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AGENDA

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

SEPTEMBER 15, 1982

Mr. Bart Kull

Special Assistant to
the Deputy Under Secretary
for Intergovernmental Affairs
Department of Health & Human
Services

accompanied by

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Acting Director, Center
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Ms. Maureen Corcoran

Legal Counsel to the Agent
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Major General Murphy Chesney

Deputy Surgeon General
Department of the Air Force

accompanied by

Lieutenant Colonel Phillip G. Brown

Assistant for Bioenvironmental
Engineering
Department of the Air Force

Miss Pat Bragg

Assistant for Congressional
and Public Affairs
Department of the Air Force

Mr. Richard S. Christian

Chief, Army Agent Orange Task
Force
Department of the Army

accompanied by

Captain Peter A. Flynn

Director for Professional
Services, Office of the
Assistant Secretary of Defense
for Health Affairs

Doctor Jerome G. Bricker

Special Assistant for Health
Legislation, Office of the
Assistant Secretary of Defense
for Health Affairs

Doctor Donald L. Custis

Chief Medical Director
Veterans' Administration

accompanied by

Doctor Arthur Blank

Director, Readjustment
Counseling Service
Veterans' Administration

Doctor Barclay Shepard

Special Assistant to the
Chief Medical Director for
Environmental Medicine
Veterans' Administration

Honorable Karl Berning

Chairman, State of Illinois
Agent Orange Study Commission

accompanied by

Honorable John O'Connell

Co-Chairman, State of Illinois
Agent Orange Study Commission

Ms. Joan Maiman

Public Relations Director,
State of Illinois Agent Orange
Study Commission

PANEL I

Mr. Paul S. Egan

Deputy Director, National
Legislative Commission
The American Legion

Mr. John F. Sommer

Deputy Director, National
Veterans Affairs & Rehabilitation
Commission
The American Legion

Mr. Peter Currier

Deputy National Service/
Legislative Director
AMVETS

Mr. Philip R. Mayo

Special Assistant, National
Legislative Service
Veterans of Foreign Wars

PANEL II

Mr. John Terzano

Legislative Director
Vietnam Veterans of America

Mr. Leslie Platt

Special Counsel
Vietnam Veterans of America

Mr. Lewis M. Milford

National Veterans Law Center
Washington, D. C.

HONORABLE G. V. (SONNY) MONTGOMERY
CHAIRMAN, SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
SEPTEMBER 15, 1982

GOOD MORNING. THE SUBCOMMITTEE WILL COME TO ORDER. WE ARE MEETING THIS MORNING TO RECEIVE TESTIMONY ON THE STATUS AND ACTIVITIES OF THE FEDERAL GOVERNMENT CONCERNING THE AGENT ORANGE ISSUE, INCLUDING THE VETERANS' ADMINISTRATION STUDY MANDATED BY PUBLIC LAW 96-151 AND EXPANDED BY PUBLIC LAW 97-72, AS WELL AS TO REVIEW THE VA'S IMPLEMENTATION OF THE MEDICAL TREATMENT AUTHORIZED BY PUBLIC LAW 97-72. WE WILL ALSO RECEIVE TESTIMONY ON THE VETERANS' READJUSTMENT COUNSELING PROGRAM ESTABLISHED BY PUBLIC LAW 96-22.

OUR COMMITTEE HAS HELD SEVEN HEARINGS EXCLUSIVELY ON AGENT ORANGE. IN KEEPING WITH MY PREVIOUS STATEMENTS AT HEARINGS ON THIS SUBJECT, I WANT TO SAY AGAIN THAT THIS SUBCOMMITTEE, AS WELL AS ALL MEMBERS OF THE FULL COMMITTEE, ARE EAGER TO OBTAIN OBJECTIVE AND THOROUGHLY SCIENTIFIC FACTS CONCERNING AGENT ORANGE AND ITS POSSIBLE HARMFUL HEALTH EFFECTS ON OUR VIETNAM VETERANS. WE ALL REALIZE THAT THERE ARE NO QUICK ANSWERS TO THIS DISTURBING PROBLEM, BUT WE DO DESIRE THAT THE FEDERAL GOVERNMENT'S SCIENTIFIC AGENT ORANGE ACTIVITIES

PROVIDE ENERGETIC LEADERSHIP IN OBTAINING TIMELY ANSWERS. IN DECEMBER OF 1979, A PRESIDENTIAL INTERAGENCY WORKING GROUP WAS FORMED TO STUDY THE POSSIBLE LONG-TERM HEALTH EFFECTS OF PHENOXY HERBICIDES AND CONTAMINANTS, AND TO COORDINATE ALL FEDERAL RESEARCH EFFORTS REGARDING AGENT ORANGE AND OTHER HERBICIDES. PRESIDENT REAGAN HAS ELEVATED THE GROUP'S STATUS TO THE CABINET COUNCIL ON HUMAN RESOURCES TO EMPHASIZE ITS IMPORTANCE. THE INTERAGENCY WORKING GROUP IS NOW COMPOSED OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE LEAD AGENCY; THE DEPARTMENT OF STATE; THE DEPARTMENT OF DEFENSE; THE DEPARTMENT OF LABOR; THE OFFICE OF MANAGEMENT AND BUDGET; THE WHITE HOUSE OFFICE OF POLICY DEVELOPMENT; THE COUNCIL OF ECONOMIC ADVISORS; ACTION; THE ENVIRONMENTAL PROTECTION AGENCY; THE VETERANS' ADMINISTRATION AND THE WHITE HOUSE OFFICE OF SCIENCE AND TECHNOLOGY POLICY. THE CONGRESSIONAL OFFICE OF TECHNOLOGY ASSESSMENT IS AN OBSERVER. THE GROUP IS PRESENTLY OVERSEEING 46 FEDERAL STUDIES AND RESEARCH PROJECTS ON PHEONXY HERBICIDES AND THEIR CONTAMINANTS, WHICH IS A CLEAR ILLUSTRATION OF THE TIME, EFFORT AND FUNDING THAT HAS OR IS BEING EXPENDED IN THE FEDERAL ARENA AND DEMONSTRATES THE GOVERNMENT'S POSITIVE EFFORTS TO SEEK ANSWERS TO THE AGENT ORANGE

QUESTION. IN LINE WITH THE INTERAGENCY WORKING GROUP RECOMMENDATION, THE AIR FORCE HAS COMMENCED ITS STUDY OF OPERATION RANCH HAND PERSONNEL WHO WERE AIR FORCE PERSONNEL INVOLVED IN THE SPRAYING OF HERBICIDES IN VIETNAM. WE LOOK FORWARD TO HEARING TESTIMONY CONCERNING THEIR ACTIVITIES.

AS YOU ALL KNOW, PUBLIC LAW 96-151 MANDATED THAT THE VETERANS' ADMINISTRATION CONDUCT A STUDY OF VETERANS EXPOSED TO THE HERBICIDE AGENT ORANGE AND ONE OF ITS COMPONENTS, DIOXIN, AND THAT THE OFFICE OF TECHNOLOGY ASSESSMENT (OTA) APPROVE THE STUDY PROTOCOL. P. L. 97-72 EXPANDED THE STUDY TO INCLUDE ADDITIONAL FACTORS SUCH AS EXPOSURE TO OTHER HERBICIDES, CHEMICALS, MEDICATIONS OR ENVIRONMENTAL HAZARDS OR CONDITIONS. THE ADMINISTRATOR, IF HE SO DESIRES, MAY ALSO EXPAND THE STUDY TO INCLUDE THE MEANS OF DETECTING AND TREATING THE ADVERSE HEALTH EFFECTS, IF ANY, FOUND THROUGH THE STUDY AND/OR REVIEW REVIEW OF THE WORLD LITERATURE ON PHENOXY HERBICIDES.

WE WILL HEAR FROM THE VETERANS' ADMINISTRATION CONCERNING THE IMPLEMENTATION OF THESE LAWS. ADDITIONALLY, WE WILL RECEIVE TESTIMONY FROM A REPRESENTATIVE OF THE DEPARTMENT OF THE ARMY REGARDING THE ARMY AGENT ORANGE TASK FORCE PROGRAM. I AM PLEASED THAT STATE SENATOR KARL BERNING, THE CHAIRMAN OF THE STATE OF ILLINOIS' AGENT ORANGE STUDY COMMISSION AND HIS CO-CHAIRMAN, STATE REPRESENTATIVE JOHN O'CONNELL, WILL PROVIDE US WITH INFORMATION CONCERNING THEIR AGENT ORANGE ACTIVITIES. FINALLY, WE WILL HEAR TESTIMONY FROM SEVERAL VETERANS' SERVICE ORGANIZATIONS, AND A REPRESENTATIVE OF THE NATIONAL VETERANS LAW CENTER.

THE SECOND ITEM ON THE AGENDA TODAY WILL BE THE VETERANS' READJUSTMENT COUNSELING PROGRAM WHICH WAS EXTENDED UNTIL SEPTEMBER 30, 1984 BY P. L. 97-72. WE WISH TO LEARN OF THE CURRENT STATUS OF THE PROGRAM AND IF THERE ARE ANY PROBLEMS, WHICH SHOULD BE BROUGHT TO OUR ATTENTION.

SINCE THESE TWO SUBJECTS ARE OF GREAT INTEREST TO MEMBERS OF OUR SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE, WHICH ORIGINATED PUBLIC LAW 97-72, I HAVE ASKED MEMBERS OF THAT SUBCOMMITTEE TO SIT WITH US THIS MORNING AND PARTICIPATE IN ANY MANNER THEY WISH.

AT THIS POINT, I WOULD LIKE TO RECOGNIZE THE DISTINGUISHED RANKING MINORITY MEMBER OF OUR OVERSIGHT SUBCOMMITTEE, THE HONORABLE BUD HILLIS OF INDIANA. MR. HILLIS.

NOW I'D LIKE TO CALL UPON THE CHAIRMAN OF THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE, THE HONORABLE RON MOTTLE, WHO HAS DONE SUCH A FINE JOB FOR OUR COMMITTEE. RON.

DUE TO THE NUMBER OF WITNESSES THIS MORNING, I REQUEST THAT ALL ORAL STATEMENTS BE LIMITED TO NO MORE THAN FIVE MINUTES. YOUR COMPLETE PREPARED STATEMENTS WILL, OF COURSE, BE MADE A PART OF THE HEARING RECORD.

OUR FIRST WITNESS IS MR. BART KULL, SPECIAL ASSISTANT TO THE DEPUTY UNDER SECRETARY FOR INTERGOVERNMENTAL AFFAIRS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. MR. KULL.



ILLINOIS STATE SENATE

KARL BERNING

SENATOR, 32ND DISTRICT

STATEMENT BEFORE HOUSE VETERAN'S AFFAIRS SUB-COMMITTEE

The State of Illinois Agent Orange Study Commission consists of eight legislators, one of whom is a Vietnam veteran; and five public members appointed by the Governor, three of whom are former members of the armed forces in Vietnam and one, a Red Cross worker in Vietnam.

The Commission, beginning in February, 1982 has been directing attention to, at least, determining what medical, administrative and social assistance is needed for those veterans in Illinois who are victims of dioxin exposure and to submit its recommendations to the legislature for its consideration.

In addition, our purpose is to act as the official agent of the State for disseminating information to Vietnam veterans about epidemiological studies relating to dioxin exposure which have been and are being conducted by government and private sector agencies.

Several hearings have been held so far with the next one to be in Rock Island on September 18. Attendance has been heavy and many veterans or members of their families have testified.

The Commission has striven to accommodate all who wanted to testify assuring everyone the purpose of our hearings is to document and tabulate the physical and mental ailments experienced, while promising no direct aid or medical benefits. We are a fact finding commission, but we are becoming an advocate.

The litany of complaints is repetitive and includes chloracne, numbness in hands and feet, severe abdominal pain, headaches, fits of rage or depression, cancer, and of greatest concern the apparently higher than usual percentage of birth defects in children. However, the way the Viet Nam Veterans have been brushed off by VA hospitals and doctors, according to repeated statements is the most infuriating aspect of the veterans efforts to get help. This treatment and attitude has caused deep animosity.

I'm not interested in criticizing or attacking but we in the Illinois Legislature representing all Illinois citizens feel there has been too much delay in facing up to what, to many of us, is an obvious, urgent problem of huge dimensions. Continued studies of various aspects of the Agent Orange problem are necessary and should be continued - however - I remind you ladies and gentlemen, our fellow citizens are suffering and dying N O W - with little or no help from their government - even treated with abuse and contempt by the VA according to repeated testimony the Illinois Agent Orange Commission has listened to.

The excuse that dioxin has not been proven to be the cause of health problems is of no comfort to those who can get no relief from pain. I suggest the pain and death are real and there is no proof they are not caused by dioxin. These veterans deserve help today.

Members of the committee we thank you for your courtesy in listening to our testimony. We stand ready to answer questions and would be pleased to share with you some of the heart-rending accounts of the ordeals of some of those who have appeared before the Illinois Agent Orange Commission.

Senator Karl Berning
32nd Senatorial District
State of Illinois

9/15/82

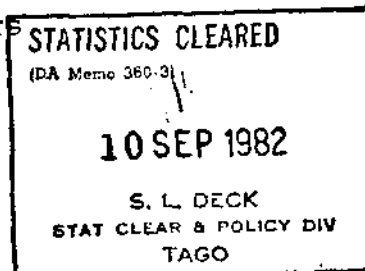
Statement of Richard S. Christian
Before The
Subcommittee on Oversight and Investigations
House Committee on Veterans Affairs
97th Congress, Second Session

On

15 September 1982

Army Agent Orange Task Force Update

Not for publication until
released by the Subcommittee
on Oversight and Investigations,
House Committee on Veterans Affairs



7
10 SEP 1982
George Brown
SECURITY REVIEW, ACSI, HQDA

Mr. Chairman and members of the Subcommittee on Oversight and Investigations:

I am Richard S. Christian, Chief of the Army Agent Orange Task Force. With me today is Captain Peter A. Flynn, United States Navy, Medical Corps, Director for Professional Services and Dr. Jerome G. Bricker, Special Assistant for Health Legislation, Office of the Assistant Secretary of Defense for Health Affairs. The Army Agent Orange Task Force was established on May 21, 1980. On April 26, 1982, Secretary of Defense Caspar Weinberger directed the Department of the Army to become the lead Department of Defense agency for the purpose of providing the Veterans Administration with the necessary cohort selection lists and other data.

I wish to thank the Subcommittee for providing us with an opportunity to describe the progress that we have made in retrieving the records relating to Agent Orange which are needed to support the Veterans Administration's health studies, and for other purposes. During the past year, we have substantially expanded our Agent Orange activities.

As a result of this expansion, we believe that the Army's Agent Orange Task Force is ready to respond, promptly and effectively, to research demands and proceed as soon as the necessary decisions have been made by other agencies about the proper scope and character of the health studies into the possible effects of Agent Orange.

Before describing in detail the enhancements we have made in our work on the Agent Orange records, I would like to say a few words about the Vietnam War Collection. This collection contains almost 40,000

linear feet of combat records. The sheer size of these records is both a challenge and an opportunity. On the one hand, the vast bulk of these records makes it difficult and expensive to research their contents. On the other hand, the richness of this collection makes it possible to undertake studies of the movements of combat battalions in areas where Agent Orange may have been sprayed. This would have been difficult or impossible to conduct with respect to any earlier conflict in which the United States was engaged.

However, it is important to remember that the Vietnam War Collection consists of combat records, and they are not always complete. This limitation has to be considered when planning health-related studies on the possible effects of Agent Orange. The Task Force has frequently briefed health researchers concerning the strengths and limitations of our records collection and will be glad to do so in the future.

It is also important to remember that the Vietnam War Collection consists of military records, many of which are impacted by security classification and Privacy Act matters.

In addition, because these are military records, it is frequently difficult for personnel not familiar with the military to work with them directly. To the uninitiated, the terminology is strange and unit relationships are sometimes unclear. The Task Force is fortunate in having many former military personnel, including Vietnam veterans, assigned to it. We believe that their knowledge of military operations and of Vietnam itself can be of substantial assistance to health science researchers who may make use of the Vietnam War Collection.

Our Task Force has made substantial strides during the past year in its efforts to improve access to the Vietnam War Collection. In addition, we are aware of the other demands that are likely to be made for records relating to Agent Orange. Among these are discovery notices issued by the courts in connection with Agent Orange litigation, Freedom of Information Act requests from individuals, requests for information from veterans organizations and others. Our goal has been to establish a system that will enable us to promptly and completely respond to requests from these various sources.

Here are some of the steps taken in the past year by the Task Force to facilitate access to records and to support ongoing scientific research on the possible effects of Agent Orange:

1. The staff of the Task Force has a trained nucleus of eleven full-time researchers. Furthermore, we are authorized to hire additional personnel as needed. We believe that these steps make it possible for us to respond rapidly to requirements that are likely to be imposed on us.

2. We have developed and implemented a computerized records management system for indexing Agent Orange documents to facilitate retrieval of key records. We now have over 5,000 Agent Orange and related herbicide records indexed. This automated system will be of substantial assistance to our own staff and will make it possible for us to respond to records requests more promptly than would otherwise be the case.

3. To facilitate the examination of records collections held by other government agencies, we have taken steps to establish closer

liaison with the Department of the Navy and Air Force. As a result, officers from the Navy, Marine Corps and Air Force have now joined the Army's Agent Orange Task Force.

In addition to these liaison activities, the Task Force has made a visit to the Army's Reserve Components and Personnel and Administration Center in St. Louis, Missouri, to investigate the complexities involved in locating personnel who may have been exposed to Agent Orange. Contacts have also been made with the Australian government which has an active Agent Orange program.

4. The Task Force has drawn up detailed plans for the data retrieval activities that will be required as soon as the responsible agencies decide on the required characteristics of the epidemiological study cohorts to be used in health related studies of the possible long-term effects of Agent Orange. These plans, which take the form of "milestone time tables", outline each of the steps necessary to locate exposed and non-exposed cohorts, and to retrieve the relevant personnel records. I will have more to say about this in a minute.

5. The basis for the general research plan is the "Department of Defense Exposure Index Model", designed by Dr. Jerome G. Bricker, and submitted to the Science Panel of the White House Agent Orange Working Group on December 4, 1981. The Department of Defense model was subsequently reviewed on December 14, 1981 and January 27, 1982 and was unanimously agreed to by the Science Panel of the White House Agent Orange Working Group. It was determined that the Department of Defense should select the cohorts in accordance with Dr. Bricker's cohort selection paper. This Exposure Index Model was developed as a result of prior ground troop studies and records research conducted by the

Task Force which substantiated its feasibility. Subsequent computer analysis proved that the procedures contained in the model were workable and would produce the expected cohorts.

