

There is strong evidence that exposure to other radioactive isotopes, such as strontium 90, cesium 137, and barium 140, which were also spread by nuclear testing, could lead to bone cancer, leukemia, higher infant mortality, and a host of other illnesses. This needs to be examined. So do the nuclear weapons tests that took place in other parts of the United States and around the world. I am hopeful that my colleagues will support legislation I have introduced, S.1524, which continues the study of the health impacts of nuclear fallout. I feel this is important legislation that needs to become law this year.

I am grateful to the Anderson family for sharing their highly personal and powerful story of the struggle with Bob's illness and the lack of forthcoming information on the potential exposure to radiation fallout in the 1950's. A story like the Anderson's underscores the need for accurate and timely dissemination of information to protect the public health.

Mr. President, I ask to include a letter from the Anderson family in the RECORD.

The letter follows:

Urbandale, IA, January 20, 1997.

Hon. TOM HARKIN,

U.S. Senator, Federal Building, Des Moines, IA.

DEAR SENATOR HARKIN: My name is Bob Anderson. My family has been reading with great interest the newspaper articles that have appeared in the Des Moines Register regarding the radioactive fallout that resulted from the more than 90 atomic bombs detonated above and below ground between 1951 and 1970. I was born in Woodbury County on October 3, 1952 and lived there until I left to attend college in 1970. As you are aware, Woodbury County received moderate levels of radioactive fallout (6.1 rads) from the above-ground atomic bomb tests between 1951 and 1962, and was one of four counties to be repeated in the list of Iowa counties receiving radiation from underground nuclear tests (1960-1970).

In October 1992, at the age of 40, I noticed a large lump in my neck and showed the lump to my family physician during my annual physical exam. He told me that the lump was just a fat deposit and to go home and not worry about it. About six months later, I mentioned the lump to my wife and she advised me to see a specialist as soon as possible. In March of 1993, I went to an ear, nose and throat specialist who spent several weeks performing a needle biopsy with no results. In April of 1993, I underwent a thyroidectomy. The surgeon removed only the side of my thyroid which contained the tumor. Two weeks later the final biopsy confirmed the 2½ centimeter tumor was malignant. I then saw an oncologist who advised me the other side of my thyroid should be removed immediately so I could start my radioactive iodine treatments to rid my body of any remaining cancerous thyroid tissue. I visited another surgeon the remove the remaining thyroid. He was very apologetic but said that he could not remove the rest of my thyroid until my incision was completely healed which would take six more months. From the time I first showed the lump to a physician until the time that I received my radioactive thyroid treatments for cancer, over one year had elapsed.

My family wonders if the information from the National Cancer Institute had only been released earlier, if my physicians would have

taken a more serious approach to the "fat deposit" in my neck. The also wonder if this information had been made available to the public earlier, if I would have been so trusting of my doctors' opinions. Many wrong choices and assumptions were made in regard to my thyroid cancer. Knowledge is power and without the knowledge of the exposure I had as a youth to the radioactive fallout, I was rendered powerless.

In 1996 I was diagnosed with multiple myeloma, a very deadly cancer. I went to the University of Iowa Hospital and found out that I had had the multiple myeloma at the same time that I had the thyroid cancer. In order to survive, I would have to undergo a bone marrow transplant. Because I was adopted, I could not find a related bone marrow donor. An unrelated donor was located, and in July of 1996 I received my bone marrow transplant. On September 7, 1996, in spite of the love and prayers of family and friends, I died from rejection of the transplant.

After my death, my wife, Karen, saw Dr. Andrea McGuire (nuclear medicine physician) interviewed on TV13. When Dr. McGuire told about her three in-laws from Woodbury County who had all developed thyroid cancer, my wife decided to call her to share my story. One of Dr. McGuire's relatives was born the same year that I had been born (1952) and also developed cancer at age 40 like me. My wife read to Dr. McGuire a portion from a National Cancer Institute publication entitled, "What You Need to Know About Multiple Myeloma." In that publication, under the subheading, "Possible Causes," it states, Some research suggests that certain risk factors increase a person's chance of getting multiple myeloma. * * * In addition, people exposed to large amounts of radiation (such as survivors of the atomic bomb explosions in Japan) have an increased risk for this disease. Scientists have some concern that small amounts of radiation (such as those radiologists and workers in nuclear plants are exposed to) also may increase the risk." Dr. McGuire not only agreed my multiple myeloma was caused by the radioactive fallout but even told my wife that the radionuclide strontium 89 would have been directly responsible since it collects in the bone marrow after it is ingested by the body.

The main purpose of my letter is to let you know my family believes that I was a victim of radioactive fallout. I, like millions of others, was an innocent infant when the atomic bomb tests were being conducted. I can't think of anything more evil than a government that would intentionally contaminate their own population, especially babies and small children.

