

Grants and education initiatives throughout the country. I urge Senators to finally make good on the promise made to parents and students and teachers. And I urge the administration to stop playing games with America's kids. Our schools and our children cannot afford 4 more years of broken promises.

DOD AUTHORIZATION CONFERENCE REPORT

Mr. BUNNING. Mr. President, I rise today in support of the Department of Defense Authorization conference report.

This bill funds important priorities for our troops. It gives them a 3.5-percent pay raise. It makes last year's increases in special pay for combat duty and family separation permanent.

The bill expands health care coverage for our National Guard and Reserve members and improves retirement and survivor benefits for those who have served.

The bill also funds the safety needs of our troops for the coming year. It includes over \$750 million for force protection gear, including over \$430 million for body armor. More than \$570 million is provided for additional armored humvees, and another \$100 million will be used on more armor for existing vehicles.

This bill gives our troops the tools they need to do their jobs, and the benefits they and their families deserve.

This bill also contains important reforms to the Energy Employees Compensation Program.

The Bunning-Bingaman worker compensation Amendment was added in the bill when it was on the Senate floor. The amendment included reform for the compensation program and was cosponsored by a bipartisan group including myself and 18 other Senators.

I thank the Senate managers, Senators WARNER and LEVIN, for their consideration and support of this important provision in the conference report.

This provision will fix the problems with Subtitle D of the Department of Energy's Energy Employees compensation program for sick injured cold war workers at Energy sites throughout the country.

Since the end of World War II, workers at Department of Energy sites across the country helped our Nation face threats from our enemies by creating and maintaining our Nation's nuclear weapons.

Many of these workers sacrificed their health and safety and were exposed to harms unknown at the time in their work to preserve our freedoms.

Congress passed a compensation program for the energy workers in 2000 in an effort to help these workers.

The Department of Energy's Subtitle D program failed miserably. During the past 4 years the Department received \$95 million but processed and paid only a small number of the more than 25,000 claims for workers who were made ill by their work.

DOE's miserable job with this program was especially troubling because of the Kentucky workers at the Paducah Gaseous Diffusion plant, where the uranium shipped to sites throughout the country was refined.

Under DOE's operation, more than 3,000 former Paducah workers have filed for compensation for their illnesses. But zero Paducah workers have received compensation for their illnesses.

The provision in this bill transfers Subtitle D claims processing operations from the Department of Energy to the Department of Labor, which is currently handling thousands of similar claims under Subtitle B of the program.

The Department of Labor runs one of the largest and most efficient claims operations in the country.

Payments will be made directly by the Department of Labor to the worker or survivor. This solves the current issue of no willing payer for all eligible claims. Workers will get prompt medical care for their covered illnesses with no need to go through another system at the State.

This reform effort finally fulfills the promise that Congress made to DOE workers in 2000.

Many of these workers are ill and dying. Because of this reform, they will not have to wait for the Department of Energy to get its act together to process and pay the valid claims in a timely manner. DOL will take over these operations and process the claims much more efficiently and get deserving claimants the compensation Congress promised.

I urge you to support this conference report to help protect those workers who risked their health and safety to help us win the cold war.

Mr. JEFFORDS. Mr. President, I rise to express my concern about section 3116 of the fiscal year 2005 Department of Defense Authorization Conference Report, S. 4200, which the Senate passed by unanimous consent this week. Section 3116 establishes new procedures for the disposal of high-level radioactive waste in South Carolina and Idaho that resulted from the reprocessing of spent nuclear fuel at Department of Energy, DOE, facilities.

As my colleagues will recall, 48 members of this body voted to remove these provisions during Senate floor consideration of the fiscal year 2005 Department of Defense Authorization bill. Senators were concerned that the provisions in the Senate-passed bill would allow the Department of Energy to leave millions of gallons of high-level nuclear waste next to drinking water supplies in South Carolina. While these provisions have been modified in conference and some changes have been made in an effort to strengthen the language, I regret to say that loopholes still remain that cast serious doubt about whether the environment near these facilities will be protected.

