

not be able to complete her college education.

Each of my interns has demonstrated great intelligence and drive, and I feel very fortunate to have benefited from their talent and enthusiasm. Let us not deprive this country of these bright minds by denying them the opportunity for an education. Let us give the youth of America the future they deserve.

MEDICARE CUTS WILL BE DEVASTATING

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

Mr. KLINK. Mr. Speaker, I have stood in this well before and I have defended the policies of my leadership, and I have also taken them on in some instances. So I think that I have got some credibility that I do not necessarily go along party lines with every issue. But when it comes to Medicare cuts, the Democrats are completely correct and the Republicans are completely wrong. I tell you this after going throughout the Fourth Congressional District of Pennsylvania and talking to Republican doctors and Republican hospital administrators who say, "Congressman, we are going to lose 1,000 health care jobs in your district if the Republican plan goes through to cut Medicare this deeply."

You see, in my district, 1 in 5 residents are on Medicare. Many of those on Medicare are elderly and poor, and are also on Medicaid. They cannot afford these kind of cuts. And is it a cut or isn't it a cut? When you get less and pay more for it, it is a cut. And when you take a look at the dollars, and you know those dollars are equal to the amount of dollars that we are giving wealthy people, those who make over \$200,000, in tax cuts, then you know it is a direct offset we are taking from the elderly poor to give to the rich.

EARLY DISCHARGE OF NEWBORNS AND MOTHERS A THREAT TO HEALTH

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

Mr. DEFAZIO. Mr. Speaker, we have all heard about drive-by-shootings. How about drive-through deliveries? This latest threat to the health of newborns and their moms comes from insurance companies and managed health programs. They are requiring physicians and hospitals to put mothers and newborns out of the hospital in as little as 12 hours. Not to meet the wishes of the new mother, not to foster the health of the newborns, not because it is best in the professional medical opinion of the attending physicians. These arbitrary limits have been imposed, possibly jeopardizing the health of the newborns and their new

moms, only to increase the profits of the insurance companies and these for-profit managed health care plans.

Today the gentleman from California [Mr. MILLER] and I have introduced legislation to restrict this growing threat to the public health and to our most vulnerable newborns and their mothers. I urge my colleagues to join us in stopping this outrageous practice.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Spectators in the gallery will refrain from displaying approval or disapproval for Members' remarks.

TROUBLES IN CALIFORNIA NEED TO BE ADDRESSED

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

Mr. TUCKER. Mr. Speaker, I take the well this morning to stand and be counted. I take the well this morning to ask the President of the United States to also stand and be counted. For in my great State of California, we have troubles.

Mr. Speaker, it was 2 years ago when I came to this House on the wings of riots and destruction, fires and earthquakes. Since then, we have had all kind of layoffs and cutbacks in aerospace.

But now, Mr. Speaker, the most devastating thing that has happened is the Base Closure Commission has said that the Long Beach Shipyard and McClellan Air Base and other bases in California must bear additional burdens of other additional layoffs.

Mr. Speaker, in my area of Long Beach, 3,000 additional jobs are going to be lost. It is time for the President of the United States to stand up and make good on the promise that he made to the people in California. We cannot lose 3,000 more jobs in Long Beach and 2,000 more jobs in Los Angeles County. The Rams have left, the Raiders are leaving. We have problems in California, and we need the President of the United States to stand up and be counted.

AUTHORIZING TRANSFER OF THE CATAFALQUE TO THE SUPREME COURT

Mr. BOEHNER. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate concurrent resolution (S. Con. Res. 18) authorizing the Architect of the Capitol to transfer the catafalque to the Supreme Court for a funeral service, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 18

Resolved by the Senate (the House of Representatives concurring), That the Architect of the Capitol is authorized and directed to transfer to the custody of the Chief Justice of the United States the catafalque which is presently situated in the crypt beneath the rotunda of the Capitol so that the said catafalque may be used in the Supreme Court Building in connection with services to be conducted there for the late Honorable Warren Burger, former Chief Justice of the Supreme Court of the United States.

