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the continuing commitment of the American people.

I appreciate the opportunity to speak with you today and to have the opportunity to work with you to formulate a reasonable, rational, and pragmatic space policy and space program. I deeply admire the work you do and your dedication to this area of extraordinary national effort.

If we work together, we can keep America in its pioneering role in space—as we have only really just started the process of unlocking the secrets of the universe and taking man out to the furthest reaches of the heavens.

We are making progress, and I see the momentum building to NASA day by day.

The recent success of the space shuttle solid rocket booster test, the recent announcement that DOD will procure 2 additional Titan IVs, the recent signing of a new space shuttle contract by NASA and Rockwell, of commercial customers by Martin Marietta and McDonnell Douglas, all point to the forward movement of the U.S. space program—civil and military.

For nearly twenty-five years, the United States enjoyed a Golden Age in space and space exploration, much of it produced by people in this community and many of you in this room today. We have done much for which we can be proud. Imagine a 25-year record where not a single life was lost on an operational mission.

We should conclude this meeting today with an iron commitment to ourselves and each other—that we will produce space results over the next 25 years every bit as daring and important as our past achievements.

Make no mistake about it, the U.S. space program is alive and well. While we are sorting out our precise goals for the future—an often frustrating process—that debate and list of options is a sign of strength, purpose, and commitment. We will hammer out these decisions and go on to build the U.S. space future with all the skill and determination our nation can command—and with you in Huntsville leading that effort.

AGENT ORANGE UPDATE

Mr. CRANSTON. Mr. President, my distinguished colleague, the ranking minority member of the Committee on Veterans' Affairs, the Senator from Alaska [Mr. MURKOWSKI], yesterday introduced a bill, S. 1697, to provide a presumption of service connection for Vietnam veterans suffering from non-Hodgkin's lymphoma [NHL].

I agree with Senator MURKOWSKI that serious questions have been raised regarding veterans' exposure in Vietnam to agent orange and its highly toxic contaminant, dioxin. Indeed, these questions have long been of serious concern to me and many of my colleagues. Accordingly, a major focus of my efforts and those of the Committee on Veterans' Affairs in both Houses has been on research which might eventually lead to a greater understanding of the health effects of agent orange exposure and how best to address the special needs of those veterans who may have been exposed to this herbicide.

Based on the best available science at this time, I do not think that the answers to these questions have been found, or that an association between agent orange exposure in Vietnam and

non-Hodgkin's lymphoma has been demonstrated. The questions which have been raised about the health effects of agent orange are scientific ones, which require scientific research and analysis. They are not susceptible to quick and easy answers. Rather, meaningful answers must be found, not just for purposes of providing compensation but so that we can know the full extent of any threat which may exist to the health of our Vietnam veterans. Major studies are well underway at this time—in addition to research carried out by the Veterans' Administration [VA], the Centers for Disease Control [CDC] is conducting three studies on the health of Vietnam veterans pursuant to congressional mandate, the status of which I will now outline.

Mr. President, at this time I would like to review the major scientific evidence regarding a possible association between agent orange exposure in Vietnam and NHL.

CDC EPIDEMIOLOGICAL STUDIES

In 1979, through legislation which I authored—enacted in the Veterans' Health Programs Extension and Improvement Act of 1979, Public Law 96-151—Congress mandated that the VA conduct an epidemiological study of the possible health effects of exposure to herbicides and dioxin—a highly toxic contaminant of agent orange—on veterans who served in Vietnam. The scope of that study was expanded in 1981, through legislation which I introduced—enacted in the Veterans' Health Care, Training, and Small Business Loan Act of 1981, Public Law 97-72—to authorize the inclusion of an evaluation of the impact on the health of Vietnam veterans of other environmental factors which may have occurred in Vietnam. In 1983, as I had urged for more than 3 years, the CDC took over responsibility for this study. Public Law 96-151, in order to provide assurance that the study would be designed and carried out in a fully appropriate and acceptable manner, requires that, before the study will begin, the Office of Technology Assessment [OTA] will have to approve the protocol and thereafter monitor the conduct of the study.

The CDC is conducting the epidemiological study of the health of Vietnam veterans in 3 components. The CDC's protocols for these studies were extensively reviewed in accordance with scientific peer-review criteria and were approved by both the OTA and the Science Panel of the Cabinet Council's Agent Orange Working Group [AOWG]. The first component, the Vietnam Experience Study ["VES"], is a three-part effort designed to demonstrate whether or not there is any difference in the health of veterans of the Vietnam era who served in Vietnam compared to the health of veterans who served elsewhere during the same period of time. The second component of the CDC effort, the agent orange study, is de-

signed to determine whether troops who were exposed to that herbicide during service in Vietnam have suffered long-term adverse health effects as a result of that exposure. The third component, the selected cancers study, is designed to determine whether there is an increase among Vietnam veterans in the incidence of several serious, but relatively rare, cancers—including NHL—which have in some studies been suggested to be linked to dioxin exposure.

