

The Ovarian Cancer Biomarker Research Act would authorize NCI to make grants for public or nonprofit entities to establish research centers focused on ovarian cancer biomarkers. Biomarkers are biochemical features within the body that can be used to measure the progress of a disease and predict the effects of treatment. This legislation also authorizes funding for a national clinical trial that will enroll at-risk women in a study to determine the clinical utility of using these validated ovarian cancer biomarkers.

The Society of Gynecologic Oncologists, the American College of Obstetricians and Gynecologists, the Ovarian Cancer National Alliance, and the American College of Surgeons have all joined together in support of this research developing tools to detect ovarian cancer early, because they know it is critical to improving the rate of survival for women struck by this disease.

The second bill, the Prostate Imaging, Research and Men's Education Act, addresses the urgent need for the development of new technologies to detect and diagnose prostate cancer.

Prostate cancer is the second most common cancer in the U.S., and the second leading cause of cancer related deaths in men—striking 1 in every 6 men. In 2008, it was estimated that more than 186,000 men were diagnosed with prostate cancer, and more than 28,000 men died from the disease.

The Prostate Research, Imaging, and Men's Education Act, or PRIME Act, would mirror the investment the Federal Government made in advanced imaging technologies, which led to life-saving breakthroughs in detection, diagnosis and treatment of breast cancer. This bill directs the Secretary of the Department of Health and Human Services to expand prostate cancer research, and provides the resources to develop innovative advanced imaging technologies for prostate cancer detection, diagnosis, and treatment.

In addition, the PRIME Act would create a national campaign to increase awareness about the need for prostate cancer screening, and works with the Offices of Minority Health at HHS and the Centers for Disease Control and Prevention to ensure that this information reaches the men most at risk from this disease.

The PRIME Act will also promote research that improves prostate cancer screening blood tests. According to a National Cancer Institute study, current blood tests result in false-negative reassurances and numerous false-positive alarms. Some 15 percent of men with normal blood test levels actually have prostate cancer. Even when levels are abnormal, some 88 percent of men end up not having prostate cancer but undergo unnecessary biopsies. Furthermore, the prostate is one of the last organs in a human body where biopsies are performed blindly, which can miss cancer even when multiple samples are taken.

Government initiatives in research and education can be the key to diagnosing prostate or ovarian cancers earlier and more accurately. These two bills would strengthen our efforts to fight these diseases.

These bills are of vital importance to thousands of men and women across our great Nation, and the families and friends who are concerned for their continued health. I look forward to working with my colleagues in the House and Senate to get these bills passed as soon as possible.

By Mr. UDALL of Colorado (for himself, Mr. BENNET, and Mr. UDALL of New Mexico):

S. 757. A bill to amend the Energy Employees Occupational Illness Compensation Program Act of 2000 to expand the category of individuals eligible for compensation, to improve the procedures for providing compensation, and to improve transparency, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. UDALL of Colorado. Mr. President, today I am introducing the Charlie Wolf Nuclear Workers Compensation Act. It is a bill designed to improve a program to compensate Americans who are gravely ill because they were exposed to radiation or other toxins while working in our Cold War-era nuclear weapons complex.

This is an issue that is important to many Coloradans because of the work done at Rocky Flats outside of Denver. The compensation program has a number of serious flaws, and I have worked on solutions for several years now.

The bill I am introducing includes a number of provisions that I introduced last session in the House of Representatives with my Colorado colleague, Representative ED PERLMUTTER. This year, I expanded on those provisions and added others to help these workers finally get the assistance they deserve under this program.

We named the bill for Charlie Wolf, who was one of thousands of workers during the Cold War era, who risked their health in order to build America's nuclear arsenal. And I believe his story illustrates why we should do better by these workers—and why I have introduced this bill.

Charlie worked as an engineer at Rocky Flats—and before that, at the Savannah River Site in South Carolina. He—and the thousands of other workers like him—are Cold War veterans. As controversial as their work often was, they were also patriotic Americans who did more for our country than collect a paycheck.

They believed that their work was keeping the world safe from the Soviet threat—and keeping this country strong. And they were right.

But their work was also dangerous. As a result of radiation and toxins he was exposed to on the job, Charlie developed brain cancer a little over 6 years ago. He was given 6 months to live—but he hung on for 6 years.

