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

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

Item ID Number	05537 ☐ **Not Scanned**
Author	
Corporate Author	
Report/Article Title	Agent Orange: Ten Years of Struggle
Journal/Book Title	Congressional Record - Senate
Year	1989
Month/Day	November 21
Color	☐
Number of Images	0
Description Notes	

With that, Mr. President, I thank the Chair and I yield the floor.

I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll, the absence of a quorum having been suggested.

The legislative clerk proceeded to call the roll.

Mr. FORD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDENT pro tempore. Without objection, it is so ordered.

NOMINATION SEQUENTIALLY REFERRED

Mr. FORD. Mr. President, I understand that this has been cleared on the Republican side. It is a sequential referral.

As if in executive session, I ask unanimous consent that when the nomination of Susan J. Crawford to be inspector general at the Department of Defense is reported by the Committee on Armed Services, it be referred to the Committee on Governmental Affairs for not to exceed 20 days.

The PRESIDENT pro tempore. Without objection, as in executive session, it is so ordered.

The Senator from Kentucky is recognized.

Mr. FORD. I thank the Chair.

(The remarks of Mr. FORD pertaining to the introduction of legislation are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. FORD. Mr. President, I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BIDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Delaware is recognized.

Mr. BIDEN. I thank the Chair.

(The remarks of Mr. BIDEN pertaining to the introduction of S. 1970 and S. 1972 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. BIDEN. Mr. President, I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll, the absence of a quorum having been suggested.

The assistant legislative clerk proceeded to call the roll.

Mr. KASTEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Wisconsin [Mr. KASTEN] is recognized.

Mr. KASTEN. Mr. President, I rise today to honor a good sailor and a good friend. Capt. Michael L. Bowman is leaving the Senate, having completed his tour of duty as Principal Deputy to the Secretary of the Navy for Senate liaison.

In that post, he was a principled and effective advocate for the needs of the U.S. Navy. I have stood with Mike on the deck of the U.S.S. *Wisconsin* and discussed the awesome task he and many others have in defending our country. He gave many of us in this body an excellent education in naval affairs, an education for which I myself am particularly indebted to him.

His courage and patriotism were in evidence in Vietnam, where he completed 200 missions flying an A-7A aircraft. And these qualities have stood him in good stead ever since.

Mike Bowman is an officer and a gentleman. We will all miss him. But I am confident that he will bring to his new task—flying the F18 fighter-attack aircraft once again—the same commitment to excellence which he brought to his tasks as Senate liaison.

I join all my colleagues in wishing Mike and Sally Bowman a bright future.

Mr. President, I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DASCHLE. Mr. President, I ask unanimous consent to speak as if in morning business.

The PRESIDENT pro tempore. The Senate is in morning business and the Senator is recognized.

AGENT ORANGE: TEN YEARS OF STRUGGLE

Mr. DASCHLE. Mr. President, we are nearing the end of this session, and it appears very likely that once again the Congress will not pass legislation to provide for compensation for victims of agent orange. There are deep-seated feelings on both sides of this issue, and I personally respect my colleagues on the other side of the aisle, as well as in the other body, who are as convinced about their point of view as I am about mine. I respect their point of view, and I hope that they will respect mine.

In that vein, with every good intention, I would like to take a few minutes this evening—I ask the Republican leader if he has an interest in speaking at the moment because I intend to take a few minutes. If he has no interest in doing so, I would like to take a few minutes to talk a little bit about why I feel the way I do and perhaps set the record straight and prepare the record for next year, because this issue is not going to go away. Hopefully, at some point, we can find a meeting of the minds; hopefully, at some point, we can take those who are adamantly opposed to doing anything with regard to agent orange compensation and bring them together with those of us who strongly feel the need to find a meaningful solution to this seemingly interminable problem.

It is my fundamental belief that agent orange victims, for whatever reason, have been singled out and have not received the care, have not received the attention, have not been given the kind of priority that virtually every other class of veteran suffering from a service-connected disability—or what he or she claims to be a service-connected disability—has received. Fifty-four diseases are currently on the VA's list of presumptive disabilities. These presumptions were made—some by Congress and some by the VA—because it was determined that they were just as connected to military service as a wound from a bullet, bomb, or grenade. That is what we are saying about diseases associated with exposure to agent orange.

I ask unanimous consent at this time to have all 54 of these diseases printed in the RECORD.

There being no objection, the material was ordered to be printed in RECORD, as follows:

Anemia, primary.
Arteriosclerosis.
Arthritis.
Atrophy, progressive muscular.
Brain hemorrhage.
Brain thrombosis.
Bronchiectasis.
Calculi of the kidney, bladder, or gallbladder.
Cardiovascular-renal disease, including hypertension.
Cirrhosis of the liver.
Coccidioidomycosis.
Diabetes mellitus.
Encephalitis lethargica residuals.
Endocarditis.
Endocrinopathies.
Epilepsies.
Hansen's disease
Hodgkin's disease.
Leukemia.
Lupus erythematosus, systemic.
Myasthenia gravis.
Myelitis.
Myocarditis.
Nephritis.
Organic diseases of the nervous system.
Osteitis deformans (Paget's disease).
Osteomalacia.
Palsy, bulbar.
Paralysis agitans.
Psychoses.
Purpura idiopathic, hemorrhagic.
Raynaud's disease.
Sarcoidosis.
Scleroderma.
Sclerosis, amyotrophic lateral.
Sclerosis, multiple.
Syringomyelia.
Thromboanglitis obliterans (Buerger's disease).
Tuberculosis, active.
Tumors, malignant, or of the brain or spinal cord.
Ulcers, peptic (gastric or duodenal).
(A) Leukemia (other than chronic lymphocytic leukemia).
(B) Cancer of the thyroid.
(C) Cancer of the breast.
(D) Cancer of the pharynx.
(E) Cancer of the esophagus.

