

Now, we call them first responders because, and I will give a couple of examples. When we turned on our television last spring to the terrifying situation at Columbine High School, who did we see on that television set? It was the first responders that got there first. The firefighters were there first. Whether it is wildfires or earthquakes or tornadoes or fires of unimaginable danger and stress, or when it is a beloved kitten going up a tree or when you need help for a fund-raising in the community, it is these firefighters that are there, they are willing to make the difference, they are willing to give their time and the effort.

We have got 32,000 fire departments in the United States. We have got 103 million first responders. Eighty percent of those first responders are volunteers, volunteers that go and risk their lives to protect lives and safety and support their community. I think they embody the beliefs of the founders of our country who were deeply committed to the idea that the individual had an obligation to the community, that our country needed its domestic defenders, our firefighters, our first responders, every bit as much as it needed a national defense.

Our thanks certainly should go out not only to these firefighters but their loved ones who experienced the tremendous effort, the sacrifice that these firefighters have made for their communities. Stories where firefighters made the difference are in almost every home and every community. They are certainly in my home where the firefighters came to my farm and saved not only property but the lives of a lot of my cattle on that farm. As far as I am concerned, they are the champions we can never fully thank, and speeches like this speech tonight or speeches up in Emmitsburg never are going to be adequate enough to thank those individuals that made that kind of sacrifice.

If there is any lesson that we can take, Mr. Speaker, as Americans from those in our communities that contribute so much, to make sure that we also make an effort to their memory to try to do our duty in helping others, in helping our community, in trying to do something to make our communities better and help the lives of the people that we know a little better, that is what we should do.

#### NORTH CAROLINA RECOVERS FROM HURRICANE FLOYD

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Among all the death, destruction and despair that has been visited upon the people of North Carolina as a result of Hurricane Floyd, there are many bright spots. This evening, I would like to acknowledge some of those who have given of themselves and their resources to this vital cause.

There are many deserving people who have helped North Carolina in the aftermath of Hurricane Floyd. I want to thank President Clinton for adding \$20.3 million in low-income energy assistance funds to his original extended relief package of \$528 million. Thank you, Mr. President. I wish to thank my colleagues, Representatives from the neighboring States, who have banded together to support the victims of this disaster. A special thank you to the director of FEMA, Mr. Witt; and to our governor, Mr. James Hunt, of North Carolina and their staffs for working around the clock to rescue and relieve North Carolina residents.

Some 52,000 citizens have called FEMA now seeking assistance, and Governor Hunt has had to deal with many more. Thank you, Mr. Witt and Governor Hunt, for your dedication to those in need.

I wish to take a minute to thank the Red Cross and the Salvation Army for their special help. The Red Cross opened many shelters. The Salvation Army provided mobile kitchens. And we appreciate the efforts of FEMA to provide meals ready to eat, ice, blankets, water and emergency generators. We also appreciate the hundreds of individuals in local communities, neighbors and citizens who have helped and are helping out continuously. And we appreciate the outpouring of support and resources from across the Nation. Truckloads from Baltimore, busloads from Washington, D.C.; students from North Carolina colleges, churches from far and wide, citizens of every hue, every stripe, every background, all Americans, helping out.

I know of heroic rescue efforts of people, farm animals and pets conducted by neighbors, local fire departments as the gentleman from Michigan (Mr. SMITH) just mentioned, state police officers and their staffs. I wish to commend them all for their dedicated service.

A ray of sunshine was seen in North Carolina today. Today, October 4, 1999, schools reopened for thousands of North Carolina students. This is a big step forward in the long, painful attempt to return to normalcy after Hurricane Floyd. Tarboro High School in devastated Tarboro opened school today and about 60 percent of the students looked forward to attending school. I am grateful to all who have made the small routine tasks like attending school become a reality after so many days of fear and flooding. I am very grateful for those North Carolina children of our great Nation who strived hard to reestablish their daily routines and attend school today, perhaps under continuing family hardships.

