more than $5 trillion—$5,102,708,479,478.04 (Five trillion, one hundred two billion, seven hundred eight million, four hundred seventy-nine thousand, four hundred seventy-eight dollars and four cents) during the past 25 years.●

12th ANNUAL ENTREPRENEURIAL WOMEN'S CONFERENCE

● Mr. DURBIN. Mr. President, I rise today to offer my congratulations to the Women's Business Development Center (WBDC) as it celebrates the 12th Annual Entrepreneurial Women's Conference. The event, which is to be held on September 9, 1998, at Chicago's Navy Pier, will celebrate the Women's Business Development Center's second decade of outstanding service to women in the business community.

The Women's Business Development Center is a Chicago-based nonprofit women's business assistance center devoted to providing services and programs that support and accelerate the growing role of women business owners in the economy. Since its founding in 1986 by Carol Dougal and Hedy Ratner, the Women's Business Development Center has facilitated more than $20 million in women's business loans and has assisted women-owned businesses in gaining over $90 million of government and private contracts. More than 30,000 women business owners have benefitted from the following programs and services: counseling, workshops, entrepreneurial training, the Women's Business and Finance Programs, the Women's Business Enterprise Initiative, the Entrepreneurial Woman's Conference and the Women's Business and Buyers Mart.

The success of the Women's Business Development Center has inspired similar initiatives across the country. Women's business development programs modeled after the Center have been launched by economic development organizations in Indiana, Ohio, Florida, Massachusetts, and Pennsylvania. The tremendous inroads made by women in the business community over the past decade is due in no small part to the efforts of these organizations.

Mr. President, there are now more than 7.7 million women-owned businesses in the United States, and 250,000 of these businesses are located in my homestate of Illinois. Nationally, women's businesses generate $2.3 trillion of sales and employ one out of every four U.S. company workers.

Given the importance of women-owned businesses to the economy, I look forward to hearing about the continued successes of the Women's Business Development Center in the years to come. Once again let me offer my congratulations to the Women's Business Development Center on their 12th anniversary.●

5TH ANNUAL CROATIAN FESTIVAL

● Mr. ABRAHAM. Mr. President, I rise today to recognize the 5th Annual Croatian Festival that took place August 29–30, 1998 at St. Lucy Croatian Catholic Church in Troy. The Croatian Festival is a very important event for the Croatian community of Michigan, in that it showcases the beautiful Croatian culture and heritage and unites the 20 various Croatian organizations in the state who have come together to organize the Festival. Over the past few years, the Festival has proven to be a very exciting time with exhibits focusing on different regions of Croatia, a variety of Croatian foods, games and traditional Croatian music.

In addition to serving as a celebration of the Croatian culture, the Festival serves the very important purpose of raising funds to assist and reduce the debt of St. Lucy Croatian Catholic church. I wish St. Lucy success as they strive for this goal. I also want to extend my best wishes to the entire Croatian community of Michigan.●

GEMOLOGICAL INSTITUTE OF AMERICA AND GEM LABORATORY

● Mrs. BOXER. Mr. President, I rise today to commend the exemplary work of the Gemological Institute of America (GIA) and the GIA Gem Laboratory.

GIA has been the nation's leader in gemology training and education since 1931, conducting valuable research and establishing standards upon which purchasers of gems in the United States and abroad have come to rely.

The Federal Trade Commission (FTC), in establishing regulations concerning gems that are the subject of trade in the United States, adopted standards developed by GIA.

GIA's Gem Laboratory—located in New York City and Carlsbad, California—operates to protect the public from misrepresentation of gems, to assist in the recovery of stolen property, and to provide information useful in the prosecution of criminals involved in gem fraud or theft.

The Gem Laboratory is also the main body applying the FTC's regulations on gems (26 CFR Part 23), such that consumers have a means of determining whether the products they purchase are, in fact, the real thing. It serves an essential role in identifying gems and in detecting synthetics as well as colored, doctored, or treated gems being marketed as natural and in deterring those who might attempt to profit by misrepresenting their goods to American consumers.

The Laboratory can achieve these purposes only because it is responsible for identifying and/or testing a large proportion of the significant gems purchased by consumers in the United States.

The Laboratory's extensive computerized gem database enables it to identify stolen gems that it had previously tested and inhibits the fencing of stolen gems, thereby providing an important deterrent to gem theft.

