Memorandum from Edward N. Brandt to Members, Cabinet Council Agent Orange Working Group, with subject: Special Meeting of the Agent Orange Working Group - Australian Visitors, dated February 10, 1984

Includes attachments.
MEMORANDUM TO: Members, Cabinet Council  
Agent Orange Working Group

FROM: Edward N. Brarrae, Jr., M.D.  
Chair Pro tempore  
Cabinet Council Agent Orange Working Group

SUBJECT: Special Meeting of the Agent Orange Working Group –  
Australian Visitors

There will be a special meeting of the Cabinet Council Agent Orange Working Group on Monday, March 5th at 10:00 a.m. – 12:00 noon in the Secretary's Conference Room, Sixth Floor reception area, Hubert Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C.

We will be welcoming Dr. John Mathews and John Coombs, Esquire, Q.C., both of the Royal Australian Commission on Agent Orange (see their itinerary attached).

A tentative agenda will be:

- Welcome to Australian visitors
- Report from Science Panel
- Report from Veterans Administration
- Report from Department of Defense
- Update on Resource Panel
- Update on Public Affairs Panel
- Other Business

Please call Dr. Peter E.M. Beach, Director of Veterans Affairs/HHS and Executive Secretary, Cabinet Council Agent Orange Working Group if you cannot attend or wish to include urgent business. His telephone numbers are 245-2210/245-6156

Attachments 1. Itinerary  
2. Membership List
DEPARTMENT OF HEALTH AND HUMAN SERVICES  cont'd

Dr. Robert W. Miller*
Clinical Epidemiology Branch
National Cancer Institute – NIH
Room 5A21 Landow Building
Bethesda, Maryland  20205
(301) 496-5785

WHITE HOUSE OFFICE OF POLICY DEVELOPMENT

Lead Representative: Mr. Paul Simmons
Special Assistant to the President
Office of Policy Development
Room 213
Old Executive Office Building
Washington, D.C. 20500
(202) 456-2884

Dr. William Roper
Special Assistant to the President for Health Policy
Room 235
Old Executive Office Building
Washington, D.C. 20500
(202) 456-6722

WHITE HOUSE OFFICE OF SCIENCE AND TECHNOLOGY POLICY

Lead Representative: Dr. George Keyworth*
Science Advisor to the President & Director, Office of Science Technology Policy
Room 358
Old Executive Office Building
Washington, D.C. 20500
(202) 456-7116

Dr. Alvin Young*
Senior Policy Analyst
Office of Science Technology Policy
Room 5005
New Executive Office Building
Washington, D.C. 20500
(202) 395-3125
PROPOSED ITINERARY (20 FEBRUARY - 7 MARCH 1984)
FOR THE VISIT OF

MR. JOHN S. COOMBS, QC
SENIOR COUNSEL ASSISTING
ROYAL COMMISSION
SYDNEY, AUSTRALIA

and

DR. JOHN MATTHEWS
NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL
MELBOURNE, AUSTRALIA

PURPOSE OF VISIT: To serve as the advance party for a formal visit by the Royal Commissioner for the "Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam"

20 February
Arrive St. Louis, Missouri

21 February
0830-1200 Monsanto Presentation
1300-1800 Briefings by St. Louis Veterans Administration Researchers on the "Vietnam Experience Twin Study"
TELEPHONE 314-894-4640

22 February
Depart for Dayton, Ohio
Visit to Monsanto Research Corporation Research Program - "Analytical Studies of TCDD"

Discussion with Brehm Laboratory, Wright State University - "Analysis of TCDD"

23 February
Depart for Cincinnati, Ohio
1300-1700 Visit Dr. Raymond Suskind, Institute of Environmental Health, Kettering Laboratory, 3223 Eden Avenue,
TELEPHONE 513-872-5701
Arrive Washington, D.C. late evening

24 February
Release of Air Force Health Study
Meeting with investigators of Air Force Health Study, Dr. George Lathrop, USAF School of Aerospace Medicine
25-26 February
Open

27 February

0830  Dr. Barclay Shepard, Agent Orange Projects Office, Department of Medicine and Surgery, Veterans Administration (VA)  TELEPHONE  202-389-5411

0900  Ms. Dorothy Starbuck, Chief Benefits Director, VA

0930  Mr. John Murphy, General Counsel, VA

1030  Dr. John A. Cronvall, Deputy Chief Medical Director, Department of Medicine and Surgery, VA

1100  Courtesy visit to Dr. Donald Custis, Chief Medical Director, Department of Medicine and Surgery, VA

28 February

0900-1130  Briefings on New York State Epidemiologic Studies (Dr. Peter Greenwald, National Cancer Institute, Bethesda, Maryland)

1330-1600  Briefings on Agent Orange Exposure Studies (Mr. Richard Christian, Army Agent Orange Task Force, Washington, D.C.)