(F) Cancer of the stomach.
(G) Cancer of the small intestine.
(H) Cancer of the pancreas.
(I) Multiple myeloma.
(J) Lymphomas (except Hodgkins disease).
(K) Cancer of the bile ducts.
(L) Cancer of the gall bladder.
(M) Primary liver cancer (except if cirrhosis or hepatitis B is indicated.

Mr. DASCHLE. Thirteen diseases on this list are associated with atomic radiation. We passed those last year. There is also a presumption for spastic colon in former prisoners of war. That presumption was made by Congress. There is a presumption for cardiac disease in amputees. That presumption was made by the VA.

In each and every one of these cases we have given the benefit of the doubt to the veteran, as we should.

Several of the presumptive disabilities have far less evidence associating them with military service than do diseases associated with agent orange, such as soft-tissue sarcoma, non-Hodgkin's lymphoma, skin cancer, chloracne, birth defects in veterans' children, and other disabilities.

I am not here to object to those presumptions, for those veterans also deserve the benefit of the doubt. But it is important to point out that in many cases the scientific evidence is not as strong as the evidence supporting agent orange compensation, so you cannot help but sympathize with veterans suffering as a result of their exposure to agent orange who ask of us, why them and not us? Why give them the benefit of the doubt and not us?

This struggle has been going on for over 10 years. In fact, it started even before the Vietnam war began. It is becoming increasingly clear that almost 20 years ago chemical companies and military scientists knew that agent orange was at least potentially harmful to humans.

In New Jersey insurance companies are now suing chemical companies and uncovering evidence that chemical companies knew in the 1950's, over 30 years ago, that agent orange was harmful.

I have a letter from Dr. James Clary, an Air Force scientist who served in Vietnam, saying that he and others involved in writing the history of Operation Ranch Hand, the operation that involved the actual spraying of agent orange, knew that agent orange was harmful at the time it was used.

Dr. Clary, in a letter to me dated September 9, 1988, states, and I will quote a couple of segments of the letter:

I was the scientist who prepared the final report on Ranch Hand: Herbicide Operations in Southeast Asia, July 1971, while assigned to the Department of Life Sciences, USAFA, after completing my work in Vietnam.

The current literature on dioxins and non-Hodgkin's lymphoma and soft-tissue sarcoma can be characterized by the following:

1. It underestimates (reduced risk estimates) the effect of dioxins on human tissue systems. As additional studies are completed we can expect to see even stronger correlations of dioxin exposure and NHL/STS.

2. Previous studies were not sensitive enough to detect small, but statistically significant increases in NHL/STS.

He further states in his letter:

As time progresses, and additional evidence is forthcoming, it will be increasingly difficult for anyone to deny the relationship between dioxin exposure and NHL/STS.

When we (military scientists) initiated the herbicide program in the 1960's, we were aware of the potential for damage due to dioxin contamination in the herbicide. We were even aware that the "military" formulation had a higher dioxin concentration than the "civilian" version, due to the lower cost and speed of manufacture. However, because the material was to be used on the "enemy", none of us were overly concerned. We never considered a scenario in which our own personnel would become contaminated with the herbicide. And, if we had, we would have expected our own government to give assistance to veterans so contaminated.

I might emphasize to my colleagues this was written by one of those scientists who wrote the Ranch Hand history.

If this is true, then several agencies of the Federal Government have spent decades trying to keep the truth about agent orange from the general public. You need only read Dr. Clary's letter to come to that conclusion.

In spite of Government efforts to obfuscate and manage the science, the truth has been leaking out slowly over the years. And yet there are those in this Congress, in the administration, and throughout the country who continue to claim that there is not enough evidence to support compensation. No evidence, some say. For some, hiding the truth seems to be a full-fledged obsession. Perhaps, since we have a little time, I could set the record straight tonight. Let me say at this point, Mr. President, that I have the documents to support everything I am saying tonight. If any of my colleagues would like to see any of it, they need only to contact me.

The first studies with regard to humans and agent orange occurred in the period from 1974 to 1983. Dr. Lennart Hardell was the principal author of several of the so-called Swedish studies, which began in 1974, with an additional study in 1981. These studies, for the first time, showed a link between exposure to pesticides made of agent orange components and both soft-tissue sarcoma and non-Hodgkins lymphoma.

As concerns grew, the Congress commissioned a large-scale epidemiological study, to be performed through the VA, of ground troops' exposure to agent orange and of potential health effects. It was legislation I offered in 1979.

After a series of revelations that the VA was being less than evenhanded with the study, there was general consensus that the study should be transferred from the VA to the Centers for Disease Control. We later learned that was a mistake.

Later, in 1984, the Air Force published its first morbidity report on the health status of those involved in operation Ranch Hand. The February 1984 Baseline Morbidity Report concluded that its results should be viewed as "reassuring."

During a February 1984 press conference, the Air Force emphasized that the study was "negative" and that the results were, again, "reassuring." The word "reassuring" has become very familiar, and it seems to be the only one the Air Force is willing to use to describe its findings, regardless of what the findings are. Rest assured, no matter what the study shows, it will be "reassuring." Sometimes, the evidence points to a serious problem, and, yet, the Air Force statement is, "It is reassuring."

At the same February press conference, one of the Air Force scientists—a principal investigator, chief statistician, and designer of the study—added some simple words of caution that further study was required and that some concerns remained. For having said that, he was taken off the project. We will come back to the Ranch Hand study in just a few minutes.