Briefly, the Department of Defense Exposure Index Model is a methodology to identify cohorts for the pending pilot and full epidemiology studies. The selection and records processing of 1,800 veterans for the pilot study will require six months. This population will be divided into three groups of 600 veterans each in the following cohort categories: (1) Vietnam veterans heavily exposed to herbicides, (2) Vietnam veterans not exposed to herbicides, and (3) Vietnam era veterans who did not serve in Vietnam. After completion of the Department of Defense input to the Pilot Study, we believe it is possible to select the cohorts for the full study in about a year to eighteen months. The Department of Defense's input to the full study is envisioned as identifying 36,000 veterans who will be divided into three cohorts of 12,000 each. The first category of approximately 12,000 veterans would constitute a troop population heavily exposed to herbicides while serving in Vietnam. The second category, also of 12,000 veterans, would serve as the non-herbicide exposed Vietnam troop population. The third category of 12,000 would be Vietnam era veterans who did not serve in Vietnam.

I will briefly outline the steps in the "Department of Defense Exposure Index Model" which will provide a list of veterans who can be recruited for the pilot study. The same methodology will be used in the full study. We have at our disposal Vietnam Station Lists, Command Post listings, Strength Reports, Ranch Hand HERBS Tape, and transparent overlays showing Ranch Hand spray tracks. We are constructing a

Services HERBS Tape, a compilation of all identified herbicide spray operations and incidents. The tape now contains over one thousand helicopter perimeter spraying missions, other Ranch Hand missions not previously shown on the original HERBS Tape, truck/hand spraying, aborts/dumps, leaks, and other incidents. We would then define the areas with many closely spaced Ranch Hand tracks, perimeter spraying points and areas with few or no tracks. We will select one or more heavily sprayed areas and areas with little or no spraying activity during a two year period. The time frame used will be during the most heavily sprayed years, 1967 through 1968.

A review of the Station and Command Post lists will determine potential units which were operating throughout all of the same area during most of the two year period.

The next step will be to determine the availability and completeness of eligible units' records to troop movements. There are many different types of records that we will use. Two key collections are the unit Daily Journals and Situation Reports. The data in these records contain the daily movements of rifle companies by grid coordinates.

The next step will be to computerize the daily locations for selected units. We will then match the unit locations with the Ranch Hand and Services HERBS Tape to obtain the number and type of "Hits" for Agents Orange, White and Blue. By a "Hit", it is meant that the unit was in the spray area on day one, two or three following a spray mission or the unit was exposed to a perimeter or other spraying on a given date.

Once the units are selected, the next process will be to track the troops individually from the morning reports which are a personnel

type record that documents a soldier's presence for duty with their unit on a given date.

6. The Task Force has also conducted some preliminary cohort selection activities in connection with the pilot study. The basis for beginning this effort was contained in a letter from the Chair, Pro-Tem, Cabinet Council on Human Resources to the Secretary of Defense on April 8, 1982. This letter recommended that the Department of Defense begin the records search necessary to provide the Veterans Administration with subjects for the initial pilot study. These activities have enabled the Task Force to ascertain practical problems that are likely to be encountered once a cohort selection system is finally approved. These preliminary category activities have focused on selecting "exposed," "non-exposed", and "non-Vietnam" cohorts for study and comparison.

The net result of all these steps is that the Task Force is ready to move rapidly as soon as final decisions are made by other agencies regarding the type of epidemiological studies that are most suitable in the circumstances. In the event that requirements differ drastically from our present understandings, the Task Force may require more time to implement new records research procedures. While awaiting the needed guidance regarding these studies, we are moving forward with research relating to the Services HERBS Tape that records herbicide spraying. We are also actively engaged in service-related research and responding to requests from the courts for information and documentation on Agent Orange.

We are anxious to begin full scale data retrieval activities in support of the epidemiological studies. For that reason, we are

hopeful that it will soon be possible to decide on the appropriate cohort selection strategy for these studies. This would provide the guidance that the Army's Agent Orange Task Force must have, before it can begin to retrieve data, for use in the studies of the possible long-term effects of Agent Orange.

Mr. Chairman, this completes my statement. I will be happy to answer any questions you may have.



TESTIMONY OF PETER B. CURRIER

AMVETS Deputy National Service and Legislative Director

Before the
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

of the
HOUSE VETERANS COMMITTEE
U. S. HOUSE OF REPRESENTATIVES

September 15, 1982

Mr. Chairman, AMVETS deeply appreciates this opportunity to offer its views concerning the status and activities of the Federal Government concerning the issue of Agent Orange exposure.

Since 1977, the American veteran community, and indeed the world, has been aware of concerns expressed by Vietnam combat veterans over their exposure to the various agents used as herbicides during that conflict. Many fears that long-term health effects of this exposure were voiced, and as a result, the Veterans Administration and Congress went to work to set up a procedure through which a Vietnam veteran could receive treatment and examination to alleviate these fears. Additionally, the Veterans Administration under the guidance of this body has undertaken a series of studies to determine if in fact there are any long-term health effects associated with human exposure to the various agents used during the Vietnam conflict.

These studies are now in motion and will, if completed, provide very useful information regarding the long-term effects of the various herbicides on our Vietnam veterans and will serve to provide information to the world about the health effects of human exposure.

At a briefing with the immediate past Deputy Administrator of Veterans Affairs and members of the Veterans Administration Environmental Medicines staff, AMVETS was privileged to learn of and comment on the ongoing efforts of the Veterans Administration to gather information on this issue. We were pro-

vided at that time with a packet which briefly outlined these efforts and were told at that time that approximately 82,000 Vietnam veterans or roughly 3% of those individuals who had served in Vietnam had been examined. Additionally, we were advised of the status and plans at that time to disseminate information to the field as well as gather information therefrom and basically we were satisfied that the effort to reach out to the Vietnam veteran and explain the issue and, therefore, alleviate some of the hysteria naturally associated with such an issue were of a positive nature.

Our concerns now center around the fact that in light of these activities, in light of the information activities of the Veterans Administration as well as the ranch hand study, the CDC birth defects and military service in Vietnam study, the VA Vietnam veteran mortality studies, the Australian Vietnam veteran health study, and the VA epidemiologic study of Vietnam era veterans, there still remains to be a great deal of work done at bringing the Vietnam veterans in for the examination for the purpose of gathering some data on their present health.

It is our concern and we feel the concern of many others that a greater effort to accommodate the Vietnam veterans who must work day to day should be made. For example, many locations provide Agent Orange examinations only during the working hours of 8:30 to 4:30. Consequently, there is a portion of the veterans population which cannot take time off during the

workweek or workday in order to obtain a free and comprehensive examination by the Veterans Administration. We feel a greater emphasis on providing these accommodations by the Veterans Administration is needed. In this way, a greater number of Vietnam veterans will be able to avail themselves of the Veterans Administration program and in turn will provide much needed data if for no other purpose than to identify themselves as combat veterans. There has been a stated problem in identifying those veterans who served in-country. By increasing the number of examinations, the Veterans Administration will have a ready-made listing of Vietnam veterans on which to draw for other studies. We do not feel that such an outreach would affect the objectivity of these studies but rather would enhance them since it would allow the Veterans Administration to locate these individuals on an ongoing basis.

There has been much good work done by local and state organizations in the area of identifying and encouraging the Vietnam veterans to come forward for the examination. However, the Veterans Administration itself has yet to make a concerted effort to bring in these individuals. If AMVETS were to offer one criticism of the process surrounding the Agent Orange examination, it would be that the Veterans Administration has yet to become active in the outreach effort. We feel that the present day statistics of 91,000 combat veterans who have been examined or less than 4% of the individuals who served in combat is unacceptable. Since the previously mentioned

meeting, at which time we were told approximately 3,000 individuals were being examined per month, there has been less than 1600 per month being examined. At this rate, it will be many years before sufficient data is gathered by the Veterans Administration on which to draw any conclusions as to the long-term health effects. Indeed, to contact these individuals now while their health history is reasonably fresh in their minds would seem to be, although not ideal, at least desirable.

Mr. Chairman, one can cite all sorts of statistics, numbers, and emotional information regarding this very volatile issue. The bottom line is, however, that concomitant to the ongoing gathering of information by the Veterans Administration a gathering of information on the veterans through examination needs to be done. As previously mentioned, the benefit derived here would be twofold; first, there would be some reflection of the recent past health history of the veterans as well as identification of existing problems and two, a ready-made registry of Vietnam veterans would be established and, therefore, would provide a followup mechanism on which to make studies of the health trends of those combat veterans. AMVETS is supportive of the efforts shown by the Veterans Administration to date as regards the various studies to be undertaken. We only hope and, therefore, request of this Committee that an effort be made to somehow insulate this program from the austerity measures of the present Administration. Recognizing that these studies are of necessity long-term in nature, we feel it would be a shame to suspend them either now or in the future.

We would also ask this Committee to undertake an effort which will ensure that the Veterans Administration will actively seek Vietnam veterans for their examinations. This is as opposed to the present approach which simply opens the doors to examinations. We would like to see the Veterans Administration actively seek to identify the various individuals in their community who served in Vietnam and, therefore, may have been exposed

Mr. Chairman, AMVETS, as have other organizations and agencies has published an Agent Orange Self-Help Guide which is made available upon request to any veteran who desires information on the issue. We take the position that Vietnam veterans should avail themselves of this opportunity to be examined by the Veterans Administration if for no other reason but for peace of mind. These community-based organizations such as AMVETS and the other veterans service organizations can only do so much however. The Veterans Administration by its very nature can do a lot and we feel should. We hope this Committee listens closely to the comments of the individuals who appear before it today and then by its actions seeks to step up the gathering of information through examinations at VA Centers nationwide.

Mr. Chairman, again, we appreciate the opportunity to express our views as always, and this completes our testimony.

STATEMENT
OF
DONALD L. CUSTIS, M.D.
CHIEF MEDICAL DIRECTOR
DEPARTMENT OF MEDICINE AND SURGERY
VETERANS ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
SEPTEMBER 15, 1982

Mr. Chairman and Members of the Committee:

Good Morning. On behalf of the Veterans Administration (VA), I wish to express my appreciation for the opportunity to appear before you today for the purpose of updating this committee on the status of VA Agent Orange-related activities and the VA's Readjustment Counseling Program. We welcome this opportunity to discuss with this committee, as we have done on several previous occasions, on our continuing efforts to resolve the complex medical and scientific issues raised by Agent Orange and of our efforts in the interim, to provide information and medical care of treatment to Vietnam veterans. We believe that a great deal of progress in both areas has been made since we last appeared before this committee on May 6, 1981.

Mr. Chairman, we are most aware that both the Agent Orange issue and the readjustment problems remain key concerns for many Vietnam veterans. Fully cognizant of the personal impact of both these areas on Vietnam veterans we have attempted to utilize the resources of this agency in our continuing effort to assist them and simultaneously, to reassure them of our commitment and sincerity in doing so. I believe that we have succeeded in some measure in attaining these goals. Nevertheless, I am fully aware that a great deal still needs to be done to resolve both the

complex medical and scientific questions raised by Agent Orange and the more subtle psychological needs of Vietnam veterans utilizing our readjustment counseling services.

Let me reemphasize, however, that the Veterans Administration has not, nor has it ever, lost sight of the special needs of the Vietnam veteran. Although this agency has been subject to criticism in this regard, our primary goal remains that of providing eligible veterans with health care service which is faithful to the highest medical professional standards. It is my intention that such health care service be delivered with respect and compassion to all Vietnam veterans visiting our health care facilities.

Agent Orange Funding

On June 30, 1982 Robert P. Nimmo, Administrator of Veterans' Affairs officially approved a revised Department of Medicine and Surgery funding request for Agent Orange related program activities of more than \$12.6 million for Fiscal Years 1982-1984. The most significant portion of the funding package is a new proposal for a pilot study as a preliminary to the full epidemiological study mandated by Congress (Public Laws 96-151 and 97-72). Other major efforts included are the Vietnam veterans identical twin

study, a mortality study, and specially related research projects.

The package also proposed funds for the establishment of the Agent Orange Projects Office within the Department of Medicine and Surgery. This office will organize and supervise a variety of research efforts, particularly the epidemiological study. Efforts are now underway to identify key research staff who will be responsible for the monitoring of these research efforts. The core research staffing will consist of an Epidemiologist, Statistician Health (Biostatistician), Statistician Health (Statistical Programmer) Health Science Specialist for Quality Assurance, an Administrative Assistant and supporting clerical staff.

In addition, we proposed funding for the Agent Orange Registry, chloracne activities, a follow-up to the literature analysis, a monograph series, establishment of a Vietnam service indicator in Patient Treatment File (PTF), and a retrospective study of dioxins and furans in human adipose tissue. The package also proposed funding for Public and Consumer Affairs Agent Orange information activities.

STATUS OF VA EPIDEMIOLOGIC STUDY OF AGENT ORANGE:

The epidemiology protocol originally submitted to the VA by the UCLA School of Public Health on April 29, 1982, has now been reviewed by the VA Advisory Committee on Health-Related Effects of Herbicides, the White House established Agent Orange Working Group (AOWG) and the Office of Technology Assessment. All of these review groups have noted that further development of the research protocol is needed in certain areas. The protocol is currently being reviewed by a committee on the National Academy of Sciences (NAS). The VA has been advised that NAS is now in the final stages of this review process. It is expected that the report will be completed and forwarded to the Veterans Administration shortly, week of September. Refinement of the protocol is now underway and should be completed during the month of October. Barring unforeseen complications, a contract for the conduct of a pilot study of approximately 900 veterans should be awarded in the January - February 1983 time frame.

The purpose of the pilot study will be to determine the feasibility of conducting the full-scale epidemiology study which will study a population of approximately 18,000 veterans. The pilot study, which was not developed by UCLA, has become the focal point of recent activity by the

VA, the Army Agent Orange Task Force (AAOTF) and the AOWG. The basic issue is whether the military records are sufficiently complete and detailed so as to provide a reliable indicator of "likelihood of exposure" to herbicides. Our assessment of the records suggests that identifying the cohort with a high likelihood of exposure will be easier than identifying the cohort with low likelihood of exposure. The reason for this is that the present records of herbicide missions, the HERBS Tape, provide a reference point for estimating likelihood of exposure because tracking a company in an area known to have been sprayed with herbicides on a given day can be objectively determined by the records. When looking for units considered "not likely exposed" the record searchers can only assume selected units were not near herbicide targets; a subjective evaluation; thus, the record searchers cannot document the absence of exposure to herbicides. It is important therefore to note that misclassifying an individual as to likelihood of exposure can result in "diluting-out" any health effect that may be present and associated with exposure.

The AOWG has appointed a subcommittee of its Science Panel to establish procedures for cohort selection for the epidemiology pilot study. The VA has brought in biostatistical consultants to work with this subcommittee

and with the AAOTF. The subcommittee is now in the process of preparing its final report to the Science Panel.

The results of the pilot study, that is, the effectiveness of the design and data useability are expected to be major factors in formulating the final decision to broaden or limit the scope of the full scale epidemiology study. That decision may not be made until the results of the pilot study are available in late 1984 or early 1985.

Health Care

The Veterans Administration has implemented the medical care and treatment provisions of Public Law 97-72, the "Veterans' Health Care, Training, and Small Business Loan Act of 1981." Within approximately two weeks of the enactment of that law, VA published a circular entitled "Interim Guidelines for Implementation of Legislation Related to the Provision of the Health Care Services to Veterans Exposed to Dioxins" and issued it all VA health care facilities. Within another two weeks we published those guidelines in the Federal Register on December 2, 1981 in order to provide Vietnam veterans and the general public with the opportunity to comment.

Under the provisions of the guidelines, each veteran who served in the Republic of Vietnam and who requests VA medical care will be provided a complete medical history, physical examination and appropriate diagnostic studies in accordance with the provisions of DM&S Circular 10-81-54, "Possible Exposure of Veterans to Herbicide During the Vietnam War". When it is determined that a condition exists requiring treatment, the responsible staff physician makes a determination as to whether the condition resulted from a cause other than the specified exposure to Agent Orange. The guidelines include a description of those few conditions which I determined cannot ordinarily be considered to be due to such exposure. Ultimately, it is left to the treating physician to exercise professional judgement in determining whether the veteran requires care under this authority.

I believe that we are fulfilling the intent of this legislation in ensuring that any eligible veteran of the Vietnam era (August 5, 1964 - May 7, 1975) who may have been exposed to dioxin or who was exposed to a toxic substance in a herbicide or defoliant used for military purposes, receives appropriate health care treatment. The VA has recently funded the development of a comprehensive protocol that will involve identical twins. The proposed study would involve identical twin veterans where one

twin served in Vietnam during the period of Herbicide Orange spraying and where the twin sibling did not serve in Southeast Asia. This study will be designed to investigate whether the current psychological and physical health of Vietnam Veterans was adversely affected by their military experience in Vietnam. Veterans Administration researchers at our St. Louis VA Medical Center have proposed the study and are currently developing the protocol. We would anticipate that if the protocol survives the scrutiny of appropriate scientific reviews, we will launch into the physical examinations of some 450 pairs of identical twins in late 1983 and should have an initial report of findings by October 1984.

Vietnam Veteran Mortality Studies

A carefully designed and well executed mortality analysis of Vietnam veterans will provide background to many questions raised by the Agent Orange exposure issue in particular as well as the possible health effects of service in Vietnam in general. The Vietnam Mortality Study is designed to analyze and compare death rates and cause-of-death profiles between veterans with service in Vietnam and comparable veterans with no service in Vietnam.

The studies will use existing computer records to assemble a cohort of veterans and determine their mortality experience. It should be noted that the mortality studies are not intended to provide definitive answers, but will instead provide mortality information which may prove useful primarily in suggesting areas for further scientific study. These mortality studies will be conducted by researchers at the Veterans Administration Central Office

in Washington. The collection and coding of death certificates and the abstracting of military records will be done by VA contractors. We are currently evaluating submitted proposals and hope to sign contracts for these efforts shortly. It is anticipated that it will take approximately 2 years to complete the mortality studies.

Agent Orange Registry

Since the initiation of the Agent Orange Registry in 1978, approximately 91,000 veterans have received an Agent Orange examination at VA health care facilities. The VA has provided approximately 20,000 follow-up examinations for Agent Orange. The basic registry process involving the comprehensive physical examination, completion of a questionnaire and informing the veteran of the results of the examination verbally and in writing, are continuing to be followed by all health care facilities.

The monthly report, transmitted by VA health care facilities and compiled at VA Central Office, is still an effective tool in measuring the numbers of examinations (initial and follow-up) being performed at the facilities

and the the number of pending examinations. The Environmental Medicine Office is continuing to monitor the numbers of pending exmainations to assure that the veteran is provided the Agent Orange examination and related treatment in a timely manner. Facilities reporting "out-of-line" situations, that is, facilities with examinations pending more than thirty days or having more than 50 examinations pending during any reporting period are contacted by program officials at VA Central Office and directed to take immediate action to reduce the number of pending examinations to comply with Central Office guidelines.