I want to be certain that this language does not preempt the ability of

States in which these facilities are located to issue permits to protect the surface and drinking water near these DOE facilities. The new conference report language in section 3116 appears to protect the right of states to approve closure plans or issue permits for the closure of nuclear waste containing tanks. The opening lines of section 3116 specifically eliminates the ability of the Federal Government to regulate these tanks under the Nuclear Waste Policy Act of 1982, the Energy Reorganization Act of 1974 or "other laws that define classes of radioactive waste." This language is silent on state's authority, delegated to them by the federal government under the Clean Water and Safe Drinking Water Acts, to issue permits protecting surface water and drinking water. The conferees did not exempt the requirements of the Clean Water and Safe Drinking Water Acts. These laws and the regulations that implement them, which do contain lists of radioactive pollutants, are not overridden. It is my hope that these laws will be implemented the way the conferees intended, and States will continue to be allowed to protect their citizens from exposure to radioactivity through the water they drink and our lakes, rivers, streams and wetlands.

I am also concerned that nuclear waste greater than class C, and generally not suitable for near surface disposal, will remain onsite with limited oversight. Section 3116 allows these wastes to stay onsite pursuant to a plan developed by the DOE in consultation with the NRC. I would have preferred that NRC be explicitly required to follow current regulation regarding disposal of greater than class C waste. Section 3116 instead requires a new "plan" that has no particular requirements. Mr. President, radioactive waste remains environmentally harmful for an extremely long period of time. It had been my hope that we could have been more clear about the guidelines for its disposal.

As a member of the Committee on Environment and Public Works, one of the Senate Committees with jurisdiction over the management of nuclear materials, I am deeply concerned with this provisions. It is unfortunate that it will soon be law. I am concerned that, in the future, with one small change in this legislation, several other States may find their water resources at risk.

Indeed, if this waste sludge remains, the Savannah River site would continue to be among the most radioactively contaminated sites on the planet. It is my hope that the agencies responsible for implementing this section will do so responsibly, and I will be monitoring their actions.

20TH ANNIVERSARY OF NATIONAL BREAST CANCER AWARENESS MONTH

Mr. JOHNSON. Mr. President, I rise today to share my support and

thoughts on the 20th anniversary of October's designation as National Breast Cancer Awareness Month. I am pleased to see the dedication and awareness that has grown over the past 2 decades regarding this specific type of cancer.

Twenty years ago, very few people openly discussed breast cancer. General public awareness regarding the high occurrence or symptoms was next to none. As a result many lives were lost due to the lack of knowledge and education regarding detection, treatment, and prevention. However, over the past 2 decades awareness has reached astronomical levels. Today, breast cancer awareness is displayed by various organizations and facets of all kinds both in and out of the health care community. Most of all breast care awareness is highlighted by the growing number of survivors who are alive to share their stories of difficulty and hope. That alone is a feat in itself which shows that public awareness has grown and continues to do so.

My wife Barbara is one of these survivors, who battled this condition, not once, but twice. If it was not for the continuous efforts over the past 2 decades, my wife may not have had the knowledge or encouragement to detect early symptoms and seek diagnosis and treatment. My family and I are thankful everyday that Barbara made it through these difficult ordeals. Together we learned how important it is for women of all ages to be proactive in learning about prevention, detecting symptoms, and seeking early treatment.

I applaud the various efforts that are being carried out nationwide by varying entities such as business, corporations, media, publications, schools, spokespersons, and women and men of all ages. This widespread dedication is a tremendous force that has proven to be influential in our Nation's efforts to combat this disease.

I believe it is important for all of us to take an active part in helping to educate the public and find a cure. Currently, there are legislative initiatives geared towards increasing research and funding for all types of cancer, including breast cancer. It is my hope that as this Congress draws to a close that we work together in a broad bipartisan manner to see that we secure necessary funding for the National Institutes of Health, NIH, and the Centers for Disease Control and Prevention, CDC. The President has requested inadequate funding levels in the fiscal year 2005 budget for these programs, which oversee a great deal of cancer research done in this country. As a member of the Senate Committee on Appropriations I was pleased to support and help pass increased funding for the NIH and CDC in the fiscal year 2005 Labor, Health and Human Services, and Education appropriation bill. But it is still critical that my colleagues work in a bipartisan manner and support these increases as we complete the final stages of the appropriations process.