I am very thankful for the county school teachers, principals, and maintenance workers that made reopening schools in North Carolina one of their top priorities. I am appreciative of the State emergency workers who worked with Federal agencies, FEMA, and my

district office staff in Greenville and Norlina, many of them affected by the hurricane themselves but who put the welfare of others first. These public servants have worked long and hard hours to help clean up the communities and find food and shelter for the needy, and worked long hours to keep North Carolina afloat when it looked as though it was sinking.

I am especially thankful for the deep-spirited North Carolina people who have shared with me in letters and phone calls and private visits their willingness to share with their neighbors. Some folks have said they look forward to rebuilding their communities with hard work and the cooperation of others. Even a disaster of this magnitude will not hold North Carolina back.

Again, I sincerely thank all for so much outpouring of goods, donated food, clothes, contributions and, most of all, the volunteerism of time through the local community churches, their congregations in North Carolina and every other State in the United States. All have been terrific. I have never been so proud of my State's people or to be an American as now during this time of crisis.

Most of all, I want to thank all who have helped, for giving us hope to rebuild North Carolina, places like Princeville, Tarboro, Kinston, Goldsboro, Pinetops and Greenville back into the great places they were. Thank you all.

Yet much more help is needed and support. That is why, Mr. Speaker, I intend to join with Members of Congress from other impacted States to try to send a legislative package for further relief to the President for signing. As a part of that package, we need to update the laws so that small farmers and small businesspersons can be treated on an equal footing with other families. We will also need more resources, and that will also be a part of the legislative package.

Tomorrow, we will consider a resolution offering our colleagues an opportunity to go on record as willing to help and provide the necessary resources to make a difference. The people of North Carolina are resilient, and we will bounce back from the situation. But we will need the help of all Americans.

The winds will go, the rain will go, the rivers will crest, the cleanup will begin, and the restoration and rebuilding will take place. The spirit of North Carolina will return, Mr. Speaker, with your help and the help of our Colleagues.

□ 2045

#### THE IMPORTANCE OF INCREASING FUNDING FOR HIV/AIDS RE- SEARCH, TREATMENT AND PRE- VENTION IN MINORITY COMMU- NITIES

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the

gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 30 minutes as the designee of the minority leader.

Mrs. CHRISTENSEN. Mr. Speaker, I have often said on previous occasions when I have come to the floor that one of the greatest challenges facing this Nation is closing the gap in health care between our white population and our communities of color. It is this that the Congressional Black Caucus and the Health Brain Trust would address through its HIV state of emergency because, you see, HIV/AIDS, although it is very important to the welfare of our communities, is only the tip of the iceberg.

The underlying problem is really the two-tiered health care delivery system that does not address the barriers to health but exists for African Americans, Hispanics, Asian/Pacific Islanders, Native Americans, and Native Hawaiians and Alaskans. Although the White House and the Department have been listening and have begun to respond to the call of the caucus to action, Mr. Speaker, we still have a long way to go, primarily because this body, the Congress, has not become fully engaged in the process.

That is why we are here this evening, my colleagues and I, to raise the level of awareness to the disparities in health care, to provide information on the breadth of the gaps and to enlist our colleagues' assistance and support for our efforts to have health care and community development dollars be applied to this very grave problem which threatens the promise of this Nation in the next century.

Mr. Speaker, I am joined here by several of my colleagues, and I would like to begin by yielding to the gentlewoman from the 17th Congressional District of Florida (Mrs. MEEK).

Mrs. MEEK of Florida. I thank my colleague, and I am pleased to join with the gentlewoman from the Virgin Islands. She has nobly shown in her endeavor as chairlady of the Congressional Black Caucus' Health Task Force that she has the unique ability to mobilize and to organize and push us forward into the new millennium. It is a time for such leadership, as the gentlewoman from the Virgin Islands has shown us, and I am thankful for her leadership. She is calling us here today to push very strongly for the full funding of the Congressional Black Caucus' emergency public health initiative on HIV/AIDS for the fiscal year 2000.

Mr. Speaker, we cannot talk enough about this initiative; it is so needed. If we do not take care of the health care needs of the minorities, the health care needs of the majority will certainly be under strain, as it already is. The \$349 million the Congressional Black Caucus has requested is targeted proportionately to African Americans, Hispanics, Latinos, Asian/Pacific Islanders and Native American communities based on epidemiological data released by the Center of Disease Control. So

the CBC is trying its very best to target the funds where the real need is.