The Senate concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

PERMISSION FOR SUNDRY COMMITTEES AND THEIR SUBCOMMITTEES TO SIT TODAY DURING 5-MINUTE RULE

Mr. BOEHNER. Mr. Speaker, I ask unanimous consent that the following committees and their subcommittees be permitted to sit today while the House is meeting in the Committee of the Whole House under the 5-minute rule.

Committee on Banking and Financial Services; Committee on Commerce; Committee on Economic and Educational Opportunities; Committee on Government Reform and Oversight; Committee on International Relations; Committee on Resources; Committee on Science; Committee on Transportation and Infrastructure; and Permanent Select Committee on Intelligence.

It is my understanding that the minority has been consulted and that there is no objection to these requests.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

APPOINTMENT AS MEMBERS OF BOARD OF VISITORS TO U.S. AIR FORCE ACADEMY

The SPEAKER pro tempore. Without objection, and pursuant to the provisions of section 9355(a) of title 10, United States Code, the Chair announces the Speaker's appointment as members of the Board of Visitors to the U.S. Air Force Academy the following Members of the House: Mr. YOUNG of Florida, Mr. HEFLEY of Colorado, Mr. DICKS of Washington, and Mr. TANNER of Tennessee.

There was no objection.

EXTENSION OF HEALTH CARE TO VETERANS EXPOSED TO AGENT ORANGE

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1565) to amend title 38, United States Code, to extend through December 31, 1997, the period during which the Secretary of Veterans Affairs is authorized to provide priority health care

to certain veterans exposed to agent orange, ionizing radiation, or environmental hazards, as amended.

The Clerk read as follows:

H.R. 1565

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

SECTION 1. AUTHORITY OF PROVIDE PRIORITY HEALTH CARE.

(a) AUTHORIZED INPATIENT CARE.—Section 1710(e) of title 38, United States Code, is amended—

(1) in paragraph (1), by striking out subparagraphs (A) and (B) and inserting in lieu thereof the following:

“(e)(1)(A) A herbicide-exposed veteran is eligible for hospital care and nursing home care under subsection (a)(1)(G) for any disease suffered by the veteran that is— 121“(i) among those diseases for which the National Academy of Sciences, in a report issued in accordance with section 2 of the Agent Orange Act of 1991, has determined—

“(I) that there is sufficient evidence to conclude that there is a positive association between occurrence of the disease in humans and exposure to a herbicide agent;

“(II) that there is evidence which is suggestive of an association between occurrence of the disease in humans and exposure to a herbicide agent, but such evidence is limited in nature; or

“(III) that available studies are insufficient to permit a conclusion about the presence or absence of an association between occurrence of the disease in humans and exposure to a herbicide agent; or

“(ii) a disease for which the Secretary, pursuant to a recommendation of the Under Secretary for Health on the basis of a peer-reviewed research study or studies published within 20 months after the most recent report of the National Academy under section 2 of the Agent Orange Act of 1991, determines there is credible evidence suggestive of an association between occurrence of the disease in humans and exposure to a herbicide agent.

“(B) A radiation-exposed veteran is eligible for hospital care and nursing home care under subsection (a)(1)(G) for any disease suffered by the veteran that is—

“(i) a disease listed in section 1112(c)(2) of this title; or

“(ii) any other disease for which the Secretary, based on the advice of the Advisory Committee on Environmental Hazards, determines that there is credible evidence of a positive association between occurrence of the disease in humans and exposure to ionizing radiation.”;

(2) in paragraph (2)—

(A) by striking out “Hospital” and inserting in lieu thereof “In the case of a veteran described in paragraph (1)(C), hospital”;

(B) by striking out “subparagraph” and all that follows through “subsection” and inserting in lieu thereof “paragraph (1)(C)”;

(3) in paragraph (3), by striking out “of this section after June 30, 1995,” and inserting in lieu thereof “, in the case of care for a veteran described in paragraph (1)(A), after December 31, 1997,”; and

(4) by adding at the end the following new paragraph:

“(4) For purposes of this subsection and section 1712 of this title:

“(A) The term ‘herbicide-exposed veteran’ means a veteran (i) who served on active duty in the Republic of Vietnam during the Vietnam era, and (ii) who the Secretary finds may have been exposed during such service to a herbicide agent.

