billion for the United States and $300 billion for rest of the world (NTW, Dec. 12, 1995, p. 1).

At risk is the integrity of many services and functions that are taken for granted—the management of payroll services, retirement programs, medical and health insurance, traffic systems, information databases. The fix: Expand from two digits to four digits the date fields used in computer programs to designate the year. Without this modification, many computer programs, especially older software, will register ''00'' when 2000 arrives.

Left unchecked, the consequences will range from minor inconvenience to devastation for some record systems and management programs, according to industry and government analysts. The problem is equally daunting for companies, many of which are only now beginning to understand it, according to Larry Olson, deputy secretary for Information Technology for the state of Pennsylvania.

Olson's state has started an aggressive outreach program aimed at prodding companies located there to attack the problem. And large national companies also are moving expeditiously on the matter, particularly in the securities industry, where it's essential to maintain date-critical information on stock trades, retirement accounts, and other financial transactions.

Despite the potential for havoc, industry and government agencies have been moving slowly to address the problem. And now both legislators and computer industry officials fear there could be serious—not to mention costly—problems created.

Why? Daniel Houlihan, first vice president of the National Association of State Information Resource Executives (NASIRE), noted that there has been little direction from Washington on the matter. ''There is no leadership on a uniform solution across the states,'' said Houlihan.

That criticism is not hard for Rep. Stephen Horn (R-Calif.), chairman of the Subcommittee on Government Management, Information, and Technology, to accept. In July he disclosed results of a survey conducted by his panel that showed few federal agencies to be moving aggressively on the issue (see chart, bottom).

Most of the government's large agencies were graded D or F on their level of preparation to address the Year 2000 problem. The Department of Defense got a C and the Nuclear Regulatory Agency a B, while the Social Security Administration was one of four agencies out of a total of 24 surveyed to get an A. Said Horn of the state of readiness in the federal government: ''There were very few As, Bs, and Cs. There were a lot of Ds and Fs.''

It's not likely that federal agencies, state governments, or businesses will be able to make all the computer program changes needed by 2000, said Houlihan. Government agencies and companies alike, he stressed, should focus on ''identifying critical programs that will be affected and get those changes done first.''

Indeed, Pennsylvania's Olson figures that states, federal agencies, and companies must fix their problems by the end of 1998 in order to have adequate time to run systems and identify any catastrophic glitches.

Only in the last year or so have industry and government begun to attack the problem with any intensity to understand the full scope of the records that must be modified. ''I am afraid that some of the folks don't recognize that they have a problem,'' said Rep. John Tanner (D–Tenn.).

Harris Miller, president of the Information Technology Association of America (ITAA), said his organization is doing all it can to make industry aware of the Year 2000 problem and to get top management moving on it. But, Miller noted, some executives have been slow to recognize the scope of the problem and make it a top priority in their organization. Said Miller: ''They need to wake up, look in the mirror, go to the office, and start asking some questions.''

At the state government level, said NASIRE's Houlihan, who also is director of the data processing oversight commission for Indiana, there is now a high level of recognition of the problem. But states are moving at different speeds to address it, he said.

Survey data, he said, show that 75 percent of the states are still in the planning stage, with just 25 percent actually moving to implement system changes. At this point, Houlihan said, state projections for finishing software program modifications range from 1997 to December 1999. The size of the problem varies from state to state—ranging from 300,000 lines of code to 97 million lines.

What states that are moving aggressively to tackle the Year 2000 program, such as Pennsylvania, fear is that the federal government at this late juncture may step in with rules and standards that could slow their efforts—or, worse yet, cause them to modify program changes that have already been made.

NASIRE's Houlihan said that what states do want is a quick determination by federal agencies on the level of funding that might be provided to assist state governments and localities in fixing information systems that support or interact with federal programs.

The costs of modifying date fields in computer programs is daunting at a macro level. The estimate of $600 billion worldwide is based on an estimate of $1 for each line of code that must be changed. Most of that dollar is used not in making the change, but in conducting subsequent tests to make sure that affected programs continue to function properly.

