I share with you and other members of Congress the desire for a meaningful Federal response to the fears of veterans who served in Vietnam that their exposure to Agent Orange may have long-term adverse effects on their health. However, we consider the approach taken in H.R. 1961 inadvisable given the present state of scientific knowledge.

The controversies arising from the Government's use of Agent Orange in Vietnam are not yet resolved. Before turning to the Veterans Administration's observations

Veterans Administration's observations concerning the several issues raised by H.R. 1961, I would like to emphasize that the potential cost of paying compensation based on any Agent Orange-caused disabilities played no part in our deliberations on this measure. The Federal Government, since its beginning, has fulfilled its sacred obligation to veterans disabled in the line of duty and will continue to do so.

Mr. Chairman, the devastating wars of this century, and the need to maintain peacetime forces in order to assure the defense of our Nation, have been accompanied by legislative and programmatic developments intended to assure that no veteran's reasonable claim to compensation is denied. This is true whether the disability results from a combat wound, service-incurred disease, in-service accident, psychological trauma resulting from combat or other conditions of military service, or exposure to a substance known or later discovered to have adverse health effects.

We are immensely proud of our Agency's record of achievement. It can safely be maintained that our

compensation program is the finest in the world, both in terms of the number of veterans we serve and in the amount of benefits paid. Moreover, the American people--who fund this program with their taxes--have given it overwhelming support, as has the Congress of the United States.

The preservation and integrity of the compensation program are among the highest priorities of the Veterans Administration.

There are certainly many veterans suffering from illnesses they ascribe to exposure to that herbicide, especially its contaminant dioxin. Although scientific evidence is lacking, there are persons in the medical and scientific communities who contend that exposure may lead to a host of disorders that appear long after the exposure has ceased. There are also organizations and individuals who believe very sincerely that the Veterans Administration has not responded adequately to the issues involved.

As guardians of the public trust, Congress and the Administration share, I believe, a commonality of aims

respecting these issues. The compensation program must be attuned to justifiable conclusions about the connection between Agent Orange exposure and disorders possibly arising from that exposure. At the same time we must do our best to avoid taking steps that have the potential for undermining the program's credibility and legitimacy because of inconclusive scientific evidence. I know that you and other Members will give careful and thorough consideration to the bill, keeping in mind the commonality of aims to which I have previously alluded.

H.R. 1961 is intended to assist veterans who served in Southeast Asia during the Vietnam era establish entitlement to service-connected disability compensation if they are currently suffering from one of the disorders specified in the bill. It would do this by amending section 312 of title 38, United States Code, in order to provide for a special presumption of service connection applicable only to these veterans.

Mr. Chairman, the bill is based on the premise that each of the specified disorders, no matter how long after military service symptoms appear, can be attributed to exposure to a phenoxy herbicide in service. During the period 1962 to 1971, phenoxy herbicides, including Agent

Orange, were used in Vietnam. As I have noted, H.R. 1961 is an effort to respond to the widespread concern that exposure to Agent Orange, especially its contaminant dioxin, may have long-term adverse effects on veterans' health.

Authority to award compensation on the basis of the presumption provided for in the bill would terminate one year after submission to Congress of the comprehensive epidemiological study mandated by Pub. L. No. 96-151. This "sunset" provision is analogous to the sunset provision applicable to VA health care for certain disorders possibly associated with phenoxy herbicide exposure, authorized by Pub. L. No. 97-72. Both sunset provisions recognize the current uncertainties as to the long-term effects of exposure.

The Agent Orange controversy, as it relates to individual veterans' compensation claims, involves two basic questions: (1) whether the veteran was exposed, and (2) whether the veteran's disability results from the exposure. H.R. 1961, it should be noted, does not require any evidence of exposure; it would afford the presumption

to any veteran who served in Southeast Asia during the Vietnam era (1964-1975). We have previously made public our decision to resolve the issue of exposure in a manner favorable to veterans; unless there is affirmative evidence to the contrary, we are prepared to presume exposure if a veteran served in Vietnam during the relevant period. This policy, prompted by the lack of a definitive method for identifying exposed individuals, is consistent with our longstanding policy of giving veterans the benefit of the doubt.

There may be, however, some cases in which affirmative evidence refutes even the possibility of exposure, and, therefore, our policy is necessarily qualified. The lack of any similar qualification in H.R. 1961, in our view, is unjustifiable. We observe also that affording the presumption to veterans who served in Southeast Asia--a far broader region than Vietnam, embracing areas where no phenoxy herbicides were used--inappropriately expands the category of veterans intended to be benefited.

Our principal concerns, however, relate to the concept of an open-ended presumption that would be established by the

bill and to the conclusions it embodies as to the specific disorders chloracne, porphyria cutanea tarda (PCT), and the several malignancies grouped as soft-tissue sarcoma. (The bill would also authorize presumptive service connection for additional disorders, provided for by regulation, that "medical research" has shown "may be" attributable to chemical exposure or environmental hazards or conditions. This requirement is vague--rules creating such presumptions should be based only on well-accepted, scientifically valid findings--and also unnecessary in view of the Administrator's current authority to issue regulations.)

The post-service presumption periods provided for in section 312(a) of title 38 are appropriate for chronic diseases whose inception in service may not be recorded because the development of pathology is gradual and insidious. They are justifiable, Mr. Chairman, when reasonably supported by medical knowledge as to the pathological courses of the particular diseases.

Congress has wisely set time limits on these presumptive provisions; unless symptoms of the disease appear within a

specified period of time after service, the presumption is not available. The section 312(a) presumption, together with the time limits, assures that no veteran's reasonable claim is overlooked but also does not dictate grants of service connection when there is no evidence of service incurrence and it is not reasonable to infer service origin.

Reputable studies have concluded that dioxin exposure may result, within a relatively short period, in chloracne. PCT resulting from exposure also appears within a few weeks. On the other hand, no studies have shown that exposure results in the initial appearance of these disorders after lengthy delays. Mr. Chairman, our current authorities are adequate, without the need of a presumption, to award service connection and compensation, if appropriate, in cases of chloracne or PCT appearing within expected time limits after the exposure. Requiring us to award service connection for initial occurrence of these disorders long after the exposure incidents is, we believe, unjustifiable in the absence of any evidence indicating they are latent effects of exposure.

