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plans for 1984; to the Committee on Governmental Affairs.

EC-1715. A communication from the Secretary of Agriculture transmitting, pursuant to law, a report on two computer matching programs relating to unemployment compensation and worker's compensation; to the Committee on Governmental Affairs.

EC-1716. A communication from the Deputy Chief, Program Liaison Division, Office of the Secretary of the Air Force, transmitting, pursuant to law, the Air Force Report on Experimental, Developmental, and Research Contracts of \$50,000 or more, by company; to the Committee on Armed Services.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. THURMOND, from the Committee on the Judiciary, with amendments:

S. 40. A bill to provide procedures for calling Federal constitutional conventions under article V for the purpose of proposing amendments to the United States Constitution (with additional views) (Rept. No. 99-135).

By Mr. THURMOND, from the Committee on the Judiciary, without amendment:

S. Res. 218. An original resolution waiving section 303(a) of the Congressional Budget Act of 1974 with respect to S. 1200 as reported by the Senate Committee on the Judiciary; referred to the Committee on the Budget.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. CRANSTON (for himself, Mr. DeCONCINI, Mr. ROCKEFELLER, and Mr. INOUE):

S. 1616. A bill to require the Administrator of Veterans' Affairs to provide for the conduct of an epidemiological study of the gender-specific effect of exposure to the herbicide known as agent orange on women veterans of service in the Republic of Vietnam; to the Committee on Veterans Affairs.

By Mr. WALLOP (for himself, Mr. ANDREWS, Mr. ARDOR, Mr. SIMPSON, Mr. LAXALT, Mr. BURDICK, and Mr. MELCHER):

S. 1617. A bill to provide for more effective management of lands of the United States which are subject to conflicting claims or disputes, and to require the Secretary of the Interior to report annually thereon; to the Committee on Energy and Natural Resources.

By Mr. GORE (for himself and Mr. COCHRAN):

S. 1618. A bill to amend the Communications Act of 1934 to clarify policies regarding the right to view satellite transmitted television programming, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. WILSON (for himself, Mr. DOLE, Mr. PACKWOOD, Mr. MOYNIHAN, Mr. ZORINSKY, Mr. CRANSTON, Mr. COHEN, Mr. D'AMATO, Mrs. HAWKINS, Mr. HECHT, and Mr. BOSCHWITZ):

S. 1619. A bill to amend the Internal Revenue Code of 1954 to provide that section 7872 (relating to imputed interest on below-market loans) shall not apply to loans made to the State of Israel; to the Committee on Finance.

By Mr. DURENBERGER (for himself and Mr. SIMON):

S. 1620. A bill to amend title XVIII of the Social Security Act to establish the National Council on Access to Health Care, and for other purposes; to the Committee on Governmental Affairs.

By Mr. SYMMES:

S.J. Res. 193. A joint resolution to authorize the President to issue a proclamation designating the week beginning October 20, 1985, as "The Lessons of Grenada Week"; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurring resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. THURMOND, from the Committee on the Judiciary:

S. Res. 218. An original resolution waiving section 303(a) of the Congressional Budget Act of 1974 with the respect to S. 1200 as reported to the Senate Committee on the Judiciary; to the Committee on the Budget.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CRANSTON (for himself, Mr. DeCONCINI, Mr. ROCKEFELLER, and Mr. INOUE):

S. 1616. A bill to require the Administrator of Veterans' Affairs to provide for the conduct of an epidemiological study of the gender-specific effect of exposure to the herbicide known as agent orange on women veterans of service in the Republic of Vietnam; to the Committee on Veterans' Affairs.

STUDY OF HEALTH EFFECTS OF AGENT ORANGE EXPOSURE ON WOMEN VIETNAM VETERANS

Mr. CRANSTON. Mr. President, I am today introducing, for appropriate referral, legislation that would require the Administrator of Veterans' Affairs to provide for an epidemiological study of the gender-specific health effects on women veterans of their exposure to dioxin in Vietnam. I am joined in introducing this legislation by my good friends, the Senators from Arizona [Mr. DeCONCINI] and West Virginia [Mr. ROCKEFELLER], both of whom are on the Veterans' Affairs Committee and the Senator from Hawaii [Mr. INOUE]. This study—which would complement the major epidemiological study mandated by Public Law 96-151 of the effects that exposure in Vietnam to dioxin as found in agent orange has had on veterans' health—would have to be carried out by an entity outside of the VA. I am pleased to note that an identical measure will soon be introduced in the House of Representatives by my friend from Ohio, Ms. KAPTUR, along with my colleague from California, Mr. EDWARDS, and Representatives EDGAR, DASCHLE, and PENNY, all members of the House Committee on Veterans' Affairs, where Mr. EDGAR serves as chairman of the Subcommittee on Hospitals and Health Care.

