HJR

64

February 22, 1984

The following materials were used to determine HJR 64:

1. 98th Congress House of Representatives Report 98-592

2. H.R. 1961, An Act to amend title 38, U.S. Code to provide disability and death allowances to veterans and survivors of veterans who served in Southeast Asia during the Vietnam era and those who participated in atomic tests or the occupation of Hiroshima and Nagasaki

3. Veterans Administration Federal Benefits for Veterans and Dependents (January 1983, pages 5-6 dealing with Agent Orange benefits)

4. Three newspaper clippings entitled: "Way cleared for Agent Orange trial", Anchorage Daily News 2/15/84; "Agent Orange study ongoing", Fairbanks Daily News-Miner 2/15/84; and "Twins sought for Vietnam study", The Anchorage Times 2/12/84.

5. Other comments attached.

98TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
98-592

AGENT ORANGE AND ATOMIC VETERANS RELIEF ACT

JANUARY 25, 1984.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MONTGOMERY, from the Committee on Veterans' Affairs, submitted the following

REPORT

together with

ADDITIONAL VIEWS

[To accompany H.R. 1961]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to which was referred the bill (H.R. 1961) to amend title 38, United States Code, to provide a presumption of service connection for the occurrence of certain diseases related to exposure to herbicides or other environmental hazards or conditions in veterans who served in Southeast Asia during the Vietnam era, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

The amendments are as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

That this Act may be cited as the "Agent Orange and Atomic Veterans Relief Act".

SEC. 2. The purpose of this act is to provide certain benefits—

(1) to veterans and the survivors of veterans who served in Southeast Asia during the Vietnam era and suffer from diseases that may be attributable to exposure to Agent Orange; and

(2) to veterans and the survivors of veterans who participated in atomic tests or the occupation of Hiroshima and Nagasaki and suffer from diseases that may be attributable to ionizing radiation,

notwithstanding that there is insufficient medical evidence to conclude that such diseases are service connected.

SEC. 3. (a) Title 38, United States Code, is amended by inserting after chapter 13 the following new chapter:

"CHAPTER 14—DISABILITY AND DEATH ALLOWANCES FOR CERTAIN VETERANS AND SURVIVORS

"§ 451. Agent Orange veterans and survivors

"(a) In the case of a veteran who served on active duty in Southeast Asia during the Vietnam era and who [illegible] suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allowance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

"(b) The diseases referred to in subsection (a) of this section are the following:

"(1) Soft-tissue sarcoma becoming manifest within 20 years from the date of the veteran's departure from southeast Asia.

"(2) Porphyria cutanea tarda becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

"(3) Chloracne becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

"(c) Benefits may not be paid under this section with respect to a veteran—

"(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service in Southeast Asia during the Vietnam era; or

"(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between the date of the veteran's separation from service and the onset of such disease.

"§ 452. Atomic veterans and survivors

"(a) In the case of a veteran who while on active duty participated in the testing of an atomic bomb or device, or who while on active duty participated in the occupation of Hiroshima or Nagasaki during World War II, and who within 20 years from the date of the veteran's participation in the test or occupation suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allowance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

"(b) The diseases referred to in subsection (a) of this section are the following:

"(1) Leukemia.

"(2) Polycythemia vera.

"(3) Carcinoma of the thyroid.

"(c) Benefits may not be paid under this section with respect to a veteran—

"(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service described in the first sentence of subsection (a) of this subsection; or

"(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between the date of the veteran's separation from service and the onset of such disease.

"§ 453. Rates of disability and death allowances

"A disability allowance payable to a veteran under this chapter shall be paid at the rates provided in chapter 11 of this title, based upon the degree of disability of the veteran attributable to the disease establishing eligibility for such allowance. A death allowance payable under this section to the survivors of a veteran shall be paid to such survivors based upon the eligibility requirements and rates applicable to payments under chapter 13 of this title.

"§ 454. Other benefits

"A disease establishing eligibility for a disability allowance under this chapter shall be treated for purposes of all other laws of the United States (other than chapters 11 and 13 of this title) as if such disease were service connected, and receipt of a disability allowance under this chapter shall be treated for purposes of all other laws of the United States as if such allowance were service-connected compensation

under chapter 11 of this title. Receipt of a death allowance under this chapter shall be treated for purposes of all other laws of the United States as if such allowance were dependency and indemnity compensation under chapter 13 of this title.

"§ 455. Termination of chapter

"This chapter shall terminate on the first day of the first month beginning after the end of the one-year period beginning on the date the Administrator submits to the appropriate committees of Congress the first report required by section 307(b)(2) of the Veterans Health Programs Extension and Improvement Act of 1979 (Public Law 96-151).".

(b) The tables of chapters at the beginning of title 38, United States Code, and at the beginning of part II of such title, are amended by inserting after the item relating to chapter 13 the following new item:

"14. Disability and Death Allowances for Certain Veterans and Survivors ..... 451".

SEC. 4. This Act shall take effect on October 1, 1983. No benefit may be paid for any period before such date by reason of the enactment of this Act.

Amend the title so as to read:

A bill to amend title 38, United States Code, to provide disability and death allowances to veterans and the survivors of veterans who served in Southeast Asia during the Vietnam era and suffer from diseases that may be attributable to exposure to the herbicide known as "Agent Orange" and to veterans and the survivors of veterans who participated in atomic tests or the occupation of Hiroshima and Nagasaki and suffer from diseases that may be attributable to ionizing radiation.

INTRODUCTION

On April 26 and 27 and July 12, 1983, the Subcommittee on Compensation, Pension and Insurance conducted hearings on the bill, H.R. 1961, introduced on March 8, 1983, by the Honorable Tom Daschle, to authorize temporary monetary benefits, pending the results and receipt of the epidemiological study mandated by Public Law 96-151, for Vietnam veterans who suffer from soft-tissue sarcoma, porphyria cutanea tarda (PCT) and chloracne. The bill, as introduced, would provide a statutory presumption of service-connection for any veteran who served in Southeast Asia during the Vietnam era and who later is shown to have one of the conditions identified in the bill. There would be no time limit for the initial manifestation of the disabilities under the original bill.

Two major veterans' organizations in testimony before the Committee strongly opposed the bill on the basis that there was not sufficient credible scientific evidence to warrant a presumption of service-connection. Other service organizations supported the bill as introduced.

The Subcommittee received testimony from a number of Members of Congress, representatives of the Veterans' Administration, the Department of the Air Force, the Centers for Disease Control (CDC) of the Department of Health and Human Services, the Armed Forces Institute of Pathology, a number of veterans' organizations and from members of the scientific community and other interested individuals.

On July 28, 1983, the Subcommittee adopted an amendment in the nature of a substitute offered by the Chairman of the Subcommittee, the Honorable Douglas Applegate, and recommended the bill, as amended, to the full Committee.

On November 3, 1983, the full Committee adopted an amendment offered by the Honorable John Paul Hammerschmidt, to include benefits for certain veterans who participated in the testing

of nuclear devices or who served in the occupation forces in Hiroshima or Nagasaki immediately after World War II and, by a vote of 30 to 0, ordered the bill, as amended, to be reported to the House.

BACKGROUND

AGENT ORANGE

During the 9-year period from 1961 through 1969, the herbicide Agent Orange was used in South Vietnam primarily for the purpose of denying the enemy the cover of dense jungle foliage. Two phenoxy herbicides, 2,4-D and 2,4,5-T were used to formulate Agent Orange. Each of these components has been used extensively in agriculture since the mid-1940's. During this 9-year period, approximately 78 million pounds of 2,4,5-T were used domestically in the United States; while between 1961 and 1971, approximately 52 million pounds of 2,4,5-T were disseminated in South Vietnam. The 2,4,5-T contained the contaminant dioxin, a compound formed during the production processes and highly toxic to certain animal species. The amount of dioxin disseminated in the United States during the 9-year period between 1961 and 1969 was probably at least four times the amount disseminated in South Vietnam, according to an Air Force witness before the Committee.

The Committee recognizes the use of Agent Orange in Vietnam has caused much apprehension and concern among some Vietnam veterans and their families, giving rise to controversy. Much publicity has been given to the alleged ill-health effects among some Vietnam veterans which they attribute to exposure to the dioxin in Agent Orange.

Since 1978 the Committee on Veterans' Affairs has held the following hearings on this issue:

October 11, 1978, Subcommittee on Medical Facilities and Benefits.

February 25, 1980, Subcommittee on Medical Facilities and Benefits.

July 22, 1980, Subcommittee on Medical Facilities and Benefits.

September 16, 1980, Subcommittee on Medical Facilities and Benefits.

May 6, 1981, Subcommittee on Oversight and Investigations.

September 15, 1982, Subcommittee on Oversight and Investigations.

April 26, 27 and July 12, 1983, Subcommittee on Compensation, Pension and Insurance.

May 3, 1983, Subcommittee on Oversight and Investigations.

Dozens of witnesses have testified with widely divergent views on the issue. The question of toxicity of dioxin is not in doubt—dioxin is one of the most highly toxic substances known to the scientific community although its toxicity for humans is unknown. What is less clear is how much exposure to the dioxin was experienced by Vietnam veterans, how much exposure can be expected to produce long-term health effects, and at what rate, or frequency, if any, are

these effects being experienced by veterans who served in Southeast Asia.

