fund a state of emergency or what was called a severe and ongoing crisis on HIV and AIDS and to target the needs of African Americans, Latinos, and other people of color with regard to this epidemic.

The dollars were to increase capacity, to help build infrastructure, to enable us to get grants, to administer them, and reach the population within our communities that until now have been hard to reach, mainly because we, the health care delivery system, have not been going about it in the right way.

Mr. Speaker, in communities of color, there are many barriers that must be overcome to bring effective messages of disease prevention and health promotion. They are language. They are culture. They are decades of mistrust. They are lack of education. There are other priorities that come from poverty, joblessness, and other social and economic factors.

These communities thus have severe disparities and health services and health status and are disproportionately affected in many diseases, but especially in HIV and AIDS. The health care delivery infrastructure is just not there. While we work on that, that cannot be built in 1 day, 365 days, 1 year or even several years.

In the meantime, we need to empower our communities through their indigenous community organizations to provide the prevention and intervention services that are needed. The people within the communities know their communities. They have the trust of their communities. They can do it best. What they do not have are the resources, and that is what the CBC initiative is all about.

We will soon be looking at the outcome of this past year's initiative. We have some doubts that it accomplished what we asked it to, but we must prepare to continue to improve and expand on that effort. We are, therefore, asking for an increase in the FY 2000 budget above the President's request of $171 million.

Because we are seeking to make sure that all communities of color receive the funding they need commensurate with the level of the epidemic and the infrastructure deficiencies that each one of us has, some greater than others, we are asking then for $349 million in the Labor HHS appropriation.

This funding is critical, as our other requests for $150 million for the President's disparity initiative, $55 million towards the international AIDS program, and AIDS in Africa.

Along with our requests with respect to the disparities, we are asking for the special funding to be set aside to train more providers of color, to provide Medicare and Medicaid outreach to our communities, and to increase our knowledge of and attention to HIV/AIDS and other health care issues in the Nation's prisons.

Mr. Speaker, there are other issues that are just as important to us as funding, though, and which actually costs us nothing but our commitment to reduce the disparities that exist for communities of color in this country.

They include the funding of the offices of minority health in the agencies of the Department of Health and Human Services, such as CDC, the Centers for Disease Control and Prevention, SAMHSA, and to Health and Substance Abuse, HRSA, and the Agency for Health Care Research, where although they are established, they are not funded.

It has been directed that up to 0.5 percent of the agencies' budget be allocated to fund them, and we want the committee to direct that this be done. With the best of intentions, the issue of people of color will not be adequately addressed unless these offices are empowered and are given some authority within their individual agencies.

The other important area is the Office of Minority Health Research at the National Institutes of Health which we are asking to be raised to the level of a center. That office, to be effective, and to fulfill its important role in ending a two-tiered system of health care in this country must have budget sign off. It must have accountability for the funds and the research it has done on behalf of the people it represents. We in the Caucus will fight for this as we will fight on the other issues until this becomes a reality.

We have many other challenges before this country, insuring the uninsured to name a major one. We can make a major step towards better health care in this country by supporting the initiatives of the Congressional Black Caucus. They are undertaken, not just on behalf of African Americans or Latinos, Asian Americans, Native Americans, Asian or Pacific Islanders, or Native Hawaiians or Native Alaskans, although those are our priority populations, but they are undertaken on behalf of all Americans.

Just like justice, health care delayed is health care denied. We have an obligation as the Representatives of all of the people of this country to bring health care, not just to some, but to each and every American.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 42 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1643

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SESSIONS) at 4 o'clock and 43 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2910, NATIONAL TRANSPORTATION SAFETY BOARD AMENDMENTS ACT OF 1999

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 106–342) on the resolution (H. Res. 312) providing for consideration of the bill (H.R. 2910) to amend title 49, United States Code, to authorize appropriations for the National Transportation Safety Board for fiscal years 2000, 2001, and 2002, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2436, UNBORN VICTIMS OF VIOLENCE ACT OF 1999

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 106–348) on the resolution (H. Res. 313) providing for consideration of the bill (H.R. 2436) to amend title 18, United States Code, and the Uniform Code of Military Justice to protect unborn children from assault and murder, and for other purposes, which was referred to the House Calendar and ordered to be printed.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. BOSWELL) to revise and extend their remarks and include extraneous material:)

Mr. LIPINSKI, for 5 minutes, today;

Mr. PALLONE, for 5 minutes, today;

Mr. FILNER, for 5 minutes, today;

Mr. CUMMINGS, for 5 minutes, today;

Ms. BROWN of Florida, for 5 minutes, today;

Ms. WATERS, for 5 minutes, today.

(The following Members (at the request of Mr. GUTKNECHT) to revise and extend their remarks and include extraneous material:)

Mr. RAMSTAD, for 5 minutes, today;

Mr. BURTON of Indiana, for 5 minutes, October 6;

Mr. ROHRABACHER, for 5 minutes, today;

Mr. ISAKSON, for 5 minutes, today;

Mr. EHLERS, for 5 minutes, today;

Mr. SMITH of Michigan, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. MCINNIS, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)