Mr. President, I have a longstanding commitment to resolving the many difficult issues relating to the expo-

sure of our troops in Vietnam to agent orange and other toxic substances. As the chairman of the Veterans' Affairs Committee until 1981 and since that time as the ranking Democrat on the committee, I have been very active in a wide variety of legislative and oversight activities on this issue. My goal in this area has been to provide timely relief to those who are suffering health problems which may be related to their exposure while, at the same time, laying the groundwork for getting the answers to the questions that the veterans, their families, and others have about the health consequences of exposure to agent orange and other toxic substances in Vietnam. In the latter regard, I believe that the study mandated by Public Law 96-151, as modified by Public Law 97-72—both of which I authored in the Senate—should provide some very important information and I am gratified that, although there were some very regrettable delays in getting that study underway, it is now progressing reasonably well.

It has been clear for some time, however, that although that study would yield important information regarding general health issues for all veterans—male and female alike—it would not provide any information about the unique, gender-specific concerns of women Vietnam veterans about the possible impact of their exposure to agent orange. Thus, since early 1984, I have been urging various executive branch entities to utilize existing authorities to design and undertake an appropriate study of women Vietnam veterans. Unfortunately, my efforts and those of others in the Congress have been unavailing to date. This is why we are now proposing legislation that would mandate such a study.

Mr. President, so that my colleagues and others with an interest in this issue may have a better appreciation of the background leading up to this legislation, I ask unanimous consent that there be printed in the RECORD at the end of my statement the following letters: a May 2, 1984, letter to me from Dr. James Mason, director, Centers for Disease Control, responding to an inquiry made at my request; my September 18, 1984, letter to Dr. Mason; Dr. Mason's October 16, 1984, response; my January 23, 1985, letter to Charles Baker, Chair, Cabinet Council Agent Orange Working Group; Mr. Baker's March 6, 1985, response; my July 22, 1985, followup letter to Mr. Baker; an August 26, 1985, response from Dixon Arnett, acting Chair of the Working Group; and my September 9, 1985, followup letter to Mr. Arnett.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CRANSTON. Mr. President, I am deeply disappointed that the executive branch has not taken appropriate steps to begin a study of the effects of agent orange on women Viet-

nam veterans. There is no excuse for further executive branch foot dragging. It is long since past time that the very legitimate concerns of women Vietnam veterans were addressed, and I look forward to quick action in the Congress on this legislation so that those concerns will be addressed.

Mr. President, such a study, in addition to yielding important information about the health status of those women who served in the Armed Forces in Vietnam, would also shed important new light on the questions that women who were in Vietnam with voluntary organizations—such as the USO and the Red Cross—have about their health as a result of their work there. For a number of years, I have been concerned that the employees of, or voluntary workers with, certain of these organizations have not received appropriate attention from the Federal Government in response to their concerns about their health as a result of having been in Vietnam. While I am continuing with my efforts to address that issue through separate legislation—including in section 503 of S. 876 as reported by the Veterans' Affairs Committee in June of this year and passed by the Senate on July 30—I believe that the study that would be mandated by the legislation we are introducing today would be of particular relevance to these individuals and that is a further reason for my action in introducing this measure.

Mr. President, I ask unanimous consent that the text of the legislation I am introducing be printed in the RECORD following the correspondence I mentioned earlier.

There being no objection, the bill and letters were ordered to be printed in the RECORD, as follows:

S. 1816

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That

(a)(1) the Administrator of Veterans' Affairs, through contracts or agreements with private or public agencies or persons, shall provide for the conduct of an epidemiological study of any long-term adverse gender-specific health effects in women of service in the Armed Forces of the United States in the Republic of Vietnam during the period of the Vietnam conflict as such health effects may result from exposure to—

(A) phenoxy herbicides (including the herbicide known as Agent Orange); and

(B) the class of chemicals known as the dioxins produced during the manufacture of such herbicides.

