

them, including my Uncle Reverend LeRoy Cleaver, Jr., because they remain among the best advocates, soldiers, and examples in our Nation's history in that noble pursuit.

Mr. CUNNINGHAM. Mr. Speaker, I want to join my colleagues in support of H. Con. Res. 26, which recognizes the significant contributions of the Tuskegee Airmen to our national security and honors their service to a grateful Nation.

As an aviator myself, I have had the honor each year to join some of the Nation's most distinguished military aviators at an event known as "The Gathering of the Eagles." At those events, I have met many of the Tuskegee Airmen, and can personally attest to their character. These men are outstanding military heroes who gave so much to this Nation and set such an outstanding example for future generations of aviators. Several of them are in the pictures produced there each year hanging in my office.

These African American men, determined to do their part to serve their Nation during World War II, enlisted to serve their Nation at a time when segregation limited opportunities. But they were given a chance to excel in the military. During World War II, they completed 15,500 missions, destroyed over 260 enemy aircraft, sank one enemy destroyer, and demolished numerous enemy installations. They destroyed more than 100 German aircraft while building an unprecedented record of flying with more than 200 bomber escort missions—all without the loss of a bomber. That is a huge feat.

Every bit as important, they set an example for millions of Americans of every color, encouraging others to pursue careers in air and space technology. It is time this Nation give this distinguished group of aviators the credit and honor they deserve. I urge my colleagues to support this resolution recognizing these fine men and their achievements.

Mr. HIGGINS. Mr. Speaker, I rise today in strong support of H. Con. Res. 26 as offered by my colleague, Mr. ROGERS of Alabama, in acknowledgement and appreciation of the contribution of the Tuskegee Airmen to our Air Force and our nation. Their example of breaking racial boundaries in order to contribute to the Allied efforts in WWII is still valuable today in our war against global terrorism. I thank Mr. ROGERS of Alabama for bringing this important resolution to the floor today.

The lessons we can learn from these men are numerous. In a time when the world was threatened by fascism, they stood among the many to repel its force. They demonstrated to their countrymen that skin color does not define the quality or the character of the man, but rather the sense of duty to the ideals they hold and their willingness to do what it takes to defend those ideals.

The Tuskegee Airmen not only fought against enemies in the air, but they engaged in a struggle within their own country. They were the first African-Americans to qualify as military pilots in any branch of the armed forces, as a result of years of pressure on the military to further integrate the Air Force. These men took a big step in the fight for equal civil rights, and made a major impact in the war as a result of their superior skill as pilots.

As we face the challenges of today, we must remember their contribution to the U.S. Air Force and to the American civil rights movement. We must honor their dedication to the values of justice, equality and democracy as we go forth in our war against terrorists. The men and women that protect the citizens of this country come from many racial backgrounds. Because of the example of the Tuskegee Airmen, the aviation industry and the armed forces have been able to benefit from the contributions of many talented people from all different origins.

In the promotion of democratic values abroad, the Tuskegee Airmen helped to promote the ideal of racial equality. We must remember their honorable service as well as the message that they promoted through their example. The lessons that can be taken from history must be remembered and practiced every day. In our war on terror, in our global humanitarian assistance, and in our domestic fight against crime, it is vital that we apply our national values to the conduct of our everyday lives.

The memory of the deeds of the Tuskegee Airmen must not be forgotten. The fight against discrimination and evil is ongoing, and it is only by learning from our past that we can successfully achieve our goals of the future.

Mr. Speaker, I am proud to stand with my colleagues in appreciation for the service of the Tuskegee Airmen and support of this resolution, and I would like to thank my colleague, Mr. ROGERS of Alabama for his leadership on this issue.

Mr. SCHIFF. Mr. Speaker, this month we celebrate Black History Month and the many accomplishments and contributions of African Americans in our community. I rise today to honor the lives and sacrifices of the Tuskegee Airmen.

Prior to 1940, African Americans were denied military leadership roles and skilled training in the U.S. Military because the military institution believed they lacked the qualifications and experience for combat duty. In fact, African Americans were barred from flying for the U.S. military until World War II when the Army Air Corps program initiated a program known "Tuskegee Experiment."

In July 1941, thirteen young Americans began military flight training at the Tuskegee Army Air Field in Tuskegee, Alabama. Five of those thirteen young men completed training and received their Army Air Corps silver pilot wings, becoming our Nation's first African American military fighter pilots. They would later be known as the Tuskegee Airmen.

Between 1941 and 1946, 992 pilots graduated from Tuskegee Army Air Field, with 450 of those serving during World War II in either the famed 99th Fighter Squadron or the 332nd Fighter Group. Both units, heralded for their bravery and tenacity, received numerous Presidential Unit Citations for exemplary tactical air support and aerial combat. The Tuskegee Airmen also paid a high price, losing 150 pilots while in training or on combat flights.

It has been said that the Tuskegee Airmen fought two wars—one against the enemy overseas and the other against racism and bigotry at home and abroad. Yet, in the face of these challenges, they accepted their country's call to service and fought heroically in great battles for freedom.

Mr. Speaker, the national organization of Tuskegee Airmen, Tuskegee Airmen, Inc., estimates there are fewer than 300 of the original Tuskegee Airmen still alive today. Three of these courageous individuals reside in my own district. Mr. O. Oliver Goodall of Altadena, California; Mr. Andrew Jack Simon of South Pasadena, California; and Mr. LeRoy Criss of Pasadena, California all received their training as Army Air Force fighter pilots and joined the ranks of the Tuskegee Airmen in 1942 and 1943. They served our country with honor and distinction, and I am grateful for their dedication and service. Today, I honor the contributions of Mr. Goodall, Mr. Simon, and Mr. Criss and all of the other Tuskegee Airmen who served valiantly in the U.S. Military.

I am pleased to rise in support of H. Con. Res. 26 which recognizes these groundbreaking individuals for their bravery and dedication not only to fight for their country, but also to fight for equality back home.

The "Tuskegee Experiment," as it was known at the time, was not an experiment at all, but a radical disproving of racial stereotypes and a precursor to the Civil Rights Movement of the 1950s and the 1960s. The Tuskegee Airmen shattered many of the entrenched racial biases in American culture, and in many respects, these pioneers were among the first to challenge segregationist policies. The Tuskegee Airmen charted the course for the many other brave individuals who follow them in the continuing quest for racial equality in the United States, and they deserve both our respect and our admiration.

Mr. ROGERS of Alabama. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Alabama (Mr. ROGERS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 26.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. ROGERS of Alabama. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING GOALS AND IDEALS OF NATIONAL BLACK HIV/AIDS AWARENESS DAY

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 30) supporting the goals and ideals of National Black HIV/AIDS Awareness Day, as amended.