At the request of the United States Customs Service and pursuant to licensing by the Nuclear Regulatory Commission, the Gem Laboratory also tests for irradiated gems posing a health risk to the American public.

The Federal Bureau of Investigation and local law enforcement agencies rely on the Gem Laboratory for assistance in solving crimes involving gems. The Laboratory has been instrumental in solving many such crimes, providing crucial evidence and expert testimony essential to their successful prosecution.

Mr. President, I commend GIA and the GIA Gem Laboratory for their contribution to the protection of the consumer. Through its work, the Gem Laboratory significantly lessens the burdens of the federal government that would otherwise have to be borne by the FTC, the FBI, the Customs Service, and other government agencies.●

REPORT OF THE SPECIAL INVESTIGATION UNIT ON GULF WAR ILLNESSES

● Mr. ROCKEFELLER. Mr. President, today the Committee on Veterans' Affairs released the final report of its Special Investigation Unit (SIU) on Gulf War Illnesses. The report represents the culmination of the unit's year-long, 20-member staff investigation into issues surrounding the illnesses that have affected many veterans of the 1990–91 Persian Gulf War.

The Gulf War ended over seven years ago, but the aftermath of this military victory will remain with us for years to come. This brief war represented a critical turning point in our concept of modern warfare. For the first time since World War I, we faced the possibility of widespread use of chemical warfare agents. Previously, concerns about the use of ''weapons of mass destruction'' focused on the threat of nuclear warfare, increasingly possessed by the more developed nations of the world, but still limited in availability. But in the Gulf, we came face-to-face with the threat of the ''poor man's atomic weapons''—chemical and biological weapons.

Chemical and biological weapons have been around for a long time. The United States and its allies abandoned the use of chemical weapons many years ago. In April 1997, the United States Senate ratified the Chemical Weapons Convention, joining many other nations in the international disarmament of chemical weapons. But for terrorists and rogue nations, chemical and biological weapons remain the weapons of choice, and they are likely to play a significant role in the battlefields of the future. According to Secretary of Defense William S. Cohen, just as we faced this threat in the Gulf War, we are likely to face it again.

In hearings before the Committee on Veterans' Affairs, military heroes such

as General Norman Schwarzkopf and General Colin Powell recounted their fears about the potential use of chemical or biological weapons in the Gulf War. They described the dilemmas they faced as they realized that vaccine supplies were inadequate to protect the 697,000 men and women who were deployed to the Gulf, forcing our leaders to decide who would be protected and who would not. They recalled the anguish associated with making those decisions. But fortunately, the widespread use of chemical weapons and the massive casualties that had been predicted for that war did not occur.

After the Gulf War, it was generally agreed that we must be better prepared to meet this threat in the future. We needed to develop new technologies for the detection of chemical and biological weapons in the battlefield; to make sure that we had adequate supplies of vaccines and medical antidotes, and other protective equipment, especially masks and suits; and to ensure that our troops received adequate training to carry out their mission in the event of use of chemical/biological warfare. Given the crisis our military faced during the Gulf War as our leaders realized that we were not well prepared then, you might expect it would be high priority to make sure we are not caught unprepared again. Sadly, this has not been the case.

The SIU report finds that almost eight years after the Gulf War, our military is still not prepared to fight in a chemical or biological warfare environment. The Inspector General of the Department of Defense corroborated these findings in a recent report which states that with the exception of Navy surface ships, our armed forces are unable to assess unit chemical and biological defense readiness because unit commanders have not made this training a priority. Of the 232 units reviewed by the Inspector General, 80 percent were not fully integrating chemical and biological defense into unit mission training. This is completely unacceptable.

The SIU also found that training for chemical and biological warfare is still inadequate, and that the technology for battlefield detection of chemical warfare agents has not improved since the Gulf War. Although the threat of chemical and biological warfare has increased since the Gulf War and hangs heavy over the potential battlefields of the 21st century, the military still has inadequate supplies of vaccines and chemical/biological protective equipment. It is imperative that we be prepared to face these very real risks. Moreover, we must be ready for the possibility that the next terrorist attack on U.S. civilians may include such weapons. The task of domestic defense and preparedness poses an even greater challenge.

