

2595 will reinstate the program retroactively and validate the loans which have already been made.

The Native American Veteran Housing Loan Program has been successful in providing our native veterans the opportunity to build and own their own homes. It provides our native veterans the ability to continue to live on their native lands, to contribute to their communities, and to build a legacy for their families. It is the responsibility of Congress to reinstate this important program, to recognize the contributions made by our native veterans to our Nation and to afford them the opportunity to participate and realize the American dream of owning their own homes.

This program needs increased authorization and funding in the years to come and I urge my colleagues to support this legislation.

Mr. ABERCROMBIE. Mr. Speaker, I rise in strong support of this bill to reinstate the Native American Veteran Housing Loan program.

I would like to thank the Chairman of the Committee on Veterans' Affairs, Mr. SMITH, the Ranking Member, Mr. EVANS, and the staff of the Committee on Veterans' Affairs for their work in crafting this much-needed remedy to the present situation. I would also like to thank Senator AKAKA for his leadership over the years on this issue. He and his staff have been tireless in their efforts to rectify this problem since it arose in May.

In 1992, the Native American Veterans Home Loan Equity Act was enacted to establish and implement a pilot program to make direct housing loans to aid Native American (Indian, Alaska or Hawaii native, or Pacific Islander) veterans in purchasing, constructing, or improving, dwellings on trust land. Almost 11 years later, the VA has closed several hundred loans, and the program is a resounding success.

Native Hawaiian veterans have greatly benefited from the loan program. Through the end of Fiscal Year 2002, 300 loans were closed throughout the Pacific. Of the 300 loans, about 215 were new construction loans, with the balance consisting of Interest Rate Reduction Loans. Although Hawaii has the highest loan volume, American Samoa, the Commonwealth of the Northern Mariana Islands, and Guam have significant levels of activity. About 100 of the 300 loans have been paid in full and the other 200 are active and performing. Only one loan termination has occurred to date since 1992.

This year's dramatic increase in use of the program mirrors the national upswing in financing new construction and refinancing existing loans. Home ownership has long been a hallmark of financial growth and community stability, and it's encouraging to see so many vets in my own state enjoying this benefit. However, I deeply regret that more of our Native American veterans were unable to take advantage of the 40-year historic low financing rates available a mere two and a half months ago. The untimely halt to this past May cut off deserving veterans from this financial tool. Mr. Speaker, I hope that we can do better in the future to correct such problems before they cause inadvertent harm.

In the end, this measure is about equity. The Native American Veterans Direct Loan program exists to afford our Native American, Native Hawaiian, Alaskan Native, and Pacific Islander veterans on trust lands the same benefits available to the rest of our veterans com-

munity. We need to sustain this program—it's a matter of fairness.

I urge my colleagues to support this measure.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHAW). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 2595.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

HEALTH CARE FOR VETERANS OF PROJECT 112/PROJECT SHAD ACT OF 2003

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2433) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to provide veterans who participated in certain Department of Defense chemical and biological warfare testing to be provided health care for illness without requirement for proof of service-connection, as amended.

The Clerk read as follows:

H.R. 2433

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care for Veterans of Project 112/Project SHAD Act of 2003".

SEC. 2. PROVISION OF HEALTH CARE TO VETERANS WHO PARTICIPATED IN CERTAIN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL WARFARE TESTING.

Section 1710(e) of title 38, United States Code, is amended—

(1) in paragraph (1), by adding at the end the following new subparagraph:

"(E) Subject to paragraphs (2) and (3), a veteran who participated in a test conducted by the Department of Defense Desert Test Center as part of a program for chemical and biological warfare testing from 1962 through 1973 (including the program designated as 'Project Shipboard Hazard and Defense (SHAD)' and related land-based tests) is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such testing."

(2) in paragraph (2)(B), by striking out "paragraph (1)(C) or (1)(D)" and inserting "subparagraph (C), (D), or (E) of paragraph (1)"; and

(3) in paragraph (3)—

(A) by striking "and" at the end of subparagraph (B);

(B) by striking the period at the end of subparagraph (C) and inserting "; and"; and

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

"(D) in the case of care for a veteran described in paragraph (1)(E), after December 31, 2005."

SEC. 3. IMPROVEMENTS TO THE RETENTION AND RECRUITMENT OF HEALTH CARE PROFESSIONALS.

