Some of them included addressing the abstinence until marriage earmark and the onerous prostitution pledge; reducing the vulnerability of women and girls to HIV and AIDS by empowering them through my legislation, such as the PATHWAY Act; sharpening our focus on orphans and vulnerable children, which of course Chairman Hyde was committed to; better integrating nutrition and wrap-around programs. We also have to expand support for health systems and strengthen delivery of basic health care services. And, of course, I believe that we must provide $50 billion, not $30 billion as the President has asked for, but $50 billion over the next 5 years for this initiative.

And AIDS is also disproportionately affecting those who live in the Caribbean and also in black America. All across demographic ranges, African Americans are the most likely to get infected with HIV and to die from AIDS. The unfortunate reality is that to be black in America is to be at greater risk of HIV and AIDS. And the numbers are staggering, but I want to mention a few specifically.

According to the CDC, in 2005, African American women accounted for 66 percent of all new HIV and AIDS cases among women. Compared to white women, African-American women were 25 more times likely to be infected. Today, AIDS is the number one cause of death among African-American women between the ages of 25 and 34. We can no longer wait for this administration to take action. We have to take action immediately to address this pandemic.

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

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

THE 75TH ANNIVERSARY OF THE END OF PROHIBITION

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

Mr. ROHRABACHER. Madam Speaker, December 5, 1933, December 5, 2007. So, tomorrow we mark the 75th anniversary of something, and most people will just pass it by and not be aware that tomorrow marks the end of America's great and noble experiment. It is the 75th anniversary of the end of the national prohibition of alcoholic beverages.

With the repeal of prohibition in 1933, that was 75 years ago tomorrow, the United States ended a social planning policy that created organized crime in America, crowded our jails with nonviolent prisoners, corrupted our police, increased urban violence, and destroyed the lives of thousands of victims of unadulterated and poisoned substances, substances which if they were permitted would have been subject to normal market protections of fraud and quality standards. However, during prohibition, these substances which were consumed by the American people often poisoned them and caused them to lose their lives.

Philosopher Santayana told us that those who cannot learn from history are doomed to repeat it. Have we in Washington learned the lesson of prohibition that ended 75 years ago?

Why did America reject the prohibition of alcoholic beverages? Well, when government attempts to control the peaceful behavior of its citizens, it often sets in motion forces that are more dangerous than the social evil that they are trying to control. Today's war on drugs is perhaps an example.

The war on drugs has resulted in a multimillion dollar network of violent organized crime. The war on drugs has created the deaths by drive-by shootings and turf wars among gangs in our cities. The war on drugs has overcrowded our prisons. More than half of Federal prison space is occupied by nonviolent drug users. The war on drugs has corrupted our police and crowded our courts. We apparently did not learn the lesson of the prohibition of alcoholic beverages.

Today, on the campaign trail we hear new calls for prohibitions on cigarettes, on fatty foods, and even more money should be spent, yes, on the war on drugs.

But, as we mark the 75th anniversary of the repeal of prohibition, let us have the courage to learn from the mistakes of the past. Perhaps it would be better for us to focus our energies not on the supply side of drugs just as they were doing with the supply side of alcohol, but instead to focus our efforts on trying to help those people who are addicted to drugs; perhaps to try to help our young people, deter our young people from getting involved in drugs; perhaps to take a whole new approach on this, rather than this monstrous war on drugs that has done nothing but create havoc in our inner cities, making so many young people who have been arrested and their lives destroyed because they will never be able to get a decent job after one arrest being a teenager.

So many people have been hurt by the war on drugs; yet we keep it because we want to supposedly help people. Well, I would suggest that this 75th anniversary of the repeal of prohibition, which was the greatest failure of American social planning in the history of our country, let us try to commit ourselves to help ensure that our young people are dissuaded and deterred from the use of narcotics.

