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Description Notes Alvin L. Young filed these documents together with others in a folder labeled, "Agent Orange Working Group Science Panel, Current Folder."

LINE-ITEM VETO CONSTITUTIONAL AMENDMENT

(Mr. GEKAS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GEKAS. Mr. Speaker, I understand that the Chair has ruled that in order for a unanimous-consent request to be made that we must obtain the clearance of both the minority leadership and the majority leadership.

The SPEAKER. The gentleman is correct.

Mr. GEKAS. In that regard, then, having had the good fortune to have received the clearance of the minority to offer a unanimous-consent request to consider line-item veto legislation, I would now ask if the majority leadership, through one of its spokesmen, would also concede a unanimous-consent request for that purpose.

The SPEAKER. Has the gentleman's leadership put that request in writing?

Mr. GEKAS. No; it has been represented to me.

The SPEAKER. It would be nice to get him on record.

Mr. GEKAS. Is there someone here representing the leadership who can?

I represent to the Speaker that that consent has been given to me.

The SPEAKER. I thank the gentleman.

Mr. GEKAS. I hear no response from the majority leadership, however.

If that be the case, I would have to then say that the case for the line-item veto has met with an obstacle from the failure of the majority to respond to this unanimous-consent request.

THE DEFICIT "DOWN PAYMENT"

(Mr. BROWN of Colorado asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROWN of Colorado. Mr. Speaker, today's Wall Street Journal reports some Democratic leaders remain unconvinced of the President's sincerity in seeking to achieve a down payment reduction of deficits. No party has a patent on sincerity when it comes to the welfare of our Nation.

It would be a tragedy if progress toward reducing the deficit is halted by pressures emanating from Presidential candidates. This House must not be held hostage to the ambition of Presidential candidates no matter what party.

I hope we will be willing to put aside partisan considerations and end the sniping about the possibility of a down payment. When the American people see such sniping before we have even begun to sit down and talk, they may sadly conclude that some of our Members are more concerned about partisan politics than reducing the deficit.

Our citizens deserve better.

RESIGNATION AS CHAIRMAN AND APPOINTMENT OF CHAIRMAN OF HOUSE DELEGATION TO CANADA-UNITED STATES INTERPARLIAMENTARY GROUP

The SPEAKER laid before the House the following resignation as Chairman of the House delegation to the Canada-United States Interparliamentary Group:

Committee on Foreign Affairs,
Washington, D.C., January 27, 1984.

Hon. THOMAS P. O'NEILL, Jr.,
Speaker, House of Representatives, Washington, D.C.

DEAR MR. SPEAKER: I hereby resign as Chairman of the House delegation to the Canada-United States Interparliamentary Group.

With best wishes, I am.

Sincerely yours,

DANTE B. FASCELL,
Chairman.

The SPEAKER. Without objection, the resignation is accepted.

There was no objection.

□ 1220

The SPEAKER. Pursuant to the provisions of 22 U.S.C. 276d, the Chair appoints as Chairman of the U.S. delegation to attend the 28th meeting of the Canada-United States Interparliamentary Group March 8 through 12, 1984, in Puerto Rico the gentleman from Maryland, Mr. BARNES.

APPOINTMENT AS MEMBER OF THE PERMANENT SELECT COMMITTEE ON INTELLIGENCE

The SPEAKER. Pursuant to clause 6(f), rule X, and clause 1, rule XLVIII, the Chair appoints the gentleman from California, Mr. BEILENSON, as a member of the Permanent Select Committee on Intelligence to fill the existing vacancy thereon.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

WASHINGTON, D.C., *January 27, 1984.*

Hon. THOMAS P. O'NEILL, Jr.,
The Speaker, House of Representatives, Washington, D.C.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 5, Rule III of the Rules of the U.S. House of Representatives, I have the honor to transmit sealed envelopes received from The White House as follows:

(1) At 12:45 p.m. on Friday, January 27, 1984 and said to contain a message from the President wherein he transmits the 37th Annual Report on U.S. participation in the U.N.; and

(2) At 12:45 p.m. on Friday, January 27, 1984 and said to contain a message from the President wherein he transmits the 2nd Annual Report of the Tourism Policy Council.

With kind regards, I am.

Sincerely,

BENJAMIN J. GUTHRIE,
Clerk, House of Representatives.

REPORT OF ACTIVITIES OF U.S. GOVERNMENT IN THE UNITED NATIONS DURING 1982—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs.

(For message, see proceedings of the Senate of Friday, January 27, 1984, at page S297.)

SECOND ANNUAL REPORT OF TOURISM POLICY COUNCIL, FISCAL YEAR 1983—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Energy and Commerce.

(For message, see proceedings of the Senate of Friday, January 27, 1984 at page S297.)

TWELFTH ANNUAL REPORT ON ADMINISTRATION OF FEDERAL RAILROAD SAFETY ACT OF 1970—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Energy and Commerce.

(For message, see proceedings of the Senate of today, Monday, January 30, 1984.)

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. Pursuant to the provisions of clause 5, rule I, the Chair announces he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken on Tuesday, January 31, 1984.

AGENT ORANGE AND ATOMIC VETERANS RELIEF ACT

Mr. MONTGOMERY. Mr. Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read as follows:

H.R. 1961

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 "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

"Sec.
"451. Agent Orange veterans and survivors.
"452. Atomic veterans and survivors.
"453. Rates of disability and death allowances.
"454. Other benefits.
"455. Termination of chapter.

"§ 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 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 uner 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.

The SPEAKER. Is a second demanded?

Mr. HAMMERSCHMIDT. Mr. Speaker, I demand a second.

The SPEAKER. Without objection, a second will be considered as ordered.

There was no objection.

The SPEAKER. The gentleman from Mississippi (Mr. MONTGOMERY) will be recognized for 20 minutes and the gentleman from Arkansas (Mr. HAMMERSCHMIDT) will be recognized for 20 minutes.

The Chair recognizes the gentleman from Mississippi (Mr. MONTGOMERY).

(Mr. MONTGOMERY asked and was given permission to revise and extend his remarks.)

GENERAL LEAVE

Mr. MONTGOMERY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks, and include extraneous material, on the subject of the bill under consideration.

The SPEAKER. Is there objection to the request of the gentleman from Mississippi?

There was no objection.

Mr. MONTGOMERY. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, following extensive hearings by the Committee on Veterans' Affairs, I am pleased to bring to the floor of the House H.R. 1961, a bill that would provide a temporary disability, or death, allowance for veterans who served in Southeast Asia during the Vietnam era and were exposed to agent orange, and who later suffered from three specific disabilities.

The bill would also provide a disability, or death, allowance for veterans who participated in the testing of nuclear devices or in the occupation of Hiroshima or Nagasaki during World War II, and who later suffered from three serious conditions.

Mr. Speaker, there has been much controversy concerning the long-term health effects that may be related to service in Vietnam and exposure to agent orange. The reported bill is a compromise measure that we worked out in the full committee. The bill we bring to the floor today passed the full committee by vote of 30 to 0. Some Members feel the measure is inadequate, and they will speak later in the debate. Some Members feel we should not enact legislation until the agent orange study, now being conducted by the Centers for Disease Control in Altanta, has been concluded.

Mr. Speaker, the CDC study is not expected to be completed until 1988 or 1989. The measure before us today is clearly a compromise pending the final results of the CDC study. This bill is not an expensive measure. The first full year cost of this bill would be $4.7 million. Those costs are assumed in the first concurrent budget resolution adopted by the Congress.

As chairman of the committee, I am pleased with the progress we have made to bring to the floor a measure focusing attention on this issue. I want to thank the ranking minority member of the full committee, Mr. HAMMERSCHMIDT, for his cooperation; the distinguished chairman of the subcommittee, Mr. APPLEGATE, for the leadership he has shown; for the cooperation and support given by the distinguished gentleman from Ohio, the

ranking majority member of the subcommittee, BOB MCEWEN.