29 February

1000-1200  Briefing by Mr. Arvin Maskin, Agent Orange Litigation, Department of Justice, Washington, D.C.  TELEPHONE  202-724-6744

Joint meeting with Veteran Organizations

1-2 March

Visit to Centers for Disease Control, Atlanta, Georgia
  Hosts:  Dr. David Erickson and Dr. Vernon Houk

3-4 March
Open
5 March

1000-1200 Meeting with the Agent Orange Working Group, Department of Health and Human Services, Washington, D.C. (Dr. Edward N. Brandt, Jr., Chair Pro Tempore, Assistant Secretary for Health)

1530-1600 Visit to Dr. Alvin L. Young, Office of Science and Technology Policy TELEPHONE 202-395-3125

6 March

0830-1430 Meeting of the VA Advisory Committee on Health Effects of Herbicides Veterans Administration Central Office, Washington, D.C.

1500 Mr. Harry Walters, Administrator, Veterans Administration

DEPART 7 March
NOTE TO DR. BRANDT

I thought you might be interested in the debate on Agent Orange in the House prior to passage of HR 1961.

A previous Chair of AOWG, HHS General Counsel Bernstein is quoted on pp. H-221 during Tom Daschle's remarks. Montgomery and Hammerschmidt both address the sunset clause in the Bill re the CDC "results" in 1988, 89. Shall we distribute these on Thursday? Please distribute.

With reference to the PHS/VA Liaison Committee of Tuesday, and Murray Weinstein's fascinating presentation on spinal cord injury and the VA's remarks, how do you wish to proceed with regard to the Secretary's meeting with the PVA?

I thought once we had the reports from Tuesday's meeting a synopsis briefing paper should be prepared for the Secretary and probable issues to be raised by the PVA.

For your information, the Secretary met with the Committee on Disabled Veterans of the President's Committee on Employment of the Handicapped last week (January 26) and reaffirmed her desire to work with all veterans service organizations and support their efforts.

I attach a copy of Dixon Arnett's report to the White House on the meeting.

Dr. Peter E.M. Beach
Director of Veterans Affairs

Attachment
CONGRESSIONAL RECORD — HOUSE H 217

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 the 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. 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 had 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 proceed today on each motion to suspend the rules and pass the bill (H.R. 1961) to amend title 38, United States Code, to provide a presumptive service connection for the veterans who served in Southeast Asia to exposure to herbicides or other environmental hazards or conditions in veterans who served in Southeast Asia during the Vietnam era, as amended.

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


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,

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 25th meeting of the Canada-United States Interparliamentary Group March 8 through 12, 1984, in Puerto Rico the gentleman from Maryland, Mr. BARNE.

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. BEHSN, 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:


Hon. Thomas P. O'Neill, Jr., Speaker, House of Representatives, Washington, D.C.

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 to contain a message from the President wherein he transmits the 1984 Annual Report on U.S. government participation in the U.N.; and

(2) At 12:45 p.m. on Friday, January 27, 1984 and to contain a message from the President wherein he transmits the 1984-1985 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 Energy and Commerce.

(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 6, rule 3, 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. 861) 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:

Sincerely,

Benjamin J. Guthrie,
Clerk, House of Representatives.
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 Veteran Relief Act."

Sec. 2. The purpose of this Act is to provide certain benefits—
(1) to persons 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.

Sec. 452. Atomic veterans and survivors.

Sec. 453. Rates of disability and death allowances.

Sec. 454. Other benefits.

Sec. 455. Termination of chapter.

Sec. 456. 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 later suffered such disease as may be attributable to exposure to Agent Orange, and who within twenty years from the date of the veteran's separation from service, death, or transfer to the Department of Veterans Affairs, there is affirmative evidence to establish that the disease described in section (b) of this section was not incurred by the veteran during service in Southeast Asia during the Vietnam era, and there is persuasive evidence that the disease was attributable to Agent Orange, a disability allowance shall be paid at the rates prescribed in section 453 of this title, based upon the degree of disability of the veteran attributing eligibility for such allowance.

Sec. 452. Atomic veterans and survivors.

(b) The diseases referred to in subsection (a) of this section with respect to a veteran—
(1) Soft-tissue sarcoma becoming manifest within twenty years from the date of the veteran's separation from service and the onset of such disease.
(2) Polycthemia vera.
(3) Carcinoma of the thyroid.
(b) 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 the occupation of Hiroshima or Nagasaki during World War II, and who later suffered from such disease.