The Clerk read as follows:

H. CON. RES. 30

Whereas the Centers for Disease Control ("CDC") has stated that, at the end of 2003, over 172,000 African Americans were living

with AIDS, representing 42 percent of all cases in the United States;

Whereas the CDC has further stated that, in 2003, African Americans accounted for 50 percent of all new HIV infections, despite representing only about 12.3 percent of the population (according to the 2000 Census);

Whereas the CDC estimates that, in 2003, African American women represented 67 percent of all new AIDS cases among women, and were 23 times more likely to be infected than white women;

Whereas the CDC estimates that 69 percent of all children born to HIV infected mothers in 2003 were African American;

Whereas the CDC has determined that the leading cause of HIV infection among African American men is sexual contact with other men, followed by intravenous drug use and heterosexual contact;

Whereas the CDC has determined that the leading cause of HIV infection among African American women is heterosexual contact, followed by intravenous drug use;

Whereas, in 2000, AIDS was among the top three causes of death for African American men in the age group 25 through 54, and African American women in the age group 35 through 44;

Whereas the CDC estimates that, since 1994, African Americans have the poorest survival rates of any racial or ethnic group diagnosed with AIDS, with 55 percent surviving after 9 years compared to 61 percent of Hispanics, 64 percent of whites, and 69 percent of Asian Pacific Islanders;

Whereas, in 1998, the Congress and the Clinton Administration created the National Minority AIDS Initiative to help coordinate funding, build capacity, and provide prevention, care, and treatment services within the African American, Hispanic, Asian-Pacific Islander, and Native American communities;

Whereas, in 1999, the CDC provided funding to five national nonprofit organizations known as the Community Capacity Building Coalition ("CCBC"): Concerned Black Men, Inc. of Philadelphia; Health Watch Information and Promotion Services, Jackson State University—Mississippi Urban Research Center; National Black Alcoholism & Addictions Council; and National Black Leadership Commission on AIDS;

Whereas the CCBC assists with leadership development of community-based organizations ("CBOs"), establishes and links provider networks, builds community prevention infrastructure, promotes technical assistance among CBOs, and raises awareness among African-American communities;

Whereas, on February 23, 2001, the CCBC organized the first annual National Black HIV/AIDS Awareness Day, whose slogan is "Get Educated, Get Involved, Get Tested"; and

Whereas February 7 of each year is now recognized as National Black HIV/AIDS Awareness Day; Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the goals and ideals of National Black HIV/AIDS Awareness Day and recognizes the fifth anniversary of observing such day;

(2) encourages State and local governments, including their public health agencies, to recognize such day, to publicize its importance among their communities, and to encourage individuals to undergo testing for HIV;

(3) encourages national, State, and local media organizations to carry messages in support of National Black HIV/AIDS Awareness Day;

(4) commends the President for highlighting HIV/AIDS in the State of the Union address; for emphasizing the importance of addressing the HIV/AIDS epidemic among the African American community, especially among African American women; as well as international efforts to address the global HIV/AIDS epidemic;

(5) encourages enactment of effective HIV prevention programs, including ABC programs like those implemented in Uganda, which recognizes abstinence and being faithful to one's lifetime partner as effective ways to prevent HIV; and

(6) encourages States to enact HIV surveillance programs consistent with recognized infectious disease control methods to ensure accurate data, better targeting of resources, and improved delivery of health services to those living with HIV.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from New York (Mr. TOWNS) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. DEAL).

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this legislation.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that the House will consider H. Con. Res. 30. This resolution supports the goals and ideals of National Black HIV/AIDS Awareness Day.

The HIV/AIDS epidemic in the United States has changed dramatically over the past 2 decades. In 1981 when patients were first diagnosed with AIDS, they typically only survived a few months. Today, new treatments prolong life for HIV/AIDS patients and can even prevent transmission of the virus from mother to child. Research and development activities at the National Institutes of Health, in addition to significant investments in the private sector, have transformed how we treat this disease.

As the newly appointed chairman of the Subcommittee on Health, I look forward to working with Members on both sides of the aisle to continue the progress we have made in responding to the HIV/AIDS epidemic. That includes examining programs to ensure that we are adequately responding to this epidemic, especially in communities disproportionately affected by the disease. Too many Americans are still infected with this deadly disease, when we know there are proven ways to prevent its transmission.

One project that I intend to work on will be the reauthorization of the Ryan White CARE Act programs. Congress

invests approximately \$2 billion in Ryan White CARE Act programs. Before reauthorizing these programs, we will evaluate how program dollars are allocated so that taxpayer resources are indeed providing critical treatment services to those areas with the greatest needs. Legislation we advance will incorporate changes to strengthen these programs so that better results are achieved.

As we recognize and encourage others to participate in the activities this week to raise awareness about HIV/AIDS, I would also like to draw special attention to President Bush for his efforts to address the HIV/AIDS epidemic, both in the United States and around the world. President Bush has proven time and again his commitment to improving the lives of those impacted by HIV/AIDS and deserves our support for these endeavors.

I encourage my colleagues to adopt this resolution

Mr. Speaker, I reserve the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield myself as much time as I might consume. I want to thank my colleague, of course, the gentlewoman from California (Ms. LEE), who has really distinguished herself in this body as a real leader for introducing this bill. This bill has the bipartisan support of 52 cosponsors and deserves the support of all the Members of the House.

Mr. Speaker, National Black HIV/AIDS Awareness Day was held on February 7 in cities and towns all over this country, including Atlanta, Baltimore, Chicago, Cleveland, Dallas, Detroit, Houston, Los Angeles, Miami and New Orleans, New York of course, Philadelphia, Washington, D.C., and many, many, more. This annual observance was created to encourage African Americans across the United States to get educated, get tested, and get involved in the fight against HIV/AIDS.

Now, some people may wonder, why is it necessary to have a day to reach out to the African American? And let me indicate to those that raise that question that I wish it was not necessary to have this kind of targeted outreach effort. But, unfortunately, it is not only necessary; it is vital to us that we do this. It is just so important.

It is of vital importance because every day in this country 72 African Americans are infected with HIV. According to the Centers For Disease Control, African Americans make up approximately 13 percent of the population of the United States, but they represent 40 percent of the total AIDS cases reported in this country. In 2003, CDC revealed that more African Americans were reported to have AIDS than any other racial or ethnic group. In my own congressional district, the largely African American neighborhoods of Ft. Greene and East New York continue to experience the highest incidence of HIV/AIDS in New York City.

In the United States, nearly 406,000 people were living with AIDS at the end of 2003, and African Americans accounted for half of these AIDS cases. Among women, rates of HIV/AIDS diagnosis in African American women are 19 times higher than those of white women and five times higher than those of Hispanic women. Sadly, African Americans also suffer the vast majority of deaths caused by AIDS, accounting for more than half of all U.S. AIDS-related deaths in 2003.

While these statistics are tragic, we must never shrug our shoulders and say nothing can be done.

We must remember HIV/AIDS is totally preventable. So in the face of this immense human tragedy, we cannot give up. We must embrace the opportunity to encourage people to get educated, get tested, and get involved in the fight against AIDS. We must never forget that apathy and silence lead to ignorance, and ignorance leads to death. Members of this Congress must stand together to break the silence and reject the ignorance which is leading to the death of ordinary people in countless communities all over this land.

Mr. Speaker, we must not only use the well of the House as a forum; we must, as I said, we must use our budget process to provide the necessary funding for this as well. That is why I hope that this body will move expeditiously on the reauthorization of the Ryan White CARE Act. Down through the years, this act has provided the primary source for HIV/AIDS treatment and prevention. We need to ensure that these funds will continue to be available to meet the needs of those who are affected by this disease.

Mr. Speaker, I urge my colleagues to support this bill and to remember, more funding will save many more lives and stop the spread of AIDS.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. BURGESS), my colleague.