While a number of professionals in the scientific community have stated that some Vietnam veterans are suffering a high rate of cancers, skin and liver conditions, as well as a multiplicity of other conditions, there are no data or studies which substantiate this. There is no concensus of opinion in the scientific community that exposure to dioxin causes any identifiable disability other than chloracne.

Because of the concern and apprehension in the veteran community, the Congress mandated in Public Law 96-151 an epidemiological study on the effects of exposure to Agent Orange. At the suggestion of the Chairman and Ranking Minority Member of the Committee and other Members of the Congress, responsibility for conducting the study was transferred from the Veterans' Administration to the CDC in 1982. The study is expected to cost between $70 million and $100 million when it is completed. The sum of $2.3 million was allocated to the CDC by the Veterans' Administration in fiscal year 1983, and $53,974,000 is contained in Public Law 96-181 for the conduct of the study. Additional amounts will probably be necessary in future appropriations acts. Spokesmen for the CDC have projected the completion date of the study to be between 1987 and 1989.

There are numerous scientific human studies currently underway related to Agent Orange, dioxins and the Vietnam experience as a whole. The costs for the more than 67 projects involving the Veterans' Administration, the Environmental Protection Agency, and the Departments of Health and Human Services, Defense and Agriculture are quoted as $150 million from fiscal years 1980 to 1985 and beyond. One of the more significant efforts now underway is an epidemiological study (known as the *Ranch Hand* Study) of Air Force personnel assigned to do the actual spraying of the herbicides. Approximately 1,300 servicemen were assigned to this unit from 1962 to 1971 and were the individuals who loaded the chemical on aircraft and flew the spraying missions. This group probably received more exposure, and on a repeated basis, than any other unit in Vietnam, although it is the position of many that ground troops may have experienced a higher level of exposure than those personnel involved in the air-spraying operations.

The first phase of the *Ranch Hand* Study on mortality was released in August 1983. Because of the small number of deaths the data contained no significant findings. No unusual grouping of causes of death was shown. The next phase of the study on morbidity is expected to be released in February or March 1984 and is expected to reflect the current health status of this group.

Veterans who believe they have been exposed to Agent Orange have complained of a variety of illnesses for which they seek medical treatment and disability compensation. These illnesses include, among others, skin conditions, cancers, nervousness, numbness in extremities, vision and/or hearing impairments, birth defects in their offspring, and reduced libido. Veterans have also complained about the paucity of scientific information available on the health effects of Agent Orange and the perceived delays in the VA's response.

The VA maintains that it has responded to veterans' concerns from the outset by initiating health programs to identify veterans who may have been exposed and by implementing research projects on health effects and prompt implementation of Public Law 97-72 that authorizes the VA to treat Vietnam veterans for conditions that *may* be attributable to Agent Orange. Since 1978 the VA has provided physical examinations for Vietnam veterans who thought they were exposed to Agent Orange.

Current law requires the Veterans' Administration to provide inpatient and out-patient care and treatment to veterans who may have been exposed to Agent Orange while serving in Vietnam for any disability that may have resulted from such exposure, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with exposure to Agent Orange.

The VA maintains a registry of all veterans who come to VA hospitals and health care facilities for Agent Orange examinations. The registry also contains information collected during the examination. As of October 1, 1983, 125,649 veterans had received the initial examination and about 75 percent of the key information had been entered into a computer.

As of October 1, 1983, veterans had filed 18,518 disability claims with the VA for disorders they attribute to Agent Orange exposure. Only half of these claimants had any disability at all. The other half either claimed no disability or had none diagnosed on physical examination. Of the 9,170 who had a diagnosed disability, 7,709 were denied because the evidence failed to show the condition had its inception in service.

The VA acknowledges that the skin disorder, chloracne, is causally related to Agent Orange exposure. Ninety-five percent of the remainder of 1,461 (16 percent) claims which were granted service connection were for skin conditions and the remaining 5 percent were for cancer, psychiatric, and neurological conditions, among others.

The VA denied 7,709 claims after there was a confirmed diagnosis of the condition for which the veteran had filed a claim. The denied claims fall into the following categories: 4,959 for various skin conditions other than chloracne; 2,484 for nervousness and headache or fatigue; 926 for paralysis or numbness; 841 for gastro-intestinal or genito-urinary conditions; 567 for malignancies which include leukemia, lymphoma, melanoma, and Hodgkin's disease; 393 for impaired sexual activity; 472 for eye, ear, nose and throat pathology, 299 for lung conditions; 263 for cardiovascular conditions, and 152 claims denied for miscellaneous conditions.

Under current VA policy the resolution of disability claims for conditions that are now defined as non-service connected (and therefore denied) will depend on the results of scientific studies which are now either pending or underway. Since it is expected that these studies will take years to complete a spokesman for the VA has testified before the committee that "it may well be that the Congress cannot wait for scientific answers in the short term, in which case it may well be that the sociopolitical aspect of this problem will have to be addressed."

Members of the Committee have demonstrated their strong desire to respond to the apprehension and concern among some Vietnam veterans and their families about the possible long-term health effects that may have been caused by their exposure to the herbicide Agent Orange while serving in South Vietnam. Extensive hearings have been held, and it is generally agreed that there is insufficient credible scientific evidence that this group of veterans has demonstrated they are experiencing any higher incidence or frequency of medical problems related to their possible exposure to dioxin while in service as to warrant a statutory presumption that such medical problems are related to military service. Notwithstanding this fact, the Committee is proposing the temporary payment of benefits for certain disabilities until the Agent Orange Epidemiological Study has been completed and the results of such study are submitted to the Congress.

ATOMIC VETERANS

Beginning in 1945 and continuing until 1963, the U.S. Government exploded approximately 235 nuclear devices in the atmosphere over the American Southwest and Pacific Ocean. The Department of Defense estimates that approximately 220,000 military personnel participated in those tests. Additional personnel may have been exposed while in the occupation forces in Japan after the atomic bombings of Hiroshima and Nagasaki in 1945. Many of these troops were exposed to low-level ionizing radiation which may or may not have been accurately documented with proper exposure devices or methodologies. To compound the problem, there is limited scientific understanding of the relationship between exposure to low doses of ionizing radiation and subsequent health problems.

Public concern about the health effects of low-level ionizing radiation has been heightened in recent years by the results of several studies. Since 1902, when cancer was first attributed to overexposure to X-rays, the U.S. Government has spent close to $2 billion (approximately $80 million per year in recent years) for research on the health effects of exposure to low-level ionizing radiation. At least 80,000 scientific papers on the subject have been published worldwide. While much has been learned about the carcinogenic effects of high doses of radiation exposure, scientists still are uncertain how low-level ionizing radiation exposure causes cancer, and how to predict the effects of exposure to low doses of ionizing radiation.

The Subcommittee on Oversight and Investigations held a hearing on May 24, 1983, to review Federal studies on health effects of low-level radiation exposure and implementation of Public Law 97-72. Included among the witnesses were spokespersons from the VA, the Center for Environmental Health (which is part of the CDC of the Department of Health and Human Services), the Defense Nuclear Agency, the National Academy of Sciences, Members of Congress, and representatives of a number of veterans' organizations.

The CDC conducted a study of the participants in the atmospheric nuclear test *Smoky*. There were 3,217 persons confirmed as present during the detonation of *Smoky* on August 31, 1957. The

CDC could not locate or determine the vital status of only 145 participants. Of the remaining 3,072 (95.5 percent of the total), CDC reviewed the death certificates of the 146 who are deceased and contacted the remaining 2,926 participants or their next of kin. Only 20 of those contacted refused to be included in the study.

According to United States mortality statistics, 365 deaths from all causes would have been expected in this population to date. In fact, there have been 320 deaths in *Smoky* participants.

CDC also calculated the expected number of cancer deaths for this population to be 64.3. In fact, they found 64. Of deaths from leukemia, 9 were found compared to 3.1 expected. This difference is statistically significant.

One other disease, polycythemia vera, was also found to have occurred at a higher than expected frequency in the nuclear test participants. CDC expected no more than 1 case but found 4. This disease, which is characterized by an inappropriate increase in the number and production of red blood cells, has not been previously shown to be caused by ionizing radiation.

In summary, the study of *Smoky* participants by the CDC found an increased frequency of the occurrence of leukemia and polycythemia vera. The study did not find evidence of increased frequency of cancer or death from cancer, but did observe less than the number of total deaths expected. Seymour Jablon of the National Academy of Sciences testified concerning his studies into the mortality among 52,000 veterans who had participated in five atmospheric tests, including the test series of which *Smoky* was a part (code-name PLUMBBOB). In contrast to the CDC findings concerning only *Smoky* participants, which Jablon's work verified, preliminary results show no excess mortality from leukemia, nor from other forms of cancer or other illnesses, among this much larger study cohort. He also testified that, given the timing of the introduction of the Hiroshima/Nagasaki occupation forces, none could have received radiation doses exceeding one-tenth rad.

