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ADMIRAL, U.S. NAVY (RET)

FACSIMILE TRANSMISSION

From the Office of E. R. Zumwalt, Jr.
Admiral U.S. Navy (Ret.)

TEL:
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DATE: October 15, 1996

TO: George Claxton

VVA

FAX NUMBER: _____

FROM: Admiral Zumwalt

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 5
(Please call if all pages are not received.)

AN ORIGINAL HAS _____ HAS NOT X BEEN SENT TO YOU.

Per our conversation, here is a copy of my letter to Senator Simpson and his reply. I would appreciate your keeping a close hold on this correspondence.

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United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510-6375

October 11, 1996

E. R. Zumwalt, Jr.
Admiral, USN (Ret.)

Dear Bud:

Thank you for your note concerning spina bifida. As I ride off into the legislative sunset, the memory of your continuing advocacy on behalf of Vietnam veterans, as well as your uniformed service during and after the war, will be one of the waypoints by which I will measure my career.

Bud, I believe that when Congress enacted PL 102-4 it did so in an attempt to ensure a sound scientific and medical foundation for decisions relating to illnesses which might be the result of exposure to Agent Orange or other herbicides. If there were agreement to the conclusions in your letter, there would be little disagreement on the issues related to presumptive service-connection. However, I believe the documentation advanced by proponents of the spina bifida amendment as well as the testimony presented at the Committee's September 19, 1996 hearing document that PL 102-4, as implemented by this Administration, is a tool of inadequate caliber to succeed in the mission assigned to it by the Congress.

First, and contrary to your letter, there is no documentation of increased incidence, or even increased risk, of spina bifida in the children of Vietnam veterans. If there were, this debate would not be happening.

Second, the IOM is tasked to conduct an ongoing evaluation of the scientific evidence and to make three determinations:

- 1) does a statistical association exist?
- 2) what is the increased risk of disease?
- 3) is there a plausible biological mechanism for exposure to cause the disease in question?

VA then takes the IOM findings and may make presumptions of service-connection if VA determines that the evidence supporting an association is at least equal to the evidence inconsistent with association.

I will not attempt to replay the entire debate, but in my view IOM did its job. VA then ignored the results they did not like when they recommended legislation.

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In reverse order:

- 3) IOM identified no plausible biological mechanism;
- 2) IOM found inadequate evidence to support a finding of increased risk; and
- 1) On the basis of one study (Ranch Hand) IOM placed spina bifida in the category of diseases for which there is "limited or suggestive evidence" of association. By itself, this was not an objectionable act because IOM's definitions make it clear that, for diseases in that category, there are other studies which give inconsistent results and that the supporting studies can not be relied upon as the basis for reaching a conclusion due to the possibility of confounding, chance or bias.

The principal investigator for the Ranch Hand study testified that his study found an expected (my emphasis) rate of birth defects. Only when birth defect data are further broken down by type of defect do values begin to deviate from the expected rate. Thus we find a lower than expected rate of cleft palate as well as a higher rate of spina bifida. This deviation from the mean is expected when dealing with small numbers of subjects. Any competent epidemiologist will tell you that, while such abnormal values can be used to formulate a hypothesis for further investigation, such a "finding" should not be used as the basis for reaching a conclusion. Perhaps that is why the Ranch Hand principal investigator testified that the Ranch Hand study should not be used to draw conclusions about birth defects.

VA ignored these points when it made the decision to recommend legislation. Just as it ignored the fact that excess spina bifida has not been found in populations known to have heavy exposure to dioxin. The general tenor of testimony at the Committee's September 19 hearing was that, at the very low level of adverse effects being postulated, there are not enough data to make scientific conclusions about associations. Therefore, any action taken would be a policy decision, not a scientific finding.

I agree. In my view Secretary Brown made a political decision to recommend legislation. That is his right. But it is misleading at best, and deceitful at worst, to attempt to cloak such a proposal in the garb of science. That dog just won't hunt. We should just come right out and say that we are unwilling to set aside the emotions created by an image combining veterans and innocent disabled children.

While the decision of the Congress will surely improve the lives of the beneficiaries and their families, we should not forget the other effects of what we have done.

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We have set a precedent for increasing the burden of entitlement spending on the basis of the flimsiest cloak of scientific "evidence". Even with no increase in entitlements the day when current entitlements consume all Federal revenue is now in sight. That day will come by the year 2016 if there are no changes in current law. When that year comes there will be no funding for national defense, for EPA, for veterans' health care, for Federal civil service salaries. The government will collapse within the lifetime of most of your fellow Vietnam veterans and of most of the bluejackets whose lives you worked to improve while you were CNO. Everything that generations of veterans served to protect, for themselves and for their children and grandchildren, will be lost.

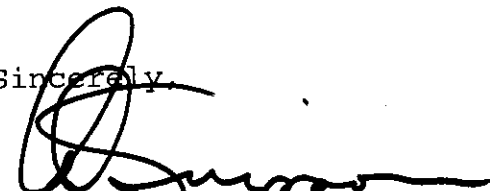
This legislation may also reinforce the belief of some of our citizens that ordinary illnesses are not a tragic, but inescapable, fact of life, but are instead the result of a poisoning by their government. Such a belief can only serve to rot the fabric of our society. It is a tragedy to nourish that belief by creating presumptions of "service-connection" for any disease for which any hook may be found, no matter how flimsy.

Bud, I have always been a strong proponent for benefits and services for veterans who are harmed in the performance of their military duty. I am also a proponent for increased focus on those whose duty actually takes them in harm's way as opposed to those who never leave some stateside "Camp Beetle Bailey". I catch no end of grief from the Veterans Service Organizations for that belief. In my view, veterans' programs are now skewed so as to provide too much to those who were not placed at a disadvantage by their service, at the cost of providing not enough for those who were. The action by the Congress to provide health care, vocational training, and a monthly check to spina bifida children whose fathers are Vietnam veterans is a compassionate decision. It is also a decision which reinforces the flawed distribution of the resources available to serve our nation's veterans.

Bud, I thank you for your career of service to our country and I thank you for taking the time to share your views with me.

With best personal regards,

Sincerely,



Alan K. Simpson
Chairman