Mr. BURGESS. Mr. Speaker, I want to thank the gentleman for bringing this legislation before us today, and let me just say that I agree with the gentleman from New York (Mr. TOWNS), that we need to be sure that people are educated, tested, and treated because, certainly, no other area of AIDS treatment has seen the success of preventing the transmission of AIDS from a mother to a newborn if that mother is tested, identified, and treated during her pregnancy.

Mr. TOWNS. Mr. Speaker, I yield 6 minutes to the distinguished gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Speaker, let me thank the gentleman for his leadership and his assistance and his commitment to addressing this pandemic and also for yielding me the time.

Also, let me just thank the gentleman from Georgia (Mr. DEAL). I would like to thank the gentleman from Texas (Chairman BARTON) and the gentleman from Michigan (Ranking Member DINGELL) of the Committee on Energy and Commerce and also their staffs for helping us bring this bill to the floor today.

I want to especially thank our leadership staff and Christos Tsentas of my office, who worked day and night to make sure that the resolution became a bipartisan resolution.

Mr. Speaker, 2 days ago, on February 7, we commemorated the fifth National Black HIV/AIDS Awareness Day, a day when we urged African Americans and all Americans to get educated, to get involved, and get tested. National Black HIV/AIDS Awareness Day was created in 2001 by a coalition of five national nonprofit organizations to raise awareness about the growing HIV/AIDS epidemic among the African American community.

The numbers are startling, Mr. Speaker. Over 42 percent of all people living with HIV and AIDS are African American, even though, as my colleague from New York pointed out, we only represent about 13 percent of the population. That is about 172,000 people.

Each year, African Americans make up over half of all new HIV/AIDS cases diagnosed in the United States. In 2003, 67 percent of all women diagnosed with AIDS were African American and 69 percent of all pediatric AIDS cases were born to African American mothers.

Behind each statistic, of course, is a real human being with family and friends who care about them. So we are here today for all of them, but we are also here to raise awareness among decision-makers in Congress and in the administration.

Many of my colleagues and I quite frankly were outraged last year during the Vice Presidential debates when Gwen Ifill asked both candidates to comment on the fact that black women between the ages of 25 and 44 are 13 times more likely to die of AIDS than their counterparts and both candidates were really quite frankly unaware of this.

So, Mr. Speaker, today I want to say it loud and clear so there is no misunderstanding. AIDS is a public health emergency for African Americans. The Congressional Black Caucus was out front of this epidemic 6 years ago when we worked with the Clinton administration to create the Minority AIDS Initiative, and I want to recognize and thank our colleague, the gentlewoman from California (Ms. WATERS), for her passionate and dedicated work as chairman of the CBC then in putting together the Minority AIDS Initiative in 1998.

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She convened a national meeting here in Washington, D.C., and sounded the clarion call for all of us. Out of that effort, we declared in my district 6 years ago, as it relates to African Americans, a state of emergency.

Nationally, African American women are increasingly becoming more infected. Let us be for real. There has been a lot of discussion about many facts and a lot of individuals and communities really heap a lot of blame on men who are considered on the "down low." Now, this is defined as men who lead secret double lives having sex with other men on the side. Some people feel that the down low is contributing to these statistics. But the truth is, we just do not know.

We have to be honest with each other. This is not new. But we must break the silence, for if we do not, the disease will continue to spread. We must respect each other's individual personal views, but this is a public health issue that requires a frank and open discussion about sex and sexuality. We insist that leaders in Africa speak up frankly to discuss the pandemic on the continent. We applaud President Museveni. We must demand our leadership on all levels break the silence. It is about life and death, not about personal views of morality.

The HIV/AIDS rate in our prisons is 10 times higher than in the general public. Ten times. And most of those incarcerated are African Americans and Latinos. What happens when over 70 percent of them return to their communities next year? Talk about a public health disaster. This is going to be catastrophic. Pediatric AIDS cases will continue to soar. We cannot ignore the reality of this situation any more.

Mr. Speaker, we need a comprehensive solution. Now, I commend President Bush for mentioning this in his State of the Union speech, but it is not enough for the President to talk about AIDS in the State of the Union. We have to follow through, and he has to follow through with the funding to combat it. The budget which the President submitted included a \$10 million increase for the Ryan White CARE Act next year, but this will not really cut it. We need a realistic level of funding that meets the need and provides at least \$513 million more, a realistic level of funding.

Let me just say in conclusion that we need a comprehensive approach that embraces abstinence, A; being faithful, B; and if you do not do either, use a condom. That is ABC. We have to stop the misguided ideological attack on prevention methods that work and that have been proven to work. An abstinence-only approach will not work. Again, it is abstain, it is be faithful, and if you do not do either, you use a condom.

This is not an ideological issue. We all have constituents affected by this

disease. So let us come together and support a comprehensive response. Again, this is about life and death. We cannot keep our heads in the sand.

Mr. Speaker, I want to thank Chairman BARTON and Ranking Member DINGELL of the Energy and Commerce Committee and their staffs for helping me bring this bill to the floor today. And I also want to thank the leadership staff for their help.

Mr. Speaker, two days ago, on February 7th, we commemorated the 5th National Black HIV/AIDS Awareness Day—a day when we urged African Americans and all Americans to “Get Educated, Get Involved, and Get Tested”. National Black HIV/AIDS Awareness Day was created in 2001 by a coalition of five national non-profit organizations to raise awareness about the growing HIV/AIDS epidemic among the African-American community.

The numbers are startling, Mr. Speaker. Over 42 percent of all people living with HIV/AIDS are African American, even though we only represent only about 13 percent of the population. That’s about 172,000 people. Each year, African Americans make up over half of all new HIV/AIDS cases diagnoses in the U.S. In 2003, 67 percent of all women diagnosed with AIDS were African American. And 69 percent of all pediatric AIDS cases were born to African American mothers.

Behind each statistic is a real human being, with family and friends who care about them. So we are here today for all of them. But we are also here to raise awareness among decision-makers in Congress and the Administration.

Many of my colleagues and I were outraged last year during the Vice Presidential debates when Gwen Ifill asked both candidates to comment on the fact that black women between the ages of 25 and 44 are 13 times more likely to die of AIDS than their counterparts and both were unaware of this. So, Mr. Speaker, today I want say it loud and clear so there is no misunderstanding.

AIDS is a public health emergency for African Americans.

The Congressional Black Caucus was out in front of this epidemic six years ago, when we worked with the Clinton Administration to create the Minority AIDS Initiative. And I want to recognize and thank my colleague, Rep. MAXINE WATERS, for her passionate and dedicated work as Chair of the CBC in putting together the Minority AIDS Initiative in 1998. She convened a national meeting here in Washington, DC and sounded the clarion call for all of us. Out of that effort, we declared a State of Emergency in my district six years ago, as it relates to the African American community, because in Alameda County, our statistics are nearly identical to the national averages.

Nationally, African American women are becoming increasingly infected. Most of these women get infected through heterosexual contact, while most African American men get HIV from sex with other men. That is a fact. So let’s be for real.

There’s been a lot of discussion about these facts, and a lot of blame heaped on men who are on the “down low”, defined as men who lead secret double lives having sex with other men on the side. Some people feel that the down low is contributing to these statistics, but

the truth is we just don’t know. But let’s be honest with each other. This is not new. But we must break the silence, for if we don’t, this disease will continue to spread.