Finally Mr. Speaker, I want to compliment the chief sponsor of the bill, TOM DASCHLE, a distinguished member of the committee, for the major role he played in this legislation. He has certainly been a strong advocate in the committee to move the bill to the House floor. In addition, I want to thank Dr. ROY ROWLAND, the distinguished gentleman from Georgia, who has just completed his first year as a member of our committee.

I am most grateful to all members of the committee who have given so much of their time attending hearings, and markup sessions in order to get this bill to the floor. The attendance of our members has been outstanding.

I now yield 4 minutes to the distinguished gentleman from Ohio (Mr. APPLEGATE), the chairman of the Subcommittee on Compensation, Pension and Insurance.

Mr. APPLEGATE. Mr. Speaker, thank you, Chairman MONTGOMERY, for yielding to me this time.

Mr. Speaker, I am very happy to be able to stand here today and present the bill, H.R. 1961 to my colleagues in the House of Representatives.

When I came here in 1977, I made a commitment to the Vietnam veterans that there should be some kind of a compensation program to take care of a disease which was first officially diagnosed many years after service but undoubtedly had its start during that service. Although this is not something new, the highly complex medical questions presented by agent orange are so novel and unique that innovative approaches by the Congress are warranted.

Unlike injuries incurred during conflict, medical problems which might be related to exposure to this toxic chemical may not surface many times until years after the veteran has returned home. It is these veterans, our Vietnam veterans, who were exposed to agent orange and who suffer from the specific disabilities listed in the bill which are our concern today.

Members of our committee have demonstrated their strong desire to respond to the apprehension and concern among some Vietnam veterans and their families. During the 97th Congress, we enacted legislation giving medical care to Vietnam veterans whose medical problems could possibly be related to exposure to agent orange or to radiation while in service. We are spending close to $100 million on a study by the Centers for Disease Control to find the answers. But these answers will not be available for several years.

The bill we are considering today is a stopgap measure. As Chairman MONTGOMERY said, it will provide a temporary disability or death allowance for veterans who served in Southeast Asia during the Vietnam war and may have been exposed to agent orange or who were exposed to low-level ionizing radiation while participating in testing of nuclear devices or in the occupation of Hiroshima or Nagasaki. The bill would provide effective October 1, 1983, monetary benefits for agent orange veterans if they are shown to have soft tissue sarcoma within 20 years from the time they left Vietnam or if they have a liver condition called PCT or the skin condition chloracne within 1 year from leaving. Similarly, benefits would be provided for veterans who participated in the testing of nuclear devices while in service or occupied Hiroshima or Nagasaki and who suffer from leukemia, cancer of the thyroid, or polycythemia vera, a bone marrow disease, within 20 years from their exposure to such radiation. If the disabilities are shown to exist within the time limits in the bill, payments would be at the same rates as if the disabilities were service connected.

I also want to point out that this bill has a sunset clause. Benefits would terminate 1 year after the agent orange study is received by the Congress. This means that we will have 1 full year in which to decide what we need to do after we have what we hope will be the answers to a lot of our questions.

The bill has a modest cost of $4.7 million for the first year, increasing to only $5.4 million 5 years from now.

Mr. Speaker, as Chairman MONTGOMERY said, this has been a highly emotional issue, but I want to point out again that the Veterans' Affairs Committee is nonpartisan and proveteran and while we had considerable disagreement during our consideration of the bill, we recognized that something had to be done. We worked out a compromise which some members of the committee feel does not go far enough. Others feel maybe it goes too far. But in the end, we all knew we had to act and it was in this spirit that agreement was reached. I just want to say that the final committee vote on ordering the bill reported was 30 to 0, once again showing how the Veterans' Affairs Committee works together for veterans.

I would be remiss if I did not say at this time how much assistance I received from my colleague from Ohio, BOB MCEWEN, the ranking minority member on the subcommittee as well as Chairman MONTGOMERY and Mr. HAMMERSCHMIDT, the ranking minority member of the full committee. Mr. ROWLAND of Georgia gave us the benefit of his experience in the field of medicine. And it goes without saying that without the perserverance and vigor of the gentleman from South Dakota (TOM DASCHLE), this bill would never have gotten off the ground.

Mr. Speaker, this is a reasonable and limited approach to a problem which will not go away. It is a good bill and I urge my colleagues in the House to join me in giving overwhelming approval of H.R. 1961.

Mr. HAMMERSCHMIDT. Mr. Speaker, I yield myself such time as I may consume.

(Mr. HAMMERSCHMIDT asked and was given permission to revise and extend his remarks.)

Mr. HAMMERSCHMIDT. Mr. Speaker, I join with my colleague, the distinguished chairman of the House Veterans' Affairs Committee, the gentleman from Mississippi (Mr. MONTGOMERY), in support of the legislation before the House, H.R. 1961. My colleague from Mississippi has, as usual, provided diligent and responsible leadership in shepherding this matter through the committee, and I offer only the highest praise for his efforts.

Many members of the committee are to be commended for their contributions in bringing this legislation to the floor.

The gentleman from Ohio (Mr. APPLEGATE), chairman of the Subcommittee on Compensation, Pension, and Insurance, has worked long and diligently toward the resolution of a very complicated issue. His leadership has been of great value.

The Subcommittee's ranking member, the gentleman from Ohio, Mr. BOB MCEWEN, has also contributed much time, energy and guidance in assuring that this bill is the best possible solution to a complex problem.

The gentleman from South Dakota, of course, has played a major role on H.R. 1961. He and others have had and retain very strong concerns about one of the most perplexing veterans issues of our time. They would have gone further on this bill than most of us.

On the other hand, Mr. Speaker, there are many—and I am among them—who feel strongly that we ought to legislate very cautiously in a field of medicine that thus far is devoid of the scientific expertise that ought to be available before laws are passed by the Congress.

Mr. Speaker, a sense of cooperation and compromise caused a broad committee consensus on this bill. We cast a 30-to-0 vote to report the bill to the floor. We did this after hearing many witnesses from the veterans' Administration and other Government and civilian medical experts. Veterans appearing alone or represented by the several major veterans organizations, offered valuable testimony and insight into this important matter.

Mr. Speaker, during the hearings on this bill, I made it very clear that I had serious reservations about providing compensation for diseases not yet scientifically linked to the doxin known as agent orange.

I reminded my colleagues that the Congress, through previous legislation had authorized comprehensive studies to be carried out to determine the relationship, if any, between those diseases and agent orange, and that we ought to be very cautious as to preempting the study results. But, Mr.

Speaker, we all knew that data from many of these studies would not be available for some time and that some data already existed even though it was not accepted by some as being actually valid and even though it was said to be in need of further scientific analysis.

Simply stated, our committee was faced with setting a precedent in veterans legislation by providing compensation to a limited number of veterans prior to conclusive evidence about the source or etiology of their disease. The question therefore came down to whether or not we ought to wait for those study results or whether we ought to do at least that which is called for by the bill before us. We chose the latter course. In so doing, we recalled that a spokesman from the Veterans' Administration testified before our committee—and I quote him.

> 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.

We do that addressing in this bill.

There is another aspect of the bill, Mr. Speaker, that, in my view, was not as difficult to resolve, and that is the relief sought for certain veterans exposed to ionizing radiation, either during atomic testing or while part of the Armed Forces occupying Hiroshima and Nagasaki. Medical evidence has detailed many health and life-threatening aspects of such radiation exposure although again, even on this issue, we do not have a complete scientific picture.

