

CARE Reauthorization Act. I commend everyone in the Senate who has worked so effectively on the issue of HIV and AIDS, beginning with Senator JEFFORDS, who has been a champion on this issue since the CARE Act was first authorized in 1990. I also thank the sponsors of this bill and our colleagues on the Health Committee who have sounded the alarm about the HIV/AIDS crisis through their unwavering support of the CARE Act reauthorization.

There is no stronger or more effective support than a full Senate unanimous vote today to show that, in each and every one of our states, we stand behind a bill that will enable so many citizens to receive the benefits of advances in therapies and support developed through our efforts over the past ten years.

At times of great human suffering or great tragedies or epidemics, it has often been the leadership of the federal government that has helped our fellow citizens deal with difficulties. It is in that very important tradition that this legislation was originally enacted and I urge the Senate to approve this important reauthorization of it today.

Ryan White, the young boy after whom the CARE Act was named, would have celebrated his twenty-eighth birthday this year. If we had we been as far along as we are now in providing life-prolonging and life-saving therapies, Ryan might well have been here with us, thanking each of us for the lifeline and the hope provided through the CARE Act.

Since the beginning of this epidemic, AIDS has claimed over 400,000 lives in the United States, and an estimated 900,000 Americans are living with HIV/AIDS today. AIDS continues to claim the most vulnerable among us. Like other epidemics before it, Aids is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. The epidemic has dealt a particularly severe blow to communities of color, which account for 73% of all new HIV infections. Women account for 30% of new infections. Over half of all new infections occur in persons under 25. This means that HIV infection of the nation's youth is a national crisis.

AIDS continues to kill brothers and sisters, children and parents, friends and loved ones—all in the prime of their lives. From the 30,000 AIDS orphans in New York City to the 21 year old gay man with HIV living in Iowa, this epidemic knows no geographic boundaries and has no mercy.

An estimated 34% of AIDS cases in the U.S. are in rural areas, and this percentage is growing. We know the challenges faced in rural communities where pulling together in the face of adversity is commonplace in other cases. But where too often today there is silence and isolation because of the fear of condemnation over AIDS.

In addition, access to good medical care is often a significant barrier for many of our citizens with disabling diseases, who have to travel to urban centers to receive the care they need and deserve. As the AIDS crisis continues year after year, it has become more and more difficult for anyone to claim that AIDS is someone else's problem. In a very real way, we are all living with AIDS or are directly touched by AIDS.

The epidemic still kills over 47,000 persons a year. But we have good reason today to feel encouraged by the extraordinary medical advances made over the past ten years. AIDS deaths declined by 20% between 1997 and 1998. Many people with HIV and AIDS are leading longer and healthier lives today.

In addition, we have witnessed the smallest increase in new AIDS cases—11% in 1998, compared to an 18% increase in 1997. More families are leading productive lives in our society, in spite of their HIV diagnosis. This is the good news. But unfortunately, the number of people living with AIDS who can't afford expensive medical treatment is growing which means that greater demands are being placed on community-based organizations and state and local governments that serve them.

The advances in the development of life-saving HIV/AIDS drugs has come with an enormous price tag and these advances have been costly. An estimated 30% of person living with AIDS do not have health care coverage to pay for costly treatments. For these Americans, the CARE Act continues to provide the only means to obtain the health care and the treatment they need.

In Massachusetts we have seen an overall 77% decline in AIDS and HIV-related deaths since 1995. At the same time, however, like many other states, the changing HIV/AIDS trends and profiles are serious problems. AIDS and HIV cases increased in women by 11% from 1997 to 1998. 55% of persons living with AIDS in the state are person of color. State budgets often provide funds for prevention, screening and primary care. But no state could provide the major financial resources needed to help person living with HIV disease to obtain the medical and support services they need, without the Ryan White CARE Act.

By passing this legislation, we are making clear that the AIDS epidemic in the United States will receive the attention and public health response it deserves. The CARE Act reauthorization brings hope to over 600,000 persons each year in dealing with the devastating disease. It also brings hope and help to their families and their communities.

The enactment of this legislation in 1990 was an emergency response to the

devastating effects of HIV on individuals, families, communities, and state and local governments. The Act targets funds to respond to the specific needs of specific communities. Title I targets the hardest hit metropolitan areas in the country. Local planning and priority-setting requirements under Title I assure that each of the Eligible Metropolitan Area can respond effectively to the local HIV/AIDS needs.

Title II funds emergency relief to states. It helps them to develop HIV care infrastructure, and to provide effective and life-sustaining drug therapies through the AIDS Drug Assistance Program to over 61,000 persons each month.

Title III funds community health centers and other primary health care providers that serve areas with a significant and disproportionate need for HIV care. Many of these community health centers are located in the hardest hit areas, serving low income communities. Title IV of the CARE Act meets the specific needs of women, children, and families.

