



COMMITTEE ON
SCIENCE, SPACE, & TECHNOLOGY
Lamar Smith, Chairman

For Immediate Release
June 15, 2016

Media Contacts: Alicia Criscuolo, Thea McDonald
(202) 225-6371

Statement of Chairman Brian Babin (R-Texas)

Human Spaceflight Ethics and Obligations: Options for Monitoring, Diagnosing, and Treating Former Astronauts

Chairman Babin: As a nation we have obligations to those we put in harm's way. As a Congress, we have a responsibility to provide for the treatment of conditions caused by federal service. As a legislator that represents the Johnson Space Center and the Astronaut Corps, I have a duty to care for my constituents.

Since the 1960's, the United States of America has asked its bravest to travel to space in service to their country. The government recognizes its obligation to care for those it puts in harm's way in other instances. For example, we provide for the care of our veterans and our federal employees when injuries result from their service.

NASA currently provides treatment for active NASA Astronauts and former astronauts are eligible for treatment for injuries sustained in their service through existing programs at the Department of Labor and the Department of Veterans Affairs. Over the last 15 years, several reports have highlighted the potential hazards of human spaceflight, the ethical obligations that we have as a nation, and additional steps that we might need to take to address gaps in meeting those obligations.

From the dynamic launch environment, to the unforgiving vacuum of space, to the energetic reentry to earth, human spaceflight has always placed astronauts in challenging environments. Even training for spaceflight carries significant risks. Up until recently, however, space travel was measured in days. Mercury, Gemini, Apollo, and the Space Shuttle program placed astronauts in space for relatively short periods of time. Now, with the completion of the International Space Station, our astronauts spend months in space and the risks and potential impacts on astronaut health are not always known immediately.

Captain Scott Kelly recently returned from the ISS after spending 340 days in space on one mission, putting his cumulative time in space at 520 days. Extended missions like his are teaching us a great deal about the long-term effects of human spaceflight. Weightlessness leads to osteoporosis and loss in bone density. Long-duration space missions seem to impact vision, as 60 percent of ISS astronauts reported worsening eyesight. Radiation exposure increases the likelihood of cancer. These are just some of the conditions we know about. Staying in space longer and pushing farther into deep space will inevitably present additional and perhaps unknown risks. While NASA

attempts to mitigate these risks with protocols and countermeasures such as exercise, drug treatments, and spacecraft shielding, there will probably always be a “health cost” our astronauts assume resulting from space travel.

These concerns raise several fundamental questions. For instance, is additional authority necessary to treat former astronauts, or is it also about NASA getting better data on human spaceflight? Are those two issues related? Are there classes of astronauts such as payload specialists who were not government employees that aren't covered by existing authorities? How should NASA administer treatment? Should they do it “in-house” or simply reimburse patients for treatment? If NASA decided to diagnose conditions “in-house”, does this pose a potential conflict of interest when NASA is financially obligated to compensate former astronauts for conditions caused by their federal service? How would additional authority affect existing rights and benefits under current statutes? How would creating a new program at NASA impact the causation standard set forth by the Departments of Labor and Veterans Affairs? In other words, will a new authority make it easier or harder for astronauts to receive treatment and compensation?

In order to address these questions, Congress included a provision in the 2005 NASA Authorization Act that asked for a plan on how to best provide care for former astronauts. Similarly, the most recent Authorization Act that received unanimous support in the House and awaits consideration by the Senate contained a provision asking for a cost estimate for expanding treatment.

I believe everyone here wants to make sure we are doing the right things for our astronauts. They put themselves in harm's way to advance our knowledge of the universe and they bring great pride to our nation. I am proud to say that I represent a great number of these astronauts who call the Houston area home. As a health care professional and as their representative, you could say it is my duty to make sure these folks are taken care of properly.

But this isn't simply about addressing a moral and ethical obligation, we receive significant and on-going benefits by providing this care. The long-term health information gained from the treatment of former astronauts will give us a greater understanding of radiation exposure, vision impairment, bone-loss, and many other ailments. This in turn will assist us in developing better monitoring and treatment protocols here on earth for everyone, not just astronauts.

I thank today's witnesses for joining us as we discuss these important issues and I look forward to hearing your testimony.

###