But certainly, Mr. Speaker, it is well-known that radiation exposure has caused some types of cancer. I think that the proponents of this aspect of H.R. 1961 stand on a well-built platform of knowledge as compared to the one still under construction for agent orange. In this connection I want to commend the gentleman from Georgia, Dr. ROWLAND, for this contribution as to this aspect of the bill.

Finally, Mr. Speaker, the sunset provision of this bill does offer the Congress an opportunity to reexamine the issue upon completion of the studies now underway. At that time, we may see that our action here today was both beneficial and foresighted and even that much more will have to be done. Of course the opposite may be true and we hope that it is, for then the very real fears and apprehensions of a large number of veterans and their families would be overcome.

Mr. Speaker, the Veterans' Affairs Committee is dedicated to serving the best interests of the men and women who served their country. They did not ask for the conditions military duty imposed on them, but accepted those conditions without hesitation. They stood tall and many endured hardships and suffered disabilities beyond description. Sometimes those disabilities came into view later in life and this may be true of the Vietnam and atomic veterans covered by H.R 1961. These kinds of individuals are the very special charges of the Congress of the United States and we ought to resolve reasonable doubt in their favor as to the origin of their difficulties. Just as their service is record of faith in this Government, we have a duty to stand tall with them. It is therefore my position on H.R. 1961 that, while it is imperfect as to science, it is mandated by our country's obligation to a special group of veterans and I urge its passage by the House.

Mr. Speaker, I reserve the balance of my time.

□ 1240

Mr. MONTGOMERY. Mr. Speaker, I yield 4 minutes to the gentlman from South Dakota (Mr. DASCHLE), the chief author of H.R. 1961.

(Mr. DASCHLE asked and was given permission to revise and extend his remarks and include extraneous matter.)

Mr. DASCHLE. Mr. Speaker, I rise in support of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act. This legislation is the culmination of several days of often contentious hearings and a great deal of hard work. It is far from a perfect bill and I alert my colleagues to a special order at the close of business on Tuesday, where we hope to elaborate on this legislation. But this is a beginning and its adoption will further the reconciliation process between this Government and the veterans who fought in the unpopular Vietnam war. House approval will be a landmark decision and an implicit acknowledgment that their are long-term health effects from exposure to the dioxin contaminated defoliant, agent orange.

Is agent orange really the culprit? The experts say they do not know for certain as exposure is difficult to measure. There were many new, experimental drugs, herbicides, and insecticides used in large quantities in Southeast Asia that could be combining to have a synergistic effect on these men and women. Though these chemicals may very well have saved lives in the short term, they may be responsible for a national tragedy in the long term. Studies conducted over the next 5 years should greatly improve our existing knowledge of the chemicals used in Vietnam as well as about the health of the Vietnam veteran as a population.

Despite the nay-sayers claims that the modest benefits awarded in H.R. 1961 are not deserved, one thing is for sure, the past few years have produced a legitimate list of scientific evidence and professional concern to indict both the herbicide agent orange, and its chemical contaminant, dioxin, to the degree that it will probably never be used nor produced in this country again.

If this fact, coupled with unusual circumstances where young men who served their Nation valiantly in an unpopular war, are now sick with old men's diseases, is not enough basis to warrant compensation, this Nation has no title to the greatness we all claim for it.

Veterans with soft-tissue cancer, liver disorder known as porphyria cutanea tarda, and a skin condition called chloracne will be eligible for compensation and other benefits from the Veterans' Administration.

I have been contacted by a number of veterans who have these conditions: veterans like Thomas Radon, of Orlando, Fla.; David Maier, of Bay Village, Ohio; Monte Baird, of Sacramento, Calif.; Bill Poe, of Mesquite, Tex.; Jim Blackmore, of Oak Forest, Ill.; Sandy Buselli of Dunmore, Pa., who has only a few months to live, and others. These are men who have been permanently disfigured, in some cases are unable to work, and have accumulated staggering medical costs. This legislation will help defray future medical costs and provide a modest income for those unable to provide for their families.

Though very few will benefit, an important addition to this legislation is congressional recognition of certain claims filed by World War II and Korean era veterans with conditions related to radiation exposure. Veterans who served in Japan with the occupation forces or witnessed nuclear testing during the 1950's and early 1960's who have leukemia, thyroid cancer, or polycythemia-vera—a blood disorder—will also be eligible for compensation. Such recognition is overdue as medical science has long recognized these conditions as radiation related.

It has been nearly 6 years since the concerns about possible long-term health effects from exposure to the dioxincontaminated defoliant, agent orange, first came to light. Conern continues to grow about the potential health effects of exposure to dioxin as exemplified by the Government's decision to buy-out Times Beach, Mo. We also know from the Air Force that over a 9-year period—late 1961-71—herbicides containing 368 pounds of pure dioxin were dumped in Vietnam on an area the size of Connecticut. Dioxin, known as the most toxic sythentic chemical known to man, has caused cancer in test animals at the parts per trillion level. For these reasons and others, conerns among Vietnam veterans about the effects of this chemical on their health have justifiably heightened as well. I wish my speech on the House floor today could signal the end of these concerns about agent orange, but unfortunately it cannot.

We nonetheless have taken an important interim step today, a step which builds on earlier actions required by Congress which include: authorization of the largest epeidemiology study ever attempted, and authorization of priority health care in the VA system for veterans who be-

lieve their health infirmities were caused by exposure to toxic chemicals during the war.

Despite the limited scope of this legislation, there are those who insist that we should have incontrovertible proof that agent orange is the culprit before awarding benefits. Unfortunately, as former HHS General Counsel Joan Bernstein HHS testified, "even the best efforts of which our scientists are capable may not produce definitive, incontrovertible scientific information about the medical affects of agent orange" and that "full answers may never be found." The principal tool of scientists studying agent orange and dioxin, epidemiology studies, are not even designed to elicit a cause and effect relationship, rather they try instead to determine risk levels. Those who desire vigorous, incontrovertible proof are expecting more than science can deliver and are therefore setting standards that will be virtually impossible to meet. Those who thus insist on incontrovertible proof before providing the modest benefits available in H.R. 1961 in my opinion would probably also insist on witnessing the second coming of Christ before believing in God.

I salute Members of the House for not requiring such impossible standards.

This is not to say that we do not have a substantial record of evidence which already links agent orange to long-term health effects. We do. The current record reveals herbicide-related cancers in Western Europe, cancers in occupationally exposed U.S. workers, excessive cancers among white women in Midland, Mich.—where herbicides have been produced—and cancer in multiple animal species by multiple routes of exposure. This record will expand as a number of scientific studies currently underway provide additional information over the next few years.

I would also like to comment on the Ranch Hand study, which many people believe will be an important indicator in determing the health effects of agent orange. Though I do not believe that one can casually assume that the type, level, and length of exposure of these Air Force personnel can be extrapolated to the exposure experience of ground units, important information will nonetheless result from this study. Though it is too soon to draw firm conclusions on mortality figures, initial findings are of interest. Enlisted personnel, which the Air Force admits were "far more exposed than the officer personnel," had a less favorable mortality rate than their nonherbicide exposed peers. In addition, there was an excess of digestive disorder deaths. The Air Force claims, however, that digestive mortality and a paucity of cancer deaths are statistically nonsignificant. Morbidity data from this study of those who dispensed agent orange in Vietnam will be available late in February and should provide further information on these concerns.

Though I support the bill we approved today, I do have some concerns about it as it now exists.

One significant addition to the bill will result in compensation for a modest number of World War II and Korean era veterans suffering from leukemia, thyroid cancer, and polycythemia-vera—a blood disorder—conditions related to atomic radiation exposure. This is a long-overdue action that should greatly assist a few very ill veterans.

