

Below are Q&A on blue water navy Vietnam Veterans and the Chairwoman exchange with the VA Secretary regarding the delays in adding bladder cancer, hypothyroidism, hypertension and Parkinson's-like systems linking these diseases to Agent Orange exposure from the transcript of the House Appropriations Subcommittee on Military Construction and Veterans Affairs on the Fiscal 2021 Budget Request for the VA Department.

You can watch the hearing at:

<https://appropriations.house.gov/events/hearings/department-of-veterans-affairs-budget-request-for-fy2021>

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House Appropriations Subcommittee on Military Construction and Veterans Affairs Holds Hearing on the Fiscal 2021 Budget Request for the VA Department

WASSERMAN SCHULTZ:

The subcommittee will come to order for the budget hearing on the Department of Veteran Affairs FY '21 Budget Proposal. Good morning. This morning we have the VA's secretary Mr. Robert--Secretary Robert Wilkie to hold the hearing for the VA's fiscal year 2021 budget request. He is joined by Dr. Richard Stone, the executive in charge of the Veterans Health Administration. Dr. Paul Lawrence at--the undersecretary for benefits at the Veterans Benefits Administration. And Mr. John Rychalski, the Assistant Secretary For Management and Chief Financial Officer.

You'll have to forgive me. I'm a little under the weather, so if I sound like Brenda Vaccaro, I'm sorry.

CASE: REP. ED CASE (D-HAWAII)

Thank you. I've got a question that starts with the blue water navy and gets--gets to a broader question that's been on my mind. So, on the **blue water navy**, the actual budget request on the blue water navy economy is that budget request and unexpected additional budget request over projections when we actually did pass the blue water navy bill. We obviously protected the fiscal impact of it. Is this--was it--is this a surprise that--as to what the expense has been whether it be administrative or, you know, actual number of--of that's that--that applied for it or how did this turn out in your budget proposal versus what you expected a year ago?

LAWRENCE:

No, sir. So, when the law was passed, we made a request for the additional resources. This is that request played out over multiple years. Our request was, over 10 years, which is how we modeled what we expected the new claims to come in, so this is the second year of that request. It is exactly--

CASE: REP. ED CASE (D-HAWAII)

--Okay. And how--how is--how--how is the actuality tracking to the projection?

LAWRENCE:

Right now, it's about a smidge ahead where we're getting. Normally, it takes about six months from our previous history and modeling what happens, it takes a while to get the word out even though we do tremendous comms and the like. It generally tends to be when veterans tell other veterans they've been granted benefits.

CASE: REP. ED CASE (D-HAWAII)

Right.

LAWRENCE:

This is particularly more complicated, if you bear with me one second, Sir. These veterans are old, they're 74, perhaps they've passed given these conditions, their wife--and this is the time of the world when it was male--their wife they of disconnected from the military by virtue of their life. We are now trying to figure out, how do we communicate with that person, kids, grandkids, and the like. But we're a little bit ahead and so, we think our modeling was correct and this is a reasonable request.

CASE: REP. ED CASE (D-HAWAII)

Okay, thank you for that. That's--I think that's good news. Mr. Secretary, I guess it--what--the bigger question it begs is, I--I was visited yesterday, as were many of us, by--by--by the Veterans of Foreign Wars. And it was a--always a incredibly productive discussion. They asked me to--to sponsor a number of proposals all having to do with the presumption to apply--to expand the presumption in--in Agent Orange, blue water navy, and to create new presumptions. And going back to your earlier comments in response to Mr. Ryan's questions about--about, you know, Afghanistan veterans who are--who are suffering from diseases that we still can't pin an exact--exact connection. We don't know the extent of the diseases that are--that are actually connected and burn pits is obviously a part of that. It is really hard for me to sit there and decide where to apply that presumption and where not

to apply that presumption. And I--I think it's--I think it's pretty clear that, as we get into a broader range of--of issues having to do with our--with our veterans, we're going to see many more requests for--to--to change the current system and in which you have to establish a service connection to a--to an outright presumption.

And you know, have you, speaking of your big picture capabilities, have you given thought to kind of a--a different way of looking at this, and have you given thought to the mid to long-term budgetary implications of this with our veterans? One of the proposals was, that I thought was quite intriguing was two--to actually provide external commission that actually would apply the--the science and the--and the--and the connection and try to make those determinations as to where there was a service connection. And if so, what diseases, so that we could perhaps have a far more informed and deliberate process because I--I fear that we're doing this--and I accept all the presumptions we've established so far. I'm just kind of looking out into the future and saying, well, where does this actually go? Have you given thought to that?

STONE:

So, within the VA, we have the war related injury group up in the Northeast that--that really looks at--in future injuries as well as--is what we're dealing with and various trends. But this is why we brought in the National Academy of Science in some of the latest presumptions that we've had some debate and whether we're ready or not with. The difficulty is, the National Academy of Science doesn't do any new research as extraordinarily good work that's done by that group. But they really just bring together all the existing work that's been done, much of which has been done by us. And we're in the process of two large cohort studies looking at--at Vietnam veterans, specifically, as well as these other groups.

