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STATEMENT OF
DONALD L. CUSTIS, M.D.
APRIL 28, 1981, HEARING

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

GOOD MORNING. I AM PLEASED TO APPEAR BEFORE YOU TODAY TO DISCUSS H.R. 2157, H.R. 2953, H.R. 2999, AND A BILL TO AUTHORIZE FUNDS TO ASSURE EFFECTIVE CARE AND TREATMENT OF U.S. VETERANS IN THE VETERANS MEMORIAL MEDICAL CENTER IN THE REPUBLIC OF THE PHILIPPINES.

MR. CHAIRMAN, FIRST I WOULD LIKE TO ADDRESS MY REMARKS TO H.R. 2157, A BILL TO EXPAND THE SCOPE OF THE AGENT ORANGE EPIDEMIOLOGICAL STUDY WHICH THE VA IS TO CONDUCT.

WE SHARE THE VIEW UNDERLYING H.R. 2157, I.E., THAT THERE MAY BE BENEFITS TO BE DERIVED FROM EXPANDING THE SCOPE OF THE EPIDEMIOLOGICAL STUDY TO EXAMINE FACTORS OTHER THAN DIOXINS WHICH MAY HAVE BEEN PRESENT IN VIETNAM IN TRYING TO RESOLVE THE CONCERNS THAT VETERANS HAVE EXPRESSED ABOUT EXPOSURE TO AGENT ORANGE RESULTING IN LONG-TERM ADVERSE HEALTH EFFECTS. WE WISH TO NOTE, HOWEVER, THAT IN OUR JUDGMENT, IT IS NOT POSSIBLE TO CONDUCT A STUDY, OR EVEN A SERIES OF STUDIES, WHICH WOULD EXAMINE ALL OF THE FACTORS WHICH COULD CONCEIVABLY HAVE HAD AN ADVERSE HEALTH EFFECT ON THOSE VETERANS WHO WERE PRESENT IN VIETNAM, LET ALONE THE SYNERGISTIC EFFECT OF ANY GIVEN COMBINATION OF THOSE FACTORS.

WE WOULD ADVISE THE COMMITTEE THAT DUE TO THE DIFFICULTY WHICH HAS BEEN ENCOUNTERED IN QUANTIFYING THE EXTENT OF EXPOSURE TO DIOXINS

2.

AMONG GROUND TROOPS IN VIETNAM, DOUBTS HAVE BEEN RAISED BY THE SCIENTIFIC PANEL OF THE INTERAGENCY WORK GROUP ABOUT THE LIKELIHOOD OF OBTAINING A SCIENTIFICALLY-VALID EPIDEMIOLOGICAL STUDY OF ADVERSE HEALTH EFFECTS WHICH MAY HAVE RESULTED FROM DIOXIN EXPOSURE.

IT IS NOT AT ALL UNLIKELY THAT THE BEST COURSE FOR THE VA STUDY TO TAKE WILL BE AN EXAMINATION OF ADVERSE HEALTH EFFECTS WHICH MAY BE ASSOCIATED WITH VIETNAM SERVICE, WITHOUT REGARD TO ANY SPECIFIC "FACTORS" WHICH MAY HAVE CAUSED SUCH ADVERSE EFFECTS. SUCH A STUDY COULD PROVIDE A BASIS FOR AWARDING DISABILITY COMPENSATION IF A SIGNIFICANT PATTERN OF DISEASE OR DISABILITY WERE DISCOVERED AMONG VIETNAM VETERANS.

IN THE EVENT THAT A STUDY FOCUSING ON DIOXINS AND AGENT ORANGE IS DEEMED TO BE SCIENTIFICALLY INFEASIBLE, WE WOULD SO INFORM THE CONGRESS IN ORDER THAT IT MIGHT CONSIDER A FURTHER MODIFICATION OF THIS LEGISLATION AS APPROPRIATE.

ALTHOUGH WE BELIEVE THAT UNDER SECTION 4101(c) OF TITLE 38, USC, THE ADMINISTRATOR ALREADY HAS AUTHORITY TO EXAMINE FACTORS OTHER THAN DIOXIN DURING THE CONDUCT OF THE EPIDEMIOLOGICAL STUDY, WHILE WE HAVE NO OBJECTION TO THE EXPANSION OF THE SCOPE OF THE EPIDEMIOLOGICAL STUDY, OUR FUNDAMENTAL CONCERN IS TO DETERMINE IF VETERANS WHO SERVED IN VIETNAM HAVE SUFFERED ADVERSE HEALTH EFFECTS AS A RESULT OF THAT SERVICE. ENACTMENT OF H.R. 2157 WOULD PROVIDE THE VA A CLEAR CONGRESSIONAL SANCTION FOR THE EXPANSION OF THE STUDY'S SCOPE, IF THAT IS DETERMINED TO BE SCIENTIFICALLY FEASIBLE.

3.