Unfortunately, the bill significantly restricts eligibility for benefits to these "atomic veterans" by limiting payments to those whose condition first originated within 20 years of their services discharge. The vast majority of veterans with radiation-induced conditions were discharged during the 1940's and 1950's. The 20-year restriction for initial manifestation of these conditions has expired for the vast majority of these men a long time ago. In my view, the Veterans' Committee should seriously consider extending the 20-year limit by at least 10 years.

Similar restrictions were applied to agent orange claims as well. Though I believe a 20-year "presumptive period" is reasonably accurate for soft-tissue cancer, I am concerned about 1-year limitations on porphyria cutanea tarda and chloracne. Hearings on H.R. 1961 revealed that most soldiers in Vietnam did not bother to have what were considered at the time, minor ailments, such as skin conditions and rashes, recorded in their service records. Though a 1-year "presumptive period" perhaps accurately reflects the time when the condition would ordinarily first occur from the point of exposure, chloracne is known to persist for 25 to 30 years. Thus, a chloracne-type condition may have originated well within the 1-year limitation period but was never recorded. I believe we could have been more generous in this instance.

Finally, Representative CHRIS SMITH and I offered an amendment to require establishment of an independent advisory committee and guidelines for resolution of agent orange claims. Though our amendment was defeated in a committee vote, I would like to have printed in the RECORD the additional views of several committee members in support of this effort.

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 analyse 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 decisionmaking 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 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, determine 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 duirng 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.

Though there were disagreements about the scope of this legislation, a number of individuals deserve recognition for helping this legislation get to where it is today. The distinguished and able chairman of the committee, SONNY MONTGOMERY, as well as the

ranking minority member, JOHN PAUL HAMMERSCHMIDT, deserve much credit for insuring unanimous committee approval of the bill. Compensation and Pensions Subcommittee chairman, DOUG APPLEGATE, and ranking minority member, BOB MCEWEN, were active hearing participants and instrumental in seeing the bill through subcommittee. Also deserving thanks is BOB EDGAR for his commitment and support during this lengthy process.

Finally, the Vietnam Veterans of America, American Legion, Veterans of Foreign Wars, AMVETS, Jewish War Veterans, and Vietnam Veterans Agent Orange Victims, deserve a great deal of credit for their support and efforts on behalf of H.R. 1961.

It is my hope that these members and organizations will now commit themselves to encourage Senate passage and President Reagan's endorsement.

Mr. HAMMERSCHMIDT. Mr. Speaker, I yield 3 minutes to the very able chairman of the Subcommittee on Hospitals and Health Care, the gentleman from Pennsylvania (Mr. EDGAR).

(Mr. EDGAR asked and was given permission to revise and extend his remarks.)

Mr. EDGAR. Mr. Speaker, as an original cosponsor of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act, I rise in full support of the legislation.

As chairman of the House Veterans Affairs Subcommittee on Hospitals and Health Care and a member of the committee since 1975, I can attest to the fact that the subject of agent orange has been one of the most serious and persistent problems we have faced.

In 1978, our colleague, the gentleman from California, DON EDWARDS, and I were the first members of the committee to call for hearings on the issue of agent orange.

We have, since that time, held at least nine hearings reviewing scientific data, and the concerns of veterans and their families in attempting to reach a consensus on the issue.

Where the scientific community was uncertain as to the range of disabilities which could be attributed to exposure to agent orange in humans, there was general agreement on three basic points:

Dioxin is one of the most highly toxic substances known to man.

Second, during a 10-year period from 1961 to 1971 approximately 52 million pints of the herbicide were sprayed in South Vietnam.

Third, there was a growing concern among the Vietnam veteran population that not only their health, but the welfare of their families had been adversely affected by exposure.

The VA has conducted over 130,000 agent orange health screening examinations.

Nearly 11,000 Vietnam veterans in my own State of Pennsylvania have gone to the Veterans Administration for examinations and agent orange counseling.

During the 97th Congress the Congress approved our legislation, now law, Public Law 97-72 which provides health care in VA medical facilities for veterans who have disabilities which could be associated with exposure to agent orange and ionizing radiation.

Based on far less evidence than this last year, the present administration awarded $33 million to relocate the families of Times Beach, Mo., who only may have been exposed to dioxin in the soil around their homes.

On these precedents and further scientific evidence it only seems appropriate that we move forward at this point with the presumptions for compensation for three specific diseases: chloracne—a skin condition, Porphyria Cutanea Tarda—a liver disorder, and soft tissue sarcomas.

In the same vein, our committee has attempted to deal with the residual effects of exposure to ionizing radiation among the "Atomic Veteran" population. Between 1945 and 1963 the U.S. Government exploded approximately 235 atmospheric nuclear devices. Approximately 200,000 American service personnel were exposed to ionizing radiation during that time, or during the clean-up operations in Hiroshima and Nagasaki. Again, as with the agent orange question, there has been disagreement in the scientific community as to the exact disabilities brought on by varying degrees of radiation. But still, the existing evidence was strong enough to warrant, at a minimum, at this time, a presumption of disability for three specific diseases: cancer of the thyroid, Polycythemia vera—a bone disease, and leukemia if those disabilities appear within 20 years of exposure.

Mr. Speaker, it is very clear that we have taken an important first step in bringing this bill to the floor. It does not go as far as the bill we originally introduced nor does it include additional means of requiring that the VA submit additional disabilities which could be compensable as a result of exposure to these environmental hazards that was contained in an amendment before the committee. There are many of us on the committee who are also concerned that the presumptive periods called for, for both Vietnam veterans and atomic veterans, are unrealistically short. Still, the bill is a beginning, and the House, at least is taking this important first step in behalf of those who have served their country and now seek our help.

I would like to express my deep appreciation to the gentleman from South Dakota, the original author of this legislation, TOM DASCHLE for his persistence and his dedication to this issue.

I would also like to thank the leadership of the committee, Chairman MONTGOMERY, and Ranking Minority Member JOHN PAUL HAMMERSCHMIDT for their leadership and willingness to compromise to seek this solution.

Mr. MONTGOMERY. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. PAZIO).

(Mr. PAZIO asked and was given permission to revise and extend his remarks.)

Mr. PAZIO. Mr. Speaker, today we are considering legislation that will provide a measure of relief that is long overdue for the thousands of veterans suffering from illnesses attributable to agent orange and atomic radiation exposure.

These veterans provided our country with patriotic service under hazardous conditions. Indeed, the full extent of the hazards faced by Vietnam veterans exposed to toxic herbicides containing dioxin, such as agent orange, and who suffer from illnesses linked to that exposure is not yet fully known. Likewise, veterans who served in the occupation forces in Hiroshima and Nagasaki immediately following World War II and those who have since participated in atmospheric nuclear tests were serving in the midst of hidden dangers that are only now coming to light.

This legislation, which provides disability benefits to these veterans or their survivors, is only the first step we must take to insure that this type of hazard is never faced by our service men and women in the future. There is a growing concern and interest in Congress to find out all we can about the potential health effects of exposure to nuclear radiation and agent orange—both manmade environmental hazards of military service. These veterans served their country in good faith and honorably fulfilled their obligations. With the passage of H.R. 1961 Congress can demonstrate that we will not turn our backs on our responsibilities to those who served their country at a great personal sacrifice.

Mr. MONTGOMERY. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. ROWLAND), a member of the committee, who has been very helpful on this legislation.

Mr. ROWLAND. Mr. Speaker, I thank my good friend and distinguished chairman of the full committee for his strong support and for giving me this time. I also thank my good friend, the gentleman from Arkansas (Mr. HAMMERSCHMIDT), for the great part that he has played in this, as well as the gentleman from Ohio (Mr. APPLEGATE), the gentleman from New York (Mr. MCHUGH), and other members of the committee for the work that they have done.

