

Islands (Mrs. CHRISTENSEN) and others who are leading us in the Congressional Black Caucus to keep the resources moving. Let us take this opportunity to be on top of and in front of this funding so that we do not find ourselves having gotten \$156 million, having the proposals responded to and people beginning to do the work and all of a sudden cut off because more money is not following. I think we can do that.

I am here today to add my voice to the efforts of the gentlewoman from California (Ms. LEE) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) and others who are working so hard to garner these resources.

Let me just say that the gentlewoman from Oakland, CA (Ms. LEE) got her county to declare the emergency that exists there. My county in Los Angeles was slow but they finally did it. They finally looked at the data, the statistics, and they finally understood that they should have done this a long time ago, that in Los Angeles County we have not done what could have been done. And so we have got a lot to straighten out in Los Angeles County. We have got to redo the entire process. We have got to make sure that our organization with its task forces and its RFP responsibilities, all of that, are done in such a way that the resources will get to where they must go.

Mr. Speaker, we will be back to talk a lot more about what must be done.

ADDRESSING HIV/AIDS PUBLIC HEALTH EMERGENCY IN MINORITY COMMUNITY

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. Mr. Speaker, I want to thank the gentlewoman from California (Ms. WATERS) and the gentlewoman from California (Ms. LEE) who are members of the health brain trust of the Congressional Black Caucus for joining me here this evening.

Mr. Speaker, I rise to once again register our dissatisfaction with the funding that the committee is proposing to provide for the HIV/AIDS public health emergency in African-American communities and other communities of color. Mr. Speaker, people of color are represented in the AIDS epidemic in numbers that far exceed our representation in the general population. African Americans and Hispanics are the most severely affected groups, representing well over 60 percent of all AIDS cases in the United States. Of the estimated 40,000 new HIV infections each year, almost 50 percent are in African Americans, and 20 percent are in Hispanics. African Americans were 49 percent of new HIV infections in 1998 and Latinos were 11 percent.

In 1998, African Americans accounted for 45 percent of all total AIDS cases; 40 percent of all cases in men, 62 percent of all cases in women, and 62 per-

cent of all cases in children. In 1998, the AIDS incidence rate among African Americans was eight times that of whites, and for Latinos the incidence rate was 3.8 times that of whites.

Mr. Speaker, if this does not represent an emergency in our community, I do not know what does. This is further compounded by the disparities that exist in all communities of color with respect to heart disease, cancer, diabetes and infant mortality among other diseases. But in all of these, African-American communities experience disparities that far exceed all other groups combined. We need to change these dire statistics. They are a blight on this great country. And we need to provide access to health care for all on a level that is equal to the majority population.

The CBC initiative seeks to do this by empowering communities with the resources they need to be agents of change themselves for better health. Yesterday, I spoke about the need to fund the offices of minority health within the agencies of the Department of Health and Human Services and the importance of elevating the office of minority health research at NIH to a center. Today, I just want to say a few words about the need to address this issue in our correctional facilities.

There are some statistics that we just cannot ignore. In 1995, over 1.5 million adult arrests and over 3 million juvenile arrests were made in the United States. The U.S. prison population increased threefold between 1980 and 1996. Today, there are approximately 1.7 million persons housed in correctional facilities, jails and prisons, in this country. That is the second largest incarcerated population in the developed world, behind only Russia. All told, there are more than 6 million people under some form of the criminal justice supervision, under some form of juvenile justice supervision in the United States on any given day. The majority of these individuals are arrested in, and returned to, urban, low-income communities.

Rates of HIV, STDs, sexually transmitted diseases, and tuberculosis are disproportionately high among the U.S. incarcerated population compared to the U.S. population at large. This presents challenges as well as opportunities. In addition to high rates of infectious diseases, the inmate population is also plagued by a number of chronic diseases such as diabetes, heart disease and substance abuse. In 1996, 63 percent of jail inmates belonged to racial or ethnic minorities, up slightly from 61 percent in 1989. 41.6 percent were white, and 41.1 percent were African American. Among Federal prisoners, 58.6 percent were white and 38.2 percent were African American.

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Looking specifically at HIV, correctional populations have the highest rates of HIV infection of any public institution. A 1995 report by the Bureau

of Justice Statistics shows that the AIDS case rate in prisons is six times higher than the overall U.S. AIDS case rate. In fact, 23 percent of all State and Federal prison inmates were reported to be infected with HIV. In State prisons, 4 percent of female prisoners were HIV positive compared to 2.3 percent of male prisoners.

We must bring the needed funds to develop and implement strategies related to surveillance and reporting in correctional facilities. We must develop continuity of care programs and provide technical assistance to jails and communities dealing with these issues. We hope that this House will recognize the wide disparities in health care that exist for people of color in this country and the challenge it presents for us as we prepare to enter the 21st century.

Mr. Speaker, we ask that our colleagues join us in facing this challenge and addressing it successfully.

EDUCATION IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 60 minutes as the designee of the minority leader.

Mr. ETHERIDGE. Mr. Speaker, before we start I yield to the gentleman from Pennsylvania (Mr. BRADY).

CALLING FOR RECTIFICATION OF STATEMENTS MADE EARLIER TODAY ABOUT ED RENDELL, MAYOR OF PHILADELPHIA

Mr. BRADY. Mr. Speaker, I stand here tonight to clarify the RECORD. One of my colleagues, the gentleman from Colorado (Mr. SCHAFFER), spoke this morning concerning my mayor and the mayor of the City of Philadelphia, and he alluded to the fact that our mayor was out there celebrating Chinese rule, Communist rule with Chinese Americans, and then because of that he became elected chairman of the National Democratic Committee. That is the furthest from the truth that there ever could be.

Mr. Speaker, our mayor is out there celebrating the heritage of Chinese Philadelphians, and he was there not to make a political statement, and I think that that should be rectified and cleared, that the person that made that derogatory statement today must be a little nervous because we do have, without question, one of the best people, one of the best Americans I know, that I know of for a fact, that can head and be Chairman of the National Democratic Committee.

Mr. Speaker, I rise to honor a great American, my mayor, Mayor Ed Rendell. We have been blessed to have Ed Rendell serve as mayor of the City of Philadelphia for the last 7½ years. In fact, he is the best argument that I can think of against term limits.

Mr. Speaker, we now have to share Ed because America's mayor was recently elected and was elected prior to