So, I think there are alternative ways to do it, but, you know, the recognition of depleted uranium, the recognition of what we just talked about in--in Uzbekistan are often recognized well after the fact. You know, we were burn pit exposed in Afghanistan during my early deployments, and--and we didn't have any recollection or that--any recognition of what we're doing even--even as healthcare workers. And so it is often quite light and therefore that veteran who's in their 70s, who's coming forward and saying, now there is the emergence of higher rates of cancer, as we talked about in prostate cancer, often has to be worked as a longitudinal cohort that really goes on for the whole lifetime. And I'm not sure how you get ahead of it.

CASE: REP. ED CASE (D-HAWAII)

Okay, well I--that's a much bright--its--I think it's going to be a much bigger picture and broader discussion over the policy level and the budget level. So, we--we--I think we need

to consider whether there's a different way of looking at this and making the right decisions in this department. Thank you.

STONE:

With Madame chair's indulgence, this is one of the things that we have in--in some of our precision oncology work. In--and the second bite, we have 75 million for precision oncology, we're about the process of really doing the genomic studies on the mutations that we're seeing. And that really grows out of our million veteran program as well as the fact that we're the largest provider of oncology services in the nation with 200 new diagnoses of cancer a day.

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WASSERMAN SCHULTZ:

Okay.

STONE:

That portion of the law expired, and therefore, the secretary has the prerogative of asking for additional studies and order to reach this. And as I stated previously--

WASSERMAN SCHULTZ:

And who is--who is conducting the studies? And why is it better science than we can expect out of the National Academies of Science? Are you actually questioning?

STONE:

The National Academy of Sciences in conducting research. They are simply compiling information from our researchers.

WASSERMAN SCHULTZ:

No. As I said--I said--with all due respect, I'm reclaiming my time. I said at the outset of my question that I understand how those studies are handled and that it's an aggregate, not as a study conducted. But the people at the National Academies of Science are certainly among the foremost experts of the world in their field. And so, when they pull together studies that they use to make a decision about whether there is an association with an explosion to Agent Orange, and it is related to specific diseases, and they recommend yes, it is just like the other disease that they did.

It is--it is difficult to understand why the VA refuses to believe that or take their word for it. What is better about your science and who is conducting your studies than the studies that were done that were aggregated by the--by the National Academies of Science?

STONE:

The academics that are completing their work. Our--have looked at lifetime cohorts and the desk studies of--of the reasons for death on various death certificates for a period of years and to make, and therefore, it is the broadest study of veterans that served in this area.

WASSERMAN SCHULTZ:

That sounds more like you're looking for causation, not Association. Are you looking for causation?

STONE:

Yes.

WASSERMAN SCHULTZ:

Okay. That's not how the presumptive disease law works. You can't--you can't require that causation be proven. Presumptive disease is specifically associated as a result of exposure

due to being exposed during your military service. You aren't allowed to decide that now you're going to up the standard and say there has to be direct causation. All the other diseases under this--under this requirement are through association.

STONE:

Let me--

WASSERMAN SCHULTZ:

Where you get the authority to decide that from now on the diseases are going to have to be directly--you--you can't even--

(LAUGHTER)

How are you even going to prove that? As I said, lung cancer, which already is a presumptive disease, has many causes. In fact, the most likely cause of--of lung cancer in--in many people is the likelihood that they smoked.

STONE:

And I would ask you to go back to the statute under which those previous presumptions were made, the expiration of that statute, and the authorities given to the secretary to make decisions on this.

WILKIE:

Let me make this personal. And I appreciate--I appreciate your fervor with this. Nobody wants to get this right more than I do. I mentioned when I spoke before the authorizers. My mother described to me my father's last days. Artilleryman, two tours in Vietnam, exposed to Lord knows what. She and the doctors were convinced that his death was related to chemical exposure. I'm guessing that it's a combination of both Vietnam and just the day-to-day operation of being an artilleryman.

These studies that Dr. Stone mentioned were begun, I believe, before I became secretary. We'll see them, hopefully in the summer, and I will push forward. I will do everything that I can to get it right because it is personal.

WASSERMAN SCHULTZ:

Okay. But Mr. Secretary, it is irresponsible and outrageous if you change the standards and take advantage of. I mean, if you profess to tear to my care about veterans and take--we want to take care of them in the same way that veterans were--are being cared for by the

Association determined from their exposure to Agent Orange related to other diseases. And now change the standard when you have a National Academy of Science aggregated-- an aggregation of studies that those--those experts say these are associated with their exposure and now require causation. Okay, then we will put it on our bill and prevent you from doing that because that is unacceptable.

WILKIE:

Yeah.

WASSERMAN SCHULTZ:

And so I really hope that you have a discussion between the two of you and the--the powers to be at the VA and understand the Congress is not going to accept that you are going to change the standard on these veterans who, you know, already when they came back from Vietnam were certainly not welcomed back and treated like the heroes that they were.

WILKIE:

Well, I'm the first one to agree with you on that.

WASSERMAN SCHULTZ:

Okay. Well. So will you get back to me about that? Because I'm glad that I got you to say on the record that you are looking for causation because that's really unacceptable.

My last two questions are related to the study that was referenced on PTSD service dogs. You said soon enhancer to your--Mr. Rutherford's question. What does soon mean as far as when the study will be released?

STONE:

I'll be happy to get back to your office on the exact date.

WASSERMAN SCHULTZ:

Do you not know?

STONE:

I was told the summer. I would assume you would like a better date than that.

WASSERMAN SCHULTZ:

Yes. Okay, thank you.