To assist the VA in initiating follow-up activities, and address update form and questionnaire will soon be forwarded to Agent Orange Registry participants. Return of thse forms will enable the VA to establish an updated computerized mailing address file.

Other changes in our registry procedures will enable the VA

to match Agent Orange Registry records with records of hospitalization in the Patient Treatment File (PTF) system

so that correlations can be made regarding the types of diagnoses Vietnam veterans are presenting for treatment at VA health care facilities.

The VA is cooperating with the Department of Defense with regard to Agent Orange examinations for active duty personnel. Instructions will be mailed to all VA health care facilities for processing an active duty service number request for an examination and for processing the forms. The results from this examination will be entered into the Agent Orange Registry.

Chloracne Activities

The review of skin conditions to identify questionable cases which may be chloracne is continuing. Over 3,200 Rating Decision Sheets on skin condition claims reviewed by a VA Central Office physicians. The medical records of questionable cases were reviewed by a dermatologist consultant at the Washington VA Medical Center who tentatively identified twelve cases requiring a further clinical review which will include a physical examination of those individuals.

We are now in the process of making arrangements for the

physical examinations, including dermatology examinations, of these individuals at selected non-VA clinics. I anticipate that these examinations will be conducted during October.

The Chloracne Task Force, now chaired by Dr. A. Betty Fischmann, Chief, Dermatology Service, Washington VA Medical Center, is continuing to support VA Central Office on chloracne-related activities. The following goals have been tentatively identified as primary activities of the CTF:

- . Recommendation for the appointment of small number of VA dermatologists as CTF members.

- . Identification of additional VA physicians to act as dermatological consultants.

- . Holding an initial meeting of the reconstituted task force and conducting regularly scheduled group meetings.

- . Initiation of an on-going review of Rating Decision Sheets provided by VACO Compensation and Pension Service (21) to determine possible chloracne cases

and recommend selected claimants for special dermatological examination.

- . Provide a periodic analysis to Environmental Medicine Office (102) of special examinations for identified claimants with skin conditions resembling chloracne.
- . Review and analyze Agent Orange Registry data relating to types of skin conditions being reported by participants.
- . Provide support in the development of a protocol for the diagnosis of chloracne and other possible skin conditions related to herbicide exposure.
- . Serve as a resource in the development of a monograph on chloracne.

I am confident that our current emphasis on chloracne-related activities will assist us in more effectively identifying and treating skin conditions which may be the result of exposure to Agent Orange.

Vietnam Service Indicator for PTF

The Patient Treatment File (PTF) maintained by the Department of Medicine and Surgery has great potential for epidemiological research related to Vietnam veterans. A major problem with this automated file is that there has been no entry to identify those veterans who actually served in Vietnam.

The establishment of such an indicator, in most instances, will require a hand search of the individual veteran's service record. This would best be accomplished by a contract with an organization which has a proven record of expertise with this type of effort.

A Feasibility study of approximately 15,000 records in the PTF will be reviewed to determine the accuracy and completeness of information, and the cost of obtaining this information. This sampling of approximately 200,000 Vietnam era veterans will provide the basis for deciding the feasibility of a review of all Vietnam era military records in the PTF.

Retrospective Study of Dioxins and Furans in
Adipose Tissue of Vietnam-Era Veterans

The Environmental Protection Agency in cooperation with the Centers for Disease Control has been collecting adipose

tissue from the U.S. general population.

This National Adipose Tissue Bank was initiated in 1968 and now contains specimens from over 12,000 individuals.

Represented within this bank is adipose tissue from 840 males born between 1940 and 1952. It is estimated that more than 300 of these males served in the U.S. military during the Vietnam era and that as many as 80 served in Vietnam.

We are currently preparing an agreement to provide funding by the VA for an interagency cooperative study to be conducted at the EPA Dioxin Laboratory in Bay St. Louis, Mississippi. This will be a retrospective study of chlorinated dioxins

and furans in human adipose tissue. The study is designed to establish background levels of 2,3,7,8-TCDD in the U.S. male population. In addition, this study may serve as a means of determining whether service in the military and especially in Vietnam has had an effect on the levels of TCDD in the adipose tissue.

The proposed effort would involve a cooperatively funded program between the VA and EPA to develop the research protocol and appropriate sampling and analytical methods. The actual analyses of the human tissues will be costly and time consuming. Data should be forthcoming within 2-3 years.

Specially Solicited Research Activities

Medical Research Service has recently funded 10 new Agent Orange research studies that will investigate the impact on basic biological processes of low levels of exposure to components of Agent Orange. Two other ongoing studies address these issues also. The studies include analysis of the impact of Agent Orange components on:

- o liver cell function

- o skin cell chemistry relating to chloracne

- o neurobehavioral function

The basis of the design of each of these biological studies includes exposing a test biological system to one or more components of Agent Orange, and subsequently measuring abnormalities of biological function.

The chemicals used in these experiments which are the main component parts of Agent Orange are:

2,4 -dichlorophenoxyacetic acid (2,4-D) and
2,4,5-trichlorophenoxyacetic acid (2,4,5-T).

In addition to these chemicals, Agent Orange (and some other herbicides used less frequently in Vietnam) contained varying amounts of a contaminant commonly referred to as TCDD which will also be a focus of studies to determine whether and how delayed toxicity is manifested after low dose exposure. Such studies can provide clues for clinicians as to what medical tests would best identify delayed, toxic effect of exposure of veterans to herbicides in Vietnam.

The Biological Systems thought to be affected by exposure to TCDD are:

o Liver function:

When animals are exposed to TCDD and related compounds, these chemicals are stored in the liver and produce acute liver damage. It would appear likely that any delayed harmful effects of exposure to low doses of such compounds would be manifested

by subtle changes in the biochemistry of the liver. Seven of the funded research studies investigate the delayed impact of exposure to Agent Orange components and the contaminant TCDD, on various aspects of liver cell functions in a variety of species.

o Skin:

Chloracne is the one documented effect of low dose exposure to Agent Orange in humans. One study will analyze the underlying biochemical events that lead to chloracne in a mouse model and in human tissue culture cells.

o The Nervous Systems:

Acute accidental poisoning with TCDD in man has led to a variety of usually acute neuromuscular abnormalities. Four studies systematically investigate the effect of the components of Agent Orange on neuromuscular function, sleep and behavior in a variety of animal models.

A new effort to solicit and support research on the special health problems facing Vietnam veterans has just begun. The Research and Development Office has sent forward to all VA medical facilities a solicitation for research studies

dealing with disorders affecting Vietnam veterans and their families. It is anticipated that a significant number of new studies submitted in response to this solicitation will be supported in Fiscal Year 1983. Several areas will be addressed in these studies including that of Agent Orange.

Monograph Series

Funding has been provided during FY 1982 for the preparation of a monograph series designed to provide useful scientific information on environmental factors that may have affected the health of military personnel serving in Vietnam.

Monographs are planned on the following subjects: chloracne, birth defects and genetic counseling, insecticides used in the military, and Agent Blue.

Literature Analysis

Mr. Chairman, as you may know, the comprehensive literature review of worldwide scientific literature on Agent Orange and other phenoxy herbicides used in Vietnam, has been completed in accordance with the provisions of Public Law 96-151. We are distributing this two-volume report (which includes an annotated bibliography and analysis of 1,200

scientific papers) widely within the VA.

Copies have also been provided to members of the White House-established Agent Orange Working Group, the Advisory Committee on Health-Related Effects of Herbicides, the National Academy of Sciences, the Office of Technology Assessment, the Departments of Agriculture and defense, Surgeon General of the U.S. Air Force, Library of Congress, the Centers for Disease Control and other individuals, organizations, or scientific research groups. The successful completion of this review represents a step forward on the long road to understanding the complex health issues related to the use of herbicides. It will undoubtedly serve as an invaluable scientific resource which will assist scientists and others in identifying areas suitable for additional research.

We intend to periodically to update this report and to augment it with a detailed critical assessment of all publications addressing herbicide exposure with particular emphasis on health consequences in humans. It is estimated that about 400 publications have appeared since October 1981. A critical review of these recent reports is needed in order to keep this effort current. The Veterans Administration will take necessary steps to ensure that the literature review and analysis remains as current as

possible.

Armed Forces Institute of Pathology (AFIP)

The Veterans Administration is continuing to cooperate with the Armed Forces Institute of Pathology (AFIP) in providing biopsy and autopsy materials for analysis to the Institute. This special registry was established in 1978 with the purpose of analyzing tissue samples to determine what diseases Vietnam veterans are suffering from, as reflected in biopsies or autopsies.

The VA has repeatedly emphasized the importance of the AFIP Registry and will continue to urge VA health care facilities to send pathological material obtained from any Vietnam veteran.

Education Activities

Mr. Chairman, our environmental physicians, as Agent Orange coordinators at our major VA health care facilities, remain the key link in examining and advising the veteran concerned about exposure to Agent Orange. In order to ensure that these health care staff remain completely abreast of the latest developments, nationwide conference calls are held on a regular basis six times annually. When

required, special conference calls are scheduled on significant developments requiring their immediate attention.

In addition to the conference calls, relevant Agent Orange related literature is periodically sent to the immediate attention of environmental physicians. Staff support within the Environmental Medicine Office is available to assist in the explanation of specific documents or to answer questions which may be raised by the information received from VA Central Office.

Environmental physicians are encouraged to participate in important scientific meetings on Agent Orange and other environmental substances in order to keep abreast of scientific and medical developments relating to these agents. Members of our own VA Central Office staff played a key role in the planning and organizing of an "International Symposium on Chlorinated Dioxins and Related Compounds" which was held in Arlington, Virginia, on October 25-29, 1981. In October 12-14, 1982, Dr. Barclay M. Shepard, my special assistant and Dr. Alvin L. Young will actively participate in the "3rd International Symposium on Chlorinated Dioxins and Related Compounds" which will be held in Salzburg, Austria. I have been advised that several of our environmental physicians are

also planning to attend. Through such participation I am confident that our health care staff will remain professionally current with the latest findings on the short and long-range effects of Agent Orange and other environmental substances.

VA Public Information Activities

As part of our effort to inform Vietnam veterans, their families, and other concerned individuals and organizations about Agent Orange and the assistance provided by the VA, we produced and distributed to all VA field stations a videotape entitled "Agent Orange: A Search for Answers."

While a recent internal survey indicated that many thousands of people have viewed the program on television or in numerous group or individual showings, we are encouraging greater use of the film.

We are very pleased to report that this videotape has received considerable acclaim from critics. The Health Education Communication Association and the Network for Continuing Medical Education present an award of merit to the VA for "outstanding achievement in the use of television for education in the health sciences." The International Television Association (ITVA) awarded its

Golden Reel of Excellence for the videotapes' "highly effective form of communication, which helped the user organization better achieve its stated goals." The program also was cited by ITVA for creativity, innovative techniques, and high production value. In addition, the program also received an Emmy Award from the National Academy of Television Arts and Sciences.

We are delighted by this recognition and encourage all interested individuals to view this program.

The VA takes seriously its obligation to keep veterans informed about Agent Orange. We have also pursued other avenues to provide information and education to concerned Vietnam veterans and their families and VA employees on matters and progress related to Agent Orange.

Early this year an automated mailing list was developed from the Agent Orange Registry. In June letters were sent to these veterans along with the first two of a new series of printed information material on Agent Orange. One of these pamphlets was devoted primarily to Public Law 97-72. A third pamphlet has been issued and a fourth is in production.

VA officials have participated in public seminars, news media interviews and other public forums dealing with the subject of Agent Orange.

VA Liaison With State Agent Orange Activities

At the present time, eighteen states have enacted programs directly related to the Agent Orange issue. The VA is continuing its efforts to maintain an effective, ongoing relationship with each of these state programs. One of the prime responsibilities of our Agent Orange Research and Education Office is to insure that current and accurate information regarding VA Agent Orange-related activities is disseminated on a timely basis to the various states, as well as to veteran service organizations and other Government agencies and interested parties. We consider this to be an essential part of our program to insure that the veteran population as a whole, and those who serve them at all levels, are fully informed both with regard to the current body of knowledge regarding the possible adverse affects of dioxins, as well as the status of VA Orange programs.

To this end, the VA has provided the states with copies of all pertinent Agent Orange materials, we have extended to officials from all of these states an open invitation to

attend the VA Advisory Committee meetings. Several of the states sent delegations to the meeting held on August 31st.

The efforts are of a continuous nature and are beneficial to all concerned parties. As new states become involved in the Agent Orange issue, VA will include them in its information exchange program.

White House Agent Orange Working Group (AOWG)

We are pleased to report that the Veterans Administration is continuing to play an active role in the White House Agent Orange Working Group and its Science Panel.

This committee was established in July 1981 when the Interagency Group to Study the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants was expanded and elevated in status to the Cabinet Council level.

The AOWG brings together policy officials and scientists from throughout the Federal establishment to identify ongoing research activities on Agent Orange and related matters and to develop and organize the means to carry out additional needed scientific research.

The Department of Health and Human Service (DHHS) is the

lead agency in the working group. In addition to DHHS and VA, the AOWG includes representatives from the Departments of Defense, Agriculture, and Labor, Environmental Protection Agency, Office of Management and Budget, Council of Economic Advisors, Office of Science and Technology and Office of Policy Development.

The AOWG has been very helpful to the VA in the review of our planned epidemiological study, mortality study, and other important research efforts. Through the AOWG mechanism, the VA also has been able to contribute to the success of Agent Orange research efforts conducted or sponsored by other federal departments and agencies. The more important of these research efforts are the U.S. Air Force's "Operation Ranch Hand" study and the Centers for Disease Control birth defects study.

We view our participation as vital to the scientific process and as fully consistent with the President's goal of ensuring "...that the full resources of the federal government are available to support the working group's continuing efforts."

Advisory Committee on Health-Related Effects of Herbicides

This committee, established in 1979, continues to meet

quarterly at VA Central Office for the purpose of assembling and analyzing information which the VA needs to formulate medical policy and procedures on the complex questions surrounding, veterans herbicide exposure.

During recent meetings the committee has discussed the VA epidemiological study and herbicide literature review, VA solicited in-house research program regarding Agent Orange and Agent Blue, VA mortality study, international dioxin symposiums, Air Force Health Study, CDC Birth Defects Study, proposed VA Twin Study, AFIP Agent Orange Registry, the VA monograph series, and many other research activities and matters of concern to Vietnam veterans and scientists searching for answers to the difficult questions raised about the possible human health effects of herbicides.

The committee has been particularly helpful in advising the VA on the literature review and the epidemiological study, both mandated by Public Law 96-151. The literature review, published October 1981, was the subject of several sessions and considerable time and attention have been devoted to a critique of the proposed epidemiological study design.

Verbatim transcripts are prepared and made available to appropriate government offices and interested organizations and individuals. A copy of each transcript also is sent to

all environmental physicians.

Policy Coordinating Committee

In recognition of the importance of the Agent Orange issue the Administrator has reorganized and elevated in status the Policy Coordinating Committee (PCC) which was the agency's central coordinating point for Agent Orange-related activities, develops policy for review and approval by the Administrator. It now is composed of the top leadership of the major departments and staff offices within the VA. Mr. Everett Alvarez, Jr., Deputy Administrator, chairs the PCC.

Summary

I wish to conclude this part of my testimony on Agent Orange Mr. Chairman, by again expressing the total commitment of the Veterans Administration in resolving the issue of Agent Orange. Although there is no way that we, or anyone, can guarantee that ultimate and conclusive answers will be found to the extremely complex medical and scientific issues which revolve around the defoliant Agent Orange, nevertheless, we will continue to vigorously pursue the search for those answers. These efforts will center not only on our own research initiatives, but will be

closely interfaced with the intensive research now underway by other Federal, public or private institutions.

With reference to the Vietnam-era Veterans Readjustment Counseling Program there have been a number of important developments in recent months which I shall briefly review.

In January the Veterans Administration vested responsibility for this in a new independent professional service--the Readjustment Counseling Service--and established that service on the same administrative level as Medical, Surgical, Nursing, Prosthetics etc.

A new program Director was appointed by the Administrator of Veterans Affairs on February 10, 1982 following an intensive and thoughtful search and selection process. The new Director of the Readjustment Counseling Service, Psychiatrist, Arthur S. Blank, Jr., M.D., is a Vietnam veteran and has been psychiatric consultant to the program since its earliest planning stages in 1979.

A third leadership initiative was taken on June 1, 1982 when a new position was created, Chief on Counseling Service, and an expert clinician Dr. Raymond M. Scurfield from the Brentwood VA Medical Center was hired for this position.

Underscoring the significance the Administrator attaches to the readjustment counseling progra is the establishment in (month/year) of a high-level agency-wide steering committee to monitor the program.

Improving the management and organization of the Vet Center Program has been one of our top priorities. In addition to augmenting our Central Office program management group, we have taken steps to strengthen the offices of our six Regional Coordinators who oversee Vet Center operations in their respective regions. During the developmental phase of the program, each of these important offices was staffed by a single secretary. Each regional office now has an Assistant Coordinator for Administrative Services, and we are further strengthening the Regional Coordinators' staffs with the appointment of an Assistant Coordinator for clinical services and an additional secretary.

Recruitment is now underway for these positions. Because of its large number of Vet Center (32) in contrast to the other regions, Region VI, which covers has additionally been provided with a Deputy Coordintor who is now at work.

From an organizational standpoint, the most important development of recent months has been the publication of a new program circular (Circular 10-82-101 dated June 15, 1982),

which clarifies lines of authority and responsibility. It contains several key elements:

a. The responsibilities of the Director and the Readjustment Counseling Service staff in Central Office for overall supervision and management of the program are spelled out. The Director and his staff have direct operational control of the Vet Center system through the Regional Coordinators and within Central Office report to the Deputy ACMD for Professional Services and to the CMD through the Associate Deputy Chief Medical Director.

b. The responsibilities of the Regional Coordinator's staff are also clarified considerably. We have established clear lines of authority and responsibility from Vet Centers to the Regional Coordinator's staff to the Readjustment Counseling Service in Central Office. The Regional Coordinators are responsible for selection and all supervision of the Team Leaders, and the program Director is responsible for selection and all supervision of the Regional Coordinators. We have also spelled out the nature of the working relationship between Vet Centers and their local VA Medical Center parent facilities. The circular directs that this concept is not clear as phrased - suggest it be

rewritten e.g. "The parent VA Medical center is responsible for providing the Vet Center all required support services. On professional matters, the medical center's role with respect to the Vet Center operations is to be consultative and collaborative only.

