

case, means going up to 40 percent of the excess cost.

Mr. Speaker, we began this discussion 26 years ago when we agreed with States and local education agencies that we should provide a free and appropriate education to every child who has a disability. We knew this was going to require a large investment, not only by the States and local school districts, but by the Federal Government as well. The Federal Government made a promise. They said, we are going to pay up to 40 percent of the excess costs for every student. However, we have not done that. In fact, this year we are doing the most we have ever done, and we are up to less than 15 percent.

I participated in a lot of conversations regarding full funding of IDEA in the past couple of months with my colleagues, committee staff and leadership. Full funding is a large investment, I understand that, and it raises some concerns. One of the concerns I have heard is that if we increase the amount of money going to the States to educate children with disabilities, that the school districts will over-identify these children to get more money. Well, I want to tell my colleagues that that is simply not true. Let us talk about the real situation that is happening in our schools.

Again, the Federal Government right now is giving a little over one-third of the money that they promised 26 years ago; and as a result of this underfunding, what has happened is schools have had to pull money out of other programs to make up for it. They have had to pull money out of textbooks and after-school programs and additional teachers. As a consequence, what we are seeing is an under-identification of children with disabilities. School districts hesitate to label a child with learning disabilities or behavioral problems or mental disorders because they cannot afford to provide them the services they need. Fully funding IDEA will not result in a mass frenzy of school districts to label as many children as they can with disabilities. In fact, just the opposite will happen. If we can get young children the services they need early on, we may prevent a need for more drastic intervention later on.

Mr. Speaker, I have introduced bipartisan legislation with the gentlewoman from Connecticut (Mrs. JOHNSON) and many of my colleagues here today. Our bill would authorize funding to bring the Federal Government's share of educating children with disabilities up to the 40 percent mark by 2006, so we are trying to do it over a period of time. It is expensive. This increase will cost about \$3 billion a year. It is a large investment, but we must remember, if we do not pay our fair share of the cost, our share does not just go away; someone else is covering for us.

Mr. Speaker, it is time we kept the promise that we made to our children 26 years ago and invest in the education of every child.

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

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

#### REINTRODUCTION OF SPOUSAL REUNIFICATION ACT

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 today to ask that my colleagues join me in supporting legislation that I reintroduced today that would permit the admission into the United States of nonimmigrant visitors who are the spouses and children of permanent resident aliens residing and working in this country.

This legislation is intended to fill a void in our current immigration policy that has resulted in permanent resident aliens, people who have come into this country legally and who are gainfully employed, being separated from their spouses and children often for periods of several years. This bill would simply make it easier for family members to come to the United States on a temporary basis with provisions to penalize those who overstay their visas. Its goal is to alleviate the human hardship of prolonged family separation.

Mr. Speaker, the legislation would eliminate the implication that the existence of a petition for permanent residence implies that an applicant will not return to his or her home nation and would remain in the United States after the expiration of a temporary visa. This equitable solution simply grants to immigrant family members the same opportunity to visit the United States as all others desiring to come here as visitors or students. The legislation anticipates the possibility that some may violate the terms of their visas by overstaying the period for which the visa provides. It penalizes spouses or children of permanent residents who overstay their visas by allowing the Secretary of State to delay their permanent visa petitions for one year if visa durations are violated.

Mr. Speaker, as my colleagues may remember, last year in the Omnibus Appropriations bill, Congress took a step in alleviating this hardship. The Omnibus bill created a new V nonimmigrant visa category. This new visa would be available to spouses and minor children of legal permanent residents who have been waiting 3 years or more for an immigrant visa. The recipients of this temporary visa would be protected from deportation and granted work authorization until immigration visa or adjustment of status processing is completed.

However, while this new program has good intentions, Mr. Speaker, 3 years is still too long to be apart from one's loved ones. My bill would immediately

expedite the process in allowing foreign-born immigrants to see their family for a short period of time before they are eligible for the V visa. My legislation would not nullify the V visa, but rather provide for temporary visas in the interim.

