

Mr. FORD. Reserving the right to object, Mr. President.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. FORD. Start at 10:30 for 4 hours on Monday?

Mr. LOTT. Yes. Actually, it is 4 hours to be equally divided with 1 hour under the control of Senator JOHNSTON, so there is a total of 5 hours. I really wonder about the need for that length of time, and I had hoped to start earlier—9 o'clock or 9:30 or 10. But at the request of the distinguished Senator from Georgia, we are going to begin at 10:30. So, first of all, we are agreeing to more time, and I wonder about that need.

Mr. FORD. I am not worried about how the watch is made here. I am just worried about the time. So we start at 10:30. There will be 4 hours equally divided, and then an additional hour. That will be all done on Monday?

Mr. LOTT. That would all be done on Monday. That is correct.

Mr. FORD. Then we vote on Tuesday.

Mr. LOTT. That is correct.

Mr. FORD. I thank the majority leader.

Mr. LOTT. Mr. President, I would like to say that we expect to get other work done on Monday. Hopefully, we will be able to spend some time on the Interior appropriations bill, and there is still a strong likelihood or even a probability that we will have a recorded vote or votes on Monday night after 5 o'clock. I advised our conference at our policy luncheon on Wednesday that that would be my intent.

I just do not see how we can get our work done in the next 30 days if we do not have any votes late on Wednesday night, if we do not have any votes all day on Monday, if we do not have any votes on Tuesday morning. I am perfectly willing to do most of this without votes, but I have to do what is necessary to try to keep our attention and get focused on the work and try to produce results. But this is a fair agreement, and I appreciate that. That is the way we need to continue to try to work. As the Democratic leader and I have talked, we will just take it one step at a time. This is one more positive step. As to what we have to do on Monday night, that will be determined by what happens today, tonight, and in the morning. If we make progress, we have good cooperation, it may be that we will not need recorded votes on Monday night. But we will continue to work, and as soon as we make a final determination with regard to Monday night, we will notify all Senators so they can plan what time to come back in here. I have urged our colleagues to be back in here by sundown on Monday so that we can get work done. I hope that we will do that.

The PRESIDING OFFICER. Is there objection to the unanimous-consent request of the majority leader? Without objection, it is so ordered.

MEASURE PLACED ON CALENDAR—S. 2053

Mr. LOTT. Mr. President, I understand there is a bill due for its second reading.

The PRESIDING OFFICER. The majority leader is correct.

The clerk will report.

The legislative clerk read as follows:

A bill (S. 2053) to strengthen narcotics control reporting requirements and to require the imposition of certain sanctions on countries that fail to take effective action against the production of and trafficking in illicit narcotics and psychotropic drugs and other controlled substances.

Mr. LOTT. I object to further proceedings on this matter at this time.

The PRESIDING OFFICER. Objection is heard.

Mr. LOTT. The bill will be placed on the calendar.

The PRESIDING OFFICER. The bill is being placed on the calendar under rule XIV. Objection is heard.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

The PRESIDING OFFICER. The clerk will report H.R. 3666.

The legislative clerk read as follows:

A bill (H.R. 3666) making appropriations for the Department of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997.

The Senate resumed consideration of the bill.

Mr. LOTT. Mr. President, one final question in that I see the leader is still here. He has an amendment at the desk, and it is obviously one that there is a great deal of interest in on all sides. I wonder if he is ready to lay down his amendment. If we could do that here in the next few minutes and get a time agreement, that would help us get moving on what obviously is an amendment with a lot of interest.

Mr. DASCHLE. Mr. President, I would not be able to lay it down until 11 o'clock, but I think I could lay it down within the next 15 minutes. I have a couple of conflicts that I need to address, but I will be ready to do that in the not too distant future.

Mr. LOTT. I believe that will be fine. I appreciate it.

Mr. President, I believe we have amendments the managers can act on in the meantime, and we will be ready to go around 11 o'clock.

Mr. BOND. Mr. President, we have made good progress on the bill so far. As the majority and minority leader discussed, we do have one major amendment, the veterans health care amendment, the veterans entitlement amendment, to be proposed by the minority leader. We were hoping to get a time agreement on that.

As I look down the list, there are a number of amendments relevant to the

VA-HUD bill, and I ask Senators to come to the floor. Some of these I still hope can be worked out by agreement and taken without a vote. A couple people on our side of the aisle have suggested that they want votes but would be willing to take very short time agreements on them. For the most part, we hope to be able to finish those.

There are quite a few amendments that are not relevant to the VA-HUD bill. I hope they can be held for bills which are related to the subject matter. There are some on both sides. Nobody has a monopoly on those. But if we are to continue the very important work of the many agencies that are included in this bill, we really do need to get this measure passed, sent to conference, worked out, and sent to the President. As I have stated on previous occasions, lifting the ceiling on the Ginny Mae loans will permit the sale of mortgages from the Veterans' Administration and FHA which otherwise would come to a halt.

There is a matter, a very important matter, with continuing the availability of flood insurance that is dealt with in this measure. I urge my colleagues on both sides not to put in amendments which more appropriately belong on other measures or which are likely to lead to extensive discussions. We are open, ready for business, and we would like to get this resolved in the daylight. It would be a real pleasure to pass one in the light of day, and if we work cooperatively, we have a chance of doing that today.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. I share the goal of the Senator from Missouri to move in a well-paced way on this bill. I wonder, while we are waiting for the Democratic leader to come to offer his veterans medical care amendment, if we could have a quorum call and let us look at some of the amendments that maybe we could zip trip through once there is concurrence. Maybe while we are waiting for the Democratic leader to come we could actually dispose of some of those amendments.

Mr. President, I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BOND. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BOND. Mr. President, we have three amendments, I think, that have been cleared on both sides.

AMENDMENT NO. 5187

(Purpose: To amend the Housing and Community Development Act of 1974 and for other purposes)

Mr. BOND. First, I send an amendment on behalf of Senator HOLLINGS to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Missouri [Mr. BOND], for Mr. HOLLINGS, proposes an amendment numbered 5187.

Mr. BOND. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place in title II of the bill, insert the following new section:

SEC. . COMMUNITY DEVELOPMENT BLOCK GRANTS.

Section 102(a)(6)(D) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302(a)(6)(D)) is amended—

(1) in clause (iv), by striking “or” at the end;

(2) in clause (v), by striking the period at the end and inserting “; or”; and

(3) by adding at the end the following new clause:

“(vi) has entered into a local cooperation agreement with a metropolitan city that received assistance under section 106 because of such classification, and has elected under paragraph (4) to have its population included with the population of the county for the purposes of qualifying as an urban county, except that to qualify as an urban county under this clause, the county must—

“(I) have a combined population of not less than 210,000, excluding any metropolitan city located in the county that is not relinquishing its metropolitan city classification, according to the 1990 decennial census of the Bureau of the Census of the Department of Commerce;

“(II) including any metropolitan cities located in the county, have had a decrease in population of 10,061 from 1992 to 1994, according to the estimates of the Bureau of the Census of the Department of Commerce; and

“(III) have had a Federal naval installation that was more than 100 years old closed by action of the Base Closure and Realignment Commission appointed for 1993 under the Base Closure and Realignment Act of 1990, directly resulting in a loss of employment by more than 7,000 Federal Government civilian employees and more than 15,000 active duty military personnel, which naval installation was located within 1 mile of an enterprise community designated by the Secretary pursuant to section 1391 of the Internal Revenue Code of 1986, which enterprise community has a population of not less than 20,000, according to the 1990 decennial census of the Bureau of the Census of the Department of Commerce.”.

Mr. HOLLINGS. Mr. President, I rise to offer an amendment which will permit Charleston County and the city of North Charleston, SC, to improve coordination and to increase their capacity in building a more viable urban community. This legislation will assist both the city and county in providing affordable housing and suitable living environments and by expanding economic opportunities for a number of the county's low- to moderate-income citizens. Charleston County contains two entitled cities: the city of Charleston and the city of North Charleston. With the population of these two cities excluded, the county has too small a population to qualify for a CDBG entitlement. Two recent developments, the BRAC decision to close the Charleston Naval Base and Shipyard and the designation of an area adjacent to the city

of North Charleston as an enterprise community, have increased the need for coordinated planning and development by the county and the city of North Charleston. That Charleston County is not entitled and has to compete with other communities in the State for CDBG funds has hindered the area's ability to do the meaningful long-range planning required to recover from base closure and to respond to the opportunity provided by the enterprise community designation.

The city of North Charleston has entered into a cooperative agreement with Charleston County to relinquish its entitlement to allow the county to qualify. This will not only enable the county to expand capacity building in the two neighborhoods that were designated as enterprise communities, but will enhance the capacity of the entire region to respond to the myriad problems and opportunities created by closure of the Charleston Naval Base and Shipyard. This amendment is budget neutral and breaks no new ground; it merely follows precedent set by numerous other communities across the nation that have found a cooperative, coordinated approach to community development eliminates duplication and directs more of their dollars to the intended beneficiaries. I urge its acceptance.

Mr. BOND. Mr. President, this is a measure dealing with the availability of CDBG funding in the city of Charleston. It makes changes in the boundaries of the city.

This has been cleared on both sides by the authorizing committee, and at a time when the city of Charleston once again is facing the potential disastrous impact of hurricanes, we think this is a very worthwhile change, and urge its adoption.

Ms. MIKULSKI. Mr. President, this side not only has no objection to the amendment, we concur with it. It allows Charleston County and the city of North Charleston, SC, to merge for purposes of CDBG consideration. We think it will make the agency more effective and efficient. We support the Hollings amendment and really wish the people of Charleston Godspeed as they face Hurricane Fran.

I urge the adoption of the amendment.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

The amendment (No. 5187) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

Ms. MIKULSKI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 5188

Mr. BOND. Next, on behalf of Senator BENNETT, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Missouri [Mr. BOND], for Mr. BENNETT, proposes an amendment numbered 5188.

Mr. BOND. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

On page 27, line 19, strike “\$969,000,000” and insert “\$969,464,442.”

On page 29, line 5, strike the period, and insert a colon and the following: “*Provided further*, That of the total amount provided under this head, the Secretary shall provide \$755,573 to the Utah Housing Finance Agency, in lieu of amounts lost to such agency in bond refinancings during 1994, for its use in accordance with the immediately preceding proviso.”

Mr. BENNETT. Mr. President, in the early 1980's, a period of extraordinarily high interest rates, it was necessary for Congress to appropriate additional money to HUD for its section 8 program for new projects just then coming on line, to cover the high cost of financing. The “financing adjustment factor” or its acronym “FAF” was an additional amount of rent subsidy under the section 8 program that enabled thousands of privately owned apartments to be built and occupied by very low income families, elderly, and disabled persons.

Even with tax exempt bonds issued by State and local housing finance agencies [HFA's], interest rates were so high as to require the additional FAF subsidy. In my State of Utah, the HFA issued bonds in 1982 and 1983 to finance the FHA insured mortgage loans for 16 multifamily projects assisted with project-based section 8 rent subsidies and the extra FAF subsidy. It is clear that without FAF, the projects would not have been built and some 600 units of housing for very-low-income people would not have been available.

One of the conditions of FAF was that the HFA's had to agree to refund their bonds when interest rates fell. The purpose of the refunding was to reduce mortgage debt service paid by HUD through the extra-high rent subsidies. Here was a program designed to provide assistance while it was needed and then to end the subsidy when it was no longer needed.

The Stewart B. McKinney Homeless Assistance Act of 1988 provided that State HFA's were entitled to receive 50 percent of the savings generated by the refunding of the bonds, but the HFA's were required to use their share of the savings to provide housing assistance to persons below 50 percent of the area median income.

In 1991, HUD and the Utah HFA entered into an agreement that provided for a mechanism where HUD would continue paying the high rent subsidies to the project owner, and for a trustee to collect the savings not needed to pay the new lower bond debt and to split it between HUD and the Utah HFA. The format of the agreement between HUD and the Utah HFA was commonly called a trustee sweep and,

although it is the only agreement of its kind the Utah HFA has entered into, it was commonly used by HUD and other HFA's. The agreement between HUD and the Utah HFA provided that the HFA could be reimbursed for money it spent to assist very low income families.

The agreement between HUD and the Utah HFA also contained a clause in which both HUD and the HFA agreed to not consent to or encourage any of the project owners to refinance their mortgage held by the Utah HFA.

In 1992 and 1993, at the first date it could contractually do so, at HUD's request, the Utah Housing Finance Agency refunded its bonds and fulfilled its obligation that had been set out 10 years earlier. The stage was set for the Utah HFA to spend its own funds to help very low-income families with their housing needs, relying on the agreement with HUD that the HFA would be reimbursed for its outlay of money.

The Utah HFA, relying on its agreement with HUD, spent its own funds on CHAMP, a nationally recognized homeownership program that has enabled hundreds of very low-income families, many of them single parents, to purchase inexpensive homes with CHAMP's downpayment and closing cost assistance. These hard working, but low-paid families now have what for many is their only chance of raising their children in the stable environment of the American Dream, a single-family home. Utah HFA spent its funds with the certainty that it would be reimbursed by the FAF savings from its agreement with HUD.

In October 1994, HUD, in breach of the agreement with the Utah HFA, consented to the request of six project owners enabling them to refinance their projects. The owners obtained new mortgage loans and prepaid the Utah HFA loans in full. Five of the six developments are continuing to receive the additional FAF rent subsidy.

The owners' refinancing was only possible by maintaining the section 8 contract rents at the very high subsidy levels, including that portion which was from the FAF. The owners will maintain the same or higher monthly debt service payments, because their new loans have a lower rate than the original loans, but with a much shorter term. HUD chose not to reduce the contract rents, but instead chose to consent to the refinancing, and appears to have breached its agreements with the Utah HFA. The result of this tragedy is that the project owners will benefit from taxpayer money originally intended to finance high-interest debt, and more recently, very low-income people under the McKinney Homeless Assistance Act. The owners will enjoy the developments free from debt at about the same time the section 8 HAP contracts expire. It is possible the owners will convert the developments to market rentals at that time, and reap an extraordinary windfall at the ex-

pense of the public, as a result of HUD's decision to maintain the high contract rents allocations to the development.

Sadly, HUD could have prevented this from happening but it did not. HUD is the section 8 HAP contract administrator for the Utah projects. The Utah HFA plays no role in the HAP contracts.

The HAP contracts require HUD's prior written consent to a refinancing, and HUD, through the Denver regional office, gave that consent, and perhaps even encouraged the refinancing by entering into an amendment of the HAP contract which provides for the sharing of the contract rent savings with the owner, even though HUD agreed not to encourage or consent to a voluntary repayment.

Numerous documents, statutes, agreements, and good sense show that the owners were not entitled to these moneys. The HUD decisionmakers stood behind one phrase in the HUD 1987 statute, in the face of overwhelming conflicts with other defensible documentation. The HUD decisionmakers allowed form over substance to rule their decision.

The HAP contracts, the Utah HFA bond indentures and official statements, the agreements between the owners and the agency, the CONGRESSIONAL RECORD, FAF appropriations, and the agreement between HUD and the Utah HFA all point to the simple fact that HUD was obligated to pay contract rents only to the extent necessary to maintain the financial viability of the developments. Nothing should have convinced HUD to donate these moneys to the owners of the developments.

HUD's action in this matter frustrates the public purpose of the McKinney Act, and the original FAF appropriations.

Accordingly, I have been working with HUD to see if a solution could be arranged which satisfies all parties. Back when Secretary Cisneros came before the committee I submitted questions regarding this matter. I continued to work with HUD and the result is the amendment I am proposing today. In fact, this amendment was drafted by HUD. I have gone about resolving this matter with the utmost care, involving the all parties in what, I believe, is an equitable solution.

Mr. BOND. Mr. President, this deals with a problem the State of Utah has had, its Housing Finance Agency, with HUD. It is \$755,000 that is in dispute. We believe this amendment is necessary to resolve the matter. As I understand it, HUD has no objection to this. I ask for the immediate adoption of the amendment.

Ms. MIKULSKI. Mr. President, this side has no objection to the amendment. It does correct a problem created by HUD for the State, for the Utah Housing Finance Agency. It goes back to Senator BENNETT's predecessor, Senator Garn, who was ranking on the

committee. We are happy it is finally resolved, and urge adoption of the amendment.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

The amendment (No. 5188) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

Ms. MIKULSKI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 5189

(Purpose: To prohibit the use of amounts made available under the Act to investigate or prosecute under the Fair Housing Act any otherwise lawful activity engaged in by one or more persons solely for the purpose of achieving or preventing action by a government official or entity, or a court of competent jurisdiction)

Mr. BOND. On behalf of Senator FAIRCLOTH, I send to the desk an amendment which repeats the provisions carried in last year's appropriations measures regarding free speech and the Fair Housing Act.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Missouri [Mr. BOND], for Mr. FAIRCLOTH, proposes an amendment numbered 5189.

Mr. BOND. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place in title II of the bill, insert the following new section:

SEC. 2 . FAIR HOUSING AND FREE SPEECH.

None of the amounts made available under this Act may be used during fiscal year 1997 to investigate or prosecute under the Fair Housing Act any otherwise lawful activity engaged in by one or more persons, including the filing or maintaining of a nonfrivolous legal action, that is engaged in solely for the purpose of achieving or preventing action by a government official or entity, or a court of competent jurisdiction.

Mr. FAIRCLOTH. Mr. President, I rise today to offer an amendment to H.R. 3666 that will bring fairness and common sense to the way in which our Nation's housing policies are carried out. As you know Mr. President, I introduced a bill last August, the Fair Housing Reform and Freedom of Speech Act of 1995 that would overturn the Supreme Court ruling in City of Edmonds versus Oxford House.

In that case, a home for 10 to 12 recovering addicts and alcoholics was located in a single family neighborhood. The city told Oxford House that they would have to apply for and receive zoning approval since the home would have violated the city's local zoning code that placed limits on the number of unrelated persons living together.

Rather than going through the governmental process, Oxford House filed a claim with the Department of Housing and Urban Development saying that they were above the zoning process. HUD investigated the individuals and

city officials who had objected to the placement of this home. Regrettably, the Supreme Court ruled that these individuals had violated the Fair Housing Act.

In the past, HUD has prosecuted people under the Fair Housing Act who have protested group homes coming into their neighborhoods. One of the most notable of these cases was the incident involving three residents in Berkeley, CA. HUD eventually dropped their suit because of the public's outrage. HUD has told us that they have discontinued this practice. I hope they have—but this amendment makes sure that they do.