Sec. 453. Rates of disability and death allowances.

A disability allowance payable to a veteran under this chapter shall be paid at the rates prescribed in chapter 11 of this title, based upon the degree of disability of the veteran attributing eligibility for such allowance.

Sec. 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 other than chapters 11 and 13 of this title as if such disease 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.

Sec. 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 congressional committees the first report required by section 307(b)(2) of the Veterans Health Programs Extension and Improvement Act of 1979 (Public Law 96-181)."

The bill would also provide a 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.

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 Atlanta, 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 year cost of this bill would be $4.2 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 during 40 and a half years 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. Arrington, for the leadership he has shown; for the cooperation and support given by the distinguished gentleman from Ohio, the
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January 30, 1984

Mr. Speaker, I yield 4 minutes to the 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. Thank you, Mr. Chairman.

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 after service and 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 after the veteran has turned 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, the committee gave extensive review of service 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 of Agent Orange Centers for Disease Control to find answers. The 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 lower level ionizing radiation while participating in testing of nuclear devices or in the occupation of Hiroshima or Nagasaki. It was 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 de Jong 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, we should be treated 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. The bill will have a 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 7 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. I understand that. But finally we had to do something. 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, Mr. Applegate, and my colleague from Mississippi, Mr. Montgomery, in support of the legislation before the House, H.R. 1961. Mr. Speaker, during the hearings on this bill, I made it very clear that I had no reservations about providing compensation for diseases not yet scientifically linked to the toxin known as agent orange.

I reminded my colleagues that the Congress, through previous legislation had authorized comprehensive studies which would 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.

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

Mr. HAMMERSCHMIDT asked and was granted 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 forward, 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 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 as complex as this. 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 organizations were represented by 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 no reservations about providing compensation for diseases not yet scientifically linked to the toxin known as agent orange.

I remind my colleagues that the Congress, through previous legislation had authorized comprehensive studies 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.
Mr. Speaker, I yield 4 minutes to the gentleman 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 closing 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 long-term health effects from exposure to the dioxin contaminated defoliant, Agent Orange

Is agent orange really the culprit? The chemicals that don't do their job. This is a day that we 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 combinations 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 understanding 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 these few exceptions is that over the past few years we have produced a legitimate list of scientific evidence and professional concern to direct 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 disease, is not enough basis to warrant compensation, this Nation has no title to the greatness we all claim for.
believe their health infirmities were caused by exposure to toxic chemicals during the war. Unfortunately, as former HHS Oerepd CffV*. restricts eligibility for benefits to the 1-year limitation period but was not supported. The current record reveals herbicide-related cancers in Western Europe, cancers in occupationally exposed U.S. workers, and certain ailments 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 indication in determining 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 experienced by U.S. soldiers in Vietnam, 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 these figures, coupled with the fact that the number of diseased 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.

should provide further information on these concerns.

The second would create an open public procedure by which the VA can clarify how we can determine what kind of scientific evidence is 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 markup of the bill. They were rejected on a 17-15 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 opinion of the Air Force, 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 relevance to veterans' compensation claims.

Tom Daschle, Christopher Smith, Robert Edgar, Marcy Kaptur, Malcolm Smith, Thomas Santorum, Jim Slattery, Bill Richardson, John Bryant, Frank Harrison, Tim Penny, Lane Evans.

There were 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 corroboration by Advisory Committee recommendations.

It is therefore our belief that as additional scientific studies are released, the Advisory Committee should have exclusive and expeditious access to the results of this analysis of this information would ensure that view points contrary to agency positions receive fair and expeditious consideration.
for their leadership and willingness to compromise to seek this solution.

Mr. MONTGOMERY. Mr. Speaker, I yield such time as 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, as well as those who 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 ensure 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, we are assured 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 California (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 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. FAZIO), the gentleman from New York (Mr. MONTGOMERY), 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 Compensation Act. In 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. 3909 that have been a part of this important legislation.

The bill represents a landmark in that, as members of the Congress, we are 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 1954, after protracted study of the body, Madame Currie died from leukemia. Radiation exposure has a documented effect on the reticuloendothelial system.

H.R. 391 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 red blood cell producing elements in bone marrow; polycythemia vera, which has a heavy concentration of contaminated salt-water was ingested; andthyroid 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 Mountains in Japan, and the polycythemia 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 radium, when radiated turns to radon. This radon is stored in the thyroid glands of those who ingested the salt-water spay.

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 short, do many veterans any good, perhaps their survivors will find some solace in the inclusion of death benefits in this legislation.

This is a bipartisan bill that offers hope for a large group of patriotic veterans who have argued for years that their plans 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.