As I have noted, individuals in whom these relatively rare disorders appear begin to suffer symptoms soon after exposure, ordinarily within days or weeks. Chloracne is a skin disorder caused by exposure to certain chlorine-containing chemicals, including dioxin. In its more serious manifestations, it causes discomfort and disfigurement. Most cases clear up within a year or two after the exposure ceases, but in a few, the disorder persists. The Veterans Administration acknowledges that chloracne can result from exposure to Agent Orange during service in Vietnam and has established procedures to assure careful and liberal consideration of all claims based on this disorder.

Since 1978, we have awarded service connection in 1,225 skin-disorder cases involving veterans who served in Vietnam. We have scrutinized more than 3,000 claims for service-connected benefits to determine whether there are indications of chloracne. Those cases in which it was believed this diagnosis was at least possible were further reviewed by a VA dermatologist, and 13 have been examined in person by dermatologists at prestigious private clinics.

Although all of these cases involve skin disorders of various types and all involve veterans who served in Vietnam, only one case of possible chloracne has been identified. We will, of course, continue our investigations of this issue.

H.R. 1961 would also extend presumption of service connection for "chloracneform lesions." This is a term not found in medical or scientific literature, but can be taken to mean "lesions resembling chloracne." As certain common skin disorders may resemble chloracne, this term is overly broad and would, we believe, cause unnecessary confusion.

PCT, an uncommon liver disorder, can be triggered by exposure to various chemicals including alcohol. There is no evidence that PCT is a latent effect of exposure. Each attack ordinarily subsides in about a year after contact with the chemical ceases, but prolonged exposure, as in chronic alcoholism, may cause permanent damage to the liver. An attack of PCT induced by Agent Orange or exposure to any other chemical during service in Vietnam years ago would not be expected to impair a veteran's health today. As is the case with chloracne, we regard our current authorities as fully adequate to assure

proper consideration of PCT claims based on exposures during military service. As a technical matter, the proper application of section 313 of title 38, United States Code, making section 312 presumptions rebuttable if there is evidence of an intercurrent cause, would reduce the likelihood of awards of service connection based on the PCT presumption, if enacted.

Mr. Chairman, the issue as to whether the malignancies grouped as "soft-tissue sarcomas" result from phenoxy herbicide exposure presents a problem of far greater complexity. There is considerable uncertainty in the scientific community on this issue. Advocates of the belief that exposure "causes" soft-tissue sarcoma generally cite studies involving cancer victims believed to have been exposed to phenoxy herbicides whose first symptoms appeared long after the exposure. Because it is well established that exposure to radiation and other agents like asbestos and benzene may result in the latent development of malignancy, these advocates reason by analogy that phenoxy herbicide exposure "causes" soft-tissue sarcoma. The vital question is, therefore, the weight that should be given to the studies they cite.

"Soft tissue sarcomas" are a group of malignant tumors, or cancers. Any sarcoma arises in a body cell that does not cover a body surface, form glandular tissue, or line certain body cavities. "Soft tissue" excludes sarcomas in "hard tissues" such as bone or cartilage. Hence, soft tissue sarcomas arise from such body tissues as muscles, tendons, blood vessels, fat, and connective tissues.

Certain cancers share some characteristics of soft-tissue sarcomas but are not placed in that group. These include most brain tumors and the so-called blood cancers, chiefly the leukemias. Some authorities include tumors of the lymph nodes--the lymphomas--with the soft-tissue sarcomas. The World Health Organization "International Classification of Tumors, No. 3, Histological Typing of Soft Tissue Tumors," however, excludes lymphomas and appears to be adequate for purposes of defining the malignancies in this category.

There is no evidence that all soft-tissue sarcomas have a common etiology or cause. These malignancies differ from one another as to how rapidly they grow and spread, how they are treated, and the results that treatment achieves.

These malignancies are rare. According to the National Cancer Institute, they comprise 2.76 percent of all cancer cases in men aged 25 to 29 and 0.58 percent of all cancer cases in men aged 55 to 59; the percentage declines because other types of cancers become increasingly common with age. Lymphomas, sometimes included with soft-tissue sarcomas, contribute another 5.21 percent at ages 25 to 29 and 2.40 percent at ages 55 to 59.

Although there is no evidence establishing a common cause for these sarcomas, some malignancies in the group are known to be associated with exposure to environmental hazards. For example, malignant mesothelioma is known to be caused by asbestos exposure, and angiosarcoma of the liver by exposure to vinyl chloride.

Because these malignancies are rare, it is difficult to devise adequate techniques to investigate their causes. A series of studies in Sweden using the "case/control" method grouped the soft-tissue sarcomas together in order to investigate whether Swedish foresters and farmers exposed to herbicides and a chemical known as chlorophenol in their work, suffered latent

malignancies of this type. These studies have been carefully reviewed by Richard D. Remington, Dean of the School of Public Health, University of Michigan, at the request of the Office of Technology Assessment and determined to have been carefully conducted and well reported with results that suggest a relationship between herbicide exposure and soft-tissue sarcomas. Significantly, Dr. Remington pointed out the limitations of the case/control methodology and found the Swedish studies inadequate to permit definite conclusions.

Investigations in the United States based on studies of industrial workers have also suggested a phenoxy-compound connection with soft-tissue sarcomas. In addition, an East German investigation of malignant neoplasms among pesticide sprayers and agricultural technicians tends to support the Swedish studies by finding a single case of soft-tissue "malignancy," which probably was a soft-tissue sarcoma.

Other studies, in Finland, New Zealand, Great Britain, the Netherlands, and Italy have not confirmed the Swedish studies. In addition, a separate investigation of Swedish forestry workers casts some doubt on the Swedish studies.