Mr. Speaker, these dollars will build upon the success of the 156 million requested for HIV/AIDS prevention in minority communities in fiscal year 1999. We thank the Congress for that allocation, but it is not enough. Although welcome, it is not nearly enough to combat the devastating effects of the AIDS epidemic in our community. African Americans and other minorities continue to suffer dramatically higher rates of disease and death, long-term rates of illnesses from treatable diseases than other segments of the general population; again, I quote, putting the money where the real need is so that it will overcome the disparities in our health system.

Our Nation spends over \$7 billion for HIV treatment and prevention and control; but listen to this, Mr. Speaker: but only \$156 million is specifically targeted to minority communities. I repeat that. We spend over \$7 billion in this country for HIV treatment and prevention and control, but only \$156 million is specifically targeted to minority communities which now account for more than 48 percent of those infected by the disease. That is a mere 2 percent of impact. Surely steps must be taken and effective measures must be put into place to ensure that resources follow the trend of the disease across all segments of the U.S. population.

That is why my colleague, the gentlewoman from the Virgin Islands, called this special order. Man's inhumanity to man is based on the color of one's skin is untrue. Man's inhumanity to man is not based on the color of one's skin, and any kind of treatment in this country cannot ignore the fact that we are all in this situation together. A minimum of \$349 million should be appropriated in fiscal year 2000 to address this health emergency in communities of color. This is a health emergency.

I want to thank the rest of my colleagues here, but I want to end by saying, we cannot continue to suffer these dramatic increases and this higher rate of mortality from death and disease and long-term rates of illnesses from diseases that are treatable. These diseases are treatable, and we cannot continue this disfunction different from other segments of the population. As we prepare now our wonderful Nation to enter the new millennium, this negative health status must not continue, must not continue, and we cannot continue to ignore it.

Man's inhumanity to man, I spoke of before, but we must cease because of the color of one's skin. These diseases, they are no respecter of persons. So we must spend the amount of money it takes to be sure it is treated. The Secretary of Health and Human Services must begin to implement the recommendations stemming from the Institution of Medicine's body of cancer studies in communities of color.

The Office of Minority Health must be funded. \$5 million or more must be appropriated for demonstration projects to ensure that minority seniors understand how to navigate the complicated health system. Clearly, Mr. Speaker, clearly my colleagues in the Congress, the time has come for us to act. Epidemiological data is there. All we need is a thrust by this Congress to free the proportion of African Americans who suffer now in the United States three times in proportion to African Americans in the population.

Of the 48,266 AIDS cases reported in 1998, African Americans accounted for a very high and alarming statistic. Forty-five percent of the total cases, 40 percent of the cases in men, 62 percent of the cases in women, 62 percent of the cases in children. So the Americans reported with AIDS through December 1998, 30 percent were black and 18 percent were Hispanic Latino.

Mr. Speaker and to the Congress, the time to act is now.

Mrs. CHRISTENSEN. Mr. Speaker, I want to thank the gentlewoman from Florida (Mrs. MEEK) for her work both in her home State and in the Nation, not only HIV/AIDS, but other important issues of health care for African Americans and other people of color and also for doing the annual legislative conference of the caucus reminding us that AIDS knows no age barriers and that seniors are also affected by this dread disease.

Mr. Speaker, I yield to the gentleman from the Seventh Congressional District of Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I rise today to commend my colleague from the Virgin Islands for, first of all, organizing this important special order to discuss the importance of increasing funding for HIV/AIDS research, treatment and prevention in minority communities. Her performance has been stellar as she has led the Congressional Black Caucus Brain Trust and as she continues to lead us towards finding a way to make sure that there is equity in health care services and treatment for all of America.

I have joined with my colleagues in the Congressional Black Caucus in urging a minimum of \$349 million in HIV/AIDS to address the pending health crisis in communities of color. Today we are experiencing vast economic prosperity. These are said to be the best of economic times since the 1970's. Unfortunately, as our prosperity has increased, so too have our disparities in health care.

