RECOGNIZING THE CONTRIBUTIONS OF THE CHIAPAS MISSION FOR SIGHT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I rise before you this evening in recognition of the extraordinary work and tireless efforts of Dr. Tracey Lewis, Dr. Judith Simon and the Chiapas Mission for Sight.

Dr. Tracey Lewis, in particular, is a constituent in my district, a dear friend as well as an exemplary individual, and she has chosen to lend her expertise and talent towards a very noble cause. I urge my fellow colleagues to take a moment to acknowledge the invaluable service that the Chiapas Mission for Sight has offered to countless individuals in one particular developing region of the world.

The Chiapas Mission for Sight aims to provide primary eye care and surgery to the native Indian living in Ocotepec, Chiapas, Mexico. Thus far, they have completed three successful missions, and as a direct result, hundreds of individuals in dire need of eye care and treatment have received proper medical attention. Originally a branch of the Chiapas Project of Newton, New Jersey, and funded in part by the Rotary Club of Newton, this year the ophthalmology group has grown and formed its own mission dedicated solely to vision care.

The group's focus is providing medical service to the population of Ocotepec and the surrounding villages, which exceeds 1 million people. Of this population, many suffer from blinding cataracts, which is a problem inherent to Ocotepec and its surrounding villages, because of the exposure to significant sunlight and very poor nutrition. The nearest town, Tuxtla, Gutierrez, is a 4-hour drive, and sadly, the natives of the village earn less in 1 year than what it would cost to travel to Tuxtla to undergo cataract surgery.

Oftentimes short-staffed, with donated medical and surgical supplies, the volunteers work around the clock to provide the natives the medical attention they so desperately need. Lack of funding has not deterred Tracey Lewis or the organization what it can to accomplish its goals. In fact, every doctor and most of the volunteers cover their own expenses, making their mission all the more charitable. On the last mission, the group examined over 400 patients with significant eye disease, and due to limitations in staffing, surgery was triaged and performed only on those fully blind in both eyes.

Currently, the Chiapas Mission is seeking volunteers who will be trained to perform vision screening and assist in the operating room. These volunteers will travel with the group and serve as assistants to the doctors.

In this remote region, plagued by poor hygiene and lack of proper medical and dental care, Tracey Lewis has quickly realized that a little does go a very long way. Inspired to take on this cause by her 9-year-old son, Tracey has demonstrated a remarkable ability to not only take on such a Herculean challenge, but to enthuse so many volunteers to do the same.

Today, as we discuss health disparities within the United States, it is imperative that we are also aware of the stark disparities between our country and regions around the world. In this age of scientific discovery and medical advancements, it is unfortunate that those in developing countries are not able to reap the benefits of modern medicine.

As we in Congress hear about these numerous volunteers that travel to remote villages and devote themselves to the restoration of vision to the blind people living there, let us rededicate ourselves to ensuring that every man, woman and child all around the world, including the United States, not go another day without proper primary care and adequate medical assistance.

Mr. Speaker, once again, I commend the Chiapas Mission for Sight as it provides a shining example of the impact individuals can make through self-sacrifice and goodwill. Assisting those living in poor conditions with critical medical treatment truly demonstrates what can be done through benevolence and hard work.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

(Mrs. JOHNSON of Connecticut addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WORLD AIDS CONFERENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, last week I had the opportunity to attend the 15th International AIDS conference in Bangkok, Thailand, my third conference since I have been in this body. As the only Member of Congress to attend this incredibly important event, I want to take a few minutes this evening to brief my colleagues and the American public about my experience.

Each time I have returned from one of these conferences, I am quite frankly filled with great hope but also a very profound realization of just how much it is that we have left to do.

Having spent a few days last week among the international leaders on the global pandemic, I can tell you that the international community is very, very disappointed by the rate of progress, to put it mildly, about the United States' failure to deliver on projected funding and programs. In fact, that point was unfortunately reinforced by Secretary Tommy Thompson's decision to allow a delegation of only about 50 people from his Department of Health and Human Services to attend the World AIDS Conference this year, down from about 236, 2 years ago, when we held the conference in Barcelona, Spain.

It is shameful that they have prevented many of our very best and brightest scientists at the Centers for Disease Control and the National Institutes of Health from gaining new insights from their colleagues in the international community. It is also tragic that this administration's unilateralist and ideological tendencies have now spread to the fight against HIV/AIDS. It is morally wrong to allow right-wing ideology to trump science when it comes to the administration's HIV/AIDS prevention policies.

Their policies set aside 33 percent of all funding for abstinence-only programs which deny access to lifesaving education and technology, including condoms. Simply put, this is irresponsible. It is unethical and it is inhumane.

I believe it is unethical because their AIDS treatment policies are really focused more on protecting patents and big pharmaceutical companies rather than the urgent need to get fixed-dose combinations into the hands of those who need them, 98 percent, 98 percent of whom lack access to treatment. The emphasis should be on saving lives.

It is disingenuous that the administration has proposed cutting our support for the Global Fund by over 60 percent this coming fiscal year, proposing a measly contribution of $200 million rather than the $1.2 billion that is needed. We need to encourage the sharing of information by our scientists and researchers.

We need to do a lot better with coordinating our bilateral programs with national governments, the NGO community, and our field missions.

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We need to simplify our antiretroviral treatment programs by purchasing fixed dose combinations, drugs that are already available; and we must standardize our treatment programs according to the wishes of each individual country.

We have to fund the fund.

Although I applaud the gentleman from Arizona (Chairman KOLBE) and the gentlewoman from New York's (Ranking Member LOWEY) efforts in doubling the administration's request for funding for the Global Fund by providing $400 million, I was disappointed last week when a point of order was raised with regard to an amendment which I offered which actually killed an amendment that would have raised our contributions to $1.2 billion this year, which is what we need to get started.

