



Statement of
The American Legion

1608 K STREET, N. W.
WASHINGTON, D. C. 20006

PAUL S. EGAN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION

and

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

before the

COMMITTEE ON SCIENCE AND TECHNOLOGY
SUBCOMMITTEE ON NATURAL RESOURCES, AGRICULTURE
RESEARCH AND ENVIRONMENT
UNITED STATES HOUSE OF REPRESENTATIVES

on

DIOXIN OVERSIGHT

JULY 28, 1983

STATEMENT OF JOHN F. SOMMER, JR., DEPUTY DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON NATURAL RESOURCES, AGRICULTURE
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Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates this opportunity to comment on the results of the U.S. Air Force Ranch Hand baseline mortality study that were released on June 30, 1983; and on other research projects on the long-term health effects of dioxin exposure, particularly those studies relating to the exposure of Vietnam veterans to the herbicide Agent Orange.

The examination of Ranch Hand personnel, those Air Force personnel who were directly involved in Agent Orange spraying missions in Vietnam, has been completed, and we understand that an excellent rate of participation among the over 1200 individuals who served in that unit was experienced. The entire Ranch Hand study is composed of three elements; a mortality study, a morbidity study, and a follow-up. The questionnaire involved in this investigation was administered under contract by the Harris Organization, and the physical examinations and laboratory studies were conducted by the Kelsey-Seybold Clinic in Houston, Texas on a contract basis. As previously mentioned, the initial mortality report was issued on June 30, and preliminary reports on the data obtained from the examinations and questionnaires are expected to be issued later this year. We understand that mortality in the

study population will be determined annually for the next 20 years, and follow-up examinations will be completed at 3, 5, 10, 15 and 20 year points.

Mr. Chairman, it should be emphasized that the first phase of the Ranch Hand mortality determination is just as the title connotes - a baseline mortality study.

The American Legion was not surprised that the mortality experience of the Ranch Hand group was not significantly different than that of the matched controls at this early date. The Executive Summary of the Ranch Hand report itself states "This baseline mortality report can in no way be regarded as conclusively negative because this small, young, and relatively healthy cohort may not have yet reached the latency period wherein attributable fatal disease might be expected and detected within limited power boundaries of this study."

The Legion is aware that the latency periods for certain types of fatal diseases, particularly malignant cancers, may extend to 20-30 years or longer. We have found this to be true in cases of radiation induced cancer, and mesothelioma caused by exposure to asbestos. The insidious onset and unpredictable latency period of such diseases accentuate the importance of the morbidity portion of the Ranch Hand Study, and the follow-up studies on mortality and morbidity.

It is noted in the report that the Ranch Hand group had an increase in liver disorder deaths as compared to the matched control group; and that the enlisted members of the Ranch Hand

group had experienced a higher mortality rate than the officers. We trust that the follow-up reports will provide additional information on these two areas of concern.

Mr. Chairman, The American Legion was extremely pleased that the Centers for Disease Control took over the responsibility for the PL 96-151 study when the Interagency Agreement between the Veterans Administration and the Department of Health and Human Services was signed on January 14, 1983. The transfer fulfilled a long and intense effort by the Legion to have the study completed by a scientific agency that is independent of the VA.

We are encouraged by the manner in which CDC has progressed since accepting the responsibility for the study. Within a matter of days following the signing of the Interagency Agreement, CDC officials met with The American Legion to discuss the study and elicit input and recommendations relating to the research.

At the same time, we offered the cooperation of the Legion in encouraging the participation of Vietnam veterans in the study, as we are keenly aware of the importance that such participation will play in the success of the CDC studies.

In reviewing the protocol outline prepared by CDC when it first became available to the Legion in early February, it was obvious that a great deal of what appears to us to be highly competent work was achieved in a relatively short period of time.