Mr. Chairman, we do not disagree with Dr. Remington's conclusions as to the credibility and limitations of the Swedish studies. They lay a predicate for further investigation and do not rule out the possibility of a causal link. They do not, however, provide a reasonable basis upon which to favorably decide VA compensation claims.

We recognize the importance of careful scientific analysis in matters of this kind, and have attached to my prepared statement detailed background papers concerning these diseases.

The comprehensive epidemiological study mandated by Pub. L. No. 96-151, together with other ongoing studies including some devoted specifically to the soft-tissue sarcoma issue, may resolve many of the controversial questions raised by the use of Agent Orange in Vietnam. As I stated at the outset of my remarks, we must work toward the dual objectives of fair compensation for any Agent-Orange-caused disabilities and avoidance of steps that would compromise the integrity of the program. At this point, there is no evidence that either

chloracne or PCT is a delayed effect of exposure, and we believe the provisions of H.R. 1961 respecting these disorders are not justified. We do not believe it has been satisfactorily demonstrated that exposure can cause soft-tissue sarcoma.

Accordingly, we oppose the enactment of H.R. 1961. In view of the current state of scientific findings, enactment would compromise the integrity of the compensation program and engender unfounded fears among Vietnam veterans that lethal illnesses may yet befall them as a result of having answered duty's call. Our biding moral obligation to veterans who have given so much demands that we act responsibly in all matters affecting the compensation program.

Mr. Chairman, that concludes my prepared remarks. My colleagues and I will be pleased to answer any questions.

STATEMENT OF
DONALD J. SWARTZ
NATIONAL DIRECTOR OF VETERANS AFFAIRS
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
UNITED STATES HOUSE OF REPRESENTATIVES
APRIL 26, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

I AM HONORED TO APPEAR BEFORE THE SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE TO DISCUSS MY VIEWS ON HOUSE BILL 1961, WHICH YOU HAVE INTRODUCED MR. CHAIRMAN.

THIS BILL WOULD AMEND TITLE 38 OF THE UNITED STATES CODE, TO PROVIDE A PRESUMPTION OF SERVICE CONNECTION FOR THE OCCURENCE OF CERTAIN DISEASES RELATED TO EXPOSURE TO HERBICIDES OR OTHER ENVIRONMENTAL HAZARDS OR CONDITIONS IN VETERANS WHO SERVED IN SOUTHEAST ASIA DURING THE VIETNAM ERA.

I AM A FOUR YEAR VETERAN OF THE UNITED STATES NAVY OF WHICH THE LAST TWO YEARS WERE SPENT AS A CORPSMAN ATTACHED TO THE MARINE CORP. EIGHT MONTHS OUT OF THE LAST TWO YEARS WAS SERVED IN VIETNAM.

FIRST OF ALL, I WOULD LIKE TO TAKE THIS OPPORTUNITY TO SINCERELY THANK MR. DASCHLE FOR INTRODUCING HOUSE BILL 1961 AND THE ONE HUNDRED THIRTEEN CO-SPONSORS FOR HAVING THE COURAGE AND CONCERN FOR THE VIETNAM VETERAN, TO TACKLE SUCH AND EMOTIONAL AND CONTROVERSIAL ISSUE.

THE CENTER FOR DISEASE CONTROL HAS RATED ANY LEVEL OF DIOXIN ABOVE ONE PART PER BILLION AS POSING A SERIOUS RISK TO HEALTH. THOUSANDS OF VIETNAM VETERANS FOR YEARS HAVE FLOCKED TO THE VETERANS ADMINISTRATION COMPLAINING OF A MYRIAD OF PROBLEMS, YET THESE COMPLAINTS HAVE FALLEN ON DEAF EARS. THE VIETNAM VETERAN HAS BEEN SLAPPED IN THE FACE ENOUGH - HOW MANY MORE TIMES MUST WE TURN THE OTHER CHEEK? WE HAVE SEEN THE ENVIRONMENTAL PROTECTION AGENCY ISSUE A BAN ON THE PRODUCTION OF 2-4-5-T WHICH PRODUCED THE DIOXIN IN AGENT ORANGE. WE HAVE SEEN THE ENTIRE COMMUNITY OF TIMES BEACH, MISSOURI EVACUATED AT GOVERNMENT EXPENSE BECAUSE OF EXPOSURE TO DIOXIN, YET THE VETERANS ADMINISTRATION PERSISTS IN ITS HARD LINE; THAT THERE IS NO PROOF THAT DIOXIN IS HARMFUL TO ONE'S HEALTH. HOW CAN IT BE THAT DIOXIN IS HARMFUL TO THE PEOPLE IN TIMES BEACH, WHERE THE LEVELS OF DIOXIN WERE FAR LESS THAT WHAT WE WERE EXPOSED TO, AND YET NOT HARMFUL TO THE VIETNAM VETERAN? WE WERE NOT INNOCULATED AGAINST THIS TOXIN, NOR WERE WE INFORMED OF THE POSSIBLE ADVERSE HEALTH EFFECTS, AND WE WERE NOT ISSUED PROTECTIVE CLOTHING.

ON AUGUST 27, 1982, WE AGAIN HAD TO TURN THE OTHER CHEEK. THE NEW YORK TIMES PUBLISHED AN ARTICLE CONCERNING FOURTY-SEVEN RAILROAD WORKERS WHO WERE EXPOSED TO DIOXIN. THEY WERE AWARDED $58 MILLION DOLLARS IN SETTLEMENT. THESE WORKERS DEVELOPED MEDICAL PROBLEMS INDENTICAL TO THOSE THE VIETNAM VETERANS HAVE BEEN COMPLAINING ABOUT. THE AMOUNT OF DIOXIN THESE WORKERS WERE EXPOSED TO WAS 22 PARTS PER BILLION, AGAIN, FAR, FAR LESS THEN THE LEVEL OF DIOXIN IN AGENT ORANGE. BARELY A DAY GOES BY THAT ONE DOESN'T READ SOMETHING ABOUT A COMMUNITY OR WORKERS BEING EXPOSED TO DIOXIN, AND THE CONCERN THAT THEIR EXPOSURE INVOKES.

