My bill does that, and I urge all of my colleagues to support this legislation.

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

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

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

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

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CONGRESSIONAL BLACK CAUCUS INITIATIVES DOMESTICALLY AND GLOBALLY REGARDING HIV/AIDS

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

Ms. LEE. Mr. Speaker, I rise this evening to speak about the initiatives of the Congressional Black Caucus in the fight against the HIV and AIDS epidemic.

I first want to thank the gentlewoman from California (Ms. WATERS) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for their leadership in this effort. This epidemic is killing our community in unprecedented, terrifying numbers. Within our own country among African Americans and among Africans on the continent of Africa, the disproportionate infection rates of people of African descent are staggering.

In my district, which includes Oakland, California, the AIDS case rate for African Americans is five times that of whites. While the county has experienced a decline in the number of AIDS cases since 1994, African-American diagnoses have risen by 20 percent.

I wish that I could say that these frightening and disproportionate statistics are rare in our Nation, but unfortunately they are pervasive. We know that across our country, African Americans have the highest death rate from AIDS and chronic illnesses, higher than all other minority communities combined. African Americans who account for 13 percent of our Nation's population account for 56 percent of all newly reported HIV cases and 68 percent of new cases among adolescents.

What we have seen over the past several years has been the emergence of a crisis, and the failure on the part of our government to target resources where the disease is the greatest void has really compromised our ability to work effectively to decrease the number of HIV infections, to create strong prevention programs and to provide adequate services and care. We are now thankful, though, that the current funding is significantly higher. However, it remains grossly inadequate.

Last year, under the bold leadership of the gentlewoman from California (Ms. WATERS), the Congressional Black Caucus mobilized to call upon Secretary Donna Shalala to declare a state of emergency for HIV/AIDS in the African-American community. It is with determination that we as a caucus have taken the lead on this issue. And with pride I can also say that on a local level in my area, Alameda County has declared a public health emergency on HIV and AIDS in the African-American community, the first jurisdiction in the Nation to do so.

This week, the Congressional Black Caucus has taken the next step to put forth a $340 million emergency public health initiative on HIV and AIDS which will be distributed proportionately among African Americans and other communities of color. The plan is the next, necessary step to allow the continuation of initiatives within HHS and NIH and CDC that were created from fiscal year 1999 funding and to address new emergency needs. The Black Caucus has also been focused to bring to bear the resources so that African Americans also experience a decline in, and eventual end to, the HIV infection.

Furthermore, let me just mention how it is disproportionately devastating countries in the developing world, most drastically on the continent of Africa. UNAIDS reports that of the 33.4 million people living with HIV/AIDS in the world, 22.5 million, or 67 percent, are in sub-Saharan Africa; 7.8 million are children who have been orphaned with their parents who have died of AIDS. It is anticipated that this number will reach 40 million orphans by the year 2010. That is why I, along with 47 cosponsors, have introduced H.R. 2765, a bill to provide assistance for HIV/AIDS research, education, treatment and prevention in Africa.

Mr. Speaker, I ask my colleagues to recognize the demoralizing reality of HIV and AIDS, both in this country and throughout the world. We must not falsely and dangerously assume that because new combinations of therapies have improved the quality of life and extended the survival of some with HIV that the HIV/AIDS epidemic is now under control. The battle is far from over. I urge support for the Congressional Black Caucus' emergency public health initiative to combat this epidemic domestically and I urge support for the AIDS Marshall Plan to combat in a substantial way the AIDS epidemic globally.

COMBATTING HIV/AIDS IN THE BLACK COMMUNITY

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

Ms. WATERS. Mr. Speaker, I join with the gentlewoman from California (Ms. LEE) and others who are attempting to work at doing something about the problem of HIV/AIDS in the black community. Mr. Speaker, we have spent over a year working in a very concentrated way on trying to garner the resources and redirect them to communities that are highly at risk but have not had the resources follow the crisis.

