

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. GILCHREST). 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 improve-

ments 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 and other STDs is to be monogamous or to use condoms.

I have been working very hard and we have had many results with regard to the development of microbicides to help to prevent the spread of HIV and other STDs and have legislation to do so. So much more needs to be done.

I do hope that all of us in Congress will look at what we can do to stop that hemorrhage of HIV and AIDS, especially in women and young people.

#### WOMEN'S HISTORY MONTH AND WOMEN'S HEALTH ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, as we know, we proclaimed Women's History Month last week; and the topic last week was on education, women and education. Today I rise to speak about women's health issues as part of our Women's History Month series.

Since the earliest days of the Nation, women have acted as the health gatekeepers of their families. In recent years, however, it has become clear that women have significant health concerns of their own, such as breast and cervical cancer, heart disease and osteoporosis.

But women's health issues are much more than individual diseases. It is a lifespan issue, beginning with the delivery of high-quality prenatal care services to when a woman lives out of her final days, hopefully after a full, productive and healthy life.

Sadly, though, Mr. Speaker, the health of the Nation's women is severely jeopardized by preventable illnesses, inadequate access to health care, poverty, domestic violence, chronic disease and a host of other factors.

Currently, nearly 18 percent of non-elderly women have no health insurance. Even worse, more than 30 percent of Hispanic women and nearly 25 percent of African American women between the ages of 19 and 24 have no health insurance.

Cardiovascular disease is the number one cause of death among all women. Lung cancer is the number one cancer killer of women, and its rate continues to increase. Battering is the number one cause of injury to women today, causing more injuries that require medical treatment than car crashes and mugging combined.

In addition, one study found that 25 to 45 percent of battered women experience physical violence while they are pregnant.

Much shame, Mr. Speaker. So much work needs to be done to help alleviate these startling statistics. There needs to be increased funding and more major national projects for women's health research, services and education. There is also a need to be a focus on women's health through the life cycle: adolescent, reproductive, middle-aged and older women, since their needs are different.

Last but not least, Mr. Speaker, we need to work to eliminate barriers to health care services for underserved women.

Mr. Speaker, much work has been done in the last couple of decades concerning research and education about