



---

## Uploaded to VFC Website

▶▶ **November 2012** ◀◀

---

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

---

*Veterans-For-Change is a 501(c)(3) Non-Profit Corporation  
Tax ID #27-3820181*

***If Veteran's don't help Veteran's, who will?***

We appreciate all donations to continue to provide information and services to Veterans and their families.

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=WGT2M5UTB9A78](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78)

---

**Note:**

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members.



**Item ID Number** 05422

**Not Scanned**

**Author**

**Corporate Author**

**Report/Article Title** SVAC Hearing on the Study of Agent Orange

**Journal/Book Title** VA Legislative Status Report, Ninety-Eighth Congress

**Year** 1983

**Month/Day** July 1

**Color**

**Number of Images** 0

**Description Notes**

The representative of the Veterans of Foreign Wars expressed support for S. 1388, reducing compensation rates to 3.5% with the provision that, if economic conditions worsened, an increase would be sought.

The Disabled American Veterans' representative stated that the organization believes S. 1388 contains a reasonable increase, and they also support S. 1371, S. 859, and S. 1402. Before enacting S. 1401, however, the DAV urges that the Committee study it thoroughly to ensure abuse is not possible. The DAV has no official position on S. 1187, S. 1318, S. 1403 and S. 1404.

The AMVETS representative recommended that the level of compensation provided for in S. 1388 be raised to 4.1%, but agreed with changing the effective date of future COLA's, as proposed in amendment No. 1303, as long as the change is Government-wide. AMVETS also supports S. 859, S. 1187, S. 1318, S. 1403, S. 1403, S. 1371, and S. 1401.

The representative of the Blinded Veterans Association spoke mainly in support of S. 1187, a bill to increase compensation to blinded veterans who also suffer a hearing loss. The BVA does not consider current compensation to be adequate.

The Paralyzed Veterans of America's representative said that the organization supported the 3.5% increase in compensation and DIC rates provided in S. 1388, but requests that the Committee continue to monitor the rate of inflation in order to raise the rates if necessary. The organization also supports S. 859, S. 1371, and S. 1187.

#### → SVAC Hearing on the Study of Agent Orange

On June 15, 1983, a hearing was held to discuss various aspects of veterans' exposure to the herbicide Agent Orange during service in Vietnam and a number of studies of such exposure both proposed and in progress.

Sen. Alan K. Simpson (R-WY), the Committee Chairman, opened the hearing by recalling earlier Committee hearings on Agent Orange, and suggested that there is a great temptation to conclude that nothing has been accomplished in that area, and that veterans claiming adverse health effects related to exposure to Agent Orange have been ignored.

This conclusion, he continued, is unjustified. Much refinement of Agent Orange research projects has taken place, and thoughtful evaluation of relevant facts and identification of unanswered questions should not be misconstrued as an attempt to avoid the issue. Resolution of the issue, he added, is a long process that can become increasingly strident and emotional. The responsible approach is to collect and evaluate all possible information and put aside the emotionalism.

Sen. Strom Thurmond (R-SC) joined Sen. Simpson in an analysis of the emotionalism surrounding the Agent Orange controversy, and characterized it as the most difficult issue the Committee has dealt with since its formation.

After describing congressional efforts to come to grips with the Agent Orange issue, Sen. Thurmond concluded that the "search for truth" about the relationship between Agent Orange and adverse health effects suffered by veterans, though a long process, should proceed. This process, he continued, is necessary to ensure fairness to veterans, taxpayers, and the Government.

William Jacoby, M.D., VA Deputy Chief Medical Director, presented the views of the VA to the Committee. The VA, he began, is keenly aware of the concerns of veterans about Agent Orange and is making numerous efforts to be responsive to those concerns.

The research process, he continued, will enable the VA to provide meaningful answers. He acknowledged, however, that the process is exacting, time consuming, and tries the patience of concerned veterans and their families.

#### VA Studies

Dr. Jacoby then discussed a number of major studies being conducted by the VA or in which the VA has a role. The Vietnam Veteran Mortality Study, which will compare

mortality patterns of veterans who served in Vietnam with those who did not, is well underway, he said, and publication of the results should occur by December 1984. The Vietnam Veteran Identical Twin Study, Dr. Jacoby explained, will measure the psychological and physical impact of service in Vietnam. Results should be available in two or three years. In an interagency effort, the VA and the Environmental Protection Agency are conducting a study of human adipose tissue, he continued, to determine whether service in Vietnam has affected levels of pesticide-related chemicals found in that tissue. The final results of this lengthy study would not be available until 1985. The Department of Defense (DOD) has also joined the VA and the Department of Health and Human Services (HHS) in funding a study of birth defects conducted by the Centers for Disease Control (CDC) in Atlanta, in addition to the epidemiological study on the effects of herbicides on Vietnam Veterans which was mandated by Pub. L. No. 96-151. Both studies, he said, are being monitored with great interest by the VA.