The Congress clearly intended an exemption from the Fair Housing Act regarding the number of unrelated occupants living together. In fact, the Fair Housing Act expressly authorizes "any reasonable local, State or Federal restrictions regarding the maximum number of occupants permitted to occupy a dwelling." (Title 42, U.S. Code, Section 3607(b)(1)).

However, HUD, saying that it has authority from the Fair Housing Act, has repeatedly intimidated people in the past who spoke out with possible prosecution. HUD's actions have been blatant violations of these individuals' rights to freedom of speech. Anybody has the right to speak their mind in opposition to something and seek legal action against what they believe is an injustice. HUD is trying to use its authority as a weapon to silence legitimate free speech.

My amendment will make some delineation of the parameters of the Fair Housing Act. We need to preserve this act to prevent real discrimination in housing, but we should not be using this act to pursue agendas that silence individuals rights to free speech.

Thank you Mr. President. I urge my colleagues' support of this amendment.

Ms. MIKULSKI. Mr. President, we also concur with the amendment. I have been informed Secretary Cisneros has agreed to the amendment. Senator SARBANES, the ranking member of the Banking Committee does, and so do I, because what this does is prohibit HUD from suing people or groups protesting HUD activities. It was based on suits HUD brought against groups protesting group homes. HUD accused them of Fair Housing Act violations. It was a really needless and heavyhanded intrusion on citizens' rights to organize about their own neighborhoods, something I most enthusiastically support.

I support the Faircloth amendment and so do the appropriate people on my side of the aisle. Therefore, we urge the adoption of this amendment.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

The amendment (No. 5189) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

Ms. MIKULSKI. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. BOND. Mr. President, we have several more amendments that have come to us. We will take a few moments to discuss those. If my colleague has no further comments, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BOND. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BOND. Mr. President, I think we have the basic agreement for a time on the Daschle amendment on the VA amendment. I propose that there be 4 hours equally divided on this amendment with one-half hour on the minority side allocated to Senator BYRD, that there be no second degrees, and at the end of that time a vote occur on or in relation to the amendment.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The minority leader is recognized.

Mr. DASCHLE. Mr. President, that agreement is acceptable on this side. I think we can accommodate that schedule. I know Senator BYRD wanted to have some time, and this will accommodate his interests. So I hope that we can agree.

The PRESIDING OFFICER. Is there objection to the unanimous-consent request?

Mr. NICKLES. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I just ask the managers of the bill, if we spend 4 hours on this amendment—and there are a dozen amendments pending, or something like that—it certainly is our hope we could finish the bill today. If we are going to spend 4 hours on one amendment, that does not make that look very likely. I do not understand why it would take 4 hours. I do not understand why it would take more than an hour.

Mr. DASCHLE. Mr. President, we could take 10 or 20 hours, too. We are trying to accommodate the majority. The amendment has 25 cosponsors. I cannot recall exactly how many of our cosponsors have indicated an interest in talking, but I have assurances that the Senator from West Virginia would like 30 minutes alone. We will continue to work as we did last night to come up with a finite list, but I thought it was a concession to the majority to limit this to 4 hours, 2 hours on a side.

So if that is not acceptable, we can just begin without a time agreement and maybe we can do it in less time. Maybe it will take twice as long, but that is up to the majority.

Mr. NICKLES. Also, does the request say "up to 4 hours"?

Mr. DASCHLE. We will always be able to yield back time. So that implication is always part of the agreement. But if 4 hours is unacceptable, perhaps

we ought to begin the debate and see how long it takes.

Mr. President, I object to the agreement. I object to the agreement, and we will just begin.

The PRESIDING OFFICER. Objection is heard.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I was not going to object. The Senator from South Dakota can object if he wants to. I think 4 hours is too long. I think if we have an interest in passing this bill, we need to move forward on several amendments and we need to move forward expeditiously. Four hours on one amendment does not seem appropriate if that is our goal and objective to finish.

If people want to string it out, I do not doubt we could spend all day on an amendment and probably spend all day on several amendments, but that does not finish the bill and does not get the work done.

We happen to have five appropriations bills that we need to finish just through the Senate. Again, this Senator is not going to object to the request. But I think all Senators are going to have to realize, if they have an amendment on the list and they really desire to bring it up—and I know there are some amendments on there that people do not intend to offer, and I hope that is the case—we need to shorten our sights, make speeches maybe later in the evening or something, but move forward expeditiously on these amendments, vote on the amendments and dispose of them.

I shall not object to the unanimous-consent.

Mr. DASCHLE. Mr. President, I have an amendment at the desk, but I will not ask that it be read at this time. I will simply begin the debate and we will offer the amendment at a later time, several hours from now probably.

Mr. President, according to the Congressional Budget Office, approximately 2,785 children of Vietnam veterans suffer from spina bifida, a serious birth defect that requires lifelong care. That has already been established. A March report from the National Academy of Sciences suggests that a connection between these children's disabilities and their parents' exposure to agent orange in Vietnam is a very real and growing problem.

Today, along with 25 of my colleagues, I am offering an amendment to acknowledge the Federal Government's share of responsibility for these children's care. Spina bifida occurs when the spinal cord does not close fully early in pregnancy. It is a complex disability. It requires coordinated care for many medical specialists, including neurosurgeons, neurologists, orthopedists, pediatricians, internists in adult years, psychologists, physical therapists, dietitians, and social workers.

Children with spina bifida often go through a series of operations in early

childhood followed by special care, therapy and treatment throughout their lives. Many are wheelchair bound. Others can walk with assistance. There is a high survival rate. But these victims of this horrendous disease face daily challenges few of us will ever fully comprehend.

Picture a 10-year-old child leaving for school in a specially equipped schoolbus, but only after first running through an obstacle course known to most of us as a house, to get from her bed to the electric wheelchair that takes her to a bathroom where she is learning to control continence through a catheter, and on through a house designed to accommodate the special needs of someone living with a disability.

During the day, this fifth grader must attend many classes with her peers but also must spend part of the day in special education classes to overcome learning disabilities that are often associated with spina bifida and to go to physical therapy to ensure continued mobility and development.

After school, the child is picked up by her mother, who had to take the afternoon off, in a special transport van to go to a hospital for her biannual checkup with a multidisciplinary team. She may have bladder therapies, a renal ultrasound or urologic tests. She may be checked for seizures or scoliosis. She and her parents will be taught self-care skills for bowel management, intermittent catheterization and intervention for urinary tract infections, all this in addition to regular pediatric checkups.

Before leaving, she is referred to her psychiatrist the following week to discuss depression and socialization issues. Her nurse asks her about her latex allergy, which is a common secondary condition, and reminds her to avoid bandages, balloons and other products containing latex.

Later, at home, the family sits down to a low-fat meal to keep weight problems at bay as she does her homework, practices transfer techniques to move her between wheelchair and bed, and finally goes to sleep.

Fortunately, these kids are tough. Depending on severity, many are able to live very full and productive lives, though not a day goes by that they are not reminded of their disability.

Mr. President, the National Academy of Sciences announced in March new findings that suggest evidence of a link between exposure to agent orange and the presence of spina bifida in Vietnam veterans' children. The report was required by the Agent Orange Act of 1991 that was Public Law 102-4.

The first National Academy of Sciences report published in 1993, as many of our colleagues recall, created a four-tiered classification system for health problems associated with agent orange exposure.

Category 1 was sufficient evidence of an association. Evidence in this category is sufficient to conclude without

any question that there is a positive association.

Category 2 is the limited/suggestive evidence of association. In this category evidence suggests the association, but there is an inability to rule out, with confidence, confounding, chance or bias, so there is not unequivocal, absolute, conclusive proof that the connection exists.

Category 3 is inadequate or insufficient evidence to determine whether an association exists. That is a category where available studies are insufficient to permit a conclusion about the presence or absence of an association.

And category 4, the limited/suggestive evidence of no association whatsoever, where studies are mutually consistent in not showing a positive association between any level of exposure and the presence of a condition.

The Department of Veterans Affairs provides disability compensation to Vietnam veterans suffering from conditions in the first and second categories. The National Academy of Sciences has now placed for the first time spina bifida in the second category of diseases for which there is the limited/suggestive evidence of the association.

Mr. President, the law requires that in cases where the evidence for an association is equal to or outweighs the evidence against the association, the Secretary of Veterans Affairs resolve the benefit of the doubt in favor of the veteran and provide the disability compensation. That is consistent with the law providing presumptive disability compensation to veterans of all previous wars. The Agent Orange Act of 1991 gave the authority to the Secretary to make these decisions based upon the neutral, scientific and very respected National Academy of Science reports which are required in the law that I mentioned earlier.

This amendment is required because the Secretary does not have the authority to provide for compensation to veterans' children. While birth defects in their children has been many veterans' biggest concern, we have never before faced a situation where we now have very real, tangible evidence, based upon National Academy of Sciences' information, and the tremendous work and effort done by many others who contributed to this report. The Agent Orange Act did anticipate this situation and specifically asked the National Academy of Sciences to investigate the connection between exposure and reproductive effects and birth defects in veterans' children.

In March, I submitted for the RECORD a statement supporting these findings and raising the issues that needed to be addressed. So, as required by the 1991 law, the Department of Veterans Affairs reviewed the National Academy of Sciences report. In May, the President announced, among other things, his intention to pursue legislation that would provide an appropriate remedy for these veterans and their children.

Again, let me emphasize, in this category 2, the National Academy of

Sciences has concluded that there is more evidence to suggest the connection than there is lack of evidence to suggest that there is no connection. So there is a strong degree of evidence, statistically significant scientific evidence, that has brought the National Academy of Sciences, for the first time, to the conclusion that they reached earlier this year and has brought the Secretary and the President to the conclusion they have reached.

So the time now has come, Mr. President, for us to respond, as we have responded at each and every one of the junctures that we have faced during this very difficult period for many victims of Agent Orange. This amendment addresses this situation in what I view to be a very reasonable way. It is sensitive to the needs of the children and our responsibility to them, but at the same time it is cognizant of the fact that these children are not veterans. That must be taken into account, as well.

This amendment would provide comprehensive health care, vocational rehabilitation, and a monthly stipend to eligible children. Eligibility, of course, is a very important factor to be considered here. The veteran must have served in Vietnam and must now be in a situation where they are experiencing or have clearly become victims of the spina bifida disease.

Health care would be provided by or through the Veterans' Administration. We anticipate that most of the care would be provided via contract by experienced spina bifida care providers. It would provide for up to 4 years of vocational training, and monthly payments of \$200, \$700, or \$1,200 would be provided, depending on the level of disability. The proposal reflects months of efforts by the administration, by others, including Senators KERREY and ROCKEFELLER, Congressman LANE EVANS, veterans service organizations, and groups representing persons with spina bifida.

It is fully offset with a noncontroversial provision included in both the Democratic and Republican reconciliation bills last year. It requires that veterans wishing to file liability claims against the VA show negligence, as is done in the private sector, to be entitled to benefits for whatever claims may be derived as a result of the filing by the veteran. Currently, a veteran may file for service connection for any injury occurring in a VA facility without showing whether it resulted from negligence or an accident. So, both the budgets of the Republicans and the Democrats included a provision to clarify the responsibility of the VA in cases of claims involving veterans who file that may not at all be related to negligence on the part of the VA. That clarification creates a surplus from which part of the funds to be paid out in this amendment will be derived.

Savings from the provision come from averting future cases—no benefits are cut. Excess savings are directed to

deficit reduction, allowing the VA and the Veterans' Affairs Committee to count these savings toward future responsibilities in the next reconciliation bill.

Mr. President, the VA-HUD appropriations bill is certainly the most appropriate vehicle for this, 20 years later. It seems to me that after every one of the debates and all of the cases that we have had to make on this floor and in the House of Representatives on behalf of veterans who have been exposed to an unusual set of circumstances that go all the way back to the early 1970's, where mysterious diseases have occurred and ultimately have been found to be related to their exposure in Vietnam—obviously, each and every one of those cases involving yet additional evidence has led to a debate that dealt with the appropriate way with which to respond to this additional evidence. We now have the evidence of yet another unfortunate effect of that military service. We have the evidence. We have the law on our side. And now we have the appropriate solution.

Given the limited amount of time left this year and the proposal by the majority leader for moving the schedule between now and the end of this month, there is likely no other opportunity for us to address this issue in the remaining days of this legislative session.

Mr. President, some would argue that we should not legislate on an appropriations bill, but they are oftentimes the ones who have supported legislation on an appropriations bill on prior occasions during this Congress. In fact, on March 16, 1995, the vote was 42-57 to allow legislating on an appropriations bill. On that day, the practice became something that would now be considered to be appropriate, given the circumstances of that vote and the ruling by the Chair and the commitment on the part of the body to overrule the Chair on that occasion. So the precedent has been set. Legislating on appropriations is now something that is not out of order, and no points of order can be brought on that particular issue.

This amendment, Mr. President, has very strong support from the American Legion, from the Veterans of Foreign Wars, from the Vietnam Veterans of America, from a real leader in this whole effort now for almost 25 years, Adm. Elmo Zumwalt—who has probably experienced the effects of agent orange on his family more graphically and unfortunately than perhaps anybody else in the country, given the fact that his son was exposed and died of his exposure to agent orange and his grandson is suffering from a learning disability they believe to be related to his son's exposure—the Spina Bifida Association of America, the Consortium of Citizens with Disabilities, the American Association of University Affiliated Programs for Persons with Developmental Disabilities, and, of course, the administration.

Mr. President, we have to make a commitment to these children. They may not be large in number, but those 2,000 children are every bit as much victims of those circumstances faced by our soldiers in Vietnam as the soldiers were themselves. We placed their parents, men and women, in harm's way in service to their country. We asked them to risk their lives and their health so that others could remain free. We did not, however, ask them to give their children's lives and health. We told them that we would take care of them and their families when they return, whether they were injured or not. Some of those injuries were immediately apparent, but others have revealed themselves over time. We bear the responsibility for the consequences of our actions and our policies, for the injuries suffered by those veterans, even those unforeseen, and even those in their children. This amendment does it as best we can under these circumstances. I urge its adoption.

I yield the floor.

Mr. BOND. Mr. President, before the minority leader leaves, there are a number of things I would like to clarify with him. What is the basis of the number of children who have spina bifida, who are children or offspring—and I suppose now many are grown into adulthood—what is the basis of that number?

Mr. DASCHLE. The basis of the number is simply the number we have been able to calculate of those children of agent orange veterans who were exposed to agent orange and who are now victims of spina bifida. So you have a very limited population. That population is first limited by the number of Vietnam veterans in Vietnam exposed to agent orange and, second, to those children of veterans who fall into that category.

Mr. BOND. They have not actually counted this number. This is an estimate, is it not?

Mr. DASCHLE. That is as hard a count as the VA currently has.

Mr. BOND. I understand this is just an estimate based on an assumption from a study that if there is a connection, this number of offspring of veterans would have spina bifida, is that correct?

Mr. DASCHLE. I am told by staff that this is the best estimate the Congressional Budget Office has been able to derive in consultation with the Department of Veterans Affairs.

Mr. BOND. But it is an estimate?

Mr. DASCHLE. It is an estimate.

Mr. BOND. Based on a study of a small number of people where there were slightly larger incidence of spina bifida in this study than in the normal population, is that correct?

Mr. DASCHLE. That is not correct. The distinguished chairman of the committee misstates, I think, the report by the National Academy of Sciences. The National Academy of Sciences has indicated that, in the category 2 determination, there is a great-

er association of spina bifida victims in cases involving veterans affected by agent orange than in the nonexposed population. That is, there is a greater likelihood that spina bifida has occurred as a result of that exposure than there is not.

Mr. BOND. That is an estimate based on one study. You are extrapolating from that study?

Mr. DASCHLE. Well, the law requires us to base it on the National Academy of Sciences' report, which is based on several studies. The National Academy of Sciences is required, under the law of 1991, to review the scientific literature and evidence to provide us with an assessment of the health-related difficulties that may be in evidence as a result of exposure in Vietnam, including those especially related to children. In accordance with the law, the National Academy of Sciences has now said that spina bifida is one disease where a clear association can be drawn.

In working with the National Academy of Sciences, the Congressional Budget Office, and the VA, there has been an estimate provided, for budgetary purposes, of the number of children who would be directly affected. That estimate is the one I gave earlier. That is only an estimate, but it is the best estimate, given the circumstances and the studies that have now been done.

I don't believe it is a very significant matter for us to be debating the question as to whether it is 2,500, or 2,800, or 3,200. The estimate was made the way CBO estimates are normally made. The real question is: What do you do when you have a veteran exposed to agent orange, who now has a child with spina bifida? What the law says is that we give the veteran and his or her family the benefit of the doubt. In following through with the law, the Department of Veterans Affairs has done just that.

Mr. BOND. Well, Mr. President, I might say to the distinguished minority leader, this is one of the problems we get when there is a legislative matter on which there have been no hearings in the Senate. We are attempting to determine the basis of that assumption here on the floor of the Senate.

This should properly be done in a Veterans' Affairs Committee hearing. As I understand what the minority leader says in his arguments—and none of us have any question about the pain and difficulty that a family with a child born with spina bifida goes through. What we are asking is whether there is a reasonable basis in fact. Now, as I understand it, all of these assumptions are based on something called the ranch-hand study, is that correct?

Mr. DASCHLE. That is not correct.

Mr. BOND. What is the basis of it then, the study, the basis of the assumptions that you are making?

Mr. DASCHLE. The basis of the assumptions is, as I said earlier, that the law requires the National Academy of

Sciences to review all of the outstanding information, all of the scientific data that is available currently, including but not limited to the Ranch Hand study, assess that data and make a determination based upon that assessment as to whether an association exists. By law, they are required to do that. By law, they have.

Having done that, by law, the Secretary of Veterans Affairs, the President, and 26 of us in the Senate—as well as more in the House—are now responding. The law required that we give the benefit of the doubt to the veteran. Now, there have been those who have historically opposed that presumptive disability compensation in the law. But it is the law. What we are now saying is that the law must extend to the children, as it has been extended to agent orange victims in the past, over the objections, I might add, of a few of my colleagues. Again, Public Law 102-4 has been passed; it is the law, and it is our responsibility to live up to our commitments.

I might also add, in response to the distinguished chairman's comment about a hearing, the National Academy of Sciences' report linking agent orange exposure to spina bifida was issued in March. The President announced his commitment to a legislative solution in May. The request for committee hearings on the NAS findings was issued 2½ months ago and was never answered—over 2½ months ago. We never had any commitment to a hearing. Now, there is a hearing scheduled for sometime this month, but not on the exploration of issues dealing with this amendment. There has been ample time and notification to deal with this issue. There has been absolutely no response.