Later in 1984, we finally passed Public Law 98-542, compensation legislation that codified the reasonable doubt standard, provided for soft-tissue sarcoma compensation, and required the VA to establish standards for general agent orange and atomic radiation compensation. For the first time, the Congress addressed in somewhat of a comprehensive manner exposure to agent orange and what we ought to do about it. And yet, in all these years, having passed that legislation more than 6 years ago, not a single veteran was ever compensated for soft-tissue sarcoma, and to this date only a handful of veterans have received compensation for chloracne, a disease acknowledged by virtually everyone to be associated with agent orange exposure.

Although it was clear that the Veterans' Administration did not want to provide compensation, Public Law 98-542, at least in theory, established for the first time the reasonable doubt principle that might have prevented the need for further legislation had it been followed, and had the Federal Government acted in good faith in its scientific efforts.

Since 1984, Public Law 98-542 has been virtually ignored. In spite of the intent of Congress, in spite of the efforts of everyone involved in the writing of that law, in spite of our promises to veterans at that time that at long last, after all these years, they would be given the benefit of the doubt, not one veteran in this country has been compensated for any disease other than chloracne.

In 1985 and 1986, the New Jersey Agenty Orange Commission reported that they were working on a blood test that could identify trace levels of

dioxin and help approximate exposure in certain veterans. They pointed out that they could not rule out exposure, but that they could confirm exposure.

In the summer of 1986, the House Veterans' Affairs Subcommittee on Hospitals and Health Care hearing that I cochaired called witnesses from the Office of Technology Assessment, the Centers for Disease Control and others, to come before the Congress to explain what had happened with the CDC agent orange exposure study in recent years. OTA reported that the Centers for Disease Control had changed the protocol for the study without authorization. OTA also reported at that particular hearing that petty arguments at CDC were interfering with the study's progress and that progress had virtually come to a standstill. I should point out that this hearing reported no progress in 1986, seven years after the study was commissioned.

Well, after spending millions of dollars on the study protocol, the Centers for Disease Control suggested that a valid ground troop study could not even be done. They said there was no way to determine exposure and that military records were inadequate. They reported the last resort would be to explore blood tests for validating exposure.

The military records experts from the Army-Joint Services Environmental Support Group, led by Richard Christian, testified that military records were adequate and that, in his judgment, the Centers for Disease Control could do a valid study if they wanted to. We sent some followup questions to Mr. Christian at the time. DOD officials altered his followup testimony before it was sent to the Hill, deleting his information challenging CDC's claims. I ask unanimous consent that a DOD memo documenting this action be printed in the RECORD at this point.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SEPTEMBER 22, 1986.

A COMPARATIVE ANALYSIS OF MAJOR DIFFERENCES BETWEEN MR. RICHARD CHRISTIAN'S ORIGINAL ANSWERS AND MR. SAM BRICK'S CHANGED RESPONSES CONCERNING CONGRESSIONAL QUESTIONS FROM THE HONORABLE BOB EDGAR, THE HONORABLE TOM DASCHLE, AND THE HONORABLE TOM RIDGE

1. Congressman Daschle Question No. 1: All proposed ESG recommendations were changed. Mr Brick's version does not fully respond to the question. All reference to General Murray and his report is deleted. The original attachment which was an extract from General Murray's report was deleted by Mr. Brick. The significance of this attachment (See Tab A) verified Mr. Christian's statement concerning the bizarre methodology that CDC employed in the congressionally mandated Agent Orange Study as documented by Major General John E. Murray during his peer review of ESG.

2. Congressman Daschle Question No. 2: Mr. Brick deleted all reference to General Murray and his report. The original attachments (two) which were extracts from General Murray's report were deleted by Mr. Brick. One attachment which Mr. Brick deleted (See Tab B) was an extract detailing General Murray's recommendations for the Agent Orange Study. The other deleted attachment (See Tab C) concerned General Murray's explanation of his alternative recommendations.

3. Congressman Daschle Question No. 3: Mr. Brick deleted information concerning the problems about the blood serum study and the paragraph explaining how the Department of Justice deprived veterans of ESG's findings. OSD(HA) stated these paragraphs were personal opinions of Mr. Christian's and not official Army policy. The fact that ESG findings can be and should be used "to support contentions of veterans in civil court cases, where proof is not scientific, but based on jury findings and the preponderance of evidence" is an essential part of Mr. Christian's answer. This could realistically become the most important discovery of the Congressional Hearings.

4. Congressman Ridge Question No. 1: No changes were made.

5. Congressman Ridge Question No. 2: Mr. Brick shortened the response and deleted important and true statements from Mr. Christian's original answers. Mr. Brick deleted the statements "ESG never heard of the minimal 14-day exposure until it was discussed during the Congressional Hearings on 31 July 1986 and that ESG had never been provided an approved Exposure Opportunity Index."

6. Congressman Ridge Question No. 3: Mr. Brick deleted two paragraphs pertaining to ESG's Pilot Study that was completed in April 1986. The attachment, ESG's Pilot Study report was deleted. This deleted attachment (See Tab D) provided the first documented assessment of individual exposure opportunity and was a major part of the Special White House Science Sub-Panel conclusions and final report.

7. Congressman Ridge Question No. 4: No changes were made.

8. Congressman Ridge Question No. 5: Mr. Brick changed a definitive answer by Mr. Christian to reflect his own thoughts. Mr. Christian's answer to Congressman Ridge was an emphatic "No." Mr. Brick's explanation for the answer was different than Mr. Christian's.

9. Congressman Ridge Question No. 6: Mr. Brick deleted all of Mr. Christian's professional observations as a technical expert on the Agent Orange Epidemiological Study. Mr. Brick deleted an important statement ". . . the '14 day exposure' score was a surprise announcement at the 31 July hearing." This comment was necessary to show that CDC had never previously provided ESG an approved exposure index score.