There is an extensive body of information, mostly from follow-up studies of the health histories of the Japanese who were exposed at Hiroshima and Nagasaki, about the health effects of radiation exposure caused by nuclear detonation. However, there is very little information specifically related to veterans who were exposed during the weapons test program.

Public Law 98-160, signed by the President on November 21, 1983, requires the Administrator of Veterans' Affairs to consider the feasibility of conducting an epidemiological study of the effects of low-level ionizing radiation on veterans who participated in the testing of nuclear devices or who were in the occupation forces at Hiroshima and Nagasaki immediately after World War II. If such a study is conducted it would be by an outside entity—not the Veterans' Administration.

It is expected that this study, if conducted, will be completed and submitted to the Congress well before the results of the Agent Orange epidemiological study are available. In the event the radiation study is received by the Congress prior to receipt of the Agent Orange epidemiological study, and should it contain clear evidence as to the health effects of radiation exposure suffered by

veterans, the Committee will at that time exercise its right to consider and recommend such legislation as it deems appropriate.

Veterans exposed to ionizing radiation while participating in nuclear tests, or the occupation of Hiroshima or Nagasaki, have a slightly stronger basis for consideration. Studies have shown a slightly higher incidence of leukemia and polycythemia vera among participants of the *Smoky* test. Similar data reflecting increased health problems among veterans who served in Vietnam and who may have been exposed to Agent Orange are lacking. Although current evidence indicates that some veterans exposed to ionizing radiation are experiencing serious medical problems, available data falls far short of meeting the test that the exercise of sound medical judgment reflects that these disabilities are related to military service.

According to information furnished by the Defense Nuclear Agency, the duration of the military occupation of Hiroshima and Nagasaki was relatively short. The first U.S. units to occupy Hiroshima arrived October 6, 1945. U.S. Forces in Hiroshima were relieved by an Australian unit on March 6, 1946, and U.S. occupation in the vicinity came to an end at that time. The first advance party of the U.S. occupation force (about 12 personnel) arrived in Nagasaki on September 16, 1945. The last units departed Nagasaki in June 1946. The occupation of these two sites was completely within the World War II period as defined in title 38, United States Code.

Some Members of the Committee feel it would be better to wait for the results of the Agent Orange Epidemiological Study being conducted by the CDC before granting benefits for disabilities contained in the bill. Some feel that Congress should abide by its longstanding tradition that benefits should be paid only where substantive evidence is *clearly* available to establish that the disabling conditions existed while on active duty or are clearly related to such period of service. It was apparent, however, that this option did not reflect the view of all Members of the Committee and the reported bill represents a compromise on the highly emotional issues.

Summary of the Reported Bill

The reported bill, H.R. 1961, would provide that effective October 1, 1989, a temporary disability (or death) allowance would be payable to veterans who served in Southeast Asia during the Vietnam era and who later suffer from one of three conditions: soft-tissue sarcoma, porphyria cutanea tarda (a liver condition known as PCT), or chloracne (a skin condition). The soft-tissue sarcoma must be shown to exist within 20 years from date of departure from Southeast Asia and the other two disabilities, porphyria cutanea tarda (PCT) and chloracne must be manifested within 1 year from such departure. Monetary benefits would be paid at the rates prescribed in chapter 11 and chapter 13 of title 38, United States Code. Derivative benefits which flow from chapters 11 and 13 would also be available to persons eligible under the new chapter 14. Benefits would terminate under the sunset clause 3 years after the epidemiological study authorized by Public Law 98-151 is submitted to the Congress.

The reported bill would also provide that effective October 1, 1983, a temporary disability (or death) allowance would be payable to veterans who, while in service participated in the testing of a nuclear device or who served in the occupation forces at Hiroshima or Nagasaki after the bombing in 1945 and who, within 20 years after such participation, suffers from cancer of the thyroid, polycythemia vera (a bone marrow disease) or leukemia. These benefits would be available under the same eligibility criteria and procedures as provided for veterans exposed to Agent Orange. Veterans eligible for benefits under the reported bill must have been physically present at or near the test site at the time of detonation or shortly thereafter and not simply involved in the planning of the test.

The Committee intends that receipt of this new benefit be treated as if it were receipt of disability compensation or DIC for purposes of all Federal laws other than chapters 11 and 13 of title 38.

Section-by-Section Analysis

Section 1 provides that this act may be cited as the Agent Orange and Atomic Veterans Relief Act.

Section 2 declares the act's purposes—to provide benefits to veterans who served in Southeast Asia during the Vietnam era, and their survivors, if the veteran suffers or dies from a disease that may be attributable to Agent Orange exposure, and to veterans who participated in atomic tests or the occupation of Hiroshima or Nagasaki and their survivors, if the veteran suffers or dies from a disease that may be attributable to ionizing radiation, notwithstanding the lack of medical evidence sufficient to conclude that the disease is service connected.

Section 3 provides the statutory language for the new chapter 14.

Subsection (a) of section 3 would amend title 38, United States Code, by adding a new chapter 14 titled "Disability and Death Allowances for Certain Veterans and Survivors," consisting of new sections 451 through 455.

New section 451, relating to Agent Orange veterans and survivors, would consist of subsections (a) through (c).

Subsection (a) of new section 451 would require the VA to pay, at rates established under new section 452, a "disability allowance" to any veteran who served on active duty in Southeast Asia during the Vietnam era and after such service suffers from a disease described in subsection (b) of this new section, and a "death allowance" to any such veteran's survivors, if the veteran died from the disease.

Subsection (b) of new section 451 would establish as diseases referred to in subsection (a), the following three: soft-tissue sarcoma appearing within 20 years of the veteran's departure from Southeast Asia; porphyria cutanea tarda appearing within 1 year of the veteran's departure from Southeast Asia, and chloracne appearing within 1 year of the veteran's departure from Southeast Asia.

Subsection (c) of new section 451 would bar the payment of benefits under this section if there is affirmative evidence that the veteran's disease was not incurred during his or her Southeast Asian

service or is a result of an intercurrent injury or another disease sustained post-service.

New section 452, relating to atomic veterans and survivors, would consist of subsections (a) through (c).

Subsection (a) of new section 452 would require the VA to pay, at rates established under new section 453, a disability allowance to any veteran who participated during the veteran's military service by being present at the detonation of an atomic bomb or device, or the occupation of Hiroshima or Nagasaki by the United States forces during World War II, and who, within 20 years after such participation, suffers from a disease described in subsection (b) of this new section, and a death allowance to any such veteran's survivors, if the veteran died from the disease.

Subsection (b) of new section 452 would establish, as diseases referred to in subsection (a), the following three: leukemia, polycythemia vera, and carcinoma of the thyroid.

Subsection (c) of new section 452 would bar the payment of benefits under this section if there is affirmative evidence that the veteran's disease was not incurred as a result of his or her participation in the testing of an atomic bomb or device, or military occupation of Hiroshima or Nagasaki, or is the result of an intercurrent injury or another disease sustained postservice.

New section 453, relating to rates payable as section 451 or 452 disability and death allowances, would key veterans' rates to compensation rates payable to veterans under chapter 11 of title 38, United States Code, according to the degree of disability, and survivors' rates and eligibility criteria to dependency and indemnity compensation rates and criteria under chapter 13 of title 38.

New section 454, relating to other benefits, would provide that a disease that established a veteran's or survivor's eligibility for section 451 benefits shall be considered as if it were service connected for purposes of all Federal laws (except chapters 11 and 13 of title 38), shall be treated as if the benefit were compensation or dependency and indemnity compensation, as appropriate, for purposes of Federal law.

New section 455, relating to termination, would provide for the termination of new chapter 14 authority to grant benefits 1 year after the VA's submission to Congress of the first report required by section 307(b)(2) of Public Law 96-151, the statute mandating a comprehensive epidemiological study of the effects of Agent Orange exposure on veterans' health.

Subsection (b) of section 3 would amend the chapter tables at the beginning of title 38 and the beginning of part II of such title to reflect the insertion of the new chapter 14.

Section 4 would provide for an effective date of October 1, 1983, and rule out payment of section 451 benefits for any period prior to that date.

Oversight Findings

No oversight findings have been submitted to the Committee by the Committee on Government Operations.

BUDGET STATEMENT

As required by the Rules of the House, the following letter was received from the Congressional Budget Office concerning the cost of H.R. 1961, as amended.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, D.C., November 8, 1983.

Hon. G. V. MONTGOMERY,
Chairman, Committee on Veterans' Affairs, U.S. House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: Pursuant to Section 403 of the Congressional Budget Act of 1974, the Congressional Budget Office has prepared the attached cost estimate of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act, as ordered reported by the House Committee on Veterans' Affairs, November 3, 1983.

Should the Committee so desire, we would be pleased to provide further details on this estimate.