We must respect each other’s personal views, but this is a public health issue that requires a frank and open discussion about sex and sexuality. We insist that leaders in Africa speak up frankly to address the pandemic on the continent—we must demand that our leadership on all fronts begin to break this silence. It is about life and death, not personal views of morality. Look at our prison system.

The HIV rate in our prisons is ten times higher than in the general public. Most of those incarcerated are African Americans and Latinos. What happens when over 70 percent of them return to their communities next year? Talk about a public health disaster—this will be catastrophic. Pediatric AIDS cases will continue to soar. We can’t afford to ignore the realities of this situation any longer.

Mr. Speaker, we need a comprehensive solution. I commend President Bush for mentioning this in his State of the Union Speech. It’s not enough for the President to talk about AIDS in the State of the Union Address, however—he’s got to follow through with funding to combat it. The Budget which the President submitted includes a \$10 million increase for the Ryan White CARE Act next year. That won’t cut it. We need a realistic level of funding that meets the need, and provides at least \$513 million more for Ryan White, for a total of \$2.6 billion. And we need to rapidly increase funding for the Minority AIDS Initiative, to at least \$610 million this year. We cannot accept another year of flat funding from this Administration.

And as far as prevention is concerned, we need a comprehensive approach that embraces the ABCs, Abstain, Be Faithful, use a Condom if you don’t do either. We’ve got to stop this misguided, ideological attack on prevention methods that work, and that have been proven to work.

An Abstinence-only approach will not work by itself. Again Abstain, Be Faithful—if you don’t do either, use a Condom. We all have constituents that are affected by this disease. Let’s come together to support a comprehensive response. Again, this is about life or death. We cannot keep our heads in the sand.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 5 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman from Georgia for yielding me this time and providing me the opportunity to speak on this important issue. I want to commend the gentlewoman from California for her leadership in this arena.

As I have spoken about many times on the floor of the House, prior to being elected to the Congress, I used to take care of AIDS patients; and I and my colleagues in the field began to see in the 1980s the very disturbing trend lines in the black community; and indeed now, today, those trend lines continue going up and up and up, and we have a very significant crisis.

The President asked me several years ago to assist him in getting his African

AIDS initiative through the House and getting it enacted into law, and I was very pleased to be able to help in that arena. I had the opportunity to go to Africa twice in 2003 to actually look at what was going on in Africa, what was working and what was not working.

Since that time, I have met with many of the black ministers in my congressional district. Florida has had a problem with AIDS literally from the getgo. We were one of the States with the higher prevalence rates. Close to 95,000 people in Florida currently live with HIV or AIDS, which is about 10 or 11 percent of the national total. The Miami-Dade, Palm Beach, and Broward County areas tend to be the most adversely affected areas. African Americans, Haitians, and other people from the Caribbean islands make up a disproportionately high number. It is roughly half of all HIV/AIDS cases, but they are only 14 percent of the population.

What is particularly disturbing, and I think the gentlewoman from California touched on this, is that black women are becoming disproportionately involved. Seventy-two percent of both HIV and AIDS cases in Florida’s black community involve women. So this is a disproportionately large number of black Americans and a disproportionately large number of women.

It is estimated that one in 47 black Floridians have HIV/AIDS compared to one in 176 Hispanics and one in 346 whites. CDC reports that HIV/AIDS transmission among African American men is mostly due to men having sex with men, but among African American women it is through heterosexual contact.

Now, I can get into a lot of the medical details here, but it is really not the appropriate environment, so I will just throw out that from an epidemiologic perspective, part of the problem in the black community is similar to what was the problem in the gay community in the 1980s, and it is actually a phenomenon called “concurrency.” Until we can get at that issue appropriately, we are not going to really defeat this challenge.

I was very glad that the gentlewoman mentioned ABC. There is too much of an emphasis on the C and not enough on the A and the B, and I encourage all of my colleagues to look at what happened in Uganda in the 1980s, the late 1980s and the early 1990s. They lowered their AIDS rate from 17 percent, 16 percent, down to about 5 or 6 percent with no condoms being shipped in from Europe and other places. No help from the United States, Europe, or NATO. The Ugandans did it on their own. And what was it? It was A, B, C, with an emphasis on abstinence.

The statistics from this we should never discount. People are smarter than a lot of the experts give them credit for. You give them the facts,

they can change their behavior. Faithfulness in marriage and abstinence education had a profound impact in Uganda. We need to stress that throughout the African continent; and most importantly, our pastors in the black communities need to start getting that out to their congregations and public health officials.

I believe we can turn this challenge around. I commend the gentlewoman and the Black Caucus leadership on this issue. It is really a problem, and I think if we do more, we can get a lot of good things done.

I used to take care of these patients. It is very, very tragic; and I believe that the costs associated with this are going to be huge in the years ahead. So if you are not motivated by compassion, look at the dollars. We should all be motivated, white, black, Democrat, Republican, to get engaged on this and do something.

Mr. TOWNS. Mr. Speaker, how much time do we have left?

The SPEAKER pro tempore (Mr. LATHAM). The gentleman from New York has 9½ minutes remaining.

Mr. TOWNS. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. RUSH).

Mr. RUSH. Mr. Speaker, first of all I want to thank my friend, the gentleman from New York (Mr. TOWNS), for yielding me this time; and I want to commend him for his many, many years of outstanding leadership not only on the issue of HIV/AIDS but on other issues that face the American people.

I want to thank my colleague, the gentlewoman from California (Ms. LEE), a person I have known for many years; and I commend her for her leadership not only on this issue but on many issues facing the American people. I want to thank her for introducing this fine piece of legislation, this resolution supporting the goals of the National Black HIV/AIDS Awareness Day.

Mr. Speaker, if you take a look at the AIDS crisis today, you will find some startling, disturbing, and, quite frankly, unacceptable statistics. Even though African Americans only make up 12.3 percent of the population, they account for 3 percent of all AIDS cases since the epidemic began. Black women have been hit the hardest, absolutely the hardest, with 72 percent of all AIDS cases for women being African American. The worst statistic of all, however, is that black Americans have the worst survival rate among all racial and ethnic groups, with only a 55 percent survival rate after 9 years, compared with 64 percent survival rates for whites.

Mr. Speaker, these statistics illustrate in the starkest terms that racial disparities continue to exist when it comes to HIV/AIDS. This is a crisis within my community and it needs to

be addressed, and it needs to be addressed with urgency, and it needs to be addressed with speed.

Black Americans continue to suffer from unequal access to quality health care. Moreover, it is vitally important that black Americans undergo testing for HIV in order to detect the virus early and to prevent its spread within the community.

National Black HIV/AIDS Awareness Day is celebrating its fifth anniversary, and I think it is a good public relations campaign to encourage exactly this type of early testing and intervention. The gentlewoman from California needs to be thanked again and again and again for introducing this resolution. I admire her courage and her commitment and her compassion.

But, Mr. Speaker, we need more than just talk and good will; we need action. We need ABC, abstinence, faithfulness, and condoms. Mr. Speaker, I hope that this Congress will address this issue with resources and conviction.

Mr. DEAL of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentleman for yielding me this time.