10. Congressman Ridge Question No. 7: Mr. Brick deleted information that was necessary to clarify the answer. Mr. Christian stated, the main objective of the Pilot Study was to confirm a units' location in a sprayed area within 2 kilometer 6 days. Late in the Pilot Study ESG was requested to identify and provide exposure opportunity scores on as many men as we could to complete the Pilot Study. He also stated "all criteria requirements such as the 180 days in a line company were eliminated for the Pilot Study".

11. Congressman Ridge Question No. 8: Basically, no changes were made.

12. Congressman Ridge Question No. 9: Mr. Brick completely changed the meaning and answer to this question. All reference to General Murray and his report was deleted. Mr. Christian had stated "the less stringent the criteria, the easier to qualify study subjects. The important criteria is whether a person was exposed, regardless of rank, multiple tours, multiple re-enlistments, or time in a line company and so forth. The man's opportunity for exposure score should be the number one priority. By expanding the window out of III Corps, South Vietnam, and examining the records of 300 Battalions, the ability to identify subjects is vastly increased. General John E. Murray's report (Page 52) dated 27 May 1986, offers this as an option". (Reference Tab B of this report.)

13. Congressman Ridge Question No. 10: No changes were made.

14. Congressman Ridge Question No. 11: No changes were made.

15. Congressman Ridge Question No. 12: Mr. Brick has changed Mr. Christian's definitive answer. Mr. Brick used his own thoughts to answer this question. Mr. Christian's answer to the questions were "yes". He stated "we do our best research when we are provided data for case control studies. That is to say we are provided the names and units first. It can be, and is done. However, CDC exiled volunteers from the study".

16. Congressman Ridge Question No. 13: No changes were made.

17. Congressman Ridge Question No. 14: Mr. Brick deleted all reference to General Murray and his report. This eliminated important recommendations. Tab B of this document will show the recommendations that were deleted, thus changing Mr. Christian's answer.

18. Congressman Ridge Question No. 15: Mr. Brick deleted a sentence that states ESG will complete 143 data elements on a study subject but, CDC will disqualify the veteran later. Mr. Brick also deleted the attachment which was the Agent Orange Personnel Data Collection Form (See Tab E). Mr. Brick indicated that the form should be withdrawn as they, the Congress would not understand it. The form illustrates the enormous amount of data that had to be compiled for each veteran who met all the criteria requirements. Even this did not insure the veteran would not be disqualified by CDC at a later date.

19. Congressman Ridge Question No. 16: No changes were made.

MAXIE M. TENBERG,
Major, USA,
Chief, Scientific Support Division.

Mr. DASCHLE. Mr. President, in September 1986, the New Jersey Agent Orange Commission announced they had tested several veterans suspected to have high agent orange levels and verified for the first time, that some Vietnam veterans were subjected to extremely high levels of dioxin exposure. They cautioned that, because of the half-life of dioxin and the fact that 20 years had passed, the blood test would drastically underestimate exposure.

At the same time, the House Energy and Commerce Committee uncovered an OMB effort to stop all dioxin research. It blasted OMB at the time for OMB's claim that there had been "enough" dioxin research and that the Federal Government should stop worrying about it.

In 1986, there was a key study involving Kansas farmers completed at the National Cancer Institute. That study indicated a sixfold increase in non-Hodgkin's lymphoma among

Kansas farmers exposed to 2,4-D, a primary ingredient of agent orange.

I hope you will notice the progression of evidence here. OTA announced that CDC changed its protocol. The Army-Joint Services Environmental Support Group reported that CDC was studying the wrong people and denying the usefulness of military records that, by the way, have since been shown to be amazingly useful.

The New Jersey Agent Orange Commission came forth, and through their blood testing capability provided a major scientific breakthrough. And then the NCI study of Kansas farmers, completely independent, indicated once again a dramatic increase in the number of farmers experiencing a terminal cancer as a result of exposure to a prime ingredient of agent orange.

How much more evidence is needed? How much farther does one have to go to draw the comparison to other presumptions, to acknowledge that relationship, to do what we have said we were going to do in 1984—simply to provide the benefits of the doubt to the veteran. Not to the chemical companies, not to the Government, but to the veteran.

But the incoming tide of evidence did not stop in 1986. In 1987, a VA mortality study was released—only after being leaked to the New York Times, and it was reported in the Times that that particular study indicated a serious problem in Vietnam veterans who were likely to have been exposed to agent orange. That study, entitled "Proportionate Mortality Study of Army and Marine Corps Veterans of the Vietnam War," a Veterans' Administration study, indicated a 110-percent higher rate of non-Hodgkin's lymphoma in marines who served in heavily sprayed areas as compared with those who served in areas that were not sprayed—a 110-percent higher rate of non-Hodgkin's lymphoma.

This was not some scientist from New Jersey. This was not some group of malcontents. This was the VA itself indicating for the first time a 110-percent higher incidence of non-Hodgkin's lymphoma than is a likely result of exposure to agent orange in Vietnam.

The VA study also found a 58-percent higher rate of lung cancer. And yet, with that release of new data, the VA tried to discredit the study, tried to say that there were still some doubts about its validity, which was supported by independent scientists.

Increases in soft-tissue sarcoma and non-Hodgkin's lymphoma are found in veterans throughout the country. A Washington State study again verified that in 1987. Another VA study found an eightfold increase in soft-tissue sarcoma among veterans most likely to have been exposed to agent orange. This was of borderline statistical significance, but the findings were nevertheless remarkable. All this as the Centers for Disease Control released its "findings" that the agent orange exposure study could not be done validly.