Just what it will cost companies and governments to bring their software programs into compliance is expected to vary widely, depending on how old the programs are and whether all the underlying source code is available. Pennsylvania estimates that repairing the date fields in its payroll system will involve changing 10,000 lines of code at a cost of $7,500.

While getting a fix on the accuracy of cost estimates is hard at this time, ITAA's Miller warned that there is certain to be upward pressure on costs—because of a shortage of qualified programmers. Miller said that ITAA, in fact, is concerned that industry and government demand will be so great that fly-by-night companies could spring up and create nightmares for unsuspecting firms.

To ward off this problem, ITAA is launching a certification program that will help companies and government agencies select firms that have the required capabilities to make software modifications.

YEAR 2000 AGENCY PREPAREDNESS

	Grades
International Aid	A
Personnel (OPM)	A
Small Business	A
Social Security	A
Education	B
Nuclear Regulatory	B
State	B
Defense	C
Treasury	C
Science Foundation	C
Agriculture	D
Commerce	D
Environmental Protection	D
General Services	D
Health and Human Services	D
Housing (HUD)	D
Interior	D
Justice	D
NASA	D

YEAR 2000 AGENCY PREPAREDNESS—Continued

	Grades
Veterans Affairs	D
FEMA	F
Labor	F
Energy	F
Transportation	F•

ATOMIC VETERANS

• Mr. WELLSTONE. Mr. President, I rise to announce my intention to introduce in the 105th Congress a companion bill to the provisions of H.R. 4173 which was introduced last week by Congressman Lane Evans, who is an exceptionally dedicated and effective advocate for all veterans, including atomic veterans. This important legislation would grant atomic veterans the presumption of service-connection for eight additional illnesses: Bone cancer; colon cancer; nonmalignant thyroid nodular disease; parathyroid cancer; ovarian cancer; brain and central nervous system tumors; unexplained bone marrow failure; and meningioma. Were this bill to be enacted, it would ensure that atomic veterans receive compensation for six diseases for which Marshall Islanders now automatically receive compensation under the Marshall Islands Nuclear Claims Tribunal Act and two diseases the VA accepts as radiogenic but does deem to be presumptively service-connected.

I am convinced that enactment of the provisions of H.R. 4173 would help to rectify an injustice or, to put it more accurately, a series of injustices inflicted by our Government over the past 50 years on atomic veterans who served our country bravely, unquestioningly, and with great dedication.

If there's any doubt about the need to expand the list of presumptive diseases, it should have been dispelled by the final report of the President's Advisory Committee on Human Radiation Experiments which was issued almost a year ago. The report's recommendations echoed many of the complaints that atomic veterans have had for years about the almost insuperable obstacles they face when seeking approval of their claims for VA compensation. The report urged an interagency working group to work ''in conjunction with Congress''—I repeat in conjunction with Congress—to promptly address the concerns expressed by atomic veterans. Among these concerns cited by the committee are several that I've long believed need to be urgently addressed, including:

The list of presumptive diseases for which atomic veterans automatically receive VA compensation is incomplete and inadequate.

The standard of proof for atomic veterans without a presumptive disease can't be met and are inappropriate given the incompleteness of exposure records retained by the Government.

Time and money spent on contractors and consultants in administering the claims program, particularly the

dose reconstructions required for most atomic vets filing claims with the VA, would be better spent on directly aiding veterans.

With regard to the last two concerns, it is important to note that the Advisory Committee found that the Government didn't create or maintain adequate records regarding the exposure, identity, and test locale of all participants. This finding casts serious doubt on the ability of the Government to come up with accurate dose reconstructions on which the approval of claims for VA compensation of many atomic veterans depend.

In sum, there's no doubt that the report of the President's Advisory Committee strongly buttresses the case for expanding the list of radiogenic diseases for which atomic veterans must receive the presumption of service-connection and, therefore, for enacting the provision of H.R. 4173 in the next Congress.