As part of our re-tooling of the management and organization of the readjustment counseling program we have instituted financial and accounting procedures which are making it possible for us to clearly track all program funds and maintain their earmarked character at the local level.

As you know, Mr. Chairman we have launched a nationwide effort to expand this program by establishing a mechanism to contract with private service providers to furnish readjustment counseling services to Vietnam-era veterans who do not have access to one of our Vet Centers. We are using a decentralized model with a contracting committee at each of 122 Medical Centers. The contracting committee includes two members of a Vet Center staff in each instance. As of August 31, 308 contracts had been let. A program of this size, of course, takes some time to develop, but if the present rate of growth continues, we will have full implementation in FY 1983. In general the decentralized model is proving to be appropriate for this program thus far, as the development is occurring without

major difficulty.

Finally our operation of the Readjustment Counseling Program has been complicated since its inception in October 1979 by the frequent expansion in its scope. We have only recently expanded again and now have 136 Vet Centers open.

1.

STATEMENT OF
DONALD L. CUSTIS, M.D.,
CHIEF MEDICAL DIRECTOR,
DEPARTMENT OF MEDICINE AND SURGERY
VETERANS ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

September 15, 1982

Mr. Chairman and Members of the Committee:

Good morning. On behalf of the Veterans Administration, we are pleased to have the opportunity to appear before you today to provide an update on the status of both VA's Agent Orange-related activities and the Readjustment Counseling Program. We are continuing efforts to resolve the complex medical and scientific questions concerning Agent Orange. In the interim, we are providing medical care and treatment, as well as information to Vietnam veterans. We believe that a great deal of progress has been made in both areas since we last appeared before this committee on May 6, 1981.

Mr. Chairman, we are aware that both the Agent Orange issue and readjustment to civilian life remain key concerns for many Vietnam veterans. A great deal still needs to be done to resolve both of these concerns. Let me reemphasize, however, that the Veterans Administration has never lost sight of the special needs of the Vietnam veteran.

2.

Agent Orange Program

On June 30, 1982, Robert P. Nimmo, Administrator of Veterans' Affairs, officially approved a revised Department of Medicine and Surgery program of Agent Orange-related activities. The most significant activity which was approved is a pilot study as a preliminary to the full epidemiological study provided for by Congress. Other major efforts included are the Vietnam veterans identical twin study, a mortality study, and specially-related research projects.

Approval was also given for the establishment of the Agent Orange Projects Office within the Department of Medicine and Surgery. This office will coordinate and monitor a variety of epidemiological projects. Efforts are now underway to identify key epidemiologic staff who will be responsible for these efforts. The core staffing will consist of an Epidemiologist, Biostatistician, Statistical Programmer, Health Science Specialist for Quality Assurance, an Administrative Assistant and supporting clerical staff.

In addition, approval was given for continuation and improvement of the Agent Orange Registry, chloracne activities, a follow-up to the literature analysis, a monograph series, establishment of a Vietnam service indicator in the Patient Treatment File (PTF), and a retrospective study of dioxins and furans in human adipose tissue.

STATUS OF VA EPIDEMIOLOGY STUDY:

The epidemiology protocol submitted to the VA by the UCLA School of Public Health on April 29, 1982, has now been reviewed by the VA Advisory Committee on Health-Related

3.

Effects of Herbicides, the Agent Orange Working Group (AOWG) and the Office of Technology Assessment. The protocol is currently being reviewed by a committee of the National Academy of Sciences (NAS). The VA has been advised that NAS is now in the final stages of this review process. It is expected that the report will be completed and forwarded to the Veterans Administration shortly. Following incorporation of the various reviewers' comments, we will solicit bids for a contract for the conduct of a pilot study. We anticipate having that solicitation in place before this December.

The purpose of the pilot study will be to permit us to "fine-tune" the protocol for the conduct of the full-scale epidemiology study which will study a population of approximately 18,000 veterans. The pilot study has become the focal point of recent activity by the VA, the Army Agent Orange Task Force (AAOTF) and the AOWG.

The AOWG has appointed a subcommittee of its Science Panel to establish procedures for cohort selection for the epidemiology pilot study. The VA has brought in biostatistical consultants to work with this subcommittee and with the AAOTF. The subcommittee is now in the process of preparing its final report to the Science Panel.

Health Care

The Veterans Administration is implementing the medical care and treatment provisions of Public Law 97-72, the "Veterans' Health Care, Training, and Small Business Loan Act of 1981." Shortly after the law was signed, interim guidelines for the implementation of these provisions were issued to all VA health care facilities. Those guidelines were also published in in the Federal Register on December 5, 1981, to provide Vietnam veterans and the general public with the opportunity to comment.

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Under the provisions of the guidelines, each veteran who served in the Republic of Vietnam and who requests VA medical care is being provided a complete medical history, physical examination and appropriate diagnostic studies. When it is determined that a condition exists requiring treatment, the responsible staff physician makes a determination as to whether the condition resulted from a cause other than the specified exposure to Agent Orange. The guidelines include a description of those conditions which I determined cannot ordinarily be considered to be due to such exposure. Ultimately, it is left to the treating physician to exercise professional judgment in determining whether the veteran should be provided care under this authority.

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The monthly report, transmitted by VA health care facilities and compiled at VA Central Office, is still an effective tool in measuring the numbers of examinations (initial and follow-up) being performed at the facilities and the number of pending examinations. The Environmental Medicine Office is continuing to monitor the numbers of pending examinations to assure that the veteran is provided the Agent Orange examination and related treatment in a timely manner. Facilities reporting "out-of-line" situations, that is, facilities with examinations pending more than 30 days or having more than 50 examinations pending during any reporting period are contacted by program officials at

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VA Central Office and directed to take immediate action to reduce the number of pending examinations to comply with Central Office guidelines.

Improvements in our registry procedures will enable the VA to match Agent Orange Registry records with records of hospitalization in the Patient Treatment File (PTF) system so that correlations can be made regarding the types of diagnoses Vietnam veterans are presenting for treatment at VA health care facilities.

The VA is cooperating with the Department of Defense with regard to Agent Orange examinations for active duty personnel. Instructions will be mailed to all VA health care facilities for processing an active duty service member's request for an examination and for processing the forms. The results from this examination will be entered into the Agent Orange Registry.

Twins Study

The VA has recently given approval for the development of a comprehensive protocol that will involve studying identical twins. The proposed study would involve identical twin veterans where one twin served in Vietnam during the period of Herbicide Orange spraying and where the twin sibling did not serve in Southeast Asia. This study will be designed to investigate whether the current psychological and physical health of Vietnam veterans was adversely affected by their military experience in Vietnam. Veterans Administration researchers at our St. Louis VA Medical Center have proposed the study and are currently developing the protocol. We would anticipate that if the protocol survives the scrutiny of appropriate scientific reviews, we will launch into the physical examinations of some 450 pairs of identical twins in late 1983 and should have an initial report of findings by October 1984.

Vietnam Veteran Mortality Studies

A carefully-designed and well-executed mortality analysis of Vietnam veterans will provide background to many questions raised by the Agent Orange exposure issue in particular as well as the possible health effects of service in Vietnam in general. The Vietnam Mortality Study is designed to analyze and compare death rates and cause-of-death profiles of veterans with service in Vietnam and comparable veterans with no service in Vietnam.

The studies will use existing computer records to assemble a cohort of veterans and determine their mortality experience. It should be noted that the mortality studies will provide mortality information which may prove useful primarily in suggesting areas for further scientific study. These mortality studies will be conducted by researchers at the Veterans Administration Central Office in Washington, DC. The collection and coding of death certificates and the abstracting of military records will be done by VA contractors. We are currently evaluating submitted proposals and hope to sign contracts for these efforts shortly. It is anticipated that it will take approximately two years to complete the mortality studies.

Retrospective Study of Dioxins and Furans in Adipose Tissue of Vietnam-Era Veterans

The Environmental Protection Agency has been collecting adipose tissue from the U.S. general population.

This National Adipose Tissue Bank was initiated in 1968 and now contains specimens from approximately 6,000 individuals. Represented within this bank is adipose tissue from approximately 300 males born between 1938 and 1952. It is estimated that

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approximately 200 of these males may have served in the U.S. military during the Vietnam era and that as many as 70 may have served in Vietnam.

We are currently developing an agreement by which the VA would support an interagency study to be conducted at the EPA Dioxin Laboratory in Bay St. Louis, Mississippi. This will be a retrospective study of chlorinated dioxins and furans in human adipose tissue. The study is designed to establish background levels of 2, 3, 7, 8-TCDD in the U.S. male population. In addition, this study may serve as a means of determining whether service in the military and especially in Vietnam has had an effect on the levels of TCDD in the adipose tissue.

The proposed effort would involve a jointly-funded program between the VA and EPA to develop the research protocol and appropriate sampling and analytical methods. The actual analyses of the human tissues will be costly and time consuming. Data should be forthcoming within two-three years.

Chloracne Activities

The review of skin conditions to identify questionable cases which may be chloracne is continuing. Over 3,200 Rating Decision Sheets on skin condition claims have been reviewed by VA Central Office physicians. The medical records of questionable cases were reviewed by a dermatologist consultant at the Washington VA Medical Center who tentatively identified 12 cases requiring a further clinical review which will include a physical examination of those individuals.

We are now in the process of making arrangements for the physical examinations, including dermatology examinations, of these individuals at selected non-VA clinics. I anticipate that these examinations will be conducted during October.

8.

We intend to continue our review of Rating Decision Sheets provided by VA Central Office Compensation and Pension Service to determine possible chloracne cases and recommend selected claimants for special dermatological examination. Additionally, we will review and analyze Agent Orange Registry data relating to types of skin conditions being reported by participants.

I am confident that our current emphasis on chloracne-related activities will assist us in more effectively identifying and treating skin conditions which may be the result of exposure to Agent Orange.

Vietnam Service Indicator for Patient Treatment File

The Patient Treatment File (PTF) maintained by the Department of Medicine and Surgery has great potential for epidemiological research related to Vietnam veterans. A major problem with this automated file is that there has been no entry to identify those veterans who actually served in Vietnam.

The establishment of such an indicator, in most instances, will require a hand search of the individual veteran's service record. This would best be accomplished by a contract with an organization which has a proven record of expertise with this type of effort.

We intend to conduct a study to determine the feasibility and cost of obtaining a veteran's service history. Based upon the results obtained, we will then decide whether to obtain this information for all Vietnam-era veterans in the PTF.

Specially-Solicited Research Activities

Medical Research Services has recently approved 10 new Agent Orange research studies that will investigate the impact on basic biological processes of low levels of exposure to components of Agent Orange. Two other ongoing studies address these issues also. The studies include analysis of the impact of Agent Orange components on:

- o Liver cell function
- o Skin cell chemistry relating to chloracne
- o Neurobehavioral function

The basis of the design of each of these biological studies includes exposing a test biological system to one or more components of Agent Orange, and subsequently measuring abnormalities of biological function.

The chemicals used in these experiments which are the main component parts of Agent Orange are: 2,4-dichlorophenoxyacetic acid (2,4-D) and 2,4,5-trichlorophenoxyacetic acid (2,4,5,-T). In addition to these chemicals, Agent Orange (and some other herbicides used less frequently in Vietnam) contained varying amounts of a contaminant commonly referred to as TCDD (dioxin) which will also be a focus of studies to determine whether and how delayed toxicity is manifested after low-dose exposure. Such studies may provide clues for clinicians as to what medical tests would best identify delayed, toxic effects, if any, of exposure of veterans to herbicides in Vietnam.

The biological systems thought to be affected by exposure to TCDD are:

- o Liver function: When animals are exposed to TCDD and related compounds, these chemicals are stored in the liver and produce acute liver damage. It

would appear likely that any delayed harmful effects of exposure to low doses of such compounds would be manifested by subtle changes in the biochemistry of the liver. Seven of the funded research studies will investigate the delayed impact of exposure to Agent Orange components and the contaminant TCDD on various aspects of liver cell functions in a variety of species.

- o Skin: Chloracne is the one documented effect of low-dose exposure to Agent Orange in humans. One study will analyze the underlying biochemical events that lead to chloracne in a mouse model and in human tissue culture cells.
- o The nervous systems: Acute accidental poisoning with TCDD in man has led to a variety of usually-acute neuromuscular abnormalities. Four studies will systematically investigate the effect of the components of Agent Orange on neuromuscular function, sleep and behavior in a variety of animal models.

A new effort to solicit and support research on the special health problems facing Vietnam veterans has just begun. The Research and Development Office has sent forward to all VA medical facilities a solicitation for research studies dealing with disorders affecting Vietnam veterans and their families. It is anticipated that a significant number of new studies submitted in response to this solicitation will be supported in Fiscal Year 1983.

Monograph Series

Funding has been provided during FY 1982 for the preparation of a monograph series designed to provide useful scientific information on environmental factors that may have affected the health of military personnel serving in Vietnam.

11.

Monographs are planned on the following subjects: chloracne, birth defects and genetic counseling, insecticides used in the military, and Agent Blue.

Literature Analysis

Mr. Chairman, as you may know, the comprehensive literature review of worldwide scientific literature on Agent Orange and other phenoxy herbicides used in Vietnam has been completed in accordance with the provisions of Public Law 96-151. We have distributed this two-volume report (which includes an annotated bibliography and analysis of 1,200 scientific papers) widely within the VA.

Copies have also been provided to members of the White-House established Agent Orange Working Group, the Advisory Committee on Health-Related Effects of Herbicides, the National Academy of Sciences, the Office of Technology Assessment, the Departments of Agriculture and Defense, Surgeon General of the U.S. Air Force, Library of Congress, the Centers for Disease Control and other individuals, organizations, and scientific research groups. The successful completion of this review represents a step forward on the long road to understanding the complex health issues related to the use of herbicides. It will undoubtedly serve as an invaluable scientific resource which will assist scientists and others in identifying areas suitable for additional research.

We intend to periodically update this report and to augment it with a detailed critical assessment of all publications addressing herbicide exposure with particular emphasis on health consequences in humans. It is estimated that about 400 publications have appeared since October 1981. A critical review of these recent reports is needed in order to keep this effort current. The Veterans Administration will take necessary steps to ensure that the literature review and analysis remains as current as possible.

12.

Armed Forces Institute of Pathology (AFIP)

The Veterans Administration is continuing to cooperate with the Armed Forces Institute of Pathology in providing biopsy and autopsy materials for analysis to the Institute. This special registry was established in 1978 with the purpose of analyzing tissue samples to determine what diseases Vietnam veterans are suffering from, as reflected in biopsies or autopsies.

The VA has repeatedly emphasized the importance of the AFIP Registry and will continue to urge VA health care facilities to send pathological material obtained from any Vietnam veteran.

Education Activities

Mr. Chairman, our environmental physicians, as Agent Orange coordinators at our major VA health care facilities, remain the key link in examining and advising the veteran concerned about exposure to Agent Orange. In order to ensure that these health care staff remain completely abreast of the latest developments, nationwide conference calls are held on a regular basis. When required, special conference calls are scheduled on significant developments requiring their immediate attention.

In addition to the conference calls, relevant Agent Orange-related literature is periodically sent to the immediate attention of environmental physicians. Staff support within the Environmental Medicine Office is available to assist in the explanation of specific documents or to answer questions which may be raised by the information received from VA Central Office.

13.

Environmental physicians are encouraged to participate in important scientific meetings on Agent Orange and other environmental substances in order to keep abreast of scientific and medical developments. Members of our own VA Central Office staff played a key role in the planning and organizing of an "International Symposium on Chlorinated Dioxins and Related Compounds" which was held in Arlington, Virginia, on October 25-29, 1981. On October 12-14, 1982, Dr. Barclay M. Shepard, my special assistant, and Dr. Alvin L. Young will actively participate in the "3rd International Symposium on Chlorinated Dioxins and Related Compounds" which will be held in Salzburg, Austria. I have been advised that several of our environmental physicians are also planning to attend. Through such participation I am confident that our health care staff will remain professionally current with the latest findings on the short and long-range effects of Agent Orange and other environmental substances.

VA Public Information Activities

As part of our effort to inform Vietnam veterans, their families, and other concerned individuals and organizations about Agent Orange and the assistance provided by the VA, we produced and distributed to all VA field stations a videotape entitled "Agent Orange: A Search for Answers."

While a recent internal survey indicated that many thousands of people have viewed the program on television or in numerous groups of individual showings, we are encouraging greater use of the film.

We are very pleased to report that this videotape has received considerable acclaim from critics. The Health Education Communication Association and the Network for Continuing Medical Education presented an award of merit to the VA for "outstanding

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achievement in the use of television for education in the health sciences." The International Television Association (ITVA) awarded its Golden Reel of Excellence for the videotape's "highly-effective form of communication, which helped the user organization better achieve its stated goals." The program also was cited by ITVA for creativity, innovative techniques, and high-production value. In addition, the program also received an Emmy Award from the National Academy of Television Arts and Sciences.

We are delighted by this recognition and encourage all interested individuals to view this program.

The VA takes seriously its obligation to keep veterans informed about Agent Orange. We have also pursued other avenues to provide information and education to concerned Vietnam veterans and their families and VA employees on matters related to Agent Orange.

Early this year, an automated mailing list was developed from the Agent Orange Registry. In June, letters were sent to these veterans along with the first two of a new series of printed information material on Agent Orange. One of these pamphlets was devoted primarily to Public Law 97-72. A third pamphlet has been issued and a fourth is in production.

VA officials have participated in public seminars, news media interviews and other public forums dealing with the subject of Agent Orange.

VA Liaison with State Agent Orange Activities

At the present time, 18 states have initiated programs directly related to the Agent Orange issue. The VA is continuing its efforts to maintain an effective, ongoing

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relationship with each of these state programs. One of the prime responsibilities of our Agent Orange Research and Education Office is to insure that current and accurate information regarding VA Agent Orange-related activities is disseminated on a timely basis to the various states, as well as to veteran service organizations, government agencies, and interested parties. We consider it to be an essential part of our program to insure that the veteran population as a whole, and those who serve them at all levels, are fully informed both with regard to the current body of knowledge regarding the possible adverse effects of dioxins, as well as the status of VA Agent Orange programs.

To this end, the VA has provided the states with copies of all pertinent Agent Orange materials and we have extended to officials from all of these states an open invitation to attend the VA Advisory Committee meetings. Several of the states sent delegations to the meeting held on August 31.

The efforts are of a continuous nature and are beneficial to all concerned parties. As new states become involved in the Agent Orange issue, VA will include them in its information exchange program.

White House Agent Orange Working Group (AOWG)

We are pleased to report that the Veterans Administration is continuing to play an active role in the White House Agent Orange Working Group and its Science Panel.