Recent events underscore the need to make this defense and readiness issue a national priority. Eight years after the Gulf War, United Nations inspectors still have not been able to fully assess Iraq's chemical and biological weapons capabilities. We have all seen the roadblocks that Saddam Hussein has succeeded in placing in the path of this international effort to inspect for these weapons. Fortunately, we did not have to send in military personnel in the recent U.S. attack to destroy the chemical plant in Sudan. Had we needed to, however, and if these terrorists had chemical and biological weapons, I fear our ground troops would have been ill-prepared to function in such an environment.

My concerns here are not new. In 1994, when I was chairman of the Committee, my staff issued a report that called attention to many of the long-term health concerns arising from our soldiers' exposures to environmental hazards. Many of the concerns raised then remain today.

Senator SPECTER and I will call upon Secretary Cohen to carefully consider the findings of this report and provide an emergency action plan to address these shortcomings. I am confident that he is as concerned about our military's preparedness for this threat as we are, and we look forward to his response.

Our military men and women must be protected and they must be prepared to fight in a chemical/biological warfare environment. That means that they need ongoing, quality training in chemical/biological defense and detection systems that will work quickly and reliably on the battlefield. It means that they need adequate supplies of the required chemical protection masks and suits, and training in how to properly use them under battlefield conditions. It means they need sufficient supplies of vaccines, antibiotics, and medical antidotes. And it means that they need well-trained medical personnel who are prepared to respond to chemical and biological warfare casualties, and the medical equipment needed to care for such casualties.

All of this means a commitment of time and funding across all the service branches, and the support and leadership of commanders everywhere to guarantee this commitment. Most of all, this requires a solid commitment from this Congress and President Clinton.

We have had enough talk of readiness—it's time to make it a reality if we are to fight on the battlefields of the 21st century.

Mr. President, I request that a summary of the report's findings prepared by my staff be printed in the RECORD.

The summary follows:

REPORT SUMMARY

The report of the Committee on Veterans' Affairs' Special Investigation Unit (SIU) on Gulf War Illnesses is thematically divided into 4 major sections or chapters.

Chapter 1 addresses DoD and CIA intelligence operations during the War and the destruction of the Khamisiyah munitions depot. It reviews some of the communication problems that existed with poor transfer of critical intelligence information between DoD and CIA on the locations of Iraqi chemical weapons facilities. It also critically reviews DoD's efforts to ''model'' the events that transpired at the U.S. demolition of the Khamisiyah munitions depot in March 1991. The SIU report is particularly critical of the Office of the Special Assistant for Gulf War Illnesses' (OSAGWI) efforts to research the weather conditions that existed on the day of the demolition, as it related to estimates of the numbers of U.S. servicemembers who would have potentially been exposed to low levels of chemical warfare agents, such as sarin.

The report points out that the OSAGWI modeling report does not integrate crucial weather information provided by a division of the Air Force that is typically viewed as expert on such issues. Further, the OSAGWI report was largely an internal document, and it was not subjected to the scientific rigors of the peer review process. The Special Investigation Unit (SIU) also contracted with a scientific consultant who supported these criticisms and found that the estimate of approximately 100,000 servicemembers who may have been exposed to be a grossly overestimated figure.

The defense and intelligence chapter also details the SIU's investigation of the question of whether there are additional Khamisiyahs or chemical weapons exposures to be found. On the basis of extensive review of classified and unclassified documents, interviews with military officials in Great Britain, France, the Czech Republic, and our Arab allies, and an interview with inspectors of the United Nations Inspection Team, the SIU found no evidence to either prove or disprove that the Iraqis offensively used chemical weapons during the Gulf War. The SIU did find that during the Gulf War, our military was not adequately prepared to deal with the threat of chemical or biological warfare, and our military continues to be inadequately prepared today.

Chapter 2 is an ''Assessment of Gulf War Veterans' Health Care Services and Compensation at the Department of Veterans Affairs.'' The SIU team found that VA has often inadequately monitored a number of Persian Gulf War health and benefits programs. As a result, VA demonstrates inconsistent compliance with their own regulations and policy directives, and inadequate implementation of services and benefits for Gulf War veterans. This chapter concludes that too many Gulf War veterans are dissatisfied with the health care that they are receiving from VA, and too few are receiving timely responses to their compensation benefits claims.

