

and social achievements in 19th-century American history.

Mr. President, Irish-Americans have a long and distinguished history in this country. These are but a few examples that illustrate why I am pleased to again serve as an original cosponsor of this legislation. I urge my colleagues to sign on to Senate Joint Resolution 119.

A TRIBUTE TO A GREAT SURGEON GENERAL

Mr. HATCH. Mr. President, it was just a little over 3 years ago that a former staffer of mine, Antonia Novello, was before the Labor and Human Resources Committee for her confirmation hearing as Surgeon General of the United States. I am proud of what she did on my staff, but even more proud of what she contributed to the Nation.

She served her country well, not only as Surgeon General of the U.S. Public Health Service, but in other capacities as well. She served as one of the Federal health chiefs, the Veterans' Administration Chief and Surgeon General of the Army, Navy, and Air Force. She was also a member of the U.S. delegation to the World Health Organization.

But it was her service as Surgeon General that brought her the most satisfaction and generated for all of us a great health agenda.

Toni Novello's desire to have the best health care for all Americans probably began as she was growing up in Puerto Rico. She came from a small town. Her father died when she was a child. Her mother, a school principal, instilled in her the right values, to help others less fortunate. She brought those values with her to her new home in the United States.

Mr. President, I would like to outline a few of her many contributions. She saw the problems and tried to address them as this country's 14th Surgeon General.

A MAJOR HEALTH ISSUE TODAY

One of the major health hazards facing us today is the menace of AIDS—and how to put a stop to this horrible disease.

No other public health problem in modern history has had the impact that HIV-AIDS is having on everyone in our society—but especially on our youth. Young people who engage in unprotected sex at an early age and with multiple partners, and those who use alcohol and other drugs are at special risk for HIV transmission.

Surgeon General Toni Novello has spoken out about the challenge to come up with solutions to this killer; but she has not hesitated to advocate abstinence as the best prevention. She is taken her story all over this country and in numerous other countries.

As Surgeon General, she chaired the PHS Panel on Women, Adolescents, and Children with HIV infection and AIDS and has provided HHS with perti-

nent information that will help guide policy.

She is currently finishing a report on adolescents and HIV-AIDS for use in every State and local community.

WOMEN'S HEALTH

Dr. Novello has always emphasized that the health of our Nation's families is dependent on the health of women. She has been particularly concerned about the prevalence of domestic violence, something hardly recognized as a health problem before she brought it to the forefront.

Her reports indicate that there were more women who died of violent attacks by men than there were soldiers who died during the entire Vietnam war. And sadly, violence perpetuates more violence; children of violent parents are much more likely to become violent spouses themselves.

As Surgeon General, Toni Novello tried to get some answers to some very distressing statistics: Every year 250,000 women die of heart disease. It is known that by age 40, heart disease is the second leading cause of death for women; and, after age 65, it is the leading cause.

Breast and lung cancer are two killers of women. Breast cancer remains the leading cause of death in women ages 40 to 44. But, early detection can increase disease-free survival by 95 percent.

And while Toni has asked women to start to take control of breast cancer by early screening, she has also warned women to stop smoking in order to defeat lung cancer. Lung cancer has surpassed breast cancer as the leading cause of cancer among women. And, Dr. Novello believes prosmoking advertising is pushing that death toll even higher.

CHILD AND ADOLESCENT HEALTH

In private life Toni is a pediatrician, so it is no surprise that child and adolescent health would be a cornerstone of her agenda. She's been active in many children's organizations and campaigns throughout the world to help give children's health the importance it should have. She participated in a children's vaccination program in her native Puerto Rico and throughout much of the United States.

ALCOHOL—ILLEGAL UNDERAGE DRINKING

In addition, Dr. Novello has pointed out the danger of teen drinking. Ten million adolescents drink alcohol, including 90 percent of our high school students. This serious health problem has been underscored wherever Toni has spoken. She has been a tireless crusader on this subject. As a result, many teenagers are beginning to recognize the dangers of disease and injury caused by alcohol consumption and have taken steps to stop or curtail their drinking.

Likewise, she has tried to put a halt to underage smoking. She has been a leading critic of the tobacco industry's attempts to corner the youth market

with the use of cartoon characters and other prosmoking devices.