I know the distinguished Senator from Wyoming has a very busy schedule, and I don't, in any way, imply that he is not interested and has not been personally kind to me in many of the requests that I have made of him. But on this issue I think the record speaks for itself. There has not been committee attention given to this issue this entire year. Now, suddenly scheduling an unrelated hearing—unrelated hearing—2 weeks before adjournment is not going to allow us to address this issue. We know what the law says, and we know what the National Academy of Sciences' report has concluded. We know that there is an association.

All we are simply doing here is saying let's make sure that the VA has the ability to follow through with what the law requires in providing the benefits to veterans and their families under these very, very difficult circumstances, albeit very limited, perhaps as few as 2,500 cases.

I yield the floor.

Mr. BOND. Mr. President, let me ask the minority leader when the legislation to provide this was introduced. When did you introduce legislation to provide these benefits?

Mr. DASCHLE. Mr. President, we introduced the legislation this summer, sometime in July.

Mr. BOND. Well, since we went out of session in August, and it was introduced in the latter part of July, it would not be unreasonable that legislative hearings could not be held on a bill which had not been introduced, is it?

Mr. DASCHLE. Well, Mr. President, I just say that, obviously, you don't need a bill to hold hearings on something that was already announced all the way back last March. Last March, the National Academy of Sciences made their announcement and the Secretary and the President made their decisions in May. I would think that alone would trigger hearings and some response on the part of the Senate Veterans' Affairs Committee. That was not done.

So, obviously, our only recourse was to follow through with the legislation that we introduced.

Mr. SIMPSON. Mr. President, I will have further remarks later. But since the distinguished minority leader is here, I will say that I personally know of his deep, deep interest in agent orange issues. The Senator from South Dakota and I have been bandying that about for many a year. We will continue to do so, because I continue to insist—and the law insists—that we stick with sound medical and scientific evidence, period.

We do not deal with these issues on the basis of emotion or fear. This makes it very difficult because there is no sound medical or scientific evidence that dioxin does anything related to birth defects except for one study of a highly exposed group called the "ranch-hand study."

Remember, too, that there was a civil suit against the producers and manufacturers of herbicides containing dioxin. It was to be the greatest class action of all time. It was to destroy huge corporations in America and bring them to their knees for producing this substance. What happened to that suit? It was settled for less than \$200 million. The judge recommended that the plaintiffs settle because there wouldn't be any way they could prove through the testimony what they had to prove to show sound medical and scientific evidence linking dioxin to what had happened to the plaintiff class. They settled for an amount that would amount to a few thousand dollars each for members of the class, perhaps \$6,000, \$7,000, or \$8,000 each. And that settlement really was the beginning of what has come to pass with regard to an issue that never seems to go away.

But I commend my friend, TOM DASCHLE. He is a fighter for veterans. I am a veteran, too. I do not enjoy getting into these things. I chair the Veterans' Affairs Committee.

But to my knowledge there has never been a request for a hearing on this bill because this bill didn't come before the U.S. Senate until July 29, and we went out days after that. I do not hold many

hearings on bills that I do not have before me. This bill was presented July 29.

The amendment speaks of the law and what we do to follow the law. The law requires us to say, for each disease reviewed by the Academy, "the extent that available scientific data permit meaningful determinations, A, whether a statistical association with herbicide exposure exists taking into account the strength"—the word is "strength"—"of the scientific evidence of the appropriateness of the statistical and epidemiological method used to detect association."

There is no "strength" in the report that the minority leader cites. It was a subject of "bias, confusion, and confounding," according to the Institute of Medicine. And I shall quote that later in my remarks.

The second part of it was the increased risk of the disease among those exposed to herbicide during service in the Republic of Vietnam during the Vietnam era; and, C, "whether there exists a plausible biological mechanism or other evidence of a causal relationship between herbicide exposure and the disease."

That is the law. So it was not something that the Veterans' Affairs Committee was escaping. But I certainly wanted the record to be so totally clear on what the subject is because there is no solid, strong data to support any plausible biological mechanism.

I have cited the law. I shall have more to say later. But this is the first time—I hope the leader will listen to my remarks. And I see the ranking member of the Veterans' Affairs Committee is on the floor. I hope that he will become involved in the debate, if that is appropriate, and I think it is. This will be the very first time that we have ever extended any form of entitlement to a dependent class based on the health of the dependant, rather than the disability or death of the parent. I have no idea where this precedent would take us, but I can tell you that in our reconciliation instructions there are not many places to get the funding needed to pay for it.

So I hope that every single Member who is sponsoring this amendment will tell us where we are going to get the money because we are already committed to using the Gardner decision money for other purposes. I hope that will be heard again and again and again as we get into talking about reprogramming or doing this, or doing that—that we have allocated the Gardner decision money. Gardner was a decision which could be described by a nonlawyer as "bone headed." Nevertheless, we will correct that, and we have allocated those resources. They are gone.

So if this passes, and the Veterans' Committee is then called upon to meet it's reconciliation instructions, then I am going to have to, as chairman and with my good colleague from West Virginia as ranking, sit down and decide

where we are going to get the money. I know there will be an argument about reprogramming and stuff that no one will understand. But that is the issue. That is one of the issues.

The other issue is when you link the word "veteran" and innocent, disabled children you have to wade through a lot of emotion as well as facts. They have linked those words here. And it will be my purpose to try to show that the people who were in Vietnam and exposed were treated very fairly and always on the basis of sound medical and scientific evidence.

Mr. BOND addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BOND. Mr. President, going back to the basic questions and assumptions, again I note the difficulty we have as we are asked on an appropriations bill to approve legislation to establish a new entitlement program.

Did I understand the minority leader to say that he believes it is entirely appropriate for an appropriations bill to include a new entitlement program which has not been the subject of hearings in an authorizing committee, and which the chairman of the authorizing committee opposes on an appropriations bill? Is this the new procedure we follow?

Mr. DASCHLE. Mr. President, I remind my dear friend that he voted to cause this to be the new procedure in March 1995. He voted to overrule the Chair when the Chair ruled that you could not legislate on an appropriations bill. He was one of those who said no; that we think now that appropriations bills are appropriate vehicles with which to legislate. So he set the precedent. We are simply saying we are willing to live now with that precedent. With respect to this case, I thank him for doing so. But he was the one who did it. I do not think this is necessarily a good practice. But in this case I am very grateful to him for having voted for it so I can offer this amendment and not be called on a point of order.

Mr. BOND. Mr. President, there will be a point of order. Who knows? There may be several of them.

But let me ask the minority leader if he does not agree that there are instances of legislation on appropriations bills where the authorizing committee has agreed that it is appropriate to make changes which could not be made in the normal course of business and whether it has not been the agreement of the leadership that on this appropriations cycle we would only include legislation which had the approval of the authorizing committees? Was the minority leader not involved in that leadership discussion?

Mr. DASCHLE. I was certainly not involved in any discussion of that kind. That is news to me.

Mr. BOND. Mr. President, I am sorry that the word has not gotten around. I was under the impression that the full leadership of this body had said that

we were not going to attempt a broad range of authorizing activities where the authorizing committee objected. Certainly in this instance I think there are many questions which legitimately should be resolved before the authorizing committee.

I wonder if the minority leader is familiar with the testimony which was produced in the House by the principal investigator on the one study, a "ranch-hand study," which examined the possibility of a link between dioxin and offspring with spina bifida, and the fact this investigator testified before the House appropriations committee concluded in his testimony by saying that "The Institute of Medicine has recently interpreted available evidence on spina bifida and exposure to herbicide as 'suggestive of an association' but 'limited because chance bias and confounding could not be ruled out with confidence' the results of our study of ranch hand veterans and comparisons were apparently important to the Institute of Medicine in reaching their conclusion. However, it is my opinion that the accumulated evidence does not yet establish that there is a cause-and-effect relationship between herbicide exposure and spina bifida today."

Is the Senator familiar with that testimony?

Mr. DASCHLE. I sure am. I appreciate the fact that the Senator from Missouri has raised the question because it confirms really what the National Academy of Sciences also says. It says that the evidence today does not suggest a direct, unequivocal cause-and-effect relationship—and the law specifically does not require one. All the National Academy of Sciences says is that there is more evidence to suggest that there is a relationship than there is evidence to suggest that there is not.

The National Academy of Sciences is that body to which we turn for the best assessment as to what the relationship is so that the Secretary and we may determine what our actions ought to be based upon the available scientific data. Based upon that and only that, we are concluding once more, as we have done on so many occasions, that the presumption must go to the veteran—not to the Government, not to the chemical companies, not to anybody else but to the veteran.

We have to assume that if there is some doubt and if the weight of evidence suggests that there is more data in favor of the relationship than there is not, the benefit of the doubt ought to go to the veteran and his family. We have done that on compensation. We have done that on medical care. And now we are doing it on a very narrow focus: spina bifida today in children of victims of agent orange in the first place.

That is what we are saying. As the Senator from Missouri knows, we debate the same issue with respect to tobacco constantly—you have Senators

here who raise the issue of tobacco, and there is a debate about how much data suggests a direct link. But you still have companies that suggest there is no link. I am one who does not agree with that. But yet we base our policy on the linkage that exists, the overwhelming evidence that does exist that there is a connection between exposure and a disease. So we are doing now with agent orange once more—providing a link based upon the scientific link that we have described in the law itself and that is supported by evidence from the Centers for Disease Control studies, the ranch hand study, and other evidence.

Mr. BOND. Mr. President, the legal link is merely that there are suggestions, there is not evidence, and this is one of the facts that would be brought out were there to be a hearing. Perhaps the minority leader could tell us what kind of services the potential beneficiaries of this amendment are now receiving. Are they now receiving federally supported care? Are they receiving privately supported care?

Mr. DASCHLE. I can tell the Senator from Missouri that they are not receiving any assistance today from the VA.

Mr. BOND. That is not the question. Are they receiving Federal assistance in any form?

Mr. DASCHLE. That would depend, of course, on what their circumstances are. If they are Medicaid eligible, they might be eligible for a small amount of assistance in health from Medicaid, but there is virtually no assistance, as the Senator knows, through Medicaid for the number of different obstacles that I described in my earlier remarks that a child faces as they have to address the many complications outside of just the health complications for which they must endure every day. There is no assistance there.

So I cannot tell the Senator today how much Medicaid assistance they may be getting, how much assistance they may be getting through AFDC. That is not the issue. The issue is, what is the VA doing? And the answer to that question is zero, nothing. They cannot do anything. That is the purpose of this amendment.

Mr. BOND. Mr. President, I think we have now seen why this is such a difficult question, because there is no arguing with the fact that individuals suffering from disabling diseases, particularly such as spina bifida, which is a congenital birth defect, which, in most severe cases, can cause paralysis, deserve our compassion. There are some studies underway which have shown that one of the causes of spina bifida is a lack of folic acid. This is a disease, this is a defect which deserves our greatest attention because it is a debilitating, truly awful disability, and the compassion with which the minority leader speaks is justifiable.

We all have compassion for these people, but we are considering an appropriations bill today. It is the most tortuous reasoning to say, when the

minority leader has waited until July 29 to introduce a piece of legislation, and then without hearings in the relevant authorizing committee expects without the hearings and over the objection of the authorizing committee which wishes to explore what is clearly questionable scientific evidence on which any findings should be based, that this should be put in an appropriations bill. This would be an entitlement program stuck on an appropriations bill. As the chairman of the Veterans Committee has already pointed out, the so-called offset has already been used for the entitlement.

The Senate Veterans' Affairs Committee marked up a bill just prior to the August recess. No Member raised the issue and, as I said, the Senate Veterans Affairs Committee has held no hearings on it.

There are many issues which need to be considered regarding the provision of benefits to children with spina bifida. They have not been discussed and debated in a normal legislative process. A view expressed by the Disabled American Veterans executive director, David Gorman, in a May 1996 letter to the VA Secretary said:

Because the basis of [these children's] entitlement is dissimilar to both the conventional direct and derivative eligibility for VA programs, benefits for them would appear to be beyond the parameters of traditional VA benefits, and more properly under the scope of other compensatory programs. Benefits for these children might be more appropriately included under authority and appropriations for military claims.

Similarly, the Vietnam Veterans of America wrote to the Secretary in April stating:

We urge you to specifically request the VA task force seek outside expertise from both governmental and nongovernmental entities on these issues. VVA aims to ensure that the appropriate questions are being considered and addressed by policymakers in the VA and Congress.

The Vietnam Veterans Association raised a number of questions which need answering such as how many veterans' families are affected by spina bifida. We have only an estimate based on a flawed study which led to the assumption for the numbers which the minority leader gave. And the minority leader has been unable to tell us what governmental or nongovernmental services might already be available to these veterans and families and what agencies should be tasked with providing health care and compensation.

The Veterans' Administration does not even know how many offspring of veterans of Vietnam are actually affected by this terrible disease, their ages, their degree of disability, or the extent to which they are already receiving Federal assistance, nor does the VA have any firm estimate on the cost of care and compensation.

These are very important issues. These are truly critically important issues to the families affected. They deserve the attention and deliberation of this body but, I suggest, through the

normal legislative process. The views of the veterans service organizations certainly should be taken into consideration on this important issue. Their views—and there are views on both sides—deserve the proper forum of hearings in the authorizing committee. As I noted, some of the organizations do support and some do not support the Daschle amendment.

There are much greater problems with this, and the minority leader brushed them off. But the amendment sets several precedents. First, to my knowledge, expanding entitlements on an appropriations bill has not been done—to my knowledge.

If there is ever an instance in which the American people can see why the Federal Government is spinning out of control, it is when on the basis of limited scientific evidence, not hard scientific evidence, without hearings, without legislative consideration of all points of view, without even knowing how many people are affected and what other benefits are available, a brandnew entitlement program is set up; it is set in motion without consideration of its impact.

When young people ask us how did the Federal Government spending get out of control, this is probably one small example. It is an example, where there are people who have a severe birth defect. We are concerned about them. But we are setting up a Government program without reliable scientific knowledge on what the cause is or how it is going to be dealt with. Are we dealing with all of the children of veterans who deserve this kind of help? What about the children of gulf war veterans who suffer from heart-wrenching disabilities, possibly as a result of their parents' service? This amendment opens up a whole host of questions which deserve to be considered through the normal legislative process.

But let us be clear about the scientific basis. Has there been a scientifically established link between exposure to agent orange and spina bifida in offspring? The answer is no. There has been only "limited/suggestive evidence" of an association based on a single study. The author of that study says: Do not rely on it. The cause of spina bifida is unknown. Work is going forward on the folic acid approach.

The VA's task force report on agent orange, issued in May in response to the National Academy of Sciences/Institute of Medicine update on agent orange, said "Most of the studies cited did not show statistically significant differences. Notwithstanding these scientific questions, sufficient data exist of a possible association that the task force concluded that spina bifida meets the liberal standards set forth in Public Law 102-4," the Agent Orange Act of 1991.

The task force report also said:

The Task Force believes the legal standard governing the finding of a "positive association" under P.L. 102-4 is an imperfect framework for analyzing the relevant scientific

evidence and, further, raises a risk that VA's findings of a "positive association" may be misinterpreted to mean more than they do. The Task Force is concerned that VA's finding of a "positive association" under the liberal standard of P.L. 102-4 may be misconstrued as reflecting a scientific judgment that a causal association exists between herbicide exposure and a particular disease. The Task Force emphasizes that its conclusions made for the limited purposes of P.L. 102-4 do not reflect a judgment that a particular health outcome has been shown to be caused by, or in some cases even definitely associated with, herbicide exposure under the standards ordinarily governing such conclusions for purposes of scientific inquiry and medical care.

The NAS looked at one study referred to as the "Ranch Hand" study. The author of this so-called Ranch Hand study said his own findings did not support a conclusion of linkage between herbicide and spina bifida. He said before a House hearing earlier this year: "It is my opinion that the accumulated evidence does not yet establish that there is a cause-and-effect relationship between herbicide exposure and spina bifida." The NAS noted that the studies relative to spina bifida had "methodological limitations such as small sample size and possible recall bias" which mean that further study is required.

And finally, there is at least one study which would seem to contradict an association between herbicide exposure and spina bifida. An herbicide production plant exploded in the town of Seveso, Italy, with residents exposed to substantial quantities of herbicide. A study on the frequency of birth defects in Seveso failed to demonstrate any increased risk of birth defects.

Let us be clear about the impact of this amendment on other veterans entitlements. Because the so-called Gardner decision is being used to offset this new entitlement, the effect is that the Veterans' Affairs Committee, in meeting its reconciliation instructions next year, will be forced to cut veterans entitlements in other areas to pay for this entitlement.

I should also add that the benefits which would be authorized to veterans' offspring in some cases would exceed compensation benefits currently provided to service-connected veterans. One must question whether this is fair and appropriate.

And finally, Mr. President, while the costs of compensation would be offset in this amendment by reducing benefits related to the "Gardner decision," there is no provision to cover medical costs. VA would be required to provide comprehensive health care benefits—at an estimated cost of at least \$14 million a year. VA would have to absorb these additional costs—at a time when VA's medical care budget, as requested by the President and recommended by the committee, is estimated to cover only those veterans currently served by the VA medical system. We would have to take away health care from those who are already served to meet these new benefits.

It seems to me, to expand medical benefits to an additional population will mean the care of those veterans—the vast majority of whom are service-connected disabled or very low income—will be put at risk.

And I should also add that the medical benefits which would be authorized are more generous than VA's current authorities for medical care to veterans. These issues deserve close study and debate. That, I think, can only occur in the authorizing committee in an appropriate legislative consideration.

I think it is highly inappropriate to play election year politics with such an important issue as this one. I think we have normal legislative procedures which should be followed to determine whether there is any scientific evidence suggesting that we should provide this entitlement, this expanded entitlement. Trying to place it on an appropriations measure is, I think, inappropriate and totally unwarranted.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER (Mr. COVERDELL). The Chair recognizes the minority leader.

Mr. DASCHLE. I will be very brief because I note the distinguished ranking member of the Veterans' Affairs Committee has been here for some time and wants to be heard on the matter. Let me just respond to three issues raised by the distinguished Senator from Missouri.

First of all, as to the matter of the offset, let me emphasize, Gardner has not been used. Gardner has not been used. That is, the offset has not been allocated. The reason it has not been allocated is that we have not passed a reconciliation bill. No reconciliation bill has passed which delineates its usage. So, clearly, that funding has not been allocated. It is available. I do not think there is any question about that. I ask my colleagues to show me where, in what reconciliation bill, we have delineated the utilization of Gardner.