A MODIFICATION OF THE SCOPE OF THE LITERATURE REVIEW ALREADY ONGOING UNDER CONTRACT WOULD NECESSITATE EITHER A NEGOTIATED EXTENSION OF THE PRESENT CONTRACT OR THE EXECUTION OF AN ENTIRELY NEW CONTRACT. WE BELIEVE THAT THE PROPOSED MODIFICATION OF THE LITERATURE REVIEW WOULD TEND TO FRUSTRATE OUR MUTUAL CONCERNS DUE TO THE DELAY THAT WOULD RESULT. THE COST OF SUCH A PROPOSED EXPANSION IN SCOPE WOULD DEPEND ON THE NUMBER OF ADDITIONAL FACTORS WHICH ARE TO BE CONSIDERED, THE VOLUME OF LITERATURE ON THOSE FACTORS, AND THE BIDS RECEIVED. LASTLY, WE HAVE NO OBJECTION IN PRINCIPLE TO THE ENACTMENT OF H.R. 2157.

MR. CHAIRMAN, A SECOND BILL BEFORE YOU, H.R. 2953, REFLECTS A NUMBER OF INITIATIVES DIRECTED TO ASSISTING VIETNAM-ERA VETERANS. THE VA HAS PREVIOUSLY TESTIFIED ON OTHER MEASURES SIMILAR OR IDENTICAL TO PROVISIONS OF THIS BILL. SECTION 2(A) OF H.R. 2953, HOWEVER, WOULD AUTHORIZE HOSPITAL OR OUTPATIENT CARE FOR A VIETNAM VETERAN IF A VA OR FEE-BASIS PHYSICIAN DETERMINES THAT SUCH CARE IS NECESSARY FOR THE TREATMENT OF A CONDITION THAT MAY BE ASSOCIATED WITH EXPOSURE TO AGENT ORANGE. VETERANS WHO ARE PROVIDED OUTPATIENT CARE UNDER THIS PROVISION WOULD BE ACCORDED PRIORITY ACCESS TO THAT CARE.

THE VA HAS REPEATEDLY EXPRESSED THE POSITION THAT NO ELIGIBLE VETERAN WHO IS IN NEED OF MEDICAL CARE FOR A CONDITION WHICH THE VETERAN BELIEVES TO BE ASSOCIATED WITH EXPOSURE TO AGENT ORANGE WOULD BE DENIED THAT CARE DUE TO LACK OF KNOWLEDGE ABOUT THE ORIGIN OR CAUSE OF THE CONDITION. THIS BILL WOULD AUTHORIZE VA HEALTH

CARE BENEFITS TO VIETNAM VETERANS UPON A DETERMINATION OF A VA OR FEE-BASIS PHYSICIAN THAT SUCH CARE "IS NECESSARY FOR THE TREATMENT OF A CONDITION THAT MAY BE ASSOCIATED WITH EXPOSURE . . . (TO) 'AGENT ORANGE' . . . "

THE SCIENTIFIC EVIDENCE TO DATE AS TO WHAT DISEASES OR ADVERSE HEALTH EFFECTS (OTHER THAN CHLORACNE) MAY REASONABLY BE ASSOCIATED WITH EXPOSURE TO AGENT ORANGE MAY FAIRLY BE CHARACTERIZED AS UNCLEAR.

DUE TO THIS UNCERTAINTY, IT IS NOT AT ALL UNLIKELY THAT ANY GIVEN PHYSICIAN WHO DETERMINES THAT MEDICAL CARE IS NEEDED FOR ANY DISEASE OR DISABILITY COULD RESPONSIBLY DETERMINE THAT THE CONDITION REQUIRING TREATMENT "MAY BE ASSOCIATED" WITH AGENT ORANGE EXPOSURE. IT IS FORESEEABLE THAT THE PRACTICAL EFFECT OF APPLYING THAT VAGUE STATUTORY STANDARD OF THIS PROVISION WOULD BE TO EXTEND ELIGIBILITY FOR HOSPITAL AND OUTPATIENT CARE TO ALL VIETNAM VETERANS FOR ALMOST ANY MEDICAL OR PSYCHIATRIC CONDITION.

WE CAN FIND NO JUSTIFICATION FOR PROVIDING SUCH ELIGIBILITY WITHOUT REGARD TO FINANCIAL NEED. THE FAILURE TO INCORPORATE AN INABILITY TO DEFRAY REQUIREMENT IN SUCH A MEASURE REPRESENTS A SIGNIFICANT DEPARTURE FROM THE PRESENT SCHEME FOR ESTABLISHING ELIGIBILITY FOR MEDICAL CARE. FURTHER, TO BUILD STILL MORE BROAD CATEGORIES OF BENEFICIARIES INTO THE LIST OF PRIORITIES TO ASSURE ACCESS TO MEDICAL CARE IS TO ERODE OUR CAPACITY TO PROVIDE SUCH PRIORITY TO THE SERVICE-CONNECTED VETERAN, ON WHOSE BEHALF CONGRESS ESTABLISHED SUCH PRIORITIES FOR CARE.