CDC based that announcement on a small group of veterans' blood tests, saying the people they chose for blood tests do not have enough dioxin in their blood, and concluding that military records, therefore, could not be used. Furthermore, they argue that because these few tests were "negative," the "study," which was never conducted, proves that there is no problem at all. Scientists, veterans groups and military records experts all challenge the CDC claims and called the CDC decision scientifically insupportable and medically irresponsible. Some of the people within CDC itself have since hinted that they disagreed with the decision. But there it was.

Returning to Ranch Hand, in 1987 I began my own investigation and discovered that those who have insisted that the Ranch Hand study is negative were wrong. Compensation opponents insisted that Ranch Hand offered irrefutable proof that agent orange is not a problem at all—their theory being that Ranch Handers were the most heavily exposed veterans and that they had no problems, proving that no veterans have problems relating to their exposure to agent orange. And yet, when we pressed the Ranch Hand scientists about much of this, we found there were important discrepancies between a January 1984 draft and the final February 1984 Ranch Hand report. We found that Air Force statements and Air Force facts were not the same. The facts, which had become known to the Air Force by late 1984, still had not been released.

We learned that there was an unpublished report showing a doubling of birth defects in Ranch Hand children. That was not released or discussed publicly. The January 1984 draft Ranch Hand morbidity report stated, "It is incorrect to interpret this base line study as 'negative.'" The draft also reported that the Ranch Handers were less well than the controls by a ratio was 5 to 1. It stated that the finding "clearly shows an overwhelming directionality of results: The Ranch Handers have the predominance of adverse findings." Remember those words, "not negative," Ranch Handers were worse off by 5 to 1 and an "overwhelming directionality of results."

The reason I say remember them is because they were never released in the Ranch Hand report. The Air Force chose for some reason to delete those words, those segments of the report. It was "reasurring," they said. Sure, it is reasurring if you delete some of the most damaging, the most critical information suggesting a relationship between agent orange and some of these diseases. Of course, it is reasurring. The Air Force deleted these findings from the final report at the suggestion of a Ranch Hand Advisory Committee set up by the White House Agent Orange Working Group.

They also, for whatever reason, chose to dismiss the increased birth defects in the Ranch Hand children. You did not hear about that at the 1984 press conference either.

It is no wonder when I go to the House or when I talk to people here time and again I am told, well, there was no effect, no relationship between Ranch Handers and problems associated with agent orange. Look at the report; where are the findings? They were deleted.

In 1987 Air Force scientists confirmed to me that birth defects in the Ranch Hand children are double those of children of the controls and are not "minor" as originally reported in the 1984 report. That is not TOM DASCHLE saying that; that is not some flakey scientists in South Dakota or New York or California. These are Air Force scientists who are confirming Ranch Hand information that was deleted from the 1984 report. And they also confirm that they had completed a draft report on birth defects in the Ranch Hand children in December 1984 in followup to the February 1984 Ranch Hand morbidity report. That birth defects report has never been released.

Why was it not released? Why did scientists who worked on the Ranch Hand report not want this information to get out? Why was there a coverup? The Ranch Hand Advisory Committee under the White House Orange Working Group told them not to finish it. Later the advisory committee told them to do more work—to check some of the data.

Five years later, there is still no report. It took 10 months to write the draft, and so far it has taken 5 years to check the data. Five years later, there is still no public acknowledgement—other than what I have reported—of some of this information left out of the original report. There are several other findings that I think are very interesting, and we ought to put it in the CONGRESSIONAL RECORD as we close this session and set the stage for consideration of agent orange legislation next year.

Air Force scientists confirmed that there is an increase in skin cancers in the Ranch Hand group and that skin cancers are not related to overexposure to the Sun, as was suggested in the 1984 report. They confirmed that misclassification in the Ranch Hand exposure index is far-reaching and has the potential to hide other problems in the Ranch Hand group. They admitted that Air Force and White House management representatives became involved in scientific decisions at Ranch Hand in spite of the study protocol's ban on such involvement. The Air Force admitted that Veterans are not represented on the Ranch Hand Advisory Committee in spite of a

protocol requirement that they be represented.

Yet another inconsistency was discovered through two different responses to my inquiries. We learned that there are two versions of the minutes of a February 1984 Advisory Committee meeting advising the Air Force scientists to change the conclusions in the 1984 Ranch Hand report. To change the conclusions. Keep in mind, the scientists have all been studying this. They have come together; they put all this information together; they made their report and at the very last minute, they are told by a White House advisory committee, "We do not care what you are telling us, what your conclusions may be. We want you to change the report, delete that conclusion, delete that table, minimize the relationship you are talking about.

The version of the minutes the Air Force scientists received and sent to me clearly directed the Air Force scientists to "Rephrase the statement, 'This base line report is not negative'," and to take out the table and language showing Ranch Handers were less well than the controls by a 5-to-1 ratio. The version I received from the Agent Orange Working Group dated 2 days later did not contain that language, though it was identical in almost every other way.

None of these findings were made public. By this time it was January 1988, and the public and the veterans had had no update on Ranch Hand since 1984 in spite of these findings. So you cannot help but understand why somebody, whoever it may be, in response to our desire on the basis of scientific information to provide compensation to veterans afflicted by agent orange, would point to the Ranch Hand report and say, well, there is no relationship; the Ranch Hand report says so.

It says so all right, but why it says so ought to be investigated by both the Veterans' Committees, and by everyone else interested in good government and how decisions are made in this town, because what happened there was a fraud perpetrated by people whose names we still do not know.

In January 1988, I met with Air Force scientists and representatives from the Air Force Surgeon General's office in my office. At that time, the Air Force could not explain the two versions of the minutes of the Advisory Committee meeting, but confirmed that the memo the Air Force scientists received was an accurate reflection of the meeting.