It is, to quote a phrase from Dickens, the best of times and the worst of times. Economic prosperity is up, but so too is the number of uninsured in America, rising from 43 million to a total of 44 million today. In communities of color we see vast disparities and gaps in health care. African Americans represent 13 percent of the population but account for 49 percent of

AIDS deaths and 48 percent of AIDS cases in 1998. One in 50 African American men and one in 160 African American women are infected with HIV. In 1997, 45 percent of the AIDS cases diagnosed that year were among African Americans as compared to 33 percent among whites. AIDS is the leading cause of death for all United States males between the ages of 25 and 44 and for African American males between the ages of 15 and 44.

These are valuable years not only in the lives of these individuals but for all of America. When we do not act to provide for research, treatment, education and prevention strategies, America loses. America loses young, vibrant taxpayers. America loses great minds and workers. If we do not address this epidemic, it can have dramatic consequences on our economy and our ability to compete globally.

While deaths from HIV/AIDS diseases have been reduced over the last 3 years due to advances in drug therapies, we have not seen a dramatic reduction in communities of color. The Centers For Disease Control reported that the AIDS death rate dropped 30 percent for whites, the majority of whom had access to new drug therapies, but found only 10 percent for African Americans and 16 percent for all Hispanics. It is no doubt that the \$156 million provided by the Congress last year has assisted in our efforts; however, more resources are needed.

In Chicago we have witnessed a rise in the number of HIV cases. For example, reported cases of HIV/AIDS among African Americans in Chicago increased from 46 percent in 1990 to 68 percent in 1997. AIDS is the major cause of death for African American men in Chicago ages 15 to 24, the second leading cause of death for Chicago's African American men ages 5 to 34, and the third leading cause of death for African Americans in Chicago males aged 35 to 44.

In addition, the proportion of AIDS cases in Chicago occurring among women tripled from 7 percent in 1998 to 22 percent in 1997. African American women represent about 39 percent of the Chicago's women, and they account for almost 70 percent of the cumulative AIDS cases among women in that city.

This is truly an emergency, and it warrants the attention and resources of the Federal Government. As we head into the new millennium, it is essential that we increase not only aid but also education and information. It is essential that we provide resources so that people can understand transmission and be educated which becomes a real factor in reducing the advent and onset of this terrible illness.

Mrs. CHRISTENSEN. Mr. Speaker, I want to thank the gentleman from Illinois for his support on the Health Brain Trust of the Congressional Black Caucus and for his work especially with the community health centers across this Nation. As my colleagues know, Mr. Speaker, community health

centers are where most of the people of color, the communities that we are talking about this evening, receive their care; and I want to thank the gentleman from Illinois (Mr. DAVIS) for his hard work and seeing that these health centers are adequately funded to provide those services.

Next, Mr. Speaker, I yield to my colleague from the 37th District of California (Ms. MILLENDER-MCDONALD).

□ 2100

Ms. MILLENDER-MCDONALD. Mr. Speaker, let me first thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for her steadfast commitment and leadership to this very critical, but important, issue in the African American community, the Latino community, the Asian community, and all communities of color. She has not only shown leadership in this area, but in all areas on health issues as they relate to people of color. She has brought about an inclusion, and that is evident, of the 39 African American Members of Congress who have joined forces with her in this fight to raise the issue of funding in our community.

African Americans and other minorities continue to suffer a drastically higher rate of death and disease and longer term rates of illnesses from treatable diseases than other segments of the U.S. population. As our Nation prepares to enter the new millennium, this negative health status must not continue to be ignored.

As the Nation spends over \$7 billion for HIV-AIDS treatment, prevention and control, only \$156 million is targeted to address HIV-AIDS in communities of color, a mere 2 percent. Surely steps must be taken and effective measures put in place to ensure that resources follow the trend of the disease across all segments of this population. We are asking for a minimum of \$349 million to appropriate in fiscal year 2000 to address this health emergency in communities of color.

Mr. Speaker, I started an AIDS walk in the Southern California area because of the devastation of this disease, both domestically, and, now, internationally, in Africa, Brazil, Asia and Latin America.