(a) PROMOTION STANDARDS FOR HEALTH CARE PERSONNEL.—Subsection (c) of 7403 of title 38,

United States Code, is amended by striking "Promotions" and inserting "Consistent with subsection (a) of section 7422 of this title, and notwithstanding subsection (b) of that section, promotions".

(b) PROMOTIONS FOR NURSES WHO DO NOT HAVE BACCALAUREATE DEGREES.—Such section is further amended by adding at the end the following new subsection:

"(h) In a case in which a registered nurse has accomplished the performance elements required for promotion to the next grade, the lack of a baccalaureate degree in nursing shall not be a bar to promotion to that grade, and in such a case the registered nurse shall not be denied a promotion on that basis."

SEC. 4. ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDITIONAL HEALTH CARE WORKERS IN THE VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Section 7454(b) of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(3) Employees appointed under section 7408 of this title shall be entitled to additional pay on the same basis as provided for nurses in section 7453(c) of this title."

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to pay periods beginning on or after the date of the enactment of this Act.

SEC. 5. COVERAGE OF EMPLOYEES OF VETERANS' CANTEEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS.

(a) COVERAGE.—Paragraph (5) of section 7802 of title 38, United States Code, is amended by inserting before the semicolon a period and the following: "An employee appointed under this section may be considered for appointment to a Department position in the competitive service in the same manner that a Department employee in the competitive service is considered for transfer to such position. An employee of the Service who is appointed to a Department position in the competitive service under the authority of the preceding sentence may count toward the time-in-service requirement for a career appointment in such position any previous period of employment in the Service".

(b) TECHNICAL AMENDMENTS.—Such section is further amended—

(1) by striking the semicolon at the end of each of paragraphs (1) through (10) and inserting a period;

(2) by striking "The Secretary" and all that follows through "(1) establish," and inserting "(a) LOCATIONS FOR CANTEENS.—The Secretary shall establish,";

(3) by redesignating paragraphs (2) through (11) as subsections (b) through (k), respectively, and by realigning those subsections (as so redesignated) so as to be flush to the left margin;

(4) in subsection (b) (as so redesignated), by inserting "WAREHOUSES AND STORAGE DEPOTS.—The Secretary shall" before "establish";

(5) in subsection (c) (as so redesignated), by inserting "SPACE, BUILDINGS, AND STRUCTURES.—The Secretary shall" before "furnish";

(6) in subsection (d) (as so redesignated), by inserting "EQUIPMENT, SERVICES, AND UTILITIES.—The Secretary shall" before "transfer";

(7) in subsection (e) (as so redesignated and as amended by subsection (a)), by inserting "PERSONNEL.—The Secretary shall" before "employ";

(8) in subsection (f) (as so redesignated), by inserting "CONTRACTS AND AGREEMENTS.—The Secretary shall" before "make all";

(9) in subsection (g) (as so redesignated), by inserting "PRICES.—The Secretary shall" before "fix the";

(10) in subsection (h) (as so redesignated), by inserting "GIFTS AND DONATIONS.—The Secretary may" before "accept";

(11) in subsection (i) (as so redesignated), by inserting "RULES AND REGULATIONS.—The Secretary shall" before "make such";

(12) in subsection (j) (as so redesignated), by inserting "DELEGATION.—The Secretary may" before "delegate such"; and

(13) in subsection (k) (as so redesignated), by inserting "AUTHORITY TO CASH CHECKS, ETC.—The Secretary may" before "authorize".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume. I rise in strong support of H.R. 2433, as amended, the Health Care for Veterans of Project 112/Project SHAD Act of 2003. Project SHAD stands for "shipboard hazard and defense." It was a program that was conducted in the 1970s. I will get into that in a moment. I do want to thank the chairman of the Subcommittee on Health, the gentleman from Connecticut (Mr. SIMMONS), and the subcommittee's ranking member, the gentleman from Texas (Mr. RODRIGUEZ), for their work and cooperation in moving this very bipartisan bill forward. I want to thank them for their leadership on it.