Mr. President, for almost 3 years I've been deeply moved by the plight of our atomic veterans and their families, and frankly dismayed and angered when I have learned of the many injustices they've experienced over the past 50 years. My mentors on this issue have been Minnesota atomic veterans, particularly veterans of the U.S Army's 216th Chemical Service Company who participated in ''Operation Tumbler Snapper,'' a series of eight atmospheric nuclear tests in Nevada in 1952. They are an extraordinary group of Americans who despite their many trials and tribulations have not lost faith in this country and believe and hope they will one day receive the recognition and compensation that is due them.

Mr. President, since January 1994, I have had numerous meetings and contacts with the men of the ''Forgotten 216th'' and their families. Since their problems typify those of other atomic veterans nationwide, permit me to tell you about veterans of the U.S. Army's 216th Chemical Service Company and about why they now term themselves the ''Forgotten 216th.''

When the men of ''The Forgotten 216th,'' about 50 percent of whom were Minnesotans, participated in ''Operation Tumbler Snapper,'' they believed their Government's assurances that it would protect them against any harm, but now are convinced they were used as guinea pigs with no concern shown for their safety. Many were sent to measure fallout at or near ground zero immediately after a nuclear bomb blast, encountering radiation so high that their geiger counters literally went off the scale while they inhaled and ingested radioactive particles. They were given little or no protection, sometimes even lacking film badges to measure their exposure to radiation and were not informed of the dangers they faced. Moreover, they were sworn to secrecy about their participation in nuclear tests, sometimes denied access to their own service health records, and provided with no medical follow-up to ensure that they had not suffered adverse health effects as a consequence of their exposure to radiation. Many members of the 216th have already died, often of cancer, some as long as 20 years ago. It should be obvious to all why these men now refer to themselves as ''the Forgotten 216th.''

For 50 years, atomic veterans have been one of America's most neglected groups of veterans. For almost 40 years there were no provisions in Federal law specifically providing veterans compensation or health care for service-connected radiogenic diseases. Even now, with laws on the books covering radiogenic diseases on both a presumptive and nonpresumptive basis, the rate of VA approval of atomic veterans' claims is abysmally low.

Mr. President, in this connection, permit me to quote from the testimony of Mr. Joseph Violante of the Disabled American Veterans before a House subcommittee on April 30, 1996:

> The DAV believes that a great injustice has been done to America's Atomic veterans and their survivors. . . . Only 10 percent of those atomic veterans who seek compensation for . . . disabilities are granted service connected benefits, although the VA cautions that ''it cannot be inferred from this number that service-connection was necessarily granted on the basis of radiation exposure.'' . . . As of April 1, 1996, VA statistics show that there have been a total of 18,515 radiation [claim] cases. Service connection has been granted, as of April 1, in 1,886 cases. . . . Statistics current as of December 1, 1995, demonstrate that of the total number of cases in which atomic veterans have been granted service-connection, 463 involve the granting of presumptive service connection. . .

To sum up, if we were to exclude the 463 veterans who were granted presumptive service connection, atomic veterans had an incredibly low claims approval rate of less than 8 percent. And of this low percentage, an indeterminate percentage may have had their claims granted for diseases unrelated to radiation exposure. Moreover, in the roughly 7-year period following the 1988 enactment of a law granting atomic veterans service connection on a presumptive basis for certain radiogenic disease to a degree of 10 percent disability or more, only 463 claims of presumptive diseases have been improved. By any standard, the VA's record of approving veterans' claims based on disabilities linked to radiogenic diseases is a sorry one.