Sincerely,

RUDOLPH G. PENNER, *Director.*

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 1961.
2. Bill title: Agent Orange and Atomic Veterans Relief Act.
3. Bill status: As ordered reported by the House Committee on Veterans' Affairs, November 3, 1983.
4. Bill purpose: This bill would provide a new category of benefits identical in dollar amounts to those provided under veterans' disability compensation and dependency and indemnity compensation (DIC). Eligibility for these benefits would be limited to:
   - —veterans who served in Southeast Asia during the Vietnam era and who suffer from soft-tissue sarcoma, porphyria cutanea tarda, or chloracne.
   - —the survivors of veterans who served in Southeast Asia during the Vietnam era and who died of soft-tissue sarcoma, porphyria cutanea tarda, or chloracne.
   - —veterans who participated in atomic tests or the occupation of Hiroshima or Nagasaki and who suffer from leukemia, polycythemia vera, or carcinoma of the thyroid.
   - —the survivors of veterans who participated in atomic tests or the occupation of Hiroshima or Nagasaki and who died from leukemia, polycythemia vera, or carcinoma of the thyroid.

The stated effective date of the bill is October 1, 1983. Claims for benefits approved within 1 year of the enactment date, therefore, would be paid retroactively to October 1, 1983.

5. Estimated cost to the Federal Government:

(By fiscal year, in millions of dollars)

	1984	1985	1986	1987	1988
Required budget authority	4.7	4.9	5.2	5.3	5.4
Estimated outlays	4.7	4.9	5.2	5.3	5.4

The cost of this bill would fall in budget function 700.

This bill would result in additional future Federal liabilities through an extension of an existing entitlement and would require subsequent appropriation action to provide the necessary budget authority. The figures shown as "Required Budget Authority" represent an estimate of the additional budget authority needed to cover the estimated obligations that would result from enactment of H.R. 1961.

Basis of Estimate:

AGENT ORANGE EXPOSURE

Soft-tissue sarcomas.—There is no commonly accepted medical definition of which types of malignancies fall into the category of soft-tissue sarcomas. For the purpose of this estimate, the definition used by the National Cancer Institute (NCI) was employed. Under NCI's definition, malignancies of the hematic and lymphatic systems are not included as soft-tissue sarcomas. If a broader definition were applied by the Veterans' Administration (VA) in implementing this provision, the cost could be substantially higher than that included in the estimate above.

According to information from the NCI, the normal incidence of soft-tissue sarcoma among males aged 25 to 40 years is approximately 13 new cases per year per million. Since about 2.4 million veterans served in the Republic of Vietnam, at least 31 such veterans would be expected to develop soft-tissue sarcomas each year, independent of any effects of Agent Orange. At this time, there is insufficient data available to prove or disapprove any connection between Agent Orange exposure and the development of soft-tissue sarcomas. This estimate, therefore, is based on the normal incidence of the disease. If a causal relationship should exist, however, resulting in a higher than normal incidence of the disease among veterans with service in Southeast Asia, the cost of this proposal would be greater than shown.

It is estimated that between 600-650 Vietnam era veterans with Southeast Asian service have developed soft-tissue sarcomas between the time of their discharge and October 1, 1983. It was assumed that aproximately 85 percent of these veterans have died of the disease. Thus, it is estimated that enactment of this provision would result in approximately 100 veteran cases and 500 survivor cases in 1984. The level of affected cases would be expected to grow to 150 and 560, respectively, by 1988. All veteran cases were assumed to receive benefits at the 100 percent disability level, and survivors were assumed to receive benefits equal to the average DIC benefit.

Porphyria cutanea tarda.—Porphyria cutanea tarda (PCT) is a condition of the liver that can occur in certain individuals with a genetic predisposition, after a substantial chemical insult to the body. According to information from the VA's medical staff, the genetic predisposition to this condition is found in about 6 percent of the population. It would, thus, be expected that nearly 150,000 veterans with Vietnam service have the potential for developing PCT.

Heavy exposure to Agent Orange could cause this condition in a genetically predisposed individual; however, the onset of the condi-

tion would be expected to occur fairly soon after exposure. It is, therefore, assumed that the vast majority of veterans suffering from Agent Orange-related PCT experienced the onset of the condition prior to discharge or soon enough after discharge to have established service-connection for disability compensation benefits under current law. The few veteran or survivor cases likely to result from this provision are not anticipated to have a significant budgetary impact.

Active and residual chloracne.—Under current law and regulation, the VA presumes service-connection in the case of chloracne among veterans with Vietnam service. It is, therefore, expected that all veterans suffering from chloracne will be eligible for disability compensation benefits under current law and would not apply for benefits under this provision.

RADIATION EXPOSURE

According to the staff of the House Veterans' Affairs Committee (HVAC), approximately 230,000 service members may have been exposed to ionizing radiation while in military service as a result of their participation in either atomic weapons testing or the post-World War II occupation of Hiroshima or Nagasaki. Since 1967 the VA has kept track of the claims filed for benefits under disability compensation and DIC that are based on exposure to radiation. Less than 3,700 such claims have been filed during this period of nearly 17 years.

H.R. 1961 limits eligibility in this category to veterans or the survivors of veterans who contracted one of the covered diseases within 20 years of their in-service exposure to radiation. This 20-year time limit was reached by 1970 for veterans participating in the occupation of Hiroshima and Nagasaki and by 1982 for veterans participating in atomic weapons testing.

Leukemia.—The VA approves under current law the majority of claims from veterans and the survivors of veterans in these categories who suffer from or die of leukemia. It is unlikely that any veterans of the occupation of Nagasaki or Hiroshima who contracted leukemia prior to 1970 would still be alive today. The number of denied claims from survivors of such veterans in which the veteran died of leukemia has been nominal.

The VA has denied 110 claims since 1967 from veterans suffering from leukemia who participated in atomic weapons testing. The above estimate assumes that these 110 denied claims would result in approximately 20 veteran and 50 survivior claims for benefits under this provision. Veterans were assumed to receive benefits at the 100 percent disability level and survivors at the average benefit level for DIC cases.

Polycythemia vera.—This is a very rare disease of the bone marrow, which is not necessarily fatal nor extremely disabling. The average disability rating for veterans receiving disability compensation for polycythemia vera is 30 percent. Because of the rarity of this disease and its relatively low disability rating, it was assumed that claims for benefits under this provision would not result in a significant cost.

Carcinoma of the thyroid.—Of the 3,700 claims for compensation and DIC benefits based on radiation exposure, none have been denied in which the veteran suffered from or died of cancer of the thyroid. For this reason, the cost of providing benefits for such cases under this provision was assumed to be insignificant.

6. Estimated cost to State and local governments: The Congressional Budget Office has determined that the budgets of State and local governments would not be directly affected by the enactment of this bill.

7. Estimate comparsion: None.

8. Previous CBO estimate: On April 5, 1983, CBO submitted an estimate of H.R. 1961, as introduced. This version of the bill, which only covered benefits to veterans with service in Southeast Asia during the Vietnam era, was estimated to result in the following cost:

(By fiscal year, in millions of dollars)

	1984	1985	1986	1987	1988
Required budget authority	4.1	4.4	4.7	4.9	5.1
Estimated outlays	4.1	4.4	4.7	4.9	5.1

9. Estimate prepared by: K. W. Shepherd.

10. Estimate approved by: C. G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

Cost

The Committee concurs with the CBO cost estimate.

Inflationary Impact Statement

The enactment of the reported bill would have no inflationary impact.

Agency Report

The Committee received the following letter from the Veterans' Administration on H.R. 1961, as introduced:

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., April 25, 1983

Hon. G. V. (SONNY) MONTGOMERY,
Chairman, Committee on Veterans' Affairs, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: I am pleased to present the views of the Veterans' Administration on H.R. 1961, 98th Congress, the proposed "Vietnam Veterans Agent Orange Relief Act." I share with you and other Members of Congress the desire for a meaningful Federal response to the fears of veterans who served in Vietnam that their exposure to Agent Orange may have long-term adverse effects on their health. However, we consider the approach taken

in H.R. 1961 inadvisable given the present state of scientific knowledge.

The controversies arising from the Government's use of Agent Orange in Vietnam are not yet resolved. Before turning to the Veterans' Administration's observations concerning the several issues raised by H.R. 1961, I would like to emphasize that the potential cost of paying compensation based on any Agent-Orange-caused disabilities played no part in our deliberations on this measure. The Federal Government, since its beginning, has fulfilled its sacred obligation to veterans disabled in the line of duty and will continue to do so.

The devastating wars of this century, and the need to maintain peacetime forces in order to assure the defense of our Nation, have been accompanied by legislative and programmatic developments intended to assure that no veteran's reasonable claim to compensation is denied. This is true whether the disability results from a combat wound, service-incurred disease, in-service accident, psychological trauma resulting from combat or other conditions of military service, or exposure to a substance known or later discovered to have adverse health effects.

We are immensely proud of our agency's record of achievement. It can safely be maintained that our compensation program is the finest in the world, both in terms of the number of veterans we serve and in the amount of benefits paid. Moreover, the American people—who fund this program with their taxes—have given it overwhelming support, as has the Congress of the United States.

The preservation and integrity of the compensation program are among the highest priorities of the Veterans' Administration.

There are certainly many veterans suffering from illnesses they ascribe to exposure to that herbicide, especially its contaminant dioxin. Although scientific evidence is lacking, there are persons in the medical and scientific communities who contend that exposure may lead to a host of disorders that appear long after the exposure has ceased. There are also organizations and individuals who believe very sincerely that the Veterans' Administration has not responded adequately to the issues involved.