(2) In providing for the conduct of such study, the Administrator may expand the scope of the study to include an evaluation of any long-term adverse gender-specific health effects in women of such service as such health effects may result from other factors involved in such service (including exposure to other herbicides, chemicals, medications, or environmental hazards or conditions).

(3) The Administrator may also include in the study an evaluation of the means of detecting and treating adverse gender-specific health effects found through the study.

(b)(1) The study required by subsection (a) shall be conducted in accordance with a

protocol approved by the Director of the Office of Technology Assessment.

(2) The Director shall monitor the conduct of such study in order to ensure compliance with such protocol.

(3)(A) Concurrent with the approval or disapproval or any protocol under paragraph (1), the Director shall submit to the appropriate committees of the Congress a report—

(i) explaining the basis for the Director's action in approving or disapproving the protocol; and

(ii) providing the Director's conclusions regarding the scientific validity and objectivity of the protocol.

(B) If the Director has not approved such a such a protocol during the 180 days following the date of the enactment of this Act, the Director—

(i) shall submit to the appropriate committees of the Congress a report describing the reasons why the Director has not given such approval; and

(ii) shall submit to such committees an update report on such initial report each 60 days thereafter until such a protocol is approved.

(4) The Director shall submit to the appropriate committees of the Congress, at each of the times specified in the second sentence of this paragraph, a report on the Director's monitoring of the conduct of such study pursuant to paragraph (2). A report under the preceding sentence shall be submitted—

(A) before the end of the six-month period beginning on the date of the approval of the protocol by the Director;

(B) before the end of the 12-month period beginning on such date; and

(C) annually thereafter until the study is completed or terminated.

(c) The study conducted pursuant to subsection (a) shall be continued for as long after the submission of the first report under subsection (d)(1) as the Administrator may determine reasonable in light of the possibility of developing through such study significant new information on the long-term gender-specific adverse health effects in women of exposure to dioxins.

(d)(1) Not later than 24 months after the date of the approval of the protocol pursuant to subsection (b)(1) and annually thereafter, the Administrator shall submit to the appropriate committees of the Congress a report containing—

(A) a description of the results thus far obtained under the study conducted pursuant to such subsection; and

(B) such comments and recommendations for administrative or legislative action, or both, as the Administrator considers appropriate in light of such results.

(2) Not later than 90 days after the submission of each report under paragraph (1), the Administrator shall publish in the Federal Register, for public review and comment, a description of any action that the Administrator proposes to take with respect to programs administered by the Veterans' Administration. Each such description shall include a justification or rationale for any such action the Administrator proposes to take. Any such proposal shall be based on the results described in the report under paragraph (1) and the comments and recommendations on that report and any other available pertinent information.

(e) For the purposes of this section, the term "gender-specific health effects in women" includes (1) effects on female reproductive capacity and reproductive organs, (2) reproductive outcomes, (3) effects on female-specific organs and tissues, and (4) other effects unique to the physiology of females.

U. S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, September 9, 1985.

Mr. DIXON ARNETT,
Deputy Under Secretary for Intergovernmental Affairs,
Department of Health and Human Services,
Washington, DC.

DEAR MR. ARNETT: I am writing in response to your August 26, 1985, letter to me regarding the status of research efforts on possible health effects in women veterans who were possibly exposed to Agent Orange during their service in Vietnam. I have the following follow-up questions to which I would appreciate your responses:

1.A. What specifically are the "Federally sponsored studies which involve female Vietnam veterans" that you referred to in your letter?

B. What is the timeable for each of these studies?

C. What is the projected relevance of each of these studies to the questions of women Vietnam veterans' health status?

D. What is the statistical power of each of these studies?

2. Is it not correct that "any findings from the ongoing male studies" will shed no light on the issue of significant, unique concern to women Vietnam veterans—namely, the possibility that their exposure to Agent Orange, or other toxic substances in Vietnam, may have affected their reproductive ability?