YET WHERE IS THE CONCERN FOR THE VIETNAM VETERAN? JUST AS THE VIETNAM VETERANS MEMORIAL DEDICATED LAST NOVEMBER WAS A STEP IN THE RIGHT DIRECTION TO FINALLY RECOGNIZE THE SACRIFICE OF THE VIETNAM VETERAN, SO TO IS HOUSE BILL 1961 A STEP IN THE RIGHT DIRECTION: BUT ONLY A STEP IN WHAT WILL BE A LONG, LONG JOURNEY.

ON PAGE THREE OF THIS BILL, IT ITEMIZES THE CONDITIONS THAT WOULD BE GRANTED PRESUMTION FOR SERVICE CONNECTION, AND I DEFINITELY CONCUR WITH THIS JUDGEMENT. HOWEVER, WHAT DO WE TELL THOSE VIETNAM VETERANS WHO ARE SUFFERING FROM OTHER MEDICAL CONDITIONS KNOWN TO BE INDUCED BY EXPOSURE TO DIOXIN? DO WE ONCE AGAIN ASK THEM TO TURN THE OTHER CHEEK? I IMPLORE YOU TO EXPAND THIS BILL TO INCLUDE THESE OTHER KNOWN MEDICAL CONDITIONS.

ITEM (2) (A) (IV) OF THIS BILL WOULD ALLOW THE ADMINISTRATOR OF THE VETERANS ADMINISTRATION TO INCLUDE OTHER DISEASES THAT MEDICAL RESEARCH SHOWS CAUSES HEALTH PROBLEMS. I HAVE SERIOUS RESERVATIONS WITH THIS PROTION OF HOUSE BILL 1961. IN VIEW OF THE HARD LINE APPROACH OF THE VETERANS ADMINISTRATION HANDLING OF THE AGENT ORANGE ISSUE, I MUST SAY THAT I VIEW THEIR HAVING THE FINAL SAY ON WHAT DISEASES WILL OR WILL NOT BE INCLUDED, WITH MUCH SKEPTICISM. IF ONE FEELS THIS SKEPTICISM IS UNWARRANTED, THEN I SUGGEST YOU READ THE GENERAL ACCOUNTING OFFICE REPORT TO CONGRESS DATED OCTOBER 25, 1982 REGARDING THE VETERANS ADMINISTRATION'S HANDLING OF THE AGENT ORANGE ISSUE. THEREFORE, I SUGGEST THAT THE CENTER FOR DISEASE CONTROL OR SOME OTHER AGENCY EVALUATE THE KNOWN LITERATURE ON DIOXIN AND IT'S ADVERSE HEALTH EFFECTS, AND DETERMINE WHAT OTHER DISEASES SHOULD BE GRANTED SERVICE CONNECTION, AND THAT THE VETERANS

ADMINISTRATION BE MANDATED TO ACCEPT THEIR FINDINGS AND GRANT DISABILITIES TO THOSE THAT QUALIFY.

ONE HUNDRED AND SIX THOUSAND VETERANS HAVE TAKEN THE AGENT ORANGE EXAM AT VETERANS ADMINISTRATION HOSPITALS THROUGHOUT THE COUNTRY. THAT CERTAINLY IS A LARGE ENOUGH POPULATION TO DRAW CONCLUSIONS ABOUT VARIOUS HEALTH PROBLEMS. IF IT IS OBVIOUS THAT CERTAIN TRENDS DEVELOPED, THEN WHY MUST WE WAIT UNTIL 1991 FOR ACTION. AGAIN, IF THE ONLY COMMON FACTOR IS SERVICE IN VIETNAM, THEN THE ONLY CONCLUSION THAT CAN BE REACHED IS THAT IT MUST BE A SERVICE CONNECTED DISABILITY.

IN MY POSITION AS DIRECTOR FOR VETERANS AFFAIRS FOR THE VETERANS OF THE VIETNAM WAR AND AS DIRECTOR OF ONE OF PENNSYLVANIA'S GOVERNOR'S VETERANS OUTREACH AND ASSISTANCE CENTERS, I HAVE LITERALLY SEEN THOUSANDS OF VIETNAM VETERANS. I HAVE DEALT WITH THEM ON A DAILY BASIS FOR SEVERAL YEARS AND I CAN ASSURE YOU THAT THEIR COMPLAINTS AND CONCERNS ARE NOT UNFOUNDED. I HAVE SEEN YOUNG MEN DIE OF CANCER AND OTHER DISEASES. I HAVE SEEN THE BIRTH DEFECTS IN OUR CHILDREN. I HAVE SEEN THOSE MENTALLY TORTURED BECAUSE OF WHAT THEY DID OR SAW WHILE IN SERVICE TO THEIR COUNTRY. I HAVE MET VETERANS FROM ALL OVER THE COUNTRY WHO ARE HAVING PROBLEMS AND THERE IS ONLY ONE THING THEY HAVE IN COMMON. THAT GENTLEMEN, IS THAT THEY SERVED THEIR COUNTRY IN VIETNAM.

ON BEHALF OF MY BROTHERS, I WANT TO THANK THIS COMMITTEE FOR GIVING ME THE OPPORTUNITY TO PRESENT MY VIEWS. THANK YOU.

TESTIMONY OF LT. COL. DAVID J. PASSAMANECK, USA, RET.

NATIONAL LEGISLATIVE DIRECTOR

Before The

SUBCOMMITTEE ON COMPENSATION, PENSION & INSURANCE

Of The

COMMITTEE ON VETERANS' AFFAIRS

U. S. HOUSE OF REPRESENTATIVES

April 26, 1983

AMVETS appreciates the opportunity to present our views concerning the highly sensitive issue of the infectious consequenses of the exposure of our service personnel in Southeast Asia, during the period of the Vietnam War to phenoxy herbicides, including so-called "Agent Orange.