The SIU report states that ''although VA purports to operate as a single entity on behalf of veterans, in practice it is a loosely linked group of bureaucracies that operate largely in isolation from one another.'' This organizational structure contributes to problematic communication and bureaucratic hurdles that affect VA's ability to provide effective and efficient service to Gulf War veterans. The greatest problems were seen in VBA's handling of Gulf War compensation claims, and their processing was characterized as ''inconsistent and counterproductive.'' While the report notes problems with the health care provided to Gulf War veterans, the SIU staff also found a number of very caring and competent health professionals who were delivering appropriate health care, despite obstacles such as limited information and resources.

Chapters 3 and 4 focus specifically on health concerns and health research. This chapter reviews the chronology of health-related events, the assessment of the range of possible exposures in the Gulf War, the nature of the health problems that have

emerged, and the government research response on this issue. This information is presented in Chapter 3, ''Evaluations of Wartime Exposures, Gulf War Veteran Health Concerns, and Related Research, and Unanswered Questions.'' Chapter 4, ''Possible Long Term Health Consequences of Gulf War Exposures: An Independent Evaluation,'' contains the brief reports of scientists the SIU contracted with for independent reviews. These prominent scientists reviewed scientific literature on a variety of exposures including pesticides, PB, chemicals, stress, and other wartime and environmental hazards, and the health consequences that follow such exposures.

Both health chapters conclude that there is no single ''Gulf War Syndrome'' characterized by a single disease entity or diagnostic label. Instead, there is a significant proportion of Gulf War veterans who returned home with a number of chronic, poorly understood symptoms such as headaches, joint pains, rashes, fatigue, gastrointestinal difficulties, and other symptoms that are potentially disabling in some cases. In studies that have compared the rate of these symptoms among Gulf War veterans to the rate of symptoms in veterans of the same era who were not deployed to the Gulf, significantly more symptoms are reported by the Gulf War veterans. It is clear that many veterans are ill, and it is also clear that we may never know why.

There are many reasons why the question of ''why are Gulf War veterans ill?'' cannot be answered.

First, DoD deployed many reservists and active military personnel to the Gulf without adequate pre-deployment medical evaluations; as a result, we do not know what preexisting illnesses or health conditions they may have had. In any health investigation, such information would serve as an important baseline from which to assess the pattern of emerging illnesses.

Second, DoD's medical recordkeeping for the Gulf War was grossly inadequate. There are no clear records of even basic information, such as the vaccine records of the men and women who served in the Gulf. It is unclear whether such records were ever kept or whether they were destroyed because they were not felt to be a high enough priority to warrant space on the military cargo planes returning to the United States after the war. Many of the medical records from the war are also missing, hindering any efforts to review information on the numbers of troops who were hospitalized or received medical care in the Gulf. Finally, there was no DoD recordkeeping on the range and extent of exposures present in the Gulf. All these factors seriously hinder any research efforts to establish a cause and effect for the health problems that followed the Gulf War.

Also, in addition to the broad range of possible exposures—heat, pesticides, PB, smoke from oil well fires, petroleum products, ultra-fine sand particles, stress, and others—and their individual health effects, there is also the issue of the potential effects of an almost infinite number of possible combinations of such agents. Health research today is often not designed or conducted in ways that allow us to fully understand the interactive effects of such agents and their subsequent health consequences. All these issues complicate, and in fact hamper, current examinations of the events of the Gulf War while trying to answer the question of ''why are Gulf War veterans ill?''.

Some of the scientific experts the SIU contracted with were able to provide very sound criticism of some of the hypotheses about Gulf War illnesses, such as discounting the role of a possible infectious agent, such as mycoplasma. They were also able to clarify issues such as the possible health effects of PB or pesticides, as well as the links between stressful exposures, such as combat, and long-term physical health. These experts also made a number of important recommendations regarding future research directions and better prevention of unnecessary health risks which were integrated into the report.