Mr. Speaker, I am hoping that this proposal will receive strong support from Members of Congress, particularly members of our Caucus on India and Indian-Americans, and other Members who agree with the need to address this inequity. The issue of spousal and child reunification has been identified as one of the top domestic priorities of the Asian-Indian community in the United States. With the India caucus members working together, enactment of this bill would be an opportunity for the caucus to make its presence felt in another substantive way. Furthermore, this proposal has already received significant support from some of America's major corporations, particularly in the information and communications sectors, who recognize the importance of allowing their valued employees to have greater contact with their families.

The bill is, by its very nature, an interim measure in order to allay some of the misunderstandings that may arise. It should be pointed out that the legislation will not result in an increase in the number of immigrants admitted annually. It will not have an impact on the labor market, and it will not have any adverse effects on any government social programs since the spouses would not be entitled to these benefits. It is a very modest proposal intended only to bring some relief to families separated by unfortunate administrative delays.

#### SUPPORTING FULL FUNDING FOR SPECIAL EDUCATION

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

Mr. ALLEN. Mr. Speaker, I rise here today to support full funding of special education, not next year, not the year after, not 10 years from now, but this year. I want to begin with a few comments that should be obvious.

First, the Individuals With Disabilities Education Act of 1975 authorized Congress to cover 40 percent of the cost of special education in order to provide students with disabilities a free and appropriate education.

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That was in 1975. It has been a long time, but we have not come close to fully funding special education.

The points I want to make at the beginning are these:

First, the mandate to provide a free and appropriate education to students with disabilities was a Federal mandate. It was passed by this Congress, and it required the States and local school districts to spend more than

they had on students with disabilities. It was a Federal mandate that has never been matched by appropriate Federal funding.

Second, the funds that pass through our special education program are not spent in Washington, D.C. They are spent in local school districts in local schools for teachers, for supplies, for all those things that help strengthen our local education programs.

Third, this year the money is available. No one can say that we cannot find the money to fully fund special education this year because the size of the surpluses that are in front of us make it clear that if we do not fully fund special education it will only be because there are other priorities.

Now, when I listen to some of the rhetoric from my Republican friends on the other side of the aisle, I sometimes wonder, for this reason. We learned in school that the thighbone is connected to the hipbone, and we learned as adults that expenditures are connected to revenues. What we have coming into our family, our business, our government is matched, is related to, what our family, our business or our government spends.

But we hear our friends say that it is not the government's money, it is our money. They say things like, we do not want money spent in Washington. Well, special education funds are spent in local school districts. Our education systems belong to all of us. It is our education system, just as it is our national debt, our air traffic control system, our Medicare, our Social Security. These are the things that we own and we cherish in common.

When I have been traveling around my district back in Maine holding meetings. The number one priority of educators in Maine, of people who care about improving our public schools, is full funding of special education: Get Federal funding up to that 40 percent level. Where is it right now? It is 14.9 percent, the highest level it has ever been since 1975. It is today at 14.9 percent. That is after 3 successive years of billion-dollar increases.

We have done more in the last 3 years for special education than ever before. But today, if the tax cut that the President has proposed goes through, we will not be able to fully fund special education. In all probability, if the projections hold, we will not be able to fund it this year or next year or any time in the next decade.

So that is why we have a unique opportunity today to fully fund special education. If we do, it will help special education kids, it will help regular kids, because it will free up funding for improvements in our regular education programs; and it will provide real relief in the future for our property taxpayers, who right now, certainly in my State of Maine and around the country, are really under a great deal of pressure to fund students that they are required to fund and should be funding, but because of a mandate passed by

Congress, by the Federal government, in 1975, we have never, we have never lived up to our responsibilities.

The other two items that I hear a great deal about from people in Maine who care about education have to do with how we are going to find teachers, how we are going to find, hire, and retain teachers to teach these children and how we are going to renovate and build new schools when we need to do that. But, always, special ed is at the top of the list.