Mr. President, permit me to quote further from the eloquent and persuasive testimony of Mr. Violante:

> It cannot be overemphasized that radiation claims are wrongfully denied because of inaccurate reconstructed dose estimates used as the basis for the determination that the estimated minimal level of exposure experienced by the atomic veteran was insufficient to cause the cancer or other disease ravishing the atomic veteran's body. The reality is that atomic veterans are fighting a losing battle, not only with the disease or diseases that have taken away their good health, but with the very government that put them in harm's way. . . . . Why are only 15 diseases given a rebuttable presumption of service connection for atomic veterans while Marshall Islanders receive an irrebuttable presumption for 25 medical conditions [now 27 conditions]? Why does our government continue to put the needs of its veterans behind those of other groups, such as the Marshall Islanders? . . . Congress should consider making all the recognized ''radiogenic diseases'' and any other disease, illness or disability that others, such as the Marshall Islanders are being compensated for, diseases for which presumptive service connection is granted.

I couldn't agree more with the DAV's cogent analysis and this is one of the reasons I'm determined to ensure that atomic veterans are granted service-connected compensation for all radiogenic diseases.

The cover of every copy of the Atomic Veteran's Newsletter, the publication of the National Association of Atomic Veterans, contains the simple but eloquent statement: ''the atomic veteran seeks no special favor . . . simply justice.''

Mr. President, I urge my colleagues from both sides of the aisle to join me in supporting the valiant and long struggle of atomic veterans for justice by strongly backing the bill that I plan to introduce next year and in fighting for its enactment.

I dedicate this statement to the members and families of ''The Forgotten 216th'' who have educated me about the plight of atomic veterans and whose courage and perseverance I shall always admire.

I ask that excerpts of the statement of Mr. Joseph Violante of the Disabled American Veterans before the Subcommittee on Compensation, Insurance and Memorial Affairs, House Committee on Veterans' Affairs, April 30, 1996, be printed in the RECORD.

The excerpts follow:

STATEMENT OF JOSEPH A. VIOLANTE

Mister Chairman and Members of the Subcommittee:

On behalf of the more than one million members of the Disabled American Veterans (DAV) and its auxiliary, I wish to thank you for this opportunity to present DAV's views on the controversy surrounding access to Department of Veterans Affairs (VA) medical treatment and VA disability compensation for veterans exposed to ionizing radiation, referred to hereinafter as ''atomic veterans.''

At the outset, Mr. Chairman, we wish to thank you, Ranking Democratic Member Representative Evans, and the members of this subcommittee for scheduling today's oversight hearing regarding the problems experienced by atomic veterans with respect to access to VA health care and disability compensation. Clearly, action taken by this subcommittee will materially affect the lives of America's citizen/soldiers who were placed in harm's way by our government for the sole purpose of obtaining first-hand evidence about the effects of exposure to ionizing radiation.

As my testimony will show, some atomic veterans have not received adequate health care treatment for the ailments believed to be associated with radiation exposure. Nor have the vast majority of atomic veterans been compensated for their residual disabilities. The remedial legislation passed by Congress over the years has not had the desired effects and must be revisited in order to provide meaningful health care and disability compensation for this group of veterans.

As you know, Mr. Chairman, the issue of ionizing radiation and its potential adverse health effects have been present for more than 50 years. Atomic veterans and their loved one have been patiently waiting for answers from the scientific and medical communities, as well as responses to their concerns from Congress and the VA. Unfortunately, all too often those answers were not forthcoming. Nor does it appear that definitive answers will ever be known. For each study done concluding one point, another study surfaces to discount the findings of the prior report. Thus, the debate rages, with no apparent end in sight.

Before I get into the specifics of VA health care for atomic veterans, let me state that atomic veterans experience the same frustrations as all other veterans who attempt to access the VA health care system—a system inadequate to meet veterans' medical needs and their demand for services. The crisis in VA health care results from years of inadequate funding and a ''patchwork'' approach to addressing the health care needs of veterans. In addition, atomic veterans believe that their particular medical needs are not being adequately met because the physicians who examine them, for the most part, do not have expertise in the harmful effects produced in body tissue by exposure to ionizing radiation to properly diagnose their illnesses and injuries. In fact, some atomic veterans honestly believe that these physicians are ''intent on not encouraging radiation claims and, therefore, play down the medical problems'' of atomic veterans.