Since the issue was raised by concerned Vietnam veterans approximately 15 years ago, we have witnessed a continuous monumental exercise in the generation of documents reflecting the collective lack of definitive medical and scientific information regarding the epidemiological connection between exposure to Agent Orange and various physical disabilities, including, cancer, skin lesions, birth defects, liver disease and even psychological problems. This documentary mountain has been generously contributed to by the Veterans Administration, the Congress, other government agencies, and many private citizen groups, including, of course, veterans organizations.

Two substantive legislative enactments have resulted from the widespread concern about the subject. Public Law 96-151, signed on December 20, 1979, directed the VA to conduct an epidemiological study of persons who were exposed to phenoxy herbicides and to determine the medical consequences, if any of that exposure. Interagency contracts have been signed between the VA and the Center for Disease Control (CDC) and expenditure of approximately $3,000,000 has been approved by the Office of Management and Budget to conduct the study, which, optimistically speaking should result in a first report to the Congress sometime in 1988 or 1989. In addition, Public Law 97-72 offers Vietnam veterans who request it, priority

physical examinations and diagnostic studies which could result in prolonged treatment for those conditions medically determined to be caused by Agent Orange. AMVETS believes that the authority for the diagnostic treatment in Public Law 97-72 already existed in Title 38 in connection with the routine adjudication of claims for compensation for any service-connected disability. We are appreciative, however, of the motivational thrust of the full Committee in positively highlighting the problem in Public Law 97-72.

Without reiterating the sad and often confusing story of delay and inaction by the VA in the conduct of the epidemiological study mandated by Public Law 96-151, we would simply endorse the remarks of the former Administrator of Veterans Affairs, Mr. Nimmo, in August of 1982, when he said, "I found our research stuck on dead center. People had good intentions, but nothing was happening." We are sorry to say that Mr. Nimmo's remarks are still applicable at the present time.

AMVETS views the purpose of H.R. 1961 as building a much needed fire under the VA to spur completion of the determinative studies relating to Agent Orange with a view toward ending the terrible uncertainty and anxiety afflicting our Vietnam veterans and their families, and compensating those who may be found entitled to service-connected benefits as the result of exposure to this lingering hazard of their service.

We believe, however, that the responsibility for creating epidemiologic presumptions in Title 38 belongs to the Congress

and should not be shifted to the VA or any other executive agency. It is one thing to build a fire under the VA to hopefully insure compliance with Public Law 96-151 before all of our affected Vietnam veterans become too old and sick to take advantage of it. It is quite another thing to require the Administrator to gather the firewood and supply the matches. AMVETS, therefore, supports enactment of H.R. 1961 with the exception of that portion of Section 3 which adds subsection (d)(2)(A)(IV) and (B) to Section 312 of Title 38 United States Codes.

This concludes my testimony. I am prepared to answer any question you may have.

STATEMENT OF
HARRY N. WALTERS
ADMINISTRATOR OF VETERANS AFFAIRS
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
HOUSE OF REPRESENTATIVES
APRIL 26, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

I AM PLEASED TO BE HERE TODAY TO STATE THE VETERANS ADMINISTRATION'S POLICY CONCERNING THE COMPLEX, FAR-REACHING ISSUES RAISED BY THE USE OF AGENT ORANGE IN VIETNAM. AS YOU KNOW, THE CHIEF BENEFITS DIRECTOR, THE CHIEF MEDICAL DIRECTOR, AND OTHER MAJOR REPRESENTATIVES OF THE VETERANS ADMINISTRATION WILL, PURSUANT TO THE COMMITTEE'S REQUEST, PRESENT TESTIMONY AS TO THE SPECIFIC ISSUES TOMORROW. I WOULD ALSO LIKE TO EXPRESS MY APPRECIATION TO MR. CURRIEO, THE COMMANDER-IN-CHIEF OF THE VETERANS OF FOREIGN WARS, FOR EXTENDING TO ME THE COURTESY OF YIELDING A FEW MINUTES OF HIS TIME SO THAT I MAY MAKE THE FOLLOWING STATEMENT. AS PER OUR AGREEMENT, MR. CHAIRMAN, TO ENABLE MR. CURRIEO TO DEPART HERE ON SCHEDULE, I WILL BE PLEASED TO RESPOND TO ANY QUESTIONS SUBMITTED TO ME FOR THE RECORD RATHER THAN HERE TODAY.

THE USE OF AGENT ORANGE IN VIETNAM HAS CAUSED MUCH CONCERN AND GIVEN RISE TO CONTROVERSY. ALTHOUGH WE ARE HERE TODAY TO DISCUSS A PROPOSAL OF PRESUMPTIVE LAW FOR PURPOSES OF COMPENSATION, THE ISSUES OF HERBICIDE EXPOSURE AND ITS POSSIBLE EFFECTS ARE, IN FACT, OF MUCH

BROADER, WORLDWIDE CONCERN. THE OVERRIDING ISSUE IS WHETHER HERBICIDE EXPOSURE HAS LONG-TERM EFFECTS ON THE HEALTH OF NOT ONLY VIETNAM VETERANS BUT OF ALL HUMANS.

AT MY CONFIRMATION HEARING, I PLEDGED THAT I WOULD BE THE ADVOCATE FOR AMERICA'S VETERANS. I PROMISED TO ADMINISTER THE LAWS ENACTED ON THEIR BEHALF FAIRLY, EFFECTIVELY, AND COMPASSIONATELY. I HAVE AND WILL CONTINUE TO DO ALL THAT I CAN TO INSURE THAT VIETNAM VETERANS WHO MAY HAVE BEEN EXPOSED TO PHENOXY HERBICIDES RECEIVE HEALTH CARE FOR DISABILITIES THAT COULD POSSIBLY BE ASSOCIATED WITH SUCH EXPOSURE IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 97-72. I VIEW MY RESPONSIBILITIES AND OBLIGATIONS AS A SACRED TRUST.