“(B) The term ‘herbicide agent’ has the meaning given that term in section 1116(a)(4) of this title.

“(C) The term ‘radiation-exposed veteran’ has the meaning given that term in section 1112(c)(4) of this title.”.

(b) AUTHORIZED OUTPATIENT CARE.—Section 1712 of this title is amended—

(1) in subsection (a)(1)—

(A) by striking out “and” at the end of subparagraph (C);

(B) by striking out the period at the end of subparagraph (D) and inserting in lieu thereof a semicolon;

(C) by adding at the end the following new subparagraphs:

“(E) during the period before January 1, 1998, to any herbicide-exposed veteran (as defined in section 1710(e)(4)(A) of this title) for any disease specified in section 1710(e)(1)(A) of this title; and

“(F) to any radiation-exposed veteran (as defined in section 1112(c)(4) of this title) for any disease covered under section 1710(e)(1)(B) of this title.”; and

(2) in subsection (i)(3)—

(A) by striking out “(A)”;

(B) by striking out “, or (B)” and all that follows through “title”.

SEC. 2. SAVINGS PROVISION.

The provisions of sections 1710(e) and 1712(a) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act, shall continue to apply on and after such date with respect to the furnishing of hospital care, nursing home care, and medical services for any veteran who was furnished such care or services before such date of enactment on the basis of presumed exposure to a substance or radiation under the authority of those provisions, but only for treatment for a disability for which such care or services were furnished before such date.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona [Mr. STUMP] will be recognized for 20 minutes, and the gentleman from Mississippi [Mr. MONTGOMERY] will be recognized for 20 minutes.

The Chair recognizes the gentleman from Arizona [Mr. STUMP].

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

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 1565.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

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

Mr. Speaker, first of all, I want to thank the leadership for allowing us to bring H.R. 1565 to the floor as it extends authority which expires at the end of this month.

Mr. Speaker, H.R. 1565, extends VA's authority to provide health care to veterans exposed to agent orange.

It also makes permanent VA's authority to provide health care to veterans exposed to ionizing radiation.

The provisions incorporate the findings of the National Academy of Sciences while still giving the benefit of the doubt to veterans already being treated.

Where the National Academy of Sciences has found evidence suggesting

certain conditions have no association with exposure, H.R. 1565 does not extend authority for future health care.

However, those veterans previously or currently receiving care would be grandfathered for treatment under the bill.

I want to thank my good friend from Mississippi, SONNY MONTGOMERY, the distinguished ranking member of the committee for his assistance on this measure.

Before yielding to him, I also want to express my appreciation to TIM HUTCHINSON, chairman of the Subcommittee on Hospitals and Health Care, as well as CHET EDWARDS, the subcommittee's ranking member for their work on the bill.

They have maintained the committee's bipartisan approach to matters affecting veterans.

Concerns were raised at the subcommittee markup about some provisions by Mr. FOX, who had drafted an amendment, as well as Mr. GUTIERREZ and Mr. KENNEDY.

Mr. EVANS also raised some concern.

I believe Mr. HUTCHINSON and Mr. EDWARDS responded very well to those concerns and have done an excellent job working with other members on the bill.

The cooperation of all Members on these matters is greatly appreciated, and I urge my colleagues to support the bill.

Mr. Speaker, I yield such time as he may consume to the gentleman from Arkansas [Mr. HUTCHINSON], chairman of our Subcommittee on Hospitals and Health Care.

Mr. HUTCHINSON. Mr. Speaker, I urge my colleagues to support H.R. 1565, bipartisan legislation to extend the priority health care program for veterans exposed to agent orange and ionizing radiation through December 31, 1997.

I would like to thank Chairman STUMP, along with full committee ranking member MONTGOMERY and my subcommittee colleague, ranking member CHET EDWARDS, for their tireless efforts to ensure that this bill receives full consideration in an expeditious fashion.