3. Enclosed is a copy of an August 23, 1985, letter from Dr. Donald Hopkins, Acting Director of the Centers for Disease Control, to Representative Don Edwards, in which Dr. Hopkins notes that CDC "has determined that a study focusing on the health of female [Vietnam] veterans is feasible and has prepared two draft research protocol outlines for epidemiologic studies of female veterans." Please comment on Dr. Hopkins' statement and, in doing so, please reconcile his statement with the one in your letter that "[w]hat is unclear at this time is whether there were enough women veterans exposed to Agent Orange in Vietnam to conduct a scientifically valid Agent Orange Study".

4. In view of the strong interest, which has existed for a number of years now, in attempting to come to terms with the question of the health status of women Vietnam veterans, I firmly believe that something more is called for beyond non-specific statements that the Working Group is continuing to study the issue. I therefore ask that you, in your capacity as the Acting Chairman of the Agent Orange Working Group, give me your best estimate of when there will be a definitive decision by the Working Group on this issue.

Finally, I think it only fair to advise you that I believe that the Executive Branch has not given appropriate attention to moving forward on this issue and that I and others are preparing legislation to direct that such a study be conducted.

I look forward to your reply at your earliest convenience.

With best wishes,

Sincerely,

ALAN CRANSTON,
Ranking Minority Member.

DEPARTMENT OF HEALTH
AND HUMAN SERVICES,
OFFICE OF THE SECRETARY,
Washington, DC, August 26, 1985.

Hon. Alan Cranston,
U.S. Senate, Committee on Veterans' Affairs,
Washington, DC.

DEAR SENATOR CRANSTON: I am writing in response to your inquiry addressed to

Charles D. Baker, Chairman, Cabinet Council Agent Orange Working Group (AOWG), regarding research efforts on possible health effects in female Vietnam veterans following their exposure to Agent Orange. Mr. Baker resigned from Federal Government service effective August 17, 1985, and I have been appointed as the Acting Chairman of the Agent Orange Working Group.

An appropriate research design on the issue of the health effects of Agent Orange exposure on female Vietnam veterans has been extensively discussed within the Agent Orange Working Group and its Science Panel for more than a year.

What is unclear at this time is whether there were enough women veterans exposed to Agent Orange in Vietnam to conduct a scientifically valid Agent Orange Study and whether the military records which do exist are adequate to make this determination. However, the Agent Orange Working Group is in the process of assembling various alternatives for additional research among women Vietnam veterans.

I am sure that you are aware that there are, at present, several Federally sponsored studies which involve female Vietnam veterans. Although these studies are not primarily focused on Agent Orange, they will cover some important physical and psychological health problems unique to women. In addition, any findings from the ongoing male studies will be extrapolated to women where appropriate.

I assure you that we are very concerned that female veterans receive appropriate medical care and other compensation comparable to that of male veterans for any adverse health consequences of their having served in Vietnam.

Thank you for your continued interest in this issue. I will inform you when the Agent Orange Working Group is able to make a more definitive statement regarding the feasibility of a female Agent Orange study.

With best wishes,

Sincerely,

DIXON ARNETT,
Deputy Under Secretary for
Intergovernmental Affairs.

COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, July 22, 1985.

HON. CHARLES D. BAKER,
Chair, Cabinet Council Agent Orange Working Group, Department of Health and Human Services, Hubert Humphrey Building, Washington, DC.

DEAR MR. BAKER: I am writing in followup to your March 6, 1985, response to my inquiry as to how the Federal Government might conduct research to investigate the possible health effects in female Vietnam veterans of their exposure to Agent Orange.

In your letter, you noted that the Science Panel of the Cabinet Council Agent Orange Working Group was then examining Vietnam veterans health issues for which female-veteran studies may be appropriate and feasible. Please advise me of the status of the Science Panel's review regarding issues specific to female Vietnam veterans who may have been exposed to Agent Orange, its findings to date, and the timetable for making any further decisions which must be made before a study on female Vietnam veterans can begin and for the commencement of such a study.

As you know, I believe very strongly that a study of female Vietnam veterans is extremely urgent in order to more fully understand the possible adverse health effects unique to women who served in Vietnam. In addition, I am very concerned about the delay in starting such an important study and would urge that the Science Panel move

forward as quickly as possible in its review and recommendations.