This reauthorization builds on these past accomplishments, while recognizing the challenge of ensuring access to HIV drug treatments for all who need them. Our goal is to reduce health disparities in vulnerable communities, and improve the distribution and quality of services. Senator JEFFORDS and I have worked together to address new challenges we face in the battle against AIDS. This reauthorization will create additional funding for states that have had to limit access to new therapies due to lack of resources. The bill also targets new funds to smaller metropolitan areas and to rural and urban communities, where the epidemic is growing and adequate infrastructure is lacking.

In addition, the bill funds early intervention services to promote early diagnosis of HIV disease, referral to health care, and initiation of effective treatments to reduce the onset of the illness and its progression. Health disparities in communities of color will be reduced by requiring states and local communities funded by the Act to plan, set priorities, and fund initiatives to meet documented local needs in dealing with the epidemic. The reauthorization will also establish quality and accountability in HIV service delivery, by strengthening quality management activities to make them consistent with Public Health Service guidelines.

Our action yesterday affirmed our long-standing commitment to citizens with HIV/AIDS and to sound public policy for all citizens, families and communities touched by this devastating disease. We have the resources to continue to battle AIDS. We must continue to deal with this disease with the same courage shown to us ten years ago by the valiant ten year old, Ryan White, who spoke out against the ignorance the discrimination faced by so

many people living with AIDS. The lives saved by our efforts through the CARE Act will mean a chance for real hope as medical research comes closer and closer to finding a cure.

Mr. SMITH of Oregon. Mr. President, I am delighted that last night the Senate voted to reauthorize the Ryan White CARE Act, S. 2311. I am proud to count myself as one of the cosponsors of this legislation in the Senate and strongly support its swift passage by the House.

The HIV/AIDS epidemic continues to take a high toll on Americans infected with HIV and their families. HIV/AIDS has affected Oregon in many ways. Almost five thousand Oregonians have been diagnosed with AIDS—resulting in almost 3,000 deaths. In addition, those infected with HIV number up to 8,500 in Oregon. This epidemic has touched people in every part of my State—rural and urban, rich and poor, senior citizens and newborns.

Although the story of each of these individuals living with HIV/AIDS is different, they all have one thing in common: they all benefit from the Ryan White CARE Act. Oregon received almost \$8.5 million federal dollars last year to fund programs through the Ryan White CARE Act.

Passage of the Ryan White CARE Act will allow Oregonians living with HIV to have timely access to life-prolonging medications and necessary health care and support services, regardless of income level or insurance status. The Ryan White CARE Act will also improve access for HIV positive Oregonians to clinical trials, with the potential for additional scientific breakthroughs in the treatment of HIV/AIDS.

I call for the House to join the Senate in a similar quick passage of the Ryan White CARE Act that will allow hundreds of thousands of HIV positive Americans to remain healthy, productive members of their communities, while slowing the spread of the AIDS epidemic.

I would like to thank my friend Terry Bean of Portland, Oregon for talking to me about the good things the Ryan White Act does for Oregonians living with HIV/AIDS. Terry is a long time board member of the Human Rights Campaign and has been a highly valued advisor on issues affecting the Gay and Lesbian community in Oregon.

Terry's thoughts and wisdom on hate crimes, ENDA and fighting against all types of discrimination have provided me with an ethical marker for doing what is right on the Senate Floor for Oregonians. I do feel lucky that Terry's advice is dispensed on a golf course—though the only criticism I may have for Terry is that he lacks the political savvy to lose to a United States Senator. I thank him anyway for his strong support and good advice.

Mrs. FEINSTEIN. Mr. President, yesterday the Senate reauthorized a very important piece of legislation: the Ryan White CARE Act. I want to thank Senators KENNEDY and JEFFORDS for their work and commitment to reauthorizing the Ryan White CARE Act.

The CARE Act provides access to health care for tens of thousands of low-income people living with HIV and AIDS. This vital Act is set to expire on September 30, 2000. We must move quickly to ensure that it is reauthorized. Without the CARE Act, access to important health-related services could be jeopardized for hundreds of thousands of people living with HIV/AIDS.

Since 1990, the CARE Act has helped establish a comprehensive, community-based continuum of care for uninsured and under-insured people living with HIV and AIDS, including access to primary medical care, pharmaceuticals, and support services. The CARE Act provides services to people who would not otherwise have access to care.

The CARE Act is particularly important to communities of color. The HIV epidemic is devastating communities of color. Currently, AIDS is the leading cause of death among African American men and the second leading cause of death among African American women between the ages of 25 and 44. Comparably, AIDS is the fifth leading cause of death among all Americans in this age group. A disproportionate number of African Americans and Hispanic/Latinos are also living with AIDS. Whereas African Americans represent only 13 percent of the total U.S. population, they represent 36 percent of reported AIDS cases. Likewise, Latinos represent 9 percent of the population but 17 percent all of AIDS cases.