During all of those 6 years, he and his family fought with the Federal government to get the compensation that he was promised—and that he deserved.

Charlie's struggles were documented by the Rocky Mountain News in a series of stories called "Deadly Denial." That title, unfortunately, has come to symbolize the troubles with this compensation program.

I have heard from many former workers, who—like Charlie and his family—have been subjected to repeated delays, lost records, complex exposure formulas, and other roadblocks.

We simply cannot—and should not—subject these workers—patriotic people who put themselves in harm's way to help secure our nation—through these kinds of obstacles and difficulties.

It is shameful and, frankly, enough is enough.

This Congress recognized that we should compensate our Cold Warriors and certain survivors who put their health and life on the line to serve our Nation during the Cold War. We created the EEOICPA program to carry out that compensation.

I was among those who strongly supported the EEOICPA provisions that were finally enacted into law in 2000.

But the next year brought a new administration that, regrettably, did not advocate for the program as the Clinton administration had.

Simply put, the program is not working the way it was intended.

As a result, while many people have received benefits under the program, too many face inexcusable obstacles as they try—often in old age or while struggling with the effects of cancer or other serious illnesses—to prove they qualify for benefits.

More than 9 years after we enacted EEOICPA, workers have died without receiving the health care or compensation they deserve.

In fact, a combination of missing records and bureaucratic red tape has prevented many workers from accessing any compensation for their serious illnesses.

I now look forward to working with the Obama administration to correct problems with this compensation program.

The bill I am introducing this week is part of that ongoing effort.

The Charlie Wolf Act is designed to expand the category of individuals eligible for compensation, improve the procedures for providing compensation and transparency, and grant the Office of the Ombudsman greater authority to help workers.

I would like to explain a couple of the provisions in a little more detail.

First, it would revise the part of the EEOICPA law that specifies which covered workers are part of what is known as a "special exposure cohort" designation under the law.

The revision would extend this "special exposure cohort" status to Department of Energy employees, Department of Energy contractor employees,

or atomic weapons employees who worked at a nuclear weapons facility prior to January 1, 2006.

Being included in a special exposure cohort would help make it easier for workers to establish that their radiation-linked cancer was the result of working at one of these facilities.

Second, the bill would change the burden of proving that a radiation-linked cancer was the result of workplace exposure to toxic materials.

As the law now stands, before a worker can receive benefits, they must establish that the cancer is as likely as not to have resulted from on-the-job exposure to radiation.

While that sounds like a reasonable requirement, many workers have learned that we have not adequately documented radiation exposures over the years.

In fact, there were serious shortcomings in the monitoring of nuclear weapons plant workers' radiation exposures and in the necessary record-keeping. Also, the current administrative process for determining links between exposure and employment is terribly slow.

Many worker exposures were unmonitored or under-monitored over a nuclear weapons plant's history. As such, the current law requires these workers to seek "dose reconstructions"—essentially using some extrapolated data modeling to re-create the sorts of exposures experienced.

But "dose reconstructions" are extremely difficult, slow and arduous for the worker and the agency. The process drags out, while workers like Charlie suffer and wait for compensation they need—in some cases, to help them pay for cancer treatments or care for other deadly illnesses.

This is wrong. We owe these workers better than that.

My bill fixes that problem by presuming that a worker with a covered radiation-linked cancer is eligible for compensation. And it puts the burden of proof on the agency.

So, unless the agency can show—by clear and convincing evidence—that their cancer was not caused by exposure while working at a nuclear weapons facility, that worker would be eligible for compensation.

It may seem like this is asking to prove a negative, but I believe that it requires the federal agency to prove that the cancer may have been the result of other factors. I think it is more appropriate to place this burden on the federal government—and not the ill worker.

Third, the bill expands the list of cancers for which individuals are eligible to receive compensation. The current law fails to recognize some cancers that could legitimately be caused by exposure to toxic materials at these sites.

The bill also requires the Department of Labor to pay a claimant's estate should a claimant die after filing their claim—but before receiving payment and leaving no survivors.

Finally, the bill makes a number of other changes that are all designed to make this process more user-friendly and helpful to claimants.