This bill would authorize the VA to provide higher priority health care to veterans who participated in Project 112/SHAD. These tests, which involved exposure of servicemembers to simulated chemical and biological agents and in some cases, Mr. Speaker, actual poisons, were conducted by the Department of Defense at their Desert Test Center from 1962 through 1973. In the past year, DOD has released information about all of these secret Cold War era tests and has worked with the Department of Veterans Affairs and our committee to identify and notify veterans who participated in the tests, some of them unknowingly. This legislation will ensure that those veterans who did participate in those tests are able to receive medical evaluations and treatment if necessary at VA health care facilities on a higher priority basis without being required to establish service connection for these illnesses they believe were caused by those exposures. H.R. 2433 also includes several measures designed to help the VA to maintain a quality workforce in all of its health care facilities.

There is a well-documented shortage of trained registered nurses, for example, in the United States; and this shortage affects the VA's ability to deliver care to veterans. Our committee has expressed concern about a VA policy that requires VA-registered nurses to obtain baccalaureate degrees in nursing in order to advance beyond entry nurse-grade levels. The VA's continuation of this policy in the face of high demand and scarcity of nursing personnel discourages qualified nurses from seeking VA employment and makes the VA's ability to retain current nurses more challenging than it needs to be. H.R. 2433 will help keep the VA competitive with the private sector so that when a VA-registered nurse is otherwise eligible for a promotion, the lack of a specific educational degree

may not be used to deny that promotion from nurse grade 1 to grade 2.

Mr. Speaker, section 4 of the bill expands the number of health care workers entitled to extra pay for working weekends. Most private hospitals provide extra pay for weekend work. Many VA health care workers already receive extra compensation for working on weekends. Section 4 is an effort to eliminate current disparities between VA employees working side by side to care for sick veterans.

The legislation also gives the approximately 3,000 Veterans' Canteen Service hourly workers the right to be considered for other VA positions on a competitive basis. This right was given to VCS managers in 1979. There is no reason whatsoever to impede good VA workers from seeking career advancement to more demanding, higher-paying positions for which they are qualified.

This is a good bill. I hope that Members will support it.

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

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

I rise in support of this resolution. I want to thank the gentleman from Texas (Mr. RODRIGUEZ) for recognizing the need to assure health care for veterans who participated, often unwittingly at times, in the tests of Desert Test Center. I also want to acknowledge the commitment of Mr. MIKE THOMPSON, whose persistence in uncovering the truth about these tests has been extraordinarily noteworthy. It is remarkable to think that the military would have knowingly exposed troops to some of the agents we now know were involved in these tests.

I am pleased that we will be offering these veterans an opportunity to receive health care services in order to address some of the conditions they believe may have been involved in this exposure. There are other important personnel issues addressed in this legislation.

For several years, the VA has been committed to converting to an all-bachelor's degree program. While this goal may be admirable, it may also be unattainable, particularly on the cusp of the severe nursing shortage confronting the whole health care industry, both private and public. It also fails to acknowledge the very real contributions of associate degree-trained nurses who receive similar practical training. It is also appropriate to give nursing assistants the same access to Saturday premium pay as their nursing counterparts.

Mr. Speaker, I hope all the Members will join me in supporting this legislation.

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

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Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Con-

necticut (Mr. SIMMONS), the distinguished chairman of our Subcommittee on Health.

Mr. SIMMONS. Mr. Speaker, I thank the chairman of the Committee on Veterans' Affairs and the ranking member, the gentleman from Illinois (Mr. EVANS), for their terrific work on this legislation. I also thank my colleague and ranking member of the Veterans Subcommittee on Health, the gentleman from Texas (Mr. RODRIGUEZ), for all of his work. These are bipartisan products. These are legislative products that have been worked on on both sides of the aisle by all of us working together for the common good of our veterans and for those who serve them.

I am sure my colleague, the gentleman from Texas (Mr. RODRIGUEZ) will talk quite a bit about the SHAD portion of this legislation, and I will leave that to him, but I want to highlight two other parts of this legislation that I think are so important. The first one is the one that guarantees that a qualified VA registered nurse is not denied promotion to a higher job because that nurse fails to have a certain educational degree.

During my period of service on active duty in the U.S. Army, I went to infantry OCS, and at infantry OCS, I trained with a lot of enlisted personnel, sergeants, E-5s, E-6s and E-7s who decided to go to infantry OCS to get that commission to get that lieutenant's bar and to lead men in combat in Vietnam.