This committee was established in July 1981 when the Interagency Group to Study the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants was expanded and elevated in status to the Cabinet Council level.

16.

The AOWG brings together policy officials and scientists from throughout the federal establishment to identify ongoing research activities on Agent Orange and related matters and to develop and organize the means to carry out additional needed scientific research.

The Department of Health and Human Services (DHHS) is the lead agency in the working group. In addition to DHHS and VA, the AOWG includes representatives from the Departments of Defense, Agriculture, and Labor, Environmental Protection Agency, Office of Management and Budget, Council of Economic Advisors, Office of Science and Technology and Office of Policy Development.

The AOWG has been very helpful to the VA in the review of our planned epidemiological study, mortality study, and other important research efforts. Through the AOWG mechanism, the VA also has been able to contribute to the success of Agent Orange research efforts conducted or sponsored by other federal departments and agencies. The more important of these research efforts are the U.S. Air Force's "Operation Ranch Hand" study and the Centers for Disease Control's Birth Defects Study.

We view our participation as vital to the scientific process and as fully consistent with the President's goal of ensuring "... that the full resources of the federal government are available to support the working group's continuing efforts."

Advisory Committee on Health-Related Effects of Herbicides

This committee, established in 1979, continues to meet quarterly at VA Central Office for the purpose of assembling and analyzing information which the VA needs to formulate medical policy and procedures on the complex questions surrounding veterans' herbicide exposure.

17.

During recent meetings the committee has discussed the VA epidemiological study and herbicide literature review, the VA-solicited in-house research program regarding Agent Orange and Agent Blue, the VA mortality study, international dioxin symposiums, the Air Force Health Study, the CDC Birth Defects Study, the proposed VA Twin Study, the AFIP Agent Orange Registry, the VA monograph series, and many other research activities and matters of concern to Vietnam veterans and scientists searching for answers to the difficult questions raised about the possible human health effects of herbicides.

The committee has been particularly helpful in advising the VA on the literature review and the epidemiological study. The literature review, published October 1981, was the subject of several sessions and considerable time and attention have been devoted to a critique of the proposed epidemiological study design.

Verbatim transcripts are prepared and made available to appropriate government offices and interested organizations and individuals. A copy of each transcript also is sent to all environmental physicians.

Policy Coordinating Committee

In recognition of the importance of the Agent Orange issue, the Administrator has reorganized and elevated in status the Policy Coordinating Committee (PCC) which was the Agency's central coordinating point for Agent-Orange related activities. The PCC develops policy for review and approval by the Administrator. It now is composed of the top leadership of the major departments and staff offices within the VA. Mr. Everett Alvarez, Jr., Deputy Administrator, chairs the PCC.

18.

I wish to conclude this part of my testimony on Agent Orange, Mr. Chairman, by again expressing the total commitment of the Veterans Administration to attempting to resolve the many issues relating to Agent Orange. Although there is no way that we, or anyone, can guarantee that ultimate and conclusive answers will be found to the extremely-complex medical and scientific issues stemming from the use of the defoliant Agent Orange in Vietnam, nevertheless, we will continue to vigorously pursue the search for those answers. These efforts will center not only on our own research initiatives, but will be closely interfaced with the intensive research now underway by other federal, public and private institutions.

Readjustment Counseling

The Vietnam-era Veterans Readjustment Counseling Program has seen a number of important developments in recent months.

In January, the Veterans Administration vested responsibility for this program in a new independent professional service--the Readjustment Counseling Service--and established that service on the same administrative level as Medical, Surgical, Nursing, Prosthetics, etc.

A new program director was appointed by the Administrator of Veterans Affairs on February 10, 1982, following an intensive and thoughtful search and selection process. The new Director of the Readjustment Counseling Service, psychiatrist, Arthur S. Blank, Jr., M.D., is a Vietnam veteran and has been psychiatric consultant to the program since its earliest planning stages in 1979.

19.

A third leadership initiative was taken on June 1, 1982, when a new position was created, Chief of Counseling Services, and an expert clinician Dr. Raymond M. Scurfield from the Brentwood VA Medical Center was hired for this position.

Underscoring the significance the Administrator attaches to the Readjustment Counseling Program is the establishment in November 1981 of a high-level Agencywide steering committee to monitor the program.

Improving the management and organization of the Vet Center Program has been one of our top priorities. In addition to augmenting our Central Office program management group, we have taken steps to strengthen the offices of our six Regional Coordinators who oversee Vet Center operations in their respective regions. During the developmental phase of the program, each of these important offices was staffed by a Regional Coordinator and a single secretary. Each Regional Office now has an Assistant Coordinator for Administrative Services, and we are further strengthening the Regional Coordinators' staffs with the appointment of an Assistant Coordinator for Clinical Services and an additional secretary.

From an organizational standpoint, the most important development of recent months has been the publication of a new program circular, which clarifies lines of authority and responsibility. It contains several key elements:

- a. The responsibilities of the Director and the Readjustment Counseling Service staff in Central Office for overall supervision and management of the program are spelled out. The Director and his staff have direct operational control of the Vet Center system through the Regional Coordinators and, within Central Office, report to the Deputy ACMD for Professional Services and to the Chief Medical Director through the Associate Deputy Chief Medical Director.

b. The responsibilities of the Regional Coordinator's staff are also clarified. We have established clear lines of authority and responsibility from Vet Centers to the Regional Coordinator's staff to the Readjustment Counseling Service in Central Office. The Regional Coordinators are responsible for selection and all supervision of the Team Leaders, and the program director is responsible for selection and all supervision of the Regional Coordinators. We have also spelled out the relationship between Vet Centers and their local VA Medical Center parent facilities. The circular directs that the parent VA medical center is responsible for providing the Vet Center all required support services. On professional matters, the medical center's role with respect to the Vet Center operations is to be consultative and collaborative only.

As part of our reconstituting of the management and organization of the readjustment counseling program, we have instituted financial and accounting procedures which track all program funds and maintain their earmarked character at the local level.

As you know, Mr. Chairman, we have also established a mechanism to contract with private sector providers to furnish readjustment counseling services to Vietnam-era veterans who do not have access to one of our Vet Centers. We are using a decentralized model with a contracting committee at each of 122 medical centers. The contracting committee includes two members of a Vet Center staff in each instance. As of August 31, over 300 contracts had been awarded. We are currently evaluating the quality and effectiveness of this new mode of service delivery.

That concludes my statement, Mr. Chairman. I will be pleased to answer any questions you or members of the committee may have.



Statement of
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by

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THE AMERICAN LEGION

and

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

before the

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

on

AGENT ORANGE/VET CENTERS

SEPTEMBER 15, 1982

STATEMENT OF JOHN F. SOMMER, JR., DEPUTY DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS AFFAIRS
HOUSE OF REPRESENTATIVES
SEPTEMBER 15, 1982

Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates the opportunity to appear before this Subcommittee today to present our views on two major issues that are of extreme importance to Vietnam veterans, their families, and to The American Legion; Agent Orange research and the Vet Center program.

A substantial amount of research relating to the health effects of exposure to Agent Orange, aside from the study mandated by PL 96-151, is currently either underway or in the planning stages, and we will, with your permission Mr. Chairman, comment on several of those projects.

At the outset we will address the status of the protocol of the epidemiological study of long-term health effects of Agent Orange exposure mandated by section 307 of PL 96-151; to include a brief chronology of events that have transpired heretofore. A contract for preparation of the protocol was negotiated with the UCLA School of Public Health by the Veterans Administration in May 1981. A partial draft protocol was submitted to the VA in August 1981, and it was provided to the Office of Technology Assessment Agent Orange Advisory Panel, the Agent Orange Working Group, and the VA Advisory Committee on the Health-Related Effects of Herbicides for the purpose of peer review. Following the series of peer review the incomplete design was returned to UCLA along with extensive recommendations and other comments.

A revised protocol was resubmitted to VA early this year and was again reviewed by the three peer review groups in February and March 1982. Following UCLA's consideration of the comments and implementation of some of the recommendations and suggested changes emanating from the second review process, the revised protocol

was again returned to Veterans Administration Central Office on April 28. At the present time the National Academy of Sciences is conducting a review of the protocol, and that agency should report its recommendations to VA later this month. The next step is to implement the pilot study to determine the feasibility of the Congressionally mandated epidemiological study, and it is at this juncture that The American Legion must proffer several points of concern.

Prior to the implementation of the pilot study, a request for proposal (RFP) must be published by VA for the purpose of securing proposals from qualified universities and scientific firms interested in conducting the study, so that a contract may be let. We feel that the RFP should be put out as expeditiously as possible, so as to prevent additional lost time.

However, there is also an ancillary problem that needs to be resolved post haste. The Agent Orange Working Group has recommended that the study be expanded to include a third cohort of veterans who did not serve in Vietnam, in addition to the two cohorts contained in the UCLA protocol, both of which would be composed of Vietnam veterans; one group who were likely to have been exposed to Agent Orange and another that were most likely not exposed. Use of the third cohort would expand the study, as authorized by PL 97-72, to include other factors of Vietnam service, as well as the research on the effects of Agent Orange exposure.

Subsequent to the AOWG recommendation, in April 1982 the Army Agent Orange Task Force was directed to begin a search for the purpose of establishing the third cohort. However, the project was ordered stopped on July 15, pending further guidance from VA on the method of selection of the third cohort - guidance which has yet to be issued.

To The American Legion it would appear that a difference of opinion exists as to whether or not the study should be expanded to include the third cohort of veterans. We would have no objection to such an expansion, so long as it would not diminish the emphasis placed on determining the health effects of Agent

Orange exposure. The salient point is that time is of the essence. A decision must be made now as to whether the study will include two or three cohorts of veterans. If it is decided that the third group is to be added, we would urge that the VA provide the necessary guidance to the Army Agent Orange Task Force so that they may proceed with their selection process. Failure to exercise decisiveness on this issue will only cause further delay in the commencement of the pilot study.

The timeliness of reporting study results is also essential. Granted, an important phase of the proposed study will track the long-term effects of Agent Orange exposure, but they are of no instant use to the affected veterans. Particular immediate effects of exposure have been questioned such as chloracne and certain sarcomas. Therefore, it will be necessary to promptly identify and report any such effects that are found in order to be of value to Vietnam veterans who were exposed.

Reportedly, two oversight committees are to be established by the Veterans Administration - scientific oversight and human rights oversight - the members of which are to be appointed before the pilot study begins, and are to include veterans organization representation. To The American Legion the formation of such committees for the purpose of monitoring the epidemiological study and providing intrinsic input where appropriate is certainly commendable.

Mr. Chairman, our final concern with the PL 96-151 study is related to the conduct thereof. As has been expressed on many occasions, the Legion is opposed to the Agent Orange study being conducted by the Veterans Administration, not because we doubt the integrity of the VA, but because we are concerned that the end results may be subject to question concerning possible conflict of interest, and it is felt that the findings of an independent scientific entity would be more readily acceptable to Vietnam veterans. We feel strongly that the study should be completed on a contract basis.

PL 96-151 also directed that a comprehensive review and analysis of the available literature on dioxin be completed. Under

contract, approximately 1200 scientific publications were reviewed and have been incorporated into a two-volume report. We are pleased to note that a summary of the literature analysis, written in lay language, has been proposed.

Mr. Chairman, we will now offer comment on some of the other aspects of Agent Orange related research that is currently being carried out by VA, other Federal Agencies and by private entities under contract to the government. The American Legion is monitoring all of these studies, within the limits of our capabilities, and it is hopeful that the conclusive results of each of the projects will complement the total Agent Orange research effort.

The examination of Ranch Hand personnel, those Air Force personnel who were directly involved in Agent Orange spraying missions in Vietnam, is currently underway, and we understand that an excellent rate of participation among the over 1200 individuals who served in that unit is being experienced. The study is composed of three elements; a mortality study, a morbidity study, and a follow-up. The questionnaire involved in this investigation is being administered under contract by the Harris Organization, and the physical examinations and laboratory studies are being conducted by the Kelsey-Seybold Clinic in Houston, Texas on a contract basis. The results of this study should be known by late 1983.

The Center for Disease Control in Atlanta is conducting a study that is designed to determine whether or not veterans who served in Vietnam are at a higher risk of producing offspring with serious birth defects. The test population consists of approximately 7500 babies with birth defects born in the Atlanta area between 1968 and 1980, the identity of which were extracted from the CDC birth defect registry. Where possible, the parents of the subject babies are being interviewed to determine the factors which may be responsible for the occurrence of the abnormalities, including service in Vietnam and possible exposure to toxic substances which may be attributable thereto. Reportedly, CDC is experiencing a good participation rate in this study, and the results are expected to be available by the end of 1983.

It should be noted that in both the Ranch Hand and CDC Birth Defect studies the use of control groups have been implemented.

The Armed Forces Institute of Pathology, since 1978, has been collecting pathologic material, including tissues extracted during surgical procedures and during autopsy procedures of Vietnam veterans, from VA medical centers, Armed Forces hospitals and from medical facilities in the private sector, for the purpose of surveying the illnesses that have been incurred by these Vietnam veterans. It was recently reported that 800 cases have been submitted to AFIP to date, and a total of 249 different diagnoses have been made. It has been proposed that matched controls be developed using cases of veterans treated in the same VAMCs from which the samples were submitted, and who did not serve in Vietnam. To do so will require a close cooperative effort between VACO and AFIP. We are not epidemiologists. However, the Legion does recognize the importance of the use of matched controls for comparison purposes in a significant study of this nature, and we would certainly urge the cooperation of the two organizations in this effort.

The Veterans Administration has begun preliminary work on a Vietnam veteran mortality study which will draw a comparison of death rates and the causes of death between groups of veterans who served in Vietnam and those who did not. VA estimates that this study will be completed in Mid 1984.

An identical twin study is currently being designed by the VA at the St. Louis VAMC. The proposed study will compare a significant number of pairs of twins; one of whom served in Vietnam and the other who was in the military but was not in RVN, to examine the effects of the Vietnam experience. This study is expected to be concluded in late 1984 or early 1985.

Ten additional research projects have recently been approved by the Administrator of Veterans Affairs, selected from proposals submitted by individual investigators working in VA medical centers, in response to a request for new research proposals issued by VA Medical Research Service, which specified a biochemical, physiological or toxicological focus on the delayed

effects of exposure to Agent Orange and other herbicides. The research projects for the most part involve animal studies, but human tissue cultures will be analyzed in some of the experiments, such as biochemical studies of fat metabolism. The new projects are supported for up to five years with VA research funds in excess of \$2 million.

The Government of Australia became involved in the issue of Agent Orange in late 1979, and at the present time a study of major birth defects and a mortality study are underway, and a protocol for a morbidity study is in the development stages. Approximately 45,000 members of the Australian Army, Navy and Air Force served in Vietnam.

Mr. Chairman, we have presented this compendium of major Agent Orange and related research projects to demonstrate the magnitude of the total effort being put forth to determine the possible consequences of exposure, which is illustrative of a much different scenario than the inert picture we apprehensively viewed when dioxin exposure first became an issue of great concern. However, as was previously stated, time is of the essence in this critical matter. Three years have passed since the enactment of PL 96-151, and even a pilot study has yet to commence. Now it appears that the majority of conditions are such that the Veterans Administration is prepared to proceed with this scientific study. The American Legion urges that VA act in an expeditious manner in the consideration and implementation of the NAS recommendations upon receipt thereof.

The basic policy of the Legion on this issue is that it is the responsibility of the United States Government to determine the health problems that may be the result of Agent Orange exposure and be prepared to accept the consequences of its own actions regardless of what those consequences may be, and regardless of the cost.

Mr. Chairman, The American Legion is convinced that the Vet Center program as established under Public Law 96-22, and extended under Public Law 97-72, is accomplishing the purpose for which it was designed, within the limits of the

framework of the program. To expand on that statement, the reasons for which Vietnam veterans visit the Vet Centers seeking assistance have been categorized into sixteen definite problems. The problems expressed by the largest number of veterans seeking assistance are vocational in nature - employment and employment training - and in many cases the Vet Center teams are not prepared to deal with this problem, which is understandable, since the primary mission of the Vet Centers is to provide readjustment counseling. However, the Program Director and The American Legion's Economic Division staff have recently broken ground in this area, and it is hoped that increased involvement in employment problems will develop in the future.

Our Field Representatives visit the Vet Centers during site visits to VA medical centers throughout the country, and we report their findings to the officials responsible for management of the program, along with additional comments and recommendations where necessary. These reports, for the most part, have contained positive comments and have been complimentary of the program.

A total of 128,909 veterans have been seen at the Vet Centers during 541,481 visits. A substantial number of spouses and other family members have also received counseling.

Recent increases in the staffing of the offices of the Regional Coordinators should certainly prove effective in increasing the supervisory and administrative capabilities of these individuals. The Regional Coordinators have been besieged with problems since the inception of Operation Outreach. Because of the number of Vet Centers within their jurisdictions and the geographical locations thereof, it has been difficult at best for the Regional Coordinators to provide direct supervision and otherwise respond to needs of the teams for which they are responsible. This was compounded at one point in time when a 60 percent reduction of travel funds for program officials was experienced. The American Legion feels that the need for the additional staff was more than substantially justified.

The Operation Outreach program has been expanded, and as of

August 30, there were a total of 133 operational Vet Centers and satellites. There are also over 300 contract providers of services currently on line.

We would like to offer one recommendation with respect to the guidance and training that is provided the Vet Center teams. In a small number of instances we have found that Vet Center staff were not familiar with the VA Regional Office, the services available therein, and the proper procedures for applying for VA benefits. Likewise, there have been a few times that Legion representatives have found that responsible information on the issue of Agent Orange was not readily available.

It should be reiterated that these situations have been few in number. However, we feel that it is important that all team members be aware of the activities of the Regional Offices, have some knowledge of veterans benefits and how to apply for them, and be able to provide veterans with up-to-date information on Agent Orange.

In conclusion, The American Legion will continue to support the Vet Center program. It has proven to be effective in assisting a large number of Vietnam veterans in overcoming psychological and social problems stemming from their military service. A substantial percentage of those benefitting from the services available at the Vet Centers are combat veterans who have had a great deal of difficulty in making the adjustment from Vietnam service into a civilian society, and many are suffering from post-traumatic stress disorder and other problems related to their war service. The number of Vietnam veterans seeking help and counseling has increased, and it can only be hoped that those individuals bearing the greatest burdens will be able to be reached.

Mr. Chairman, that concludes our statement.

STATEMENT

BY

BART KULL, SPECIAL ASSISTANT TO THE
DEPUTY UNDER SECRETARY FOR
INTERGOVERNMENTAL AFFAIRS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
ALTERNATE CHAIR
AGENT ORANGE WORKING GROUP OF THE
CABINET COUNCIL ON HUMAN RESOURCES

BEFORE THE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

September 15, 1982

Mr. Chairman and members of the subcommittee:

I am Bart Kull, Special Assistant to the Deputy Under Secretary for Intergovernmental Affairs, Department of Health and Human Services, and Alternate Chair of the Agent Orange Working Group of the Cabinet Council on Human Resources.