I appreciate your attention to this matter and look forward to your response.

With best wishes,

Sincerely,

ALAN CRANSTON,
Ranking Minority Member.

THE UNDER SECRETARY OF
HEALTH AND HUMAN SERVICES,
Washington, DC, March 6, 1985.

HON. ALAN CRANSTON,
U.S. Senate, Washington, DC.

DEAR SENATOR CRANSTON: Thank you for your recent letter concerning possible adverse health effects of exposure to Agent Orange on women veterans who served in Vietnam and the need to include them in the epidemiological studies.

The Science Panel of the Cabinet Council Agent Orange Working Group recently examined the proposal for a study of female veterans prepared by the Centers for Disease Control (CDC). The Science Panel feels that the health needs of female Vietnam veterans should receive high priority and are concerned that this should be done in the most expeditious way. Most of the health problems encountered by men as a result of their exposure to various substances, including Herbicide Orange, while in Vietnam can be expected to affect women also. Programs adopted to cope with these problems can be and should be applied to women veterans as well.

There may be some health problems, however, that could accrue differently to female veterans exposed to the Vietnam Experience. The Science Panel feels that studies of female Vietnam veterans should focus on issues which cannot be determined from the ongoing studies of male veterans. The Science Panel also feels that specific research proposals utilizing female veteran subjects should be evaluated after hypotheses concerning health problems unique to female Vietnam veterans have been developed. The Science Panel is currently examining Vietnam health issues for which female veteran studies may be appropriate and feasible.

As I receive the results of the Panel's findings I would be happy to share the reports with you.

With best wishes,

Sincerely,

CHARLES D. BAKER.

COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, January 23, 1985.

HON. CHARLES BAKER,
Chair, Cabinet Council Agent Orange Working Group, Department of Health and Human Services, Humbert Humphrey Building, Washington, DC, 20201

DEAR MR. BAKER: I have long had a strong interest in the issue of how the Federal Government might conduct research to investigate the possible health effects in female Vietnam veterans of their exposure to Agent Orange. Enclosed is a copy of an October 16, 1984, letter to me on this subject from Dr. James O. Mason, the Director of the Centers for Disease Control.

It is my understanding that the draft protocol outline mentioned in Dr. Mason's letter is pending in the Agent Orange Working Group and may be considered during the Group's next meeting, which is scheduled to take place in early February. I believe that it is extremely important that research be undertaken on this issue, and I strongly urge that the Working Group undertake its review of the protocol outline as expeditiously as possible. It is my strong hope that the members of the Working Group will be able to report favorably on the possibility of a study of female Vietnam

veterans, either by endorsing the protocol outline as developed by CDC or by suggesting whatever changes to the outline the members believe are needed in order for a study to go forward.

Thank you for your attention to my views on this issue. I would appreciate hearing from you on this matter as soon as possible after the Working Group's February meeting.

With best wishes,

Sincerely

ALAN CRANSTON,
Ranking Minority Member.

PUBLIC HEALTH SERVICE,
CENTERS FOR DISEASE CONTROL,
Atlanta, GA, October 16, 1984.

HON. ALAN CRANSTON,
Ranking Minority Member, Committee on
Veterans' Affairs, U.S. Senate, Wash-
ington, DC.

DEAR SENATOR CRANSTON: This is in response to your letter of September 18 urging that research be undertaken soon to investigate the possible health effects of Agent Orange on female Vietnam veterans and asking about the status of such a study at the Centers for Disease Control (CDC). We appreciate your expression of satisfaction with CDC's efforts with respect to male Vietnam veterans.

As reported to you in my letter of May 2, CDC was then assessing the feasibility of conducting a study of female veterans. Based on that assessment, completed in June, a draft protocol outline for an epidemiologic study of female veterans was prepared. The Department's Agent Orange Science Panel is currently reviewing this outline. Further action will certainly be influenced by the result of that review.

Thank you for your continued interest.

Sincerely yours,

JAMES O. MASON, M.D., DR. P.H.,
Assistant Surgeon General, Director.

COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, September 18, 1984.
Dr. JAMES O. MASON,
Director, Centers for Disease Control, Atlan-
ta, GA.

