

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

Pueblo Indians in New Mexico and Arizona. It is my hope that improved diagnostic and prevention programs will readily flow from this Gallup center to all IHS facilities around the country.

It may surprise my colleagues as it did me, that in the 1950's the IHS officially reported negligible rates of diabetes among Navajo Indians. In less than 50 years, diabetes has gone from negligible to rampant and epidemic.

I commend the Washington Times for this timely and informative update on the surge in diabetes in our nation. I ask to have the entire article printed in the RECORD following my remarks.

I believe this article is a poignant reminder of the seriousness of this disease and its rapid growth in our country. My colleagues can count on me to continue to help with the critical funding to control this disease with every sensible means possible, especially among the First Americans who seem to suffer at disproportionately high rates. With our funding successes of this year, I would urge my colleagues to continue to seek ways to combat the slow physical erosion that Dr. Bernstein described as being almost like leprosy.

Dr. Bernstein is advocating for a billion dollars to expand urgent research and treatment of diabetes. I do not see this amount possible in our current budget situation, but I do concur that the medical costs of treating diabetes will continue to escalate unless our medical and prevention research efforts are more successful. I thank the Senate for this year's strong support of our efforts in this year's budget to improve the situation for all Americans who are susceptible to the ravages of diabetes.

The article follows:

[From the Washington Times, Nov. 3, 1997]

SURGE IN DIABETES TIED TO UNHEALTHY LIFESTYLES—DOCTORS CALL FOR FEDERAL RESEARCH FUNDS

(By Joyce Howard Price)

The president-elect of the American Diabetes Association, Dr. Gerald Bernstein, says no one should be surprised by the explosion of diabetes in the United States today, confirmed in a new federal report.

Given that the population is older, fatter and less active, Dr. Bernstein says, the continued increase in diabetes was predictable. He also criticizes the federal government for "totally inadequate" levels of support for research.

With all its complications, he says, diabetes costs the nation about \$140 billion a year—about 15 percent of all U.S. health expenditures:

"While cancer, HIV [and other major diseases] get \$5 to \$10 for research for every \$100 spent on health care, diabetes gets just 25 cents," says Dr. Bernstein, director of the Harold Rifkin Diabetes Center in New York.

A report by the federal Centers for Disease Control and Prevention says about 16 million Americans currently have diabetes, but only about 10 million have been diagnosed. The number of diagnosed cases is up from 1.6 million in 1958.

Diabetes is the nation's seventh leading killer and was the primary cause of more than 59,200 deaths in 1995, according to the National Center for Health Statistics. But

data also indicate it may have contributed to as many as 180,000 deaths that year.

"We are becoming a more overweight population, we are less active and we are also getting somewhat older," says Dr. Frank Vinicor, director of the CDC's diabetes division. "If you put all of those factors together, we are seeing a chronic disease epidemic occurring."

Diabetes is a disease caused by a deficiency of insulin, a hormone secreted by the pancreas that is necessary for the metabolism of sugar.

Of the estimated 16 million diabetics in the United States today, less than 1 million have Type I diabetes, meaning their pancreases do not work at all, and they are insulin-dependent. Type I diabetes usually occurs in childhood or adolescence.

The overwhelming majority of diabetics have Type 2 diabetes, a form of the disease that usually occurs after age 40 and is usually treated by diet, pills or both.

"The prevalence of Type 2 diabetes is increasing tremendously in the United States as people adapt more sedentary lifestyles and obesity increases," says Dr. Stephen Clement, director of the Diabetes Center at Georgetown University Medical Center.

Dr. Bernstein says "more women die of diabetes than breast cancer."

Nevertheless, he says, it has been hard to "politicize" diabetes except when young children are involved, because the average Type 2 diabetic is a "fat [adult] individual who's not compliant" with recommendations that he or she exercise and adopt a healthy diet.

"Cancer is much more dramatic and devastating. With diabetes, you erode and rot away. It's almost like leprosy," he says, explaining why this disease has been given short shrift by political leaders, the media and those handing out research dollars. He says the disease has failed to get priority status because it strikes minorities disproportionately.

He 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.

Dr. Richard C. Eastman, director of the National Institute of Diabetes and Digestive and Kidney Diseases, declines to comment on the adequacy of research funding for diabetes, which he says is currently \$200 million a year.

"We had a record (funding) increase this year," he says. "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. Bernstein says the recent push for stepped-up diabetes research money came from medical insurers, overwhelmed by having to pay the staggering costs of treating patients stricken with strokes, cardiovascular disorders, nerve damage, kidney problems, limb amputations, and vision loss triggered by diabetes.

Cardiovascular disease and stroke risk are two to four times more common among diabetics than the general population, and better than 60 percent of diabetics have high blood pressure and mild to severe neuropathy, or nerve damage.

"This disease is going to break the economic back of this country, so the amount provided [by the federal government] for diabetes research should be a billion dollars a year," Dr. Bernstein says.

As evidence of the need for more research, he cites a recent study by researchers at the University of Arkansas "who found a teenage population that was obese, hypertensive [had high blood pressure], and also had Type

2 diabetes," a condition usually confined to middle-aged adults. "So we're now seeing it's all over the place."

Dr. Clement agrees a lot more federal money is needed for research. But he and Dr. Eastman point out that the National Institutes of Health is currently funding large studies designed to determine if both types of diabetes can be prevented. ●

CBO COST ESTIMATE—S. 1228

● Mr. D'AMATO. Mr. President, the Committee on Banking, Housing, and Urban Affairs reported S. 1228, the 50 States Commemorative Coin Program Act on Friday, October 31, 1997. The committee report, Senate Report No. 105-130, was filed the same day.

The Congressional Budget Office cost estimate required by Senate Rule XXVI, section 11(b) of the Standing Rules of the Senate and section 403 of the Congressional Budget Impoundment and Control Act, was not available at the time of filing and, therefore, was not included in the committee report. Instead, the committee indicated the Congressional Budget Office cost estimate would be published in the CONGRESSIONAL RECORD when it became available.

Mr. President, I ask that the full statement and cover letter from the Congressional Budget Office regarding S. 1228 be printed in the RECORD.

The material follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 31, 1997.

Hon. ALFONSE M. D'AMATO,
Chairman, Committee on Banking, Housing,
and Urban Affairs, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1228, the 50 States Commemorative Coin Program Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is John R. Righter (for federal costs), and Matthew Eyles (for the private-sector impact).

Sincerely,

JAMES L. BLUM
(For June E. O'Neill, Director).

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE
S. 1228—50 States Commemorative Coin Program Act

Summary: S. 1228 would require the U.S. Mint to make changes to the quarter-dollar and one-dollar coins and to issue three coins commemorating the 100th anniversary of the first flight at Kitty Hawk, North Carolina. CBO estimates that enacting this bill would decrease direct spending by \$15 million over the 1998-2002 period and by \$40 million over the 1998-2007 period. Because the bill would affect direct spending, pay-as-you-go procedures would apply. S. 1228 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act of 1995 (UMRA) and would not affect the budgets of state, local, or tribal governments.

Description of the bill's major provisions: S. 1228 would direct the Secretary of the Treasury to design and issue a series of quarters commemorating the 50 states over a 10-year period beginning in 1999. During this period, designs for each state would replace the current eagle design on the reverse side of