Furthermore, I wish to recognize LANE EVANS, JOE KENNEDY, LUIS GUTIERREZ, and JON FOX for their bipartisan work in fashioning compromise language when concerns were raised about the bill at the subcommittee level. Without the work of these veterans' advocates, this bill might have never come to the floor.

Mr. Speaker, H.R. 1565 would incorporate for a 2-year extension period the findings of the National Academy of Sciences, which provide rational scientific evidence on which determinations of eligibility for health care can be based. The bill is supportive of veterans and continues to give them every benefit of the doubt. It would authorize the VA to provide treatment for three broad categories of conditions identified by the NAS and would grandfather

for continued care those veterans who have been previously treated at the VA but for which the NAS has found no association to exist between certain diseases and exposure to herbicides.

Additionally, the bill would provide special eligibility in the case of radiation-exposed veterans for care of a long list of cancers as well as for any disease for which the VA determines there is credible evidence of a positive association between disease occurrence and radiation exposure. This bill also contains a generous grandfather clause for those veterans who have previously been treated at the VA for which no positive association between the disease occurrence and radiation exposure has been found. Under this bill both groups of veterans would receive substantially expanded outpatient services on a priority basis.

Mr. Speaker, this legislation also takes into consideration the possibility of a lag time between NAS reports and the discovery of new credible evidence on agent orange. It would provide a mechanism to add additional diseases based on new research findings.

H.R. 1565 would authorize the Secretary, based on recommendations of the Under Secretary for Health, to add to the list of covered conditions. A disease could be added based on peer-reviewed research published within 20 months of the most recent NAS report regarding agent orange. The addition of new diseases must meet the test of providing credible evidence suggestive of an association between that disease and exposure to agent orange.

Mr. Speaker, H.R. 1565 enjoys unanimous support from the Veterans' Affairs Committee. The bill passed at markup 29 to 0.

Again, I would like to thank my colleagues on both sides of the aisle for their support and assistance in writing this legislation, and I urge Members to support the bill.

□ 1240

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

I rise in strong support of this measure and commend the chairman of the committee, the gentleman from Arizona [Mr. STUMP], for bringing the measure to the floor; also to the gentleman from Arkansas [Mr. HUTCHINSON], the chairman of the subcommittee, for his quick action as well as the gentleman from Texas [Mr. EDWARDS] on the minority side.

Mr. Speaker, this is the first veterans bill to be considered by the House in this Congress. It is very fitting that this measure is one that reforms and expands the health care services which veterans can obtain from the Veterans' Administration. Health care eligibility reform is one of the most important veterans issues that will face this Congress. Although this measure only affects a small number of veterans, it is important, Mr. Speaker, and it is a step in the right direction.

The bill comes at a time when the VA health care system is undergoing very significant changes. At many VA facilities throughout the country, efforts are under way to treat more veterans on an outpatient basis rather than putting them in the hospitals. That saves a lot of money. That is a big change.

There is an emphasis on making VA services more convenient and delivering them in a more cost-effective manner, and to do that on outpatient clinics. The new Under Secretary for Health, Dr. Kenneth Kizer, is moving the VA system into the 21st century. His leadership and vision for the state-of-the-art health care for veterans have turned the VA toward a goal of making all VA health care the first choice for the service-connected and low-income veterans. His understanding of what VA needs to do is very, very encouraging. But there are some problems, Mr. Speaker, that will be facing Dr. Kizer.

Dr. Kizer does not have some of the basic tools he needs to make the VA health care system more efficient. One of the things he needs most from the Congress is a modest capital investment so that the VA can shift from that is still a hospital-based system to provide more outpatient care.

We have had these great 171 veterans hospitals, but we are trying to move into more outpatient clinic care. That is what the General Accounting Office has recommended. Such an investment will make VA care more convenient and cost-effective, moving toward more outpatient clinic care.

I am advised that the VA currently has over \$940 million in planned projects to improve outpatient facilities. If these projects are delayed and are not a priority in the appropriations process, the VA will be unable to become the efficient health care system veterans expect and deserve.