Mr. Speaker, I rise today in support of the Agent Orange and Atomic Veterans Relief Act. Legislation which I introduced with my good friend and colleague, Mr. HAMMERSCHMIDT, H.R. 3908, has been incorporated, in part, in this legislation.

While I am fully supportive of the provisions in the bill pertaining to vet-

erans exposed to agent orange, I want to address the portions of H.R. 2000 that have been made a part of this important legislation.

The bill represents a landmark in that, at long last the Government is recognizing the unknown risks to which some of our soldiers were exposed in the line of duty. Over 220,000 military personnel have been exposed to varying levels of ionizing radiation. Even though we do not know the name of every person who was exposed, and in most cases, we do not know the extent of the exposure, the carcinogenic effects of radiation have been accepted for many years. In 1934, after prolonged exposure to X-rays, Madame Currie died from leukemia. Radiation exposure has a documented effect on the reticulo endothelial system.

H.R. 1961 establishes a temporary disability program for veterans who have manifested one of three diseases within 20 years of their exposure to radiation: leukemia, which is the proliferation of the white cell producing elements in bone marrow; polycythemia vera, the proliferation of the red blood cell producing elements in bone marrow; and thyroid cancer. Studies by the Center for Disease Control in Atlanta have shown the incidence of leukemia to be three times as high for veterans exposed during the Smoky nuclear test in Nevada, and for polychthemia vera, 10 times as high.

It is interesting to note that during the Baker tests in the South Pacific, contaminated salt-water was ingested by military personnel. Saltwater which has a heavy concentration of iodine, when radiated turns to I_{131}, a radioisotope. This radiated iodine is then stored in the thyroid glands of those who ingested the salt-water spray.

The problem with identifying the cause and effects of radiation induced cancers and disorders is that it takes years for the original injury to manifest itself as an observable malignant neoplasm. Beta emitters can even be incorporated into parts of the body to irradiate internally. These problems with just identifying the disorders in a timely manner are compounded by the factors other than scientific which have entered into the research on this subject.

However, it is the responsibility of the Government to at least give the benefit of the doubt to those veterans who have risked their lives for our common good. Although the 20-year manifestation period is to short to do many veterans any good, perhaps their survivors will find some solace in the inclusions of death benefits in this legislation.

This is a bipartisan bill that offers hope to a large group of patriotic veterans who have for too long felt that their pleas for recognition and accounting have gone unheeded.

The Agent Orange and Atomic Veterans Relief Act is the cornerstone upon which we can build the truth, determine responsibility, and provide appropriate compensation. I urge my colleagues' support of this modest bill.

□ 1256

Mr. HAMMERSCHMIDT. Mr. Speaker, I yield 2 minutes to a very able member of our committee, the gentlewoman from Ohio (Ms. KAPTUR).

(Ms. KAPTUR asked and was given permission to revise and extend her remarks.)

Ms. KAPTUR. Mr. Speaker, as a cosponsor of the Agent Orange and Atomic Veterans Relief Act, I rise to urge my colleagues to vote for this vital piece of legislation and compliment our distinguished chairman, the gentleman from Mississippi (Mr. MONTGOMERY), for his strong leadership on this, as well as the ranking minority member, the gentleman from Arkansas (Mr. HAMMERSCHMIDT), and the gentleman from South Dakota (Mr. DASCHLE).

Mr. Speaker, I must admit that I am both pleased and saddened to be standing here today speaking in support of this bill. I am pleased that we in Congress are taking a step to try to help the Vietnam and atomic veterans. But I am saddened that it has taken so long to take such a small step. Passage of this bill must be only the first step in a series of moves to bring justice to these veterans. I am also saddened that the Veterans' Administration, the Government agency which is supposed to abide by its motto, "To care for him who shall have borne the battle," seems to care very little.

The plain and hard fact is that we have not been keeping our commitment to Vietnam and atomic veterans. It is not enough for statements to be issued each and every Memorial Day or each and every Armistice Day on behalf of these people who bravely served their country. It is time for action and the action should be passing this legislation.

Many of us in Congress have heard from Vietnam and atomic veterans who are discouraged, disappointed, and disgusted with the inertia exhibited by the VA. Regrettably, their outrage is extremely justified. These veterans have been turning to their Government for answers and assistance, and they have received neither. The result has understandably been anxiety and despair.

Some people who oppose this bill have argued that it has the potential for alarming millions of veterans and perhaps the population as a whole. But we are alarmed already, and not only at the specter of dioxin and radiation. We are also alarmed at the specter of an indifferent Government which inflicts enormous suffering and is too callous to assume responsibility. Rather than alarming Americans, passage of this bill will bring relief. Americans will be relieved to know that we are finally taking action on this lingering problem which will not disappear.

Others who oppose this bill argue that we are abandoning reason for the sake of compassion. They want us to wait until all the evidence is in, which perhaps will never occur for some opponents. This House must draw a distinction between what is scienfically proven "beyond a shadow of a doubt," and what is morally responsible under the laws of this land. I believe that at some point a line must be drawn as to how much evidence must be obtained, before action can be taken to assist dying and seriously ill Vietnam and atomic veterans. I need only to point to the massive cleanup and relocation effort at Times Beach, Missouri, following the discovery in that community of the same deadly dioxin known to have been present in agent orange. Clearly, other branches of the Federal Government recognize the serious health risks associated with dioxin exposure.

At issue is the integrity and credibility of the VA's compensation program. Enactment of this bill would restore credibility to the VA's policies and to our commitment to compensate veterans for injuries incurred in the service of our country. It is time to shift the burden of proof from the veteran to the VA in awarding service-connected disability claims for illnesses attributable to dioxin and radiation.

In my home area of Toledo, Ohio, I have heard more individual horror stories from families, concerning exposure to radiation and agent orange, than I can recount here. Tragically, suicide has been the answer for some. Others have withstood the pain and medical bills, both of which are deadly. The problems, of course, are compounded by the high unemployment rate in the area.

Repeatedly, my constituents have explained to me that this legislation would do more than provide them with desperately needed benefits. For the first time, they say, it would begin to relieve some of their anxiety. I know many Vietnam veterans currently suffering from chloracne, who served with others who are currently dying of soft-tissue sarcoma. Since cancer often does not show up for quite a while, many veterans justifiably worry that chloracne is only the beginning of their problems. This legislation would relieve some of their anxiety, by proving that Americans are concerned about them, and that they will be able to afford proper treatment if further service-connected disabilities appear.

I urge my colleagues on both sides of the aisle to support this vital legislation. For as Mr. Harry Walters, the Administrator of the VA, has so aptly stated: "America is No. 1 thanks to our veterans." In appreciation of their valiant service, we must insure that they receive the care, support, and recognition they have earned. The Agent

Orange and Atomic Veterans Relief Act is long overdue.

The SPEAKER pro tempore. The Chair will advise that the gentleman from Mississippi has 6 minutes remaining and the gentleman from Arkansas has 9 minutes remaining.

Mr. MONTGOMERY. Mr. Speaker, I yield 3 minutes to the chairman of the Congressional Vietnam Veterans, the gentleman from Michigan, Mr. DAVE BONIOR.

Mr. BONIOR of Michigan. Mr. Speaker, I would like at this time to commend the distinguished chairman of the full committee, the gentleman from Mississippi (Mr. MONTGOMERY), and the distinguished chairman of the subcommittee, the gentleman from Ohio (Mr. APPLEGATE), for their leadership and active support of this legislation, as well as the gentleman from Arkansas (Mr. HAMMERSCHMIDT), particularly for his interest in the atomic veterans part of this legislation.

Mr. Speaker, I would also like to commend the distinguished gentleman from South Dakota, the present chairman of the Vietnam Veterans in Congress TOM DASCHLE, and the author of the original bill, for his persistent work on behalf of Vietnam veterans.