As guardians of the public trust, Congress and the Administration share, I believe, a commonality of aims respecting these issues. The compensation program must be attuned to justifiable conclusions about the connection between Agent Orange exposure and disorders possibly arising from that exposure. At the same time we must do our best to avoid taking steps that have the potential for undermining the program's credibility and legitimacy because of inconclusive scientific evidence. I know that you and other Members will give careful and thorough consideration to the bill, keeping in mind the commonality of aims to which I have previously alluded.

H.R. 1961 is intended to assist veterans who served in Southeast Asia during the Vietnam era establish entitlement to service-connected disability compensation if they are currently suffering from one of the disorders specified in the bill. It would do this by amending section 312 of title 38, United States Code, in order to provide for a special presumption of service connection applicable only to these veterans.

The bill is based on the premise that each of the specified disorders, no matter how long after military service symptoms appear, can be attributed to exposure to a phenoxy herbicide in service. During the period 1962 to 1971, phenoxy herbicides, including Agent Orange, were used in Vietnam. As I have noted, H.R. 1961 is an effort to respond to the widespread concern that exposure to Agent Orange, especially its contaminant dioxin, may have long-term adverse effects on veterans' health

Authority to award compensation on the basis of the presumption provided for in the bill would terminate 1 year after submission to Congress of the comprehensive epidemiological study mandated by Public Law 96-151. This "sunset" provision is analogous to the sunset provision applicable to VA health care for certain disorders possibly associated with phenoxy herbicide exposure, authorized by Public Law 97-72. Both sunset provisions recognize the current uncertainties as to the long-term effects of exposure.

The Agent Orange controversy, as it relates to individual veterans' compensation claims, involves two basic questions: (1) whether the veteran was exposed, and (2) whether the veteran's disability results from the exposure. H.R. 1961, it should be noted, does not require any evidence of exposure; it would afford the presumption to any veteran who served in Southeast Asia during the Vietnam era (1964-1975). We have previously made public our decision to resolve the issue of exposure in a manner favorable to veterans; unless there is affirmative evidence to the contrary, we are prepared to presume exposure if a veteran served in Vietnam during the relevant period. This policy, prompted by the lack of a definitive method for identifying exposed individuals, is consistent with our longstanding policy of giving veterans the benefit of the doubt.

There may be, however, some cases in which affirmative evidence refutes even the possibility of exposure, and, therefore, our policy is necessarily qualified. The lack of any similar qualification in H.R. 1961, in our view, is unjustifiable. We observe also that affording the presumption to veterans who served in Southeast Asia—a far broader region than Vietnam, embracing areas where no phenoxy herbicides were used—inappropriately expands the category of veterans intended to be benefited.

Our principal concerns, however, relate to the concept of an open-ended presumption that would be established by the bill and to the conclusions it embodies as to the specific disorders chloracne, porphyria cutanea tarda (PCT), and the several malignancies grouped as soft-tissue sarcoma. (The bill would also authorize presumptive service connection for additional disorders, provided for by regulation, that "medical research" has shown "may be" attributable to chemical exposure or environmental hazards or conditions. This requirement is vague—rules creating such presumptions should be based only on well-accepted, scientifically valid findings—and also unnecessary in view of the Administrator's current authority to issue regulations.)

The post-service presumption periods provided for in section 312(a) of title 38 are appropriate for chronic diseases whose inception in service may not be recorded because the development of pathology is gradual and insidious. They are justifiable when reason-

ably supported by medical knowledge as to the pathological courses of the particular diseases.

Congress has wisely set time limits on these presumptive provisions; unless symptoms of the disease appear within a specified period of time after service, the presumption is not available. The section 312(a) presumption, together with the time limits, assures that no veteran's reasonable claim is overlooked but also does not dictate grants of service connection when there is no evidence of service incurrence and it is not reasonable to infer service origin.

Reputable studies have concluded that dioxin exposure may result, within a relatively short period, in chloracne. PCT resulting from exposure also appears within a few weeks. On the other hand, no studies have shown that exposure results in the initial appearance of these disorders after lengthy delays. Our current authorities are adequate, without the need of a presumption, to award service connection and compensation, if appropriate, in cases of chloracne or PCT appearing within expected time limits after the exposure. Requiring us to award service connection for initial occurrence of these disorders long after the exposure incidents is, we believe, unjustifiable in the absence of any evidence indicating they are latent effects of exposure.

As I have noted, individuals in whom these relatively rare disorders appear begin to suffer symptoms soon after exposure, ordinarily within days or weeks. Chloracne is a skin disorder caused by exposure to certain chlorine-containing chemicals, including dioxin. In its more serious manifestations, it causes discomfort and disfigurement. Most cases clear up within a year or two after the exposure ceases, but in a few, the disorder persists. The Veterans' Administration acknowledges that chloracne can result from exposure to Agent Orange during service in Vietnam and has established procedures to assure careful and liberal consideration of all claims based on this disorder.

Since 1978, we have awarded service connection in 1,225 skin disorder cases involving veterans who served in Vietnam. We have scrutinized more than 3,000 claims for service-connected benefits to determine whether there are indications of chloracne. Those cases in which it was believed this diagnosis was at least possible were further reviewed by a VA dermatologist, and 13 have been examined in person by dermatologists at prestigious private clinics.

Although all of these cases involve skin disorders of various types and all involve veterans who served in Vietnam, only one case of possible chloracne has been identified. We will, of course, continue our investigations of this issue.

H.R. 1961 would also extend presumption of service connection for "chloracneform lesions." This is a term not found in medical or scientific literature, but can be taken to mean "lesions resembling chloracne." As certain common skin disorders may resemble chloracne, this term is overly broad and would, we believe, cause unnecessary confusion.

PCT, an uncommon liver disorder, can be triggered by exposure to various chemicals including alcohol. There is no evidence that PCT is a latent effect of exposure. Each attack ordinarily subsidies in about a year after contact with the chemical ceases, but prolonged exposure, as in chronic alcoholism, may cause permanent

damage to the liver. An attack of PCT induced by Agent Orange or exposure to any other chemical during service in Vietnam years ago would not be expected to impair a veteran's health today. As is the case with chloracne, we regard our current authorities as fully adequate to assure proper consideration of PCT claims based on exposures during military service. As a technical matter, the proper application of section 313 of title 38, United States Code, making section 312 presumptions rebuttable if there is evidence of an intercurrent cause, would reduce the likelihood of awards of service connection based on the PCT presumption, if enacted.

The issue as to whether the malignancies grouped as "soft-tissue sarcomas" result from phenoxy herbicide exposure presents a problem of far greater complexity. There is considerable uncertainty in the scientific community on this issue. Advocates of the belief that exposure "causes" soft-tissue sarcoma generally cite studies involving cancer victims believed to have been exposed to phenoxy herbicides whose first symptoms appeared long after the exposure. Because it is well established that exposure to radiation and other agents like asbestos and benzene may result in the latent development of malignancy, these advocates reason by analogy that phenoxy herbicide exposure "causes" soft-tissue sarcoma. The vital question is, therefore, the weight that should be given to the studies they cite.

"Soft tissue sarcomas" are a group of malignant tumors, or cancers. Any sarcoma arises in a body cell that does not cover a body surface, form glandular tissue, or line certain body cavities. "Soft tissue" excludes sarcomas in "hard tissues" such as bone or cartilage. Hence, soft tissue sarcomas arise from such body tissues as muscles, tendons, blood vessels, fat, and connective tissues.

Certain cancers share some characteristics of soft-tissue sarcomas but are not placed in that group. These include most brain tumors and the so-called blood cancers, chiefly the leukemias. Some authorities include tumors of the lymph nodes—the lymphomas—with the soft-tissue sarcomas. The World Health Organization "International Classification of Tumors, No. 3, Histological Typing of Soft Tissue Tumors," however, excludes lymphomas and appears to be adequate for purposes of defining the malignancies in this category.

There is no evidence that all soft-tissue sarcomas have a common etiology or cause. These malignancies differ from one another as to how rapidly they grow and spread, how they are treated, and the results that treatment achieves. However, all are considered lethal if not successfully treated.

These malignancies are rare. According to the National Cancer Institute, they comprise 2.76 percent of all cancer cases in men aged 25 to 29 and 0.58 percent of all cancer cases in men aged 55 to 59; the percentage declines because other types of cancers become increasingly common with age. Lymphomas, sometimes included with soft-tissue sarcomas, contribute another 5.21 percent at ages 25 to 29 and 2.40 percent at ages 55 to 59.

Although there is no evidence establishing a common cause for these sarcomas, some malignancies in the group are known to be associated with exposure to environmental hazards. For example,

malignant mesothelioma is known to be caused by asbestos exposure, and angiosarcoma of the liver by exposure to vinyl chloride.

Because these malignancies are rare, it is difficult to devise adequate techniques to investigate their causes. A series of studies in Sweden using the "case/control" method grouped the soft-tissue sarcomas together in order to investigate whether Swedish foresters and farmers exposed to herbicides and a chemical known as chlorophenol in their work, suffered latent malignancies of this type. These studies have been carefully reviewed by Richard D. Remington, Dean of the School of Public Health, University of Michigan, at the request of the Office of Technology Assessment and determined to have been carefully conducted and well reported with results that *suggest* a relationship between herbicide exposure and soft-tissue sarcomas. Significantly, Dr. Remington pointed out the limitations of the case/control methodology and found the Swedish studies inadequate to permit definite conclusions.