A number of those highly qualified enlisted persons who went to OCS did not have college degrees, and yet they accumulated awards for valor in service and led their men successfully in the war zone.

When the war was over, they lost their commissions. They were given the choice of getting out of the service or going back to enlisted rank. That made no sense to me. It made no sense to me that somebody who had been successful in leading men in combat and in battle in an infantry assignment would be denied that commission at a future date simply because they did not have the educational qualifications.

The same principle is at stake here. Why should a qualified VA registered nurse be denied a promotion on the basis of the fact that that nurse does not have a specific educational degree? We can do better than that. This bill fixes that problem.

Let me refer also to one other portion of this legislation that I think is so important, and that I think establishes fairness for those who serve us in the VA. Veterans Canteen Service food workers are not eligible currently for career service or competitive service positions because of their current position within the Canteen Service.

Well, low and behold, I began my Army career as an Army cook. I began my Army career as an Army cook. Nobody said at the time you cannot go on to go to OCS, officer candidate school, and get a commission and go up

through the ranks and eventually retire as a colonel. Nobody said that at the time. So why do we say that to the canteen workers? Why do we say we are going to offer you a job as a Canteen Service worker, but it is a dead-end job. You are never going to be able to aspire to anything higher. That does not make any sense to me, and I do not think it makes any sense to the men and women who work in these positions.

So I thank my leaders in the committee, the gentleman from New Jersey (Chairman SMITH), the ranking member, the gentleman from Illinois (Mr. EVANS), and I also thank my colleague, the ranking member of the Subcommittee on Health, the gentleman from Texas (Mr. RODRIGUEZ), for their hard work on this legislation, which brings about reforms into the system that are so long overdue.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me time. I want to thank the gentleman for his leadership as ranking member. I also want to take this opportunity to thank the gentleman from New Jersey (Chairman SMITH) for his leadership and I want to thank, of course, our subcommittee chairman, the gentleman from Connecticut (Mr. SIMMONS) on this bipartisan effort.

I think there is no doubt that this particular piece of legislation is needed, so I want to personally express my gratitude on this bipartisan effort to the gentleman from New Jersey (Chairman SMITH) and the ranking Member the gentleman from Illinois (Mr. EVANS).

Project 112, as we know, was a series of military tests that began in the early 1960s and continued throughout much of the Cold War to assess the effects of chemical and biological weapons on military assets under various environmental conditions.

I introduced this piece of legislation after we had become aware of it. I also want to take note that the gentleman from California (Mr. THOMPSON) worked hard on this particular issue. I also want to indicate that many of these tests happened at sea and it is also referred to as Project SHAD, but others were land-based.

The tests were designed to identify the military vulnerabilities to various types of attacks, whether these attacks could be adequately detected or whether some protection measures were effective against these attacks. The Department of Defense has admitted that it has no evidence that the test participants were informed of the risk of their participation in these tests or that, in most cases, they received appropriate protection gear while conducting these tests. Some veterans are justly concerned, and have been informed that they were exposed to hazardous material.

In order to restore the trust and confidence of the American people, and particularly the American veterans in the Federal Government's response to these kinds of exposures-related controversies, we must act, and H.R. 2433 does that exactly.

It is impossible to believe that the military exposed our own troops to such potent agents such as VX nerve gas and sarin. Veterans are naturally concerned about the long-term effects of exposure to those poisons in terms of their health.

Project 112 veterans have complained of various forms of ailments such as cancer and hypertension. Given the amount of time that has passed and the relatively small number of veterans involved in such tests, veterans may never fully understand the effects of these tests. The VA has requested legislation, and that is why we are doing this, to begin to examine the participants and the ailments and the conditions of these veterans that participated in these experiments.

This authority will allow this opportunity for veterans involved in these exams and suffering from possible ailments to be able to get tested and be able to look in terms of how they might have been impacted by it. It may also give the VA a chance to see if there are discernible patterns of veterans' health outcomes. This information may help VA identify whether particular operations or exposures were particularly harmful.

It is time for us to make at least some amends to our veterans involved in these experiments, often without their consent, knowledge or adequate protection. We owe it to them for us to move in this protection.

I also appeal to veterans that might be informed or might be listening for them to become abreast of what has transpired, because a lot of the veterans are not aware that these particular tests had taken place.

