

commitment to enriching the lives of these students.

The "We the People . . . The Citizen and the Constitution" program provides an excellent opportunity for students to gain an informed perspective about the history and principles of our Nation's constitutional government. I wish these young constitutional experts from Gorham High School and their teacher, Michael Brosnan, the best of luck in preparing for the April national finals. We are proud to have them representing New Hampshire, and wish them luck as they prepare to be America's leader in the 21st century. ●

[At the request of Mr. DASCHLE, the following statement was ordered to be printed in the RECORD.]

TESTIMONY OF MAJ. MICHAEL DONNELLY

● Mr. DODD. Mr. President, Maj. Michael Donnelly of Connecticut flew 44 missions for the Air Force during the Persian Gulf war. He is now afflicted with a neuro-muscular disorder he suspects was caused by chemical exposure in the war. I had the pleasure of meeting with Major Donnelly last week after he testified before the Human Resources Subcommittee of the House Committee on Government Reform and Oversight. His testimony provided a special insight into the plight of some Persian Gulf war veterans who fell ill after returning home.

Mr. President, I ask that his testimony be printed in the RECORD.

The testimony follows:

PREPARED STATEMENT OF MAJ. MICHAEL DONNELLY, U.S. AIR FORCE, RETIRED

Congressman Shays and members of this committee, I want to thank you for giving me the opportunity to testify before you today. My name is Major Michael Donnelly. I am not the enemy.

I was medically retired in October of 1996 after 15 years and 1 month of service as a fighter pilot in the Air Force. At the time Iraq invaded Kuwait, I was stationed at Hahn Air Base in Germany flying F-16s. My unit, the 10 Tactical Fighter Squadron, was attached to the 363rd Tactical Fighter Wing and deployed to Abu Dhabi in the United Arab Emirates on 1 January 1991 in support of Operation Desert Shield and then Desert Storm. My unit redeployed to Germany on the 15th of May 1991.

During the war, I flew 44 combat missions. On those missions I bombed a variety of targets, including strategic targets (airfields, production and storage facilities, missile sites, etc.), tactical targets (troops, battle-field equipment, pontoon bridges, etc.). I also flew Close Air Support, and Combat Air Patrol missions. Never during any of these missions was I warned of the threat of exposure to any chemical or biological weapons. Although we expected and trained for that eventuality, we never employed any of the procedures because we were never told that there was any threat of exposure. Had we been warned, there were steps we could have and would have taken to protect ourselves.

Unlike other veterans who have testified before you, I don't have a specific incident that I can remember during the war that might have caused my illness. However, I can tell you that I flew throughout the entire region of Iraq, Kuwait and much of

Saudi Arabia, to include in and around the oil smoke. Evidence now shows that chemical munitions storage areas and production facilities that were bombed by us released clouds of fallout that drifted over our troops through the air, and that's where I was. I know also of other pilots who do remember a specific incident that caused them to later become ill.

So while I cannot point to one event to explain my illness, I come before you today to tell you that I am yet another veteran from the Gulf War with a chronic illness. Upon return from the Gulf, I was reassigned to McDill Air Force Base in Tampa, Florida. It was here that I first started to experience strange health problems. It was nothing you could really pinpoint except to say that I didn't feel as strong as I once had or as coordinated. I felt like I was always fighting a cold or the flu.

By the summer of 1995, I was stationed at Sheppard Air Force Base in Texas. It was here that I believe my illness started and that I began to suspect that it was related to service in the Gulf. During the summer, I was exposed several times to malathion, which is a fairly dilute organophosphate-based pesticide used for mosquito control. The base's policy was to spray with a fogging truck throughout base housing where I lived with my family. I was exposed to the malathion fogging while I was running in the evenings. I would like to point out something I learned later: that organophosphate poison is the chemical basis for all nerve agents—it is a poison that kills just like a pesticide does.