Finally, Mr. Speaker, it has been well explained by the chairman of the subcommittee, it is appropriate that the first veterans bill taken up by the House in the 104th Congress deals with health care problems of veterans exposed to agent orange and ionizing radiation. The Congress originally authorized health care services for these veterans in 1981, when we had little knowledge about the long-term effects of the exposure of these agents. Over time, as a result of objective scientific review, the Congress and the executive branch have tried to treat and compensate those veterans whose lives and health have been affected by their exposure. Today, Mr. Speaker, we take a step that honors our commitment to these veterans.

I would certainly ask my colleagues to give us a unanimous vote on H.R. 1565.

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

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey [Mr. SMITH], the vice chairman of the Committee on Veterans' Affairs.

Mr. SMITH of New Jersey. Mr. Speaker, I rise in strong support of H.R. 1565, legislation to extend the priority health care program for veterans who were exposed to agent orange or ionizing radiation.

As vice chair of the Committee on Veterans' Affairs, I would look to recognize the gentleman from Arkansas [Mr. HUTCHINSON] and the gentleman from Arizona [Mr. STUMP] for their unyielding dedication to these veterans who have suffered a wide range of illnesses because of their service to their country.

Mr. Speaker, as you know, H.R. 1565 would take into consideration the findings of the National Academy of Sciences, which has done extensive and exhaustive studies on agent orange linkage. This legislation would authorize the VA to continue priority health care treatment for the first three categories identified by NAS. Additionally, it would grandfather those veterans who have been previously treated by the VA for illnesses which now the NAS finds evidence of no linkage to agent orange exposure. So they are protected and they are grandfathered.

This bipartisan bill—and the minority side has been very, very helpful and very strong in their views which has helped to craft this important bill—also takes into account the fact that NAS is not the only reputable scientific agency doing research on this matter.

An amendment offered by Chairman HUTCHINSON and supported by the entire committee allows the Secretary of Veterans Affairs to add diseases to the list of covered conditions based on peer reviewed research which provides credible evidence of association between that disease and agent orange exposure.

Once more, Mr. Speaker, I strongly support this legislation. I urge my colleagues to give it unanimous support.

Mr. MONTGOMERY. Mr. Speaker, I yield 2 minutes to the gentleman from Texas [Mr. EDWARDS], the ranking member of the Subcommittee on Hospitals and Health Care.

Mr. EDWARDS. Mr. Speaker, I want to rise in support of H.R. 1565, as amended. I want to pay my respects to the gentleman from Arkansas [Mr. HUTCHINSON] for his fine work on this. I want to express a personal thanks to the gentleman from Arizona [Mr. STUMP] and to the gentleman from Mississippi [Mr. MONTGOMERY] for the way in which they have not only helped craft this legislation in a fair bipartisan manner but the way in which the gentleman from Arizona has run the committee on a bipartisan basis that I think is a role model that the people of this country would have high respect for. I appreciate the gentleman's leadership on this and other legislation and the way he runs the committee.

My colleagues, H.R. 1565 would maintain our commitment to provide medical care to veterans who suffer disease as a result of exposure in service to

certain toxic substances. The authority under which the VA provides such care, first established in 1981, will expire at the end of this month. H.R. 1565, as amended, would extend the VA's treatment authority. Current law, however, reflects the limited knowledge we had in 1981 regarding the relationship between exposure to agent orange and an occurrence of specific diseases.

This bill would incorporate the findings of the National Academy of Sciences to identify the diseases for which treatment is available. At the same time, the bill extends veterans every benefit of the doubt, as we should, and expands the scope of treatment which the VA may provide.

Mr. Speaker, Members on both sides of the aisle have worked hard to produce an excellent bill. I think this legislation is a statement that even in tough budget times, we do ask the American people to tighten our belts, this Congress and our Nation owe a deep debt of gratitude to those who have fought and been willing to put their lives on the line for our country and its freedoms. I enthusiastically support this bill and thank those who have played such an important role in its development.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. GILMAN], chairman of the Committee on International Relations.