DEAR DR. MASON: As you know, I have had a longstanding interest and concern regarding the unresolved questions surrounding the health effects of Vietnam veteran exposure to Agent Orange. I am satisfied that CDC's involvement in this troubling area, particularly through the birth defects study and the major epidemiological study of Vietnam veterans, has provided and will continue to provide needed information with respect to male Vietnam veterans. However, I believe that similar efforts must be made to investigate the possible effects of this substance on the health of female Vietnam veterans and regret that such efforts have yet to be undertaken.

It is my understanding that it may be possible now to move ahead in this regard. Specifically, Dr. Peter M. Layde, Director of Agent Orange Projects at CDC, informed staff of the Senate and House Veterans' Affairs Committees on July 18 that CDC now has an accurate figure regarding the number of female Vietnam veterans as well as a means of contacting these women for purposes of determining the possible health effects of exposure to Agent Orange. Hence, I urge that the vital need for research in this area be addressed as soon as possible and would very much appreciate knowing the status of CDC's plans to undertake a female Vietnam Veteran health study.

I appreciate your consideration of this matter and look forward to a response at your earliest convenience.

With warm regards,
Cordially,

ALAN CRANSTON,
Ranking Minority Member.

PUBLIC HEALTH SERVICE,
CENTERS FOR DISEASE CONTROL,
Atlanta, GA, May 2, 1984.

Hon. ALAN CRANSTON,
U.S. Senate, Washington, DC.

DEAR SENATOR CRANSTON: This is in response to the telephone conversation between Ms. Katy Burdick of your staff and Ms. Francie de Peyster of our Washington office regarding the inclusion of female Vietnam veterans in the current epidemiologic studies of the health of Vietnam veterans being conducted by the Centers for Disease Control (CDC).

We are interested in any health problems which may occur in women as well as in men. CDC is now assessing the feasibility of conducting a study of female Vietnam veterans. Very early we considered, but decided against, inclusion of women veterans in the specific study mandated by Public Laws 96-151 and 97-72. Comparatively few women served in Vietnam in circumstances where their experiences closely paralleled those of male veterans. To include these few women in the presently designed study would be unfair to the women who agreed to participate since their participation would result in no reasonable conclusions about their health. We concluded that if a study of women were to be done, that study should be designed so that it would include enough women to allow meaningful conclusions to be drawn about them.

A scientifically valid study of women veterans would require that a comprehensive listing of those veterans be compiled, from which a sample of women would then be chosen, located, and invited to participate. We have found that compiling a list of all women who served in Vietnam is more difficult than might be expected, partly because military records of the time did not include "male/female" identification. However, we are working with the Department of Defense and other agencies to identify a large enough group of women Vietnam veterans to comprise a valid study population.

As an initial step in developing plans for a study of female Vietnam veterans, CDC has submitted a small sample of names and social security numbers of women veterans to the Internal Revenue Service (IRS), requesting IRS to provide current mailing addresses for these veterans. At one time we were concerned that we would not be able to locate a significant number of women veterans because a large percentage of women could be expected to have changed their names through marriage in the intervening years. However, the results of IRS test were quite encouraging. IRS regulations now make it possible to identify "secondary" as well as "primary" tax filers. We now believe that a sufficient percentage of women veterans, chosen from a master listing of all veterans, could be located to allow conduct of a meaningful study.

Although the success of this "locatability" test has removed one important concern about our ability to conduct a valid study of women veterans' health, another persists: identification of a suitable comparison or "control" group of women. The demographic characteristics of a control group, whose health status can be compared with those of a group of women who were exposed to the Vietnam experience, should ideally be identical with characteristics of the Vietnam-exposed group except for that exposure. But, because of the relatively small number of women who served in Vietnam, and special characteristics which we think may be asso-

ciated with those who did serve there (e.g., training, "volunteer" attitude, state of physical fitness, etc.), our epidemiologists are having difficulty identifying sources of names for enough suitably qualified women, both exposed and unexposed, to comprise groups large enough to study with a hope for conclusive findings.