Second, let us not debate Ranch Hand all over again. The Ranch Hand Study and many other studies were debated, and we made our decisions based upon the evidence available in 1991. We passed the Agent Orange Act overwhelmingly, virtually unanimously, in 1991. That battle was fought 5 years ago—beginning even longer ago. That law, now on the books 5 years, simply says when there is a positive association, when there is a connection that has been made by the National Academy of Sciences, that connection be recognized by the VA and be dealt with; we have dealt with all of the other diseases that have now been officially connected.

There are a number of those diseases that fall in category 1 and category 2. Chloracne is in that category. Non-Hodgkin's lymphoma is in that category. Soft-tissue sarcoma, Hodgkin's disease, porphyria cutanea tarda, multiple myeloma, respiratory cancers of the lung, larynx and trachea, prostate

cancer, acute and sub-acute peripheral neuropathy—all of those are in categories 1 and 2. If we do not act on this amendment in a favorable way, the only category 1 or 2 disease that will not be on the list officially recognized will be spina bifida.

We will be saying spina bifida is different than all the diseases I have just listed here. We are going to say that we are going to not abide by the law, not abide by the guidance given by the National Academy of Sciences. We are going to say we know better than the National Academy of Sciences. We are going to say that even though we asked for evidence related to birth defects, we are not interested in facing the consequences of that evidence.

I hope we do not make that mistake. I hope we do what we have done in every one of these other cases. With respect to every one of these diseases, we have acknowledged the connection, we have made the commitment to our veterans experiencing these diseases. The time to do it for spina bifida is this morning, is today. Let us get it done.

I yield the floor.

The PRESIDING OFFICER. The Chair recognizes the Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I am really amazed to listen to the debate across the aisle, and the fervor, really, the fervor about an amendment which would actually end up saving a lot of money; a debate in which they are determined that these kids with spina bifida are not going to have any help. There is a real determination about this. This is not just a mild philosophical discussion. There is a sense of outrage that spina bifida kids could get this kind of help.

I find that interesting. Maybe they could get some help from the 15-percent tax cut. I don't know.

The Senator from Missouri used the phrase "spinning out of control" over costs that will come, in 1997, to \$3.179 million for medical care—spinning out of control. Actually, the Senator from Missouri said \$14 million. He is wrong. It is \$3.179 million for medical care. Spinning out of control.

This is very interesting. I say to my esteemed chairman that we have never done anything on Gardner. He talked about correcting Gardner. He is wrong about that. We have never corrected Gardner. Some said it could be done. It has not been done. That is a statement that is inaccurate, and my colleagues who are listening, and their staffs, I hope they will understand that.

The Senator from Missouri was talking about Gardner, using Gardner money to take away from veterans benefits. You cannot use Gardner money for veterans benefits. Gardner money is not a cash benefit for veterans. It has only to do with potential Government liability. It is not a source of funding for veterans benefits, another mistake by the Senator from Missouri.

"Normal legislative process"—sacred all of a sudden—"normal legislative

process." Some of us feel very strongly about Persian Gulf war veterans and some of the mysterious illnesses which are occurring in tens of thousands of people across this country. No, nobody has been able to really prove anything to this point, but there is no normal legislative process.

In fact, there was no interest on the part of the majority in even taking up this matter over the past 2 years in the Veterans' Affairs Committee. This is a subject which has gotten a great deal of attention, but not in the Veterans' Committee.

I, in fact, as the ranking member, held—it was not even a hearing, it was kind of a meeting, about the Persian Gulf war illnesses—and was chewed out up and down for doing something that would never again be allowed in the Veterans' Committee, for trying to come to the rescue of Persian Gulf war veterans.

Incidentally, some of those veterans have kids who, in a sense, although the word "entitlement" is not exactly true, we have already established that the Department of Veterans Affairs will allow medical examinations for the deformed children of some of these Persian Gulf war veterans, and there are a lot of them. That has been established. That is now being done. That is now in the law. They will be carefully examined by the Department of Veterans Affairs.

But there is not any normal legislative process because there is no interest. There is no interest in the deformed children. There is no interest in these Persian Gulf war mystery illnesses, which are no mystery to me. I don't care if anybody has proved it. You cannot take a 20-year-old, send him to the Persian Gulf, and do what they did over there—which I will not get into now—and the Defense Department denied all of it until they had to admit that when they blew up a group of chemical bombs, maybe one of the divisions had been exposed a little bit. But that was just a minor thing, according to the Department of Defense, and they said if they had to do it all over again, they would do it exactly the same way. That is what the head of health for the Department of Defense said, a very sensitive position.

So what the Senator from Missouri and the Senator from Wyoming have to understand, which I thought they would, is that war has changed. We are not talking about missiles. We are not talking about neutron bombs. We are not talking about hand-to-hand combat. We are not talking about tank warfare. We are talking about what started back in the First World War with mustard gas, in a very small sense, and we were unprepared for that. And then the atomic experimentation, which we carried out as a country, and we were unprepared for that. Thousands of soldiers were radiated, and the Government refused to do anything about it. It said, "You can't prove it."

Then along comes agent orange. They say it is just incidental if you are

getting cancer or anything of that sort. You happened to have been in Vietnam in an agent-orange-exposed area. We do not seem to be able to show that we can prove this is enough, although I think we could there. Admiral Zumwalt, and a lot of other people, were pretty firm on that.

War is changing, and I hope the other side is noticing that. We are getting into the century of toxins, of chemicals. We do not have the big Russian bear anymore. We have the little horrendous dictators like Saddam Hussein and Muammar Qadhafi. They build their little bombs, and their little bombs are not filled with explosives, they are filled with chemicals and toxins that will destroy peoples' nervous systems.

"Spinning out of control," "normal legislative process," "first time we've ever had an entitlement"—the world is changing, I say to my colleagues; war is changing, and it would be a good thing to take notice of.

I would like to have a hearing on this subject, the changing nature of war, but we will not have one. We will not have one this month. We will not have one next month if we are in session, I guarantee you that, because the chairman will not do it. No, I am sorry, the Gardner amendment was not corrected. And, yes, there are some of us over here who do want to help children, some of us over here who do have a bias toward children. If evidence is, by and large, 50-50, we will lean toward the children, particularly in the case of spina bifida. All of that, unfortunately, was just a prelude to my remarks. I felt a need to respond.

Incidentally, if the Senator from Wyoming is so unhappy about the precedent which was set in the agent orange decision by the Congress in the Vietnam war, then why doesn't he introduce legislation to repeal it? He talks about it all the time. Why not then introduce legislation to repeal it and count the votes? If that was wrong, if the proof was not sufficient, then introduce legislation to repeal it.

I applaud the Democratic leader and his amendment to provide help and monetary support to veterans' children with spina bifida. I am going to talk about it. This is a tragedy that cries out for normal legislative process, and if you can't get it, then faster action.

It also cries out for acceptance of Government responsibility. Spinning out of control—spinning out of control, \$3 million in 1997 for medical care for spina bifida children born to Vietnam veterans. I mean, you have about 1,500 to 4,000 of these spina bifida babies being born each year, but the number is going down because of improved maternal diet. It has been going down for the last decade.

There are many arguments against, as the Senator from Missouri pointed out, amending an appropriations bill in this way. The minority leader made the same argument, and those are arguments I would be generally inclined

to support. Being the junior Senator to the senior Senator from West Virginia, those are arguments I would almost be bound to support.

But here is one Senator from West Virginia who is willing to give a great deal of leeway and the benefit of the doubt when a compelling need comes about, to meet our responsibility to a class in our society called children. That is what we are doing by this amendment of the minority leader.

A little background. Under the agent orange law that we enacted in 1991, the Government assumed responsibility for health outcomes. If somebody does not like it, repeal it if they can, but that is what we did under the law. We assumed responsibility for health outcomes of that particular war, the Vietnam war, where there was at least a positive association of the war with the disease.

That law required the VA to contract with the National Academy of Sciences—and here we are doing the same thing on this. The National Academy of Sciences was charged with reviewing ongoing research on illnesses resulting from agent orange exposure in Vietnam. I seriously doubt there are many Senators on either side of the aisle who really questioned whether there is a relationship between agent orange and cancer, and the other different perils that it caused.

In March of this year, the National Academy of Sciences found limited or suggestive evidence for connecting service in Vietnam with a number of additional diseases, including spina bifida, in children of those who served in Vietnam. Creating a new entitlement for dependents? Yes. Because when you get into this kind of toxic stuff, dependents are affected, like they were in the Persian Gulf war through the chemical combinations and toxins that were used there. Dependents are affected. Reproductive activities are affected. Women are affected. Kids are affected. Have you seen the pictures? Have you visited the kids? Has anybody on that side of the aisle visited the kids, visited the families, talked with them? I do not know.

But this is extremely important. It is the National Academy of Sciences that made this finding, Mr. President, not the Congress, not the Veterans' Committee, not the House, not the Senate, not the President, not the VA. The National Academy of Sciences.

The President immediately established a task force within the Department of Veterans Affairs to make recommendations to him based upon what the NAS—the National Academy of Sciences—had reported. The VA task force recommended, among other things, the enactment of legislation that is now provided by the Democratic leader's amendment. Everything sounds pretty much in order to me.

On May 28, President Clinton announced that the Government would meet its responsibility to the children of Vietnam veterans. We did it with agent orange. Nobody has tried to re-

peal that that I am aware of. Now we have a new classification, new evidences, dependents, children showing up with problems. And the President said that he would send the Congress legislation to take care of Vietnam veterans' children who develop spina bifida.

The decision for the Government to take responsibility for children of veterans exposed to these environmental hazards—toxic hazards of war—is precedent setting. It surely is. It absolutely is, because the nature of war is changing. It is not without controversy, as is clear on the floor this morning, but it is what I call a leadership decision. And I applaud the President for making that decision.

The hazards of war are changing. It is so obvious. It is so obvious, Mr. President. It seems so obvious, but evidently it is not. Witness the great difficulty that the Government has had in discovering the causes of the vast array of illnesses that have followed service in the Persian Gulf war. The injuries of that war in the great majority of cases have not resulted, once again, from guns or missiles, but rather from environmental or other toxic exposures.

Once again, we have not had a chance to have a hearing on this. The normal legislative process was not followed, which is the reason that the minority leader and some of us have had to resort to approaches of this sort. There are new types of dangers that our soldiers will increasingly face in future conflicts. That is assured. That is why, as chair and now ranking member of the Committee on Veterans' Affairs, I made and am making a significant effort to oversee the Government efforts regarding environmental exposures to our military men and women. And it has not been a pretty sight.

The Defense Department, in one of the greatest stonewalls of all time, but in keeping with their record going all the way back to the First World War, denies any responsibility for anything happening to the soldiers that they are responsible for.

Part of the bargain in the Vietnam war, and also the Persian Gulf war—but here we are talking about Vietnam with these children—yes, the soldiers, men and women, signed up and went over to serve, but it was not part of the bargain that the children which they might have upon return from service, who might potentially be affected, would be part of this deal. These children were not sent to Vietnam. They did not sign up for the risks of service. There seems to be benefit-of-the-doubt type evidence that they were harmed, however.

So the question comes again, do we favor the \$3 million expenditure in 1997 for medical care for the horrible consequences they suffered—or do we ignore them, ignore them because it is a new type of entitlement or it has not followed the legislative process? I mean, this is a stunning difference between the two sides of the aisle.

The question before us today is whether the Government owes responsibility to children born to those who served in an earlier war, children born with a disabling condition called spina bifida. Now let us talk a little bit about the problem.

Mr. President, the problem can be immensely horrible, and it is in the case of spina bifida. It is not brought on by any action by the children. It is not brought on by any action by the parents. These are truly innocent victims. My colleagues may not want to hear some of the horrendous problems these children face, but they are going to, because we all need to understand a little bit about the nature of what is at stake here.

Spina bifida, SB, means "split spine." It is a defect of the neural tube, the embryonic structure that evolves into the brain and the spinal cord. It results from the failure of the spine to close properly in the first month of pregnancy.

There are three types of spina bifida, the most common of which is occulta, which is not disabling and is not included in the amendment before us.

What is covered in the proposed amendment are the two much more severe forms of spina bifida. In these forms, a cyst holding the spinal cord membranes, nerve roots of the spinal cord, or the cord itself, usually malformed, pokes through an open part of the spine; or there may be, in fact, no cyst, but only a fully exposed section of the spinal cord and the nerves.

Affected babies are at a high risk of infection until the back is closed surgically, and varying degrees of other problems remain even if the surgery is successful. Estimates of the number of children born with spina bifida range from 1,500 to 4,000 each year. As I indicated before, that number is going down as maternal diet and pregnancy testing are improving. All of this has been declining over the last decade.

The types of problems that these children develop vary, sometimes significantly, depending on the particular spinal nerves that are involved. But their conditions are serious, often severely disabling, and for all, lifelong. Curable? No. Lifelong? Yes.

Now, there are three primary areas of disabling function: The central nervous system, which is the brain and the spinal cord; the urologic system, which are the kidneys and the bladder; and the musculoskeletal system, which are the bones and muscles. Common primary medical problems include hydrocephalus, which occurs when the cerebrospinal fluid is unable to drain normally and fluid collects around the brain, resulting in an enlarged head; serious bladder problems due to lack of muscle control—urinary tract infections are very common, and kidney problems can result; bowel control problems; orthopedic conditions, including partial or complete paralysis, depending on where the defect shows on the spinal cord; and a variety of

problems involving dislocated joints, misshapen bones, bowed legs, and foot deformities.

It is not a lot of fun. It is also very common for these children to develop a whole host of secondary medical problems as a result of this, including obesity, high blood pressure, heart disease, bone fractures, seizures, eye disorders—due to pressure on the optic nerve—and a life-threatening latex allergy.

In addition, learning disabilities are a constant and lifelong reality for children with spina bifida. Now, remember, we have had learning through the school systems as it has been over the past couple of centuries; and we are now, after the deregulation of the telecommunication industry, entering into a whole new age where children are going to be expected to be able to handle much more complex learning procedures through computers and all the rest. So learning disabilities are going to be a horrible, lifelong reality for children with spina bifida, as they already are. Poor short-term memory, lack of organizational skills, lack of eye-hand coordination, needs for special education and other kinds of support are common.

Finally, there are a plethora of social development and psychological problems which plague these children for all their lives. Put yourself in the condition that I have just described for the last 7 or 8 minutes. I invite my colleagues to put their children in that condition. We have all seen spina bifida kids. We all know what they look like, what happens. We all know the love they get from their parents, but we all know what a fundamentally incurable, horrible condition it is. I, as one Senator, want to say that I am willing to give these children a huge benefit of the doubt as we did in the agent orange bill.

I turn to the controversy of determining the cause of these problems. Now, looking at the science and the law, opponents of providing health care to spina bifida children will honestly and genuinely argue that the scientific evidence of the connection between service in Vietnam and spina bifida is either lacking or flawed, or both. And for sure, there are those who argue against caring for any Vietnam veterans for agent orange exposure.

But, Mr. President, I believe we in Congress are particularly ill-suited to be the determiners of what is and what is not "good science." Those are debates and discussions best left to the scientists themselves, not to politicians. But the determination is great to replace scientific review with political debate and bias.

The fact is that with only a few exceptions, the maladies previously identified by the National Academy of Sciences as statistically connected with service in Vietnam can also be statistically related to other causes, as well.

The scientific proof, as I understand it, is not an open-and-shut case with

regard to those earlier diseases and illness findings. I readily acknowledge it is not an open-and-shut case regarding spina bifida.

However, Mr. President, this is, in fact, exactly what the 1991 agent orange law intended. We, as a Nation, decided then that we would give the benefit of the doubt to those who served our country in Vietnam. What we decided then was to task the NAS with the scientific determination as to the strength of the evidence of connection of a disease or illness. No more and no less.

Based upon those NAS findings, we directed the Department of Veterans Affairs to make a determination of whether there was a "positive association"—meaning at least 50 percent of the credible evidence supported a conclusion that a health outcome was related to Vietnam service. In fulfilling their job, the NAS established in 1993 four categories of the association of health outcomes. The minority leader referred to these. One, sufficient evidence of association. Two, limited or suggestive evidence. Three, inadequate or insufficient evidence. Four, limited or suggested evidence of no association.

It was in the second category, "limited or suggestive evidence," that the NAS earlier this year placed spina bifida in its report—for the first time. It is based upon this NAS finding that the VA task force concluded there was sufficient evidence to establish a positive association of military service and spina bifida.

The question then becomes whether "limited or suggested evidence of an association"—which the task force described as "several studies [that] suggest apparent increases in risk in offspring of Vietnam veterans"—whether that is sufficient to support the Government's assuming financial responsibility.

That is an appropriate question for debate, but one we have already answered in this body and in this Congress and in the law, by enactment of the 1991 agent orange law. What this amendment does today is fully in accordance with that law.

Now, the legislation proposed by the Democratic leader, and as suggested by the Department of Veterans Affairs, would establish a health care program for children with spina bifida, and a three-tiered compensation program paying either \$200, \$700, or \$1,200 a month, depending on the degree of disability. The compensation program would not, as I understand it, entail new costs, since it is offset by savings of other veterans' programs, and the health program's small cost would be absorbed in the VA medical care account.

Because no one knows for sure how many children will qualify for the health care or monetary benefits, the costs are uncertain. Estimates range from 700 to 3,000 spina bifida children of a parent who served in Vietnam and

where this positive association was established.

CBO has informally advised—and they speak for us—that about 2,785 children probably would be eligible to participate—2,785 children—at a total cost of perhaps \$4 million annually for health care. This is a real, real, budget buster. This is, in fact, a very small amount of money, when one considers that lifetime health care costs for those who have spina bifida range from \$294,000—which comes from the Centers for Disease Control—to over \$750,000—and that comes from the Spina Bifida Association—per child for comprehensive health care. But since many of the health care costs are in the early years of life, and the proposed amendment is not retroactive, the health care costs would be much, much less than these estimates.

The monetary portion of the benefit is intended to offset the varied expenses that these children and their families face other than direct health care. One can well imagine that this would include such things as special education and training, lost wages or work limitations, or independent living needs. It is not very hard to imagine that. Under the Democratic leader's amendment, the Secretary of Veterans Affairs would establish, by regulation, three levels of disability, corresponding to the three tiers of payments intended to supplement other funds available to these children from either public or private sources.

Again, CBO estimates that the compensation and vocational costs of the amendment would be fully offset and would, in fact, result in a net savings of \$4.2 million in 1997 and \$525 million through 2002.

So I conclude, Mr. President, that the question we will answer today is whether we will honor the commitment we have often stated to our men and women in uniform. I am sure somebody will stand up and take that one apart with all kinds of anger, rage, and whatever else. But that is what we have committed to do. That is the mission statement above the door at the Department of Veterans Affairs office building.