Once again, I commend the work and dedication of all the individuals who continue to bring awareness to this important cause in the month of October, as well as year round. These efforts have saved numerous lives and will someday hopefully eradicate this type of cancer.

MILC PROGRAM

Mr. FEINGOLD. Mr. President, while the Senate has passed some important legislation over the last few days, I deeply regret that the Senate will leave town today without extending the Milk Income Loss Contract, MILC, Program. Wisconsin's dairy farmers have relied on the safety net provided by the MILC Program to get them through the lowest milk prices in recent years, and this program needs to be extended.

I applaud my colleagues, the senior Senator from Wisconsin, Mr. KOHL, for his efforts to extend the MILC Program. Wisconsin farmers count on the safety net the MILC Program provides, and I hope that the Senate will take up and pass an extension of MILC before that program expires on September 30, 2005.

NATIONAL SPINA BIFIDA AWARENESS MONTH

Mr. DODD. Mr. President, I rise today to remind my colleagues that October is National Spina Bifida Awareness Month and to pay tribute to the more than 70,000 Americans and their family members who are currently affected by Spina bifida—the Nation's most common, permanently disabling birth defect.

Spina bifida is a neural tube defect that occurs when the central nervous system does not properly close during the early stages of pregnancy. Spina bifida affects more than 4,000 pregnancies each year, with 1,500 babies born with Spina bifida each year. There are three different forms of Spina bifida—the most severe being myelomeningocele Spina bifida, which causes nerve damage and severe disabilities. Myelomeningocele Spina bifida is diagnosed in 96 percent of children born with this condition. Additionally, 70 to 90 percent of the children born with Spina bifida are at risk of mental retardation, a condition caused when spinal fluid collects around the brain.

The exact cause of Spina bifida is not known, but researchers have concluded that women of childbearing age who take daily folic acid supplements can reduce their chances of having a Spina Bifida pregnancy by up to 75 percent. Progress has been made with regard to the importance of consuming folic acid supplements and maintaining diets rich in folic acid. The September 17, 2004, edition of the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report, finds that 40 percent of women of

childbearing age reported taking a vitamin containing folic acid every day, an increase of eight percentage points from 2003. This increase suggests a substantial positive change in behavior. Since the Food and Drug Administration decision to fortify enriched grains with folic acid, the CDC has documented a 26 percent decline in these birth defects. Despite this success, thousands of pregnancies each year continue to be affected by these preventable birth defects. Thus, increasing use of vitamins containing folic acid remains an important strategy for preventing these birth defects.

Although folic acid consumption reduces the risk and incidence of Spina bifida pregnancies, we will still have babies born with Spina Bifida who need intensive care and families that need guidance and support in caring for and raising these children. As a result of this neural tube defect, most babies suffer from a host of physical, psychological, and educational challenges, including paralysis, developmental delay, numerous surgeries, and living with a shunt in their skulls in an attempt to ameliorate their condition. Today, approximately 90 percent of all babies diagnosed with this birth defect live into adulthood, approximately 80 percent have normal IQs, and approximately 75 percent participate in sports and other recreational activities. With proper medical care, people who suffer from Spina Bifida can lead full and productive lives. However, they must learn how to move around using braces, crutches or wheelchairs, and how to function independently. They are also at risk of a host of secondary health problems ranging from depression and learning disabilities to skin problems and severe latex allergies.

Lifesaving breakthroughs in research, combined with improvements in health care and treatment of children with Spina Bifida, now fortunately lead many with Spina bifida to live into adulthood. However, adults with Spina bifida face many new challenges in the fields of education, job training, independent living, health care for secondary conditions, and concerns related to aging.

I am grateful for my colleague from Missouri, Senator BOND who, along with myself, has been working to improve the quality of life for individuals with Spina bifida with the passage of the Birth Defects and Developmental Disabilities Prevention Act of 2003 and supporting increased funding for the National Spina Bifida Program at the Centers for Disease Control and Prevention. In fiscal year 2004, Congress provided a much needed \$3 million in funding for the National Spina Bifida Program. I strongly urge my colleagues to support increased funding in fiscal year 2005 to ensure that the CDC has the resources necessary to prevent Spina bifida, improve quality-of-life for those living with the condition, and to deliver important public health messages to those communities most at risk for a Spina bifida pregnancy.