I have enclosed some photos of myself and my family. I want you to see what I looked like as a small child when the atomic bombs were being detonated. I want you to see that I was a caring son, wonderful brother, loving husband, adored father and I treasured friend.

Since I could not write this letter for myself, my family and friends decided to write it for me. I hope you don't mind that they have signed it for me also.

Senator Harkin, please keep fighting for the truth. Only when the American people have the whole truth, will they have the power and control over their own lives. It is my hope that this letter will encourage the release of all information that the government has regarding radioactivity and it's connection with all forms of cancers. It is also my prayer that this information may help others.

Senator Harkin, please don't forget me. Please don't let my death be in vain.

In Loving Memory of Bob Anderson,
KAREN ANDERSON, *Widow.*
LEAH ANDERSON, *Daughter.*
SETH ANDERSON, *Sen.*•

TELECOMMUNICATIONS ACT OF 1996

• Mr. THOMAS. Mr. President, Sunday, February 8 marked the second anniversary of the signing of the landmark Telecommunications Act of 1996. As we take this opportunity to reflect on the state of telecommunications reform, I rise to share my concerns with the implementation of a critical provision of the historical law—the provision dealing with universal telephone service.

The Telecommunications Act of 1996 ordered the overhaul of the estimated \$23 billion in subsidies currently used to fund universal telephone service. Congress intended all implicit subsidies to universal service to be removed from rates and transferred to a new explicit Universal Service Fund to be supported equally by all carriers.

In the face of declining telephone rate support, through federally mandated access charge reduction and new competitors targeting the most profitable markets and services, a sustainable universal service support mechanism is ever more important. I view with great concern the Federal Communication Commission's (FCC) current formula for universal service support: twenty-five percent of funding from federal sources and seventy-five percent from each state.

Many states, like Wyoming, clearly are not in a position to bear seventy-five percent of the universal service burden alone. Universal service is a shared state-federal responsibility. The best approach to fulfill Congress' intent and ensure affordable phone service in all corners of the country is to create a national universal service fund that ensures support reaches where it is needed most.

The fund should be based on interstate and intrastate telecommunications revenues and cover one-hundred percent of the subsidy needed to keep phone rates affordable for customers in rural and high-cost areas. With a national fund, all telecommunications service providers would contribute a portion of their revenues to support reasonable rates across the country. In other words, service providers in more urban, low-cost areas would help support affordable phone service in rural, high-cost areas.

Leaving seventy-five percent of the funding responsibility to the states would place a disproportionate burden on consumers, service providers and utilities commissions in rural states like Wyoming. Such a burden could result in higher phone rates and reduce network investment—both of which would have a chilling effect on economic development opportunities. Since telecommunications is a vital element of commerce, disparate universal service surcharges on communications services between states

would divert industries and job growth away from the rural areas that need it the most.

Mr. President, I submit for the RECORD a letter I wrote with the other members of the Wyoming delegation to the FCC on this issue. There is still time for the Commission to get this funding problem right. We must ensure that all customers across the country continue to have access to quality local phone service at affordable rates.

The letter follows:

U.S. SENATE,
Washington, DC, July 23, 1997.

Hon. REED E. HUNDT,
Chairman,
Federal Communications Commission,
Washington, DC.

DEAR CHAIRMAN HUNDT: Reforming our nation's universal service system is a tremendous challenge, and one that will have lasting implications for telephone customers in Wyoming and other rural states. In your work on the Joint Board, we encourage you to protect the interests of rural consumers and create a national high-cost fund that sends support dollars where they are needed most. By doing this, you will fulfill the clear mandate of the Telecommunications Act of 1996 and help sustain a truly national communications system available to all citizens.

In the face of declining telephone rate support, through federally mandated access charge reductions and new competitors targeting the most profitable markets and services, a sustainable universal service support mechanism is ever more important. We therefore view with great concern the current formula for universal service support: 25 percent of the funding comes from federal sources and 75 percent from the states.

In Wyoming, with its vast terrain and dispersed and relatively small population, a 75 percent state funding responsibility will have a clear, immediate and detrimental effect on phone rates. Although Wyoming has a universal service funding mechanism, it is beyond the capacity of Wyoming to absorb the huge increases in costs that a 25/75 split would create for it. It is clear to us that a federal universal service fund that pays only 25 cents on every dollar of high-cost telephone service will shortchange thousands of Wyoming telephone customers, and millions of others across the country.

Universal telephone service is a national commitment requiring strong federal support. In that regard, the Telecommunications Act of 1996 envisioned a partnership between the states and the federal government to work together on the nation's telecommunications challenges. We urge you to adopt a national high-cost fund that provides all of the rate support needed to keep Wyoming customers connected to the public telephone network. Only with a national fund available to all high-cost service providers can customers in our state be assured of affordable access to this vital communications link.