We are dealing with a new kind of precedent-setting entitlement, yes, because we have moved into a new era of warfare. I am sorry, but in the Persian Gulf, there are kids that are born with deformities. There is something called "burning semen," what some Persian Gulf veterans' wives have called "shooting fire," which nobody wants to talk about; wherein the soldier, be it a male, who served up front in the Persian Gulf war, when he is having sexual relations with his wife and some sperm maybe hits her in the leg, an enormous red welt develops. We have never had to talk about things like that before, but we do now because it is different now.

Some of these kids from the Persian Gulf war are being born deformed. Have we done anything to really help them?

No. Has the Defense Department admitted anything is wrong whatsoever? No, of course not, not since World War One have they ever done that.

Now we are dealing with spina bifida, coming from the Vietnam war. Positive association was established, leaning toward the child, toward the veteran was established, by law, in 1991. So we will have this question answered today. There are those who want to go by normal legislative procedure, which would not happen, and who are, for whatever reason, incredibly reluctant to help children in a situation in which money would be saved by so doing.

Spina bifida is horrible. I repeat, it is horrible. My wife and I have four children. None of them has that. I thank God that none of them do. I am overwhelmed with caring. One man I met on the subway yesterday whose child has spina bifida talked to me about her. It has nothing to do with Vietnam, but he talked about just the problems of that.

So I come very close to my ending here. In that 1991 law, Mr. President, we decided that the scientific test of our commitment would not be a 100 percent, totally black or white, test of cause and effect. We decided that as a matter of law. It was not intended to be an absolute test of cause and effect. It was intentionally balanced in favor of our soldiers, which now includes their offspring, because the world and wars have changed.

Those we have directed to make these decisions now tell us that there is evidence—albeit limited or suggestive evidence—of the causal connection for spina bifida in children and the service of their parents in Vietnam. As I understand it, the evidence is considered close to a 50-50 proposition; that is, the causal connection is as likely as not.

In such cases, I am totally comfortable with giving a strong presumption in favor of the children of American service members, at least until such time as scientific evidence suggests a more positive association—or a less positive one, a negligible one, or a nonassociation.

This is not an area of absolutes. But if I am to err, Mr. President, as I often have and surely will in the future, I choose to err on the side of assuming a responsibility, of assuming a benefit of the doubt, of assuming the care of the children of the war.

I thank the Presiding Officer and yield the floor.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Mr. WELLSTONE. Mr. President, I will be very brief. I thank the Senator from West Virginia for his very personal, very eloquent, and very powerful statement. The Senator from Wyoming, the chairman on this committee, has been gracious enough to let me speak.

Mr. President, I am proud and honored to be a cosponsor of this impor-

tant and historic amendment introduced by the distinguished and able Democratic leader, Senator DASCHLE. This amendment would enable the VA to extend health care and other benefits, including a monthly stipend, to Vietnam veterans' children suffering from spina bifida, a serious, disabling neural tube birth defect that requires lifelong care.

While I recognize that this amendment is unprecedented in that it would authorize the VA for the first time to provide health care and related benefits to children of veterans, there is no question in my mind that it is fully justified. The humane and courageous decision of the President and Secretary of Veterans Affairs Brown to request that spina bifida in the offspring of Vietnam veterans be considered service-connected was based on a National Academy of Sciences [NAS] study released in March 1996 that found evidence suggesting a link between veterans' exposure to agent orange and the occurrence of spina bifida in their children.

Mr. President, it is important to note that NAS used the same scientific criteria to conclude that there is a credible link between parental exposure to agent orange and the occurrence of spina bifida in their offspring as it had previously used in a 1993 NAS study that found a connection between veterans' exposure to agent orange and the incidence of respiratory cancers and multiple myeloma. Since Vietnam veterans suffering from these diseases already are receiving VA benefits based on the NAS findings and a subsequent determination that these conditions are presumptively service-connected, it is only fair that spina bifida-afflicted children of Vietnam veterans should also be provided with appropriate VA benefits.

Moreover, I would like to underscore the fact that both the 1993 and 1996 NAS studies were mandated by the Agent Orange Act of 1991, which passed the Senate 99 to 0. That act also stipulated that reproductive disorders and birth defects must be accorded special attention to ascertain whether or not compensation is warranted. The 1996 NAS report leaves little doubt about the wisdom of focusing on birth defects and that at least for the innocent and tragic victims of spina bifida there is little doubt that compensation is warranted.

Vietnam veterans have long been concerned that their military service jeopardized the health of their children and some of their worst fears now appear to have been confirmed. Some of the children of American soldiers exposed to agent orange are now paying a terrible price. Moreover, the cost of caring for a child with spina bifida can devastate a family financially. There is no question that the Federal Government has a moral responsibility to help veterans whose children suffer from spina bifida meet their children's health care and other special needs.

These children are innocent victims of the Vietnam war. The least we can do is to provide them with the benefits they need and clearly deserve.

Mr. President, again, I am very proud to be an original cosponsor of this amendment. I count as one of my blessings all of the teaching that the Vietnam vets, and really the veterans community, have done in Minnesota. They have really been my teachers. I want to say that I have immersed myself in issues important to them. I have tried to do my very best. I am really proud of a lot of my work, in the main, not because of me, but because—

The PRESIDING OFFICER. The Chair advises the Senator that he might need to adjust his microphone.

Mr. WELLSTONE. The microphone seems to be going on and off. Let me try this. Can the Chair hear me?

The PRESIDING OFFICER. Yes.

Mr. WELLSTONE. Mr. President, I believe that this amendment is very important. Again, it comes from work with Vietnam vets and their families and others in the veterans community.

I thank Secretary Brown for his humane recommendation that spina bifida in the offspring of Vietnam vets be considered service connected. I know it is based on the National Academy of Sciences study.

Mr. President, if you think about it, these children really are innocent victims of the Vietnam war. If I had to err, I would rather err on this side. I do not believe this is a huge appropriation of resources. I believe this is the right thing for us to do.

I think, at least to me—sometimes I do not feel like people in our country realize this—it has been amazing how many veterans and their families fall between the cracks and still do not get the kind of health care that they truly deserve. In this particular case there are just too many families who have this struggle, too many children of Vietnam vets, too many children, I say again, who are innocent victims of this war, too many children who need our help, and I think this amendment is a very important step in the direction of providing assistance to families, to Vietnam vets, and to the children of Vietnam vets. I believe that this help is long overdue.

Mr. President, I have met too many Vietnam vets who have struggled—some of whom have died—because of exposure to agent orange. It is, I think, the least we can do to provide this assistance to their children.

Mr. President, I hope that our colleagues on both sides will give this amendment introduced by the minority leader very strong support. I know in very good faith my friend—I consider Senator SIMPSON really to be a friend, somebody for whom I have tremendous respect—is in disagreement. But from my own heart, I think it is the right thing to do. I think we can help children. I think we can help families. I think it is part of our commitment to Vietnam vets. I think they deserve the assistance.

I am very proud to be a cosponsor of the amendment.

I yield the floor.

Mr. SIMPSON addressed the Chair.

The PRESIDING OFFICER (Mr. CAMPBELL). The Senator from Wyoming.

Mr. SIMPSON. Mr. President, I thank my friend from Minnesota. I have worked with him on various issues having to do with Parkinson's disease, mental health, and veterans' issues. He is a member of the Senate Veterans' Affairs Committee. I have come to very much appreciate the things he has debated, and to have a better understanding of him throughout. I think respect for each other is what the Senate is about. We can have serious partisan differences. Senator ROCKEFELLER and I have more serious partisan differences than most two people on the floor. But that need not interfere with our ability to legislate.

I thank the Presiding Officer.

Mr. President, again I want to commend Senator BOND for his work. He has done yeoman work on this issue. Senator DASCHLE, as I say, and I have been battling this one around longer than you would believe because Senator DASCHLE believes deeply that, whether we are going to find anything or not, we must keep looking for something with regard to a linkage of dioxin and disease. I wish it were that easy. It is not.

In the beginning of my remarks I stated that if there was something there before to establish such a link, there would have been a lot of plaintiffs who would have never settled the case when they were having a great old time suing everybody that ever introduced herbicides containing dioxin. You may be assured of that. Attorneys in the class action would have never turned around and gone backward if they had known there was any possible way to prove this tie because it would be jackpot day for trial attorneys on that one, and the jackpot day did not come. Such a link has not been proven, and the only group that has any credibility in this about exposure is the Ranch Hand study.

So no wonder the proponents of the amendment say ignore the Ranch Hand study when it does not support their cause. Those were the people who bathed in it, put it in the barrels, unloaded it, kicked it out of the aircraft, and there is no more serious difficulty with that cohort of people than with people who were nonveterans and not in Vietnam. I do not know how many times we have to say that. There have been no increase in birth defects in that group.

Again, the Ranch Hand study is the people most exposed. But there is one thing, or two or three things that I would like to say in response to my friend from West Virginia. The Senator from West Virginia and the Senator from South Dakota keep saying to us in a litany, a mantra, that the NAS study shows that 50 percent of the

studies show an association and 50 percent of them do not show an association. That is not so, my colleagues. All of the studies examined for the first report of the Institute of Medicine in 1993 were deemed not to have sufficient evidence to show an association with birth defects. All of them for 1993. After 1993, one new study was put forward by the NAS—the Ranch Hand study. Proponents have grasped the NAS classification of this study as having limited/suggestive value as a proof of association. But that study, according to its own principal investigator, who testified at a hearing in the House, shows no association whatsoever.

The other disturbing thing to me is that we continue to hear the use of "emotion, fear, guilt," suggesting that somehow we don't want to do something for these children. This is a horrible disease. To me it is more than talk. I have been involved in fundraising for spina bifida. I have been out there raising money for this disease in tributes to others where I participated for fundraising activities long before this issue ever came before this body. I do not need anyone to check my credentials on how I care about these people. It is a horrible disease. It is not even worth talking about in trying to say that somehow those who are opposed to this amendment are less caring or are poised to do ugly things to the most fragile in our society. I am disgusted by that kind of argument. You can go ahead and continue to make it, and I will continue to be disgusted by it. That type of outrage is the type of debate that is presented. We are not talking about a 15-percent tax cut. We are not talking about partisanship. In my experience there are many partisans in this body, but the Senator from West Virginia is one of the best. I do it, too. But this does not have anything to do with who cares for children. It does not have anything to do with who values the kids. It does not have anything to do with who cares more. We all care just as much for our fellow human beings as anyone from West Virginia or Wyoming or New York. We are all here as caring individuals.

So the continuing use of "emotion, fear, guilt" is not attractive to this Senator. Every one of us knows the problems of spina bifida. Every single one of us should, or certainly will, after this debate.

Let me tell you, ladies and gentlemen, we do a lot for the people with spina bifida. Maybe the VA does not do anything for people with spina bifida, but the Government does. So how many duplicative programs are you going to have, or are you just going to have an appeal to emotion and then a press release about what you did for veterans? I am a veteran. I am very proud to be a veteran. Some of the most unbelievable arguments on the other side—I am not relating this to the Senator from West Virginia or the Senator from South Dakota—come

from the people who have not even been in the Civil Air Patrol. I must say I get a belly full of that one, too.

Let us tell our colleagues what we do for people in this kind of horrible extremity. Anyone under 21 falls under the Early Periodic Screening and Diagnostic Testing Program, the EPSD Program of Medicare, for those in extremity, the horror stories, the wretched, the beat up, the people we hear talked about here as if only some of us cared about those people. Under Medicaid, this program provides for everything that a medical professional deems necessary for treatment and rehabilitation—everything. When the child reaches 21, then the State determines what will be covered above and beyond the Federal minimum standards. Those standards are inpatient, outpatient, nursing home, home health aid, drugs, x rays, medical doctors, nurse practitioner visits, and dental. All of that is provided to people who are in need as a result of the disease, the horrible disease of spina bifida. Therefore, this amendment is redundant, but that fact is never mentioned.

And then there is a final point which nobody seems to pick up, but I have to keep throwing it out. The Shriners—the Ancient Order of Nobles of the Mystic Shrine—is a Masonic organization, and even though these organizations are sometimes held in some different lights than they were 50 years ago, let me tell you what the Shriners do, ladies and gentlemen. They have a string of hospitals that are solely for crippled children. And do you know what? They will provide free care for every single child with spina bifida in the United States, period. No Government bucks. No grants. No nothing. This is their job, to provide this care for people who cannot afford to do anything and to do it free of charge, no questions asked. And they want me to express that to my colleagues one more time. That point apparently has not been heard in this debate, and is often shuffled to the bottom.

There are people who do things in America because they love other people and not because they love them more. Because we all are that way. We are a compassionate nation. I do not know anybody in this body, Democrat or Republican, who sits around at night figuring out how to do less for children, do less for seniors, do less for the disenfranchised or the powerless or the minorities in our country. I do not know anybody. That is ugly, ugly stuff that does not fit. It does not fit.

Now, there was a comment earlier that if we are upset about the agent orange legislation, we should repeal it. No way. I would not repeal it. It gave the NAS some excellent direction. I voted for it. Unfortunately, in this case it did not fulfill its promise. Unfortunately emotion and fear and guilt overwhelmed sound medicine and science one more time.

There was comment that there had been no interest in Persian Gulf inju-

ries and on activities relating to that war. That is not so. That is in total error. With me as chairman of the committee and Senator ROCKEFELLER as ranking member, we have not maybe legislated on the things that he would have legislated if he were chairman, but that is called seniority and it is called who is in charge. If that changes next time, I am certain that I will not be present for the activity, but if my friend from West Virginia is chairman of the Veterans' Affairs Committee, he will have a whole new agenda and a busy one at that. But I can tell you the Congress has legislated—oh, we have, indeed—with the Persian Gulf. We have enacted benefits upon benefits. We have enacted health care. We have enacted research and all of those programs are now on the books, ongoing, and you cannot say that this Congress or this chairman has not been vitally involved in the process. We have done what we had to do.

Now, we have another little item which has come to the attention of all of us, I hope, a letter dated August 29 received September 3 with the yearly progress report of the ongoing Ranch-Hand study. It went to the committee, but I think it should be in your hands and we will see that it is in the hands of the Members before the vote. You want to look at it if you can cut through the emotion, the fear and the stuff that goes with this issue. As I say, I have been here 18 years, and it is tough enough when you mention the word "veteran," but when you mention the word "veteran" and "innocent disabled children," then the engines are fully cranked. But there is not any way to pay for this one if we have to go back to reconciliation and redo our work. And I want every single sponsor of this amendment to tell me where we should get the money if we lose the money that we had in here for reconciliation because of the use of the Gardner decision here. I really want to hear that. Maybe you could give me book, page, and hymn number as to where you are going to get the scratch to do this and pay for 214 million bucks over 6 years.

But let us get back to the real issue raised by the legislation that I voted for and very proudly too. That legislation was filled with language that talked about:

Sound medical and scientific evidence. . . . Scientific evidence and reasoning. . . . Statistical association. . . . Strength of the evidence. . . . The increased risk of the disease. . . . The plausible biological mechanisms. . . . The causal relationships.

This is the language of the bill.

All other sound medical and scientific information. . . . Statistically significant. . . . Capable of replication. . . . Withstand peer review.

They did not do any of that here. None of it. None of it. I think that there may have been simply a professional lapse by NAS in a very complicated task which they clearly took very seriously, and I do not denigrate

that in any way. But I can tell you what the law says. I can read that very clearly.

But in the Ranch-Hand study update that we just received, and which will be on your desks, listen to this sentence:

The data provides little or no support for the theory that paternal exposure to Agent Orange and its dioxin containment is associated with adverse reproductive outcomes.

That is in pretty good English. What it really means is they did not find a thing in the Ranch Hand study, not a thing that would cause an adverse reproductive outcome. Those are the Ranch-Hand persons. They keep saying, look at the Ranch-Hand study because the Ranch-Hand study was the guys that took the real hits. But the Ranch Hand study found there is no real difference of any statistical order.

Then remember what we have done for these veterans who think that dioxin may have been the cause of their diseases. We have provided service upon service upon service to them. When I came here, we were providing \$20 billion for veterans and today it is \$40 billion, and there are 3 million fewer veterans. To have somebody say to me that we do not provide for our veterans is just not so. So I hope that you will look at your report from the Ranch-Hand study. I think it would be important.

And let me just say that I have set a hearing for this, and the reason I set a hearing is because a bill came in. And I guess the reason the bill came in is because of frustration. But you cannot have a hearing based on frustration. The bill came in July 29. Then we left here. So I set a hearing for September 18 and was ready to go ahead with it but the ranking member told me he cannot be here then. My friend from West Virginia could not be here for that date. So I said we'll set another date.

So to say that I am not receptive and helpful and cooperative is just not so.

We have had the normal legislative process. It is called a bill is "considered." We could get that chart that they hand out to the school kids. You put in a bill and it is referred to a committee. Then you have hearings. However, we have had nothing on this measure—nothing. I will have that hearing and it will be done at a time mutually convenient with my friend from West Virginia. To think the statement is made we are not interested in taking up the issue and that we have ignored, or not paid proper attention to the Persian Gulf veterans—it is not so. And that we have no interest in children—boy, that one has to go somewhere else for some other debate.

So, we will have the hearing. Hopefully, it will match the time of my colleague, my good friend from West Virginia. I tried to accommodate him. If I cannot, I am going to have the hearing anyway. In fact, there came a time a few months ago where he had a hearing. He just called it. So I showed up. I thought that would be interesting, that I might join in the fun.

So those are things that happen when you have the type of activity where you have a breakdown in staff, which happens here often—jealousies, pettiness, all the things which go with the human condition here as well as out in the local community. We do not do things any differently here than you do in your hometown. I have often said, people who are looking to us for perfection are often people who do not have any perfection in their own lives, so they try to say, "You do it. Mine is a mess, so we expect perfection out of you." They will never get perfection out of here, and that is the joy of legislating and that is why the country works.

I am willing to give children the benefit of the doubt. Who is not? I am willing to give veterans the benefit of the doubt. Who is not? Who has not? For Heaven's sake, yes, Congress is poorly suited to evaluate what is good science. But scientists are not, and that is why we should leave it with them. With only a few exceptions, this is surely an extraordinary venture for us, to open a new entitlement program at a time when everybody in this country knows that the entitlements are simply sucking us away. When you provide this kind of thing for people, like you do with any other entitlement, it is automatic. And it has to be paid. If you do not pay it, you get sued by the recipient.