Under my leadership as Chair of the Congressional Black Caucus last year, we organized an initiative where we were able to identify tremendous resources to begin to do what needed to be done. We discovered a number of things, Mr. Speaker. We discovered that the resources of government were not following the AIDS crisis because the face of the new AIDS had not been unveiled sufficiently in this Nation. Most people still think of AIDS as a white gay disease. It is not. It is not a white gay disease. If there is anything that I can share with you today, it is that the gay community has done a wonderful job in, number one, doing outreach, education and prevention and getting people involved in the new therapies that are causing them to have a better quality of life and being able to go back into the workplace. We need to follow that example. It certainly can be done.

What do we find when we look at the African-American community? We find, of course, that it is the leading cause of death for African Americans between the ages of 25 and 44. What do we find when we look at African-American women? We find that in the new AIDS cases, we are 30 percent of that population. We also find that we are infected 16 times more than white women. And so we see this increase, we see this crisis, we see this emergency, and we are trying to get everyone to understand that it is indeed an emergency, it is indeed an emergency that we can do something about. And we need to continue to get the dollars to flow into outreach and education and research and therapy, all of those things that will help our community to do what can be done to stop the escalation of HIV and AIDS infection.

And so we got the $156 million and the RFPs went out and the responses came back and now we have community groups accessing dollars to do the kind of work that they so desperately have wanted to do that we have not given them the support for. They are saying to us, we have got to build and expand capacity, we have got to get more providers, we have got to make sure that we are doing the kind of creative outreach and education to get with that young population out there who we still have not been able to infiltrate. And so they are beginning to see that they can do these things and they can do them better.

Let us not stop now. Let us take the initiative that has been put together by the gentlewoman from the Virgin

Islands (Mrs. CHRISTENSEN) and others who are leading us in the Congressional Black Caucus to keep the resources moving. Let us take this opportunity to be on top of and in front of this funding so that we do not find ourselves having gotten $156 million, having the proposals responded to and people beginning to do the work and all of a sudden cut off because more money is not following. I think we can do that.

I am here today to add my voice to the efforts of the gentlewoman from California (Ms. LEE) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) and others who are working so hard to garner these resources.

Let me just say that the gentlewoman from Oakland, CA (Ms. LEE) got her county to declare the emergency that exists there. My county in Los Angeles was slow but they finally did it. They finally looked at the data, the statistics, and they finally understood that they should have done this a long time ago, that in Los Angeles County we have not done what could have been done. And so we have got a lot to straighten out in Los Angeles County. We have got to redo the entire process. We have got to make sure that our organization with its task forces and its RFP responsibilities, all of that, are done in such a way that the resources will get to where they must go.

Mr. Speaker, we will be back to talk a lot more about what must be done.

ADDRESSING HIV/AIDS PUBLIC HEALTH EMERGENCY IN MINORITY COMMUNITY

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, I want to thank the gentlewoman from California (Ms. WATERS) and the gentlewoman from California (Ms. LEE) who are members of the health brain trust of the Congressional Black Caucus for joining me here this evening.

Mr. Speaker, I rise to once again register our dissatisfaction with the funding that the committee is proposing to provide for the HIV/AIDS public health emergency in African-American communities and other communities of color. Mr. Speaker, people of color are represented in the AIDS epidemic in numbers that far exceed our representation in the general population. African Americans and Hispanics are the most severely affected groups, representing well over 60 percent of all AIDS cases in the United States. Of the estimated 40,000 new HIV infections each year, almost 50 percent are in African Americans, and 20 percent are in Hispanics. African Americans were 49 percent of new HIV infections in 1998 and Latinos were 11 percent.

In 1998, African Americans accounted for 45 percent of all total AIDS cases; 40 percent of all cases in men, 62 percent of all cases in women, and 62 percent of all cases in children. In 1998, the AIDS incidence rate among African Americans was eight times that of whites, and for Latinos the incidence rate was 3.8 times that of whites.