Vietnam experience study. The VES has three parts: A mortality study; detailed health interviews; and comprehensive medical, psychological and laboratory evaluations of veterans. In January 1987, the CDC released the results from the first VES part—an analysis of postservice mortality of over 18,000 Vietnam era veterans. No increase in the number of deaths from NHL for Vietnam veterans was found. The CDC did find an excess of deaths—primarily due to external causes such as motor vehicle accidents and suicides—in the first 5 years after service. However, after that period, except for drug-related deaths, the study found no increase in the death rate for Vietnam veterans as compared to their veteran counterparts who did not serve in Vietnam—including no increase for deaths from NHL.

Although the mortality study comprises only one of the three areas of research being conducted in the VES and its results thus do not provide the final results from the VES, it is nevertheless significant that no increase in deaths from NHL was found. When the final report from the VES is released—which I understand is expected in stages, to begin at the end of this year—I will examine it carefully for any additional information regarding whether Vietnam veterans, as a consequence of their exposure to agent orange or of some other factor, are suffering from an increase in NHL or any other health problem.

Agent orange study. The CDC's agent orange study had been stalled since January 1986, pending the outcome of efforts to determine if assumptions about a veteran's exposure to agent orange for purposes of assigning the veteran to a particular study cohort can be validated on the basis of a review of military records. However, during late 1986, the CDC refined a methodology for detecting residuals of dioxin in blood samples which, it was believed, could be used to validate a very intricate exposure-measuring methodology, developed by the defense Department in consultation with CDC, based on military records. This blood-testing method of determining dioxin exposure has also been validated and used successfully in other studies, including studies of civilians with known exposures to dioxin.

The CDC serological study found, in preliminary results published in July 1987, no significant dioxin exposure

among the Vietnam veterans studied regardless of whether their military records indicated high, intermediate, or low dioxin exposure; moreover, all of the Vietnam veteran participants, with one exception, had dioxin levels well below the upper limit for U.S. residents without known dioxin exposure.

Whether the CDC results indicate that, by and large, Vietnam veterans were not exposed to significant amounts of dioxin, or whether they merely show that exposure cannot be determined from military records remains unclear. Both the OTA and the AOWG are currently evaluating the CDC findings. The OTA, at a meeting in August of its Agent Orange Panel, preliminarily indicated that the CDC blood dioxin study appears to have been properly conducted and to be scientifically valid.

Of course, the CDC results do not directly address the issue of a possible association between NHL and agent orange exposure. However, they do raise questions about the amount of exposure Vietnam veterans may actually have received.

The CDC and the White House Domestic Policy Council will be determining in the next few months whether the agent orange exposure study, at least as originally envisioned, can be carried out, and the OTA will be reviewing their determinations. The Veterans' Affairs Committee will be very closely monitoring these activities, and I plan to hold a hearing in the next several months, on the status of agent orange study.

The selected cancer study is underway at this time. The CDC is still in the process of data collection, and results are expected in early 1989.

RANCH HAND STUDY

In 1979, the Air Force began an epidemiological study of ranch hand personnel, the former Air Force pilots who flew the planes which sprayed agent orange in Vietnam, to determine whether these veterans suffered adverse health effects from herbicide exposure. In this study, the health of these veterans is being compared with that of Vietnam veteran counterparts who were not exposed to herbicides. The ranch hand veterans clearly received significant amounts of agent orange exposure, probably the highest of any group of Vietnam veterans. Four mortality reports have been released thus far—the most recent in January 1987—and all of them indicate that the ranch hand personnel as a group have not suffered adverse health effects from their exposure to agent orange. None of the four reports demonstrate any health effects which can be conclusively attributed to dioxin exposure—and none of them suggest any link between such exposure and NHL.

VA MORTALITY STUDY

The VA recently completed a proportionate mortality study of Army and Marine Corps Vietnam veterans.

The VA compared causes of death among 24,235 such veterans with that among 25,685 non-Vietnam veterans. Among the Marine Corps Vietnam veterans—who comprised approximately one-fifth of the study subjects—there was a statistically significant two-fold increase of NHL. Among the Army veterans, who comprised about 80 percent of those studied, there was no increase, indeed there was a deficit—which was not statistically significant—of deaths from NHL. As to all cancers and as to deaths in general, there was no marked difference between causes of death among the Vietnam veterans as compared to the non-Vietnam veterans.

