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