So we do nothing about entitlements, and there will be nothing done between now and November 5, in this country, by any of us here or by either Presidential candidate that will have a single thing to do with the one thing that is just draining the core out of America, and that is Medicare, Medicaid, Social Security, Federal retirement, and interest on the national debt. And the saddest irony is those who talk all day long about the kids and the veterans and all the rest will find, in the year 2012, according to the bipartisan committee report of Senator KERREY and Senator Danforth, there will be nothing left for transportation, education, defense or any other thing—WIC, WIN, Head Start or any other thing you want or really lust for or must have, because all the resources will have been used by those five items I just described: Medicare, Medicaid, Social Security, Federal retirement, interest on the national debt. That is your legacy.

Then what will we do with the poor? The kids? The veterans? You tell me. Because we cannot even stop the COLA. We cannot even cut down a cost-of-living allowance for a senior citizen who lives in Sun City with a cabin in the mountains and a couple of homes and a couple of cars. We cannot even get the COLA reduced for those people. We cannot even "affluence test" them, because it is a violation of America.

I will be waiting for that debate. I shall report on it from the banks of the Ishawooa Creek, and the Bobcat Ranch, southwest of Cody, WY—when I finish

alerting the young people as to what is going to happen to them, that is.

That is why I wear this tie. This is for young people. A young man came up the other day. He was 18. He had his hat on backward, kind of a mouth-breathing exercise. He said, "What is going to happen to us? Who speaks for us?"

"Well," I said, "why don't you speak for yourselves? We gave you the right to vote and only 15 percent of you use it. Don't come whimpering around to me." He said, "OK." So then he put his cap on correctly and went, breathing the vapors, in the other direction. That is why I wear this tie. Because I tell people between 18 and 40, this tie, with chickens on it, if they do not get off their fannies and do something about it, they will be picking grit with the chickens when they are 65.

We will see how that works. I intend to get involved with groups, young, third millennium, and others, because if you really, really care about the poor and the disenfranchised and the seniors and the veterans, then get off your fanny and do something with the issues that are eating our lunch instead of just tapping around the edges, fearful of what may happen if you act.

Well, as I say, it is very difficult to enter a debate like this because there are some words that lead to immediate emotion and the voting of taxpayer money without any further thought when they are uttered within this Chamber. Those words include "veterans," and "innocent disabled children." Now there is a way to combine them in one amendment. If this amendment is to be decided on the basis of the emotions evoked by these words, we can cease right here and save the Senate's time. And it is too bad there is not a time agreement on this amendment. My remarks, I told them, would be about 30 minutes, because I have a hunch there will be a lot of people who will come in here. Maybe not. But, if the Senate is actually willing to look at this issue closely and honestly, and with absolute facts, then there are issues that must be raised.

First of all is the fact that this amendment, to an appropriations bill, mind you, would create a brandnew program with brandnew benefits for a new population of previously unserved beneficiaries. Whatever the merits of the proposal, it is clearly an attempt to enact authorizing legislation on an appropriations bill and is, therefore, out of order. I think that will be presented by my friend from Missouri. I will not be so bold as to suggest this amendment would be the first time the Senate has approved authorizing legislation on an appropriations bill, but we should ask ourselves if this is the proper legislative process for creating new entitlements.

If it is, then, I earnestly suggest the Senate would consider eliminating the authorizing committees altogether. We would save the taxpayers the cost of funding committee operations and save

our colleagues the time and effort that we know takes place as we do our work, in what is oftentimes a tedious process.

I can understand how, in some cases, a Senator might want to circumvent the committee process, bring an amendment directly to the floor of the Senate. He might do so in absolute frustration. I understand that one. That is, if an authorizing committee bottled up an important measure, never giving it a hearing, never giving proponents a chance to make their case. But, if this proposal has never seen the light of day, if it has never been debated, if Senators with an interest in the issue have never had a chance to even listen to or participate in a discussion on the merits of the proposal, the fault cannot be with the Committee on Veterans' Affairs. The bill was introduced July 29. As I say, within days of introduction we recessed to allow the Presidential nominating conventions to take place. Now, having returned with bags hardly unpacked, we find before us an amendment creating a huge precedent-setting new entitlement. If this proposal has never seen the light of day, it is not because it has been forgotten in some committee's "hold" box. This amendment has not seen the legislative light of day because not enough time has elapsed for the legislative sun to even rise.

This amendment creates a new entitlement and the constraints of the Budget Act apply. I note the amendment's budget neutrality is obtained by reversing the Supreme Court's Gardner decision. I mentioned that before. That may seem like esoterica of the first order to you, but, without going into detail, that decision expanded an existing veterans' benefit in a way that was never intended by the Congress.

But I also note the fiscal year 1997 budget resolution, which is still in effect, includes savings from the reversal in Gardner and the assumptions behind the reconciliation instructions for the Committee on Veterans' Affairs. That is what it is. The savings from reversing Gardner are the foundation of the veterans committee bill that we will report out, if we are called upon to achieve \$5.271 billion in 6 years savings needed to comply with the budget resolution.

If those savings are used instead to pay for this bill, they will not be available to the committee. That means we would have to do something else to reduce veterans' benefits.

The amendment's use of Gardner savings is not an offset, I say to my colleagues. It merely shifts the responsibility of finding an offset off the back of the amendment and into the lap of the Veterans' Affairs Committee. Period.

Costs of the amendment will not be borne by some abstract bookkeeping account. The costs will be borne by yet unidentified beneficiaries of whatever program the Veterans' Committee is

forced to attack to compensate for this amendment's use of Gardner's appeal.

All the groups are not for this amendment. I have heard nothing from the DAV, the Disabled American Veterans. You would think you would hear from them. You know what they are thinking: This is going to take money away from disabled veterans to give to dependents of veterans. We have never done that with this kind of an entitlement, ever. They know that.

So do the Paralyzed Veterans of America. You have not seen anything from them. They do not dare speak out, but they are not aboard here in the letters of support, because they know there will be one population that will really be hammered in this process, and that is those who are disabled; veterans who are disabled, not the children of veterans who are disabled.

This amendment is rooted in a study did not prove anything and whose significance is reduced by confusion and bias and confounding.

This amendment is wholly premature. Yes, the administration has proposed legislation on this subject. That was received July 25 when it was slipped under the Veterans' Committee door. So, there was not much opportunity to look at this one.

I think we should have more than 4 or 5 legislative days in the light of day before reaching the Senate floor. But the objections to this amendment are not limited to procedural questions of jurisdiction and process.

I also believe the amendment is fundamentally flawed on the merits. Sure, there are a lot of unresolved questions to be resolved in a calm and reflective manner before the Senate goes forward with such an expensive and expansive program, but the amendment hangs or predicates itself on several assumptions.

First is that exposure to herbicide causes spina bifida, a serious defect in the exposed father's children.

Second, that Vietnam veterans were, in fact, exposed, and every single link in that chain of reasoning is subject to dispute. This is the kind of thing that is best resolved through the complete legislative process: introduce the bill, solicit evidence, comments, hold hearings, seek review of experts and interested parties on both sides, hold a markup, consider amendments, and then bring the bill to the floor.

This amendment has short circuited that process. That is what we do here, and as a legislator who has been doing this stuff for 30 years, who appreciates beautifully the wisdom of the legislative process, I am greatly saddened by that. In 30 years, I have never been an administrator, never wanted to be President, never wanted to do anything but legislate. If you are doing it right, it is very dry work. It is not about emotion, it is not about press releases; it is about hard work. But I can't change that.

We will have to compress the entire legislative process into a few minutes,

so here it is. Here we go. It will not take long.

Does a father's exposure to herbicides cause spina bifida in his children? There is very little evidence to support that assertion even though, as a result of all the furor over the years surrounding agent orange, the bookshelves have literally groaned under the weight of studies of the health effects of herbicides, but few, if any, of those studies have ever pointed to spina bifida.

Were Vietnam veterans generally exposed to a material amount of agent orange? Whatever evidence, or lack of evidence, for association between exposure and disease, the only actual empirical evidence of exposure that is available to us does not support the theory that Vietnam veterans were generally exposed to agent orange.

Look at these charts—two of them—which depict measured blood dioxin levels found in two population samples. This upper chart shows a level found in a sample of 646 Vietnam veterans. The lower chart shows the levels found in a control group of 97 veterans who did not serve in Vietnam.

In each case, the vertical scale is the percentage of the sample population; the horizontal scale is the specific dioxin, TCDD, measured in parts per trillion, ppt.

In both groups, veterans who served in Vietnam and veterans who did not serve in Vietnam, the percentage of subjects begins to rise at a measured dioxin level of 2 ppt, peaks at about 3 and tails off into scattered individuals—that is what these symbols are, individuals, not groups—at about 10 parts per trillion.

By the way, these levels are consistent with measured blood dioxin levels for the general American population, which are in the same range of 0 to 20 parts per trillion.

So there it is. "ND" means non-detectable. Then you see this rise, then down, and after that, there is no effect at all up into 20 parts per trillion—nothing. This is the veteran population who were in Vietnam, and this is non-Vietnam veterans, and the charts are exactly the same—exactly the same. That is the kind of data you never consider when you are just using emotion. Those are studies from the CDC.

In short, based upon those samples, Vietnam and non-Vietnam veterans cannot be distinguished from each other on the basis of the measured dioxin levels in their blood, and neither group can be distinguished from the American population.

So the only evidence available to us, based on measured blood levels of dioxin in veterans, is not consistent with the hypothesis that service in Vietnam exposed most veterans to material amounts of agent orange.

Yes, I know, that is difficult. I am sure someone will be coming here to get in the fray, and I will be waiting for that.

Let me show you a second chart showing measured dioxin levels in sev-

eral different populations. This chart depicts blood dioxin levels of numerous populations and compares the level found in Vietnam veterans, presumed to be exposed, with the levels found in populations known—known—to have been exposed.

So let's look at that. We are not guessing here. We are going to talk about populations known to be exposed. The horizontal scale is blood dioxin levels in parts per trillion. The top group depicts the measured blood dioxin levels for Vietnam ground troops with high, low, and medium opportunities for exposure, as well as the measured level of the control group known not to have been exposed.

All these groups have identical, and low, levels of blood dioxin. That finding is consistent with the hypothesis that Vietnam veterans do not have material exposure to agent orange. The level for the control group and the exposed group are the same. Let's go to the next little chart. We find a group of bars down there depicting the measured dioxin levels in a control group and in four categories of the Ranch Handers. Now Ranch Handers, a cohort of about 2,700 people, if I recall, 2,300, are the Air Force personnel who did the actual agent orange spraying.

Of course, that would be the group we used in our studies. And why not? We knew what they were doing. I point out that you should know what they were doing. They were mixing it, loading it, labeling it, spraying it, kicking it out of the helicopters with an open lid, and cleaning it up. That is who they are.

For the control group and the Ranch Hand officers the measured blood dioxin levels are rather low. And their level is about equal to the level found in the ground troops. But the levels for the enlisted Ranch Hand personnel are elevated, a finding which you would expect for people who actually mixed, loaded, sprayed and cleaned up the agent orange.

A little lower on the chart we find the third grouping of measured blood dioxin levels. These are levels measured in workers with known occupational exposures to dioxin. They are measurements for a group of German industrial workers and New Zealand agricultural sprayers. Then there are the levels found in the most exposed quintile, as the phrase is used in graphs, of an occupational study conducted by the U.S. National Institute of Occupational Safety and Health. That study broke its subjects down into five quintiles with progressively greater opportunity for exposure.

The measured blood dioxin level increases proportionately with exposure, as one would expect. Except for the lowest exposure NIOSH group, that is the National Institute of Occupational Safety and Health subjects, all occupationally exposed groups have measured blood dioxin levels higher than both Ranch Handers and Vietnam veterans.

Then finally—and you have heard mention of this extraordinary disaster—the bottom bar shows the measured blood dioxin levels for residents of Seveso, Italy, a town heavily exposed to dioxin as a result of a horrible accident where they were exposed to dioxin as a result of an industrial accident.

The chart shows that the blood levels for Seveso residents who developed chloracne, which is a known effect of dioxin—no one argues that—are higher than the blood levels of those who did not. And we would certainly expect that. I ask my colleagues to note that the scale of this chart is exponential above 100 parts per trillion—off the chart, if you will. And the chart documents the fact that Seveso residents have measured dioxin blood levels which are thousands of times higher than that found in any Vietnam veterans, Ranch Handers or non-Ranch-Handers.

And this is the reason for the chart. All of the followup studies of the individuals whose blood serum dioxin level are documented on the chart do not report any increased rates of spina bifida in the children of these heavily exposed individuals. Remember that these are people, individuals with documented heavy exposure to dioxin. In the case of the Seveso residents with chloracne, the measured blood dioxin levels are over 10,000 times greater than that for Vietnam veterans.

If spina bifida were associated with exposure, we would find increased rates of spina bifida in these populations. And there is none. And the greatest increases would be in the population with the highest measured blood dioxin levels. And there are none.

In fact, the only group with any increase in the rate for spina bifida is in the Ranch Hand group. And as we will see, the principal investigator of the Ranch Hand study has testified before this Congress that limitations in that study mean that this finding should not be used to draw conclusions about birth defects. That is what the principal investigator said. That testimony I will be glad to present to my colleagues.

The documented higher dioxin levels for enlisted Ranch Handers—compared to other Vietnam veterans—also means that even if someday there were to be a valid study showing adverse effects in these Ranch Handers, those conclusions may not be applicable to the Vietnam population as a whole.

This would be especially true if the proposed application of such a study would be to support the creation of a new entitlement applicable to all Vietnam veterans. I noted earlier, the Ranch Hand study is not such a study according to its principal investigator.

So both of those charts are based on actual measurements. Both are taken from the 1996 update of the Institute of Medicine, the IOM, agent orange report. I will be glad to share this with anyone who may wish to have it. This update is the foundation for both Sec-

retary Brown's prostate cancer decision and Senator DASCHLE's spina bifida amendment. And where did they come from? They originated with the CDC and they came from the IOM, the Institute of Medicine. This is the same report that has been relied upon by the very capable minority leader. We are using this same thing.

In enacting the old Public Law 102-4, which I was involved in, the Congress enacted a three-part standard for determining if there was an "association."

Mr. President, I ask unanimous consent that portion of the statute be printed in the RECORD. I have previously spoken about it.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

(d) SCIENTIFIC DETERMINATIONS CONCERNING DISEASE.—(1) For each disease reviewed, the Academy shall determine (to the extent that available scientific data permit meaningful determinations)—

(A) whether a statistical association with herbicide exposure exists, taking into account the strength of the scientific evidence and the appropriateness of the statistical and epidemiological methods used to detect the association;

(B) the increased risk of the disease among those exposed to herbicides during service in the Republic of Vietnam during the Vietnam era; and

(C) whether there exists a plausible biological mechanism or other evidence of a causal relationship between herbicide exposure and the disease.

Mr. SIMPSON. The statute talked about statistical association, increased risk and casual relationship. So that is where we are. The IOM, the Institute of Medicine, said there is "limited suggestive evidence" of an association between exposure of a father and spina bifida. That is largely based on the Air Force Ranch Hand study. The study found that three Ranch Hand children were born with spina bifida.

Do not stop there. The same study also found that the total rate for birth defects in Ranch Handers is comparable to that of the control group. How is that possible? Well, it is quite logical, because when statisticians break aggregate or average data down into its component parts, individual values start to spread out away from the norm. So it is with the Ranch Hand children.

For example, while the Ranch Hand spina bifida value is high, the Ranch Hand cleft palate value is low—zero in fact. The low value for cleft palate does not mean that agent orange prevents cleft palate any more than the high value for spina bifida means that agent orange causes that birth defect or even there is an association between the two.

I remember an old phrase that said, "If you torture data long enough with statistics, they will eventually confess." And that is what has happened here. If you torture data long enough with statistics, eventually it will confess.

One other thing with a thought experiment. I think I will shorten my re-

marks in the interest of moving on through this day. But we could go on and make all sorts of comparisons about the health of the House Members and the Senate Members and whether they have this or have that. We could all find that they have more kidney disease, more heart disease in one body or another, and you could play with that stuff all day and all night. You are going to find those differences. But we are trying to use sound medical and scientific evidence because that is what the law says.

There is a name for this scientific sin of combing raw data until you find data skewed in the direction you want to go and then formulating a hypothesis on that finding. That is called "data mining." And using the Ranch Hand study as the basis for forming a conclusion, rather than using the findings as the basis for forming a hypothesis for testing, is to commit the sin of data mining.

I think you want to remember that the principal investigator for this study, Dr. Joel Michalek, testified before a House committee that his findings did not support the conclusion that there is a linkage between spina bifida and agent orange. That is it. That is the only evidence we have. We are ignoring that?

The academic reviewers for the journal Epidemiology drew no attention to, or conclusions from, the birth defect findings when they published the Ranch Hand study.

The IOM said this, "any positive conclusion is vulnerable to chance, bias and confounding." And so all I can do is present my colleagues with the facts. Others can come to present the emotion. And they will be here. And I will continue to try to present the facts. There is not one of us here—and certainly not this Senator—that does not care about people who have spina bifida or care about Admiral Zumwalt's son, a tragic thing. And that dear and remarkable American feels that agent orange is the destruction of that fine young man. And that may well be. No one—no one—cares less for those people. I hope we can keep that out of debate. When we come to the debate, bring facts. Everyone is entitled to their own opinion, but nobody is entitled to their own facts.

There have been thousands of studies of veterans, farmers, agriculture workers, and industrial workers who either were or are presumed to have been exposed to herbicides or their component chemicals, and all of those studies—every single one of them—provide little support for the theory that Agent Orange causes spina bifida. Dioxin does cause chloracne, and that is why we have made it a presumptive disease. It may cause other things, and that is why we made other diseases presumptive diseases.

But the use of the Ranch Hand study to support making birth defects presumptive, as is being done today, is to use the study for a purpose disavowed

by its principal investigator. That has to be at least heavy in your consideration.

With that, I see my colleagues have fled or have absented themselves from the Chamber, so I probably should fill the void, but I think the word should go out we are certainly ready to proceed with the debate or yield back time. I am ready to do that, but I do not wish to cut off anyone in the debate, either the minority or the majority side. So rather than have a quorum call, I shall proceed. However, let the word go out through the network that if anyone wishes to debate this issue further they should present themselves. If not, we can conclude the debate and go to the procedural motion that will be made by the Senator from Missouri.

Again, I want to reiterate that we really do some good things for people who have this disease. I have cited that. But I think one of the most unique is the private sector, the remarkable group known as the Shriners, those fellows you see in the parade with the fez—older now, but just as caring and loving of their fellow man and woman, and especially children. They provide care for any child in this Nation with spina bifida, and especially if you cannot afford to pay. In fact, that is really the requirement. They will treat that child only if the parents can afford to pay nothing. There is never any reimbursement. Those remarkable people support those hospitals, and you do, too. I want that clearly said.