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

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

Ms. KAPTUR. Mr. Speaker, as a co-sponsor of the Agent Orange and Atomic Veterans Relief Act, I rise to urge my colleagues to vote for this vital piece of legislation and compli- 
ment our distinguished chairman, the gentleman from Mississippi (Mr. Mowry), 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. Dasch). I urge my colleagues to vote for this bill.

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 take care of our veterans, "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 made. It is up to each House Member to pass this bill. Passage of this bill will be only the first step in a series of moves to bring justice to these veterans.

Many of us in Congress have heard from Vietnam veterans who are discouraged, disinterested, and disgusted with the veterans' administration and the VA's policies and to the VA's compensation program. Enactment of this bill would restore credibility to the VA's policies and procedures which are concerned with 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 deducted from their compensations, 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 will 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 justifi- 
ably worry that chloracne is only the beginning of their problems. This legislation will relieve some of their anxiety, by proving that Americans are concerned about them, and that Congress is taking the 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, "We are here to serve our veterans." In appreciation of their valiant service, we must ensure that they receive the care, support, and recognition they have earned. The Agent
For Vietnam veterans to trust their Government, they must believe that whatever they are doing is legal and just. To Vietnam veterans, the current legislation is 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.

Maj. RATCHFORD's recommendation on this individual filled 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. In this case, the evidence was more conclusive than in other cases. The denial by the regional office of the Veterans Administration during this period was even more extreme. I 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 benefits. I am not attached to the original bill, for its persistent call for yet more research.

I urge adoption of the measure. As a 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. It is a 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 who had served as a medical officer during the Vietnam war. He had served his country for many years as a medical officer. After his retirement, he went into private practice. He was a skilled pathologist who had been stricken with a dread disease 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 victims of nuclear radiation is an inhumane and hurtful practice. I believe 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.

Mr. RATCHFORD. 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. Speaker. There are an estimated 50,000 to 90,000 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, and 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 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 program, these 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 compensation, why not compensatory? 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 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 measure provides much needed relief for two very specific groups of veterans—those who were exposed to herbicide agent orange in Southeast Asia and those 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 1962.

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 2,3,7,8-tetrachlorodibenzo-p-dioxin, a highly toxic substance 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 those tests have a higher than expected rate of leukemia, as well as bone marrow disease.

Mr. Speaker, in both of these instances the scientific and medical community cannot decide whether 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 1988.

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 for their service.

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 and ionizing radiation during their time in military service.

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 exposure. 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 skin cancer known as soft-tissue sarcoma, a liver condition known as 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 exist within 1 year from date of departure.

The bill also provides that retrospective 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 those 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 exist within 1 year from date of departure.

The bill provides that retrospective 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 bone marrow disease.

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 effects 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 authorized in this bill terminate 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 ensure 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. 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 and the Congress to carefully follow the progress of the studies to ensure their objectivity and accuracy, and then to be prepared to pass the appropriate legislation expeditiously upon learning of the findings.

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I urge my colleagues to vote for the passage of this legislation which places the responsibility for the health damaging results of the use of herbicides and ionizing radiation yields burdens 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—bution to which 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) disorder. 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 VA to talk to 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. 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 Post-secondary 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 authority for library construction and redefines permissible projects to include handicapped access and energy conservation projects; and it encourages greater interlibrary cooperation. One new program is included to assist American 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 allows 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 literary 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, must require 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 85 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 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 over the tremendous cost increases that libraries have faced in recent years, it is time to reconfirm our commitment and put authorization levels for libraries back in step with their needs.

The average cost in 1969 was $9.31. Today it is $50.23. The average book in 1960 was $0.31. Today it is $50.23. The price tag is over $25. Since 1956, this program has provided 17 million Americans with library services for the first time, and another 90 million Americans have received improved services. 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 Post-secondary 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.

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 who served in Southeast Asia during the Vietnam era and suffer from certain 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."

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

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 together with the accompanying papers, without objection, referred to the Committee on Energy and Commerce and the Committee on Public Works and Transportation.

LIBRARY SERVICES AND CONSTRUCTION ACT AMENDMENTS OF 1983

The SPEAKER pro tempore. Pursuant to House Resolution 587 and rule XXIII, the Chair declares the House in Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2878.

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.

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. MOORE.) 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. 2878, 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 has been so amended 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 certain 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."

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

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

Mr. PERKINS. 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 (98 percent of the Nation now has access) libraries 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 populations; it increases the authorization levels above $80 million over the tremendous cost increases that libraries have faced in recent years, it is time to reconfirm our commitment and put authorization levels for libraries back in step with their needs. Still, Federal funds have proven to be a tremendous stimulus to State and local governments. Often, States overmatch Federal funds.