I FULLY APPRECIATE THE TIME IT IS TAKING TO PERFORM THE MEDICAL RESEARCH AND OBTAIN THE MEDICAL EVIDENCE ESSENTIAL TO A RESOLUTION OF THESE CRITICAL ISSUES. I CAN ASSURE YOU THAT I AM COMMITTED TO ACTIVELY, FULLY, AND ENTHUSIASTICALLY SUPPORTING THE NUMEROUS MEDICAL STUDIES NOW UNDERWAY, OR PLANNED, WHICH WILL DETERMINE WHETHER EXPOSURE HAS LONG-TERM HEALTH CONSEQUENCES.

SINCE JANUARY 1ST OF THIS YEAR, THE VETERANS ADMINISTRATION HAS, AMONG OTHER THINGS: UNDERTAKEN TO IMPROVE ITS AGENT ORANGE REGISTRY. WE HAVE EXPANDED ITS EFFORTS TO PROVIDE INFORMATION CONCERNING AGENT ORANGE TO VETERANS AND OTHER CONCERNED PARTIES. WE HAVE TRANSFERRED, BY INTERAGENCY AGREEMENT, THE PERFORMANCE OF THE EPIDEMIOLOGICAL STUDY AND THE SUPPORTING RESOURCES TO THE CENTER FOR DISEASE CONTROL. WE HAVE REORGANIZED AND REVITALIZED THE CHLORACNE TASK FORCE. WE HAVE IMPROVED THE COMMUNICATIONS AND

COORDINATION BETWEEN KEY OFFICIALS IN THE VA, MOST NOTABLY OUR AGENT ORANGE PROJECTS OFFICE, AND OUR FIELD PERSONNEL,

IN ADDITION, THE FOLLOWING STUDIES ARE UNDERWAY:

1) A VIETNAM VETERANS IDENTICAL TWIN STUDY
2) VIETNAM VETERANS MORTALITY STUDY
3) WITH THE ENVIRONMENTAL PROTECTION AGENCY, A RETROSPECTIVE DIOXIN/FURAN ADIPOSE TISSUE STUDY
4) UPDATE OF THE ANALYSIS OF THE WORLDWIDE LITERATURE ON HERBICIDES
5) SPONSORING THE AUTHORSHIP OF A MONOGRAPH SERIES BY INTERNATIONALLY RECOGNIZED EXPERTS
6) CONTINUING SOLICIATIONS OF ADDITIONAL SPECIAL RESEARCH PROJECTS FROM VA SCIENTISTS.

THE AIR FORCE IS COMPLETING THE RANCHHAND STUDY, THE RESULTS OF WHICH SHOULD BE AVAILABLE IN JUNE OF THIS YEAR. FURTHER MEDICAL RESEARCH AND OTHER STUDIES REGARDING THE POSSIBLE HEALTH EFFECTS OF HERBICIDE EXPOSURE HAVE BEEN AND ARE BEING CONDUCTED BOTH WITHIN THE UNITED STATES AND AROUND THE WORLD. THE VA HAS RESPONDED TO THE CONTROVERSIES RAISED BY THE SWEDISH PAPERS SUGGESTING DIOXIN AS A POSSIBLE CAUSATIVE RACTOR OF SOFT TISSUE SARCOMA.

THE VETERANS ADMINISTRATION WITH THE ARMED FORCES INSTITUTE OF PATHOLOGY, HAS BEGUN AN EPIDEMIOLOGICAL STUDY OF SOFT TISSUE SARCOMA. THE CENTER FOR DISEASE CONTROL HAS ANNOUNCED ITS INTENTION TO CONDUCT A SIMILAR EPIDEMIOLOGICAL STUDY. PUBLIC HEALTH AUTHORITIES IN THE STATES OF NEW YORK, WASHINGTON, AND KANSAS HAVE LIKEWISE ANNOUNCED STUDIES OF SOFT TISSUE SARCOMA.

THE ENDEAVORS OF THE VETERANS ADMINISTRATION AND OTHERS TO OBTAIN THE MEDICAL EVIDENCE NECESSARY TO RESOLVE THESE COMPLEX ISSUES IS NOW BROAD-BASED AND ON-GOING. IT IS MY HOPE THAT THE DISCUSSIONS WHICH FOLLOW TODAY AND IN THE MONTHS AHEAD FOCUS ON THE ISSUES. THE VA IS NOW ATTEMPTING TO SEARCH FOR THE FINAL MEDICAL CONCLUSIONS TO THE COMPLEX AGENT ORANGE EXPOSURE ISSUE. IT IS MY DESIRE THAT THIS AGENCY STAND AS A BEACON OF HOPE IN ITS SEARCH FOR THE FINAL AND CONCLUSIVE ANSWERS AND NOT AS A WHIPPING POST FOR THE DEBATE. THE MEDICAL COMMUNITY HAS REACHED A CONSENSUS THAT A CAUSAL RELATIONSHIP EXISTS BETWEEN EXPOSURE TO DIOXINS AND CHLORACNE, A SKIN DISORDER THAT APPEARS WITHIN A RELATIVELY SHORT PERIOD AFTER EXPOSURE. THE MEDICAL COMMUNITY HAS ALSO REACHED A CONSENSUS THAT, IN SOME INDIVIDUALS, PORPHYRIA CUTANEA TARDA (PCT), A LIVER DISORDER, CAN BE TRIGGERED BY DIOXIN EXPOSURE. HOWEVER, NO MEDICAL STUDIES HAVE BEEN CONCLUDED WHICH ESTABLISH A CAUSAL CONNECTION BETWEEN EXPOSURE AND THE INITIAL OCCURRENCE OF THESE DISABILITIES LONG AFTER EXPOSURE. ACCORDINGLY, THE VETERANS ADMINISTRATION HAS RECOGNIZED BOTH CHLORACNE AND PCT AS COMPENSABLE DISABILITIES ATTRIBUTTABLE TO SERVICE CONNECTION.