Mr. Speaker, we have heard statistic after statistic. We have heard number after number. It is very clear that HIV/AIDS is indeed an emergency situation in the African American community. It is a real problem across the country in all communities. The question that comes is: What do we really do about it?

I commend the President for mentioning in his State of the Union address an additional focus on the issue. I agree with my friend from Florida who suggests that we need abstinence and education information, but we really need a comprehensive approach to the problem. We must have enough resources for treatment, we must focus on prevention, and we must focus on changing and altering lifestyles.

Mr. Speaker, America has within it the resources to really deal with this issue; we just need the will. I commend the gentlewoman from California for her leadership and all of those who have pledged to do what they can. I also commend all of those individuals in my community. I have been publicly tested three times to help convince individuals to be tested, to do the things that are necessary. Churches are getting more involved, as they should. We must continue.

Mr. Speaker, according to the 2000 Census, African Americans make up 12.3 percent of the Nation's population but account for 40 percent of the estimated AIDS cases diagnosed since the epidemic began. Through science, research, and medical advancements, there are better treatments, prevention efforts, and a decline in AIDS diagnoses and deaths, except

for African Americans. Between 1999 and 2003, AIDS diagnoses among African-Americans increased by 7 percent, compared to a 3 percent decline among White Americans. Deaths among African Americans remained fairly stable but declined by 18 percent among White Americans over this period. In 2003, 59 children younger than 13 years of age in our country had a new AIDS diagnosis, 40 of the 59 were African-American. Of the 90 infants reported as having HIV/AIDS in 2003, 62 of the 90 were African-American.

It is important Congress takes time to focus and support January 7th as National Black HIV/AIDS Awareness Day, especially since the startling statistics continue. In 2002–2003, the HIV/AIDS rates for African-American females were 19 times the rates for White females and 5 times the rate for Hispanic females. Although African-American teens ages 13–19 represent only 15 percent of the teenagers in our Nation, they accounted for 65 percent of new AIDS cases reported among teens in 2002.

In Illinois and Chicago, we also continue to lose our African-American mothers, sisters and young people—the future generation—incredibly more than any other group in American to AIDS. Approximately 66 percent of Illinois women living with HIV are African-American, while African Americans only make up 15 percent of the Illinois female population. In Chicago, African-American women are 12 times that of White women and 4 times that of Hispanic women to have AIDS. In Illinois, African-Americans accounted for 58 percent of reported AIDS cases among teens ages 13 to 19.

Mr. Speaker, I stand here today rattling off statistic after statistic because HIV/AIDS is plaguing and destroying African-American communities. Yet, I wonder how many of my colleagues or how many Americans, including African-Americans, know how devastating and destructive this disease is on one population in our country. It leads to the questions, why is more not being done? Why has this not been considered a national public health emergency? With more African-American males in prison, more African-American females living and dying with HIV/AIDS, what is to happen to the African-American children and families?

We all must get behind the National Black HIV/AIDS Awareness Day slogan “Get Educated, Get Involved, Get Tested”. I am proud to have joined individuals in my congressional district last year on Worlds AIDS Day and got tested. I am also very excited and pleased that the AIDS Foundation of Chicago, AFC, introduced its new Faith in Prevention initiative last year, which aims to include 12 churches and faith-based organizations to reduce the impact of HIV and AIDS on the health of African-American men and women in Chicago. Each received a leadership grant to support activities such as HIV outreach and education, HIV prevention Ministries, support groups and awareness events.

Again, I support this legislation and thank the gentlewoman from California for her dedication to HIV/AIDS and for bring this legislation to the floor. But I remind our country—more needs to be done.

□ 1145

Mr. DEAL of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield 3 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman from New York (Mr. TOWNS) for yielding me this time and for his leadership on this important issue.

I rise to support this resolution. Monday of this week was National Black HIV and AIDS Awareness and Information Day. It is timely for us to consider this resolution, but this can only be the beginning.

Today, African American women have a 23 times greater AIDS rate than white women, and African American men almost nine times greater rate of AIDS than their white counterparts. It was my honor, along with the gentlewoman from California (Ms. LEE), this Monday to host the Howard University National AIDS Education and Training Center here on Capitol Hill for a briefing on where we are in the epidemic and the outstanding work they have been able to do in providing technical assistance, training and support to centers and providers around our country that serve minority populations with HIV and AIDS.

It was great to hear and see the Minority HIV/AIDS Initiative funding doing exactly what it was intended to do, build capacity in heavily affected communities and improve culturally and linguistically concordant community-driven services.

Later on in the evening of Black AIDS Day, I joined New York City Council Speaker Gifford Miller and Councilman Al Vann in recognizing several community activists for their work. We also honored Debra Fraser Howze, the founder and president of the National Black Leadership Commission on AIDS, who chaired the day's activities nationally. Debra was also one of the moving forces behind the creation of the Minority HIV/AIDS Initiative, and we take this opportunity to recognize her contribution.

I also want to talk about some of the threats that are increasing the risk of HIV and AIDS, especially in women. First are the cuts in the President's budget in AIDS programs and all of health, but also the cuts in education, housing, and economic opportunity programs which will fuel the spread of this disease.

Second is the misguided decision on the part of the department not to target funding of the small initiative to the indigenous community and faith-based organizations in the most severely impacted communities of color. We have to empower our communities to be able to effect change.

Third is the ideological intrusion into good science and documented effective preventive practices. My col-

leagues, we cannot bury our heads in the sand and deny the effectiveness of condoms for the sexually active, and neither can you insist that abstinence-only programs be used when they ignore the reality of situations of the people who need to be protected and whose lives we need to save.

So this resolution is important, and I want to join everyone in applauding the gentlewoman from California (Ms. LEE) for her leadership and her firm stance in not allowing the sense of the resolution to be diluted, and all on this side and the other side of the aisle who supported her. But it can only be a beginning; we have a lot more to do, and we will be calling on our colleagues to join us in doing what we must to win the war against this epidemic that has come to devastate so many communities of color, HIV and AIDS.

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent to yield 3 minutes to the gentleman from New York (Mr. TOWNS) and that he may control that time.

The SPEAKER pro tempore (Mr. LATHAM). Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. TOWNS. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. KUCINICH).

Mr. KUCINICH. Mr. Speaker, I want to join with my African American colleagues in asking and appealing to the American people to understand that HIV/AIDS is devastating to the African-American community. The Centers for Disease Control and Prevention have estimated that of all Americans living with HIV/AIDS, African Americans represent 42 percent of those cases. The same is true in my State of Ohio, but the rate for blacks in Cleveland is even higher, 56 percent.

We have to attack the stigmatization of the disease among African Americans. We must start by focusing on prevention, which is consistent with CDC guidelines, emphasizing and identifying HIV positives, and we must push for a comprehensive prevention policy that includes condoms and does not ignore science at the expense of ideology.

We must commit to increasing funding for the Minority AIDS Initiative to at least \$610 million, while increasing overall budget for the Ryan White CARE Act to fully cover treatment and eliminate waiting lists for antiretroviral drugs. We must increase funding for the Ryan White CARE Act by \$513 million.

We have a moral imperative to fight AIDS. We have a moral imperative to join with the African-American community in doing so.

Mr. DEAL of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman for his

commitment to this issue, and I thank as well the author, sponsor and leader on this issue in this Congress, the gentlewoman from California (Ms. LEE).