Mr. GILMAN. Mr. Speaker, I am pleased to rise in support of H.R. 1565, legislation to extend through December 31, 1997, health care benefits for military veterans suffering from the possible long-term side-effects of agent orange, ionizing radiation, and other environmental hazards. This legislation, demonstrates our continuing efforts to provide our veterans with the benefits and the medical care that they have valiantly earned. Furthermore, I commend the distinguished chairman of the Veterans' Affairs Committee, Mr. STUMP, for his diligent efforts on behalf of our service men and women.

I strongly support this legislation, as we must provide treatment to our veterans whose health has been affected by their service. The National Academy of Sciences has conducted a comprehensive review of scientific and medical literature to determine the specific health affects of certain chemicals that may have been used during armed conflicts. Based upon their research, the NAS has developed four categories to classify diseases and their association to agent orange exposure.

These categories include: sufficient evidence of association, limited/suggestive evidence of association, inadequate/insufficient evidence to determine whether an association exists, and limited/suggestive evidence of no association.

H.R. 1565 authorizes the VA to offer treatment for illnesses that fall under the first three of these categories. Thus allowing veterans to claim treatment for any disease that is conceivably related to wartime herbicide exposure

unless scientific evidence has clearly shown that the condition is not linked.

The measure we are discussing today is significant legislation that provides a framework for continued health service to our Nation's veterans who may have been exposed to hazardous substances during their military service. With this in mind, I am proud to vote in strong support of H.R. 1565, and I urge my colleagues to join in adopting this measure.

Mr. MONTGOMERY. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. FILNER] who is a member of the Committee on Veterans' Affairs.

Mr. FILNER. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I rise today in support of H.R. 1565, legislation to renew our obligation to provide medical treatment for veterans suffering from exposure to agent orange.

Between 1962 and 1971, the military forces of the United States used 11.2 million gallons of agent orange and 8 million gallons of other herbicides in Vietnam, in order to strip the thick jungle that concealed the opposition forces. Most of these spraying operations were completed using airplanes and helicopters, but herbicides were also sprayed from the ground by soldiers with back-mounted equipment.

After a scientific report in 1969 concluded that one of the primary chemicals used in agent orange could cause birth defects in laboratory animals, U.S. forces suspended use of this herbicide—and stopped all herbicide spraying the following year.

But thousands of soldiers had already been exposed to this chemical for months at a time. Today, many of these soldiers have a significantly higher rate of diseases and death than those who did not go to Vietnam. Since the end of the Vietnam war, a growing body of evidence has connected several diseases to agent orange.

I join a truly bipartisan effort in urging support for this bill. We can do no less for the brave men and women who answered their country's call to fight in an unpopular war. They came home to find that jobs were hard to come by, as was emotional support for the terrors they had experienced. No hero's welcome for these veterans.

Today, I would also like to recognize the work of my colleague, the gentleman from Illinois, Congressman LANE EVANS. Without his perseverance, it is unlikely that we would be voting on this legislation today—and it is unlikely that thousands of Vietnam veterans would be receiving the health care that they need and deserve.

I also want to acknowledge the work of Chairman BOB STUMP and ranking member SONNY MONTGOMERY of the Veterans' Affairs Committee, as well as the entire committee. This bill is the latest in a long line of bills crafted in a truly bipartisan manner for the good of our veterans.

Whatever our views on the Vietnam war, we must all help to heal its

wounds—and these are few wounds greater than those suffered from the effects of agent orange. These veterans had to wait for decades to receive recognition and medical care. We must not make them wait again.

Mr. MONTGOMERY. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I commend the gentleman for mentioning the work of the gentleman from Illinois [Mr. EVANS]. He did have a lot of interest. He has put a lot of hard work in this legislation on the agent orange issue.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida [Mrs. THURMAN], a strong supporter of veterans' programs.

Mrs. THURMAN. Mr. Speaker, I rise in strong support of this legislation, H.R. 1565, the extension of health care to veterans exposed to agent orange. Both the gentleman from Mississippi [Mr. MONTGOMERY] and the gentleman from Arizona [Mr. STUMP] know of the gentleman that I am going to speak of because they have been trying to help me with this particular man's case.

