

difficult to compete in the world market.

If we do nothing in this country, if we keep putting these proposed solutions off because it is easy to demagog, because really there is only two ways, Madam Speaker, to fix Social Security and to fix Medicare. We either bring more revenues into the program or we reduce the amount of money coming out. That means increasing taxes or reducing benefits. One way to increase revenues, though, is starting to get a better return on the investments coming in to Social Security, coming into Medicare. That means investing some of that money in real returns with real investments. That is why I have advocated for the last several years that we have personal retirement savings accounts that can draw real interest returns so that modest-income workers today can retire wealthy because of the magic of compound interest.

My grandson painted our fence this last summer, and I tried to convince him to put his money into a Roth IRA, and we figured what that money would be worth 50 years from now. He said, Grandpa, I want to really buy a car with that money and save up for a car. So we went step by step, year after year to see if that money would return revenues and we found out that \$160 would turn into \$70,000 by the time he was ready to retire.

We have to have some real retirement accounts. We have to start getting real returns on the money that is coming in from Social Security.

TUBERCULOSIS, A WORLDWIDE EPIDEMIC

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Madam Speaker, remember when we were children, in some cases 30, 40, 50 years ago, tuberculosis clinics were closing in virtually every community in America. I remember growing up in Mansfield, Ohio, in the 1950s and 1960s; and I remember that tuberculosis clinic was closed there because Americans realized that tuberculosis was not really much of a problem in the United States of the 1960s or 1970s or 1980s.

People are surprised in this country, Members of Congress are surprised, citizens are surprised, to learn that tuberculosis in 1999 killed 2 million people around the world. It killed more people in 1999 around the world than in any year in history. Tuberculosis is one of the greatest infectious disease killers of adults worldwide, killing someone every 15 seconds. It is the biggest killer of young women around the world. It is the biggest killer of people with HIV/AIDS. Of the deaths from AIDS in Africa, literally one-third of

those deaths actually are from tuberculosis.

The World Health Organization estimates that one-third of the world's population of the 6 billion people in the world, some 2 billion are infected with the bacteria that causes tuberculosis, including an estimated 10 to 15 million people in the United States.

In India, 1,300 people a day in India, 1,300 people a day die from tuberculosis. An estimated 8 million people around the world develop active TB each year. It is spreading as a result of inadequate treatment, and it is a disease that knows no national borders; and it is becoming more and more of a problem in the United States. The threat that TB poses for Americans derives, one, from the global spread of tuberculosis and, second, from the emergence and spread of strains of tuberculosis that are multidrug resistant.

In the U.S., TB treatment is normally only about \$2,000 per patient in the United States and in developing countries as little as \$15 or \$20 or no more than \$100 per patient, regular, sort of standard tuberculosis. The costs can go up to as much as \$250,000 a patient to treat multidrug resistant tuberculosis, and the treatment is much less likely to be successful.

Multidrug-resistant TB kills more than half those infected even in the United States and other industrialized nations.

Madam Speaker, the gentlewoman from Maryland (Mrs. MORELLA), Republican from Maryland, and I are bipartisanly sponsoring legislation which will authorize an appropriation of \$100 million to U.S. Agency for International Development, USAID, for the purpose of diagnosing and treating TB in high-incidents countries. The director general of the World Health Organization, Secretary General Gro Brundtland, said that tuberculosis is not a medical problem, it is a political problem. We know how to take care of people with tuberculosis. We know how to treat tuberculosis. The question is the political will to do it, the resources available to do it.

Tuberculosis experts estimate that it will cost an additional \$1 billion each year worldwide to control this disease.

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The great majority of funds are used for the direct implementation of DOTS Tuberculosis Control Program, DOTS stands for directly observed treatment, where a person infected with TB must take medication every day for up to 6 months, and, if they stop taking it, then even when they stop coughing up blood or stop showing symptoms of TB, their multi-drug-resistant TB can come back. That is why it is simple to treat, but difficult to make sure that people take their medicine every day.

The medicine is there. The will needs to be there, the outreach workers need

to be available, whether it is in the United States or India or Nigeria or wherever across the world.

Resources under our legislation will be used primarily in those countries having the highest incidence of tuberculosis. It is a problem worldwide that we as a wealthy country have a moral obligation to deal with. It is a problem worldwide that we have a practical reason to deal with, because tuberculosis, with more tourism, travel, with more business development, with more trade, with more airplanes, tuberculosis has come into our country in greater and greater incidence, unless we in fact try to deal with tuberculosis internationally.

That is why we already have bipartisan support for the legislation that the gentlewoman from Maryland (Mrs. MORELLA) and I are working on. That is why I ask other Members to join us in cosponsoring this legislation which I will be introducing next week. March 24 is International Tuberculosis Day. We will be introducing the bill next week, the week of March 24, and ask other Members to cosponsor it.

TRIBUTE TO COMMANDER PETER GUMATAOTAO, COMMANDING OFFICER, U.S.S. "DECATUR"

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentleman from Guam (Mr. UNDERWOOD) is recognized for 2 minutes.

Mr. UNDERWOOD. Madam Speaker, today I rise on behalf of the people of Guam to recognize the arrival yesterday Guam time of the naval warship U.S.S. *Decatur*, commanded by our own native son, Commander Peter Gumataotao.

Peter is the embodiment of all that is right with Guam. He is proud of his culture and ancestry, the Chamorro people. He understands Guam's history and the sacrifices of her people to help restore democracy around the world during World War II. And, most importantly, Peter is respectful and loyal to his family, his island, his command, and to his country.

He is a graduate of the U.S. Naval Academy and earned his Masters degree from the Naval War College. He has built an illustrious career as a U.S. Naval officer and has been decorated and recognized for his good work at every duty station.

His selection to command the U.S.S. *Decatur* is demonstrative of his continuing excellence and ability; and it is the first time, to our knowledge, that a native of Guam has commanded a warship that has sailed into Guam.

Guam is proud of her son, and we welcome him back to our shores. Peter will continue to command the *Decatur* through the high seas and into danger, when necessary, to defend democracy around the world.