In looking at it from the domestic side of things, according to the Centers for Disease Control, as of June 1997, 32.4 percent of all males age 13 and older are African Americans, and 14.8 percent are Hispanic. Of all females age 13 and older, 24.2 percent are Caucasians, 58.4 percent are African Americans, and 16.4 percent are Latinos or Hispanics. Of all children under the age of 13 years old, 60.8 percent are African Americans and 19.5 percent are Hispanic.

You can see this very devastating disease, Mr. Speaker, has impacted the minority women and children tremendously, with this being the leading cause of death among African American women ages 25 to 44, right in those reproductive years. We can ill afford to let this continue, Mr. Speaker. We

must raise the awareness of this devastation domestically.

With African Americans making up 13 percent of the U.S. population and Hispanics making up 11 percent of the U.S. population, these percentages signal an alarming and inhumane quandary for all Americans. We, the Members of Congress, are in a position to impact the lives of America's families struggling to lead healthy, productive lives. We can serve an integral role in educating parents, teens, and members of our communities on HIV, how it is transmitted, what treatment options exist for those who are living with HIV, the need to obtain HIV testing, and the clarification of rampant myths associated with the disease that for so long has been exclusively associated with homosexual white males.

Now, HIV, as I have just read to you, is devastating domestically, but this disease is also devastating Africa by large numbers. Presently, there are nearly 23 million adults and children living with HIV/AIDS on that great continent. According to UNESCO, AIDS is now Africa's leading cause of death. Please hear me, Mr. Speaker, and those in the outer communities. It is the leading cause of death here domestically among African American women ages 25 to 44, and it is the leading cause of death on the continent of Africa.

With prevalence rates reaching 25 percent of all adults in some countries, the epidemic is decimating the pool of skilled workers, managers, and professionals who make up the human capital to grow Africa's democracies and economies.

While the HIV/AIDS disease continues to devastate women domestically and throughout Africa, and finding a cure seems far into the future, we cannot afford to give up. The Congressional Black Caucus will not give up. We are calling on all Americans of good will not to give up. We are calling on our African sisters and brothers not to give up.

There are many things that we can do as world citizens to help address the myriad problems associated with the HIV/AIDS epidemic. Education programs in the workplace, schools, and churches can help create new attitudes toward gender and AIDS transmission. Women's health services that include treatment, testing and counseling, prevention and support services, can greatly empower women as they combat this disease while caring for their children.

Mr. Speaker, we must support the cause of a comprehensive program for African American, Latino and Asian women and the entire minority population in testing, education in schools and the workplace, peer education, and counseling.

Research is also essential if we are to conquer this disease. We want to encourage more investment in scientific research that will make tests for earlier detection simple and affordable,

develop new technologies for prevention, and promote women's health rights and human rights vis-a-vis HIV/AIDS and related issues.

Mr. Speaker, I am calling tonight on all of us to join forces with the Members of the Congressional Black Caucus, led by the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) to not only address this critical devastating disease but help us in the funding to try and find a cure.

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentlewoman, and I also want to thank you because you have been a leader on the issue of HIV/AIDS before I got to the Congress, not only for the Nation, but what I understand has been called the most diverse district or one of the most diverse districts in the country. Having started the annual AIDS walk that is now being replicated across the country, I want to thank you for that. I thank you for joining us this evening.

Next I would like to yield, Mr. Speaker, to my colleague the gentlewoman from the 18th Congressional District of Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for her leadership, and I thank her for organizing this special order. I particularly am gratified for the opportunity to join my colleagues on a message to the American people of the enormity of the crisis of HIV/AIDS in the minority community.

In particular let me also emphasize that, albeit we are here on the floor of the House and we may sound as if we are working studiously to secure the passage or secure the funding, I hope our tone does not in any way diminish the enormity of the problem and the crisis and the urgency.

I would like to additionally thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for her leadership on the Health Brain Trust here in the Congressional Black Caucus. Among the many issues she discussed, there was a great focus on HIV/AIDS, as well as many other health issues in the African American community. But the emphasis is not only the African American community, but the emphasis is also on the enormous, again I use that term, because they are so extensive, disparities in healthcare for the minority community.