The VA study certainly supports the suggestion in several studies of a link between NHL and dioxin exposure, and I, along with the chairman of the House Veterans' Affairs Committee, Mr. MONTGOMERY, already have written to the OTA, the AOWG, and the VA Advisory Committee on Environmental Hazards, requesting that each evaluate the study. I think that such review by independent scientific entities—including OTA, whose primary mandate is to provide scientific analysis to the Congress—is essential before we can properly evaluate the impact of any scientific study and determine what, if any, legislative response may be appropriate.

Moreover, I believe that such independent review is particularly necessary in the case of this VA study, because I understand that—contrary to standard procedure in a scientific study of this magnitude—its protocol was never submitted to peer review, and because it has been rejected for publication in a scientific journal and remains unpublished at this time. Publication in a reputable scientific journal carries with it clearance through a peer-review process designed to confirm scientific validity. The VA's Advisory Committee expects to meet and discuss the study in October.

It may well be that the VA study is scientifically valid, but to proceed without benefit of review by outside scientific entities would seem to be very unwise. The VA itself needs to examine additional questions which have been raised by the study including, for example, the health status of Army Vietnam veterans who served in "I" Corps, the area in Vietnam where the majority of the Marine veterans served. As to "I" Corps, my understanding is that in terms of agent orange spray intensity in Vietnam, 2,250,430 gallons were sprayed there but that the greatest intensity of spray was in the "III" Corps where 5,255,938 gallons were sprayed.

Mr. President, at this time I would like to note that, contrary to recent assertions, I know of no evidence indicating that the results of this VA study were suppressed. Rather, my understanding is that the VA has been unsuccessfully trying to get the study accepted for scientific publication and

that once it is made public it is no longer eligible for scientific publication. Apparently, the report from the study has been rejected for publication by one journal, the Journal of the American Medical Association, and the VA is awaiting a decision as to whether another journal will accept it.

NON-VETERAN HERBICIDE STUDIES

In addition to studies of the effects of dioxin exposure on Vietnam veterans, other independent studies have examined the effects of herbicide exposure on agricultural, forestry, and industrial workers exposed occupationally. Some of these studies have found some excesses of NHL among exposed workers. Studies conducted in Sweden by L. Hardell and others on the effect of years of occupational exposure to phenoxy herbicides, including in some cases compounds containing dioxin, have been inconsistent with respect to finding an association between such exposure and NHL. Certain of these studies have found fivefold to sixfold increases in NHL. However, others of these studies have not found an increase. A similar study conducted in New Zealand has found no link at all between NHL and herbicide exposure.

In September 1986, the results of a study entitled "Agricultural Herbicide Use and Risk of Lymphoma and Soft-Tissue Sarcoma" ("Kansas Study"), conducted by the National Cancer Institute and the University of Kansas, were published. This study examined the effect of exposure to certain herbicides—which, almost exclusively, were not contaminated with dioxin—through agricultural use, including any relationship with NHL. The components of some of the herbicides were also present in agent orange.

The report of the Kansas Study found a significant increase of NHL among the agricultural workers. At my request, the OTA and the AOWG reviewed this study. As is described more fully in my statement in the CONGRESSIONAL RECORD on February 7, 1987 (page S1769), both the OTA and the AOWG raised significant questions about the significance of the Kansas study results as far as Vietnam veterans were concerned. Concerns were expressed regarding the small number of cases on which the NHL findings were based. More importantly, both entities noted that almost all of the herbicide exposure evaluated in the study consisted of exposure to 2,4-dichlorophenoxyacetic acid ("2,4-D"), rather than dioxin. Although 2,4-D is one of the components of agent orange, because it does not persist in the environment substantial exposure in Vietnam would have required either direct contact with agent orange or exposure very shortly after spraying. Accordingly, as OTA observed, few Vietnam veterans would have been exposed to 2,4-D, and the results of the Kansas study do "not provide strong support for attributing the occurrence of non-Hodgkin's

lymphomas in Vietnam veterans to agent orange".

Another recent study on this issue—entitled "Soft Tissue Sarcoma and Non-Hodgkins Lymphoma in Relation to Phenoxy Herbicide and Chlorinated Phenol Exposure in Western Washington" which was published in the May 1987 issue of the Journal of the National Cancer Institute—sought to "investigate the relationship between the incidence of soft tissue sarcomas and NHL and past exposure to phenoxy herbicide and chlorinated phenol using a population-based case-control approach." This study found "small but significantly increased risks for developing NHL in association with some occupational activities involving exposure to phenoxy herbicides, particularly for prolonged periods, and possibly, in combination with other chemicals." The study did not demonstrate "a positive association between increased cancer risks and exposure to any specific phenoxy herbicide product alone."

Mr. President, the Senate and House Veterans' Affairs Committees have asked OTA, the AOWG, and the VA Advisory Group to review this study and provide their views on it and its relevance to issues relating to Vietnam veterans.