I urge my colleagues on both sides of the aisle to take this historic opportunity that may not come again to fully fund special education, not next year, not 10 years from now, but this year. We can do that with \$11 billion; and \$11 billion as compared to the \$1.6 trillion tax cut, that is no comparison at all.

There is no reason why we cannot fully fund special education this year. I urge my colleagues to do just that.

#### WOMEN'S HISTORY MONTH; AND THE HIV/AIDS VIRUS AS IT AFFECTS WOMEN AND CHILDREN

The SPEAKER pro tempore (Mr. GILCREST). Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, I am very pleased to be here this afternoon for this important special order to celebrate Women's History Month. I know my colleague, the gentlewoman from Illinois (Mrs. BIGGERT), will be continuing with this special order.

I would like to point out that, as we approach a new century, there is no doubt that women have made great strides in business, the professions and trades and as leaders in government. Society is the richer for it.

Although women have made enormous strides, discrimination in the workplace still exists. So does discrimination in health research and in the delivery of health care or the lack thereof, steadfastly remaining our problem, "a woman's problem." We have to continue to improve the lives of women and children, which ultimately will benefit everyone.

Mr. Speaker, we are going to hear from my colleagues the history of women's health, and I do want to say that women are not little men. I am pleased, with my colleagues many years ago, we celebrated the 10th anniversary of the Office of Research on Women's Health at the National Institutes of Health. Prior to that time, women were not included in clinical trials or protocols.

There was the famous aspirin test with regard to cardiovascular disease. It was done with about 44,000 male medical students. Yet the extrapolation was that this is the way women would be affected by it. Well, there is breast cancer, ovarian cancer, osteoporosis, lupus. We now are beginning to concentrate on research with

regard to women and the implications of those diseases and diagnoses and treatments.

But I thought that I would devote my time now to speak about a silent epidemic which is not often spoken about, a kind of silent genocide, if you will, the death and dying that no one is really addressing: those that occur to women and children who carry the HIV virus and represent the growing face of the AIDS epidemic.

We are at a crossroads in the history of the AIDS epidemic. Thanks to dramatic new treatments and improvements in care, the number of AIDS-related deaths has begun to decline. However, while we have made great strides, the crisis has not yet abated. Continued research is needed to provide better, cheaper treatments and eventually a vaccine or a cure.

Remarkable medical advances have done nothing to stem the rise in new infections among adolescents, women, and minority communities. In fact, the well-publicized success of new drug therapies has encouraged some to believe that the epidemic has peaked, making it harder than ever to reinforce the need for prevention among those who are most at risk.

As a result, HIV/AIDS remains a major killer of young people and the leading cause of death for African Americans and Hispanics between the ages of 25 and 44. Across this country and around the world, AIDS is rapidly becoming a woman's epidemic. Women constitute the fastest-growing group of those newly infected with HIV in the United States. Worldwide, almost half of the 14,000 adults infected daily with HIV, for example, in 1998, were women, of whom nine out of the 10 live in developing countries.

In Africa, teenage girls have infection rates five to six times that of teenage boys, both because they are more biologically vulnerable to infection and because older men often take advantage of young women's social and economic powerlessness.

Statistics of the economic, social and personal devastation of HIV and AIDS in subSaharan Africa are staggering. Now 22.3 million of the 33.6 million people with AIDS worldwide reside in Africa, and 3.8 million of the 5.6 million new HIV infections occurred in Africa in 1999. By the year 2010, 40 million children will be orphaned by HIV and AIDS. Children are being infected with HIV and AIDS, many through maternal-fetal transmission.

Biologically and socially, women are more vulnerable to HIV and AIDS than men. Many STDs and HIV are transmitted more easily from a man to a woman and are more likely to remain undetected in women, resulting in delayed diagnosis and treatment and even more severe complications. Yet, more than 20 years into the AIDS crisis and at a time when the incidence of HIV and STDs is reaching epidemic proportions, the only public health advice to women about preventing HIV