The fund is the very best way to get the money out into the hands of the NGO community immediately. It takes a multilateral approach, and it has the

potential to leverage vast new resources. We are the wealthiest country in the world. We should be leading the charge. The Global Fund is the best vehicle to show that type of cooperation and provide for the quick release of this money.

Perhaps most importantly, we must stress and implement a balanced, comprehensive HIV prevention policy that includes abstinence, being faithful, and condoms.

Mr. Speaker, we must also go further. As United Nations Secretary General Kofi Annan said so eloquently in his remarks during the opening ceremonies on Sunday, we must place, he said, a special emphasis on reducing the cultural, social, economic, and political factors that increase the vulnerability of women and girls to HIV.

On July 9, just before leaving for Bangkok, I introduced H.R. 4792, The New United States Global HIV Prevention Strategy to Address the Needs of Women and Girls Act of 2004, with 54 original cosponsors. This bill would do just that. We need a focused effort on women and children. Women and children need the assistance of this country and a comprehensive strategy to address this pandemic.

The SPEAKER pro tempore (Mr. HENSARLING). Under a previous order of the House, the gentleman from California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. LIPINSKI) is recognized for 5 minutes.

(Mr. LIPINSKI addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. ANDREWS) is recognized for 5 minutes.

(Mr. ANDREWS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

INDIVIDUALS SHOULD HAVE A SECOND CHANCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I come to the floor this evening because earlier today I failed to pass an amendment in a Committee on Education and the Workforce markup. My amendment was a very simple amendment, very modest amendment. It was an amendment that would have allowed States to move utilization of their leadership funds for vocational education from 1 percent to 3 percent.

Now, I think my amendment failed not because it lacked merit. I do not think it failed because it was too ambitious, but I think it failed basically because of a lack of understanding and sensitivity to what I think is emerging as one of the biggest problems facing urban America today, and that is, the problem of individuals coming home from prison with no skill, little education, no training and virtually no ability to get a job, which sends them right back to the penitentiaries from which they have come.

We have become, Mr. Speaker, the most incarcerated Nation on the face of the Earth, the United States of America. It is hard to believe, but we have more people in prison per capita than any other country on the face of the Earth. Right now, as I speak, there are more than 2 million people in this country who are incarcerated, in jails and prisons. More than 640,000 of them come home each and every year.

Now, I will not even bother to go into why there are so many people in prison: mandatory minimums, antiquated sentencing laws, get tough on drugs, punishment that does not fit the crime; of course, lack of prevention, lack of education, poverty; all of the things that characterize individuals who are in prison and, of course, in many instances, race and ethnic backgrounds.

The realities are, if we do not do something to stem the tide, then this problem keeps recurring over and over and over again.

Last year, I introduced a bill, the Public Safety Ex-Offender Self-Sufficiency Act of 2003, along with the gentleman from Indiana (Mr. SOUDER). That bill calls for the building of 100,000 units of SRO-type housing for ex-offenders, people as they come out of prison because all of the studies suggest that one of the biggest problems that people have when they return home from prison is having a stable environment in which to live.

About 3 weeks ago, the gentleman from Ohio (Mr. PORTMAN) and I and the gentlewoman from Ohio (Mrs. JONES) and the gentleman from Indiana (Mr. SOUDER) introduced the Second Chance Ex-Offender Act which is, in reality, a scaled-down version of our first bill. What we are really trying to do is to assist people to reenter back into normal life. It has nothing to do with getting soft on crime or being soft on crime, but it has everything to do with promoting public safety, with reducing recidivism, with improving the quality of life, not only for those individuals who return but for all of those with whom they come into contact.

So, Mr. Speaker, I hope that as we continue to move progressively in our country that we would take a different look at how we treat punishment and how individuals who have gone afoul of the law should have and must have a second chance.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

(Ms. MILLENDER-MCDONALD addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois (Ms. SCHAKOWSKY) is recognized for 5 minutes.

(Ms. SCHAKOWSKY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE BURDEN WE ARE PASSING ON TO OUR KIDS AND GRANDKIDS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Michigan (Mr. SMITH) is recognized for 60 minutes as the designee of the majority leader.

Mr. SMITH of New Jersey. Mr. Speaker, I recently received this in the mail, and I do not know if the cameras can really pick it up. It is a front page that is sort of startling.

It says the budget, bloated with pork. The national debt, soaring past $7 trillion. Is it not time to fight back, is the main headline. Interest rates rising. Entitlement program, $73 trillion in unfunded liabilities.

Sort of makes one realize the tremendous burden that we are passing on to our kids and our grandkids. It speaks of $7 trillion dollar national debt, and of course, you have to pay interest on that national debt because you are borrowing the money.

Interest on that national debt now represents about 14 percent of the total budget. This pie chart represents how we are spending the $2.4 trillion of expenditures this year. Interest at 14 percent, that represents $800 billion that we are paying in interest, and interest rates now are relatively low. So that means, as interest rates go up, the portion of the total income coming into the Federal Government is going to be used up paying interest.

So two things: interest rates are going up, and the debt is going up faster than it ever has. We are now increasing the debt by over $500 billion a year, and that is because we have a propensity to spend. Politicians have found out that they are more likely to be reelected if they bring home the pork barrel projects. They get on the paper cutting of the ribbon of the new facilities, of the jogging trails or the libraries or whatever, and that overspending, because of efforts to try or politicians to try to be liked by the people back home and to get elected is part of what is driving up our debt.

Over $500 billion a year of deficit spending. Deficit spending means how much in 1 year we are overspending, over and above the revenues coming into government. That $500 billion of increased debt a year, how do you put it in perspective?