THERE IS PRESENTLY NOT A CONSENSUS WITHIN THE MEDICAL COMMUNITY THAT A CAUSAL CONNECTION BETWEEN PHENOXY HERBICIDE EXPOSURE AND LONG TERM HEALTH CONSEQUENCES IN HUMANS EXISTS. THERE ARE SEVERAL STUDIES WHICH, ON A CORRELATIVE BASIS, SUGGEST THAT EXPOSURE TO DIOXIN AND/OR PHENOXY HERBICIDES MAY BE RELATED TO SOFT TISSUE SARCOMAS. THERE ARE MANY OTHER STUDIES THAT DO NOT SUBSTANTIATE THIS SUGGESTED RELATIONSHIØP. TO DATE, THERE ARE ONLY THEORIES AND HYPOTHESES.

H.R. 1961 IS BASED ON THESE THEORIES AND HYPOTHESES. IT ENDEAVORS TO PRESUME THAT WHICH IS NOT, AS YET, MEDICALLY ACCEPTED OR PROVEN. H.R. 1961 IS NOT BASED ON EVIDENCE ACCEPTED BY THE MEDICAL COMMUNITY AS RELIABLE; IT IS NOT BASED ON FACT. GIVEN THE FAR-REACHING CONSEQUENCES OF THE PUBLIC POLICY ADDRESSED IN PART IN H.R. 1961, I DO NOT BELIEVE THAT CONGRESS SHOULD BASE ITS DECISIONS ON HYPOTHESES.

I, AS ADMINISTRATOR OF VETERANS AFFAIRS, HAVE AN OBLIGATION TO SAFEGUARD THIS NATION'S COMPENSATION PROGRAM FOR SERVICE-DISABLED VETERANS AND THE SURVIVORS OF THOSE WHO GAVE THEIR LIVES FOR THEIR COUNTRY. THE PURPOSE OF THIS PROGRAM IS TO COMPENSATE INDIVIDUALS FOR INJURIES OR DISEASES CONTRACTED IN OR AGGRAVATED BY MILITARY SERIVCE. THE EXISTENCE OF A CAUSAL CONNECTION BETWEEN DISABILITIES AND MILITARY SERVICE TO THE NATION IS THE FUNDAMENTAL PRECEPT OF THE COMPENSATION SYSTEM. IT IS THE BASIS OF ITS INTEGRITY AND ITS ACCEPTABILITY. SHOULD H.R. 1961 BECOME LAW, THE BASIC PREMISE OF THE PROGRAM WOULD BE FUNDAMENTALLY CHANGED AND ITS CONTINUED VIABILITY JEOPARDIZED.

I MUST ALSO EXPRESS MY CONCERN WITH H.R. 1961'S POTENTIAL FOR ALARMING MILLIONS OF VETERANS AND THE POPULATION AS A WHOLE. MOST PEOPLE WILL NOT UNDERSTAND THE CONCEPT OF PRESUMPTION AS EXPRESSED IN H.R. 1961, I.E., NOT BASED ON ACCEPTANCE BY THE MEDICAL COMMUNITY OF A CONNECTION BETWEEN EXPOSURE TO HERBICIDES AND THE OCCURRENCE OF SERIOUS ILLNESSES LONG AFTER EXPOSURE. RATHER, THERE IS A SERIOUS RISK THAT THE MESSAGE CONVEYED WILL BE THAT HERBICIDE EXPOSURE HAS IN FACT BEEN MEDICALLY ACCEPTED AS CAUSING, AMONG OTHER THINGS, CANCER. WE MUST REMEMBER THAT HERBICIDE EXPOSURE IS OF A WORLD-WIDE CONCERN.

AS ADMINISTRATOR OF VETERANS AFFAIRS, I AM COMMITTED TO THE RAPID RESOLUTION OF THE AGENT ORANGE ISSUE. IF A CONCENSUS OF THE MEDICAL COMMUNITY FINDS WITH REASONABLE MEDICAL CERTAINTY THAT EXPOSURE CAUSES DISABILITIES, I WILL INSURE THAT OUR VETERANS ARE FAIRLY COMEPNSATED FOR THESE DISABILITIES. THE VETERANS ADMINISTRATION WILL, OF COURSE, CONTINUE TO PROVIDE HEALTH CARE TO THOSE VETERANS WHO MAY HAVE BEEN EXPOSED TO PHENOXY HERBICIDES FOR DISABILITIES THAT COULD POSSIBLY BE ASSOCIATED WITH SUCH EXPOSURE.

THANK YOU MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE.

VIETNAM VETERANS OF AMERICA
329 EIGHTH STREET NE, WASHINGTON, DC 20002 ★202/546-3700

STATEMENT OF
JOHN F. TERZANO, LEGISLATIVE DIRECTOR
VIETNAM VETERANS OF AMERICA
accompanied by
LESLIE A. PLATT, SPECIAL COUNSEL
VIETNAM VETERANS OF AMERICA
before the
SUBCOMMITTEE ON COMPENSATION, PENSION, AND INSURANCE
OF THE
HOUSE VETERANS AFFAIRS COMMITTEE

APRIL 26, 1983

Mr. Chairman and Members of the Subcommittee, I am John Terzano, Legislative Director of the Vietnam Veterans of America. Accompanying me today is Leslie Platt, VVA Special Counsel. Mr. Chairman, I am honored to be here today to appear before the Subcommittee on Compensation, Pension and Insurance to state the views of the Vietnam Veterans of America regarding H.R. 1961, the Vietnam Veterans Agent Orange Relief Act. My testimony today will be brief and to the point.

Four years ago, the Vietnam Veterans of America was the first witness at the first Congessional hearing on Agent Orange and the possible adverse health effects it may have caused to those who served in the U.S. Armed Forces in Vietnam. In those hearings, VVA called for the establishment of a presumption of service connection for cancer and liver disorders experienced by America's Vietnam veterans.

Those hearings in 1979 culminated in the introduction in the Congress of the first bill specifically focused on the problem of Agent Orange and the health status of America's Vietnam veterans and their families. That bill was introduced by Congressmen Thomas Daschle and David Bonior, who were then, and remain today, pioneers and leaders in the fight for basic equity for those who served their country in Vietnam.

Much has happened since those first hearings. Perhaps most important, offical Washington at both ends of Pennsylvania Avenue now recognizes Vietnam veterans may already be, or may in the future become, ill as a result of their service in Vietnam. This recognition was slow in coming, and much yet remains to be done.