Mr. Speaker, H.R. 1961 addresses the dual problem of exposure to agent orange and atomic radiation. The bill is not the hurried answer to a new problem. It does not open the flood gates to future claims nor does it reject science in the name of compassion.

At a yearly cost of just $6 million or less, the bill's agent orange presumptions are carefully focused on only three specific disabilities: Soft tissue sarcomas, chloracne and prophyria. In each case, substantial evidence exists relating the disabilities to exposure to agent orange.

Some 4 years ago, two independent Swedish studies related exposure to 2,4,5-T—a main ingrediant in agent orange—and soft tissue cancers.

Following the Swedish studies, an independent review of four additional groups of exposed American workers found the same correlation.

In the distinguished New England Journal of Medicine, two doctors from Emory University completed the circle, reporting on three Vietnam veterans with soft tissue sarcomas.

Yet even today, the Veterans' Administration repeats its call for more research—and more delays—before any compensation is granted.

Mr. Speaker, there is much we do not know about agent orange. Aggressive research is required. Nevertheless, there are some things we do know and some things we can do.

For Vietnam veterans to trust the call for more research, they must believe that new findings will produce new policy.

They must believe that new evidence will not disappear behind an ever escalating burden of proof and the constant call for yet more research.

For Vietnam veterans to trust their Government, they must believe that somewhere, somehow, there will be an end to delays and a time for action.

It is possible to argue that the evidence supporting the disabilities addressed in H.R. 1961 is not adequate. It is not possible, however, to avoid the next question.

If this evidence is not enough, then how tall a mountain of material will finally be required?

H.R. 1961 will insure compensation for several thousand Vietnam veterans. This is an important step, but the bill's importance goes beyond the aid it offers individuals.

H.R. 1961 seeks to demonstrate that whoever else may hesitate, Congress, at least, is prepared to draw a line and act.

I urge adoption of the measure.

Mr. HAMMERSCHMIDT. Mr. Speaker, I yield 3 minutes to the distinguished chairman of the Committee on Education and Labor, the gentleman from Kentucky (Mr. PERKINS).

Mr. PERKINS. I thank the gentleman for yielding this time to me.

Mr. Speaker, I am pleased that Congressman DASCHLE and the Committee on Veterans' Affairs has brought to the House, H.R. 1961, legislation which addresses the problems suffered by our veterans from exposure to agent orange during the Vietnam war, as well as those veterans who were exposed to radiation after the atom bombings of Japan and during the nuclear testing until 1963. As an original cosponsor of this legislation I believe that it addresses a major problem which our veterans are suffering. My only criticism is that it needs to go much further but it is definitely a major step forward.

The committee acted wisely in adding the section concerning atomic veterans and survivors. Just a few years ago I visited a neighbor of mine in the hospital who had been diagnosed as having cancer. This man had served his country for many years as an enlisted man in the Air Force until his retirement. While I was talking with him he told me for the first time that he had participated in several nuclear tests in Nevada. During these tests he and his fellow soldiers were required to stand up with their backs to the blast. The shock wave was so strong that it knocked his helmet off even though he was holding on to it. Before this person was stricken with cancer he was one of the most robust men I have known. He could engage in hard physical labor all day without slowing down. After the blast this individual and his colleagues were given sandwiches which they ate and ingested the radioactive dust which covered them. Late in the day they were loaded in trucks and driven many miles away to an Air Force base. While they were in the truck they passed other soldiers going through decontamination. Finally, late in the evening when they marched in the barracks; they had an opportunity to clean up. They did not go through any formal decontamination procedures. This was not the only test that this individual participated in.

At my recommendation this individual filed a claim for service-connected disability with the Veterans' Administration. He claimed service-connection for the cancer he was suffering as a result of the nuclear tests he participated in during the 1950's. This case, under the guidelines then in effect, was denied by the regional office of the Veterans' Administration. During this period I did everything I could to assist my constituent and friend. When the case was before the Board of Veterans Appeals I appeared personally at the hearing with this individual to assist him. The Board of Veterans Appeals remanded the case to the regional office for the development of further information. The long and the short of this was he was denied by the Veterans' Administration after he died. I considered at that time, and I still do, that the denial of this individual for service-connection is arbitrary and capricious. I believed at that time, as I still believe, that the denial of benefits to people like this individual, as well as the other atomic veterans, was based upon calculations by so-called budget analysts as to its impact on the Treasury of granting these veterans the benefits they deserve. I asked the General Accounting Office to investigate and see if they could find evidence of this occurring GAO reported back to me that they could not document that this was the case although one individual at GAO privately told my assistant that he believed I was correct but they could not find the necessary proof.

I hope that this legislation will be passed unanimously. It is a step forward. The people who will benefit have served their Nation and have been stricken with dread diseases caused by chemicals and nuclear radiation. It is indeed a tragedy that such legislation is necessary. The denial of benefits to the victims of agent orange and to the victim of nuclear radiation is an inhumane act. I hope that this legislation will speedily become law and will send a message to the Veterans' Administration that they are to serve the veterans and not some individual's misguided opinion as to budgetary priorities.

□ 1300

Mr. MONTGOMERY. Mr. Speaker, I thank the gentleman from Connecticut for his patience and I now yield 2 minutes to the gentleman from Connecticut (Mr. RATCHFORD).

(Mr. RATCHFORD asked and was given permission to revise and extend his remarks.)

Mr. RATCHFORD. Mr. Speaker, I rise in strong support of H.R. 1961, legislation proposed by my friend and colleague from South Dakota to pro-

vide a presumption of service connection for certain diseases related to agent orange exposure in veterans of the Vietnam era.

Mr. Speaker, there are an estimated 50 to 60,000 Vietnam veterans in the State of Connecticut alone. The experiences of many of those veterans, in my own district, and throughout the State have been a source of concern for many years. A statewide investigation into the problem, mandated by Connecticut's Legislature in 1982, has already begun to bear fruit in data which cannot be ignored. Although H.R. 1961 is a good beginning, I believe it will need to be broadened, and that analysis of the growing national data will support it. In addition to liver and skin disorders, in Connecticut birth defects among exposed veterans' children are alarmingly frequent, and yet this bill unfortunately does not include them among the compensable diseases. Several veterans in my own district, who were crew members for Operation Ranchhand, the agent orange spraying missions, have had children with severe multiple birth defects. These tragedies have occurred in many families with no previous history of birth defects on either side. The individual horror stories of chronic maladies among veterans exposed to agent orange, and severe birth defects among their children, are forming a pattern typical of finding across the country. They may very well represent only the tip of the iceberg.

The Government has not been fulfilling its obligations to its citizens in Connecticut or the rest of the country. It is time for Congress to step in and fill the gaps, and H.R. 1961 is a good beginning. Veterans are asking themselves: If the Government is offering presumptive treatment, why not presumptive compensation? And if the citizens of Time Beach, Mo., were compensated, citizens exposed to dioxin at 120th the level in agent orange, why not the citizens who served in Vietnam? Let the studies continue, by all means, and I regret that the bill as reported does not provide for a special advisory committee to analyze the evidence. But let us not quibble. Dioxin is a killer and a crippler, and compensation is needed now. I urge my colleagues to support this legislation, which takes a thoughtful and balanced approach to a very difficult problem.

● Mr. UDALL. Mr. Speaker, I rise today in support of the bill, H.R. 1961, Agent Orange and Atomic Veterans Relief Act. This legislation is a first step toward acknowledging the suffering of many of our Vietnam veterans. Specifically, it will provide relief for those individuals who served in Southeast Asia during the Vietnam era and were exposed to the herbicide, agent orange.