The Ryan White CARE Act is important to thousands of Californians. Two of California's largest cities, Los Angeles and San Francisco, are among the top four metropolitan cities with the highest number of AIDS cases in the United States. California has the second highest number of AIDS cases, with over 40,000 Californians currently living with AIDS. Through the CARE Act, Los Angeles has provided services to over 43,160 clients since 1996. San Francisco has provided services to 47,440 since 1996. These numbers alone demonstrate the significant impact the CARE Act has had on California.

A majority of newly diagnosed AIDS cases in California are among people of color. Through 1998, over half of all AIDS cases are reported among racial and ethnic minorities in California. In Los Angeles, and Oakland that number rises to over 60 percent, according to the Ryan White CARE Act state profiles.

Los Angeles County and San Francisco County were among the first six-

teen eligible metropolitan areas to receive Title I emergency Ryan White CARE Act funds in 1991. California has been significantly impacted by the HIV/AIDS since the beginning of the epidemic, and has greatly benefitted from the Ryan White CARE Act since 1990.

The CARE Act has been very successful in the past decade. Over the last several years, the CARE Act has:

- Helped to reduce AIDS mortality by 70 percent. Due to combination anti-retroviral therapies being made more widely available through the CARE Act, the AIDS death rate in 1997 was the lowest in nearly a decade.

- Helped to reduce mother-to-child transmission by 75 percent.

- Helped to reduce the number and length of expensive hospitalizations by 30 percent. It has also helped decrease the use of medical specialty care.

- Helped 97,000 individuals access drugs through the AIDS Drug Assistance Program in 1997.

- Helped 315,234 people receive HIV testing and counseling services in 1997.

- Helped 66,000 people access dental care in 1998.

- Promoted health and well-being which has enabled many people living with HIV to return to work and remain healthy, and actively participate in society.

The CARE Act is more important now than ever. HIV/AIDS remains a health emergency in the United States. The Centers for Disease Control estimates that 40,000 new cases are reported annually. According to the Centers for Disease Control, between 650,000 and 900,000 Americans are currently infected with HIV while the number of AIDS cases has nearly doubled over the past five years. According to Dr. Fauci at the National Institutes of Health, the worse is yet to come in the 21st century. The state of the epidemic points to the need for an increase, rather than a decrease, in health care and drug treatment for people living with HIV/AIDS. Communities of color and women will continue to be the most heavily impacted in the 21st century.

We have made many advances in testing, treatment, and research since the early days of the disease and the beginnings of the Ryan White CARE Act. Drugs now exist that can prolong and improve the quality of life. These drugs are not a cure, but they enable many people to lead a more "normal" life. Our job is not done, however, until we have made certain that all people have access to these life-prolonging medications.

The work we were able to accomplish in San Francisco for people living with HIV/AIDS is one of my proudest achievements as Mayor of the City and County of San Francisco. In 1981, when there were only 76 diagnosed cases, we provided \$180,000 for prevention and social services for people living with HIV/AIDS. These were some of the first public funds allocated for AIDS in the United States. In 1987, during my last

full year as mayor, 20,000 AIDS deaths were reported in San Francisco and we increased funding to \$20 million. There was no federal Ryan White program then; I struggled to find this money in the city budget. Fortunately, for cities and States across the country, we now have the Ryan White CARE Act.

I pledge to do all I can to eliminate AIDS. As I have said time and time again: I was there in the beginning and I plan to be there in the end. In the meantime, we must make certain that the uninsured and under-insured have access to life-prolonging HIV treatments. The Ryan White CARE Act has proven to be an essential and effective Federal program for the uninsured and under-insured. We must ensure the continuation of the Ryan White CARE Act.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, June 6, 2000, the Federal debt stood at \$5,647,513,754,741.07 (Five trillion, six hundred forty-seven billion, five hundred thirteen million, seven hundred fifty-four thousand, seven hundred forty-one dollars and seven cents).

Five years ago, June 5, 1995, the Federal debt stood at \$4,904,369,000,000 (Four trillion, nine hundred four billion, three hundred sixty-nine million).

Ten years ago, June 5, 1990, the Federal debt stood at \$3,127,273,000,000 (Three trillion, one hundred twenty-seven billion, two hundred seventy-three million).

Fifteen years ago, June 5, 1985, the Federal debt stood at \$1,776,407,000,000 (One trillion, seven hundred seventy-six billion, four hundred seven million).

Twenty-five years ago, June 5, 1975, the Federal debt stood at \$524,448,000,000 (Five hundred twenty-four billion, four hundred forty-eight million) which reflects a debt increase of more than \$5 trillion—\$5,123,065,754,741.07 (Five trillion, one hundred twenty-three billion, sixty-five million, seven hundred fifty-four thousand, seven hundred forty-one dollars and seven cents) during the past 25 years.