Dr. King wrote a book some years ago that said, "If not now, then when?" I would offer to say that the reason why we are here on the floor of the House is to ask that same question: If not now, when? How many more have to die? How many more statistical horror stories do we have to hear about HIV/AIDS before we can have the United States Congress consider the \$349 million that is being supported by the Congressional Black Caucus at the leadership of the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) in asking for this money to help us in this crisis of HIV/AIDS?

It has been noted, Mr. Speaker, but I think it is important to note again, 48,266 cases were reported in 1998, and, for your ears, African Americans accounted for 45 percent of total cases; 40 percent of cases in men, 62 percent of cases in women, and 62 percent of cases in children.

Mr. Speaker, 62 percent of our children are HIV infected and probably more affected. I have worked in my community on the HIV question for a number of years, remembering my visit to the United States Congress in 1990 with my mayor to support the passage of the Ryan White treatment legislation, when Houston, Texas, the fourth largest city in the Nation, was then 13th on the list in the United States of America of HIV cases.

So this problem or this issue has been growing and it has been developing and it has, yes, been spreading. As with the crisis now in New York City with St. Louis encephalitis, or whatever else this virus may be called, HIV/AIDS does not stop at the border of any State or city.

So I have seen in the City of Houston this growth mushroom. In fact, a few weeks ago I held a grant meeting with many of my minority HIV organizations. Part of the emphasis was the outreach to explain to them that they should be dutiful and studious in seeking grants to help educate our communities. What I was overwhelmed with was the enormous challenge, again, that these groups were facing, the numbers of cases that they were having, and the amount of money that they needed.

This whole situation with women in their childbearing stages, twenty-five to 44 being HIV infected. It is a direct link to our children being born with this deadly disease. In many instances, the treatment or the outreach would be the door or the divide that would protect that woman during her childbearing stages becoming susceptible to HIV/AIDS and, therefore, carrying it to her child. More information, more treatment, more access to information, more education.

Of Americans reported with AIDS through December 1998, 37 percent were black and 18 percent Hispanic. In 1998, the annual AIDS incidence rate among African American adults in adolescence was eight times that of whites. African American women accounted for 70 percent of all reported cases of HIV infection among all women in 1998.

Mr. Speaker, let me share with you why this may be a more difficult challenge than most would like to think. The difficulty of the challenge is to say that it is outreach, it is making sure that we reach individuals who are intimidated by institutions, by medical facilities, by hospitals, who are intimidated as to what would happen to them if they report they have HIV/AIDS, that they would be fired or not have the opportunity for seeking care because they were afraid of what may happen to them. Many of these women

are homeless, single parents. Many of them are without a spouse or family situation. So the \$349 million that we are seeking is to be able to assure the funding of the minority health office. It is to ensure outreach.

I would simply say, Mr. Speaker, that we have an uphill battle, but the battle must be one that is joined by all of my colleagues, frankly confronting the crisis of HIV/AIDS and dealing with that population in a way that said if not now, then when?

I believe the time is now, Mr. Speaker, to fight the fight and win the battle; and I am delighted, not delighted to be here tonight to fight this battle, because it is not a delight, but I am certainly in it for the fight, in order to ensure that we save more lives.

I thank the gentlewoman for yielding me this time and joining with us by giving us the opportunity to participate in this special order.

□ 2115

Mrs. CHRISTENSEN. Mr. Speaker, let me just close by thanking my colleagues who have joined us here this evening.

I will say in closing that Dr. Harold Freeman, a world-renowned expert on cancer, told us at our spring Brain Trust that although we had been fighting the war on cancer, on which he is an expert, we had perhaps been fighting the wrong kind of war, and that the kind of war we need to be fighting to be successful against cancer, heart disease, diabetes, and HIV-AIDs, and all of the diseases that are causing the disparities in communities of color, needs to be more of a guerilla war, a hand-to-hand type of combat against these diseases within our neighborhoods.

That is what we are here asking for, for the resources to be brought to our communities, this evening. We ask for the support of our colleagues for the CBC initiative, and the \$349 million that will be needed to bring these resources to this community.

