

independence, Sudan has only seen about 11 years of peace. This seemingly endless conflict has taken the lives of more than 1.5 million people and resulted in well over 2 million displaced persons or refugees. Perhaps the saddest consequence of the war is that there are thousands of teenagers who do not remember a peaceful period, and who know better the barrel of a gun than the inside of a classroom.

The international community has done the best that it can with this situation; there are approximately 40 national and international humanitarian organizations providing millions of dollars annually in food aid and development assistance. For its part, the United States government has provided more than \$600 million in food assistance and non-food disaster assistance since the mid-1980's.

The United Nations' Operation Lifeline Sudan [OLS], which maintains a unique agreement with parties to the conflict, has been instrumental in allowing humanitarian access to displaced persons in the southern Sudan. I commend the humanitarian organizations operating in the region who daily face not only enormous technical and logistical challenges in serving the Sudanese population, but also the all-too-frequent threat of another offensive nearby.

Fourth, the Sudanese government has a deplorable record in the area of human rights. According to the most recent State Department human rights report, the Khartoum government maintains not only regular police and army units, but also internal and external security organs, a militia unit, and a parallel police called the Popular Police, whose mission includes enforcing proper social behavior. In 1996, according to the report, government forces were responsible for extrajudicial killings, disappearance, forced labor, slavery, and forced conscription of children. Basic freedoms—of assembly, of association, of privacy—are routinely restricted by the government. Worse, imposition of Islamic law on non-Muslims is far too common. An April 1997 U.N. Human Rights Commission resolution identified pages of similar abuses.

Mr. President, this is not a regime that should be included in the community of nations.

In response to Sudan's actions in these areas, particularly with respect to terrorism, the U.S. government has imposed a series of sanctions on the current Sudanese regime over the past several years, including suspending its assistance program and denying senior Sudanese government officials entry into the United States.

In part at my urging, the Administration officially designated Sudan as a state sponsor of terrorism by placing it on the so-called "terrorism list" in 1993. Inclusion on the terrorism list, according to Section 6(j) of the Export Administration Act (P.L.96-72), automatically puts statutory restrictions

on the bilateral relationship including prohibitions on foreign, agricultural, military and export-import assistance, as well as licensing restrictions for dual use items and mandated U.S. opposition to loans from international financial institutions.

In addition, the United States has supported several resolutions by the United Nations Security Council, including three demands that Sudan extradite three suspects wanted in connection with the failed 1995 assassination attempt against Egyptian President Hosni Mubarak. After Sudan failed to comply with these resolutions, the Council later adopted measures calling on member states to adopt travel restrictions and to ban flights by Sudanese-government controlled aircraft.

But, as important as these measures have been, Sudan has apparently refused to get the message that its actions are simply unacceptable.

Sudan has the potential to be one of the most important countries in Africa. It is the largest country on the continent and has a population of 29 million people. With cultural and geographic ties to both Arab North Africa and black sub-Saharan Africa, the Sudan has the potential to play a significant role in East Africa and the Gulf region.

Unfortunately, Mr. President, Sudan continues to squander that potential by engaging in or supporting outrageous acts of violence and terrorism.

So, Mr. President, I welcome the President's decision to take a tougher line with respect to Sudan.●

FEHBP + 65 DEMONSTRATION PROJECT

● Mr. BURNS. Mr. President, as a cosponsor of S. 224, to allow Medicare—eligible military retirees to join the Federal Employees Health Benefits Plan, I am pleased to cosponsor S. 1334, introduced by Senator BOND. S. 1334 will create a demonstration project to evaluate the concept of increasing access to health care for military retirees by allowing them to enroll in the Federal employees plan.

After hearing from military retirees in Montana, I am convinced that FEHBP + 65, as it's called, is a necessary step to help ensure that military retirees have access to quality health care. When military retirees turn 65, they no longer have guaranteed access to health care. The lucky ones can get services from military treatment facilities [MTFs] on a space-available basis, but the rest do not have access to MTF's. They must rely on Medicare, which has less generous benefits and significant out-of-pocket costs, despite the commitment they received for lifetime health benefits by virtue of their service to this country. They are the only group of Federal employees to have their health benefits cut off at age 65. That just not right.

The Federal Employees Health Benefits Plan is a popular program which

provides good benefits at a reasonable cost. It will serve military retirees well and uphold the Government's commitment to provide quality health benefits. Our military retirees deserve no less.●

FUNDING OF THE MEDICINE CREEK TRIBAL COLLEGE

●Mrs. MURRAY. Mr. President, would the chairman of the Interior Appropriations Subcommittee yield for a question?