ADDITIONAL STATEMENTS

STAFF SERGEANT ANA V. ORTIZ

• Mr. DODD. Mr. President, I rise today to pay tribute to a well-respected and remarkable public servant, Staff Sergeant Ana V. Ortiz, who has been chosen to receive the 2000 National Image Salute to Hispanics Award. Not only is Staff Sergeant Ortiz an upstanding and dedicated member of the Connecticut Air National Guard, but she is also the principal of the Betances Elementary School in Hartford and an active and vital member of her community.

Staff Sergeant Ortiz has dedicated nine years of service to the Connecticut Air National Guard, displaying the qualities of a natural leader and setting an example for others to follow. She participated in three Air Force contingency operations that have sent her around the world. In 1996, she supported Operation Decisive Endeavor in Italy; 1998 found her in Panama playing a role in Constant Vigil; and just last year she worked in Southwest Asia for Operation Guarded Skies. Staff Sergeant Ortiz previously attended the Air National Guard Diversity Conference, as well as the National Guard Bureau's National Diversity Program. A vocal advocate for diversity within the Air National Guard, she worked to build a solid foundation for minorities in the military, as well as a better understanding of the armed forces among both minorities and non-minorities. Her work in the Guard has earned her the Armed Forces Reserve Medal and two Air Force Achievement Medals.

Although her military feats are impressive, Staff Sergeant Ortiz is further known for her strong commitment to the Hartford schools and community. As the principal of Betances Elementary School she keeps actively involved with her students and community. Staff Sergeant Ortiz is a member of the Language Arts Committee for the State of Connecticut, and a contributor to the Center for Youth After-School Programs, the Center City Churches, and the Charter Oak Cultural Center. She also encourages and maintains a partnership program with suburban schools in the surrounding area, and is constantly working to improve education and educational opportunities for her students.

Ms. Ortiz' commitment to her students extends far beyond the school grounds. She was selected to serve on the Hartford Police Department Task Force for students at risk in the community, which strives to encourage children to find positive ways to overcome the dangers of drugs and violence that face our communities today. Furthermore, Ms. Ortiz is actively involved in protecting Connecticut's park attractions through her membership on the board of directors of the Bushnell Park Foundation, again promoting the well-being of her school children, as well as the entire community.

Ms. Ortiz' professional achievements are matched by an impressive educational background. She earned a Bachelors of Science degree in Education with an English major from Central University in Puerto Rico, a Masters degree in Reading from the University of Hartford, and a six year degree in Supervision and Administration from the University of Connecticut. Her wide range of expertise has enabled her to better excel in all

aspects of her life, and the surrounding community has clearly benefitted as a result.

Staff Sergeant Ortiz strives to make the world a better place for all—through her military service, community work, and involvement with Connecticut schools. Her dedication and commitment appear to be boundless, and she is wholly deserving of the 2000 National Image Salute to Hispanics Award. Staff Sergeant Ortiz will travel to San Juan, Puerto Rico on Thursday, June 8, 2000 to receive her prestigious award.●

RETIREMENT OF RICHARD W. CANNON

• Mr. L. CHAFEE. Mr. President, on June 16th, family, friends and colleagues will gather to honor Richard W. Cannon, who has served the Social Security Administration for 39 years, and is retiring as District Manager of the Providence, RI office.

Mr. Cannon has demonstrated an exemplary record of service to New England and the Social Security Administration (SSA). He began his career with SSA as a Claims Representative in the Pawtucket, RI office in September, 1961. He quickly rose through the ranks, receiving promotions to field Representative, Operations Supervisor, Branch Manager, Assistant District Manager, and finally to District Manager by 1976. He has held the position of District Manager for 24 years in three offices: New London, CT; Cambridge, MA; and since May 1987, Providence.

Not only has Rhode Island benefited from Richard's services, but regions across the country have as well. He served stints in Social Security Administration offices in New York, California, and Hawaii. But, it has been our good fortune that he continues to return to his home state of Rhode Island.

He has shared his knowledge and expertise not only with his office colleagues, but with members of the Rhode Island Federal Executive Council, which he led as chairman for two years, and the New England Social Security Managers Association, where he also held office.

Lest we think that Richard's life was dedicated solely to the Social Security Administration, he also enjoys the outdoors. I have it on good authority that he can often be seen leaving his home in Snug Harbor to cruise the waters of Narragansett Bay, hoping to entice a fish or two to join him in his boat.

As Richard prepares for his private life away from the duties of his terribly demanding job, I want to congratulate and thank him for all that he has given to the Social Security Administration and his community.●

KANSAS CITY SESQUICENTENNIAL

• Mr. ASHCROFT. Mr. President, I rise to honor one of the great cities in Missouri: Kansas City. On June 3, 1850, the