Thank you for your consideration of this matter. We hope you will join us in supporting a cooperative national solution for universal service.

Sincerely,

CRAIG THOMAS,
U.S. Senator.

MICHAEL ENZI,
U.S. Senator.

BARBARA CUBIN,
Member of Congress.●

FEBRUARY IS AMERICAN HEART MONTH

● Mr. DORGAN. Mr. President, I stand in observance of American Heart Month. This is an annual event since 1964 resulting from passage of a joint Congressional resolution asking the President to proclaim each February as American Heart Month. In declaring February as American Heart Month for the last 34 years, both the Congress and the President recognize the seriousness of heart disease and the need to continue the battle against this our country's number 1 killer and a leading cause of disability.

American Heart Month takes on an added significance in 1998 because both the National Institutes of Health's National Heart, Lung, and Blood Institute and the American Heart Association are celebrating their 50th anniversaries—50 proud years for both national organizations.

The NHLBI is the federal government's leading supporter of heart research and educational programs. The American Heart Association is the nation's largest voluntary health organization dedicated to the reduction of death and disability from heart attack, stroke and other cardiovascular diseases—the leading cause of death in the United States.

There have been wonderful discoveries made through research and wonderful treatments that are provided in our hospitals in the area of cardiology. Yet there is so much we still do not know. It seems to me more and more research can unlock these mysteries and give us the opportunity to save more and more lives in this country.

Virtually all of us have a friend or a loved one who has been affected by heart attack, stroke or other cardiovascular diseases. As many of my colleagues know, I have a very personal interest in trying to provide additional resources for NHLBI to be used to provide funding vitally needed for heart and stroke-related research.

I have become increasingly concerned, however, with what has been happening to the amount of money spent on heart research by the federal government. Even with the significant increases that Congress has been giving to the NIH over the past decade, funding for heart research has simply not kept pace. In fact, funding for heart research at the NHLBI appears to be losing more and more ground.

In constant dollars from FY 1985 to FY 1995, funding for the NHLBI heart program decreased 4.8 percent.

In constant dollars from FY 1986 to FY 1996 funding for the NHLBI heart program declined 5.5 percent.

And, in figures just released by the NHLBI, funding for the heart program decreased by 7.6 percent in constant dollars from FY 1987 to FY 1997.

We can do better, and we must do better. Our nation must do a better job than this in the battle against America's No. 1 killer.

During the commemoration of this 50th anniversary of the 1948 Heart Act,

which created the National Heart Institute, I call on the on the President and every one of my colleagues to take three pivotal steps to make more progress against this insidious disease:

Commit to providing a significant increase in funding for research against heart attack, stroke and other cardiovascular diseases;

Establish a Presidential Commission on Heart Disease and Stroke, similar to the one convened by President Lyndon Johnson in 1964. Today, 34 years after the first Presidential Commission, these diseases remain the first and third largest killers in America; and

Convene a National Conference on Cardiovascular Diseases sponsored by the NHLBI and the Centers for Disease Control and Prevention. The first one was sponsored by the National Heart Institute and the American Heart Association in 1950 to "summarize current knowledge and to make recommendations concerning further progress against heart and blood vessel diseases." I think it is time we take another systematic look at the status of our heart disease research efforts to date and the areas that need further research.

These steps are vital to the health and well being of the more than 57 million Americans with one or more types of cardiovascular disease.

I ask that this year's Presidential proclamation on American Heart Month be printed in the RECORD.

AMERICAN HEART MONTH, 1998

A PROCLAMATION BY THE PRESIDENT OF THE
UNITED STATES OF AMERICA

Fifty years ago, a heart attack meant an end to an active lifestyle, and, for a third of those stricken, it meant death. Thankfully, the past half-century has brought us an array of advances in the prevention and treatment of heart disease. Procedures such as balloon angioplasty and coronary artery bypass grafts, noninvasive diagnostic tests, and drugs that treat high blood pressure and clots and reduce high blood cholesterol have enabled Americans to live longer and healthier lives. Equally important, we have become better educated during the past five decades about heart disease risk factors and how to control them.

This year, two of the groups most responsible for this remarkable progress—the National Heart, Lung, and Blood Institute and the American Heart Association—are celebrating their golden anniversaries. The National Heart, Lung, and Blood Institute, part of the National Institutes of Health, leads the Federal Government's efforts against heart disease by supporting research and education for the public, heart patients, and health care professionals. The American Heart Association plays a crucial role in the fight against heart disease through its research and education programs and its vital network of dedicated volunteers.

Despite the encouraging developments in that fight, we still face many challenges. Heart disease continues to be the leading cause of death in this country, killing more than 700,000 Americans each year. The number of Americans with heart disease or a risk factor for it is staggering. Approximately 58 million have some form of cardiovascular disease, about 50 million have high blood pressure, and about 52 million have high