I am pleased to have this opportunity to appear before the Subcommittee on Oversight and Investigations to report on the activities of the Agent Orange Working Group.

I am accompanied today by Dr. Vernon Houk, Acting Director of the Center for Environmental Health of the Centers for Disease Control who chairs the Working Group's Science Panel.

As you are doubtless aware, the Agent Orange Working Group is an expansion and continuation of the Interagency Work Group to Study the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants (IWG). The IWG was chartered by the White House in late 1979 and held its first meeting in February, 1980. Meetings of both the Working Group and its Science Panel have been held regularly since that time.

As originally structured, the Working Group was comprised of three agencies -- the Department of Health and Human Services; Department of Defense and the Veterans Administration -- as full members. The Department of Health and Human Services was designated the lead agency, and the Departments of Agriculture and Labor, the Environmental Protection Agency and the Congressional Office of Technology Assessment fully

participated as observers. The General Accounting Office has been kept abreast of developments. Additionally, the White House Office of Science and Technology Policy participated as an ex-officio member.

When this Administration assumed office, the excellent work of the Interagency Work Group was reviewed and a decision was made by the President to upgrade its visibility, to encourage accelerated development of research, and to broaden the availability of resources and personnel. In July, 1981, President Reagan announced that he was re-establishing and expanding the Working Group, renaming it the Agent Orange Working Group, and raising its status to Cabinet Council working group level.

As such, the Working Group reports to the White House Cabinet Council on Human Resources which is chaired by Secretary of Health and Human Services Richard Schweiker. This action clearly reflects the President's commitment as well as that of Secretary Schweiker to the goals of the Working Group and accords the highest priority to its mission. I would like to offer for the record a copy of Secretary Schweiker's August 21, 1981, memorandum which formally re-established the Working Group (Attachment A).

Under its new charter, the Department of Health and Human Services continues as the lead agency with full participation by the Veterans Administration and the Department of Defense.

In addition, the Departments of Agriculture and Labor and the Environmental Protection Agency were also designated as full members as were the ACTION Agency, the Office of Management and Budget, the Council of Economic Advisors, and the White House Office of Science and Technology Policy and Office of Policy Development. The Congressional Office of Technology Assessment continues as an observer.

Because of the increasing need of members to establish enhanced communications with other nations of the world involved in similar research, Secretary Schweiker extended an invitation to the Department of State to assume membership of the Working Group. The invitation was readily accepted, and since May 15, 1982, the Department of State has been a participating member.

The Working Group does not itself conduct any research, but is charged with being the overall monitor, coordinator, and information clearing house for the Federal research activities seeking conclusions about the possible health effects of exposure to phenoxy herbicides with an emphasis on Agent Orange. The working group is advised by a panel of knowledgeable scientists from the participating government agencies.

Mr. Chairman, I believe the Administration, the Congress, this committee, members of the Working Group and veterans share a common commitment and goal. As I testified before the Senate Veterans Affairs Committee last November, the concerns

of possible long term adverse health effects as a result of exposure to Agent Orange are very real. They demand answers. They demand the kind of deliberate, objective research that will provide those answers. We share a responsibility to turn aside demands for quick and easy answers based on assumptions rather than facts. We also share a responsibility to turn aside from any interests that might seek to sweep this issue under the rug or unnecessarily delay its resolution. We seek the truth of this matter and to reveal openly as much truth as can be found.

I can assure you that a great deal of 'seeking' is being done. I am pleased to report to you that those efforts show promise of bearing fruit in the foreseeable future.

For example:

The Centers for Disease Control's Birth Defects Study is collecting data on 7,500 case families in the Atlanta area who have given birth to children with major structural malformations. A control group of 3,000 case families who have given birth to structurally normal children during the same time period has been gathered. The children of those who served in Vietnam will be identified. If the study demonstrates that Vietnam veterans are at increased risk of fathering a child with birth defects, it must then be determined, if possible, whether the increase is associated with exposure to Agent Orange or with some other factor. The CDC expects to report out preliminary results of that study by late Fall, 1983.

The Centers for Disease Control's National Institute of Occupational Safety and Health reports steady progress in the development of the Worker Dioxin Registry. The registry will include work and exposure histories of persons engaged in the manufacture of compounds related to 2,4,5-T, the component of Agent Orange containing dioxin. The intent of this registry is to determine whether or not these industrial workers are at greater risk of unusual patterns of illness or death as a result of their association with the chemical. Since 1979, NIOSH has been collecting work histories going back to the 1940's. The preliminary analysis of the early results will occur in late 1983.

The Air Force "Ranch Hand" Study is expected to yield preliminary results in late Fall, 1983. Pilots and other assigned personnel of the code-named "Ranch Hand" aerial spraying project of the Vietnam conflict are participating (approximately 1200 individuals). These men were heavily exposed to Agent Orange. An equal number of matched controls has been selected. In March of 1981, an Advisory Committee was formally chartered to review and oversee the Air Force study of Ranch Hand personnel and to provide technical assistance. The Advisory Committee is composed of experts in environmental medicine, clinical medicine, epidemiology, toxicology, with specific research with dioxin and biostatistics. This Advisory Committee is under the auspices of the Department of Health and Human Services and was established to advise the Secretary and

the Chair of the Agent Orange Working Group concerning its oversight of the conduct of this study by the Air Force. The Working Group expects to receive a report from the Advisory Committee this Fall, after their meeting on September 28-29. The Working Group also monitors the study at its monthly meetings with reports from the DoD representative. Generally, the Working Group believes the study is progressing as planned with good participation by subjects. We will defer to the Air Force Deputy Surgeon General, Major General Chesney, who will inform the committee about the current status of this study.

Two Veterans Administration studies are scheduled for completion in the relative near-term.

The Vietnam Veterans Mortality Study will analyze the cause of death among Vietnam veterans since the conflict in an effort to determine if they have been subject to unusual patterns of illness as cause of death. This is a "Vietnam experience" type of study and, as such, is not limited to Agent Orange. The VA advises us that a final report is expected in July of 1984.

Additionally, the Veterans Administration is developing the protocol for a unique study known as the "Twins Study." It will utilize approximately 450 to 500 identical twins ...one of whom served in Vietnam, the other of whom did not. Again, this is a "Vietnam experience" study that will probe the more subtle health differences that may become evident because of the fact of service and non-service in Vietnam. Again, initial results are expected in mid-1984.

Of considerably longer duration will be the massive Veterans Administration, Congressionally mandated, Epidemiology Study. The Veterans Administration has advised the Agent Orange Working Group that a final review of the protocol is being completed by the National Academy of Sciences; and, requests for proposals to conduct the pilot phase are due to be sent out shortly. Subsequently, a contract or contracts for the pilot study will be awarded. We have been advised by the Veterans Administration that completion of the pilot phase is anticipated by December, 1984 with the projected completion of the bulk of the main study slated for the end of 1987. The Veterans Administration has reported to the Agent Orange Working Group that it has budgeted \$12.6 million dollars for the Fiscal Years 1982-84 for the financing of the Epidemiology study.

The Army Agent Orange Task Force and the Science Panel of the Agent Orange Working Group are devising the means to provide appropriate individuals for use in this important research effort.

For the information of the subcommittee, I am submitting a brief fact sheet of the various research activities completed and underway in the Federal sector (Attachment B).

One final note which does not pertain to specific Federal research, but which is of importance to the Working Group:

During the past several months, a number of State legislatures have enacted legislation ...or are preparing to do so

...which addresses the concerns of Vietnam veterans in the area of herbicide exposure and health effects. I have had the opportunity to appear before State Agent Orange Commissions including those of New York, New Jersey, Pennsylvania and have most recently met with a delegation of commission members from Illinois. A positive cooperative relationship between Federal efforts and those of the States is being established. Along with the sharing of information between the States and Federal Government, we have encouraged the various states to form an interstate informational structure. I am advised that this is currently being undertaken.

The Agent Orange Working Group's Public Affairs arm provides the news media, veterans publications and other interested parties with information concerning its progress on an ongoing basis.

In summary, we are generally encouraged with the progress of substantive research which is going forward with the coordination and oversight of the Agent Orange Working Group. The prospects for relatively near-future results in some areas are promising. The attitude of research administrators and policy personnel of the Working Group toward the critical importance of this matter to veterans and their families is positive. Our relationship with the Congress, State Commissions, Veterans Organizations and individual veterans is cooperative. Our shared sense, both of urgency and of the requirement for valid research effort is, I am convinced, present.

We will continue to avoid any pre-judgement of the outcome of research. Our task is to provide the Administration and Congress with objective information upon which enlightened public policy decisions can be formed.

That is the job assigned ...and that is the job being performed.

Thank you, Mr. Chairman and members of the Subcommittee. We will be happy to respond to your questions.



THE WHITE HOUSE

WASHINGTON

AUG 21 1981

MEMORANDUM FOR: SECRETARY OF DEFENSE
SECRETARY OF AGRICULTURE
SECRETARY OF LABOR
DIRECTOR, OFFICE OF MANAGEMENT AND BUDGET
ASSISTANT TO THE PRESIDENT FOR POLICY
DEVELOPMENT
CHAIRMAN, COUNCIL OF ECONOMIC ADVISERS
DIRECTOR OF ACTION
ADMINISTRATOR, ENVIRONMENTAL PROTECTION AGENCY
ADMINISTRATOR OF VETERANS AFFAIRS
DIRECTOR, OFFICE OF SCIENCE AND TECHNOLOGY
POLICY

Rich Schweiker

FROM : SECRETARY RICHARD SCHWEIKER
CHAIRMAN PRO-TEM, CABINET COUNCIL
ON HUMAN RESOURCES

SUBJECT : Agent Orange Working Group

The Administration has reviewed the excellent work of the Interagency Work Group to Study the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants and believes that it has made significant progress toward fulfilling its important mandate. By bringing together knowledgeable scientists from the various Federal departments and agencies the Work Group has identified ongoing research activities on phenoxy herbicides and contaminants and begun to develop and organize the means to carry out additional needed scientific research.

President Reagan shares the widespread public and congressional concern over possible adverse health effects among Vietnam veterans exposed to Agent Orange and other substances. The President stated, during his meeting with national veterans organization leaders at the White House on July 17, 1981, that the Administration is giving special consideration to those concerns of Vietnam veterans.

At the White House meeting, the President announced that the administration had re-established an expanded Working Group as the Agent Orange Working Group and raised its status to Cabinet Council level. The President is personally determined to assure that the full resources of the Federal government are

available to support the Working Group's continuing efforts. The decision to re-establish and expand the membership of the Working Group and to make it an integral part of the Cabinet Council on Human Resources reflects the President's commitment and accords the highest priority to its mission.

As Chairman Pro-Tem of the Cabinet Council on Human Resources, I am, accordingly, reaffirming by this memorandum the Agent Orange Working Group's mandate of December 11, 1979 and providing specific guidance as to how that mandate is to be carried out in accordance with the Cabinet Council's decisions.

The Department of Health and Human Services shall continue to have lead responsibility for overall direction and management of the Agent Orange Working Group. The Secretary of Defense and the Administrator of Veterans Affairs shall continue to assure that their respective agencies participate fully in all Working Group activities. The Departments of Agriculture and Labor and the Environmental Protection Agency, each of which have until now been observers, shall assume full membership and their respective agency heads shall assure that those agencies participate fully in all Work Group activities.

In addition, ACTION, the Office of Management and Budget, and the Council of Economic Advisers, as well as the White House Office of Science and Technology Policy and the Office of Policy Development, shall assume membership on the Working Group and the heads of those agencies and offices shall assure that the resources of their respective agency or office are fully available to support it.

Also, the congressional Office of Technology Assessment, which has been actively involved in all Working Group activities as an observer, will be invited to continue to participate in that capacity, and the General Accounting Office, which has been extremely helpful to the Working Group in the past, will continue to be kept abreast of developments and invited to advise and assist as appropriate.

The Working Group has initiated research efforts designed to find answers to many of the questions surrounding Agent Orange that have been raised. These efforts include the birth defects study being conducted by HHS' Centers for Disease Control, the Ranch Hand Study being conducted by the Air Force, the epidemiological study being planned by the Veterans Administration pursuant to P.L. 96-151, and the compilation by HHS' National Institute of Occupational Safety and Health of a national registry of workers exposed to dioxins. Each of these research activities, as well as the other important research

activities being conducted under the overall guidance of the Working Group, are to be continued without interruption or delay.

The Working Group has developed an impressive record of scientific objectivity, impartiality and integrity and it is imperative to the success of the Working Group effort that this record and the Group's credibility be maintained. In this regard, regular progress reports to the Cabinet Council, the Congress and the public will continue to be made by the Agent Orange Working Group.

To assure effective leadership of the Working Group, I am hereby appointing James Stockdale, HHS Deputy Under Secretary for Intergovernmental Affairs, as Chair. Also, I am appointing Dr. Vernon N. Houk of the Center for Environmental Health of the Centers for Disease Control as Chair of the Working Group's Science Panel. In addition, I am appointing HHS Legal Counsel Leslie A. Piatt, who has served as legal adviser to and staff director of the Working Group since its inception, to continue in those capacities. I know and believe you will find that these individuals share my commitment to carrying out this important mission.

Please review your representation on the Working Group to assure that your agency or office is adequately represented by appropriate technical experts, scientists and policy-level officials. In order to facilitate the Group's effectiveness, it is of course important that each agency's total membership be limited.

The first meeting of the full Working Group has been scheduled for Friday, August 28, 1981 and a meeting of the Science Panel will be scheduled for shortly thereafter. Accordingly, please let Mr. Bart Kull, Special Assistant to the Deputy Under Secretary for Intergovernmental Affairs (245-6156), or Dr. Peter Beach, HHS Director of Veterans Affairs (245-2210), know as soon as possible the name(s) of your designated representative(s) so that briefing materials may be forwarded to them.

Attached for your information is a copy of the memorandum of the Executive Secretary to the Cabinet Council on Human Resources establishing the Working Group.

Attachment

cc: Comptroller General of the United States
Director, Congressional Office of Technology Assessment
Mr. Robert Carleson
Mr. Edwin Gray



July 7, 1982

MEMORANDUM TO: All State Veterans Departments/
Agent Orange Commissioners/
Veterans Service Organizations and
Coordinators, etc.

The attached Fact Sheet may be helpful to you and your organization. Please circulate to any group you represent.

Dr. Peter E.M. Beach
Director of Veterans Affairs/HHS
Staff Director
Agent Orange Working Group

Attachment

CABINET COUNCIL ON HUMAN RESOURCES

**AGENT ORANGE WORKING GROUP
(AOWG)**

**FACT SHEET
ON SCIENTIFIC RESEARCH
OF THE FEDERAL GOVERNMENT**

Membership:

- o Department of Health & Human Services (Lead Agency)
- o Department of State
- o Department of Defense
- o Department of Agriculture
- o Department of Labor
- o Office of Management & Budget, Executive Office of the President
- o White House Office of Policy Development
- o Council of Economic Advisors
- o ACTION
- o Environmental Protection Agency
- o Veterans Administration
- o White House Office of Science & Technology Policy

Observer:

- o Congressional Office of Technology Assessment

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ON AGENT ORANGE

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Mr. Bart Kull, HHS
Alternate Chair and Chair, Public Affairs Panel
(202) 245-6156

Dr. Vernon Houk, HHS (CDC)
Chair, Scientific Panel
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Dr. Peter E.M. Beach, HHS
Staff Director
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Mr. Maurice LeVois,
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Dr. Donald Barnes
Environmental Protection Agency
(202) 382-2897

This Fact Sheet of Agent Orange Research was compiled by the Agent Orange Working Group to inform the interested public about current U.S. Federal Government research on phenoxy herbicides and their contaminants. The list describes ongoing research and demonstrates the breadth of research efforts. Interested persons may obtain further information on these studies by contacting the representative, as listed in the Fact Sheet, from each Federal agency conducting research.

This Fact Sheet, describing the forty-six federal studies and research projects completed and underway, is a clear illustration of the time and effort and funding that has been expended in the Federal arena and demonstrates the government's positive effort to seek answers to the Agent Orange question.

The Agent Orange Working Group has the responsibility for overseeing such research and disseminating information to the public as it becomes available. In light of this mandate, the Working Group has compiled this list. The Working Group will also assure that research findings are promptly made available to the public as data are gathered and analyses are completed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (24 studies):

- Title : Bioassay of Octachlorodibenzo-p-dioxin
- Results : Terminated due to unavailability of purified chemical.
- Title : Carcinogenesis Bioassay of 2,3,7,8-Tetrachlorodibenzo-p-dioxin in Swiss Webster Mice
- Results : This compound found carcinogenic for B6C3P-1 mice and Osborne-Mendel rats producing liver and thyroid tumors.
- Title : Carcinogenesis Bioassay of 2,3,7,8-Tetrachlorodibenzo-p-dioxin in Osborne-Mendel Rats and B6C3F1 Mice
- Results : This compound found carcinogenic for Swiss-Webster female mice producing tumors of the integument.
- Title : Bioassay of a Mixture of 1,2,3,6,7,8- and a Mixture of 1,2,3,6,7,8- Hexachlorodibenzo-p-dioxins for Possible Carcinogenicity
- Results : Under the conditions of this bioassay, HCDD was not considered carcinogenic for Swiss-Webster mice.
- HCDD administered by gavage was carcinogenic for Osborne-Mendel rats and B6C3F1 mice producing tumors of the liver.
- Title : Comparative Species Evaluation of Chemical Disposition and Metabolism of 2,3,7,8-Tetrachlorodibenzofuran (TCDF) in Rat, Monkey, Guinea Pig and Two Strains of Mice
- Results : The speed of metabolism and excretion correlated inversely with the observed acute toxicity of TCDF in these species.
- Title : Neurotoxicity of 2,4-D in Rodents
- Results : Single oral doses of 2,4-D indicate a persisting effect (4-8 weeks) on fore- and hindlimb grip strength in male Fisher rats. Other neurobehavioral tests to measure the effects on sensory and motor functioning, affective behavior, learning, and memory have been undertaken.

Title : Studies of the Chemical Disposition and Metabolism of Octachlorodibenzodioxin (OCDD)

Results : Discontinued because chemical could not be purified.

Title : Effects of Agent Orange Components on Male Fertility and Reproduction

Objective : Sperm number and morphology, mating frequency, fertility efficiency, dominant lethal mutation, incidence of congenital malformations, viability of offspring and sisterchromatid exchanges are being measured in male mice fed large doses of the constituents of "Agent Orange" and will be published soon.