The bill provides benefits to Vietnam veterans and/or their survivors, who within 20 years of their departure from Vietnam, must show to have soft-tissue sarcoma cancer. It provides benefits to the Vietnam veteran, who within 1 year of his departure from Vietnam, is shown to have either prophyria cutanea tarda (PCT, a liver condition) or chloracne (a skin condition).

The bill also provides the same disability relief to veterans who participated in the testing of nuclear devices or in the occupation of Hiroshima or Nagasaki; if within 20 years from time of participation they suffer from cancer of the thyroid, leukemia, or polycythemia vera (a bone marrow disease).

The Government's position on exposure to agent orange or the participation in the testing of nuclear devices has frankly been dispiriting. A great many injustices have been inflicted on our Vietnam veterans, high unemployment, inadequate training programs, and unfilled promises of rehabilitation and carrer counseling.

It is time for us to fulfill our obligations to those who served our country in the Vietnam war. This legislation recognizes the long-range effects of exposure to agent orange or nuclear radiation and allows this small group of veterans to receive service-connected disability treatment and benefits. These veterans were willing to risk their lives in Vietnam because they cared; we the Congress should be willing to take the necessary actions to allow for the treatment of their illnesses without requiring them to fight for many years in the courts.

I urge my colleagues to give this legislation favorable support and passage.●

● Mr. PATTERSON. Mr. Speaker, I rise in support of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act. This legislation addresses serious problems that began for some veterans nearly 40 years ago.

H.R. 1961 provides assistance to veterans who served their country, contracted illnesses which may be service-related and have not received disability compensation. After years of waiting for help, these veterans were told that they should continue to wait, possibly until the end of this decade, before their eligibility for disability compensation would be determined. This is too great a burden to place on veterans suffering from disabling ailments.

This measure provides much needed relief for two very specific groups of veterans—those who were exposed to agent orange in Southeast Asia, and those who were exposed to atomic radiation, either during the occupation of Japan after the Hiroshima and Nagasaki bombings, or during atmospheric testing of nuclear devices between 1945 and 1963.

Numerous scientific studies are currently underway related to the effects of exposure to agent orange. The Center for Disease Control is currently conducting an extensive study with results expected between 1987 and 1989. While I am hopeful that this and other studies will provide important answers to the agent orange question, there are some veterans who cannot wait that long for our help. H.R. 1961 will provide interim disability compensation to veterans with certain specified illnesses which may have been caused by agent orange exposure. These disability payments will be valid until completion of the CDC study, at which time Congress will have an opportunity to review the findings to determine if further action is needed.

While questions still remain about the effects of exposure to low-level radiation, some evidence has emerged which links such exposure to certain diseases. H.R. 1961 would compensate veterans who contracted these illnesses after exposure to radiation during their time of service. As with the agent orange program, these benefits are temporary pending the results of additional studies.

The legislation before us today takes a balanced approach to a highly complex and controversial issue. It compensates a carefully defined group of veterans who have contracted the diseases considered most likely to result from exposure to agent orange or atomic radiation. The bill includes a sunset provision stating that the compensation provided is temporary, contingent on the final outcome of studies on these situations. This legislation provides a long overdue remedy for America's veterans and takes an important step toward insuring that our Government fulfills its promise to those who served their country, as stated in the motto of the Veterans' Administration: "To care for him who shall have borne the battle and for his widow, and his orphan."●

● Mr. BONER of Tennessee. Mr. Speaker, I rise in support of the Agent Orange and Atomic Veterans Relief Act.

This bill addresses a problem that many veterans now face as a result of their service either in South Vietnam or the Southwest United States and the South Pacific.

From 1961 until 1971 the herbicide agent orange was used in South Vietnam to eliminate jungle growth. Agent orange contains one of the most highly toxic substances known to man—dioxin. The medical community is unable to come to terms on how dangerous dioxin is to the health, or to what extent exposure results in long-term health problems. There is considerable evidence, however, that dioxin does increase the likelihood of three types of disease: Soft tissue sarcoma, a form of cancer; PCT, a liver condition; and a skin condition known as chloracne.

During the years of 1945 through 1963 the United States exploded approximately 235 nuclear devices in the atmosphere in the Southwest United States and the Pacific Ocean. The Department of Defense estimates that

220,000 military personnel participated in those tests. Additionally, other personnel were exposed to radiation while participating in the occupation of Hiroshima and Nagasaki. Many studies indicate that those participating in the tests have a higher than expected rate of leukemia, as well as a bone marrow disease.

Mr. Speaker, in both of these instances the scientific and medical communities cannot decide if dioxin or radiation has led to the suffering that many of our veterans now experience. Several studies have been conducted and several more are to be completed by 1987 and 1989.

I do not feel that the veterans should wait any longer to receive the benefits that they so rightly deserve. We have waited and researched long enough, it is time we compensate these special Americans and their survivors in some way.

I commend Mr. DASCHLE for introducing this bill, and especially the chairman of the committee, my friend, SONNY MONTGOMERY, for his work on this legislation in addressing this problem and bringing it to the attention of the American people.●

● Mr. KOSTMAYER. Mr. Speaker, I rise in support of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act. I am proud to be a cosponsor of this important legislation.

Recognition of the medical needs of those veterans who served our country in Southeast Asia during the Vietnam era and who participated in the testing of nuclear devices between 1945 and 1963 is long overdue.

I believe that we, as Members of Congress, must respond to the apprehension and concern among Vietnam veterans and their families about the possible long-term health effects that may have been caused by exposure to agent orange while serving in Southeast Asia. In addition, this bill addresses the health concerns of atomic veterans and their families who were exposed to low-level ionizing radiation.

The herbicide agent orange was used extensively in Vietnam over a 10-year period to reduce or eliminate jungle foliage. Agent orange contains dioxin, one of the most toxic substances known to science. At this time, we do not know all the long-term effects of dioxin on humans, nor do we know how much exposure can be expected to harm human health. However, agent orange has been linked to at least three types of disease: a form of cancer known as soft-tissue sarcoma, a liver condition known as porphyria cutanea tarda or PCT, and a skin condition known as chloracne.

It is estimated that 220,000 military personnel may have been exposed to radiation effects between 1945 and 1963. Studies have shown that those persons involved in the nuclear testing have a higher than expected rate of leukemia and bone marrow disease known as polycythemia vera.

This bill provides that retroactive to October 1, 1983, 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, or chloracne. The soft-tissue sarcoma must be shown to exist within 20 years from date of departure from Southeast Asia while the other two conditions must be shown to exist within 1 year from date of departure.

The bill also provides that retroactive to October 1, 1983, a temporary disability (or death) allowance would be payable to veterans who participated in the testing of nuclear devices or who participated in the occupation of Hiroshima or Nagasaki immediately after World War II and, within 20 years from time of participation, suffer from cancer of the thyroid, leukemia, or polycythemia vera.

Under the bill, these benefits would be terminated 1 year after the Veterans' Administration submits to Congress a study now being prepared by the Centers for Disease Control on the effect of agent orange exposure on veterans' health. This study is expected to be completed between 1987 and 1989. Public Law 98-160, which was signed into law on November 21, 1983, already requires the Administrator of Veterans' Affairs to consider the feasibility of conducting an epidemiological study on 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. It is estimated that this study, if undertaken, would be completed before the agent orange study.

I am concerned, as are others, Mr. Speaker, about the fact that the benefits authorization in this bill terminates 1 year after the agent orange study is completed. Therefore, it will be important for the Veterans' Affairs Committee and the Congress to carefully follow the progress of the studies to insure their objectivity and accuracy, and then to be prepared to pass the appropriate legislation expeditiously upon learning of the findings.