MINORITY HEALTH

Dr. Novello was among the first Surgeons General to focus on the health care needs of minorities in America and the first Surgeon General to convene a national workshop on Hispanic-Latino health. She successfully developed five health concerns critical to the Hispanic community. A comprehensive research, health promotion, and disease prevention agenda was developed. Five regional meetings have taken place, and from those meetings health strategies and agendas pertinent to those living in the regions were developed.

Toni Novello has also been active in health programs devoted to organ donations, mental health, aging, and farm safety.

It is no wonder that I, like millions of Americans, am very proud of Toni Novello.

With the office of Surgeon General comes a great and somber responsibility for health matters, but Toni has managed to keep her sense of humor. By virtue of her vibrant and refreshing personality, I believe Toni has been able to reach a nation of people who sometimes need reassurance more than lectures and positivism more than doom and gloom. Toni managed to stay very down-to-earth, while at the same time, pursuing a necessary agenda and accomplishing all she did in such a very short time.

I wish her well in her new endeavors, and I know the people of this Nation are in much better health because of what she has done and recommended as Surgeon General.

DEVELOPMENTAL DISABILITIES AND TECHNOLOGY-RELATED ASSISTANCE ACT

Mr. HATCH. Mr. President, yesterday the Senate passed legislation to reauthorize two programs that are of vital importance to those Americans with disabilities: the Developmental Disabilities Act and the Technology-Related Assistance Act. I was pleased to be a cosponsor of these measures.

I want to congratulate Senator HARKIN, chairman of the Senate Subcommittee on Disability Policy, and Senator DURENBERGER, the ranking minority member, on developing legislation that has won broad support from the disability community as well as the unanimous support of the Senate Labor and Human Resources Committee. I sincerely appreciate their leadership in this area.

As some of my colleagues may know, I have an active advisory committee in Utah on disability issues. The committee is made up of representatives from virtually all the State's public and nonprofit organizations with interest and expertise in these matters. I have relied heavily on their advice, and I have appreciated the opportunity to discuss their recommendations with

Senator HARKIN and Senator DURENBERGER as this legislation was being developed. I have joined as a cosponsor of these bills at their recommendation.

I do, however, want to take this opportunity to share with the Members of this body some of the Utah Advisory Committee's observations regarding this legislation. I believe it is important that we continue looking at ways we can improve services to individuals with disabilities as well as ways to ensure the effectiveness of disability policy overall.

With respect to the developmental disabilities bill, the Utah Advisory Committee recommended that the "age of onset" requirement be dropped. This requirement for determining eligibility for services has the effect of excluding many Americans whose disabilities occurred after the arbitrary age of onset. I am pleased that the bill allows for a waiver of this requirement on a limited basis in the projects of national significance, but I hope that Congress will give careful consideration to eliminating this requirement entirely in the future.

The Utah Advisory Committee also urged that the original mission of the University Affiliated Programs [UAP's] be maintained. The committee did not object to optional expansion of the role of the UAP's. However, they believed that the principal benefit of the university affiliation was to bring an interdisciplinary approach to training, data collection and analysis, research, and development of emerging technologies and models and that, in establishing new emphases for the program, these benefits should not be lost. I agree with them and hope that the optional inclusion of direct services in the UAP's will not compromise the excellent work that the UAP's have done to date.

Overall, the Utah Advisory Committee on Disability Issues supports the Technology-Related Assistance Act—the Tech Act—amendments proposed for this program and agree that systemic changes could have a greater impact over time than legislation that only permitted the purchase of devices for a few individuals with disabilities.

The Utah Advisory Committee has expressed to me their hope that title II programs would continue to emphasize training, and has recommended that opportunities for both inservice and preservice training to service providers be expanded. While studies and evaluations are important to determine what works and what doesn't, I agree with the consensus of my constituents that it should not take precedence over the training aspects of this title.

Finally, I want to share with my colleagues a few thoughts about the Protection and Advocacy [P&A] provisions that are in both the developmental disabilities bill and the Tech Act.