#### Other Studies

Dr. Jacoby then discussed two studies conducted in Australia and New Zealand, neither of which showed that service in Vietnam increased the risk of fathering a child with birth defects.

Dr. Jacoby said that the VA has authorized and funded a number of studies to be conducted by the Medical Research Service investigating the effects of exposure to phenoxy herbicides and other chemicals. Further efforts have been initiated, he continued, to study the relationship between Vietnam service and the development of soft-tissue sarcoma. Studies in the United States and abroad have produced conflicting results regarding the possibility of this particular relationship, he explained, noting that science does "not have ready answers" to all the relevant questions relating to herbicide exposure.

#### Current Health-Care Provisions

He then outlined the steps that the VA is taking to provide health-care and screening examinations to Vietnam veterans who believe that they are suffering the adverse effects of herbicide exposure, despite the questions remaining about that relationship. This treatment, he added, is consistent with the intent of Congress, though not supported scientifically.

He noted the various measures taken in VA medical centers to ensure that the care given Vietnam veterans is of high quality and of the specific guidelines that have been issued.

Dr. Jacoby then drew a distinction between the dioxin contamination incident in Times Beach, Missouri, and exposure of U.S. troops in Vietnam to herbicides containing that substance. Major factors supporting the distinction, he said, are differences in the source of contamination, the concentration of dioxin, photo-degradation of contamination, and the length of exposure. These factors, he continued, including consideration of the way different doses affect both humans and laboratory animals, are seen as comprising an acceptable basis for making a valid and critical distinction.

Chairman Simpson asked about particular studies being conducted by the VA Medical Research Service. Dr. Jacoby replied that ten studies are underway. Although the researchers are not distinguishing between contamination received in Vietnam and contamination received from other sources detected in tissue samples, he said, other measurable contaminants might give leads as to different types of exposure, allowing a determination of origin to be made.

With respect to the VA study of soft-tissue sarcoma, Dr. Jacoby added, the VA reviews only the records of patients within the VA system; yet the study results would not be overly narrow in scope because participants of other studies conducted by other agencies are being included. A colleague of Dr. Jacoby explained that studies of soft-tissue sarcoma and herbicide exposure are underway or planned in New York, Kansas, New Zealand, Finland, and at the National Cancer Institute.

Further, Dr. Jacoby testified that the time lapse between exposure to a herbicide and the appearance of a particular disease may vary, and that manifestation of the given disease is hard to predict. Some diseases, he said, attributed to exposure to herbicides have other common causes unrelated to such exposure. Regarding the relationship between exposure to herbicides and soft-tissue sarcoma, Dr. Jacoby stated that it would be difficult to estimate an average time interval between exposure and the first appearance of the disease in such a case, if in fact any relationship exists at all.

The relationship between herbicide exposure and other diseases, such as peripheral neuropathy, is not specifically being studied by the VA at this time. It may, he said, become apparent in the course of larger studies such as that being conducted by the CDC.

Dr. Jacoby stated that there is no evidence to suggest that the exposure of male or female veterans to herbicides would result in birth defects, and that he would reassure Vietnam veterans of that fact.

Sen. Alan Cranston (D-CA), however, expressed his disapproval in that Vietnam veterans are disillusioned and disenchanted with the Government in light of the fact that four years have elapsed since legislation was enacted to compel the CDC epidemiological study on the effects of herbicides on Vietnam veterans, and the study has yet to begin.

### Study Oversight

Also testifying was Bart Kull, Special Assistant to the Acting Deputy Undersecretary for Intergovernmental Affairs, HHS, and Assistant to the Chairman, Agent Orange Working Group of the Cabinet Council on Human Resources. He described various studies that the Agent Orange Working Group oversees. These studies, he said, have been aided by the cooperation of other agencies of the Federal Government, and should produce both short-term and long-term results. Mr. Kull echoed Dr. Jacoby's concern that difficulty will be encountered in distinguishing the effects of herbicides alone from the combined effects of herbicides and other pesticides. However, due to the efforts of the Army Agent Orange Task Force, he said, ascertainment of individuals exposed to herbicides while serving in Vietnam is possible.

Carl Keller, Chairman Pro Tem of the Agent Orange Working Group's Science Panel, discussed the Science Panel's review of the protocol for the CDC epidemiological study of Vietnam veterans, and the review of the Australian birth defects study. In order to complete the latter review, Dr. Keller said, further information has been requested from cognizant Australian officials to supplement a published report.

Michael Gough, Senior Associate of the Congressional Office of Technology Assessment, appeared before the Committee and commented that real progress has been made in ensuring the success of the CDC epidemiological study of Vietnam veterans. He discussed the technical aspects of that study, describing two critical factors in its design. The two factors are (1) the proper selection of individuals to be included in various components of the study, and (2) that the aspects of health and disease to be examined are most likely to have been affected by exposure to herbicides.