It was immediately after my exposure to malathion that I started to have serious health problems. After this time, every time I ran I would get a schetoma—or blind spot—in front of my eyes and my heart would beat erratically. I started to have heart palpitations, night sweats, sleeplessness, trouble concentrating, trouble remembering, trouble taking a deep breath and frequent urination. I noticed that one cup of coffee would make me extremely jittery. I noticed that one beer would have an unusual intense effect on me. I was extremely tired much of the time. I had to put my head down on my desk to rest while I was working and I had to lie down at home before dinner after work.

It wasn't until December 1995 that I started to have trouble walking and experienced weakness in my right leg. It was then that I decided, right after the holiday season, I would go see the doctor. On the second of January 1996, I went to the flight surgeon at Sheppard Air Force Base. When I finished explaining my symptoms to him and mentioned that I had been in the Gulf War, he immediately started to tell me about the effects of stress. He told me that the other problems—heart palpitations, breathing difficulties, sleeplessness—were probably stress related, but that we needed to look into the weakness in the leg more, and I was referred to a neurologist.

During this first visit with the neurologist was when I first heard the line that I would hear throughout the whole Air Force medical system and that was: "There's no conclusive evidence that there's any link between service in the Gulf and any illness." Each time I heard this line, it was almost as if each person was reading from a script.

If an active duty field grade officer walks into a hospital and says he's sick and that he was in the Gulf War, why does the military not seize this opportunity to investigate whether there is any connection between service in the Gulf and this illness? How can they say they're looking for an answer when they deny it's even possible? How can they say there's no connection when they don't study the individuals who present symptoms

that might prove that connection? Instead, he gets "the line," which proves that no one is looking to see whether there is a problem. Only to deny that one exists. Why should I have to call and register for the Gulf War Registry when I'm active duty? I should automatically be put on the list as another person with a chronic illness who served in the Gulf. Again, if they were really looking for a problem, all they have to do is look.

My treatment included several trips to Wilford Hall Medical Center in San Antonio for MRIs, CT scans, muscle tests and multiple blood tests. Each time I mentioned I was a Gulf War veteran, I got "the line." At one point, a doctor in Wilford Hall gave me a three minute dissertation on how my illness absolutely could not be related to my service in the Gulf. One thing I noticed during my four or five visits to Wilford Hall was a room on the neurology ward labeled "Gulf War Syndrome Room." In none of my four or five visits was the door to this room ever open or the light on. I started to realize that because the military medical system would not acknowledge my illness could be related to the Gulf War, I would not get help.

Once I realized that, I began to seek help from civilian doctors, many of whom had already made the connection between service in the Gulf and the high incidents of unusual illnesses among the war's veterans. They had all the proof they needed: the thousands of veterans coming to them desperate for medical treatment. Because the military has not acknowledged this connection, my family and I have been forced to spend over \$40,000 of our own money in these efforts. Our search led us to people around the country with the same illnesses who were also Gulf War veterans. In the last twelve months, I have traveled all over this country and even to Germany looking for help.

Incredible as it may seem, the Air Force medical system initially wanted to retire me with 50 percent disability and temporary retirement with a diagnosis of ALS. Only after we hired a lawyer, at our own expense, and went before the medical board, were we able to change that determination to 100 percent and permanent retirement. All the while, I was contending with my declining health and the trauma to my family. I chose to not to fight over whether my illness was combat related, because I'd already seen the stonewalling that was going on and because I wanted to move my family back home. That was my own personal decision, made at a time when I knew I had other and far greater personal battles yet to fight.

Upon my retirement from the Air Force, I found myself worked into the VA medical system. What alternative did I have after my 15 years of service? I guess I'm one of the lucky ones, since I was:

1. still on active duty when I got sick; and
2. given a poor prognosis, which required them to treat me and compensate me. What alternative did they have?

The VA bureaucracy is difficult and slow at best. I am suffering from a fatal illness, where every month matters. I can sit here today and tell you that despite my situation—which you would think would warrant expeditious treatment and action—I ran into a red tape and paperwork nightmare that continues to consume my life today. However, once I finally got to see them, the medical personnel who have treated me have been very kind and understanding, despite the fact that there isn't much they can do. Maybe if we hadn't had six years of cover-up, there would be something they could do.