It expands the duties of the Ombudsman's Office, providing greater transparency and communication with claimants, and allowing more time to file legal actions should claims be denied.

It also allows claimants who were previously denied to re-file their claims.

Since early in my tenure in Congress, I have worked to make good on promises of a fairer deal for the nuclear-weapons workers who helped America win the Cold War.

That was why enactment and improvement of the compensation act has been one of my top priorities. This is an important matter for our country. It is literally a life-or-death issue for the Coloradans who are sick today because of their work at Rocky Flats.

The Charlie Wolf Act will not remedy all the shortcomings of the current law, but it will make it better.

I hope to work with my colleagues in the Senate, who have constituents who face situations similar to that of Charlie and his family. I hope for swift action from both Congress and the administration to keep our promises to these workers and their families.

Charlie Wolf and his family deserve better, as do all of the Americans who have made similar sacrifices and been subjected to similar struggles.

Charlie's widow, Kathy, told me this week that Charlie carried on his fight out of principle because he didn't want other workers to have to fight the country they worked so hard to protect.

I am proud to continue to work on behalf of Charlie's family and his memory. I urge my colleagues to cosponsor or support this worthwhile legislation and honor our Cold War heroes.

I would like to thank Senator MICHAEL BENNET of Colorado and Senator TOM UDALL of New Mexico for joining me as original cosponsors of this bill.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 757

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Charlie Wolf Nuclear Workers Compensation Act".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings; purpose.
- Sec. 3. Specified disease.
- Sec. 4. Definitions for program administration.
- Sec. 5. Change in presumption for finding of cancer.
- Sec. 6. Distribution of information to claimants and potential claimants.

Sec. 7. Enhancement of site profiles of Department of Energy facilities.

Sec. 8. Clarification of covered illnesses.

Sec. 9. Payment of compensation to survivors and estates of contractor employees.

Sec. 10. Wage loss resulting from exposure.

Sec. 11. Expansion of toxic substance exposure for covered illnesses.

Sec. 12. Extension of statute of limitations for judicial review of contractor employee claims.

Sec. 13. Expansion of authority of Ombudsman of Energy Employees Occupational Illness Compensation Program.

Sec. 14. Payment for transportation and personal care services.

Sec. 15. Enhancement of transparency in claims process.

Sec. 16. Extension of time for claimants to respond to requests for information.

SEC. 2. FINDINGS; PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 U.S.C. 7384 et seq.) (referred to in this subsection as the "Act") was enacted to ensure fairness and equity for the civilian men and women who, for more than 50 years, have performed duties uniquely related to the nuclear weapons production and testing programs of the Department of Energy (including predecessor agencies of the Department of Energy) by establishing a program to provide efficient, uniform, and adequate compensation for—

(A) beryllium-related health conditions; and

(B) heavy metal-, toxic chemical-, and radiation-related health conditions;

(2) the Act (42 U.S.C. 7384 et seq.) provides a process for the consideration of claims for compensation by individuals who were employed at relevant times and at various locations, which includes provisions to designate employees at certain other locations as members of a special exposure cohort the claims of whom are subject to a less-detailed administrative process;

(3) the Act (42 U.S.C. 7384 et seq.) authorizes the President, upon a recommendation by the Advisory Board on Radiation and Worker Health established under section 3624(a)(1) of the Act (42 U.S.C. 7384(a)(1)), to designate additional classes of employees at facilities under the jurisdiction of the Department of Energy as members of a special exposure cohort if the President determines that—

(A) it is not feasible to estimate with sufficient accuracy the magnitude of the radiation dose that the cohort received; and

(B) there is a reasonable likelihood that the radiation dose may have endangered the health of members of the cohort;

(4) it is not feasible to estimate with sufficient accuracy the magnitude of radiation doses received by employees at facilities under the jurisdiction of the Department of Energy because—

(A) many radiation exposures by employees were unmonitored or were not monitored adequately over the lifetime of each facility, as demonstrated in 2004, when an individual employed during the 1950's agreed to be scanned under the former radiation worker program of the Department of Energy and was found to have a significant internal deposition of radiation that had been undetected and unrecorded for longer than 50 years;

(B) lung counters used for the detection and measurement of plutonium and americium in the lungs of the employees were not available at some facilities until the late 1960's, thus—