Finally, it is very important to keep in mind in evaluating the evidence regarding a possible link between dioxin exposure and NHL that the group of Vietnam veterans who likely had the heaviest dioxin exposure—and therefore would be the likeliest group to experience an increase in dioxin-related diseases—the ranch hand veterans, has not shown an excess of NHL above its non-Vietnam-veteran counterparts and that the CDC mortality study showed no excess in NHL deaths among Vietnam veterans above their non-Vietnam-veteran counterparts.

CONCLUSION

I recognize that the issue of veterans' exposure to agent orange through their service in Vietnam is an emotional and divisive one for many Vietnam veterans, as well as for their families and others. That is why we have required that the results of the CDC's blood dioxin analysis and of the VA's recent mortality study be reviewed by three independent scientific entities. It would be ironic—and, I think, irresponsible—if the Congress, after working for so many years to mandate epidemiological studies of Vietnam veterans, and after over \$50 million has been spent on them, were now to act on the basis of limited and disputed scientific knowledge, when the results from the CDC VES study and the evaluation of the results from the VA study are expected to be available in only a few months.

Mr. President, I do not believe that this is an appropriate time for legislative action to establish presumptions of service connection for certain diseases occurring in Vietnam veterans. Rather, we must focus more closely on

the efforts underway to find answers to those questions. To that end, once we have received the decision of the executive branch, through the AOWG and the Domestic Policy Council, regarding the CDC agent orange study, and the evaluations of the VA mortality study from the three bodies we have requested to make such evaluations, I plan to schedule hearings of the Veterans' Affairs Committee on the agent orange issue.

In the meantime, the committee is moving forward with the legislation mandating a review by the National Academy of Sciences (NAS) of all the scientific literature, evidence, and studies pertaining to the human health effects of exposure to agent orange, as provided in S. 1510, introduced by the Senator from Massachusetts (Mr. Kerry) and myself and approved by our committee on July 31, as part of S. 9. I hope to bring S. 9 before the Senate later this month or next.

Mr. President, the evidence associating non-Hodgkin's lymphoma with exposure to agent orange is suggestive at best. Substantial additional scientific information is expected in the next few months, including the evaluations of the VA mortality study and the Washington study and a decision on the CDC agent orange study. I do not believe that we can justify prematurely proceeding with the enactment of piecemeal legislation to benefit only a very small number of the Vietnam veterans who believe they suffer from agent orange-related diseases. I do not think that an association between agent orange and NHL must be established beyond a reasonable doubt; but when there is no indication that conclusive scientific answers cannot be found, action establishing a presumptive connection while pertinent studies are ongoing must surely have a strong basis in valid and accepted scientific evidence. Should that evidence be found, I will lead the way to the enactment of legislation to provide compensation for those veterans who are entitled to it.

Mr. President, I have been in close communication regarding the agent orange issue with my counterpart in the other body, House Veterans' Affairs Committee Chairman G.V. "Sonny" Montgomery. I am confident that he and I share a commitment to doing what is right for Vietnam veterans on this issue and we and our ranking minority members, Senator Frank Murkowski and Representative Gerald Solomon, and our two committees will be working closely together in the days and months ahead as we continue to grapple with this very complicated, divisive, intensely felt, vitally important issue.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to

the Senate by Ms. Emery, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session, the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations, which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

ANNUAL REPORT OF THE REHABILITATION SERVICES ADMINISTRATION—MESSAGE FROM THE PRESIDENT—PM 66

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Labor and Human Resources:

To the Congress of the United States:

In accordance with Section 13 of the Rehabilitation Act of 1973, as amended, I am pleased to transmit the annual report of the Rehabilitation Services Administration. The report, prepared by the Department of Education, covers activities supported under the Act in Fiscal Year 1986.

RONALD REAGAN.

THE WHITE HOUSE, September 18, 1987.

MESSAGES FROM THE HOUSE

At 2:42 p.m., a message from the House of Representatives, delivered by Ms. Goetz, one of its reading clerks, announced that the House had passed the following bills, in which it requests the concurrence of the Senate:

- H.R. 442. An act to implement the recommendations of the Commission on Wartime Relocation and Internment of Civilians; and
- H.R. 3289. An act to amend the Export-Import Bank Act of 1945.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

- H.R. 3289. An act to amend the Export-Import Bank Act of 1945.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

- By Mr. HATCH:
S. 1701. A bill to improve the administration and enhance the utility of the National Assessment of Educational Progress; to the Committee on Labor and Human Resources.
- By Mr. NICKLES:
S. 1702. A bill to provide that any requirement to substantiate a deduction under the Internal Revenue Code of 1986 for business