CDC has recommended that two historical cohort studies be completed; the Agent Orange study, and a broader Vietnam experience study. Authority for the expansion of the study was provided

under PL 97-72, and CDC was quick to realize the importance of studying the possible health effects that other herbicides such as Agents White and Blue (picloram and cacodylic acid, respectively), other chemicals, medications, or environmental hazards or conditions, that existed in Vietnam could have had on the veterans who served in RVN.

The studies will each be comprised of three major components; a mortality study, a health and exposure questionnaire, and a clinical and laboratory assessment.

The Agent Orange study is to consist of 3 cohorts, and the Vietnam experience study 2 cohorts. The cohorts are to be composed of 6,000 individuals each, selected pursuant to a thorough review of the military records by the Army Agent Orange Task Force (AAOTF). The American Legion is pleased to have learned that CDC has assigned a Public Health Advisor to work full-time with the AAOTF, as we have long stressed the importance of a liaison between this dedicated group of experts in the area of military records and the agency responsible for the development of the protocol and the conduct of the Agent Orange study.

The AAOTF plays an integral part in the Agent Orange research efforts, and especially with respect to the foregoing studies that are currently being implemented by CDC. Without the military records from Vietnam the study cohorts could not be selected, thus it would be impossible to carry out the studies.

The Legion understands that CDC has received approval for the requested positions needed to carry out the studies, and they are

in the process of recruiting the necessary staff. However, this has not detracted from the ongoing development of the protocols for the two studies which are completed and currently undergoing peer review.

CDC is also planning to conduct case-control studies of the incidence of soft tissue sarcomas and lymphomas. The American Legion is aware of the importance of such case-control studies, particularly with respect to soft tissue sarcomas, and we strongly urge that they be conducted.

Mr. Chairman, as we stated at the outset, the Legion is both encouraged and pleased by the progress made by CDC in a relatively short period of time. In addition, CDC has held to a commitment made at the time the agency assumed responsibility for the study - to seek the input and recommendations of The American Legion and other veterans organizations, and to maintain open lines of communication. For this we are appreciative.

The only other thing that we can ask is that CDC release all relevant findings as they become available during the studies. Vietnam veterans are concerned about the effects of Agent Orange and other environmental hazards and want the facts as best they can be established. The American Legion's goal is to make absolutely sure that these concerns and apprehensions are promptly and accurately addressed.

Mr. Chairman, we will now offer comment on some of the other Agent Orange related research projects that are currently being

carried out by the Veterans Administration, other Federal agencies, and by private entities under contract to the government. The American Legion is monitoring all of these studies, within the limits of our capabilities, and it is hopeful that the results of each of the projects will complement the total Agent Orange research effort.

The Centers for Disease Control in Atlanta is conducting a study that is designed to determine whether or not veterans who served in Vietnam are at a higher risk of producing offspring with serious birth defects. The test population consists of approximately 7500 babies with birth defects born in the Atlanta area between 1968 and 1980, the identity of which were extracted from the CDC birth defect registry. Where possible, the parents of the subject babies are being interviewed to determine the factors which may be responsible for the occurrence of the abnormalities, including service in Vietnam and possible exposure to toxic substances which may be attributable thereto. Reportedly, CDC has experienced a good participation rate in this study. However, we understand there are some problems in locating a small number of veterans who were previously interviewed, and are now being contacted for follow-up interviews, due to the fact they have moved. The results of this study are expected to be available by the end of 1983.

The Armed Forces Institute of Pathology, since 1978, has been collecting pathologic material including tissues extracted during surgical procedures and during autopsy procedures, of