Investigations in the United States based on studies of industrial workers have also suggested a phenoxy-compound connection with soft-tissue sarcomas. In addition, an East German investigation of malignant neoplasms among pesticide sprayers and agricultural technicians tends to support the Swedish studies by finding a single case of soft-tissue "malignancy," which probably was a soft-tissue sarcoma.

Other studies, in Finland, New Zealand, Great Britain, the Netherlands, and Italy have not confirmed the Swedish studies. In addition, a separate investigation of Swedish forestry workers casts some doubt on the Swedish studies.

We do not disagree with Dr. Remington's conclusions as to the credibility and limitations of the Swedish studies. They lay a predicate for further investigation and do not rule out the possibility of a causal link. They do not, however, provide a reasonable basis upon which to favorably decide VA compensation claims.

We recognize the importance of careful scientific analysis in matters of this kind, and have appended to this report detailed background papers concerning these diseases.

The comprehensive epidemiological study mandated by Public Law No. 96-151, together with other ongoing studies including some devoted specifically to the soft-tissue sarcoma issue, may resolve many of the controversial questions raised by the use of Agent Orange in Vietnam. As I stated at the outset of this report, we must work toward the dual objectives of fair compensation for any Agent-Orange-caused disabilities and avoidance of steps that would compromise the integrity of the program. At this point, there is no evidence that either chloracne or PCT is a delayed effect of exposure, and we believe the provisions of H.R. 1961 respecting these disorders are not justified. We do not believe it has been satisfactorily demonstrated that exposure can cause soft-tissue sarcoma.

Accordingly, we oppose the enactment of H.R. 1961. In view of the current state of scientific findings, enactment would compromise the integrity of the compensation program and engender unfounded fears among Vietnam veterans that lethal illnesses may yet befall them as a result of having answered duty's call. Our biding moral obligation to veterans who have given so much de-

mands that we act responsibly in all matters affecting the compensation program.

If the soft-tissue sarcoma presumption in H.R. 1961 were to be enacted, we estimate compensation benefit costs in fiscal year 1984 ranging from $2 million to $11 million, with the range for DIC benefits $3.5 million to $18.7 million. Benefit costs for future fiscal years would be comparable. A range of estimates is necessary because of uncertainty as to which malignancies are to be covered. Administrative costs would be sizable in the first fiscal year and are anticipated to be $6.2 million, but would level off during subsequent fiscal years to less than $600,000 in fiscal year 1988.

Costs relating to chloracne are estimated as insignificant. We can only speculate with regard to costs resulting from the inclusion of "chloracneform lesions."

As PCT is a relatively uncommon disorder, we would not anticipate benefit costs exceeding $1 million in any fiscal year from the PCT presumption.

Advice has been received from the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

HARRY N. WALTERS,
Administrator.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * * * *

PART II. GENERAL BENEFITS

* * * * * * *

PART II. GENERAL BENEFITS

* * * * * * *

CHAPTER 14. DISABILITY AND DEATH ALLOWANCES FOR CERTAIN VETERANS AND SURVIVORS

§ 451. Agent Orange veterans and survivors

(a) In the case of a veteran who served on active duty in Southeast Asia during the Vietnam era and who after such service suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allowance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

(b) The diseases referred to in subsection (a) of this section are the following:

(1) Soft-tissue sarcoma becoming manifest within 20 years from the date of the veteran's departure from Southeast Asia.

(2) Porphyria cutanea tarda becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

(3) Chloracne becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

(c) Benefits may not be paid under this section with respect to a veteran—

(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service in Southeast Asia during the Vietnam era; or

(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between the date of the veteran's separation from service and the onset of such disease.

§ 452. Atomic veterans and survivors

(a) In the case of a veteran who while on active duty participated in the testing of an atomic bomb or device, or who while on active duty participated in the occupation of Hiroshima or Nagasaki during World War II, and who within 20 years from the date of the veteran's participation in the test or occupation suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allowance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

(b) The diseases referred to in subsection (a) of this section are the following:

(1) Leukemia.

(2) Polycythemia vera.

(3) Carcinoma of the thyroid.

(c) Benefits may not be paid under this section with respect to a veteran—

(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service described in the first sentence of subsection (a) of this section; or

(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between the date of the veteran's separation from service and the onset of such disease.

§ 453. Rates of disability and death allowances

A disability allowance payable to a veteran under this chapter shall be paid at the rates provided in chapter 11 of this title, based upon the degree of disability of the veteran attributable to the disease establishing eligibility for such allowance. A death allowance payable under this section to the survivors of a veteran shall be paid to such survivors based upon the eligibility requirements and rates applicable to payments under chapter 13 of this title.

§ 454. Other benefits

A disease establishing eligibility for a disability allowance under this chapter shall be treated for purposes of all other laws of the United States (other than chapters 11 and 13 of this title) as if such disease were service connected and receipt of a disability allowance under this chapter shall be treated for purposes of all other laws of the United States as if such allowance were service-connected compensation under chapter 11 of this title. Receipt of a death allowance under this chapter shall be treated for purposes of all other laws of the United States as if such allowance were dependency and indemnity compensation under chapter 13 of this title.

§ 455. Termination of chapter

This chapter shall terminate on the first day of the first month beginning after the end of the one-year period beginning on the date the Administrator submits to the appropriate committees of Congress the first report required by section 307(b)(2) of the Veterans Health Programs Extension and Improvement Act of 1979 (Public Law 96-151).

* * * * * * *

ADDITIONAL VIEWS

The Veterans' Affairs Committee took an important first step in reporting an amended version of H.R. 1961. However, even with the passage of this legislation, questions relating to Agent Orange compensation will be considered for some time. Many veterans will continue to be frustrated by the inability of this legislation to meet their legitimate needs.

Two steps in our view would greatly address these concerns. One is the creation of an independent advisory committee to objectively analyze all new and existing scientific evidence pertaining to dioxin exposure. The second would create an open, public procedure by which the VA can clarify how much and what kind of proof is still necessary before additional Agent Orange claims can be approved. These proposals were offered in the form of an amendment to H.R. 1961 during Committee consideration of the bill. They were rejected on a 17–13 vote of the Committee.

Results from several scientific studies are expected in the months ahead which should reveal a great deal more about Agent Orange and its effects on humans. Yet, in the words of the Congressional Research Service the impact of these studies will be unclear, as "the VA has not established any formal criteria for how their policies might be altered by scientific findings." Therefore, the discovery of illness in a medical or scientific study could easily go ignored. The proposal offered in the Committee would have ensured that as these new studies are published there will be a certain and orderly process to determine study conclusions and their relevancy to veterans' compensation claims.

There is also a great deal of concern about the decision making process within the Veterans' Administration with respect to Agent Orange compensation. There are no standards or guidelines available by which the agency justifies its position that no illness, except chloracne, results from Agent Orange exposure. The Daschle/Smith amendment would have established a procedure by which the agency would provide justification for their decision with regard to compensation for various disease categories. Other Federal agencies such as the Environmental Protection Agency and Occupational Safety and Health Administration involved in assessing toxic chemical risk follow clear and established guidelines for making such determinations. It is a matter of sound public policy and we see no reason why the Veterans' Administration should be exempt from such a requirement.

After several days of hearings on H.R. 1961 it became abundantly clear that an Advisory Committee was necessary simply to sort out the conflicting viewpoints on the many scientific studies and their relationship to Agent Orange claims. Independent analysis of this information would ensure that viewpoints contrary to agency positions receive fair and expeditious consideration.

There are also distinct advantages in this approach for the Veterans' Administration. The VA Administrator ultimately selects Advisory Committee members, determines when they meet and whether or not compensation is even warranted. Agency decisions on compensation could be corroborated by Advisory Committee recommendations.

It is therefore our belief that as additional scientific studies are released, the Advisory Committee would have ensured fair and expeditious analysis of information directly relevant to Agent Orange claims. It is our hope that the Committee will renew consideration of these proposals during the second session of the 98th Congress.

TOM DASCHLE.
CHRISTOPHER SMITH.
ROBERT EDGAR.
MARCY KAPTUR.
MATTHEW MARTINEZ.
HARLEY STAGGERS, Jr.
JIM SLATTERY.
BILL RICHARDSON.
JOHN BRYANT.
FRANK HARRISON.
TIM PENNY.
LANE EVANS.

O

National

Twins sought for Vietnam study

Associated Press

Washington — The government is about to undertake a nationwide search for 30,000 veterans who are twins so it can compare the health of men who served in the Vietnam war with their brothers who did not.

The purpose: to see if anything in the Vietnam experience was damaging to servicemen's physical or emotional health or had a long-term effect on their re-adjustment as civilians.

All 15,000 pairs of fraternal and identical twins will be surveyed by mail. From the results, researchers will select for interviews, physical exams and close scrutiny 360 pairs of identical twins who split up during the war — one twin going to the war zone and one posted elsewhere.