This legislation is an important first step regarding compensation for exposure to agent orange and low-level radiation. However, this bill is not a cure-all and questions relating to this compensation for veterans will continue after the bill is passed. I join several of my colleagues on the Veterans' Affairs Committee in urging the creation of an independent advisory committee to objectively analyze all new and existing scientific evidence pertaining to dioxin exposure. I believe this would insure that viewpoints contrary to VA positions receive fair and expeditious consideration. In addition, I support 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.

Mr. Speaker, I know as a cosponsor of this bill that it has been carefully examined by veterans and veterans' groups throughout our Nation. The bill is supported by such veteran organizations as the Vietnam Veterans of America, the American Legion, and the Veterans of Foreign Wars. Many of the veterans I represent from Bucks County and eastern Montgomery County in Pennsylvania have impressed upon me the importance of this bill.

Vietnam and atomic veterans' loyal service to America was without question a display of courage, strength, and devotion. As elected representatives, we have an obligation to defend the interests of veterans who have already made great sacrifices in serving and protecting our country and I encourage my colleagues to support H.R. 1961.●

● Mr. CORRADA. Mr. Speaker, I rise in strong support of H.R. 1961, the Agent Orange and Atomic Veterans Relief Act which establishes a presumption of service-connection for certain diseases present in Vietnam veterans and veterans who participated in the detonation of an atomic bomb or device or in the occupation of Hiroshima or Nagasaki, that may be attributable to the exposure to agent orange or ionizing radiation.

I believe that it is only fitting and just to compensate veterans who suffer certain diseases which have been reasonably linked to the veterans exposure to agent orange and atomic radiation during their time in military service. While these illnesses stand officially unrecognized due to the lack of conclusive scientific evidence of their service-connection, they are real, they are painful, they have been reasonably established as service-incurred diseases and therefore, during the absence of scientific proof to the contrary, the ailing veteran should be compensated.

The Federal Government has the responsibility to compensate our soldiers for all service-connected disabilities and whenever we are in doubt as to the service-connection of a disease, the benefit of the doubt should rest with the veteran; they have rightfully earned this deference.

I urge my colleagues to vote for the passage of this legislation which places the responsibility for the health damaging results the use of herbicides and ionizing radiation yielded where it belongs.●

● Mr. STARK. Mr. Speaker, I support the passage of this legislation. It is becoming increasingly clear that the costs of the Vietnam war will be even more horrendous than we realized—but they are costs which all of society must share, not just those who served their country by going to Vietnam.

The full magnitude of the health disaster created by agent orange is still unfolding. One of my constituents was

in a supply company (the 570th) in Vietnam in 1967 and 1968, which was involved in fighting a chemical fire in which a huge cache of agent orange was burned. He has come down with a very serious skin and nerve (and possibly other) disorders. In contacting other members of his unit, he has found four out of the approximately 200 men of the unit to be seriously ill. He had not found any of his colleagues who are fully well. I have asked the VA to find the men of this unit and poll them as to their health, to determine whether this is a cohort which should be especially watched over the years.

I suspect that this bill will be the first of several we will need over the years to be fair to the men and the families of those who served in Vietnam.

To reject this bill would be the most serious breach of faith.

I urge its passage.●

● Mr. SIMON. Mr. Speaker, I rise in support of H.R. 2878, the Library Services and Construction Act amendments of 1983. Since the Federal Government began to assist our Nation's libraries in 1957, some 17 million Americans have received library services for the first time. Another 90 million individuals have benefitted from improved services. During the last Congress, the Subcommittee on Postsecondary Education conducted extensive oversight hearings around the country to prepare for reauthorization of the act. We learned that, in general, LSCA programs were very highly regarded and valued. Certain suggestions were made, however, to improve library services under the act. Numerous witnesses pointed out, for example, that:

The focus of LSCA needed to be changed from providing geographic access to a strong emphasis on providing access to services for a wide range of populations;

Libraries should be considered community information centers, not just repositories for books;

There are no provisions for library services for American Indian tribes;

Increased emphasis is needed on interlibrary cooperation; and

Funding is desperately needed for title II construction programs.

H.R. 2878 addresses these needs. It expands the definition of libraries to reflect their new role as information centers; it increases the authorization for library construction and redefines permissible projects to include handicapped access and energy conservation projects; and it encourages greater interlibrary cooperation. One new program in title IV will permit Indian tribes to receive funding directly from the Secretary of Education for the purposes of developing library services. Title V creates a second new program which provides for discretionary grants directly to libraries for the purpose of purchasing foreign language materials. Finally, there is a new program created by a new title VI which allows libraries to apply directly to the Secretary of Education for grants to be used in the coordination of literacy programs.

The administration has expressed its opposition to this bill. Libraries, it argues, are the responsibility of State and local governments and, in spite of the acknowledged success of LSCA programs over the past 25 years, all Federal support should be cut. LSCA, however, requires that States and communities must match the Federal contribution to libraries. In no case can the Federal share of programs on titles I and II be more than 66 percent. Still, Federal funds have proven to be a tremendous stimulus to State and local governments. Often, States over match Federal funds.

In spite of a record of opposition to libraries on the part of the administration, Congress has consistently given library programs strong bipartisan support. In fiscal years 1983 and 1984, the administration recommended zero funding for library programs. Nonetheless, Congress has kept authorization levels above $80 million. Given the tremendous cost increases that libraries have faced in recent years, it is time we reconfirm our commitment and put authorization levels for libraries back in step with their needs.

The average cost of a periodical in 1969 was $9.31. Today it is $50.23. The average book in 1969 was priced at $19.37. Today the price tag is over $25.

If our Nation's libraries are to meet the growing challenge of the new era of information, if they are to attain their full potential as social services to all American citizens, we cannot back down now. We must continue our history of support. I urge you to vote yes on this bill.●

Mr. HAMMERSCHMIDT. Mr. Speaker, I yield back the balance of my time.

Mr. MONTGOMERY. Mr. Speaker, I rise in strong support of this bill and yield back the balance of my time.

The SPEAKER pro tempore (Mr. MOAKLEY). The question is on the motion offered by the gentleman from Mississippi (Mr. MONTGOMERY) that the House suspend the rules and pass the bill, H.R. 1961, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended 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."

ANNUAL REPORT OF PIPELINE SAFETY FOR CALENDAR YEAR 1982—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read, and together with the accompanying papers, without objection, referred to the Committee on Energy and Commerce and the Committee on Public Works and Transportation.

(For message, see proceedings of the Senate of today, Monday, January 30, 1984.)

LIBRARY SERVICES AND CONSTRUCTION ACT AMENDMENTS OF 1983

The SPEAKER pro tempore. Pursuant to House Resolution 397 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2878.

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2878) to amend and extend the Library Services and Construction Act, with Mr. FAZIO in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the first reading of the bill is dispensed with.

Under the rule, the gentleman from Kentucky (Mr. PERKINS) will be recognized for 30 minutes and the gentleman from Missouri (Mr. COLEMAN) will be recognized for 30 minutes.

The Chair recognizes the gentleman from Kentucky (Mr. PERKINS).

Mr. PERKINS. Mr. Chairman, I yield myself 6 minutes.

Mr. Chairman, I rise in support of H.R. 2878, the authorization for the Library Services and Construction Act Amendments of 1983. This important piece of legislation provides funding through fiscal year 1988 to continue services and to provide access to these services for unserved and underserved population groups.

Since 1956, this program has provided 17 million Americans with library services for the first time, and another 90 million Americans have received improved and additional services through the provisions of this legislation. Even though we are close to our original goal of providing geographic access to libraries for all Americans (96 percent of the Nation now has access to library services), we know there are still millions of Americans who need to have these services continued and expanded if we are to provide the kinds of informational services and special programs that are needed for today's world.

This bill has attempted to meet that challenge by focusing on underserved