5.

ASSUMING THAT MANY PHYSICIANS WOULD DETERMINE THAT VIRTUALLY ANY CONDITION COULD BE TREATED UNDER THIS STANDARD ON A PRIORITY BASIS, WE WOULD FORESEE COSTS OF CONSIDERABLE MAGNITUDE.

SECTION 2(B) OF H.R. 2953 IS VERY SIMILAR TO THE PROVISIONS OF H.R. 2157 WHICH WE JUST DISCUSSED. SECTION 3 OF THE BILL IS ESSENTIALLY SIMILAR TO H.R. 2415 ON WHICH WE TESTIFIED BEFORE YOU ON APRIL 8, 1981.

MR. CHAIRMAN, SECTION 4 OF H.R. 2953 PROPOSES TO ADD A NEW SECTION 1687 TO CHAPTER 34 OF TITLE 38 PROVIDING A ONE-SHOT, TWO-YEAR EXTENSION OF THE DELIMITING PERIOD FOR VIETNAM-ERA VETERANS TO PURSUE PROGRAMS OF ON-JOB TRAINING (OTHER THAN APPRENTICESHIP) OR PROGRAMS OF EDUCATION WITH A VOCATIONAL OBJECTIVE (OTHER THAN FLIGHT TRAINING). THIS SECTION IS IDENTICAL WITH H.R. 2391, 97TH CONGRESS, A MEASURE ON WHICH OUR CHIEF BENEFITS DIRECTOR, DOROTHY L. STARBUCK, TESTIFIED ON MARCH 31ST BEFORE THE SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT OF YOUR COMMITTEE. AS MISS STARBUCK STATED AT THAT TIME, WE ARE OPPOSED TO ANY FURTHER EXTENSIONS SINCE ANY EXTENSION WOULD NOT BE CONSONANT WITH THE READJUSTMENT INTENT OF THE CURRENT GI BILL PROGRAM AND WOULD LEAD TO OTHER RECOMMENDATIONS FOR EXTENSIONS.

H.R. 2999 WOULD EXTEND VA'S AUTHORITY TO PROVIDE CONTRACT HOSPITAL CARE AND MEDICAL SERVICES IN PUERTO RICO AND THE VIRGIN ISLANDS. THIS BILL IS IDENTICAL TO A DRAFT BILL WHICH WE TRANSMITTED TO THE SPEAKER OF THE HOUSE IN MARCH. WE FULLY SUPPORT H.R. 2999 AS IT

WOULD EXTEND OUR AUTHORITY TO PROVIDE NECESSARY MEDICAL SERVICES WHILE CONGRESS EVALUATES THE REPORT ON MEDICAL CARE IN PUERTO RICO AND THE VIRGIN ISLANDS WHICH WE SUBMITTED TO CONGRESS ON MARCH 10, 1981.

ON APRIL 1, THE ACTING ADMINISTRATOR OF VETERANS AFFAIRS PROPOSED LEGISLATION TO THIS SUBCOMMITTEE CONCERNING VA ASSISTANCE TO THE VETERANS MEMORIAL MEDICAL CENTER (VMMC) IN THE PHILIPPINE ISLANDS FOR HOSPITAL CARE AND MEDICAL SERVICES TO VETERANS IN THAT HOSPITAL. WE FAVOR THE PROPOSAL BEFORE YOU WHICH INCORPORATES THE RECOMMENDATIONS WE MADE.

FINALLY, BECAUSE OF THE DANGER THAT AN ABRUPT TERMINATION OF ALL FUNDS FROM THE UNITED STATES COULD JEOPARDIZE THE ABILITY OF THE VETERANS MEMORIAL MEDICAL CENTER TO PROVIDE HIGH-QUALITY MEDICAL CARE IN THE MOST COST-EFFICIENT WAY TO UNITED STATES VETERANS, THIS BILL WOULD EXTEND THE ADMINISTRATOR'S AUTHORITY TO PROVIDE GRANTS FOR THE REPLACEMENT AND UPGRADING OF EQUIPMENT AS WELL AS THE REHABILITATION OF THE HOSPITAL'S PHYSICAL PLANT TO \$500,000 A YEAR FROM THE CURRENT RATE OF \$50,000.

THE COSTS OF SUCH LEGISLATION FOR THE NEXT FIVE YEARS ARE ESTIMATED AT \$2.5 MILLION, WITH A FIRST-YEAR ESTIMATED COST OF \$500,000.

MR. CHAIRMAN, THAT CONCLUDES MY REMARKS. MY COLLEAGUES AND I WILL BE PLEASED TO RESPOND TO ANY QUESTIONS YOU MAY HAVE IN REGARD TO THESE MATTERS.