Vietnam veterans from Veterans Administration medical centers, Armed Forces hospitals, and from medical facilities in the private sector, for the purpose of surveying the illnesses that have been incurred by these Vietnam veterans. It was recently reported that 1200 cases have been submitted to AFIP to date, and an additional 600 are forthcoming. The project is being divided into two phases. The first phase is the collection and evaluation of the cases of veterans who served on active duty in Vietnam from 1962 to 1974. The second phase consists of the collection and evaluation of the cases of veterans or active duty personnel who did not serve in Vietnam. This group will serve as matched controls for the cohort included in phase one. We find it interesting to note the different diagnoses that have been made thus far. There are 86 different diagnoses of the skin, 15 varied liver diagnoses, 16 different benign tumor diagnoses, and 30 diagnoses of malignant tumors. There have been an additional 173 diagnoses made, not including the foregoing. As for the collection of the pathologic tissue, 1088 samples are submitted by VA medical centers, 74 of the cases involved veterans in civilian hospitals, and the remaining 4 percent were submitted by Federal hospitals, for the most part Air Force. The tissue samples have been sent to AFIP from 46 States, and 99 percent of the cases involved male veterans. The completion date of this study is indefinite.

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

study will be completed in mid-1984.

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

Ten additional research projects were approved late last year by the Administrator of Veterans Affairs, selected from proposals submitted by individual investigators working in VA medical centers, in response to a request for new research proposals issued by VA Medical Research Service, which specified a biochemical, physiological or toxicological focus on the delayed effects of exposure to Agent Orange and other herbicides. The research projects for the most part involve animal studies, but human tissue cultures will be analyzed in some of the experiments, such as biochemical studies of fat metabolism. The new projects are supported for up to five years with VA research funds in excess of \$2 million.

The VA has established an Environmental Medicine Monograph Series which was designed to provide useful information of a scientific nature on environmental and occupational factors that have or may have affected the health of Vietnam veterans. The Monographs that are to be initiated in Fiscal Year 1983 include Agent Blue (cacodylic acid), Human Exposure to Phenoxy Herbicides, Birth Defects (genetic screening and counseling), and Chloracne. The American Legion will continue to monitor the development of

these and other monographs that have been proposed for future implementation.

The Legion is also following with interest several other ongoing studies involving dioxin exposure, including the National Institute for Occupational Safety and Health (NIOSH) Dioxin Registry, the NIOSH Soft Tissue Sarcoma Investigation, and the National Cancer Institute's Case Control Study of Lymphoma and Soft Tissue Sarcoma.

Our National Commander, Al Keller, Jr., recently announced a joint research effort entitled The Columbia University and American Legion Study of Vietnam Era Veterans, that will commence later this year. It is a broad-based study that will look at a number of problems that are facing Vietnam veterans, including questions surrounding the issue of Agent Orange. The study will use trained individuals drawn from the Legion's volunteer network to collect data from a scientifically selected sample of several thousand Legion members who served in Vietnam and a comparison group of Legionnaires who served in the military elsewhere during the same period of time. The study will be developed and directed by Dr. Jeanne Stellman, Associate Professor of Public Health at Columbia University, and her husband Dr. Steven Stellman, Assistant Vice President for Epidemiology of the American Cancer Society.

The protocol for the study is currently under development, and it will be reviewed by an advisory committee of independent scientific experts to ensure its scientific validity. The advisory committee will also monitor the study and review the final report that is expected in November, 1984.

The American Legion will use the findings of the research in its work on behalf of Vietnam veterans and their families before the Veterans Administration, other government agencies and the Congress.

Mr. Chairman, we have presented this compendium of major Agent Orange and related research projects to demonstrate the magnitude of the total effort being put forth to determine the possible consequences of exposure. Needless to say, the picture is changing and it is apparent to the Legion that progress is being made. As was stated earlier, the Centers for Disease Control has moved quickly on the preliminary implementation of the study mandated by PL 96-151, and the expansion of that study authorized by PL 97-72. The agency has determined the complexities involved in such problematic research, and has moved forward to address the studies. We urge that CDC continue to act in an expeditious but cautious manner as they move forward with the Agent Orange and Vietnam experience studies.

The American Legion realizes that because of the complexities surrounding the issue of dioxin exposure that any one study will not answer all of the questions regarding the health effects of such exposure. We strongly recommend that the results of all research projects be used to compliment the total research effort on this most important issue.

Mr. Chairman, we thank you for inviting The American Legion to participate in today's hearing.