We are always talking about, what can the private sector do? How can they begin to take the burden off Medicare and Medicaid? This is one way. We put a redundant program together just so we can not say that the VA has not done anything for these victims. Even though others are serving them, we still want the VA to do it. That is how we get to a \$6 trillion debt within the next few years—a \$5.2 trillion debt—even if we balance the budget. Under all these horrible proposals described by some of my brethren, the budget will be balanced in the year 2002, but the debt will be \$6.2 trillion.

Half the American people believe that we all got together and balanced the budget, and that may be so. That would mean the deficit will be gone; whether it is \$160 billion or \$200 billion, just pick your figure. But, Members, the debt of the United States will have marched on like "Old Man River." That is why everybody is asleep. The debt, after balancing the budget in the year 2002, the debt will then have gone to 6.2 trillion bucks. Why is that? Is that the ghost of Ronald Reagan doing that? Is that Clinton doing that? No. Right here. This is where we do it—Democrats and Republicans do it. We do it to get reelected.

You just saddle this new group of human beings with a burden that they can never, never tolerate and do it for the best reasons—the children, the vet-

erans, the seniors. No affluence testing, no measurement of what you put in and what you get out, no measurement of your net worth. That game is going to end—not in my time, but it will end—because there is no way it can be sustained.

It is as if we are talking about messing with the deck chairs on the *Titanic*, which has been partially lifted and then returned to the depth, which is about where we are with the debt. There is no way to arrange these deck chairs unless you do something with Medicare, Medicaid, Social Security, Federal retirement and the national debt interest, period.

So maybe we can hear less about those who care less—if I hear that again, I will be wanting to toddle right over here from my office—or that somehow one party cares more than another about human beings. That is pure balderdash. It is ugly. It is crude. It does not fit, because I do not know anybody in the Democratic Party or the Republican Party that is interested in doing a number on anyone of the lesser of society. We are interested in trying to do something to see that there is something left for those people in 10 or 20 years. If that is cruel, I am proud to join that pack, because I think that is the greatest abrogation of responsibility for our generation, to just leave a tattered pile of IOU's for a bunch of young people who apparently are not paying attention or who know that there will not be anything in the till for them anyway.

With that, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. BOND. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KERRY. Mr. President, I join my distinguished colleague from South Dakota, Senator DASCHLE, today as a cosponsor of the Agent Orange Benefits Act Amendment of 1996. I find myself year after year after year giving voice to those Vietnam veterans who still are suffering as a result of their service in Vietnam. Thirty years ago agent orange was sprayed in Vietnam—30 years ago—and we are still debating the bias of each individual analyzing the evidence of its health impact on the veterans and their children. The families who suffer deserve our cooperation. It is time to stop debating and move forward.

This amendment does just that. It takes another crucial step forward in repaying our debt to those who have served their country. In some cases, that is a dear debt, indeed.

The legacy of Vietnam has cast its dark shadow on many aspects of our daily lives, changed the way many of us think and view war. Today we seek to address the shadow that has been

cast over some children of Vietnam veterans.

Mr. President, the amendment we are proposing today would extend health care and related benefits to children of Vietnam veterans who suffer from spina bifida, a serious neural tube birth defect that requires life-long care—provided, of course, the children were conceived after the veterans began their service in Vietnam. These children have become the next innocent victims, victims in a long line, who are suffering from the effect of agent orange.

Senator DASCHLE, Senator ROCKEFELLER, I and many others have worked for the past decade to try to bring to a fair and just resolution the questions surrounding agent orange and the effects it has had on the men and women who faithfully served this country. In 1991, we coauthored the agent orange Act of 1991 which required the Institute of Medicine—part of the National Academy of Sciences—to conduct a scientific review of all evidence pertaining to the connection between exposure to agent orange and other herbicides used in Vietnam and subsequent occurrence of health-related conditions. As a result of this law, a report was issued by the National Academy of Sciences in March 1993 and it was to be followed by biennial updates for the next 10 years.

The first report published by the National Academy of Sciences in 1993 created four categories to classify the level of association between certain health conditions and exposure to agent orange. Category I contains conditions for which there is sufficient evidence of an association. Category II contains conditions for which there is limited or suggestive evidence of an association. After 1993, the VA provided compensation for all conditions contained in categories I and II. Conditions for which there is inadequate or insufficient evidence to determine whether an association exists were placed in category III and compensation was not provided for them.

When the latest of the NAS biennial updates was issued in March of this year, it cited new evidence supporting the link between exposure to agent orange and the occurrence of spina bifida in children of veterans who served in Vietnam. The NAS panel moved "spina bifida in offspring" from category III into category II, based on the results of three epidemiological studies which suggest that a father's exposure to herbicides may put his children at a greater risk of being born with spina bifida. The Ranch Hand Study, which examined a group of veterans who were directly involved with spraying 19 million gallons of chemical defoliant in Vietnam during the war, was the largest of these studies. Over the past 2 years the results of the Ranch Hand study have been reanalyzed by the U.S. Air Force, and this new analysis reinforced evidence of a connection between agent orange exposure and spina

bifida in offspring that had been found in other studies. This ultimately led to the committee's conclusion that there is limited or suggestive evidence of an association. I ask unanimous consent to place an article in the RECORD that discusses at length the basis of these findings.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Journal of the American Medical Association, Apr. 10, 1996]

NEW IOM REPORT LINKS AGENT ORANGE EXPOSURE TO RISK OF BIRTH DEFECT IN VIETNAM VETS' CHILDREN

(By Joan Stephenson)

New Evidence reveals a tentative link between exposure to chemical defoliants that were used in the Vietnam War and an increased risk of spina bifida in veterans' children, according to a recently issued report by the National Academy of Sciences' Institute of Medicine (IOM).

The congressionally mandated report, *Veterans and Agent Orange: Update 1996*, is the second in a series of biennial reassessments of the health effects of Agent Orange and other herbicides. In addition to noting limited or suggestive evidence of an increased risk of the birth defect in exposed veterans' children, it said that new studies confirm the 1994 report's finding that there is sufficient evidence that exposure to these chemicals is linked with soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, and chloracne.

The report also described "limited or suggestive" evidence, based on studies of occupational exposure to herbicides or dioxin outside of Vietnam, that exposure may be linked with acute, transient peripheral neuropathy. However, a link between chronic peripheral neuropathy and exposure to these chemicals was not supported by the overall data.

THOUSANDS EXPOSED

United States military forces sprayed nearly 19 million gallons of herbicides, including more than 11 million gallons of Agent Orange, over Vietnam between 1962 and 1971, to strip vegetation that helped conceal enemy troops. Thousands of US troops were exposed to varying doses of these chemicals, which were sprayed from airplanes and helicopters, from boats and ground vehicles, and by soldiers wearing equipment mounted on their backs.

After a 1969 report that concluded that one of the chief chemicals used in Agent Orange could cause birth defects in laboratory animals, use of Agent Orange was halted in 1970. All herbicide spraying in Vietnam ended by 1971.

"Since that time, some of the 3 million Americans who served in the Vietnam War have wondered whether their exposure to herbicides may have caused them to develop cancer, or caused their children to have birth defects," said David Tollerud, MD, MPH, of the University of Pittsburgh (Pa) School of Medicine, at a press briefing. To address these concerns, Congress passed the Agent Orange Act of 1991, authorizing the National Academy of Sciences to review studies concerning the health effects of herbicide exposure and to reevaluate the evidence every 2 years for 10 years as new evidence accumulates, noted Tollerud, chair of the IOM committee that produced the report.

As in the first IOM report, the diseases were classified into four categories according to the strength of evidence (or lack thereof) linking health effects with herbicide exposure.

The top category includes conditions for which there is "sufficient evidence" of a positive association with exposure to herbicides of dioxin (a trace contaminant of herbicides). The second classification involves diseases in which "limited or suggestive evidence" suggests such an association—meaning that at least one high-quality epidemiologic study has found a link, but that the evidence is not conclusive enough to rule out chance or study bias influencing the results. The other two categories involve conditions for which there is "inadequate or insufficient evidence" to determine whether a link exists, or "limited or suggestive evidence of no association."

OPERATION RANCH HAND

The finding of "limited or suggestive" evidence of an increased risk of spina bifida in children fathered by veterans exposed to herbicides was based on three epidemiologic studies, the largest of which involved a reanalysis of a group of nearly 900 Operation Ranch Hand veterans who were directly involved in the handling and spraying of herbicides in Vietnam.

In the Ranch Hand study, researchers found three cases of spina bifida (plus one case of another neural tube defect, anencephaly) among 792 liveborn infants, compared with no cases occurring in a comparable group of children fathered by non-exposed veterans, for a rate of nearly four cases per 1,000 births. The rate of spina bifida in the general population is about five cases per 10,000 births.

Two other epidemiologic studies reviewed by the committee—the Centers for Disease Control and Prevention (CDC) Vietnam Experience Study and the CDC Birth Defects Study—also suggest an association between herbicide exposure and increased risk of spina bifida in children. But the report noted that while all three studies were of relatively high quality, methodologic limitations such as small sample size and possible recall bias mean that further study is required to confirm this apparent link.

Based on several occupational studies outside of Vietnam, the report also added acute, transient peripheral neuropathy lasting weeks, months, or longer to the list of health effects for which there is limited or suggestive evidence of an association with herbicide exposure.

Other diseases classified in this category in the first IOM report included prostate cancer, multiple myeloma, and respiratory cancers (of the lung, larynx, or trachea), and the new report reconfirmed those findings. Studies completed since the first report resulted in a reclassification of the evidence linking porphyria cutanea tarda and herbicide exposure from "sufficient" to "suggestive." New studies also prompted the committee to downgrade the classification of skin cancer from "suggestive" to "insufficient evidence of an association."

A QUESTION OF EXPOSURE

Unlike the other findings of the IOM report, the conclusions about an apparent link between spina bifida and herbicide exposure were based on studies of Vietnam veterans. However, most of the evidence reviewed by the committee about possible health effects from exposure to the herbicides used in Vietnam came from studies of people who were exposed to these chemicals either on the job or in industrial accidents.

Tollerud noted that a severe lack of information about the exposure levels of individual troops hindered the IOM committee's ability to assess the herbicide-related health risks faced by Vietnam veterans.

"Except for particular groups, such as those involved in Operation Ranch Hand and other groups directly involved in spraying

operations, information on the extent of herbicide exposure among veterans is virtually nonexistent—and this limits how far we can interpret data [from studies of nonveterans] with respect to the veterans themselves," he said.

The majority of experts on the IOM committee agreed that it's not currently possible to quantify the degree of risk to Vietnam veterans from exposure to herbicides and dioxin. However, two committee members, Bryan Langholz, PhD, and Malcolm Pike, PhD, both of the University of Southern California, Los Angeles, School of Medicine, said that studies indicate that measuring trace levels of dioxin, which lingers in the body for years, and extrapolating backward could provide a useful measure of a veteran's original exposure.

If this method provides such a valid estimate—an assumption that many experts on the committee dispute—studies that measure blood levels of the chemical in Vietnam veterans would suggest that most veterans, particularly those who did not participate in herbicide spraying, were not exposed to very high levels of the chemicals, said Langholz.

Scientists hope that ongoing and future research efforts will help reduce some of the uncertainty about exposure levels of veterans. One possibility is the development of historical exposure reconstruction models, which involves combining existing data on such factors as the paths flown by airplanes involved in herbicide spraying with information on specific troop movements and meteorological conditions when spraying occurred, to determine levels of exposure of veterans. The Department of Veterans Affairs and the IOM are working together to solicit research proposals for such studies, said Tollerud.

Another area that still needs to be addressed is the possible health effects of herbicide exposure in the women who served in the Vietnam War, particularly potential reproductive effects and diseases that are usually or only seen in women, such as breast cancer and cancers of the female reproductive organs. The Department of Veterans Affairs is currently identifying and enrolling such women in studies to examine this issue.

"We hope that by the time the review process comes around in 2 years that there will be new information to address the gaps in knowledge that we now have about [herbicide-related] health effects in these women," said Tollerud.

Prepublication copies of *Veterans and Agent Orange: Update 1996* are available from the National Academy Press by telephone (800) 624-6242 or (202) 334-3313 (Washington, DC, metropolitan area). The report's executive summary is available on the World Wide Web at <http://www.nap.edu/nap/online/veterans/>.

Mr. KERRY. The Secretary of Veterans Affairs, as mandated by the 1991 law, initiated a comprehensive review of the 1996 NAS report and made consequent policy recommendations to the President. Subsequently, in May, President Clinton announced that the administration would propose legislation to aid Vietnam veterans' children who suffer from the disease spina bifida.

Our amendment fulfills that commitment by recognizing and accepting responsibility for one of the serious health care needs of veterans' families that the preponderance of evidence suggests stems from the tragic effects of agent orange.

Since 1985, Vietnam veterans have been eligible for free health care from

the Veterans Administration for conditions that are related to exposure to agent orange. Veterans' disability compensation has been awarded to veterans affected by several agent orange-related illnesses including non-Hodgkins lymphoma, soft tissue sarcoma, Hodgkin's disease, chloracne, respiratory cancers, multiple myeloma, and, most recently, prostate cancers and acute and subacute peripheral neuropathy.

There are those who will stand before us today and argue that there is not enough credible evidence to make a positive association between exposure of a veteran to agent orange and the occurrence of spina bifida in that veteran's children, and that, accordingly, there are not sufficient grounds to add it to the list of conditions I have just mentioned. I will say again today what I said first back in May 1988, and repeated just last month:

It is offensive to veterans to tell them that there is not enough "scientific evidence" to justify compensation . . . The evidence is in their own bodies, and even worse, in the bodies of their children.

Both the President and the Secretary of Veterans Affairs, Jesse Brown, have asked that spina bifida in veterans' offspring be considered service connected. If we do not act on this proposal today, we may not be able to do so this Congress. It will be pushed aside because of the tight schedule due to the election cycle this year. For 30 years many issues surrounding Vietnam have been put aside to be dealt with another day by different people. Mr. President, we cannot let this continue—we must act today and allow the pain to be eased for the children and their families who are suffering. This bill will grant the VA the necessary means to finally start providing needed care to these children who carry the scars of a war they never saw or fought.

I know that there is still controversy about the effects of agent orange. There may always be controversy, just as there may always be controversy about the Vietnam war itself. We as adults know that most frustrating of all this world's realities: there are some things we as human beings can never know for certain and which, therefore, always will be controversial. But we must set aside the controversy—or put it behind us—to enable suffering children to receive the care and treatment they need when responsible, intelligent people acting in good faith can look back and discern the source of that suffering.

This is not just a theoretical concern to me, Mr. President. There are real human beings in my State of Massachusetts who are among the American veterans and family members whose lives have been effected by spina bifida.

I want to compliment the Democratic leader for his tenacious, exemplary leadership on this difficult issue. He has struggled valiantly to secure fair treatment for those who sacrificed so greatly for our Nation by their service in Vietnam. I thank him for permit-

ting me to join him in bringing this amendment before the Senate today.

I also want to commend the distinguished Senator from West Virginia, Senator ROCKEFELLER, the former chairman of the Veterans Affairs Committee who now serves as its ranking Democrat. I hope the veterans of our Nation, those who served in Vietnam and those who served in other conflicts, realize what kind of friend—but, more importantly, what kind of effective advocate—they have in JAY ROCKEFELLER. His work and the work of his staff on this legislation were crucial, and I express my appreciation to them.

Mr. President, we must not permit our inaction or our lack of absolute certitude to make some of the children of our Vietnam veterans the last victims of the Vietnam war. I urge my colleagues to support this amendment.

Mr. BYRD. Mr. President, I am a cosponsor of the amendment offered by the distinguished Democratic Leader, Senator DASCHLE. This amendment, which is supported by the Vietnam Veterans of America and the American Legion, attempts to address a very painful legacy of the Vietnam conflict. It provides comprehensive health care and a very modest monetary allowance to the children of Vietnam veterans who suffer from spina bifida as a result of their fathers' exposure to the chemical defoliant Agent Orange during the Vietnam conflict over twenty years ago.

Mr. President, the history of Agent Orange exposure has been sad, even shameful. After the Vietnam conflict, as veterans suffered, administration after administration failed to aggressively investigate the cause of their illnesses. Now, some twenty-two years after the end of the conflict, additional medical conditions are still being linked to exposure to Agent Orange. Just this spring, prostate cancer and peripheral neuropathy were added to the list.

For twenty-two years, the genetic legacy of Agent Orange exposure has been denied, although reproductive disorders and birth defects in their children have been among the Vietnam veterans' greatest Agent Orange-related health concerns. A congressionally-required National Academy of Sciences report of March, 1996, cited new evidence of a link between Agent Orange exposure and the occurrence of spina bifida in the children of exposed veterans. While not conclusive, the evidence persuaded the Secretary of Veterans Affairs to propose legislation to provide for these unfortunate children.

This amendment is necessary because, while the Department of Veterans Affairs has recommended that spina bifida in Vietnam veterans' children be recognized as service-connected, the VA does not have the authority to extend health care or other benefits to children of veterans. Separate legislation authorizing this service connection, which Senator DASCHLE

introduced in July with my support, is unlikely to be passed in the limited time remaining in this Congress.

Mr. President, spina bifida is a crippling birth defect caused by the improper development of the vertebrae or spinal cord, resulting in varying degrees of paralysis of the lower limbs. The damage is permanent and incurable. Treatment includes surgery, medication, physiotherapy, and the use of assistive devices like braces, crutches, or wheelchairs. These are not conditions that are outgrown; spina bifida victims must learn to control and live with these dysfunctions. Ongoing therapy, medical care, and/or surgical treatments are necessary to prevent and manage complications throughout an individual's life.

These children are the hidden victims of the Vietnam conflict. They are the sad legacy of war, an uncounted and unwanted cost of conflict. As a nation, as a Congress, we spend hundreds of billions of dollars preparing for and conducting military operations. We are profligate spenders on the front end of a military operation—nothing is too good for the troops, and you can't have too much of a good thing.

But when it comes to the tail end of a military operation, the aftermath of conflict, we become parsimonious and begrudging. We provided for the veterans of the Vietnam conflict, but only after years of study and review. We have been even slower to address these secondary casualties, the children with spina bifida.

Mr. President, there is considerable reluctance to admit to the delayed costs of conflict, let alone to plan and budget for these costs. If we required veterans' health care and compensation to be included in our cost estimates before we began a military operation, we might think twice about committing our troops. And if we acknowledge the potential effect of military operations and the exposure to hazardous materials on the next generation, as I believe we should, these cost estimates can only rise.