The Air Force refused my request to release the 1984 draft of the birth defects report. The Air Force scientists confirmed mistakes in the 1984 Ranch Hand morbidity report, and confirmed that three Air Force scientists, all three of whom were present—Col. William Wolfe, Dr. Richard Albanese and Dr. Joel Michalek—jointly wrote a technical paper to provide an update on the Ranch Hand results that had not been announced since late in 1984 when they were discovered in the first place.

I advised the Air Force officials at that time that either they would publish this paper and announce the changes, or I would announce them. The Air Force agreed to publish a paper written by the three scientists.

That was in January. In February, the Air Force published a technical paper with the name of only one of the scientists, Dr. Albanese, who happened to be the scientist they kicked off the Ranch Hand project in 1984. Then the Air Force set out to discredit the paper—the same paper, I might add, that they defended earlier in my office. The Air Force continues to misrepresent the Ranch Hand study findings, and in February of that year continued to call the Ranch Hand findings "negative" and "reassuring."

On May 12 of that year the Senate Veterans' Affairs Committee held a hearing. The CDC released its Agent Orange Exposure Study findings again and announced that they would terminate the study, that it could not be done. This, however, did not stop them from continuing to speak about the study as if it were proof that agent orange is not a problem—that no one was exposed. Yet, the testimony contradicted the CDC's published study results.

CDC also released its Vietnam Experience Study findings with great fanfare, saying that it, too, showed there is no problem. Yet, the testimony did not even mention an increase in non-Hodgkin's lymphoma found in the study, and CDC later suggested that the increase was not verified.

In the same hearing, the Air Force officials tried to distance themselves from the February report on Ranch Hand and to belittle its importance but admitted under questioning that it was technically correct and that all three scientists wrote it. The Air Force officials admitted at this hearing that veterans were not represented on the Ranch Hand Advisory Committee, and they had no explanation for this violation of the study protocol.

The Air Force officials denied there was any governmental interference in the Ranch Hand science in spite of the fact they had acknowledged such interference in writing to me and in a meeting in my office.

For his part, the VA Deputy Director testified at this hearing that there was not a "shred" of evidence that Agent Orange is associated with any veterans' disabilities. When asked what would constitute a "shred" or "reasonable doubt," the Deputy Director refused to answer, saying we should stop worrying about Agent Orange. He suggested that the entire problem was nothing more than a figment of veterans' imaginations.

Several days after the May 12 hearing, however, CDC acknowledged in a letter to the chairman and ranking minority member of the committee that the increase in non-Hodgkin's lymphoma was real, and bigger than first thought. A sixfold increase, they said. And yet there was no press release from CDC, no public information.

Can you blame veterans for wondering what is going on? Can you blame their families who continue to watch all of this unfold, and not share their sense of frustration, their sense of indignation at the conflicting comments, the duplicity, the obfuscation that occurs time and time again when Government officials at the highest level are being called upon to inform the public, but they cover up information instead?

You have a VA Deputy Director testifying before a committee of the Congress that there is not a "shred of evidence," in spite of the numerous suggestive studies. You have CDC saying in a public hearing with press all around that nothing is wrong, and then, just a few days later, they acknowledge in a quiet letter to the same committee that there is a sixfold increase in non-Hodgkin's lymphoma for Vietnam veterans.

Late in 1988, CDC released its Agent Orange Exposure Study "findings" yet again in the press, and again argued that no one was exposed in spite of the fact that the study was never actually conducted.

The National Cancer Institute replicated its study of Kansas farmers in Nebraska, providing further evidence of a link between Agent Orange and non-Hodgkin's lymphoma. Dr. Hardell in Sweden replicated his earlier study of pesticide workers and soft-tissue sarcoma. A Massachusetts mortality study showed a five fold increase in Vietnam veterans with soft-tissue sarcoma. Elmo Zumwalt, son of the former Chief of Naval Operations in Vietnam, who participated in some of the decisions about spraying, lost a several-year battle to non-Hodgkin's lymphoma and Hodgkin's disease. His father will carry on the battle against Government indifferenee to Agent Orange victims.

Agent Orange compensation opponents, whose strategy seems to hinge on endless waiting, began to argue that we should wait for the "next" study. Congress should not act until the CDC Selected Cancers Study is concluded. They argued and continue to argue that the study will be the "definitive word" on Agent Orange. Here you have five specific scientific occurrences in less than 1 year, in less than 1 year, and we are told that we should not act until we get the "definitive word" by the CDC

I was just told that again a couple of days ago: "Let us not act until the Centers for Disease Control provides the 'definitive word.'" Yet, Agent Orange victims say there are other veterans afflicted with 54 presumptive disabilities who never had to wait for the "definitive word." There are vic-

tims of radiation exposure who are eligible for compensation for 13 different diseases who did not have to wait for the "definitive word." Let me point out that the "atomic veterans" did have to wait—for far too long—until Congress finally decided that the "definitive word" might never come. Let us not make that mistake again.

The Selected Cancer's Study, even if it were the definitive word, which it will not be, is not an Agent Orange study. It does not even attempt to determine exposure. How can it be the definitive word on Agent Orange if it does not even focus specifically on veterans affected by Agent Orange?

The CDC protocol acknowleges that the study does not have sufficient statistical power to detect substantial increases in rare cancers such as soft-tissue sarcoma and non-Hodgkin's lymphoma and that the problem of misclassification inherent in the study will further hinder the study's ability to detect increases. Furthermore, CDC's general handling of the Agent Orange Exposure Study and the Vietnam Experience Study calls into question the integrity of the selected Cancers Study.