Let us work with those who are, indeed, addicted to narcotics and help them free themselves from this habit. But let's end this notion that we can try to control the use of narcotics in our country by simply controlling the supply. Simply controlling the supply will not work. We've got to look at the demand side, try to treat people humanely, and use the limited resources that we have in a much more constructive way, rather than just creating more police who are committed to drugs and interdiction and all the rest of the major expenses, court expenses and others that go into a war on drugs rather than an attempt to help people who are susceptible to the use of drugs.

I call the attention of my fellow colleagues to this the 75th anniversary of the repeal of the prohibition of alcoholic beverages.

□ 2000

2007 WORLD AIDS DAY

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

Mrs. CHRISTENSEN. Madam Speaker, as you heard, last Saturday was World AIDS Day, and I join my colleagues to remind us of its goals and ideals and to support the resolution that is going to be introduced by my colleague and good friend Congresswoman BARBARA LEE to have this Congress support those goals and ideals.

We also call on our colleagues on both sides of the aisle and in both sides of the Capitol to honor this year's World AIDS Day theme, both in this Nation and abroad, to stop AIDS and keep the promise.

As you heard, Congresswoman LEE and I recently returned from South Africa, where we were inspired and motivated by the commitment of the people, young and old, to confront HIV and AIDS.

It was a distinct privilege for me to have been invited to give the keynote address at a World AIDS Day ceremony in Sekhukhune in the Greater Tabatse Region of South Africa. South Africa has the most AIDS cases of any country in the world. And while we were proud to know that it is also the country with the largest PEPFAR program, we and the rest of the world still need to do more.

From all we saw, all of the programs we witnessed that were funded, either by PEPFAR or by private corporations such as Johnson and Johnson and Humana, in Limpopo, in Zola in Soweto, in Pretoria or as it will now be called, Tshwane or in Johannesburg, and from the revised reports we have seen coming from UNAIDS, we greeted World AIDS Day with a sense of hope for all the individuals, the families and the nations in our global community who have for far too long struggled with this pandemic.

And in my keynote I drew comparisons between the HIV and AIDS in sub-Saharan Africa, in the Caribbean whose prevalence rate is second to theirs, in the African American community in

the United States and in my own Virgin Islands, speaking to how people of African descent the world over are so disproportionately impacted by this virus.

But everywhere there are signs, early signs, of change and potentially promising trends, everywhere, including in the Virgin Islands and the rest of the Caribbean, everywhere except in the United States.

The HIV epidemic is more than 25 years old; and despite all that we know and all of the resources we have, the CDC is finalizing a report which will be released early next year that I understand will show that the case rate here in the U.S. is possibly more than 50 percent higher than we previously thought. Given the lack of response from this administration to the requests of the CBC and our community partners, I'm sure that it will show that the highest increases are in people of racial and ethic minority backgrounds.

Again, let me say that the theme for this in the past 2 years has been ''Stop AIDS, Keep the Promise.'' The promise has not been fully kept anywhere, but nowhere has it fallen more short, has that promise been more empty than right here at home in this country of great resources and the most advanced medicines and technologies.

There's another part to the theme, and that is leadership, which is needed more than ever. On our part we need to lead by directing more Federal resources to HIV prevention. Beyond that, our leadership must be open to proven methods of prevention instead of limiting the good we can do and the lives we can save because of ideology and narrow politics. And the prevention we provide needs to be not of the abstinence-only kind, which our government agencies have clearly demonstrated is not effective. Lifting the ban on needle exchange alone would dramatically reduce the transmission of the disease, and developing low-cost barrier methods such as microbicides need to be given as much attention as funding the latest ARVS, but those too need to be made more affordable.

And, Madam Speaker, we need a national plan. It is clear from the fact that we are losing ground while some of the poorest areas of the world are making strides that the leadership we provide must define global as in global epidemic, or global HIV/AIDS as including this country on par with all of the others. We need to restore the 19 percent of funding that has been cut from domestic AIDS in this administration and greatly increase HIV/AIDS funding across the board. We need to fund the Ryan White CARE Act at the level it needs to be funded, more than $1 billion above the current level, to restore and re-fund the Minority Aids Initiative to build capacity in the communities that are hardest hit, and to eliminate ADAP waiting lists, where people who cannot get treatment wait to die.