Generally speaking, receiving disability compensation from the VA is another frustrating aspect of the ionizing radiation debate. All too many radiation claims are denied due to the unanswered questions from the scientific and medical communities, the apparent failure of dose reconstruction methods to adequately reflect the true extent of radiation exposure experienced by atomic veterans, and the inability to obtain meaningful adjudication of radiation claims. All too often, atomic veterans, their dependents and survivors are denied compensation from our government for the residual illness, disease, or death allegedly associated with exposure to ionizing radiation while others, such as the Marshall Islanders, receive compensation from the United States Government for the same disability(ies).

Before getting to the specifics of my testimony regarding access to VA health care and the payment of disability compensation for atomic veterans, I would note for the record that the DAV membership, present at our National Convention in Las Vegas, Nevada in July 1995, adopted a resolution in support of a military medal to recognize and honor the courage, sacrifice and devotion to duty of those veterans exposed to ionizing radiation during military service. This is but a small step towards recognizing the honorable service of these brave men and women, and we call upon the members of this subcommittee to support such legislation.

I also call your attention to another resolution passed by the delegates at our last National Convention in Las Vegas, Nevada, noting the inaccuracy of dose reconstruction estimates provided by the Defense Nuclear Agency (DNA) and calling for the condemnation of this action by DNA as well as urging the VA to undertake a review of the accuracy of dose reconstruction estimates by DNA. Your kind attention to this matter would be greatly appreciated.

At the very least, our government needs to take immediate action on these two items.

CONTROVERSY SURROUNDING POTENTIAL HEALTH EFFECTS OF EXPOSURE TO IONIZING RADIATION

Radiation exposure may be external or internal. External radiation exposure occurs when the radiation source is outside the body. External exposure can come from standing in a cloud of radioactive gas, swimming in water that has radioactive material in it, or x-rays. Internal radiation exposure occurs when radioactive material is taken into the body by such means as eating, breathing, drinking, or through cuts or breaks in the skin. Both external and internal radiation exposure can directly harm internal organs, cells, and tissues.

After radioactive material is taken into the body, some of it may enter the bloodstream. This blood then flows through various organs and tissues in the body, providing them with material necessary for their functioning. The body does not distinguish between radioactive and nonradioactive materials. Sometimes, radioactive substances concentrate primarily in one organ of the body and that organ, therefore, receives a larger dose of radioactive substance than do other organs. Other times, the radiation substance is distributed throughout the body. The dose received by different parts of the body depends on a number of factors, including whether the radiation substance dissolves easily in the blood, the type and energy of the radioactive material, the amount of radioactivity present, and its distribution in the body.

The radioactive substance, once taken into the body, will continue to give off radiation until either it has decayed or is eliminated from the body through normal metabolism. The rate of decay depends on the radioactive substance's half-life—the time required for a radioactive substance to lose one-half of its activity by radioactive decay. Half-lives for different radioactive substances vary from hours to thousands of years. Plutonium, for example, has a half-life of 24,100 years.

For obvious reasons, researchers know more about the effects of high-dose radiation on the immune system than about low-dose radiation exposure. High-dose radiation is defined as any exposure above fifty rad to the whole body. A rad is the unit of radiation dose used to measure the amount of energy a body absorbs from ionizing radiation. Information on the effects of high-dose radiation exposure comes from studies of Japanese atomic bomb victims, radiation accidents, such as the accident at Chernobyl, and studies of Marshall Islanders exposed to radiation fallout from nuclear tests in the 1950s.

Less is known about low-dose exposure—less than fifty rads to the whole body—and its effect on the immune system because of the delayed period of time between the incident of exposure and the development of the disease. The late effects may show up months, years, or even decades after the exposure. . . .

Many mistrust the agency established to care for them—the VA—because it is part of the government, a government they perceive as covering up the true facts about the extent of their exposure and the adverse health effects associated with the exposure. While Congress has enacted a number of laws to provide atomic veterans with priority access to VA health care and VA disability compensation for their illnesses, diseases, and disabilities due to exposure to ionizing radiation, very few atomic veterans are able to access the VA health care system and receive adequate care and treatment. Even fewer atomic veterans and their survivors are able to establish entitlement to VA disability compensation benefits. . . .