Researchers hope the investigation will shed light on whether Agent Orange has damaged the health of men exposed to it, as thousands of veterans claim. Twelve million gallons of the plant killer, and its dangerous contaminant, dioxin, were sprayed during the war to reveal communist troops' hiding places and to destroy crops.

The study will also provide information on Post Traumatic Stress Disorder. It is a psychiatric syndrome similar to what older veterans called "battle fatigue" or "shell shock," but is said to be an even more serious problem for Vietnam veterans because of the hostile reception many encountered when they came home.

In addition, broader findings — into the entire relationship "between service in Vietnam and long-term health and socio-economic status" — are expected, according to the Veterans Administration.

"We believe that this study will provide the most sensitive means for detecting subtle effects of Vietnam service and will therefore justify the necessary considerable expenditure," Dr. Donald Custis, the VA's medical director, told a congressional subcommittee last year in outlining preliminary plans.

Since identical twins share the same genetic and environmental influences in their developing years, they provide an ideal group for comparison. Whatever health differences show up can likely be ascribed to the Vietnam experience.

The search for the twins will get under way April 1 and will probably take 2½ years and cost $480,000, the VA estimated in papers submitted to the Office of Management and Budget.

Under a paperwork-reduction law, OMB's approval is necessary before any government agency adds to the public's paperwork burden.

"Although the first use of this register will be to assess the effects of Vietnam service, the twin register will be an important national resource for future studies of the influence of inheritance and environmental factors on human disease," the VA told OMB.

The VA contracted with the National Academy of Sciences to conduct the research and the academy farmed out the survey work to the National Opinion Research Center at the University of Chicago.

Feasibility studies suggested it will not be hard to find enough twins.

The analysis showed there may be as many as 17,000 pairs in the American population in which one brother served in the war zone while his twin did not.

All told, it was found that there are 400,000 pairs of twins among the 25 million males born between 1939 and 1953 and that half of the twins are veterans.

Way cleared for Agent Orange trial

The Anchorage Daily News 2/15/84

The Associated Press

WASHINGTON — A Supreme Court justice refused Tuesday to interfere with a massive class action lawsuit against manufacturers of Agent Orange and other herbicides used by the U.S. military during the Vietnam War.

Justice Thurgood Marshall rejected an emergency request by the manufacturers that would have frozen certain pretrial proceedings and may have postponed the trial's scheduled May 7 starting date.

The trial is to be presided over by U.S. District Judge Jack Weinstein in New York City.

Potentially included in the class of plaintiffs are millions of individuals, including veterans of the U.S., Australian and New Zealand armed forces who served in Vietnam from 1961 to 1972, as well as their spouses, parents and children.

The suit charges that exposure to the dioxin contained in Agent Orange caused cancer, birth defects and numerous other maladies. Still pending before the full Supreme Court is an appeal by the chemical companies named as defendants.

Agent Orange study ongoing

ATLANTA (AP)—The Centers for Disease Control expects no findings from its year-old assignment to study Agent Orange until 1987, and even then the $75 million project might not show whether the herbicide harmed Americans in Vietnam, a researcher warns.

"It needs to be pointed out that at the end of a long and arduous and expensive investigation we may not come up with the answers we hope to come up with," said Robert Diefenbach, a public health adviser with the project.

An estimated 12 million gallons of the poison were sprayed in Vietnam to destroy jungle growth. The Veterans Administration, which has received more than 19,000 Agent Orange compensation claims from Vietnam vets, says there is no proof that exposure was harmful.

Veterans' groups maintain that exposure to Agent Orange causes cancer, liver disease and skin ailments and causes birth defects in the children of servicemen exposed to it.

In January 1983, the VA turned over its investigation to the CDC.

The "research protocol"—the investigation's formal, detailed outline—is nearing final approval. But Diefenbach said there will be "no findings before 1987," and the study could take even longer.

"Our mandate is to find out what long-term health results there were," he said.

The CDC's study is in three phases: One on men exposed to the herbicide during the heavy spraying years of 1967 and 1968; a second into the long-term health effects of "simply having been in Vietnam" at the peak of American involvement in the war, between 1966 and 1971, and a third assessing the rates at which Vietnam vets are contracting "certain cancers," Diefenbach said.

For the first two parts of the investigation, the government will locate and study 30,000 subjects, split into five equal groups: Troops very likely to have been exposed to Agent Orange, men in the same time and place but probably not exposed, men serving in other areas of Vietnam during the spraying years, men serving in Vietnam during other times and men serving in the Army in the late 1960s but stationed in other countries.

Daily-news Miner 2/17/84

98TH CONGRESS
2D SESSION

H. R. 1961

IN THE SENATE OF THE UNITED STATES

JANUARY 31 (legislative day, JANUARY 30), 1984
Received; and held at the desk pending further disposition pursuant to the order of January 30, 1984

AN ACT

To amend title 38, United States Code, to provide disability and death allowances to veterans and the survivors of veterans who served in Southeast Asia during the Vietnam era and suffer from diseases that may be attributable to exposure to the herbicide known as "Agent Orange" and to veterans and the survivors of veterans who participated in atomic tests or the occupation of Hiroshima and Nagasaki and suffer from diseases that may be attributable to ionizing radiation.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Vietnam Veterans Agent Orange Relief Act".

SEC. 2. The purpose of this Act is to provide certain benefits—

(1) to veterans and the survivors of veterans who served in Southeast Asia during the Vietnam era and suffer from diseases that may be attributable to exposure to Agent Orange; and

(2) to veterans and the survivors of veterans who participated in atomic tests or the occupation of Hiroshima and Nagasaki and suffer from diseases that may be attributable to ionizing radiation,

notwithstanding that there is insufficient medical evidence to conclude that such diseases are service connected.

SEC. 3. (a) Title 38, United States Code, is amended by inserting after chapter 13 the following new chapter:

"CHAPTER 14—DISABILITY AND DEATH ALLOWANCES FOR CERTAIN VETERANS AND SURVIVORS

"§ 451. Agent Orange veterans and survivors

"(a) In the case of a veteran who served on active duty in Southeast Asia during the Vietnam era and who after such service suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allow-

ance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

"(b) The diseases referred to in subsection (a) of this section are the following.

"(1) Soft-tissue sarcoma becoming manifest within twenty years from the date of the veteran's departure from Southeast Asia.

"(2) Porphyria cutanea tarda becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

"(3) Chloracne becoming manifest within one year from the date of the veteran's departure from Southeast Asia.

"(c) Benefits may not be paid under this section with respect to a veteran—

"(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service in Southeast Asia during the Vietnam era; or

"(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between

the date of the veteran's separation from service and the onset of such disease.

"§ 452. Atomic veterans and survivors

"(a) In the case of a veteran who while on active duty participated in the testing of an atomic bomb or device, or who while on active duty participated in the occupation of Hiroshima or Nagasaki during World War II, and who within twenty years from the date of the veteran's participation in the test or occupation suffers from a disease described in subsection (b) of this section, the Administrator shall pay a disability allowance to the veteran and, if the veteran dies from such disease, a death allowance to the survivors of the veteran. Such allowances shall be paid at the rates prescribed in section 453 of this title.

"(b) The diseases referred to in subsection (a) of this section are the following:

"(1) Leukemia.

"(2) Polycythemia vera.

"(3) Carcinoma of the thyroid.

"(c) Benefits may not be paid under this section with respect to a veteran—

"(1) where there is affirmative evidence that the disease described in subsection (b) of this section was not incurred by the veteran during service described in the first sentence of subsection (a) of this section; or

"(2) where there is affirmative evidence to establish that an intercurrent injury or disease which is a recognized cause of any of the diseases described in subsection (b) of this section has been suffered between the date of the veteran's separation from service and the onset of such disease.

"§ 453. Rates of disability and death allowances

"A disability allowance payable to a veteran under this chapter shall be paid at the rates provided in chapter 11 of this title, based upon the degree of disability of the veteran attributable to the disease establishing eligibility for such allowance. A death allowance payable under this section to the survivors of a veteran shall be paid to such survivors based upon the eligibility requirements and rates applicable to payments under chapter 13 of this title.

"§ 454. Other benefits

"A disease establishing eligibility for a disability allowance under this chapter shall be treated for purposes of all other laws of the United States (other than chapters 11 and 13 of this title) as if such disease were service connected, and receipt of a disability allowance under this chapter shall be treated for purposes of all other laws of the United States as if such allowance were service-connected compensation under chapter 11 of this title. Receipt of a death allowance under this chapter shall be treated for purposes of all other laws of

the United States as if such allowance were dependency and indemnity compensation under chapter 13 of this title.

"§ 455. Termination of chapter

"This chapter shall terminate on the first day of the first month beginning after the end of the one-year period beginning on the date the Administrator submits to the appropriate committees of Congress the first report required by section 307(b)(2) of the Veterans Health Programs Extension and Improvement Act of 1979 (Public Law 96–151).".

(b) The tables of chapters at the beginning of title 38, United States Code, and at the beginning of part II of such title, are amended by inserting after the item relating to chapter 13 the following new item:

SEC. 4. This Act shall take effect on October 1, 1983. No benefit may be paid for any period before such date by reason of the enactment of this Act.

Passed the House of Representatives January 30, 1984.