To this day, no one from the DOD or VA has contacted me personally to involve me in any tests or studies. I myself have found more than nine other Gulf War veterans, some who have already come before you, who

are also suffering from ALS, an unusual disease that rarely strikes individuals under the age of 50. In fact, with the ten of us who have ALS—and we are certain there are more out there whom we just haven't found—the incidence of ALS already far exceeds the normal incidence given the number of soldiers who served in the Gulf. Why is there no special emergency study of this outbreak? Why is no one worried about what is obviously a frightening incidence of a terrible neurological illness among such a young and healthy population? One thing I can tell you: this is not stress.

With every other Gulf War veteran we have found who has ALS, the common thread has been subsequent exposure to some kind of strong chemical or pesticide, such as malathion, diazinon, and lindane—which is used to treat head lice in children.

Why aren't the DOD and the VA warning everyone else who served in the Gulf War that they may get sick in the future, just as I got sick four years after I returned to the US. How many other people are out there waiting for that one exposure that will put them over the top? Why is no one putting the word out. A warning could save the lives and health of many individuals, could save them from going through what I am now going through. I'll tell you why, because that would take admitting that something happened in the Gulf War that's making people sick.

I wonder how many flight mishaps or accidents that have happened since the war have involved Gulf War veterans. Those numbers shouldn't be hard to find: the military keeps records on all of that. In fact, I wager that someone out there already knows the answer to that question and hasn't shared it either because of a direct order not to or because the right person has yet to ask.

How many other pilots are still out there—flying—who are not quite feeling right? Just as I flew for four years after I returned from the Gulf, how many other pilots fear for their livelihood and the repercussions they know they would encounter were they to speak up because they know "There's no conclusive evidence that there's any link between service in the Gulf and any illness."

Imagine my dismay when the DOD announces \$12 million (a drop in the bucket) to study the Gulf War illnesses and four of those studies are centered around the effects of stress or post-traumatic stress disorder. You would think that the DOD and the VA would have an in-depth knowledge of the effects of stress after all the wars this country has fought. Most of them a lot more "stressful" than the Gulf War. Why aren't they taking our illnesses seriously? I'll tell you why, because that would take admitting that something happened in the Gulf War that's making people sick.

Part of the ongoing cover up has been to trivialize the illnesses that Gulf War veterans are suffering from. In the press and from the VA, you hear about skin rashes and joint aches, about insomnia and fatigue. There is no doubt that these are real symptoms and are debilitating in and of themselves. But what you don't hear about is the high incidence of rare cancers, neurological disorders that are totally debilitating. This is not stress. This is life and death.

Why is it impossible to get the right numbers from the DOD and the VA about how many veterans are sick or have sought treatment? Why is it more important to protect certain high-placed government officials than to care for veterans who are sick? When it comes time to fund the military, budget concerns are usually set aside in the interest of defense and the public good. Well, the national defense issue now is that it's public

knowledge that the DOD mistreats people who serve. America will have no one to fight its wars.

The primary goal at this point is not to find out whose fault all of this is. Someday, someone will need to investigate what happened and why. The people responsible for this tragedy should be found out and punished.

The top priority now for all of us is to help veterans and their families get their health and their lives back. Or at least that should be the goal. That should be your goal. All I want is what I brought to the Air Force: my health.

I'm not interested in hearing how surprised General Powell and General Schwartzkopf are about how we were all exposed to chemical weapons, or that the CIA really did know Hussein had these weapons, or that the CIA alerted the DOD to this fact. It's obvious now that there's been a cover up going on all this time as more and more information gets released or discovered. It's time for those people who know something—and they do exist—to come forward. And maybe we can save some lives.

During and after the war, we proclaimed to ourselves and to the world how we learned the lessons of Vietnam and fixed the military. We learned the lessons of Vietnam and we did it right this time. Last week, General Powell stated that we suffered only 149 casualties in the Gulf War. Well, I am here to tell you that the casualty count is still rising. Just like in Vietnam with Agent Orange, it appears that we didn't learn all the lessons. We still mistreat veterans. This country has again turned its back on the people who fight its wars, the individuals to whom it owes the most.