VA DISABILITY COMPENSATION BENEFITS

Prior to the enactment of the Veterans' Dioxin and Radiation Exposure Compensation Standards Act, Pub. L. No. 98–542, 98 stat. 2725 (1984) (''the Act''), the authority for 38 C.F.R. §3.311 (formerly 38 C.F.R. §3.311b), there was no legal limitation to establishing service connection for residuals of ionizing radiation exposure. Service connection for a disability is generally established when a veteran's present condition can be reasonably related to an injury or disease which is shown to be incurred coincident with service. *See* 38 C.F.R. §3.303(a). Determination of service connection is based on a broad and liberal interpretation of the law consistent with the facts in each individual case. *Id.* It has long been the VA's policy that any condition which can be attributed to service shall be granted direct service connection, no matter how long after service the condition first became manifest. *See* 38 C.F.R. §3.303(d). However, because of the difficulty in proving causation in ionizing radiation cases, and the significantly small number of claims which had been allowed. Congress, in 1984, recognized that, statistically, there was enough of an association between some diseases and radiation exposure to establish them as ''radiogenic.'' Congress responded by enacting remedial legislation, the Act, whereby a veteran suffering from a ''radiogenic disease,'' was not required to submit evidence of causation. . . .

The stated purpose of the 1984 Act is ''to ensure that [VA] disability compensation is provided to veterans who were exposed during service . . . to ionizing radiation . . . for all disabilities arising after service that are connected, based on sound scientific and medical evidence, to such service. . . .'' The Act, §3. Congress's findings included: There is scientific and medical uncertainty regarding the long-term adverse health effects of exposure to ionizing radiation. *Id.* §2(2). Due to the long latency period involved, radiation claims present adjudicatory issues which are significantly different from issues generally presented. *Id.* §2(12). ''It has always been the policy of the [VA] and is the policy of the United States, with respect to individual claims for service connection . . . that when, after consideration of all evidence and material of record, there is an approximate balance of positive and negative evidence . . . the benefit of the doubt in resolving each such issue shall be given to the claimant. *Id.* §2(13).

Presently, the VA recognizes 20 diseases as ''radiogenic diseases''—a disease that may be induced by ionizing radiation—under §3.311. These ''radiogenic diseases'' include leukemia, other than chronic lymphocytic leukemia; breast cancer; lung cancer; bone cancer; liver cancer; skin cancer; esophageal cancer; stomach cancer; colon cancer; pancreatic cancer; kidney cancer; urinary bladder cancer; salivary gland cancer; multiple myeloma; posterior subcapsular cataracts; non-malignant thyroid nodular disease; ovarian cancer; parathyroid adenoma; and tumors of the brain and central nervous system.

Pursuant to the provisions of 38 C.F.R. §3.311, an atomic veteran diagnosed with a recognized ''radiogenic disease'' can have his or her claim for direct service connection for residuals of exposure to ionizing radiation adjudicated by the VA, notwithstanding the fact that the atomic veteran does not have any medical evidence to establish a cause and effect relationship between his exposure to ionizing radiation and his diagnosed ''radiogenic disease.'' Otherwise, (based on a recent court decision discussed *infra*) an atomic veteran who believes that his or her disability, not found on the list of ''radiogenic diseases,'' may have his or her claim for service connection on a direct basis adjudicated by the VA providing the atomic veteran has medical evidence to support the claim. Once the atomic veteran has demonstrated that he or she suffers from a

''radiogenic disease'' or provides medical evidence of a cause and effect relationship between his or her disability and exposure to ionizing radiation, the VA, pursuant to §3.311 must obtain a dose estimate as to the range of doses to which the atomic veteran may have been exposed. Final review of direct service connection claims based on exposure to ionizing radiation is conducted by the Under Secretary for Benefits, who may obtain and consider any opinion of the Under Secretary for Health in reaching his determination whether the atomic veteran's disease resulted from radiation exposure in service.