Mr. GORTON. I would be happy to yield to the Senator from Washington.

Mrs. MURRAY. Mr. President, Senator GORTON and I have been working with the Puyallup Tribe of Washington to establish base funding in the BIA budget for the Medicine Creek Tribal Community College in Tacoma, WA. The Tribe has been working diligently and patiently with the BIA to secure the necessary accreditation to facilitate such base funding. I am happy to report that the tribe has just recently received such accreditation.

However, the BIA has recently denied the Puyallup request for funding on the grounds that they had not established their accreditation, even though that was not a requirement of the BIA rules when the initial request for funding was made. On April 8, 1997, I wrote the BIA to express my concern regarding an apparent accreditation "catch-22". It seemed that in order to be accredited, the school needed to demonstrate a secure funding base. However, to secure a funding base the college needed to be accredited. I expressed to the BIA my sincere desire to see this apparent conundrum resolved. Over the past several months, it appeared that the BIA was, in fact, moving to address this issue. In a recent meeting the tribe had with Michael Anderson, Deputy Assistant Secretary for Indian Affairs, they were assured they would receive funding for fiscal year 1998. But we now understand that the BIA has changed its mind and indicated that Medicine Creek Tribal College will not receive funding for fiscal year 1998. This is not acceptable.

In the conference report on H.R. 2107, the conferees agreed to increase funding for tribally controlled community colleges by \$2,500,000 over the fiscal year 1997 level. Is it the intention of the chairman of the subcommittee that the Medicine Creek Tribal College be eligible for some of this funding?

Mr. GORTON. Mr. President, like Senator MURRAY, I am disturbed that BIA has now taken the position that the Medicine Creek Tribal College will not receive any funding. My office has worked with the tribe and understood that their funding needs would be met in fiscal year 1998. We urge the BIA make funds available from the increase in tribal community college funding to assist the Medicine Creek Tribal College move forward with its recent accreditation.

Mrs. MURRAY. Mr. President, I thank the chairman for this important clarification.●

TRIBUTE TO DELEGATE LACEY PUTNEY

● Mr. WARNER. Mr. President, across our great Nation in the 50 State legislatures, we find true public servants who receive very little remuneration, but dedicate themselves to the challenge—the pain and the joy—of representing at the grassroots of American citizens. They are the first line of defense and offense for our citizens.

I rise today to pay tribute to one who quietly and humbly personifies the best qualities of these public servants. Delegate Lacey Putney of Big Island, VA, is the most senior member of the Virginia House of Delegates and the only Independent. When he is re-elected today, he will tie with former speaker John Warren Cooke's record for the longest service in Virginia's General Assembly—38 years.

Delegate Putney and I were classmates and close friends as students at Washington and Lee University a half century ago. I have been privileged to count him as a valued advisor since that time.

As this month's "Virginia—Capitol Connections" magazine states: "Lacey Putney: The Democrats Want Him, The Republicans Want Him, But the People of Virginia Have Him."

I ask unanimous consent to place in the RECORD at this point two tributes to Delegate Putney.

The tributes follow:

THE HONORABLE LACEY E. PUTNEY

(By Charles W. Gunn, Jr.)

Some forty-two years ago I first met Lacey Putney, the country gentleman from Big Island, Virginia. This young man was different from most in his comfortable approach to strangers in that he assisted them while thanking them for helping him. I never saw him ask for help, but I saw him carefully seek out those who needed help.

His deep compassion for his fellow man was quite unique and so needed in our world today. He is a man of action with many personal accomplishments of assisting the most needy without seeking public acknowledgment. When he hears of a need, he responds either in person or else contacts the person or agency who can best address the problem. He is tough and thorough, while coupled with a soft heart. If you decide to debate him, be certain you are well prepared, for he seldom uses all of his ammunition but saves some for the rebuttal. He rarely loses!

During his thirty-six years of selfless service, thousands of citizens have been helped by his legislative actions. Equally, thousands have been helped by his personal involvement or intervention. He is an Independent by choice (officially since 1967) but has always been independent in making decisions in our government. If it's a matter of principle, Lacey will take his stand even if he is alone. That's integrity at its best.

I am grateful to Lacey's wonderful wife, Elizabeth, and his children, Susan and Edward, for their sacrifice in giving Lacey their sincere support during these thirty-six years of service to all Virginians.

Lacey touched my personal life and family in ways that were miraculous as he did in

dozens of lives that I am personally aware of. His private nature and extreme humility prevented me from detailing these "personal blessings" that he made possible for many of us.