I want to thank you for what you are doing for the veterans who went to war for this country. Many of whom were squeezed out of the military right after the war and now find themselves out on the street, fighting the very institution they fought for. In the military, we have a tradition called the salute and it's used to show admiration and respect for an individual who has earned it. I salute you for what you are doing here. You go a long way in restoring this soldiers waning faith in a country that could so willingly desert it's own.

Remember: I am not the enemy. ●

ORDERS FOR TUESDAY, APRIL 29, 1997

Mr. COVERDELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until the hour of 9:30 a.m., on Tuesday, April 29. I further ask unanimous consent that on Tuesday, immediately following the prayer, the routine requests through the morning hour be granted and the Senate then immediately resume the motion to proceed to S. 543, the Volunteer Protection Act, and I further ask unanimous consent that the time from 9:30 to 12:30 be equally divided between Senator COVERDELL and/or his designee, and the ranking member and/or his or her designee.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COVERDELL. Mr. President, I now ask unanimous consent that on Tuesday, the Senate stand in recess from the hours of 12:30 to 2:15 for the weekly policy conferences to meet.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. COVERDELL. Mr. President, for the information of all Senators, tomorrow morning the Senate will resume consideration of the motion to proceed to S. 543, the Volunteer Protection Act. Senators are reminded that there will be a cloture vote at 2:15 on Tuesday on the motion to proceed to S. 543. If cloture is invoked tomorrow, there will be an additional hour of debate to be followed by a vote on the motion to proceed. Senators can therefore expect additional votes during Tuesday's session of the Senate.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. COVERDELL. Mr. President, if there is no further business to come before the Senate, I now ask that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 5:12 p.m., adjourned until Tuesday, April 29, 1997, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate April 28, 1997:

FEDERAL EMERGENCY MANAGEMENT AGENCY

MICHAEL J. ARMSTRONG, OF COLORADO, TO BE AN ASSOCIATE DIRECTOR OF FEDERAL EMERGENCY MANAGEMENT AGENCY, VICE RICHARD THOMAS MOORE, RESIGNED.

FOREIGN SERVICE

EDWARD WILLIAM GNEHM, JR., OF GEORGIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE DIRECTOR GENERAL OF THE FOREIGN SERVICE, VICE ANTHONY CECIL EDEN QUAITON.

IN THE NAVY

THE FOLLOWING-NAMED OFFICERS FOR APPOINTMENT TO THE GRADES INDICATED IN THE U.S. NAVY UNDER TITLE 10, U.S.C., SECTIONS 618 AND 628:

To be commander

THOMAS P. YAVORSKI, 0000

To be lieutenant commander

ROBERT J. BARTON, III, 0000

IN THE NAVY

THE FOLLOWING-NAMED SUPPLY CORPS OFFICERS FOR REGULAR APPOINTMENT IN THE LINE TO THE GRADES INDICATED IN THE U.S. NAVY UNDER TITLE 10, U.S.C., SECTIONS 531 AND 5582(A):

To be lieutenant commander

CRAIG L. HERRICK, 0000

To be lieutenant

JORGE A. MCCURLEY, 0000
WILLIAM S. SEWELL, JR., 0000

To be lieutenant (junior grade)

JOHNNY E. BOWEN, 0000
JOSEPH M. BYRD, 0000
CHRISTOPHER R. COURTRIGHT, 0000
STORMI J. LOONEY, 0000
STEVEN R. SORCE, 0000
WILLIAM J. STEGNER, 0000
HAYDN A. THOMAS, 0000

To be ensign

BENJAMIN A. SNELL, 0000

I NOMINATE THE FOLLOWING-NAMED OFFICERS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE U.S. NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be captain

DAVID J. DAVIS, 0000
CRAIG M. MARCELLO, 0000
RADFORD D. TANKSLEY, 0000

To be commander

BRUCE R. BOYNTON, 0000
JAMES H. GHERARDINI, JR., 0000
JOHN R. HAGUE, 0000

To be lieutenant commander

TIMOTHY G. BATTRELL, 0000