Sometimes the Lees are walking on the same pathway, and I certainly appreciate the fact I have been able to walk with her on this avocation in recognizing the devastation of HIV/AIDS as relates to the African-American community; and I thank the gentlewoman for allowing us to join her as original cosponsors on this legislation.

Mr. Speaker, let me indicate that although we have heard from speakers all over the country, it needs to be said over and over again, this is not an isolated question dealing with HIV/AIDS. It is an epidemic. It is nationwide. It is worldwide.

HIV/AIDS cases reported for African-American women in particular have grown in numbers in the Houston area from 27 percent to 53 percent. National statistics show the same trend. Data from the Centers for Disease Control reported that African-American women diagnosed with AIDS increased 53 percent to 67 percent as a fraction of all women diagnosed with AIDS from 1985 to 2002. CDC data for 2002 indicate African-American women diagnosed with AIDS account for 50 cases per 100,000 population, nearly five times greater than the next ethnic group most affected by AIDS.

I cite those numbers not to ignore the plight of others impacted by HIV/AIDS, the Hispanic and Asian communities, African-American males, and certainly as was indicated on this floor, a lot of the transmission to African-American women comes from heterosexual sex. But we realize this impacts all populations, regardless of one's sexual orientation, and HIV/AIDS is a disease of America. It is important to emphasize this day, to salute those who continue to focus on the question of HIV/AIDS in our community. This resolution continues to tell cities to promote this.

Mr. Speaker, I conclude by saying that we ask for a national summit on this issue. I join my colleagues in ensuring that happens.

Mr. Speaker, I join my colleagues today to support H. Con. Res. 30 highlighting National Black HIV/AIDS Awareness Day. African Americans—particularly women—have been vulnerable to HIV and AIDS infections. The Centers for Disease Control reported that African Americans accounted for about half of all new HIV infections, although they represent just over 12 percent of the population.

HIV/AIDS cases reported for African-American women in the Houston area from 27 percent to 53 percent. National statistics show the same trends. Data from the Center for Disease Control reported that African-American women diagnosed with AIDS increased 53 percent to 67 percent as a fraction of all women diagnosed with AIDS from 1985 to 2002. CDC data from 2002 indicate for women diagnosed with AIDS, African-American

women account for 50 cases per 100,000 population—nearly five times greater than for the next ethnic group most affected by AIDS.

CDC data for the year 2002 for men diagnosed with AIDS show that African Americans have the highest instance of reported cases with 111.9 cases per 100,000 population. The Houston Department of Health and Human Services provided me with some local data for HIV and AIDS. While the overall number of AIDS and HIV cases reported have remained more or less constant—or even declined—from 1999 to 2003, there have been increases over that time period for African Americans.

The newest HIV and AIDS therapies have proven effective in controlling the progression of the disease. However we all know about the high cost of these miracle drugs, which denies many African Americans their life saving benefit. A recent report from the U.S. Census Bureau indicates that around 20 percent of the Nation's African Americans are uninsured. That same report indicated that the poverty rate for African Americans was around 24 percent—higher than any other ethnic group identified in the study.

One group that is helping address the availability of HIV and AIDS treatments for the poor is Dr. Joseph Gathe, one of Houston's best-known AIDS doctors, and his colleagues. Dr. Gathe and his colleagues established the Donald R. Watkins Memorial Foundation in Houston in 1996—a tax exempt clinic devoted to providing quality HIV and AIDS therapies to the underserved and uninsured in the Houston area. On this National Black HIV/AIDS Awareness Day we want to recognize and honor people like Dr. Gathe and his co-workers who have devoted their professional lives to treating underserved patients with HIV and AIDS. HIV and AIDS are communicable diseases and effective treatment of all infected patients is a national public health priority. I hope that you will all join me in the continued support for facilities like the Donald R. Watkins Memorial Foundation and physicians like Dr. Gathe.

Mr. TOWNS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I would just like to say that I really appreciate the work of the gentlewoman from California (Ms. LEE) and all the other Members that worked on this, including the chairman of the Subcommittee on Health, the gentleman from Georgia (Mr. DEAL), the ranking member of the Subcommittee on Health, the chairman of the full committee and of course the ranking member of the full committee and all of the staff for all of the work they have done.

This is an area that we really need to focus on. We need to work together on this issue to be able to see what we can do to bring it under control. It has been said over and over again that this is a disease that can be dealt with. The only thing we have to do is put some resources there and also work together. I think if we do that, we can bring this horrible disease under control.

I want to thank all of those who worked so hard to make us focus on this because this is something that we cannot ignore. Some things you can ig-

nore and they will go away. If we ignore this, it is going to get bigger and bigger and bigger. The time is now to put the resources behind it and deal with it.

Mr. Speaker, I yield back the balance of my time.

Mrs. JONES of Ohio. Mr. Speaker, I rise today to express my support for H. Con. Res. 30, supporting the goals and ideals of National Black HIV/AIDS Awareness Day.

The HIV/AIDS epidemic is not over. According to the Centers for Disease Control and Prevention, African-Americans make up 12 percent of the U.S. population, and account for half of the new HIV cases reported in the United States. HIV/AIDS is devastating Black people in Africa and America, and we must act now to turn this epidemic of our time around.

Overall, it is estimated that half of new HIV infections occur among teenagers and young adults aged 25 years and younger. Numerous studies suggest that African-American young people represent the majority of these infections. Something must be done, and we must all do our part.

In the early 1980s, HIV/AIDS was primarily considered a gay white disease in the United States. Today, however, the HIV epidemic infects and affects African-Americans more than any other population. It's not who you are, but what you do that puts you at risk for HIV/AIDS.

African Americans suffer the "vast majority" of deaths from AIDS-related causes, according to a Health and Human Services report. More than half of the new HIV/AIDS diagnoses in 32 states between 2000 and 2003 were among African-Americans, although African-Americans represented only 13 percent of the populations of those States, according to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly report.

During the same period, 69 percent of women who tested HIV-positive were African-American, and the HIV/AIDS prevalence rate among African-American women is 18 times the rate among non-Hispanic white women. In addition, African-American men in 2003 had the highest rate of new HIV/AIDS diagnoses than any other racial/ethnic group, about seven times the rate among white men and twice the rate among African-American women.

Mr. Speaker, I rise to reiterate my support for H. Con. Res. 30, National Black HIV/AIDS Awareness Day. Something must be done, and we must all do our part.

Mr. CUMMINGS. Mr. Speaker, today I rise to recognize National Black HIV/AIDS Awareness Day. This is a day intended to raise awareness and visibility of HIV/AIDS prevention efforts among African Americans. I applaud the efforts of Representative LEE from California in bringing this important resolution to the floor.

Mr. Speaker, this day is unfortunately very necessary. It deserves the attention of this Congress and our Nation because the face of HIV/AIDS is changing. Since the onslaught of HIV in the early 80s, the face of HIV/AIDS has become increasingly more African-American and more female.

In fact, HIV/AIDS is the leading cause of death for African Americans between the ages of 25–44.

Also, while African Americans represent only 12 percent of the population, we account for 49 percent of all reported cases of AIDS reported among adults and adolescents and the AIDS diagnosis rate among African Americans was almost 11 times the rate among whites.