You cannot blame those of us who have watched CDC in its work for the last 5 or 6 years for being skeptical about whether this definitive study is going to provide any new evidence that we have not had before, much less anything definitive. And so while we ask these veterans once more to wait, to let us get the final word next spring, they shake their heads and say, "Well, it is funny, the double standard between those other veterans and us, between the criteria that you have set out for virtually every other group and us."

Last year the Senate was once again called upon to do what it has done on several different occasions, to pass Agent Orange compensation legislation both independently as well as an amendment to the compensation bill. The House sent it back in the last couple of days of the 100th Congress, indicating, once again, this year there would be no legislation on Agent Orange.

This year has also produced evidence and new developments with regard to the case of Agent Orange compensation. It began when a Federal judge ruled in a lawsuit brought by the Vietnam Veterans of America that VA's Agent Orange rules under Public Law 98-542, the very act we passed in 1984, are too strict and do not give veterans the statutorily required benefit of the doubt. It has to be a little embarrassing, I suppose, for the VA, the so-called advocate for veterans, to be told by a judge somewhere in California that you are not doing what the law says you are supposed to do, that you are not giving the veterans the benefit of the doubt.

This is where a new Secretary stepped in, Secretary Derwinski. He had a lot of options. Secretary Derwinski could have said, well, we are going to appeal that decision because, for whatever a reason, have decided that the judge is wrong.

But for the first time someone in the VA did what he was supposed to do. For the first time someone in the VA put all politics aside and did what the law required. He gave the benefit of the doubt to the veteran. He said—and I might add he got in a lot of hot water for saying this—we are going to give the veteran the benefit of the doubt. We are not going to appeal the judge's decision.

The House Government Operations Subcommittee on Human Resources held a hearing not long ago. They concluded as a result of all the testimony they had received during that hearing that the Centers for Disease Control had badly bungled the study—either by design or by incompetence—and showed clear evidence of White House involvement in the study. Recently, the VA Advisory Committee on Environmental Hazards, the same committee that said that Veterans who were exposed to atomic radiation were not harmed by atomic radiation, were not harmed by exposure to Agent Orange either.

During their review of studies related to non-Hodgkin's lymphoma, inapplicable and asked who selected them. A VA lawyer responded, "I did the best I could." The studies were chosen not by a distinguished panel of independent scientists but by a VA lawyer. Remember, this VA advisory committee is the committee charged with the responsibility of providing a recommendation to the Secretary with regard to the position that this administration will take.

This committee that said that exposure to atomic radiation did not harm veterans, this committee which met for 2 days looking at all of this scientific data, 10 years' worth of information, said they could not reach a consensus.

Their "decision" was scrawled on the blackboard, and then submitted to the observers in handwritten form on a blank sheet of paper, the one I am holding up. This is a copy of what was written in hand by this "prestigious" committee on Agent Orange: No typed report, nothing in writing for official documentation, though a typed sheet of paper was issued to the Veterans' Committee later.

It says, "The Committee does not find the evidence sufficient at the present time to assert"—"assert" is crossed out and written in instead is "conclude"—"that there is a significant statistical association between exposure to p.oxy.h. and NHL," non-Hodgkins lymphoma. "However, the committee cannot rule out such an association."

This is all we have from the committee after 2 days of work.

I ask unanimous consent it be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

The Committee does not find the evidence sufficient at the present time to conclude that there is a significant statistical association between exposure to p.oxy.h. and NHL. However, the Committee cannot rule out such an association.

(Mr. LAUTENBERG assumed the chair.)

Mr. DASCHLE. The advisory committee categorized studies and included in the "valid negative" category the VA's own mortality study, which is a positive study by virtually everyone's assessment. When asked for an explanation, the committee replied that any study without an exposure index would be considered negative. I should note at this point that this means the CDC's Selected Cancers Study—the "definitive word"—is dead on arrival at the VA's advisory committee. It doesn't have an exposure index, so it apparently will not matter to the VA what it says. Well, my legislation, as I discussed, has been around this Chamber for a long time. As recently as August 3, on a vote of 92 to 8, we passed the agent orange compensation bill and sent it again over to the House. We also passed it as an amendment to the compensation bill, S. 13, by unanimous consent on October 3. That brings us to where we are tonight.

The House has chosen again not to consider legislation dealing with Agent Orange. In spite of the wealth of evidence from scientists all over this country—in Washington, in Washington State, in Massachusetts, in the very State represented so well by the distinguished Presiding Officer, New Jersey, in the Air Force, in the Veterans' Administration—scientists from virtually every persuasion have come to the same conclusion: That there is a relationship between agent orange and both soft-tissue sarcoma and non-Hodgkin's lymphoma; that we ought to give the benefit of the doubt to the veterans, as they so richly deserve.

Yet tonight, as we end this session, we are put in the difficult position of telling these veterans once more that they have to wait.

I do not know how much longer they have to wait. But I do know this: We are not going to quit. We are going to continue to press this issue. It is not going to go away. Sooner or later, we are going to find a way to pass this legislation—whether independently or as an amendment to another bill, I do not know.

I want to work with those in the House who have a different point of view. I intend to work in good faith to find some way to resolve this issue before the end of this Congress. We were not able to do it this session.

But I have every hope and certainly every determination that we will resolve this matter, and that the scientists who have come forth in good

faith with the evidence that we have laid out tonight will do so with confidence that the Congress can respond to scientific evidence and to veterans who simply ask that we give them what we have given every other veteran who has come before the Congress asking for the benefit of the doubt.

We owe it to them, Mr. President. Let us renew our determination to respond.