So, once again, I ask for your support for H.R. 2433, and I thank the chairman, the gentleman from New Jersey (Mr. SMITH), and the gentleman from Illinois (Mr. EVANS), the leading Democrat on the committee.

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. MORAN), the former chairman of the Subcommittee on Health, who held hearings on Project SHAD.

Mr. MORAN of Kansas. Mr. Speaker, I thank the gentleman for yielding, and I thank the gentleman from Illinois (Mr. EVANS) and the gentleman from Connecticut (Mr. SIMMONS) and the gentleman from Texas (Mr. RODRIGUEZ) for their work on this important piece of legislation.

I also would like to recognize the work of the gentleman from California (Mr. FILNER), my ranking member during the time I chaired the subcommittee, in which our subcommittee focused a lot of attention toward the issue of Project SHAD and its effect

upon our veterans today and upon servicemen and women back in the 1960s. I am pleased to be here today, these months later, in support of passage of H.R. 2433.

During my time as the subcommittee chairman, we worked with a number of our colleagues on the Committee on Veterans' Affairs to highlight, to encourage the Department of Defense to provide information, the Department of Veterans Affairs to provide a higher priority in care and concern for the veterans who participated in Project SHAD, those tests conducted by the Department of Defense in the 60s.

These tests were conducted over water and on land. They were designed to ascertain the damage and dangers chemicals might have to ships and equipment, beginning a study upon the effects of weapons of mass destruction, something we hear about a lot today. Thousands of veterans, as a result of those tests, now have reason to believe that their health may have been adversely affected by exposure to dangerous substances.

In the 107th Congress, our subcommittee held those hearings on this project, upon the tests. We had a number of meetings with Department of Defense and Department of Veterans Affairs officials. We visited with veterans organizations and began the process of seeking answers to the many questions that now linger some 60 years later.

Our subcommittee concentrated also on the state of deployment health. Having been through the Persian Gulf War Syndrome, we wanted to see if we could find ways to get the Department of Defense to deploy our forces in ways that protected those forces, the equipment, vaccinations, health records and other policies that DOD utilizes today to protect the health of active duty servicemen and women who are deployed in areas of conflict.

Congress does need to focus our concern on the veterans of the past, because they teach us lessons about the veterans of our future, and we need to use history as a tool to create effective and proactive policies for our current and future servicemen and women who may be exposed at some time to dangerous poisons and other hazards of military deployment. We have seen those exposures in Vietnam, in the first Gulf War, and we may see many more in the future.

U.S. soldiers, sailors, airmen and Marines, are overseas today defending the freedoms we enjoy here at home, and we in Congress are responsible for ensuring their health, that it is protected, both in and out of the service.

The record is clear: The tests that involved Project SHAD were not intended to harm U.S. service members, they were intended to aid the U.S. in protecting ships at sea and soldiers and their equipment on the field of battle from enemy attacks using chemical, biological or nuclear weapons. But, clearly, we have a responsibility to

those soldiers who were affected by those tests.

I would like to especially commend a Kansan from Topeka, Kansas, Jim Druckmiller, and the USS Power Association, as well as the Vietnam Veterans of America, their organization, for bringing this issue to the subcommittee and Congress. Citizens from my home State of Kansas and many other states were affected by these tests, and we must honor them and support them by seeking passage of this legislation.

I again commend the gentleman from New Jersey (Chairman SMITH) for giving this legislation the high priority it is due, and urge its passage by the House today.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. FILNER).

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

Mr. Speaker, you would think that we would have learned from the experience in Vietnam and Agent Orange, which the gentleman from Illinois (Marine Corporal EVANS) taught us as he led the charge to uncover what happened with Agent Orange and to give our servicemen and women some protection later on.

If we learned anything, it is that our veterans must be informed of the risks of exposure that they experience on the battlefield. We did not learn that in Persian Gulf War I, and we are left with the Persian Gulf War illness. I do not think we have learned it with Persian Gulf War II, and who knows what we are going to have after this war.

Veterans must know about the agents to which they were exposed and whether these agents are likely to produce any health consequences, and they must be taken care of if they become ill due to the exposures during their service. That is what this bill does, based on this project that took place in the 1960s.