Title : Mutagenicity Studies of TCDD, 2,4-D, 2,4,5-T and Esters of 2,4-D and 2,4,5-T

Objective : The Ames test for point mutations, Drosophila tests for six-linked recessive mutations and mammalian cell tissue culture tests for chromosomal aberrations are almost complete and have yielded negative results so far.

Title : Implications of Low Level Exposure to Dioxins

Objective : Two year dietary exposure to 5 and 50 parts-per-trillion TCDD will include clinical and behavioral evaluation of toxicity and fat biopsies to measure TCDD bioaccumulation in rhesus monkeys.

Title : Mechanisms of Toxicity of the Chlorinated-p-dioxins

Objective : In viro and in vitro metabolism of TCDD and examinations for the presence of receptor sites in different rodent species is in progress.

Title : Research Toward Understanding the Molecular Level Mechanism of Toxicity of TCDD and Related Compounds.

Objective : An ongoing activity to determine the structure and electronic properties of the dioxin receptor in order to understand the mechanisms of toxicity.

Title : Synthesis of Selected Tetrachlorodibenzo-p-dioxins and Related Compounds as Analytical Standards

Objective : It is anticipated that another year will be necessary to have a minimum set of standards in hand before analytical method development can truly begin.

Title : Dioxin Registry

Objective : To establish a registry of all workers in the United States who have been associated with the synthesis of 2,4,5-T. The registry will include work and exposure histories for all registrants. The registry will be utilized initially for a retrospective cohort mortality study, and the workers will be followed prospectively. In the future, an evaluation will be made of the registry to determine if the cohorts can be utilized for studies of morbidity and reproductive outcome.

Title : Soft Tissue Sarcoma Investigation

Objective : To determine the association between occupational exposure to herbicides such as 2,4,5-T and the development of a malignant tumor known as soft tissue sarcoma.

Title : Investigation of Leukemia Cluster in Madison County, Kentucky Allegedly Associated with Pentachlorophenol-Treated Ammunition Boxes

Objective : Effect on human contact.

Title : Matrix Effect and Sub Parts-per-billion Quantitative Analysis of TCDD by Mass Spectrometry - With Special Reference to Milk

Objective : This project is designed to validate the determination step for TCDD at low parts-per-trillion levels in environmental/biological samples by high resolution gas chromatography and high resolution mass spectrometry.

Title : Toxin Actions of Tetrachloroazobenzene and Dioxins

Objective : This project is designed to examine the pharmacokinetics and toxicologic, pathologic and biochemical changes with chronic exposure to TCAOB and TCCD using in viro and in vitro methods.

Title : Xenobiotic Induction of Pleiotropic Responses in Liver

Objective : This project is an attempt to identify potentially toxic substances by their ability to induce certain hepatic enzymes before overt toxic effects are manifest.

Title : Molecular, Biochemical Actions of Chlorinated-p-dioxins

OBJECTIVE: This project is designed to investigate biochemical mechanisms of TCDD toxicity in mammals via alterations in fatty acid metabolism.

Title : Molecular Basis of Dioxin Toxicity to Keratinocytes

Objective: This project is designed to characterize the effects of TCDD on growth and differentiation of human skin cells in tissue culture.

Title : Mechanism(s) for Toxicity of Chlorinated Dibenzodioxins

Objective: This project is designed to measure interspecies variation in toxic metabolic and neural response to TCDD.

Title : Establishment and Maintenance of an International Register of Persons Exposed to Phenoxy Acid Herbicides and Contaminants

Objective: An ongoing and long-term project which has begun only recently. Preliminary contacts have been made with key individuals in Nordic countries and Italy and an international meeting will be held in the summer of 1982 to plan further efforts.

Title : Birth defects and Military Service in Vietnam (in conjunction with the VA and DoD)

Objective: To determine whether an unusually high proportion of fathers of babies born with defects served in Vietnam. This comparison will yield an estimate of the risks of siring a child with a defect for Vietnam Veterans relative to the risks for non-Veterans. If they are to be found to be at increased risk, it may be desirable to try to determine if the increase is associated with Agent Orange exposure or with some other factor(s).

DEPARTMENT OF DEFENSE (one study and support for CDC Birth Defects Study)

Title : Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to "Herbicide Orange"

Objective: To determine whether there are or will be long term health effects attributable to occupational exposure to Herbicide Orange and its contaminant TCDD.

VETERANS ADMINISTRATION (eight studies)

Title : Review and Analysis of Literature on Phenoxy Herbicides and Dioxin

Objective : To comply with the provision of Public Law 96-151, mandating the VA to conduct "...a comprehensive review and analysis of the worldwide literature on Agent Orange and other phenoxy herbicides."

Title : Epidemiology of Agent Orange in Vietnam Veterans

Objective : To comply with the mandated provisions of Public Law 96-151, Section 307, which directs the Administrator of Veterans Affairs to design a protocol for, and conduct an epidemiological study of, Vietnam Veterans who may have been exposed to dioxins contained in herbicides particularly Agent Orange sprayed in Vietnam.

Title : TCDD Assay of Human Fat

Objective : To determine whether TCDD could be measured in human fat and whether its presence could be used to determine exposure to Agent Orange.

Title : Birth Defects and Military Service in Vietnam (in conjunction with the Centers for Disease Control)

Objective : To determine whether an unusually high proportion of fathers of babies born with defects served in Vietnam. This comparison will yield an estimate of the risk of siring a child with a defect for Vietnam veterans relative to the risk for non-veterans. If they are found to be at increased risk, it may be desirable to try to determine if the increase is associated with Agent Orange exposure or with some other factor(s).

Title : Vietnam Veterans' Mortality Studies

Objective : To analyze and compare death rates and cause of death profiles of veterans with service in Vietnam and comparable veterans with no service in Vietnam.

Title : Urinary 6-Hydroxy Cortisol: Physiologic and Pharmacologic Studies (including Agent Orange)

Objective : To determine the effects of dioxin on hepatic microsomal enzymes and determine whether altered steroid metabolism can be helpful in assessing any continuing effects of herbicides and TCDD in exposed humans.

Title : Effect of TCDD on Lipid Metabolism

Objective : To study acute and chronic effects of TCDD on plasma lipids and adipose tissues in animals.

Title : Mechanisms of Dioxin Induced Toxicity Using the Chloracne Model

Objective : To develop an animal model for dioxin induced chloracne.

DEPARTMENT OF AGRICULTURE (eight studies)

- Title : Exposure Survey on Herbicides Including Phenoxy
Objective : To determine the amount of exposure to 2,4-D and 2,4,5-T in farm and forestry workers under normal use conditions.
- Title : Use Survey on Herbicides Including Phenoxy
Objective : To estimate on a state-by-state basis the use of phenoxy herbicides in crop protection programs.
- Title : Survey of Phenoxy Herbicide Literature
Objective : To maintain an up-to-date bibliography on all literature published on phenoxy herbicides.
- Title : Photolysis of 2,4,5-T
Objective : To measure the rate and products of 2,4,5-T photolysis in water.
- Title : Biological and Economic Assessment of 2,4,5-T and Silvex
Objective : To provide a current biological and economic impact statement on the possible loss of 2,4,5-T and Silvex from American agriculture.
- Title : TCDD Residue Monitoring in Deer
Objective : To determine the levels of TCDD in deer from forest spray programs.
- Title : 2,4-D Human Exposure Study
Objective : To measure the concentration of 2,4-D in two sets of farm workers in the States of Washington and North Dakota.
- Title : Participation in Study of Herbicides and Spontaneous Abortions being Conducted by SRI International
Objective : To assist in the funding of the SRI study aimed primarily at farm and forestry workers.

ENVIRONMENTAL PROTECTION AGENCY (five studies):

Title : Evaluation of Large Scale Combustion Sources

Objective: To analyze emissions for PCDDs and PCDFs.

Title : Evaluation of Municipal Waste Combustors

Objective: To analyze emissions for polychlorinated dibenzo-p-dioxins and dibensofurans.

Title : Bacterial Decomposition of TCDD

Objective: To search to discover bacterial genes which code for the capability to degrade TCDD.

Title : Investigation of Bioavailability to Fresh Water Fish of TCDDs in Fly Ash

Objective: To determine the bioavailability to fresh water fish of TCDDs in fly ash.

Title : Analysis of Environmental Samples for PCDDs and PCDFs

Objective: To respond to requests for an analysis of environmental samples from Regional Offices.

VETERANS OF FOREIGN WARS OF THE UNITED STATES



OFFICE OF THE DIRECTOR

STATEMENT OF

PHILIP R. MAYO, SPECIAL ASSISTANT
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

OVERSIGHT OF MATTERS RELATING TO HERBICIDE EXPOSURE

WASHINGTON, DC

SEPTEMBER 15, 1982

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

Thank you for the opportunity to present, on behalf of the more than 1.9 million members of the Veterans of Foreign Wars of the United States, our views with respect to oversight of matters relating to the use of herbicides in Vietnam.

First, Mr. Chairman, we would like to commend the members of this Subcommittee as well as the members of the full Committee for their efforts in securing the passage of what is now Public Law 97-72, the Veterans' Health Care, Training and Small Business Loan Act of 1981. As you know, provisions of that law authorized eligibility for basic health-care services by the Veterans Administration for a veterans' disability where such may be related to exposure to dioxin or other toxic substances found in herbicides or defoliants used in Vietnam.

In that connection, complaints received from veterans concerning treatment under the provisions of that law have been, according to the best information available to us, resolved at the local level. We are aware of a number of cases where veterans have

★ WASHINGTON OFFICE ★

VFW MEMORIAL BUILDING ● 200 MARYLAND AVENUE, N.E. ● WASHINGTON, D. C. 20002 - 5799 ● AREA CODE 202-543-2299

been called back to medical facilities for further testing and treatment. It should be noted, however, that genetic counselling (even though a presumption of exposure has been acknowledged) is still not available to veterans, either within the VA system or through fee-basis means.

In addition, Mr. Chairman, Public Law 97-72 authorized the Administrator to expand the scope of the epidemiological study mandated by Public Law 96-151 to include additional factors such as exposure to other herbicides, chemicals, medications, or environmental hazards or conditions. At our recent National Convention, the Administrator addressed this issue by saying:

"When I came to the Veterans Administration -- a little over a year ago -- one of the first programs I reviewed was Agent Orange. I found our research stuck on dead center. People had good intentions, but nothing was happening.

"So I appointed an Agent Orange Task Force...created an Agent Orange Research and Education Office...and strengthened the Office of Environmental Medicine. These offices are now working--full time--on medical and scientific research projects to help resolve the complex and troubling issues associated with exposure to Agent Orange.

"To that end, I recently approved a \$5 million Agent Orange Budget Program for this year. And I will petition the President and the Congress for another \$7.7 million over the next two years.

"I am particularly proud to say that this is the first comprehensive Agent Orange budget prepared by any Administration."

Mr. Chairman, it is our view that the Administrator is still correct -- people may have good intentions, but nothing is happening. We believe the management of the effort to resolve herbicide related issues is suspect; this is borne out by the inappropriate definition of the scope of the proposed protocol and the apparent confusion regarding its implementation. When one attends Advisory Committee meetings, he may be enheartened by the enthusiastic discussion of the number of related studies going on (or planned)

throughout the world. But one is also disenchanted by the apparent lack of purpose and direction exhibited when it comes to the advancement of our own efforts to resolve the questions many Vietnam veterans have relative to their health.

It should also be noted, Mr. Chairman, that the synergistic effects of other herbicides, etc., utilized in Vietnam has not, in our view, been considered in proper perspective. We reiterate our views regarding this issue, first brought to another Subcommittee's attention on July 22, 1980: "We suggest that a meaningful and scientific investigation into the health problems experienced by some Vietnam veterans should not rule out the investigation of the possible ill-effects of all these [herbicides, insecticides, the use of Dapsone] collectively, as it is well known that all were used in Vietnam simultaneously."

Mr. Chairman, one also cannot be unmindful of the manner in which Australian Vietnam veterans are being dealt with in these matters. Even though scientific evidence has not shown a definitive causal relationship between the health problems of Vietnam veterans and the use of herbicides in Vietnam, compensation claims are being adjudicated in favor of veterans and health care and counselling for them, as well as their dependents, has been authorized and implemented.

Further, Mr. Chairman, we again salute the assistance and cooperation toward the resolution of these issues exhibited by the Department of Defense, particularly its Research and Rulemaking Branch. We note that work to develop a cohort (or a suitable group of Vietnam veterans) was begun by the Department of Defense and, after two weeks in time, computer time, and the involvement of numerous personnel, the VA requested that the work be halted due to changes to the cohort being developed. It remains obvious to us that an acceptable cohort for investigative studies will be brought forth by that agency, in an expeditious manner, once the final authorization is given.

We would also note, Mr. Chairman, that the incomplete state of the protocol and the apparent problems arising as to what to do with it compel us to register our concern as to the validity of the questionnaire currently being studied by the National Academy

of Sciences. It seems to us that information incidental to a particular protocol should be sought; where there is confusion with respect to the protocol, there would also be doubts raised as to the viability of the questionnaire.

With respect to the recent change in the Vet Center organization structure and funding status, we applaud the application of the funds that could not be utilized in the contracting aspect of that program to the VA Nurses Scholarship Program. At the same time, however, we would register our concern that adequate planning was not accomplished to utilize these funds as originally intended, particularly on behalf of Vietnam veterans who live in more remote areas.

In conclusion, Mr. Chairman, we must protest the confusion that exists as to how and when the resolution of the herbicides/health decrement issue will come about. From our vantage point, it appears to be buried in a bureaucratic malaise. We find it unsettling to continue to be given varying time frames for progress, and longer than necessary time frames for the gathering of information. Why must we endure continual delays? Are such in the interest of science, or planned procrastination?

Again, Mr. Chairman, we suggest that the resolution of this issue be made a matter of highest governmental priority. We request that necessary funding and resources be kept available for such a purpose; that meaningful progress toward such be encouraged by the Congress. Should such efforts not yield meaningful results, we would urge the Congress to continue to exhibit the great concern and empathy towards this nation's veterans that it has, gratefully, in the past.

Mr. Chairman, we commend your obvious interest in and concern for our veterans. This concludes my statement and I would be happy to respond to questions you may have.

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TESTIMONY OF LEWIS M. MILFORD, ESQ.,
OF THE NATIONAL VETERANS LAW CENTER

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

September 15, 1982

TESTIMONY OF LEWIS M. MILFORD, ESQ.
OF THE NATIONAL VETERANS LAW CENTER

BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
OF THE COMMITTEE ON VETERANS' AFFAIRS

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

My name is Lewis M. Milford. I am a lawyer with the National Veterans Law Center in Washington, D.C. I am also on the faculty of the Washington College of Law, American University. The center is a public interest law firm which represents veterans in federal court litigation and in federal administrative hearings. The center has been involved in the Agent Orange controversy since 1978. I am testifying today on behalf of the Center and the National Veterans Task Force on Agent Orange.

Mr. Chairman, I am grateful for the invitation to testify about the status of the Agent Orange health study ordered by Congress in the Veterans Health Programs Extension and Improvement Act of 1979, P.L. No. 96-151, 93 Stat. 1097. The law was enacted in December of 1979.

Almost three years have passed since Congress ordered a reluctant Veterans Administration to study the effects of Agent Orange among Vietnam veterans. At that time, there were several important questions that faced the VA. Whether it was possible

to determine who was exposed to Agent Orange was a threshold question. If this could not be answered, a study simply could not be done. Who would conduct the study was a question left open by the law. An answer would be crucial to the study's credibility. How long it would take to have study results also was in doubt. Without some idea of when the study would produce results, no effective medical care or compensation policy would likely be made by the government. Moreover, a failure to deliver prompt answers would erode further the public's confidence in the government's willingness to get to the bottom of this public health crisis. Repeated delays and broken promises would only add to charges that the government is adamantly opposed to finding that Agent Orange harmed U.S. military personnel.

As we approach the third anniversary of the passage of health study legislation, we are no closer to getting answers to these questions. Instead, we have witnessed government bungling and ineptitude. The pattern of VA conduct is all too familiar. In most areas, the VA ignored the constructive proposals of its critics, only to concede months or years later that the suggestions had merit. We are sorry to report that the VA's incompetence, and perhaps malfeasance, has worked to defeat the will of Congress to find answers to the Agent Orange question.

We all know the sad history that surrounds the VA's attempts to hire a scientist to design the study. Dr. Gary Spivey, the scientist retained by the government, made clear his opinion that

"fear" would be the most serious result of Agent Orange exposure. This was not a flippant, off-the-cuff, remark about the possible effects of exposure, but part of his prepared testimony presented to the California State Legislature. That controversy only began what has become a series of misguided attempts to get the study off the ground.

An epidemiological study can begin only when similar groups of exposed and non-exposed veterans are selected. Before Congress ordered the study, the government said that there was little chance that veterans were exposed to the herbicide. The study required the government to address the question. For over two years, Richard Christian and his staff at the Defense Department strove to compile records on troop movement and exposure. But he did so without trained epidemiological assistance. No one in the government evidently saw the need to develop a protocol for an exposure index to guide the record search. Critics of the agency testified before the Senate last year that such assistance was absolutely essential. These proposals were ignored by the VA for the past year.

It was only three weeks ago that the VA announced the formation of a science group to prepare a sound exposure index. Several months will pass before an index will be ready, if one can be prepared. And it will take at least six more months for the Defense Department to implement the protocol in record searches. Another year will be wasted on work that should have started three years ago.

Three years into the study and the VA has not decided who will conduct it, the agency or an outside contractor. The VA has refused to answer this critical question. The approach seems to be to avoid the question long enough and advance the study to a point when only the VA can complete the work designed by others. This Committee should compel the VA to address this question before it is far too late to decide whether another entity could conduct the study. Although it should be said that the events of the last three years suggest that few truly independent and fair-minded scientists would now have anything to do with the study.

At the most recent VA advisory committee meeting on Agent Orange, the agency announced that the study would not produce results until 1988 or 1989, at the earliest. I do not believe that Congress expected that a decade would pass before the VA was prepared to provide answers about Agent Orange. This delay is absolutely inexcusable. As planned, the study is designed to last about as long as the Vietnam war itself. This result might be acceptable if it were not for the fact that thousands of persons are living now with terrible uncertainty about their health. And it would be easier to accept if it appeared that the delay is the result of trained and skillful professionals running up against unexpected difficulties. But that is not the case. Every difficulty raised by the VA to justify inaction was clearly

a problem that was obvious before Congress ordered the VA to undertake the study. The VA has not raised any unexpected problems that were not evident three years ago.

