To require the Secretary of Defense to develop a comprehensive database and repository on military aviators and conduct a study on such aviators to determine the incidence of cancer diagnosis and mortality among such aviators, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mrs. FEINSTEIN introduced the following bill; which was read twice and referred to the Committee on __________

A BILL

To require the Secretary of Defense to develop a comprehensive database and repository on military aviators and conduct a study on such aviators to determine the incidence of cancer diagnosis and mortality among such aviators, and for other purposes.

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

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Military Aviators Cancer Incidence Study Act”.

GH2 2N FH5
2

SEC. 2. DATABASE ON MILITARY AVIATORS AND STUDY ON

THE INCIDENCE OF CANCER DIAGNOSIS AND

MORTALITY AMONG MILITARY AVIATORS.

(a) FINDINGS.—Congress makes the following find-
ings:

(1) It has been reported that the prevalence of
cancer is particularly high among military aviators,
particularly among fighter pilots in the Air Force,
Navy, and Marine Corps.

(2) There have been several alarming clusters
of cancer diagnoses at military installations, includ-
ing at Naval Air Weapons Station China Lake in
California and Seymour Johnson Air Force Base in
North Carolina.

(3) Four commanding officers who served at
Naval Air Weapons Station China Lake have died of
cancer. Each officer had completed thousands of
flight hours in advanced jets.

(4) According to a study by the Air Force in
2008 titled “Cancer in Fighters”, six pilots and
weapons systems officers for the F-15E Strike Eagle
at Seymour Johnson Air Force Base, aged 33 to 43,
were diagnosed with forms of urogenital cancers be-
tween 2002 and 2005. Each officer had completed
at least 2,100 flight hours.
A study by the Air Force in 2010 reported on a cluster of seven members of the Air Force Special Operations Command diagnosed with brain cancer among crew members of the C-130 between 2006 and 2009. The individuals affected were three C-130 pilots, two flight engineers, one loadmaster, and one navigator assigned to different installations around the world. Overall, brain cancer affects approximately 6.5 out of 100,000 people in the United States annually.

There has been no comprehensive study conducted of cancer rates among military aviators.

One challenge of extracting findings from previous studies by the Navy or the Air Force on cancer rates is that each study focused on pilots who are active duty members of the Armed Forces and did not include the medical records of former pilots who are veterans, which is the population in which cancer is surfacing.

Members of the Armed Forces who serve full military careers are not likely to be counted in data captured by the Department of Veterans Affairs. Members who serve 20 years or more are eligible for health care under the TRICARE program, which is managed by the Department of Defense.
Also, many members pursue private sector jobs after separating from the Armed Forces and receive health care outside of the Federal Government. Those factors have made it difficult to find statistics to back up the health issues that families of military aviators are experiencing.

(b) DATABASE.—

(1) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Defense shall seek to enter into an agreement with the National Institutes of Health, the National Cancer Institute, and the Department of Veterans Affairs, under which the Secretary of Defense shall develop a comprehensive database and repository—

(A) identifying each military aviator; and

(B) documenting the cancers, date of diagnosis, and mortality of all such military aviators.

(2) DATA.—The Secretary of Defense shall format all data included in the database and repository under paragraph (1) in accordance with the Surveillance, Epidemiology, and End Results program of the National Cancer Institute, including by disaggregating such data by race, gender, and age.

(c) STUDY.—
(1) IN GENERAL.—The Secretary of Defense, in conjunction with the National Institutes of Health and the National Cancer Institute, shall conduct a study on cancer among military aviators in two phases as provided in this subsection.

(2) PHASE 1.—

(A) IN GENERAL.—Under the initial phase of the study conducted under paragraph (1), the Secretary of Defense shall determine if there is a higher incidence of cancers occurring for military aviators as compared to similar age groups in the general population through the use of the database of the Surveillance, Epidemiology, and End Results program of the National Cancer Institute.

(B) REPORT.—Not later than one year after the date on which the Secretary of Defense enters into the agreement under subsection (b)(1), the Secretary shall submit to the appropriate committees of Congress a report on the findings of the initial phase of the study under subparagraph (A).

(3) PHASE 2.—

(A) IN GENERAL.—If, pursuant to the initial phase of the study under paragraph (2), the
Secretary concludes that there is an increased rate of cancers among military aviators, the Secretary shall conduct a second phase of the study under which the Secretary shall do the following:

(i) Identify the carcinogenic toxins or hazardous materials associated with military flight operations from shipboard or land bases or facilities, such as fuels, fumes, and other liquids.

(ii) Identify the operating environments, including frequencies or electromagnetic fields, where exposure to ionizing radiation (associated with high altitude flight) and nonionizing radiation (associated with airborne, ground, and shipboard radars) occurred in which military aviators could have received increased radiation amounts.

(iii) Identify, for each military aviator, duty stations, dates of service, aircraft flown, and additional duties (such as Landing Safety Officer, Catapult and Arresting Gear Officer, Air Liaison Officer, or Tactical Air Control Party) that could
have increased the risk of cancer for such military aviator.

(iv) Determine locations where a military aviator served or additional duties of a military aviator that are associated with higher incidences of cancers.

(v) Identify potential exposures due to service in the Armed Forces that are not related to aviation, such as exposure to burn pits or toxins in contaminated water, embedded in the soil, or inside bases or housing.

(vi) Determine the appropriate age to begin screening military aviators for cancer based on race, gender, flying hours, Armed Force, type of aircraft, and mission.

(B) DATA.—The Secretary shall format all data included in the study conducted under this paragraph in accordance with the Surveillance, Epidemiology, and End Results program of the National Cancer Institute, including by disaggregating such data by race, gender, and age.

(C) REPORT.—Not later than one year after the submittal of the report under para-
graph (2)(B), if the Secretary conducts the second phase of the study under this paragraph, the Secretary shall submit to the appropriate committees of Congress a report on the findings of the study conducted under this paragraph.

(4) USE OF DATA FROM PREVIOUS STUDIES.—In conducting the study under this subsection, the Secretary of Defense shall incorporate data from previous studies conducted by the Air Force, the Navy, or the Marine Corps that are relevant to the study under this subsection, including data from the comprehensive study conducted by the Air Force identifying each military aviator and documenting the cancers, dates of diagnoses, and mortality of each military aviator.

(d) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEE OF CONGRESS.—The term “appropriate committees of Congress” means—

(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives.
(2) ARMED FORCES.—The term “Armed Forces”—

(A) has the meaning given the term “armed forces” in section 101 of title 10, United States Code; and

(B) includes the reserve components named in section 10101 of such title.

(3) MILITARY AVIATOR.—The term “military aviator”—

(A) means an aviator who served in the Armed Forces on or after February 28, 1961; and

(B) includes any air crew member of fixed-wing aircraft, including pilots, navigators, weapons systems operators, aircraft system operators, and any other crew member who regularly flies in an aircraft or is required to complete the mission of the aircraft.