He then described efforts of DOD and the Department of the Army to determine the location and exposure of service personnel in areas of Vietnam where Agent Orange was used. CDC has made progress, he said, in determining which component of the study individuals should be assigned to--namely, those combat troops who were exposed, those less likely to have been exposed, those who served in other areas and were not exposed, and a group of individuals definitely not exposed. The CDC, he continued, has not yet decided on any particular health and disease aspects to examine in the study but has provided information about the broad ranges of health outcomes to be considered.

CDC will also conduct a parallel study of the Vietnam experience that compares veterans who served in Vietnam and veterans who served elsewhere. Referring to the difficult task of accurately identifying soldiers who may have been exposed to Agent Orange below the battalion level, Mr. Gough stated that the Army's efforts have made such identification possible.

### Ranch Hand Study

With regard to the ranch hand study conducted by the Air Force, which was a study of troops in Vietnam exposed to and detailed to handle Agent Orange, Mr. Gough stated that the differences in post-exposure behavior between the ranch hand study population and regular ground troops would not render the results insignificant because at a minimum, they provide information about longevity and mortality of a particular group.

Murphy Chesney, Major General, USAF, Deputy Surgeon General, Department of the Air Force, gave additional information on the Air Force ranch hand epidemiological study of personnel exposed to herbicides in Vietnam between 1962 and 1971. He stated

that 97% of those personnel involved in Operation Ranch Hand participated in the study. He also discussed the various areas to be examined by the ranch hand study and reiterated the importance and necessity of appropriate review of test results before release to the public. The review, he said, is not yet far enough along to provide any preliminary findings, citing data processing problems.

Vernon Houk, M.D., Director of the CDC, discussed the center's role in the epidemiological studies of Agent Orange in Vietnam and worker-exposure to dioxin. He said that a number of foreign studies fail to confirm the relationship between dioxin exposure and adverse health effects, and that other epidemiological studies are necessary. He noted that CDC studies will have great significance. One study will allow better detection of possible birth defects and address the uncertainty of many families regarding this fear.

Sen. Arlen Specter (R-PA) stressed the importance of the Federal Government's responsibility to respond to the question of when a determination will be made regarding the connection between exposure to Agent Orange and health problems suffered by Vietnam veterans. It is fundamentally unfair, he continued, to require veterans who have sustained damages to wait up to twenty years for an answer. He maintained that the facts surrounding the connection between Agent Orange and adverse health effects suffered by Vietnam veterans are sufficient to permit the question of that connection to be submitted to a jury.

### Causal Relationship

In further questioning, Dr. Houk stated his opinion that chloracne resulting in the long term from exposure to herbicides is unlikely. Regarding soft tissue sarcoma, Dr. Houk stated that there is an association, but the association must be further delineated through long-term studies. He pointed out that an epidemiological study does not prove cause and effect. Regarding PCT, Dr. Houk noted that studies have shown industrial accidents to result in higher exposure than that suffered by Vietnam veterans, but that there is still not enough evidence to associate this exposure to long-term health effects.

Franz Enzinger, M.D., of the Department of Soft Tissue, Armed Forces Institute of Pathology, testified that soft tissue sarcoma occurs relatively rarely in comparison to other forms of cancer, and that very little is known about its causes. Dr. Enzinger attributed this dearth of knowledge to the long delays between exposure and manifestation of the illness, as well as the possibility of other causal environmental factors. He stated that further investigation is necessary to establish a relationship between Agent Orange and soft tissue sarcoma and that a questionnaire format being prepared to gather data about occupational or non-occupational exposure to herbicides will provide useful information. Dr. Enzinger said that the incidence of soft tissue sarcoma among those exposed to herbicides appears proportional to the incidence of soft tissue sarcoma in the general population, and that there is no specific time element or stage at which symptoms appear as soft tissue sarcoma develops. He stressed the variance among types of sarcoma, development periods, and symptoms. All known types of soft tissue sarcoma have been included in the CDC study, he continued, which should aid in determining which types are to be studied as they relate specifically to veterans exposed to herbicides.

Lastly, Richard Christian, Chief, Army Agent Orange Task Force, Department of the Army, appeared before the Committee. He described the methods employed to analyze and select the records to be included in the study cohorts and the CDC study planning phase. The Army Agent Orange Task Force, he concluded, will assist the VA and CDC in record research for over ten separate research efforts, and that present requests for research services will not require any additional personnel. Mr. Christian stated that a combination of daily journals prepared at the battalion level, daily brigade situation reports, divisional reports, and company morning reports will allow identification down to at least the company level of those personnel who were exposed to herbicides.

### → HVAC Subcommittee on Hospitals and Health Care Hearing on VA Provision of Chiropractic Services

On June 28, 1983, an oversight hearing was convened to receive testimony on methods by which the Veterans Administration could provide chiropractic services to eligible veterans.