Mr. chairman, although §3.311 was passed by Congress in 1984 as remedial legislation, designed to assist atomic veterans and their survivors in obtaining compensation for illnesses, diseases, disabilities, and death due to exposure to ionizing radiation, this legislation has benefited very few atomic veterans or their survivors. Until recently, the VA considered the list of ''radiogenic diseases'' as an exclusive list thereby refusing to consider any claims for direct service connection for residuals of radiation exposure if the atomic veteran or his or her survivors could not demonstrate that the atomic veteran suffered from a listed ''radiogenic disease,'' regardless of the evidence submitted in support of the claim. The VA's practice of adjudicating only those claims where the atomic veteran suffered from a recognized ''radiogenic disease'' was overturned by the United States Court of Appeals for the Federal Circuit on September 1, 1994, in *Combee vs. Brown*, 34 F.3d 1039, 1045 (Fed.Cir. 1994).

Once an atomic veteran seeking direct service connection for residuals of exposure to ionizing radiation has established that he or she suffers from a recognized ''radiogenic disease'' or have provided the VA with medical evidence of a cause and effect relationship, the burden of proof then shifts to the VA for consideration of the case on the merits. It is at this point that atomic veterans face their greatest obstacle in establishing their entitlement to service connection. Dose estimates and dose reconstruction data for the various radiation tests are handled by the Defense Nuclear Agency.

In more cases than not, no actual individual exposure record is available for the atomic veteran, and reconstructed dose estimates routinely fail to provide an accurate estimation of the level of radiation exposure experienced by the atomic veteran. Film badges, not issued to all participants in nuclear tests, did not provide a complete measure of radiation exposure, since they were not capable of recording inhaled, ingested, or neutron doses, or often shielded during the detonation, and were worn for only limited periods during and after each nuclear detonation.

Many atomic veterans who participated in the nuclear tests in the Pacific report visiting these islands a short time after the test detonation and eating locally grown fruits and swimming in the lagoons. Atomic veterans who participated in the Nevada test sites report being covered in fallout dust which was either brushed off of them by hand or with brooms. Many report being transported to mess halls shortly after walking through ''ground zero'' and not being able to properly clean themselves before eating. These factors are extremely important in determining a proper reconstructed dose estimate; however, it does not appear that the participant's comments are used to further the analysis with regards to the dose reconstruction estimate. Without accurate reconstructed dose estimates, atomic veterans and their survivors find it virtually impossible to obtain the benefits they seek.

All too often, reconstructed dose estimates show that the overwhelming majority of participants were supposedly exposed to one rem or less of external doses of ionizing radiation. It is extremely difficult to believe, based on the statements made by participants, that their total exposure was so minimal. The DAV believes that a great injustice has been done to America's atomic veterans and their survivors. As will be discussed later, only ten percent of those atomic veterans who seek compensation for their residual disabilities are granted service-connected benefits, although the VA cautions that ''[i]t cannot be inferred from this number that service connection was necessarily granted on the basis of radiation exposure.'' In other words, although the atomic veteran claimed residual disability as a result of his exposure to ionizing radiation, the claim could have been allowed under general principles establishing service connection such as the disease or illness was evidenced in the service medical records, etc. . . .

Adjudication of radiation claims pursuant to 38 C.F.R. 3.311 have been a total failure. With almost 95% of atomic veterans failing to establish service connection for their illness, disease, or disability, the remedial legislation passed in 1984 has not provided atomic veterans with meaningful consideration of their claims. The present statistical data showing an extremely high denial rate has changed very little since 1984 when former Senator Cranston expressed the need for this remedial legislation.