We have thanked a lot of people in the Congress for bringing this bill up, but I have to thank our veterans for their own diligence in bringing this matter to our attention. Once again, it was veterans who became ill who had to advocate on their own behalf to get their government, to get our government, to release information about harmful exposures so they could understand their own health issues and assert the legitimacy of their claims.

One of these veterans is Jack B. Anderson, a retired Navy man and a constituent of the gentleman from California (Mr. THOMPSON), and that is what brought the gentleman from California (Mr. THOMPSON) into this, and we thank him for his leadership, and the gentleman from Texas (Mr. RODRIGUEZ) also for bringing this bill to us.

This project, Project 112, was a \$4 billion testing effort.

□ 1100

It would translate into a \$40 billion effort today. That is a massive under-

taking. And there were tests at sea called Project SHAD to identify vulnerabilities to various types of attacks. Now, that is a legitimate function of our Defense Department, but they did not inform those who were tested that they were even participating in the test or that they have the right equipment to protect themselves or that their exposure might lead to later problems, this exposure to nerve gas and sarin.

Once again, it took veterans and it took Members of Congress to force the Department of Defense to admit that they were at fault and to make sure that the veterans received health care and proper compensation.

So I thank all those who took part in this to finally bring some justice to this case. This Project 112 and Project SHAD, the Vietnam situation with agent orange, the Persian Gulf War illness, all of these are part of a pattern. One would think that we would learn that by now. I do not think that we have learned yet, however, our lesson, and we are going to see it again after this war in Iraq.

So, ladies and gentlemen, I urge support for H.R. 2433.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, before I yield back, I want to again thank all of my colleagues and the gentleman from Texas (Mr. RODRIGUEZ), especially, for his leadership on this bill. The gentleman from Kansas (Mr. MORAN), who spoke earlier, held the really landmark hearings that helped catapult this issue into the forefront in people's thought.

Let us not forget what we are talking about. The Department of Defense in some 41 tests aboard ships used agents like anthrax, VX, sarin gas. Yes, they used simulants in many cases, but they actually used the real deal. They actually used real contaminants.

We are not sure, even to this day, whether or not the protective suits that were worn by our sailors aboard those ships actually protected them from these very caustic and poisonous agents.

We need to get to the bottom of it. I am convinced, having been at the hearings, having had several conversations with people at the DOD and the VA, that they are really going to go all out to make sure that every veteran who is malaffected or could have been malaffected by this gets the kind of health care and compensation that is necessary if, indeed, they have been contaminated by it.

So this is a very important bill. I hope that the full body will embrace it.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHAW). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House sus-

pend the rules and pass the bill, H.R. 2433, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to provide veterans who participated in certain Department of Defense chemical and biological warfare testing with health care for their illness without requirement for proof of service-connection, and for other purposes."

A motion to reconsider was laid on the table.

ANNUITY COMPUTATIONS ADJUSTMENTS FOR PERIODS OF DISABILITY

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 978) to amend chapter 84 of title 5, United States Code, to provide that certain Federal annuity computations are adjusted by 1 percentage point relating to periods of receiving disability payments, and for other purposes.

The Clerk read as follows:

H.R. 978

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

SECTION 1. ANNUITY COMPUTATION ADJUSTMENT FOR PERIODS OF DISABILITY.

(a) IN GENERAL.—Section 8415 of title 5, United States Code, is amended—

(1) by redesignating the second subsection (i) as subsection (k); and

(2) by adding at the end the following:

"(l) In the case of any annuity computation under this section that includes, in the aggregate, at least 2 months of credit under section 8411(d) for any period while receiving benefits under subchapter I of chapter 81, the percentage otherwise applicable under this section for that period so credited shall be increased by 1 percentage point."

(b) CONFORMING AMENDMENT.—Section 8422(d)(2) of title 5, United States Code (as added by section 122(b)(2) of Public Law 107-135) is amended by striking "8415(i)" and inserting "8415(k)".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to any annuity entitlement to which is based on a separation from service occurring on or after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Virginia (Mrs. JO ANN DAVIS) and the gentlewoman from New York (Mrs. MALONEY) each will control 20 minutes.

The Chair recognizes the gentlewoman from Virginia (Mrs. JO ANN DAVIS).

GENERAL LEAVE

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 978.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Virginia?

There was no objection.