A number of the report's recommendations will be used to develop additional legislation. Many of the major legislative issues have been covered already in S. 2358, the legislation that was introduced by Senators ROCKEFELLER, BYRD, and SPECTER. Specifically, S. 2358, the Persian Gulf War Veterans' Act of 1998:

Calls for the Secretary of VA to contract with the National Academy of Sciences (NAS) to provide a scientific basis for determining the association between illnesses and exposures to environmental or wartime hazards as a result of service in the Gulf War;

Authorizes VA to presume that illnesses that have a positive association with exposures to hazards during the war were related to service even if there was no evidence of illness during service;

Extends VA's authority to provide health care to Gulf War veterans through 2001;

Requires the Secretary to task NAS with the identification of additional research issues that the government should conduct to better understand the adverse health effects of exposures to environmental or wartime hazards associated with Gulf War service;

Tasks NAS with assessing potential treatment models for chronic, undiagnosed illnesses that have affected Gulf War veterans;

Establishes a system to monitor the health status and health care utilization of Gulf War veterans with chronic, undiagnosed illnesses within VA and DoD health care systems;

Requires that VA, in consultation with HHS and DoD, carry out an ongoing outreach program to provide information to Gulf War veterans;

Extends and improves upon VA's Persian Gulf Spouse and Children Evaluation Program, and;

Requires the Secretary of VA to enter into an agreement with NAS to study the feasibility of establishing, as an independent entity, a National Center for the Study of Military Health. Such a center would evaluate and monitor interagency efforts and coordination on issues related to post-deployment and would look at issues of how to better prevent and treat post-conflict illnesses.

In addition to these important issues addressed by S. 2358, the report highlights further a number of shortcomings within VA's and DoD's current policies. They include:

The need for DoD to place a higher priority on training and preparedness for the threat of offensive use of chemical and biological weapons (CBW) in today's warfare scenarios, including better CBW detection systems, adequate supplies of protective masks and suits, adequate numbers of vaccines for protection, and medical isolation units for treatment of such casualties;

The need for greater prevention of unnecessary health risks in the battlefield (and on domestic military bases), such as unnecessary exposures to inappropriate use of and inadequate monitoring of environmental agents such as pesticides, solvents, depleted uranium, and other identified health hazards, to include coordination and consultation with EPA and CDC on identifying and managing such risks;

The need for DoD to participate in the proposed national, state-based birth defects registry in order to better assess the relative risks of birth defects in military populations;

Given VA's history with environmental health issues such as Agent Orange, atomic veterans, and Gulf War veterans' health concerns, the need for VA to create the position of an Assistant Secretary of Veterans Affairs for Deployment-Related Health Matters, with responsibilities to include oversight of issues such as battlefield illnesses;

The need for DoD and VA to improve monitoring of health care to Gulf War veterans, to include identification of any barriers to care currently in the system and the need to develop methods for early detection of illnesses with delayed onset, such as cancer;

The need to ensure comprehensive pre- and post-deployment medical examinations of Reservists who are placed on active duty for deployment for military operations; and

The need for the Secretaries of the Departments of Defense and Veterans Affairs to implement doctrine that reflects and builds upon the lessons learned from the Gulf War in order to avoid repeating many of these same mistakes with future military deployments and veteran populations.●

TRANSPORTATION AND TRAVEL REFORM ACT OF 1998

Ms. SNOWE. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of calendar No. 533, H.R. 930.

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

The clerk will report.

The legislative clerk read as follows:

A bill (H.R. 930) to require Federal employees to use Federal travel charge cards for all payments of expenses of official Government travel, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill (H.R. 930) to require Federal employees to use Federal travel charge cards for all payments of expenses of official Government travel, to amend title 31, United States Code, to establish requirements for prepayment audits of Federal agency transportation expenses, to authorize reimbursement of Federal agency employees for taxes incurred on travel or transportation reimbursements, and to authorize test programs for the payment of Federal employee travel expenses and relocation expenses, which had been reported from the Committee on Governmental Affairs, with amendments; as follows:

(The parts of the bill intended to be stricken are shown in boldface brackets and the parts of the bill intended to be inserted are shown in italic.)

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Travel and Transportation Reform Act of **[**1997**]** *1998*''.

SEC. 2. REQUIRING USE OF THE TRAVEL CHARGE CARD.

(a) IN GENERAL.—Under regulations issued by the Administrator of General Services after consultation with the Secretary of the Treasury, the Administrator shall require that Federal employees use the travel charge card established pursuant to the United States Travel and Transportation Payment and Expense Control System, or any Federal contractor-issued travel charge card, for all payments of expenses of official Government travel. The Administrator shall exempt any