However, we are pleased about the progress which the Federal Government has made. The Government has acknowledged its responsibility to conduct a comprehensive research program to learn more about both the possible connection between exposure to phenoxy herbicides in Vietnam and health decrements, and more broadly about the possibility that many veterans may now be suffering, or may run increased future risk of suffering, serious adverse health effects as a result of something in the Vietnam experience. Overall, we clearly now have the framework and basic elements of a concerted, responsible Government research program.

VVA has in the past pointed out--and it will in the future continue to comment on--areas where we believe there is lethargy or inadequate attention or resources to keep the research moving forward.

Also, the Veterans Administration has completed a creditable worldwide scientific literature review and analysis. And, most importantly, veterans who may be suffering adverse health effects as a result of their exposure to herbicides in Vietnam are now entitled by law to receive a priority on health care from the VA.

These forward steps did not come easily, but were won only after hard work and dedication by many individuals and institutions. This Committee has been and remains a critical factor in the formation of responsible social policy on this issue, and we remain confident that the Committee will continue to exercise leadership in this area.

For those of us who have been at the forefront of this fight for official recognition of, and attention to, our concerns: for those of us who were ridiculed, scorned and, in some cases thought to be just plain "off our rockers" in the early stages: for those of us who have now seen our views recognized in Federal law and multi-million dollar Government research budgets: for us, the progress of the recent past is only the beginning and much remains undone. Our concerns are now shared by millions of Americans who are becoming acutely aware of the potential hazards of these chemicals.

We are still years away from being likely to have definitive information on the relative health status of ground troops who served in Vietnam as compared to their peers who did not serve. And, for many of us, the knowledge of whether we can safely have children or are likely to die prematurely of cancer or suffer other serious maladies

as a Vietnam legacy is still the most important, ultimate issue.

However, we also seek basic equity for Vietnam veterans while we wait for the scientists to finish their end of the job. That is why VVA is here today, approximately four years after those first Congressional hearings, and five years after Agent Orange first surfaced as a national issue, again presenting testimony on behalf of America's Vietnam veterans on the same core issue--presumption of service connection for disability compensation for serious health problems which the scientific literature clearly indicated may be attributable to exposure to phenoxy herbicides.

Mr. Chairman, I am not here today to detail the sound scientific basis for H.R. 1961. There is no doubt that the time has long-since come for the Congress to provide such presumptions. In a different world, the Veterans Administration itself might well have done so under its administrative authority, but, as with priority health care for Vietnam veterans, Congressional directions by statute were necessary.

We ask several questions about the issue of compensation. How can the same Federal Government that buys out Times Beach, Missouri, for over $30 million continue to turn its back on a group of individuals who have given so much of themselves for their country? What kind and how much scientific data will be enough? When will the Congress, the Executive Branch, and the Veterans Administration acknowledge and deal responsibly with the existing data which were deemed sufficient for addressing Times Beach but are somehow found deficient for America's veterans?

Also, after years of denying chloracne claims, the VA now insists that it pays those claims. What was that one piece of additional evidence that finally tipped the scales of justice towards the veterans? And what piece of evidence will convince the VA again to tip the scales in favor of the veteran?

Mr. Chairman, H.R. 1961 is limited legislation. It is moderate and carefully circumscribed. If is becomes law, it will only help a small number of sick veterans. Yet, VVA believes it is an important step, as it will finally establish a statutory framework for dealing responsibly with the compensation issue by placing the Government on the side of the veteran.

VVA submits that there is now enough evidence on which the Congress can and should act. We submit that the Congress need only look to the VA's own scientific literature review, and EPA's recent actions, to see that evidence.

Yet, there are those who say that the evidence is not enough. There are those who feel that we still need to wait.

It has been said on numerous occasions that we cannot afford to become complacent because a comprehensive research agenda is being carried out. Even the best effort of which scientists are capable may not ultimately provide definitive, incontrovertible scientific information about the health effects of phenoxy herbicides. Joan Z. Bernstein, the Chair of the original Interagency Work Group on Phenoxy Herbicides stated in testimony over three years ago that "...In short, we may be left, after the research is done, with many of the same social policy issues we face today."

Mr. Chairman, the time has come for Congress to have the courage to begin to confront the compensation issue. H.R. 1961 is a good bill and it should be passed now. VVA strongly supports this legislation. The care and effort that Mr. Daschle and his staff and many other Members have put into developing this legislation is clearly evident.

H.R. 1961 is a bare minimum that the Government can and should do now. In fact, the bill, in my opinion, does not go far enough. Volume I, Chapter 5, of the VA's literature review lists a number of diseases for which there is ample scientific evidence to support presumptive compensation eligibility for additional disabilities.

Specifically, the VVA would strongly recommend making the following changes to the bill:

* A broader liver disorder presumption to include, but not be limited to, chronic hepatitis and othe liver disorders whose etiology is other than congenital or alcohol related. Not only is there evidence in the literature review to support this, but just last week the New York Times reported that 112 out of 130 residents of Imperial, Missouri whose blood and urine were tested by the Centers for Disease Control were told that they had abnormalities in their samples.

* A broader skin disorder presumption. Thousands of veterans have complained to the VA about various skin problems. While the VA claims that only a few are chloracne and that it does treat and compensate them, it does nothing for the overwhelming majority of those who have other skin problems.

* A presumption of peripheral neuritis, a loss of sensory function or numbness.

* A presumption for lymphomas.

In closing, Mr. Chairman, the Agent Orange story is one in which the basic issue is the government's integrity and credibility. This Committee has the opportunity to strengthen that integrity and credibility by moving forward with this compensation legislation. Then, when the final chapter is written on treatment of Vietnam veterans, this Committee will not be remembered among those who told America's Vietnam veterans that they, and the sacrifices they made over a decade ago, have been forgotten. The Committee's action on this legislation will be noted and remembered.

Please do not fail to stand by us and this responsible, moderate legislation. The time has come to move forward.

Thank you.