Mr. Speaker, this bill concerns veterans who are sick today because they were exposed to a herbicide later found to be dangerous.

John Nichols, a constituent of mine from Bayonet Point, FL, is one of the 2.7 million U.S. service men and women who had their lives interrupted and changed by the Vietnam war. Recipient of the Bronze Star and three Army Commendation medals, John Nichols left active duty after 10 years as a U.S. Army master sergeant.

Sergeant Nichols suffers from severe osteoporosis, a gradual loss of bone tissue that makes his bones brittle. John has suffered a number of fractures of his spine since his condition was first diagnosed.

The Department of Veterans Affairs concedes that Sergeant Nichols was exposed to agent orange based on his service in Vietnam. The VA claims, however, that there is no legal or medical basis to associate this exposure with his current medical condition.

Distinguished specialists in bone diseases have recognized that Mr. Nichols' osteoporosis could be associated with his exposure to agent orange. He watched it sprayed regularly from helicopters outside his base camp.

He has been examined by some of the best specialists in the country. They cannot find any other explanation for his condition except exposure to agent orange. However, the Veterans Administration has still not recognized his condition as one related to exposure of the herbicide.

If we send young men and women into military combat in support of our national objectives, we had better be willing to follow through once the fighting ends. We must make good on our commitment to take care of those who were willing to fight for this country. A tight budget does not free us from this commitment. Mr. Nichols' disease will not take a rest while we struggle with the deficit.

Mr. Speaker, this bill is a step in the right direction and I believe that it is a positive step for John Nichols and veterans with similar ailments throughout our country.

Again, I want to thank the two gentlemen who have helped me so much with this constituent.

Mr. MONTGOMERY. Mr. Speaker, we have some blue sheets that further explain this bill. If Members would come by the stands here, they could pick up these sheets.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I would like to once again thank the distinguished gentleman and ranking member of the full committee for all his efforts, and also to the gentleman from Texas, [Mr. EDWARDS], the ranking member of the subcommittee, for all his hard work, and to the gentleman from Arkansas [Mr. HUTCHINSON], who is chairman of the subcommittee.

But we also owe a lot of thanks to the staff who have put in many hours in putting this bill together. I thank Members on both sides of the aisle. I urge, once again, passage of H.R. 1565.

Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania [Mr. FOX].

Mr. FOX of Pennsylvania. Mr. Speaker, as you know, I expressed the concerns of many of our veterans with the original version of H.R. 1565, which reauthorizes care for agent orange and radiation exposed veterans.

I am pleased that the House will now consider a compromise version which addresses this situation. It is important that we ensure that no agent orange-affected veterans are overlooked in the period between National Academy of Sciences reports.

I firmly believe that we must honor our commitment to care for our veterans, particularly those who have borne the sacrifices of battle for our country. I would like to express my appreciation to the men and women of the Vietnam Veterans of America and the American Legion, as well as to many of my colleagues on the House Veterans' Affairs Committee, for their hard work on this issue.

I look forward to continuing our work together to address the needs of our Nation's veterans.

Mr. STUMP. Mr. Speaker, I yield 1 minute to the gentleman from Alabama [Mr. EVERETT].

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

Mr. EVERETT. Mr. Speaker, I would just like to congratulate the committee chairman, the gentleman from Arizona [Mr. STUMP], the gentleman from Mississippi [Mr. MONTGOMERY], the gentleman from Arkansas [Mr. HUTCHINSON], the gentleman from Texas [Mr. EDWARDS], the gentleman from Pennsylvania [Mr. FOX], the gentleman

from Illinois [Mr. EVANS], the gentleman from Illinois [Mr. GUTIERREZ], and the gentleman from Massachusetts [Mr. KENNEDY].

This truly, Mr. Speaker, has been an outstanding effort of bipartisanship, and I want to congratulate all those involved.