For example, a study of Army nurses who did serve in Vietnam should include a control group of demographically similar Army nurses who did not serve there. However discussions with the Army Nurse Corps indicate that since many nurses in the Army during the years of the Vietnam war spent at least one tour of duty there during their Army service, it may be impossible to locate a suitably large control group from the available pool of Army nurse veterans. Before including other sources in that pool (e.g., Navy, Air Force), we must carefully weigh whether there is sufficient similarity in characteristics of veterans of the other services to make their inclusion of scientifically acceptable.

The legislation which mandates CDC's investigation specifies the participation of only veterans of the Armed Services, thus precluding study of Red Cross, USO, and other nonmilitary female personnel who may have served in Vietnam as potential participants.

As a test to determine what percentage of women in the services during the Vietnam era served in that country, CDC is currently undertaking a feasibility assessment using a group of roughly 1,000 women who were on active duty at that time. This assessment, which is just beginning, will involve reviewing each individual's military service record (located at the National Personnel Records Center in St. Louis) to confirm whether or not that individual had served in Vietnam.

CDC takes very seriously its responsibility to investigate any health problems which may occur in Vietnam veterans. However, in our judgment it would have been inappropriate to attempt to study men and women in a single study. To have done so—in the knowledge that participation of women could yield no reasonable conclusions about their health—would be a disservice to the women asked to participate. We are dedicating considerable professional effort toward assessing the feasibility of a study of female veterans. If determination is made that a study can be conducted in such a way as to assess accurately and honestly the health status of women who served in Vietnam, we will promptly advise Dr. Brandt, Assistant Secretary for Health, and Secretary Heckler.

We appreciate your interest in this issue. Sincerely yours,

JAMES O. MASON, M.D., DR.P.H.,
Assistant Surgeon General, Director.

By Mr. WALLOP (for himself,
Mr. ANDREWS, Mr. AEDNOR, Mr.
SIMPSON, Mr. LAKALT, Mr. BUR-
DICK, and Mr. MELCHER):

S. 1617. A bill to provide for more effective management of lands of the United States which are subject to conflicting claims or disputes, and to require the Secretary of the Interior to report annually thereon; to the Committee on Energy and Natural Resources.

MANAGEMENT OF U.S. LANDS IN DISPUTE

● Mr. WALLOP. Mr. President, today I am introducing legislation that will clarify the status of lands which are either in the public domain or in State ownership, and that will require the

Secretary of the Interior to report on negotiations for settlement of disputes concerning lands claimed by the States and administered by the Department of the Interior.

This legislation will pave the way toward resolving the long-standing cloud over federally claimed lands that lie primarily within the western public land States by permitting judicial resolution of their status without respect to the time the States filed claims.

Upon admission to the Union, all Western States were granted substantial amounts of land to be held in trust and administered for the benefit of the common schools and other public institutions. Each grant of lands made to the Western States by the U.S. Government expressly required that the States were to serve as trustees of the lands so granted for the exclusive benefit of those beneficiary institutions. Many State supreme courts and the U.S. Supreme Court, in reviewing the various acts of admission, have consistently held that States have a sacred duty to properly manage and protect the lands granted to them by the U.S. Government.

While Congress and the courts have placed this obligation on individual States, a current provision of the Federal Quiet Title Act eliminates, in certain limited situations, the ability of the States to fulfill their trust obligations.

In effect, the current Federal Quiet Title Act of 1972, as a result of the recent ruling by the U.S. Supreme Court in *Block versus North Dakota*, requires States, as well as private parties, to file lawsuits within 12 years limitation of the time they knew or should have known there was a Federal claim to the land in question. In some cases this time has been interpreted to be the date of a State's admission to the Union. While it may be reasonable to apply this restriction to private parties to prevent a flood of litigation on old claims, it results in barring the States from fulfilling their stringent obligations which Congress itself imposed upon them when they were admitted to the Union. Certainly, it is anomalous for Congress to require States to serve as trustees of State land and at the same time establish a quiet title barrier which prevents the States from fulfilling their congressionally mandated trust responsibilities.

For example, as the trustee of over 4 million acres of State-owned lands, Wyoming is convinced that it is impossible adequately to administer and protect its vital interests and obligations under the current language of the Federal Quiet Title Act. Under existing court interpretations Wyoming would have to review over 3 million diverse Federal actions in order to insure that State trust lands were not being claimed by the Federal Government.