Mr. Speaker, if this does not represent an emergency in our community, I do not know what does. This is further compounded by the disparities that exist in all communities of color with respect to heart disease, cancer, diabetes and infant mortality among other diseases. But in all of these, African-American communities experience disparities that far exceed all other groups combined. We need to change these dire statistics. They are a blight on this great country. And we need to provide access to health care for all on a level that is equal to the majority population.

The CBC initiative seeks to do this by empowering communities with the resources they need to be agents of change themselves for better health. Yesterday, I spoke about the need to fund the offices of minority health within the agencies of the Department of Health and Human Services and the importance of elevating the office of minority health research at NIH to a center. Today, I just want to say a few words about the need to address this issue in our correctional facilities.

There are some statistics that we just cannot ignore. In 1995, over 1.5 million adult arrests and over 3 million juvenile arrests were made in the United States. The U.S. prison population increased threefold between 1980 and 1996. Today, there are approximately 1.7 million persons housed in correctional facilities, jails and prisons, in this country. That is the second largest incarcerated population in the developed world, behind only Russia. All told, there are more than 6 million people under some form of the criminal justice supervision, under some form of juvenile justice supervision in the United States on any given day. The majority of these individuals are arrested in, and returned to, urban, low-income communities.

Rates of HIV, STDs, sexually transmitted diseases, and tuberculosis are disproportionately high among the U.S. incarcerated population compared to the U.S. population at large. This presents challenges as well as opportunities. In addition to high rates of infectious diseases, the inmate population is also plagued by a number of chronic diseases such as diabetes, heart disease and substance abuse. In 1996, 63 percent of jail inmates belonged to racial or ethnic minorities, up slightly from 61 percent in 1989. 41.6 percent were white, and 41.1 percent were African American. Among Federal prisoners, 58.6 percent were white and 38.2 percent were African American.

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Looking specifically at HIV, correctional populations have the highest rates of HIV infection of any public institution. A 1995 report by the Bureau of Justice Statistics shows that the AIDS case rate in prisons is six times higher than the overall U.S. AIDS case rate. In fact, 23 percent of all State and Federal prison inmates were reported to be infected with HIV. In State prisons, 4 percent of female prisoners were HIV positive compared to 2.3 percent of male prisoners.

We must bring the needed funds to develop and implement strategies related to surveillance and reporting in correctional facilities. We must develop continuity of care programs and provide technical assistance to jails and communities dealing with these issues. We hope that this House will recognize the wide disparities in health care that exist for people of color in this country and the challenge it presents for us as we prepare to enter the 21st century.

Mr. Speaker, we ask that our colleagues join us in facing this challenge and addressing it successfully.

EDUCATION IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 60 minutes as the designee of the minority leader.

Mr. ETHERIDGE. Mr. Speaker, before we start I yield to the gentleman from Pennsylvania (Mr. BRADY).

CALLING FOR RECTIFICATION OF STATEMENTS MADE EARLIER TODAY ABOUT ED RENDELL, MAYOR OF PHILADELPHIA

Mr. BRADY. Mr. Speaker, I stand here tonight to clarify the RECORD. One of my colleagues, the gentleman from Colorado (Mr. SCHAFFER), spoke this morning concerning my mayor and the mayor of the City of Philadelphia, and he alluded to the fact that our mayor was out there celebrating Chinese rule, Communist rule with Chinese Americans, and then because of that he became elected chairman of the National Democratic Committee. That is the furthest from the truth that there ever could be.

Mr. Speaker, our mayor is out there celebrating the heritage of Chinese Philadelphians, and he was there not to make a political statement, and I think that that should be rectified and cleared, that the person that made that derogatory statement today must be a little nervous because we do have, without question, one of the best people, one of the best Americans I know, that I know of for a fact, that can head and be Chairman of the National Democratic Committee.

Mr. Speaker, I rise to honor a great American, my mayor, Mayor Ed Rendell. We have been blessed to have Ed Rendell serve as mayor of the City of Philadelphia for the last 7½ years. In fact, he is the best argument that I can think of against term limits.

Mr. Speaker, we now have to share Ed because America's mayor was recently elected and was elected prior to