It is hard to understand, for example, why the VA never has hired a full-time epidemiologist to advise it on the study and related Agent Orange matters. Even at this stage, such a hiring decision was merely mentioned as a possibility at the last advisory committee meeting. It is also difficult to accept the secrecy that has surrounded the conduct of the study, particularly the details of the Spivey protocol. Significant portions of the congressionally-mandated study design never have been released to the public. The reason given is that if veterans knew the purpose of the study design they would intentionally report diseases that they do not have. Many epidemiologists reject this type of scientific paranoia. They feel that full disclosure of the design only enhances the chance that a sound design is prepared and an effective study is conducted. This excessive secrecy even prompted a Center for Disease Control scientist to refuse to attend a VA meeting that was closed to the public so that secretive discussions about the protocol could be conducted. This secrecy has plagued every VA Agent Orange effort; it has contributed significantly to the measure of distrust that now exists among those who are supposed to participate willingly in a VA-sponsored study. There is no question that the refusal to release the protocol for full public review has

resulted in successive reworking of a poor protocol design. Moreover, the full diversity of scientific opinion is sadly missing from the debate over the protocol, a fact that further undermines the study's credibility.

If these problems were resolved quickly, there still would be no real study underway for at least eighteen months. Rather, the plan calls for the VA to sponsor a pilot study to determine whether the study could be accomplished. Although this would probably astonish most veterans and their families, the VA after three years still does not know whether the study can be done at all. The study design tentatively accepted by the VA provides that there will be a pilot study conducted first. Only if the pilot study shows that the actual study is plausible will the real scientific work begin. The VA will not solicit contractors for a pilot study until the end of this year. Given the history of delays, this year and a half pilot study will take considerably longer. But more important is the question whether the pilot study should be done at all.

Recommendations

1. We are not convinced that a pilot study is absolutely necessary. We raise this concern for several reasons. As we understand the protocol, a pilot study in all likelihood will tell us either that a full study is feasible or that there are significant problems with doing a full scale health study. The pilot may of course suggest that no health study can be done.

With either result, this Congress and the VA would then decide whether to go forward with the full scale study. We find it hard to believe that this government would decide not to embark on a health study, given the history of this controversy.

If this is the most likely thing to happen, we question whether a rather elegant and extremely time-consuming pilot study is the best approach. A pilot would probably produce some insight into the proper conduct of a full-scale study. However, we do not believe that the public would be satisfied with a government decision to abandon the Agent Orange study, regardless of the difficulties that might be raised by the pilot. For this reason, we suggest a scaled down review of the likely difficulties of conducting a study, rather than more years of study as to whether a health study can be done.

2. We reiterate our opposition to the VA's conduct of any Agent Orange health study. Its bias and incompetence demonstrate an unwillingness and inability to find the answers demanded by our nation's veterans.

3. We also propose that Agent Orange compensation and medical care be provided during the pendency of the health studies. The VA is asking veterans and this Congress to wait for perhaps a decade for definitive answers to whether Agent Orange has caused health problems. During that time, veterans will have their disability benefits denied and many will be forced to resort to Social Security, welfare and other forms of public assistance to

survive. We endorse the bill adopted by the Senate last year that mandates the VA to propose formal guidelines for compensation of veterans exposed to Agent Orange. This would require the agency to explain the standards used to deny claims.

This Committee should know that the Government of Australia has awarded disability benefits to approximately 70 percent of veterans who filed claims for Agent Orange related disabilities. This information comes from the Minister of Veterans Affairs who testified at the last VA Agent Orange meeting. The Australian compensation scheme shows the unfairness of the VA system. In Australia, the government has the burden of disproving that veterans' health problems are caused by Agent Orange. The burden is fairly placed on the party with the most information and expertise about the issue. The VA, on the other hand, unfairly places the burden on veterans to prove the cause of their injuries. As a result, all claims have been denied on the grounds that Agent Orange is the cause.

In a public rulemaking on Agent Orange guidelines, the VA would be required to explain the basis for its current compensation scheme in Agent Orange cases. Thus far, the VA system has been closed to the public and lacking in more enlightened compensation approaches.

Conclusion

The Center proposes these changes to improve a disturbing situation. These suggestions do not signal a weakening of

our strong opposition to the VA's involvement in any VA Agent Orange study. We said three years ago that the VA had neither the competence nor the credibility to be responsible for a health study of this magnitude and complexity. The events of the last few years unfortunately have borne out our worst fears. However, unless amended, the legislative decision stands. These suggestions cannot rectify what remains an intolerable situation for Vietnam veterans. They are forced to hope for answers from a scientific effort in which they have little faith.

VIETNAM VETERANS OF AMERICA

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STATEMENT OF
LESLIE A. PLATT, SPECIAL COUNSEL
AND
JOHN F. TERZANO, LEGISLATIVE DIRECTOR
VIETNAM VETERANS OF AMERICA
before the
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
OF THE
HOUSE VETERANS AFFAIRS COMMITTEE

SEPTEMBER 15, 1982

Mr. Chairman and Members of the Committee, I am Leslie A. Platt, a partner in the law firm of Coan, Couture, Lyons, & Moorhead in Washington and special counsel to the Vietnam Veterans of America. With me today is John F. Terzano, Legislative Director of VVA. We appreciate this opportunity to appear before the Committee on behalf of the Vietnam Veterans of America to present our views on the quality of medical care being afforded Vietnam veterans under Section 102 of Public Law 97-72 in Veterans Administration facilities. Additionally, we would like to comment on the status of the Federal government's efforts to study the health of Americans who served in the U. S. Armed Forces in Vietnam, particularly focusing on those studies which are examining possible long-term adverse health effects as a result of exposure to Agent Orange.

We believe the Congress took an important step in Public Law 97-72 to recognize that many of America's Vietnam veterans may be suffering health problems as an unfortunate legacy of their Vietnam service. We are concerned because a number of reports from VVA members, as well as from other veterans, indicate that the Veterans Administration's implementation of this statutory medical care directive has been spotty and uneven. Some VA medical staff and facilities are providing first-rate care. However, other VA personnel and facilities appear to be falling short of minimum acceptable performance. A number of witnesses before this Subcommittee and elsewhere have documented instances of this underperformance. Suffice it to say that only constant diligence on the part of this Committee and the entire Congress can assure that this directive to the VA is carried out in a consistent, competent, and compassionate manner.

The General Accounting Office is in the final stages of its review of VA policy and actions on Agent Orange. This report is expected to include a thorough review of VA actions under P.L. 97-72 and thus should provide a definitive accounting of VA practices in this regard. We urge the Veterans Administration to move immediately to bring all VA health care personnel and facilities into full compliance and to establish an independent moni-

tor of its performance in providing medical care under P.L. 97-72. This monitor could be through the existing VA Advisory Committee on Herbicides or a new group expressly established for this purpose. Indeed, an outside monitor would be extremely useful in assuring accountability. It has been almost one year since this provision became law. Too many Vietnam veterans apparently are still being treated by VA personnel and facilities as if the law were not on the books. This cannot be permitted to continue.

Regarding Agent Orange research, we would note that until the original Interagency Work Group to Study the Possible Long-term Effects of Phenoxy Herbicides and Contaminants was established in late 1979, there was little good that could be said about the Federal Government's commitment to a comprehensive research program. The Vietnam Veterans of America has repeatedly stated its support for the original Interagency Work Group and for the current Agent Orange Work Group. We also believe that the upgrading and expansion of the Work Group was a positive step and important evidence of a genuine continuing federal commitment.

There is no doubt that the Federal agencies involved in the Work Group effort have committed extensive personnel and financial resources to the effort. There is also no doubt that much progress has been made since early 1980. Additionally, there is no doubt that a number of first-rate government scientists have spent an enormous amount of time on the Work Group's effort.

The Work Group was established expressly to take a leadership role in developing, overseeing, and coordinating a comprehensive Federal research program. For that reason, the Work Group was charged with the responsibility of pursuing aggressively the earliest possible undertaking and completion of all necessary research so that the information developed would be useful to the Congress and the Executive Branch in addressing the basic questions of social policy presented by the Agent Orange issue.

Mr. Chairman, it has been two-and-one-half years since the Work Group began. Much has been accomplished. The Air Force Ranch Hand Study and the CDC Birth Defects Study, as well as a

number of other studies, are underway. However, it seems to us that a serious, although somewhat subtle, shift in responsibilities may be taking place.

The Work Group charter expressly charges it with responsibility for leadership. Yet, a series of lengthy delays have occurred in getting the VA epidemiological study started.

Similarly, completion and demonstration of methodology for selecting ground troops for study and control cohorts still has not been undertaken, although the Defense Department has been ready for sometime to conduct that work. Indeed, several years have elapsed since identification of the need for development and verification of record search techniques to establish scientifically valid study cohorts. The Army's Agent Orange Task Force has made an enormous effort virtually unaided, has overcome considerable technical difficulties, and actually had begun to conduct a pilot program to be completed by the end of this calendar year to demonstrate the viability of constructing cohort groups differentiated on the basis of exposure versus nonexposure. However, after literally months of intensive preparation and briefing of the Work Group, and after that work had actually begun, objections to the Army's test program were raised and the program was stopped. Again, the result has been needless confusion, delay and frustration.

Also, while the VA clearly has long-needed inhouse epidemiological capacity, it still has no trained epidemiologist on board to help guide the agency with this issue. Time and again the difficulties lately encountered in moving forward seem to have overpowered the scientists' determination and commitment.

We would submit that the Work Group has a responsibility to find ways to overcome obstacles--excuses will not suffice. The time has come to return to the basic framework and purpose of the Work Group. Accordingly, the VVA believes the Work Group should be asked by this Committee to take several concrete steps to bring it back to basic purposes.

First, the Work Group should immediately prepare and submit to the Congress and the public a detailed report of overall progress made under, and the status of research regarding, each of the elements of the interim research agenda set forth in the spring of 1980, which was reviewed and endorsed by the National Research Council of the National Academy of Sciences. This report should go beyond a chronology of activities. It has been over two years since that agenda was formulated and it is important that the Congress and the public have a comprehensive specific accounting of progress made in carrying out the agenda.

Second, the Work Group should update the report on the state of scientific knowledge about Agent Orange, prepared by the Work Group and made public in the summer of 1980. With these two reports in hand in the next several months, the Congress, the veterans, and the public at large will know what has been accomplished and what is now known.

Third, the work group should hold a public meeting. The last and only public meeting of the Work Group was held in September 1980. The time has come for an open dialogue with interested veterans, non-Federal scientists, the press, and the public about the state of the Federal research effort. The September 1980 Work Group public meeting was well attended and afforded a wide range of veterans organizations, interested scientists, and individual veterans to listen and to discuss the Federal research program. Indeed, several useful research suggestions came out of that meeting. Veterans appreciate the opportunity to discuss openly with Federal officials something of direct and substantial concern to their lives.

Fourth, the Work Group should resume the issuance of regular progress reports. This practice has been replaced by the intermittent releasing of sanitized, chronological activity synopses.

Fifth, the Work Group should develop with active participation of VA representatives a concrete, specific timetable for each stage of the VA's epidemiological study, and this timetable, together with updated, complete timetables for all other

Federal research should be made public within the next month. In this regard, we continue to stand ready to help marshal the grass roots veterans' support for active participation in the VA's epidemiological study when it actually gets underway.

Taken together, these limited steps will prove extremely useful in assuring accountability on the part of the VA and other agency participants, and will provide once again important leverage to the Work Group in overcoming any tendency on the part of the VA or other agencies to revert to business as usual. The major strength of the Work Group has always been its ability to overcome obstacles and resistance in order to get the job done. That strength has largely been the result of public accountability through regular reporting.

The Work Group must once again find that strength and demand agency performance. A prime example of what must be is an enormous frustration for Science Panel members is the fact that the Science Panel completed in March its review of the revised UCLA protocol. The Science Panel recommended in March that: "[t]he selection of the cohort for the Pilot Study should immediately proceed as well as the quality control and quality assurance procedures . . ." That was March, and it is now September, yet the VA has still not started.

When the Work Group began, it assumed an enormous burden of responsibility. It cannot--it must not--allow VA or other agencies to impose bureaucratic obstacles which frustrate the completion of its mission.

Another aspect of returning to basics, Mr. Chairman, is to recognize two key facts. First, even at maximum speed, this research program will take a number of years before it is completed. While some preliminary results are expected next year, the VA's epidemiological study will not provide useful information for a number of years to come. This immutable fact underlines the need for a comprehensive reporting now of what is known and the firmest possible commitment to completing the job.

The second point was spelled out by Joan Z. Bernstein, the Chair of the original Interagency Work Group, in testimony before this committee in February 1980, shortly after the IWG was formed.

In that testimony, Mrs. Bernstein stated:

"The mission of the work group is essentially scientific. It may discover that members of Armed Forces who served in Vietnam run a greater risk than other groups of contracting serious diseases. But it may also find that the origin of any such diseases is not peculiar to a given chemical or to the Vietnam experience.

- o If these are the findings, they will not tell us at what elevation of risk a veteran's illness should be deemed service-connected, or if the United States should assume responsibility for compensating the Vietnam veteran or his survivors for illness should the increased risk be very small.
- o They will not assist us adjusting the equities between those Vietnam veterans and non-Vietnam veterans who contract similar ailments, or between veterans and other members of the public.
- o Finally, they will give only tenuous guidance on the role that government should play in ameliorating the adverse consequences of dioxins to the health of the public at large.

"I do not raise these difficult questions in order to answer them. I raise them because I am concerned that the intense public discussion to date about the design, objectivity and timeliness of research on this subject may be creating or contributing to an erroneous impression. Because of the controversy, many may have come to believe that once an optimal research agenda is established and carried out, the research results will provide definitive, incontrovertible scientific information about the health effects of phenoxy herbicides and their contaminants.

"I believe this is an unfortunate view because even the best effort of which our scientists are capable may not produce such conclusive results. In short, we may be left, after the research is done, with many of the same social policy issues we face

today. Nevertheless, we believe the research being carried out or planned is important and valuable. We hope it will help all of us formulate a fair and humane social policy. But it will not and cannot by itself answer questions that seem to us to be fundamentally ones of broad social policy that both the Administration and the Congress must soon confront."

Mr. Chairman, it has been two-and-one-half years since that testimony and its recognition of fundamental realities is as relevant today as it was then.

VVA strongly believes that the time has come for Congress to take another step in recognition of these two fundamental realities.

In 1979, the 96th Congress took a major step toward dealing responsibly with this issue by mandating the Veterans Administration's Epidemiological Study and a worldwide literature review. In 1981, the Congress took another important step forward in Public Law 97-72 by affording veterans priority medical care for illnesses or disabilities that may be related to Agent Orange or dioxin exposure in Vietnam. Both of these actions were taken in express recognition of these realities. VVA believes the time has come for Congress to take another step forward.

Specifically, we recommend a three-part approach. First, we urge that the Congress, by statute, recognize both chloracne and soft tissue sarcoma as presumptively service connected. Scientific evidence on the presence of chloracne as a clear indicator of exposure to toxic chemicals is overwhelming, as attested to by the VA itself. In addition, the scientific literature on soft tissue sarcomas from both animal and human studies is more than adequate to support a presumption of service connection where this relatively rare condition exists in a Vietnam veteran.

Second, we urge the Congress to complement the medical care eligibility provision in Public Law 97-72. We believe a limited program of compensation for veterans suffering significant

adverse health affects that may reasonably be presumed to have resulted from service in Vietnam from exposure to Agent Orange, or otherwise, can and should be implemented now, by the Veterans Administration. Specifically, we propose limited eligibility for compensation for serious health related disabilities presumed to have resulted from, or been aggravated by, service in Vietnam. Such eligibility would be determined and circumscribed by criteria to be prescribed by the VA Administrator after consultation with an outside advisory committee, comprised of knowledgeable and non-Federal scientists and veteran representatives.

Compensation would be available only for serious debilitating conditions. Compensation should be made available for the same period as is prescribed in the medical care eligibility in Public Law 97-72; i.e. until one year following the submission of the Administrator's first report on the Veterans Administration epidemiological study, or such earlier time as scientific research indicates that temporary compensation for a condition is inappropriate. This approach would follow the broader action taken by the Government of Australia where the burden of proof in determining eligibility for compensation in similar cases has been shifted to the government.

Further, this approach would provide equitable treatment for a number of veterans who had been waiting many years for government interest in their problems and who now must wait a number of additional years before permanent disability compensation decisions are likely to be made. This temporary compensation approach also would provide the added dividend of a direct incentive to the VA to move as quickly as possible to complete preparation for and actually to conduct its epidemiological study inasmuch as sick veterans will receive compensation until the VA has completed its job. It would be both reasonable and responsible to recognize the burden of the years and years of waiting that have already occurred and not simply to tell veterans they must continue to wait for the scientists to complete all aspects of their part of the job. Rather, we believe it would be responsible social policy for the Congress to afford relief to veterans

until research results are in on the basis that they have a condition which reasonably may be said to be associated with their service in Vietnam.

Establishing limited, temporary compensation eligibility tied to the Federal research program would neither bust the budget nor the staff resources of the Veterans Administration. If eligibility were limited as indicated above, only a limited number of veterans would be eligible for compensation. This temporary compensation authority program would expressly state that it is not to be deemed recognition on the part of the government of a scientific determination of a causal link between the veteran's condition and his or her service in Vietnam. Instead, eligibility would be provided on a temporary basis for those who may have suffered adverse health affects as a result of their service on the basis of a temporary presumption in favor of the veteran.

Third, these legislative steps should be coupled with legislation considered and passed by the Senate last year to establish a statutory framework requiring the VA Administrator to promulgate regulations for a permanent resolution of claims for veterans' benefits based on exposure to Agent Orange.

In summary, this three-part approach would:

- o Establish a specific presumption for chloracne and soft tissue sarcomas;
- o Create eligibility on a limited, temporary basis for compensation for other serious conditions which may reasonably be thought to have resulted from Vietnam service; and
- o Put in place now a statutory framework for the permanent resolution of veterans' claims.

Adoption of this approach would be concrete, demonstrable evidence of the commitment of the Congress and the Executive Branch to America's Vietnam veterans and their families.

In closing, we would like to compliment the Federal scientists who have worked so hard on Agent Orange research. In par-

particular, we believe Dr. Vernon Houk, Chair of the Science Panel of the Work Group has done an extraordinarily competent job under very difficult conditions. Also, the Department of the Army Agent Orange Task Force, under the leadership of Richard Christian, by all accounts has done an outstanding job. Likewise, this Committee and its staff have earned the gratitude of the Vietnam veteran.

We urge, however, that the momentum and progress of the last few years not create a comfortable complacency of good intentions. The burden of proof and performance has indeed shifted to the government. Inaction now by the Congress or the Executive Branch would only prove a longstanding prejudice of many veterans and others that the government cannot--or will not--perform when the chips are down and the facts are on the table.

We thank you.