We need to ensure that we expand access to information, testing services and treatment to ex-offenders who are at great risk for HIV and who after paying their debt return to their communities and families.

And we need to dramatically increase PEPFAR funding while expanding it to include all Caribbean countries and making it more flexible so it can meet the unique needs of the countries that need it.

The global report shows that when we apply the recommendations of social and scientific research and when we support and replicate programs that work, results are seen. It shows that empowering communities that are hard hit by HIV and AIDS by putting the resources, technical assistance and support in their indigenous community and faith-based organizations here and abroad produce great impact.

The most dramatic thing is that people are looking to us for leadership and we can provide it and we can start by supporting Congresswoman LEE's resolution.

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

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

WORLD AIDS DAY

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. Madam Speaker, I'm pleased to join with my colleagues as we take this time to highlight the gravity of the HIV/AIDS pandemic and especially as it affects people of color throughout the world.

The Centers for Disease Control, the CDC, reported that approximately 1 million Americans were living with HIV/AIDS at the end of 2003, roughly 25 percent of whom were undiagnosed and unaware of their HIV infection.

An article in the New York Times this week noted that new HIV/AIDS case estimates are actually 50 percent higher than health experts had previously believed.

Furthermore, this infection has started to increase among children at a drastic rate. Through 2005, there have been an estimated 9,000 AIDS cases reported for children under the age of 13. HIV/AIDS is becoming a problem earlier and earlier for more and more Americans.

It is very clear that HIV/AIDS is indeed an emergency situation, especially in the African American community. According to the CDC, African Americans make up 13 percent of the Nation's population, but account for 49 percent of the estimated AIDS cases diagnosed since the epidemic began.

In addition, African American children make up approximately 63 percent of the estimated HIV/AIDS cases through 2005.

Not only are African Americans more likely to get AIDS; they're more likely to die from it, with more than half of all AIDS-related deaths being among African Americans.

We must get behind the World AIDS Day slogan, ''Stop AIDS, keep the promise.'' We must increase funding for treatment and prevention, not reduce it by 91 percent, as this administration has done. We must invest in medical research and needle exchange programs, prevention and treatment. The more engaged we are and the stronger the determination we have, it will lead to the decrease in AIDS cases across the United States in all communities.

Madam Speaker, I'm pleased that in Chicago, a coalition of organizations, the City of Chicago Department of Public Health, the Illinois Department of Public Health, Malcolm X College, the 7th District HIV/AIDS Task Force, Walgreens drug stores, Ora Sure technologies, Abbott Laboratories, the Let's Talk Let's Test Foundation, Working Togetherness and other organizations, held 2 days of high-profile activity where there were many sites where people could come and be tested free.

And so I commend the City of Chicago's Department of Public Health, the State of Illinois Department of Public Health, and all of those hard-working groups and organizations who are working to try and put at least a dent in this problem.

WORLD AIDS DAY

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

Mr. PAYNE. Madam Speaker, I rise in recognition of World AIDS Day 2007. As chairman of the Subcommittee on Africa and Global Health, the issue of HIV and AIDS is a particular matter of concern and importance to many of us. But it is an urgent and timely matter of global concern. It is urgent because HIV and AIDS, tuberculosis and malaria kill more than 6 million people a year.

Of the 33 million people living with AIDS today, 6 percent are children. Ninety percent of these children live in Africa, the continent least equipped to care and treat HIV-infected persons. Those numbers will increase if the world does not immediately step up efforts to halt the spread of AIDS.

The topic is extremely timely because the mandate of the President's emergency plan for HIV and AIDS, PEPFAR, expires in 2008. My colleagues and I on the House Committee on Foreign Affairs are in the midst of writing legislation to extend the PEPFAR program for another 5 years.

Congress and the President worked together to create PEPFAR in May of