I am glad that, finally, the government is meeting its responsibility to provide for the Vietnam veterans children with spina bifida. They are casualties of war as surely as if they were hit by a bullet. I am only sorry that it took so very long, and that we cannot do more.

In the Vietnam conflict, there was agent orange. In the Persian Gulf, there now exists the possibility that U.S. troops were exposed to chemical warfare agents, which can also cause birth defects. I offered an amendment to the Defense authorization bill that would have provided health care for the children of Persian Gulf veterans who have birth defects or catastrophic illnesses while research is conducted to investigate the possible link between these children's conditions and their parents' possible exposure to chemical warfare agents or other hazardous materials.

I asked that these poor children and their families be given the benefit of the doubt, that they not face the same long and difficult road traveled by the Vietnam veterans and their children. Some argued that I have attempted to set a bad precedent in providing health care before the science has been conducted to prove the link between cause and effect. Well, I would rather be accused of an excess of compassion than its dearth. It has been 5 years, and no research has been conducted. Under \$30 million a year is needed to care for these children, and to provide relief to these families. Of the hundreds of billions spent each year on the military establishment, I do not find \$30 million an excessive amount to treat the smallest and weakest of our military families. Similarly, the price tag associated with providing for the children with spina bifida is modest. It is not an economic hardship to address our responsibility to these children.

Before each conflict, we talk about what national security interests are at stake. Mr. President, if our children, our future generation, are not our most vital national security interest, then what have we fought for? Hazardous exposures have long been associated with the battlefield, but now that science can confirm that such exposures affect our children and our future, we must not shirk from acknowledging our responsibility. In the Gospel of Mark, we are reminded of the Lord's words: "suffer the little children to come unto me, and forbid them not: for such is the kingdom of God." Senator DASCHLE has offered an amendment that would address the health care needs of the children who are the innocent victims of the Vietnam conflict, and in doing so, he brings us all a little closer to the kingdom of God. I commend Senator DASCHLE for his compassion and his effort on the behalf of these children. I am a cosponsor of this amendment, and I urge my colleagues to support it.

Mr. FEINGOLD. Mr. President, I rise today in strong support of the amendment offered by the distinguished Democratic leader, Mr. DASCHLE. I am proud to be an original cosponsor of this amendment.

Mr. President, many statements have been made here on the Senate floor over the years about the need to honor the debt we owe our Nation's veterans. If there ever was a nonpartisan issue, it is the need to keep the promises we made to those who sacrificed by defending this great Nation and the principles it stands for.

We have a long and proud history of compensating our veterans for injuries and wounds they sustained in combat situations. Millions of veterans have had to endure sickness, disability, and even paralysis as a result of their military service and we must continue to ensure that there is adequate funding for research as well as for the facilities and medical care needed to care for these men and women.

During the course of the Vietnam war, thousands of our service personnel

who returned from Southeast Asia were stricken with ailments associated with exposure to the chemical herbicide known as agent orange. After years of pressure from veterans organizations and distinguished Americans such as Adm. Elmo Zumwalt, Jr., the former Chairman of the Joint Chiefs of Staff, the Government finally began to provide health care and other important benefits to veterans suffering from exposure to agent orange.

That is why Vietnam veterans have been eligible for free VA health care for agent orange-related conditions since 1985 and that is why disability compensation has been provided to Vietnam veterans for ailments that are believed to be directly related to exposure to agent orange such as non-Hodgkin's lymphoma and respiratory cancers.

Today, I join the distinguished minority leader in offering the U.S. Senate an opportunity to make another down payment on that often talked about debt that we owe our veterans. The amendment that we are offering today will extend health care and related benefits, including a monthly monetary allowance, to the children of Vietnam veterans suffering from spina bifida.

Spina bifida is a neural tube birth defect that requires lifelong care. As has already been pointed out, a recent report from the National Academy of Sciences has provided new evidence demonstrating a link between the occurrence of spina bifida in the children of veterans to a veteran's exposure to agent orange and other toxic herbicides in Vietnam. In light of the empirical data that does indeed demonstrate a correlation, I believe it is the Federal Government's responsibility to ensure that these children receive the necessary medical care to treat this ailment.

We will surely hear criticism today on the Senate floor that this legislation will create another entitlement program that the Government cannot afford. Mr. President, this Nation made a decision long ago that our courageous service members were entitled to certain benefits, most importantly access to quality medical care for health problems that arise as either a direct or indirect result of their service to this country. We are talking about innocent children here, who have been stricken with a serious, disabling condition as a result of their father's service in Vietnam. Is there definitive proof of this? No. Is there a strong likelihood that this is the case? Yes, and so long as the evidence suggests such a correlation exists, we must continue to fulfill our obligation to our veterans and their families.

I am also pleased that this legislation is fully funded with a cost offset. By reforming the Gardner decision—a move that even the major veterans organizations recognize needs to be made—this legislation is fully paid for with additional savings being dedicated to reducing the Federal budget deficit.

Mr. President, this legislation has the strong backing of a number of organizations, including the Vietnam Veterans of America, the Veterans of Foreign Wars, the American Legion, the Spina Bifida Association of America, and the Clinton administration. I want to commend the Democratic leader for his longstanding leadership on this and other issues important to our Nation's veterans. Our veterans have fulfilled their commitment to this Nation, and we must fulfill our commitment to them.

I urge my colleagues to support the amendment and I yield the floor.

Mr. THURMOND. Mr. President. I rise today to discuss the amendment offered by the minority leader to the VA/HUD appropriation bill. This amendment would authorize the Department of Veterans Affairs to provide comprehensive medical care, vocational training benefits, and compensation benefits for certain children of Vietnam veterans who are born with spina bifida.

The proponents of the amendment offer an emotional argument. I am very concerned about those who suffer from this condition. I recognize that these children and their families face many challenges and financial burdens.

The issue before us, however, is not whether spina bifida is or isn't a horrible condition. No Senator would argue otherwise. I am confident that each of us has compassion for the children and their families. As a veteran myself, I have been an ardent supporter of our Armed Forces and veterans. I have voted in favor of benefits for all veterans, including those exposed to agent orange and Persian Gulf war veterans.

What this body must determine, is what legislation is appropriate at this time. I do have concerns about this amendment, as it is offered on this appropriations measure.

Historically, benefits for dependents of veterans have been based on the death or disability of the veteran. This amendment would, for the first time, authorize VA to provide benefits to a person not a veteran based on a possible relationship between that individual's disability and a veteran's service. The committee of jurisdiction should carefully consider such an unprecedented extension. However, no such hearings have occurred to fully examine the consequences of extending benefits. Therefore, I consider this amendment to be premature.

Under this amendment, children of veterans would be provided comprehensive medical care. The Veterans' Affairs Committee recently approved an extensive overhaul of eligibility rules and priorities for health care. Under that legislation, veterans would be enrolled into the VA health care system, with a cap on total health care expenditures. The extension of medical care to dependents of veterans will result in a decrease of medical care to veterans.

Next, the amendment provides for vocational training benefits and for compensation. Under the proposed framework, the Secretary of Veterans Affairs would pay a monthly stipend, based on the level of disability. These benefits would not be paid out of discretionary funds, but, as a new entitlement program, are considered mandatory spending. Because it would affect direct spending, a spending offset will be required. Again, the Veterans' Affairs Committee would be required to pay for this new entitlement to dependents of veterans, of unknown costs, by reducing benefits established for veterans. I believe that creating a new entitlement on this appropriation measure is inappropriate.

Finally, I have reservations regarding the underlying merits of the study on which the amendment is based. In short, the science is inconclusive. The Institute of Medicine stated the study shows limited/suggestive evidence of an association between exposure to herbicides and spina bifida. The principal investigator of the primary study on this issue testified earlier this year before a House committee that the study is inadequate to establish a cause and effect relationship. The VA task force that reviewed the Institute of Medicine report noted that scientific questions remain. Because scientific questions remain, it would be prudent to further study and resolve all open issues before embarking on a new entitlement program that would take away from existing veterans' benefits.

Mr. President, because this amendment is premature, is inappropriate for an appropriation bill, and is based on inconclusive science, I will not vote to amend the VA-HUD appropriations bill as proposed by the amendment. Again, I emphasize my support for veterans, my concern and care for the children with spina bifida and their families. I am sure the Congress will continue to review this issue and address the open questions in a more appropriate forum.

Ms. MIKULSKI. Mr. President, I rise to support Senator DASCHLE's amendment. I join such groups as the American Legion, Vietnam Veterans of America, Veterans of Foreign Wars, and Disabled American Veterans in supporting this effort initiated by the President and spearheaded in the Senate by the minority leader.

Senator DASCHLE's amendment seeks to help the innocent victims of a war fought long ago. Just as there are lingering psychological wounds from the war, there are veterans and their families who struggle with the lingering physical impacts every day. This amendment will provide health care and benefits to children of Vietnam veterans who suffer from spina bifida, believed to be caused by their fathers being sprayed with agent orange.

I have a long record of fighting for our Nation's veterans. I have fought for adequate health care and benefits funding as both the chair and ranking member of the VA-HUD Subcommittee.

I've fought to ensure vets receive quality of service and effective and accessible VA facilities. I also worked to make sure the VA provided the services especially appropriate for women veterans.

I am determined that we never forget America's veterans. They fought to protect Western civilization, preserve freedom, and defend democratic governments. They fought overseas to protect those of us at home.

I am determined that promises made must be promises kept. We must say thanks to vets with concrete actions, not just flowery rhetoric. Medals are nice, but the Nation has a responsibility to help veterans who risked their lives and returned home to find their lives and the lives of their children changed forever.

The minority's leader's amendment reminds us that many Vietnam vets were exposed to agent orange. A March 1996 National Academy of Sciences report noted that exposure to that substance may cause spina bifida in veterans' children.

The VA estimates that up to 2,000 children of Vietnam era veterans may be impacted. This amendment ensures that they would be provided appropriate health care and monthly benefits.

And furthermore, this amendment is paid for. The minority leader's amendment includes an offset that more than covers the anticipated cost of these expanded benefits.

While some would say this is an issue that can wait, and calls for further study, I say we really should not wait. We must not forget that spina bifida is an incurable disease that isn't going away for those affected. Those kids cannot wait one more year, for one more study. It may be easy for some of us to forget the war, or not to quite remember the war. For all of those who like to go into parades and talk about what they want to do to help the veterans, I believe that for many veterans who served in Vietnam, one of the ways we can show our respect is to make sure that children who have birth defects because of what their fathers were exposed to in Vietnam are protected. That is what the vets would like. They fought a war. We can call it a war. We should call it a war, and we should remember that. Yes, they want the GI benefits and, yes, they appreciate the VA medical care. But I know of no Vietnam vet that would not be proud of the fact that we looked out for their children.

There is concern about the study. Some say the linkage between agent orange and spina bifida for children of the vets is too skimpy. But I want to bring out the fact that the law that was passed related to agent orange says that there only need be a positive association, not a definitively determined cause and effect.

So the National Academy of Sciences shows that there is a positive association between agent orange and these

children who have spina bifida. That is what Senator DASCHLE is standing on. We support him. We are supported by the VA and so many other groups. I hope when the Democratic leader offers his amendment, it is one of those that passes 99 to 0. We really don't need to make the children of Vietnam veterans subject of a heated debate on the floor. That outlines my thoughts in the area. If there is substantial debate, I anticipate that I may participate even further on this. I hope my colleagues will give this very serious consideration.

Mr. BOND. Mr. President, we are waiting for somebody to offer an amendment. We have heard that people are on the way. We would like to get the amendments offered. We have a limited list. If there are any who have amendments on which a vote might be needed, we ask them to contact the floor and come forward. We would like to move forward. I hope we can get time agreements and finish up the bill this evening. But at this juncture we are depending upon the Members who wish to offer amendments. I invite any and all of them to come forward.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BOND. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Ms. SNOWE). Without objection, it is so ordered.

Mr. BOND. Madam President, earlier today we were worrying about whether we could get a 4-hour time agreement to limit debate on the amendment that the minority leader is going to offer. There was a good couple of hours, 2½ hours, of debate, and the amendment has not been offered. We are open to do business.

If anybody has arguments for or against it, I would invite him or her to come present those arguments. I understand the minority leader is temporarily involved in another hearing and has not been able to present his amendment. There is no amendment pending.

We welcome anyone who wants to discuss the bill or discuss amendments which they will offer. This is the prime time of day when we ought to be doing the business of the Senate. This is the third day we have been on this bill. The ranking member and I have been here, ready and willing to move forward. We are running short of time in this legislative session, and we have this and a number of other very important measures to conclude.

So I make an earnest plea to people on both sides of the aisle who want to talk about this bill, or particular issues, to come forward and do so, please. Let us use the time of the Senate productively. We are here. We are ready. We are waiting to do business. We welcome such views and such enlightenment as our colleagues would wish to share with us.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. INHOFE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. INHOFE. Madam President, I ask unanimous consent I be allowed to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHEMICAL WEAPONS

Mr. INHOFE. Madam President, the Senate will soon be asked to ratify the Chemical Weapons Convention. The intent of this treaty is to implement a worldwide ban on the production, possession, and use of chemical weapons, which is something we would all agree to; if it were something that was enforceable or verifiable, that we would be a party to. However, most of the experts I have talked to—people like Caspar Weinberger, Jeanne Kirkpatrick, William Clark, I even had a conversation with Dick Cheney—have serious questions as to whether or not this is in the best interests of the United States.

The problem we have, one of many problems, but the major problem we have with the CWC, the Chemical Weapons Convention, is that it does not include those countries that pose the greatest threat to our Nation's security. I am talking about Libya and Iraq, North Korea, Syria. They are not a part of this. Even if they were a part, I would not believe they would actually live up to their commitment. But, again, they are not. Some countries have signed onto the treaty but they have not ratified it. We seem to be acting as if all those countries that have signed the treaty ultimately will ratify it. I do not believe that is the case.

Even in the case of Russia, if they did, the Senator from North Carolina here can remember, back in 1990, when the Russians and the United States, then the Soviet Union and the United States, had a bilateral destruction agreement, yet the Russians have not lived up to it—not because they do not want to, necessarily; because they say they cannot afford to. In fact, they said if you in the United States expect us in Russia to live up to the bilateral destruction agreement of 1990, it will cost you approximately \$3.3 billion. I do not anticipate there will be a lot of support for that.

They keep saying 160 countries have signed the treaty. This is fine, but they are the wrong countries. We do not have a problem, a threat of chemical warfare with Great Britain, with France, with Sweden, with these countries. It is the countries who are not a part of this that pose the threat.

The compliance with the Chemical Weapons Convention is not verifiable.

Countries like China, India, Iran, Pakistan, and Russia have signed the Chemical Weapons Convention, but our ability to verify their compliance is doubtful at best. I think the best quote I can give is from the former CIA Director James Woolsey, who was the CIA Director under Democratic Presidents. He said:

The chemical weapons problem is so difficult from an intelligence perspective that I cannot state that we have high confidence in our ability to detect noncompliance, especially on a small scale.

The U.N. inspectors, after the agreement was reached with Iraq back in 1991, have had all kinds of opportunities to look for chemical weapons in Iraq, yet many have gone undetected. So we will be asked to ratify this. I serve notice now I will be among the leaders in opposition to that ratification. I feel it is very similar to the ratification of the START II agreement. The START II agreement was an agreement that would force us back into a posture that we found ourselves in in 1972 with the ABM Treaty, which was with, at that time, the Soviet Union. It does not do any good for us to downgrade our nuclear capability, as was the case there, if we have 25 to 30 nations who are building a nuclear capability, who have weapons of mass destruction, who are working on the missile means of delivering them. I see a parallel here, an analogous situation.

What good does it do for us to agree to destroy all of our chemical capability if we are allowing those rogue nations that pose the greatest threat to the United States to still be able to have theirs?

I think one of the phoniest arguments, though, is on terrorism. I hope no one will give much credence to that. The President and his administration contradicted themselves the other day when the President was trying to lead us into this notion that, if we ratify the Chemical Weapons Convention, somehow it will make it more difficult for terrorists. He said:

If the Chemical Weapons Convention were in force today, it would be much more difficult for terrorists to acquire chemical weapons.

Then a short while after that, in a response, Warren Christopher said:

It is difficult to predict what impact the CWC will have on actual terrorist use of chemical weapons, as the CWC was not designed to deal with this threat.

He was exactly right.

So I hope we are not lulled into a false sense of security by ratifying a convention that is not verifiable and that is not participated in by those parties and those countries that pose the greatest threat to the United States.

I come from Oklahoma, and if a terrorist was able to get enough explosive power to blow up the Murrah Federal Office Building to the extent it happened there, I can assure you that the terrorists will also be able to get chemical weapons.

So, Madam President, I hope my colleagues share my concern about this, the harmful impact of the chemical weapons convention on our Nation's security, and will join me in opposing the ratification of this flawed agreement.

I yield the floor.

Mr. HELMS. Will the Senator yield?

Mr. INHOFE. Yes.

Mr. HELMS. I especially appreciate the Senator's comments, because there is so much confusion, so many extravagant statements have been made, Madam President, about how much good this convention will do, this treaty.

As I mentioned yesterday, Senator Sam Ervin, my first colleague from North Carolina when I came to the Senate—a pretty good constitutional lawyer—used to comment that the United States had never lost a war or won a treaty, meaning that we got short shrift by accepting so many treaties that didn't do the country any good.

But the thing that bothers me, I say to my colleague, and I am sure it does to him, is that so many—even in this Chamber, I am sorry to say—are willing to disregard the fact that the White House has stonewalled about allowing the Senate to have documents that the Senate is entitled to have with respect to this treaty. They refused, in some cases, they have obfuscated, they have made all sorts of excuses, and I am happy that the distinguished majority leader, Mr. LOTT, has talked to Mr. Pannetta, and there is some indication that these documents are going to be made available to the Senate.

Mr. INHOFE. Will the Senator yield on that point?

Mr. HELMS. Certainly.

Mr. INHOFE. It is my understanding that as chairman of the appropriate committee, you made a request sometime ago for all of these documents in order for us to deliberate this, to debate this, to determine whether or not this was in the best interest of our Nation's security. Have you received any response so far to your request?

Mr. HELMS. Half hearted responses in a few cases. In large measure, the administration has stonewalled the matter and refused to release the actual documents.

The intelligence community of our Government unanimously say that this treaty has many aspects that are perilous to the security of the United States.

But in any case, I thank the Senator for his comments and for his role in trying to protect the people of this country from a treaty or a convention that is unwise, as in this case. I thank the Senator.

Mr. INHOFE. I thank the Senator, too.

Mr. HELMS addressed the Chair.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. I thank the Chair for recognizing me.