(The remarks of Mr. DASCHLE pertaining to the introduction of S. 1917 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

APPOINTMENT OF CONFEREES—H.R. 1465

The PRESIDING OFFICER. Pursuant to the order of November 19, 1989, the Chair appoints the following Senators to serve as conferees on H.R. 1465: From the Committee on the Environment and Public Works, Mr. BURDICK, Mr. MOYNIHAN, Mr. MITCHELL, Mr. BAUCUS, Mr. LAUTENBERG, Mr. BREAUX, Mr. CHAFEE, Mr. DURENBERGER, Mr. WARNER, Mr. JEFFORDS, and Mr. HUMPHREY; from the Committee on Commerce, Science, and Transportation, Mr. HOLLINGS, Mr. INOUYE, Mr. KERRY, Mr. BREAUX, Mr. DANFORTH, Mr. PACKWOOD, and Mr. STEVENS.

STATUS OF UNITED STATES-JAPAN TRADE NEGOTIATIONS

Mr. BRYAN. Mr. President, I wish to bring to the attention of the Senate, the administration, and the Japanese Government that we in Congress are watching with great interest the progress of trade negotiations between the United States and Japan. We are watching, and we are deeply concerned.

The other day the American negotiators expressed disappointment in the course of discussions with their Japanese counterparts. Our negotiators presented a joint United States-Japan study which demonstrated that many consumer products sold in Japan cost far more than similar products sold in America and Western Europe.

This is a damning report. For years, Americans have been told in countless magazine articles, news reports, and television documentaries that if we could only compete with the Japanese we would be able to export to that country. We were told our products were too expensive.

This report should put an end to that canard once and for all. American products consistently sold for less in the United States than what the Japanese system forced them to sell for in Japan.

The lesson should be clear to everyone: if Americans, and for that matter West Europeans, make competitively priced products, the Japanese system will put an expensive hidden tariff on our products, pricing our goods out of the Japanese market.

Look at the facts: An American-manufactured pair of blue jeans sells for $32 in the United States; in Japan the same pair of jeans costs $55.63. The next time a Japanese trade minister, or for that matter an administration official, talks about free trade have him discuss blue jeans with a textile worker in South Carolina. Breakfast cereal costs $1.89 in America and sells for $3.38 in Japan. The next time a pundit on trade tells us America is at fault, have him speak to the citizens of Battle Creek, or a farmer in Iowa.

A set of American-made golf clubs that costs $420 in the United States cost $659.15 in Japan.

Mr. President, when these issues are brought up by concerned citizens they are branded as not having sufficient understanding of the cultural differences between America and Japan. Might I respectfully suggest that we do understand the meaning of cultural differences. If we discuss differing tastes in artists that is culture.

If we discuss the relative merits of the movies of Akira Kurosawa and Stephen Spielberg that is culture. If we discuss the taste of sushi versus prime rib that is culture. But, when we talk about our goods being systematically priced out of the Japanese market that is Japanese protectionism, not culture.

As the American negotiators were meeting the other day with their Japanese counterparts, it was revealed in the American press that a Japanese computer firm in competition with an American manufacturer won a substantial computer design contract by submitting a 1-yen bid. That is right. Fujitsu Ltd. underbid the American firm, by submitting a single yen bid, which amounts to a bid of less than one American penny.

And as one examines the pattern of such bids, it is revealed that Japanese firms often take turns dramatically underbidding foreign competitors. The idea apparently in submitting these obviously unrealistic proposals is to break the back of potential American competitors. These kind of tactics can only be viewed as part of a strategy to freeze out American bidders. Can one blame an American firm if their people get discouraged and pull out of the Japanese market?

Can you imagine what would happen if an American business had submitted such blatantly rigged bids? This great Chamber would boom with voices decrying protectionism. Editorial pages would justly demand a trust-busting investigation. The pundits would decry but another step toward Smoot-Hawley.

I applaud the administration's efforts to try a new approach in dealing with Japanese tactics on trade.

Ambassador Carla Hills has embarked ona creative approach in dealing with Japanese tactics.

This approach has not been without its share of critics. As these negotiations proceed, the Japanese mandarins from the Ministry of Industry and Trade should understand that should Ambassador Hills fail to make major progress that failure will not be in either country's interest. Ambassador Hills has bought time, and it is frankly up to the Japanese to use that time wisely.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BRYAN). Without objection, it is so ordered.

HEALTH BENEFITS FOR RETIRED COAL MINERS

Mr. ROCKEFELLER. Mr. President, in September, I introduced S. 1708 to address the serious financial difficulties in the health benefit funds for retired coal miners. The legislation has gained widespread bipartisan support in both the House and the Senate. It was approved by the Senate Finance Committee in October as part of budget reconciliation legislation. Nevertheless, floor action never occurred because, along with scores of other provisions in the budget legislation, the health benefits bill was put on hold.

I did not want adjournment to occur, Mr. President, without commenting on this situation.

In a short period of time, we have made significant progress on this bill. We have obtained labor and management cooperation in addressing the problems of the funds. Members of Congress have been educated on the need to take action. Just recently the distinguished majority leader, Senator MITCHELL, and the distinguished Senator from Texas, Senator BENTSEN, the chairman of the Senate Finance Committee have written a letter to me, and I ask unanimous consent that it be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

U.S. SENATE,
Washington, DC, November 20, 1989.

Hon. JOHN D. ROCKEFELLER IV,
U.S. Senate, Washington, DC.

DEAR JAY: With the conclusion of the first session of the 101st Congress, we want to comment on some important unfinished legislative business on which you have played a leading role in the Senate. We refer to S. 1708, your bill to restore the financial stability of the health benefit trust funds for retired coal miners. We support your efforts on this legislation.

We understand that the funds face serious financial difficulties. This is a matter of national importance and concern. Pensioners and their families across the country rely on the funds for health care and the funds are