Mr. Speaker, I am proud to have been a part of the bipartisan effort that has unanimously brought H.R. 1565 to the floor out of the Veterans Committee. This is a necessary and important bill, and I am glad to speak in support of it today.

H.R. 1565 clarifies and simplifies the conditions for coverage for victims of agent orange exposure. Veterans who exhibit characteristics of the exposure will be covered, as will those whose condition demonstrates an association with the disease. Even when available medical data merits no conclusion on the source of their condition, the veteran will be covered. This bill gives veterans every benefit of the doubt.

In addition, veterans exposed to radiation during their time on active duty will be eligible for hospital and nursing home care where credible evidence exists of a positive association with the disease and the defoliant. As an extension of the Agent Orange Act of 1991, this bill will also require the Department of Veterans Affairs to work with the National Academy of Sciences to evaluate and review all issues pertaining to agent orange. This is a positive step that will allow veterans access to the best available information on their ailments.

In short, Mr. Speaker, this is a good day for our veterans and those who have suffered from agent orange. We must work together to protect the interests of our Nation's veterans, and this legislation marks a positive step in that direction.

Mrs. MINK of Hawaii. Mr. Speaker, I rise in support of H.R. 1565, the extension of health care to veterans exposed to agent orange. The evidence continues to accumulate how horribly our Vietnam veterans are suffering due to this defoliant agent, which saturated their lungs, their food, and their skin.

During the war, millions of gallons of dioxin-contaminated agent orange and other herbicides were sprayed over Vietnam. Two decades later, we are seeing more and more health effects of that exposure among our 3 million service men and women who served there. The National Academy of Sciences is investigating reports of cancer, metabolic dysfunction, and a multitude of other disorders of the reproductive, respiratory, digestive, circulatory, and immune systems. We have no way of knowing what additional illnesses may develop. This bill very wisely leaves the option open for new illnesses and disorders to be treated.

This bill also makes VA benefits permanent for those military men and women exposed to radiation during the post-World War II occupation of Japan and during cold war nuclear testing in the Pacific. Diseases triggered by radiation-exposure continue to plague veterans, half a century later. While we remember our victory 50 years ago, we must not forget the suffering of those who helped bring that war to a close.

Finally, this bill ensures top treatment priority for veterans exposed to either radiation or agent orange. This is fitting, as these veterans

have struggled to cope with their illnesses have experienced much frustration and uncertainty over the years in their dealings with the Government. Today, it is the least we can do to respond to their illnesses without further delay.

Mr. Speaker, the Congress is talking a great deal about patriotism these days, during our debate over flag burning. But protecting the American flag is completely meaningless unless we take care of our surviving veterans who have sacrificed their health for this country. We must help them heal. We should decisively pass H.R. 1565.

Mr. QUINN. Mr. Speaker, I rise today in favor of H.R. 1565, which provides for priority health care to veterans exposed to agent orange, ionizing radiation, or other environmental hazards.

In 1992, this body required the National Academy of Science to conduct a comprehensive study of the health effects of exposure to agent orange and other herbicides. The NAS findings serve as the basis of H.R. 1565 which requires certain specific diseases to be considered related to exposure for treatment purposes—including those where there is insufficient evidence to prove a connection.

Often, many of our veterans, who served this country with distinction during their tour in Vietnam, have felt let down. They have felt that the Government has not recognized that some of their problems stem from exposure to agent orange and other herbicides. It is my hope that this legislation will help drive home the fact that we are aware of their tremendous sacrifices and give our support.

H.R. 1565 also provides for treatment for veterans subjected to ionizing radiation. These veterans also deserve our assistance.

I wish to compliment my colleagues, Representatives HUTCHINSON and EDWARDS, for their leadership on this legislation. I am pleased to offer my support.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FOLEY). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 1565, 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 extend through December 31, 1997, the period during which the Secretary of Veterans Affairs is authorized to provide priority health care to certain veterans exposed to Agent Orange and to make such authority permanent in the case of certain veterans exposed to ionizing radiation, and for other purposes."

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. CALLAHAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the bill, H.R. 1868, and that I may include tabular and extraneous material.