Attest: BENJAMIN J. GUTHRIE,

Clerk.

AGENT ORANGE

50 percent 2,4-D (2,4-dichlorophenoxyacetic acid)
50 percent 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)

From 1962 to 1971, approximately 18.85 million gallons of herbicide compounds were applied over more than five million acres of Vietnam. Agent Orange accounted for more than 11.22

The phenoxy herbicides, 2,4-D and 2,4,5-T, are contaminated with dioxins, unavoidable by-products formed during the manufacturing process.

The contaminant of 2,4-D, HCDD (hexachlorodibenzo-p-dioxin), has been found to be teratogenic (causing birth defects) and fetotoxic (causing fetal deaths) in laboratory animals at the parts per million and billion levels.

The contaminant of 2,4,5-T, TCDD (2,3,7,8-tetrachlorodibenzo-p-dioxin), is not only a more powerful teratogen and fetotoxin, but has caused death, damage to liver, kidney and heart, deterioration of bone marrow and lymphoid tissue, thymic atrophy, cellular alterations, genetic damage, and cancer in laboratory animals at the parts per billion and trillion levels.

Over 40 million pounds of phenoxy herbicides are applied annually over millions of acres across the United States for killing weeds and unwanted vegetation on rangeland, pastureland, forestland, rights-of-way, crops, and home gardens. 2,4-D and 2,4,5-T are the most widely used.

Workers exposed to dioxin in trichlorophenol and other chlorophenol plants have suffered from a skin disease known as chloracne since the mid-1930's. The severity of chloracne ranges from acne-like boils to disfiguring, burn-like lesions. Other symptoms of dioxin poisoning suffered by these workers include damage to liver and other internal organs, nervous disorders, memory and concentration disturbances, loss of sight and hearing, numbness in the extremities, fatigue, headaches, dizziness, insomnia, loss of sex drive, extreme weight loss, depression, serious psychological disturbances, and cancer.

In the United States, commercial applications of 2,4,5-T have caused skin rashes, intestinal disorders, damage to internal organs, nervous disorders, memory and concentration disturbances, numbness in the extremities, headaches, dizziness, fatigue, chronic illnesses, miscarriages, spontaneous abortions, birth deformities, and cancer in humans living in sprayed areas.

Application of Agent Orange in Vietnam was approximately 13 times more concentrated than commercial application levels in the United States. The level of dioxin contamination in in 2,4,5-T used in the United States averages 0.03 ppm; in Vietnam, contamination levels ranged from 1.0 ppm to 50.0 ppm. The concentration of dioxin, as applied in Vietnam, was approximately 500 times more concentrated than commercial applications used in the United States. More than 360 pounds of TCDD were deposited over Vietnam.

Since the mid-1960's, Vietnam has experienced an alarming increase in the rate of stillbirths, miscarriages, spontaneous abortions, birth abnormalities, birth deformities, and various cancers. Liver cancer, almost unheard of before the war, is now the second-leading form of cancer there.

TCDD is one million times more fetus-deforming than thalidomide, its level of toxicity is such that one ounce can kill 800,000 people.

An estimated 2.8 million veterans served in Vietnam, as well as thousands of civilian personnel. Thus far, thousands are known to be suffering from a variety of symptoms, including skin rashes, damage to liver, kidney, heart, and other internal organs, lymphatic diseases, nervous disorders, memory and concentration disturbances, loss of sight and hearing, numbness in the extremities, fatigue, chronic illnesses, headaches, dizziness, insomnia, loss of sex drive, extreme weight loss, severe depression, serious psychological disturbances, and various cancers. The women who served and the wives of those who served have suffered an unusual rate of miscarriages and spontaneous abortions. Their children have been affected by an unusual number of birth defects.

References:

"Agent Orange: Vietnam's Deadly Fog", WBBM-TV (CBS) Chicago, March 23, 1978

Buu-Hoi, N.P., et al, 1972b. Organs as targets of "dioxin" (2,3,7,8-tetrachloro-dibenzo-p-dioxin) intoxication. Naturwissenschaften, 59(4):174-175.

Courtney, C.D. and J.A. Moore, 1971. Teratology studies with 2,4,5-trichlorophenoxyacetic acid and 2,4,7,8-tetrachlorodibenzo-p-dioxin. Toxicol. Appl. Pharm., 20(3):396-403.

Evaluation of Carcinogenic, Teratogenic and Mutagenic Activities of Selected Pesticides and Industrial Chemicals. Prepared by Bionetics Research Labs under contract with the National Cancer Institute, 1968.

Gupta, B.N., et al, 1973. Pathologic effects of 2,3,7,8-tetrachlorodibenzo-p-dioxin in laboratory animals. Environmental Health Perspectives, 5:124-140.

"Health Effects of Exposure to Herbicide Orange in South Vietnam Should Be Resolved", Report by the Comptroller General of the United States, General Accounting Office, April 6, 1979.

"The Politics of Poison", KRON-TV San Francisco, April 25, 1979.

Whiteside, T., "The Pendulum and the Toxic Cloud", The New Yorker, July 25, 1977.

Whiteside, Thomas, 1970. "Defoliation", New York: Ballantine/Friends of the Earth.

Various other studies, reports, articles, etc. too numerous to list.

Agent Orange Veterans'
Advisory Committee
944 Market, Suite 500
San Francisco, CA 94102

February 29, 1984

TO: Representative Mitch Abood

Chairman, House State Affairs Committee

FROM: Representative John Ringstad

Co-Chairman, House Resources Committee

RE: HJR 64

I feel that the veterans mentioned in H.R. 1961 should receive the disability and death benefits which would be accorded to them in compliance with Title 38, Chapters 11 and 13.

This bill states that veterans who served in Southeast Asia during the Vietnam "era" would be eligible effective October 1, 1983, for a temporary disability (or death) allowance if they later suffered from one of three conditions: soft-tissue sarcoma, PCT (a liver condition), and/or chloracne (a skin condition). Monetary benefits would be paid at the rates prescribed in Chapters 11 and 13 of Title 38 of the U.S. Code.

Benefits would terminate one year after Congress receives the epidemiological study, now being conducted by the Centers for Disease Control in Atlanta, Ga. Experts say that will occur in late 1987 or 1988.

As of October 1, 1983, 18,518 claims had been filed with the VA for disorders veterans attributed to Agent Orange. Of these half had disabilities.

Under current VA policy, disability claims not presently covered by that agency will depend on the studies now underway or pending. A spokesman for the VA has told Congress that it may well be that "the Congress cannot wait for scientific answers in the short term..."

The scientific experts agree that there is no question of the toxicity of dioxin. It is one of the most highly toxic substances known to the scientific community, but its toxicity for humans is unknown.

In deciding to back this Joint Resolution, I have reviewed statements by Dr. Luke G. Tedeschi, forensic scientist and Director of Laboratories at Framingham Union Hospital in Framingham, Mass.; and Major Alvin Young, Ph.D., plant physiologist and special assistant for Environmental Sciences, Agent Orange Projects Office of the Veterans Administration. These two men are believed by the scientific community to be the foremost authorities in the U.S. on Agent Orange.

The immediate or acute affects of dioxin (the contaminant) in Agent Orange are well-known and involve chloracne, liver ailments and neurological disorders. It is the long-term or chronic effects of dioxin which are not known.

Should our Vietnam veterans and the veterans of the World War II era have to wait and suffer for years until something is done?

There are specific ailments which this bill covers:
For Vietnam veterans disability and death allowances are constrained to chloracne, soft-tissue sarcoma and PCT- a liver disease.
For those veterans who participated in atomic tests or the occupation of Hiroshima and Nagasaki allowances are limited to leukemia, polycythemia vera, a rare disease of the bone marrow and to carcinoma of the thyroid.

The survivors of these veterans are then entitled to benefits according to Title 38, Chapters 11 and 13.

What concerns many veterans even more than their own conditions is the thought that Agent Orange (dioxin) could be teratogenic. There is no proof presently that dioxin is or is not teratogenic.

The scientists of our time have not yet disentangled the Agent Orange chain. Evidence that something is not right is the list of accidents and exposures of people to dioxin.

More than 70 workers at the Midland, Mich. plant of Dow Co. in 1964 suffered chloracne (the hallmark of dioxin exposure), fatigue, lassitude, depression, skin eruptions and weight loss.

On June 10, 1976, in Seveso, Italy, an explosion showered those in several adjacent communities with a cloud of dioxin.

IN 1949, an explosion at a Monsanto Co. plant in Nitro, W.V. involved 228 workers. According to Tedaschi, the workers complained of the same symptoms as those that the Vietnam veterans would complain of several decades later. They included chloracne, shortness of breath, intolerance to cold, tender liver, loss of sensation, fatigue, nervousness, depression, irritability, insomnia and vertigo.

There have been other incidents. The veterans wonder why Times Beach, Mo., and not Vietnam? They are referring to the buy-out of Times Beach

by the federal government and the refusal of the federal government to acknowledge their exposure to dioxin.

I feel by backing House Joint Resolution 64, the Alaska State Legislature can send a message to our veterans that we care. Incidentally, Alaska has the most Vietnam veterans per capita in the U.S.