I am honored to have the privilege of sharing with you some of the contributions made by the country boy from Big Island; that man of great integrity, wisdom, faith, compassion and humility; the gentleman from Bedford, the Honorable Lacey E. Putney, House of Delegates member, Nineteenth District, with thirty-six years of distinction.

"Bedford City Council works with a number of Virginia legislators and it is gratifying to see the high level of esteem and respect that Lacey is accorded from both his state peers as well as national representatives.

"Lacey has taken a personal interest in assuring that Bedford has received proper recognition and the deserved respect on the following:

"Passage of legislation that guaranteed Barr Laboratories locating in Bedford County;

"Strong leadership position with respect to the National D-Day Memorial's state funding;

"Persistence with the Highway Commission to insure needed work on Highway 501 and the Independence Boulevard project.

"Lacey has responded to the needs of our community in real time with real results.

"Lacey plays a pretty good game of tennis for an old guy."—Skip Tharp, Bedford City Council.●

SURGE IN DIABETES

● Mr. DOMENICI. Mr. President, as I work with my colleagues to increase federal support for combating the incidence of diabetes particularly among minorities such as American Indians, Hispanics, Blacks, and Asians, I would like to draw your attention to an article in Monday's Washington Times, November 3, 1997. It is by Joyce Howard Price and entitled "Surge in diabetes tied to unhealthy lifestyles."

Dr. Gerald Bernstein, President-elect of the American Diabetes Association, is reported to say that the national increase in diabetes was predictable, "given that the population is older, fatter, and less active."

Dr. Bernstein was referring to a report from the Centers for Disease Control and Prevention (CDC) estimating that 16 million Americans currently have diabetes, but only 10 million have been diagnosed. He said, "Cancer is much more dramatic and devastating. With diabetes, you erode and rot away. It's almost like leprosy."

The article goes on to quote Dr. Richard C. Eastman, director of the National Institute of Diabetes and Digestive and Kidney Diseases who said, "While we usually get an increase of 3 to 4 percent, there was an 8 percent increase this year. We fund 1 in 4 or 1 in 5 investigators." Dr. Eastman estimates the current national research effort in diabetes at \$200 million.

Health and Human Services (HHS) Secretary Donna Shalala agreed with me earlier this year that a special effort is needed to create a multi-million dollar effort for a "large-scale, coordi-

nated primary, secondary, and tertiary prevention effort among the Navajo, who have a large population with a high incidence of diabetes and risk factors for diabetes."

I have reached agreements in the Senate Appropriations bill for Labor-HHS to fund such a center for preventing diabetes in Gallup, New Mexico. In a colloquy with Subcommittee Chairman ARLEN SPECTER, we will affirm the need for this center in our national approach to alleviating the acute increases in diabetes, especially among American Indians whose incidence rate is almost three times the national average.

Among Navajo Indians over age 45, two in five have been diagnosed as diabetic, and many experts believe that almost four in five actually have diabetes, but we will not know until our outreach and testing efforts are improved on this vast Indian reservation.

Dr. Bernstein "points out that the gene that predisposes someone to diabetes is five times more prevalent in American Indians than in whites and twice as prevalent in blacks, Hispanics and Asians than in non-Hispanic whites." He says the disease has "failed to get priority status because it strikes minorities disproportionately."

He is absolutely right about the lack of attention to the problems of Navajo and Zuni Indians in New Mexico and Arizona. I would remind my colleagues that the Balanced Budget Act of 1998 has a \$30 million per year program for preventing and treating diabetes among American Indians through the Indian Health Service (IHS). This commitment is for five years or a total of \$150 million.

I am currently working with HHS Secretary Shalala to coordinate the efforts of this IHS funding from the Balanced Budget Act with CDC to focus on designing more culturally relevant prevention and diagnosis approaches in a new prevention research center in Gallup, New Mexico. Even if we are slow to learn more about treating this dreaded disease, enough is known today to significantly control the negative end results of diabetes like blindness, amputation, and kidney failure.

I hope my colleagues will continue to support my efforts to create this very specialized center for the study of improving prevention techniques for Indians and other minorities. In the case of Navajo and Zuni Indians, prevention can be difficult to incorporate into daily reservation life. Exercise programs may not be readily available, dietary changes may be contrary to local custom for preparing foods, or soft drinks may be routinely substituted for drinking water that is not plentiful or potable.

These kinds of factors in Indian life will be studied carefully at the Gallup Diabetes Prevention Research Center. Recommendations and CDC assistance will be provided to IHS service providers throughout the Navajo Nation, the Zuni Pueblo, and other Apache and