For African-American women the figures are even more shocking as they account for 67 percent of all new HIV cases. Needless to say these figures are appalling and indicate we need to face this pandemic with all due urgency.

I think there are many things that we can do to help alleviate the problem, but there are two pressing items that come to mind:

First, each of us must be willing to have a difficult conversation with people we love about protecting themselves from AIDS. Having these difficult conversations can save lives.

Second, we must work together to fight the virus where it is having its most deadly impact. Federal dollars for HIV/AIDS prevention, diagnosis, and treatment should follow the epidemic and reach those who are most affected. Needless to say, more Federal funding is needed to accomplish this goal.

I applaud the President for mentioning this HIV/AIDS problem during his State of the Union Address.

However, the meager increase in the Bush budget for the Ryan White AIDS program at \$2.1 billion is a good start, but, sadly not enough. That is why full funding for the Minority Aids Initiative, spearheaded by MAXINE WATERS and the Congressional Black Caucus in 1998 is so important.

Mr. Speaker, in 1998, I received some local criticism for speaking out about HIV/AIDS in Baltimore. To this day, I occasionally am told that highlighting the health crisis devastating Baltimore's African-American community reinforces negative stereotypes about African-Americans.

Nationally, however, the Centers for Disease Control and Prevention inform us that more than one-half of the adult American men infected during the last 20 years have been people of color.

Remaining silent about a threat of such magnitude would be an unthinkable moral error.

In the Congress, our public conversation about the adequacy of America's response to AIDS will continue as long as Federal policy fails to adequately protect our health.

We already know, however, that public policy and Federal funds alone will not fully safeguard those we love.

In every household, church and school, Americans must find the will to talk candidly with each other about protecting ourselves.

No one else will value our lives more than we do.

As a father, I know that talking with our children about their personal lives can be a difficult and uncomfortable duty—but we have no choice.

Eight out of every ten American women and children infected by the HIV virus since 1981 have been people of color—and one of the most cruel aspects of this plague is its preference for the young.

It has become the second leading killer of young black women—and the current trends offer no comfort.

Of the 40,000 new HIV infections reported nationally during 1999–2000, fully one-half involved young people under the age of 24.

Three-quarters of those new victims have been young people who look like us.

When we confront these appalling facts, each of us who is a parent or grandparent is faced with a difficult question.

What do we say to our young people that will help them protect themselves from this plague?

Dr. Ligia Peralta, Director of the Adolescent AIDS Clinic at the University of Maryland School of Medicine, suggests that our private conversations with our children empower them to take control of their own health.

“For young women, in particular” she informs us, “the greatest risk of contracting HIV/AIDS comes from an intimate relationship with someone she loves. Theoretically, she understands the risk of sexually-transmitted infection. Personally, though, she may not connect that risk with her man.”

“If her young man is not an intravenous drug user,” Dr. Peralta continues, “a young woman in love may think that she is safe from HIV/AIDS. She doesn’t even think about the possibility that he may have been infected by another woman, or by another man.”

Therein lies their danger. In our private conversations with our children about protecting themselves from HIV/AIDS, we should counsel abstinence. As a practical matter, however, it is wise to discuss all of their options, including condoms.

With Federal help, local health departments now offer free, anonymous HIV/AIDS counseling and testing. Sexually active young people should take advantage of that service—and insist that their partners do so as well. Talking candidly with our children about intimate matters can be difficult.

It is those private conversations, however, that will save the lives of those we love. Silence about HIV/AIDS feeds the destroyer of lives.

Mr. MORAN of Virginia. Mr. Speaker, I rise in strong support of this measure, which supports the goals and ideals of National Black HIV/AIDS Awareness Day, which was February 7, 2005. This measure recognizes the fifth anniversary of National Black HIV/AIDS Awareness Day and encourages the President to emphasize the importance of addressing the HIV/AIDS epidemic among the African-American community, especially among African-American women.

The statistics on HIV/AIDS in the African-American community are alarming. Over 172,000 African-Americans are living with AIDS and this population represents 42 percent of all cases in the United States. The Centers for Disease Control and Prevention also estimate that 69 percent of all children born to HIV-infected mothers were African-American. On a whole, African-Americans have the poorest survival rates of any racial or ethnic group diagnosed with AIDS, with 55 percent surviving after 9 years compared to 61 percent of Hispanics, 64 percent of whites, and 69 percent of Asian Pacific Islanders.

Another goal of National Black HIV/AIDS Awareness Day is to encourage State and local governments, including their public health agencies, to recognize this day and to pub-

licize its importance among their communities as well as to encourage individuals to undergo testing for HIV.

At this time, I am particularly pleased to recognize the city of Alexandria and Wholistic Family Agape Ministries Institute for hosting a city of Alexandria Unified Outreach Event in recognition of National Black HIV/AIDS Awareness Day. In the Commonwealth of Virginia, African-American females account for 76.5 percent of the female cases and African-American males account for 55.1 percent of the cases. On February 7, Mayor Bill Euille, on behalf of the Alexandria City Council, issued a proclamation urging all citizens to take part in activities and observances designed to increase awareness and understanding of HIV/AIDS as a global challenge, to take part in HIV/AIDS prevention activities and programs, and to join the local and global effort to prevent the further spread of HIV and AIDS.

The Wholistic Family Agape Ministries Institute and the city of Alexandria should be commended for their efforts to provide information and support to the Alexandria community and help to lower the percentage of African-American individuals contracting HIV and AIDS.

Mr. ROGERS of Michigan. Mr. Speaker, today the House of Representatives will vote on House Concurrent Resolution 30 supporting the goals and ideals of National Black HIV/AIDS Awareness Day, which has been observed in February the past 5 years.

Last year, I brought together a number of African-American community leaders in Lansing, MI, with an expert on HIV/AIDS issues in the Black community. That gathering brought to light the sad statistics on this disease among African Americans across the Nation and right in my own community.

The more than 172,000 African Americans living with AIDS in the United States represents about 42 percent of cases in the Nation.

Estimates put the Michigan HIV-infected population at more than 16,000, with African-American men, at 44 percent, and African-American women, at 20 percent, outnumbering two-to-one all cases in white men—25 percent—and women—5 percent—and those of other ethnicity. Ingham County in the Eighth Congressional District is among the 15 Michigan counties that account for 84 percent of all cases of HIV/AIDS in the State.

Across the Nation, in 2003, African Americans accounted for half of all new HIV infections, even though they make up only slightly over 12 percent of the Nation’s entire population. The U.S. Centers for Disease Control tell us that African-American women account for 67 percent of all new AIDS cases among women, and AIDS is one of the top three leading causes of death among African-American women ages 35 through 44.

Among African-American men, AIDS also falls in the top three of causes of death among those ages 25 through 54.

Today’s vote highlights the need to support the goals and ideals of National Black HIV/AIDS Awareness Day on February 7 each year at the local, State, and national level of government and media. It also highlights the need to build awareness and education among African-American communities as we work to reduce this dangerous disease among

the families and communities across the Nation.

As we acknowledge the awareness and education efforts signified by National Black HIV/AIDS Awareness Day, I am committed to working with our community and national groups as they focus on preventing this serious disease and reducing the impact it has on individual communities and states, and on our entire Nation.

