

those survivors of Company "I" and attended many reunions of the 104th Timberwolves Association with his wife Mary.

Jesse was the typical veteran of World War II in that he fought for his country and asked little in return. He became a great family man whose influence extended to his neighbors like me. It was because of his experience as a wounded veteran struggling to keep a family afloat that helped make him strong of character and a role model for me. His sacrifice was part of a proud tradition of Mexican-Americans who fought with valor and patriotism during all of America's wars.

Mr. Speaker, this was one story about one life, among millions from that greatest of generations. It was a story about a regular family man who as a result of simply doing his duty shed his blood for his country. It was a story about a man who faced the incredible horrors of armed conflict and came home to raise a wonderful family. The United States was built by people like Jesse Contreras and is in many ways the land of the free because it is the home of the brave.

Mr. Speaker, I want to thank Mr. Contreras for his service to his country and for the kindness he showed me as a little boy. I want to also thank his wife Mary and her children who continue to be an inspiration for me for the strength and love of family that they continue to share to this very day. The world is a safer place because of the likes of Jesse Contreras and the millions of other American veterans. It was an honor to have known him and to have learned from him. May God bless his family and God bless the United States of America. Thank you.

#### TRIBUTE TO CARLOS BELTRÁN

### HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 16, 1999*

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute to Mr. Carlos Beltrán, an outstanding Puerto Rican athlete and a very successful baseball player. On November 10, 1999, Carlos was selected as the 1999 American League Rookie of the Year by the Baseball Writers Association of America. Carlos previously was honored as the league's top rookie by Baseball America, the Sporting News, and Baseball Digest.

Born in Manati, P.R., Carlos turned in Rookie of the Year numbers, hitting at a .293 clip with 112 runs scored, 22 home runs and 108 RBIs. He became the first American League rookie to collect 100 RBIs in a season since Mark McGwire in 1987 (118) and the first big league rookie with 100 RBIs since Los Angeles' Mike Piazza in 1993 (112).

Mr. Speaker, Carlos was the Royals' 2nd-round pick in the 1995 June Free Agent Draft. He has never played a game at the Triple-A level, as he made the jump from Double-A Wichita to Kansas City in September of last season. The 22-year-old was second in the American League with 663 at-bats, tied for third with 16 outfield assists and was seventh with 194 hits. He led A.L. rookies in runs, hits, home runs, RBIs, multi-hit games (54), total

bases (301), stolen bases (27) and on-base percentage (.337).

Carlos Beltrán established numerous Royals rookie records in 1999, as he produced one of the best all-around seasons of any player in club history with 22 homers, 27 stolen bases, 108 RBIs, 112 runs and 16 outfield assists.

Through his dedication, discipline, and success in baseball, Mr. Beltrán serves as a role model for millions of youngsters in the United States and Puerto Rico who dream of succeeding, like him, in the world of baseball.

Mr. Speaker, I ask my colleagues to join me in congratulating Mr. Carlos Beltrán for his contributions and dedication to baseball, as well as for serving as a role model for the youth of Puerto Rico and the U.S.A.

#### AFRICAN-AMERICAN INITIATIVE FOR MALE HEALTH IMPROVEMENT

### HON. CAROLYN C. KILPATRICK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 16, 1999*

Ms. KILPATRICK. Mr. Speaker, I rise today to call attention to a tragic health care crisis that currently exists among African-American men in my state of Michigan, as well as across the nation, with regard to undiagnosed and undertreated chronic disease. Research has established that African-Americans exhibit a greater prevalence of chronic diseases than the general population—including diabetes, hypertension, eye disease and stroke. And African-American men often suffer disproportionately.

For example, diabetes is the leading cause of morbidity and mortality in African-American men. Persons affected by diabetes suffer higher rates (often double) of serious preventable complications, including blindness, lower extremity amputation and end-stage renal disease. Poorly controlled diabetes is also a "gateway" condition in that it leads to cardiovascular disease (including hypertension), accounting for more than two-thirds of diabetes-related deaths. These unnecessary deaths are due to underlying atherosclerotic cardiovascular disease and result in heart attacks.

Uncontrolled diabetes progressively leads to deterioration in health status, poorer quality of life, and ultimately, premature mortality. It is increasingly clear that serious measures must be implemented in the short-term to address the chronic disease health crisis affecting African-American men in Michigan and to turn these troubling statistics around for the longer term.

Scientific studies show that these complications are preventable, and measures to implement prevention plans must be taken now. As the Federal Government evaluates the investment it should make in this particularly important area of minority and community health, I would strongly encourage cultivating partnerships with integrated health systems in the private sector who have years of substantive experience in designing highly effective community-based health programs.

I have recently become aware of the successful efforts of the Henry Ford Health System in Detroit, MI, to address the crisis

through the establishment of the African-American Initiative for Male Health Improvement (AIM-HI). AIM-HI is reaching out with screening and assistance for people who suffer prevalent chronic diseases. AIM-HI provides test results, patient education and participant referrals, monitoring appointment compliance and providing assistance with finding treatment for underinsured participants who test positive. The locus of AIM-HI program services is in the Metropolitan Detroit area, where 75 percent of the Michigan target population resides. In order to reach the largest number of people in the African-American male population, AIM-HI provides program services throughout the community at churches, community centers, senior centers, parks, barber shops, union halls, and fraternal organization halls.

In addition to screening, educational, and treatment access services, AIM-HI is also developing a tool to evaluate the quality of health care delivered to African-American men with diabetes and other chronic diseases. This "report card" assesses health care quality and effectiveness across a set of performance indicators that have been developed jointly by a panel of experts and community representatives. This initiative, sponsored by the Henry Ford Health System, is now in an embryonic stage and has had to confine itself to a narrow target population and program scope due to limited resources. Yet, it is resoundingly clear that this particular model has the potential to make a significant impact in affecting positive outcomes and health status improvement for African-American males.

I would hope that as the Department of Health and Human Services develops its budget for Fiscal Year 2001, strong consideration will be given to investing federal resources in collaborative partnerships with integrated health systems in urban settings that have the expertise to develop innovative models for minority health improvements.

Mr. Speaker, I would like to thank the Chairman of the Labor, HHS, Education Appropriations Subcommittee, Mr. PORTER, and the ranking minority member, Mr. OBEY, for their clear commitment to improving the quality of health care for all Americans in Fiscal Year 2000. I look forward to working with the Subcommittee in the next session of Congress to increase support for critically needed minority health initiatives.

#### RECOGNIZING THE CONTRIBUTIONS OF SONOSITE, INC.

### HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 16, 1999*

Mr. INSLEE. Mr. Speaker, I rise today to recognize SonoSite, Inc., a company located in my home State of Washington. SonoSite, is a spin-off from ATL Ultrasound, has revolutionized the quality and portability of ultrasound equipment by using advanced technology to provide for ultrasound delivery through a hand-held device. Physicians and their patients around the country will benefit from this new high-tech, ultra-portable diagnostic tool that is expected to expand the use of ultrasound in medical care.