I recognize how important the P&A function is to maintaining the effectiveness of both the DD and Tech Act programs. I recognize that the P&A provides an essential check on any in-

stitution rendering services to individuals with disabilities under these bills. It is clear to me that the P&A is aimed at guarding the interests of those who cannot speak for themselves; and, to the extent that the taxpayers' money pays for these services, it is in the best interests of the taxpayers to have the P&A helping to provide proper oversight of these programs.

I appreciate the willingness of the Senator from Iowa and the Senator from Minnesota to work with me on these provisions.

However, in expanding the role of the P&A, it is equally important that we do not turn the program against itself. A dedicated P&A organization can ensure the efficacy of the programs; an out-of-control P&A can eat up precious resources in unnecessary litigation and destroy the credibility of institutions and the program itself.

There was no consensus on the Utah Advisory Committee on Disability Issues with respect to the expanded P&A function and particularly the mandatory set-aside for the P&A under title I of the Tech Act. I note this because, despite the strong view of my advisory committee that the P&A function was necessary and worthwhile, there were many opinions on how it should be structured in this legislation.

We have adopted these provisions, which are strongly supported by many organizations and individuals in the disability community, but not the entire disability community. I believe we should give the provisions for an expanded P&A role in both the DD and Tech Acts a chance to work. But I also believe that we should not be reticent to make changes of these changes do not work the way we intend them to work.

Mr. President, again, I want to complement my colleagues on the Labor and Human Resources Committee, Senators HARKIN and DURENBERGER, as well as their staffs, Bob Silverstein and Susan Heegaard, for the fair and efficient way they went about developing this legislation. I appreciate their efforts and am pleased to be a cosponsor of these bills that are so important to the disability community.

JAMES PATRICK BEIRNE

Mr. WALLOP. Mr. President, earlier this week the people of this country lost a dedicated public servant. James Patrick Beirne died at his home in Florida at the age of 92.

Jim lived a long life, much of it dedicated to his job of 20 years with the Bureau of Land Management. He started at BLM when it was young and had a budget of only \$40 million.

When he retired from BLM in 1971, he was the Assistant Director of Administration, the No. 2 man, and the Acting Director as Directors came and went. He retired at a good salary. But rather than just vegetate in his retirement, he came back for several years at a salary

that was less than half of what he had been making.

He received his training as an accountant from Benjamin Franklin University. He was a charter member of the Federal Government Accountants Association and of the American Accountants Association.

He worked on the energy policy project of the Ford Foundation, performed yeoman's duty on the mineral leasing records of the Federal Government, and early on dealt with royalty issues and what would later on become the Outer Continental Shelf Program of the Minerals Management Service.

Jim often traveled for the Government. Hating to fly, he would take a train whenever he could. By this means he often showed up relatively unannounced at field locations.

One of my favorite stories about James Patrick Beirne illustrates his dedication as a public servant. The story begins as he came into St. George, UT, on a very hot summer day many years ago. His first stop was the district office of the Bureau of Land Management.

I can imagine his surprise and chagrin when he found the office locked and a sign indicating that it was siesta time due to the heat. Well now, I don't know of any Government offices that made their own policy to close when it got hot out, and I don't think he knew of any either.

I wish that I had been there to hear his conversation with the District Manager, whom he called at home from a pay phone. Jim identified himself, and stated that he could be visiting the office soon. Since the District Manager thought that Jim was calling from Washington, he asked when Jim would be visiting.

I don't think he was ready for the answer that it would be in 30 minutes, and that Jim wanted every employee of the office to be there for a meeting. I am told that they were all there in time for the meeting. Jim told them clearly that the BLM was not serving the public by arbitrarily taking time off in the middle of the afternoon. I wish we had more public servants like Jim Beirne working for us today.

Jim Beirne was a force in the BLM, a dedicated man who knew the meaning of public service. Our thoughts and prayers go out to his family, including his wife Margaret, his son Jim, who works on my staff, and his daughter Carol. Perhaps in this, their hour of sorrow, it is of some comfort to know that James Patrick Beirne made a difference in the lives of the people he touched. He will be missed.

REINVENTING GOVERNMENT

Mr. GRASSLEY. Mr. President, on Friday, I spoke before this body, along with my colleague Senator ROTH of Delaware, on the issue of reinventing Government. I had indicated on Friday that I would continue this week with further statements exploring the issue