In May 1988, aware that something more was needed, Congress passed Pub. L. No. 100–321, §2(a), 102 Stat. 485, which grants service connection on a presumptive basis for certain diseases becoming manifest in an atomic veteran to a degree of 10% or more. Currently, the list of presumptive diseases, a total of 15 in all, include: leukemia, other than chronic lymphocytic leukemia; thyroid cancer, breast cancer; cancer of the pharynx; esophageal cancer; stomach cancer; cancer of the small intestine; pancreatic cancer; multiple myeloma; lymphomas, except Hodgkin's disease; bile duct cancer; gall bladder cancer, primary liver cancer, except if cirrhosis or hepatitis B is indicated; salivary gland cancer; and urinary tract cancer. While 20 diseases are recognized as ''radiogenic diseases'' pursuant to 38 C.F.R. §3.311, only 15 diseases are presumed to be service-connected as a result of exposure to ionizing radiation. Yet, pursuant to the Marshall Islands Nuclear Claims Tribunal Act, 25 separate medical conditions are irrebuttably presumed to be the result of radiation exposure and Marshall Islanders are compensated for these disabilities. It is difficult to understand the lack of consistency in these lists. Why are only 15 diseases given a rebuttable presumption of service connection for atomic veterans while Marshall Islanders receive an irrebuttable presumption for 25 medical conditions? Further, at the very least, why are not all 20 ''radiogenic diseases'' presumed to be service-connected as a result of ionizing radiation exposure pursuant to 38 U.S.C. 1112(c)? Why does our government continue to put the needs of its veterans behind those of other groups, such as the Marshall Islanders? America's veterans should always be considered a special and unique group for having served their nation with honor. . . .

Congress should consider making all the recognized ''radiogenic diseases,'' and any other disease, illness, or disability that others, such as the Marshall Islanders, are being compensated for, with those diseases for which presumptive service connection is granted. The Marshall Islanders have an irrebuttable presumption, at the very least, America's atomic veterans should receive a rebuttable presumption for all diseases, illnesses or disabilities for which others are compensated.

The DAV commends this subcommittee for it's recent, favorable action on adding bronchiolo-alveolar carcinoma, a form of lung cancer, to the list of diseases presumed to be service-connected for veterans exposed to ionizing radiation. As stated above, however, all recognized ''radiogenic diseases'' including lung cancer should be added to the list of diseases presumed to be service-connected. . . .

In closing, I would like to refer to a phrase which appears on the Atomic Veterans' Newsletter, published by the National Association of Atomic Veterans, Inc. that states: ''The atomic veteran seeks no special favor . . . simply justice.'' This justice is long overdue. DAV encourages this subcommittee to do everything necessary to ensure that this group of forgotten veterans—atomic veterans—receive meaningful justice from our government.

This concludes my statement. I would be happy to answer any questions you may have.●

THE OMNIBUS APPROPRIATIONS BILL

● Mr. KERRY. Mr. President, even in an age of spin control, when it is often difficult to wade through the rhetoric to find the truth, it is possible to determine the true measure of a government. That measure can be found quite revealingly in the budget. For it is in the budget that the priorities become clear. It is in the budget that the rhetorical claims can be separated from the real claims. In Elizabethan England, as the old saw tells us, the proof may have been in the pudding. But in modern day America, the proof of an administration's or a political party's claims is in its budget proposals.

We have just come through two exceptionally challenging years. The Republican Party, led by Speaker of the House NEWT GINGRICH and then-Senate majority leader and now Presidential nominee Bob Dole, sought to upend government—to eliminate or slash service after service upon which Americans depend. The effect of their efforts, had they been successful, would have been to heap on the rich and the powerful in this Nation even greater riches and power. Those additional riches and power would have come at the expense of working Americans, at the expense of the environment which we have been laboring for decades to clean up, at the expense of those who need health care, at the expense of children and young people seeking quality education, at the expense of those who have been victimized by crime, drug abuse, and domestic violence, at the expense of America's future.

The Republican Party correctly identified the importance of gaining control of our Nation's fiscal household, but then threw wisdom and prudence to the wind, and concluded that the only legitimate objective was to slash Federal spending, regardless of how or where, regardless of the harm that would be caused to our Nation and its people as a result of those actions. Paradoxically, the only large category