Mr. LANTOS. Mr. Speaker, I rise in support of H. Con. Res. 30, supporting the goals and ideals of National Black HIV/AIDS Awareness Day. HIV/AIDS is having a devastating affect on the African American community. The statistics given by the Center for Disease Control and Prevention (CDC) are staggering. The cold numbers reveal the stunning human cost of the disease.

While African Americans make up less than 13 percent of the population in the United States, they represent almost 40 percent of the diagnosed cases of AIDS since the epidemic started. In 2003, African Americans accounted for almost 50 percent of the estimated cases diagnosed. African American women are currently the most at risk of contracting HIV/AIDS. The rate of AIDS cases among black women is 19 times higher than white women and five times the infection rate of Latinas. The infection rate among black men, while lower, is no less troubling. In 2003, 44 percent of the AIDS cases diagnosed among men were African American males.

These numbers are painful to listen to and to read. The painful realities of this world do not always make front-page news, but this issue must be addressed. We must join together in a bi-partisan, bi-cameral effort to eradicate this epidemic.

I am pleased to join with my esteemed colleague Ms. LEE in this effort and commend her distinguished and dedicated leadership on this issue. Mr. Speaker, thousands of African Americans are suffering from HIV/AIDS. On this day, National Black HIV/AIDS Awareness and Information Day, we must make a concerted effort to ensure that education, awareness and prevention are a priority in the 109th Congress.

Mr. ISRAEL. Mr. Speaker, I rise today in strong support of H. Con. Res. 30, a resolution that recognizes and supports the goals and ideals of National Black HIV/AIDS Awareness Day.

HIV/AIDS impacts the African-American community worse than any other ethnic group in the United States. The Centers for Disease Control and Prevention (CDC) report that African-Americans account for 50 percent of all new HIV infections, which is an incredible number considering only 12 percent of the American population is African-American. The CDC further reported that 69 percent of all children born to infected mothers were African-American. A study conducted by the Kaiser Family Foundation showed that African-Americans accounted for 56 percent of deaths due to HIV in 2002.

Public awareness about HIV/AIDS is vital. National Black HIV/AIDS Awareness Day will help educate the African-American community about the disease, including prevention and treatment. The first annual National Black HIV/AIDS Awareness Day was held on February

23, 2001. The slogan for the day was "Get Educated, Get Involved and Get Tested." February 7 of each year is now recognized as National Black HIV/AIDS Awareness Day.

I was proud to cosponsor this important resolution that encourages State and local governments, including their public health departments, to publicize the day in African-American Communities and to promote testing. The resolution encourages media organizations to carry messages in support of National Black HIV/AIDS Awareness Day. Most importantly, it encourages enactment of effective HIV prevention programs.

HIV/AIDS is a formidable threat to our African-American communities. However, we can work together to ensure that the public is aware of the ways to prevent transmission of this disease and how individuals can protect themselves. But we can't do this without funding. The Minority AIDS Initiative needs to be fully funded. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is authorized through FY2005, so this year we need to ensure that no programs are underfunded or dropped altogether.

Mr. Speaker, this resolution will result in increased public awareness. As advocates work together to protect the African-American community, we in Congress need to ensure the Federal Government is doing our job to fund the programs that will halt the spread of HIV/AIDS.

Mr. DEAL of Georgia. Mr. Speaker, I thank the gentleman from New York (Mr. TOWNS) for his handling of the resolution on the floor today. I urge adoption of this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 30, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. TOWNS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RESIGNATION AS MEMBER OF COMMITTEE ON VETERANS' AFFAIRS

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Veterans' Affairs:

HOUSE OF REPRESENTATIVES,
Washington, DC, February 9, 2005.

Hon. DENNIS J. HASTERT,
House of Representatives,
Washington, DC.

DEAR SPEAKER HASTERT: I hereby resign from the Committee on Veterans' Affairs to accept my appointment to the Committee on Homeland Security.

Also, I ask that you consider my request for a leave of absence from the VA Committee. I have been privileged to serve as Chairman of the Health Subcommittee and hope to return to the Committee sometime in the future.

Thank you for giving me an opportunity to serve our nation as a member of the new, permanent Homeland Security Committee. I appreciate all of your support.

All the best,

ROB SIMMONS,
Member of Congress.

The SPEAKER pro tempore (Mr. LAHOOD). Without objection, the resignation is accepted.

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 418, REAL ID ACT OF 2005

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 71 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 71

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 418) to establish and rapidly implement regulations for State driver's license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, and to ensure expeditious construction of the San Diego border fence. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour and 40 minutes, with 40 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary; 40 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Government Reform; and 20 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Homeland Security. After general debate the Committee of the Whole shall rise without motion. No further consideration of the bill shall be in order except pursuant to a subsequent order of the House.

POINT OF ORDER

Ms. JACKSON-LEE of Texas. Mr. Speaker, I raise a point of order.

The SPEAKER pro tempore. The gentlewoman will state her point of order.

Ms. JACKSON-LEE of Texas. Mr. Speaker, pursuant to section 426 of the Congressional Budget Act of 1974, I make a point of order against consideration of the rule, H. Res. 71.

Line 10 on page 2 of H. Res. 71 states, "All points of order against consideration of the bill are waived." The rule makes in order H.R. 418, the REAL ID Act of 2005, which contains a large unfunded mandate on State governments in violation of section 425 of the Budget Act. Section 426 of the Budget Act specifically states that the Rules Com-

mittee may not waive section 425, and therefore this rule violates section 426.

The SPEAKER pro tempore. The gentlewoman from Texas makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

In accordance with section 426(b)(2) of the Act, the gentlewoman has met the threshold burden to identify the specific language in the resolution on which the point of order is predicated.

Under section 426(b)(4) of the Act, the gentlewoman from Texas (Ms. JACKSON-LEE) and the gentleman from Texas (Mr. SESSIONS) each will control 10 minutes of debate on the question of consideration.

Pursuant to consideration 426(b)(3) of the Act, after that debate, the Chair will put the question of consideration, to wit: "Will the House now consider the resolution?"

The Chair recognizes the gentlewoman from Texas (Ms. JACKSON-LEE).

□ 1200

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Section 425 of the Budget Act states that a point of order lies against legislation which imposes an underfunded mandate against State or local governments more than 62 million per year over 5 years. At the very least, Mr. Speaker, we have before us today an unfunded mandate that will cost State governments between \$660 million and \$780 million over the next 5 years alone. It has come to my attention that the National Governors Association is opposed to this legislation for that very fact.

Specifically, subparagraphs b, c, d, and e of section 202 of H.R. 418 requires State governments to comply with new Federal driver's license requirements and to verify and store additional personal identification records, which the Congressional Budget Office, CBO, in its latest estimate projects to cost \$120 million over the next 5 years, but last estimated costs States \$240 million over 5 years. There have been no substantive changes since last year's to imply that this bill would not cost the States at least \$240 million as estimated by the last Congress.

The above sections also require States to participate in an interstate database to share driver information, which CBO estimates will cost an additional \$80 million over 3 years. In addition, by necessary implication, the bill would require States to develop new standards for the issuance of birth and death certificates which CBO has estimated would cost States \$460 million over the next 5 years. There is overwhelming evidence before us today that this bill, which has bypassed the committee process, denies Members the opportunity to hear expert testimony on the impact of these sweeping