Mr. Speaker, last month the United States Commission on Civil Rights issued its report entitled: "The Health Care Challenge: Acknowledging Disparity, Confronting Discrimination and Ensuring Equality."

We in the CBC have long said that health care is the new civil rights battlefield, and we have approached it accordingly.

Let me quote in part from the report. Although there was a dissenting view, the report states quite clearly and without dispute that equal access to quality health care is a civil right. And that despite the many initiatives, and programs implemented at the Federal, State and local levels, the disparities in health care for women, the poor and people of color will not be alleviated unless civil rights concerns are integrated into these initiatives and programs.

The report cites access to health care, including preventive and necessary treatment as the most obvious determinant of health status, and cites barriers: to include health care financing, particularly the ability to obtain health insurance, language, cultural misunderstanding, lack of available services in some

geographical areas, and in some cases lack of transportation to those services.

Behaviors, and the need to accept individual responsibility for one's health has often been cited as an important determinant, but the investigation done by the Commission clearly shows that although behaviors such as smoking, diet, alcohol, and others can be correlated to poor health status, they only account for a modest portion of health disparities which exist across age, sex and race and ethnic categories.

What is often not taken into account is the social and economic environment in which personal choice is limited by opportunities. I am referring to issues such as low income, the unavailability of nutritious foods, and lack of knowledge about healthy behaviors.

So while we help those most affected to understand more about healthy behaviors and make the appropriate lifestyle changes, it is the work of this Congress to improve the educational and housing environment, and to bring the economic growth being experienced by most of America to our more rural and ethnic communities.

What are some of the other changes that the Commission recommends be implemented to meet this important challenge? Not surprisingly they go to the heart of the congressional black caucus initiative.

One of the disparities the Commission found is that although there is an effort to eliminate racial and ethnic health disparities, I quote—there has not been any systematic effort by the steering committee at the Department of Health and Human Services or Office of Civil Rights to monitor or report on the Department's progress.

This is precisely what the funding of the offices of minority health within the agencies would address. It would give these offices a line item budget, and build into the system a process whereby minority interests and expertise would be brought to bear in decision and policy making within the Department.

The Commission stated in its transmittal letter to the President and leaders of Congress that the offices of women and minority health throughout HHS should take a more proactive role in the incorporation of these populations' health issues in HHS. Treated as peripheral, these offices are forced to operate under the constraints of extremely limited budgets. HHS must recognize the potential impact of these offices and increase funding accordingly.

This we feel is critical to creating the internal changes and departmental culture that is necessary to effect the change which must be achieved in the health of people of color.

The report cites the importance of physician diversity and cultural competence in the delivery of health services. It found that within the context of patient care it is necessary to open up medical knowledge to include multicultural and gender perspectives to health, health care, and patient-provider interaction. It further states that a major finding of their research is that clearly more minorities are needed as health care professionals.

The current appropriations committee report indicates a reduction in funding below the President's request for programs that would make this happen. These funds need to be re-instituted and I ask the House's support in doing so.

The Commission also stated that their research indicated that minorities and women—

particularly minority and poor women—have been excluded from clinical trials for decades.

Again in their transmittal letter the Commission states: another focus of the Office of Secretary, OCR and minority health should be the lack of medical research by and about minorities. HHS must take the lead in enforcing the mandated inclusion of females and minorities in health related research both as participants in and recipients of Federal funds for research.

The CBC, under the leadership of Jesse Jackson, Jr., is supporting the creation of a center of disparity health research which would elevate the current Office of Minority Health to center status.

This is an important measure to achieving diversity which is important in both research and researchers.

Lastly, the CBC initiative is about making resources available to our communities so that they themselves can be the agents of the necessary change and improvement in our health status.

The Commission states that "to be effective in reducing disparities and improving conditions for women and people of color, they must be implemented at the community level, particularly in conjunction with community based organizations."

#### THE NORWOOD-DINGELL BILL OFFERS REAL HMO REFORM

The SPEAKER pro tempore (Mr. COOKSEY). Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 30 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I yield to the gentleman from the Virgin Islands (Mrs. CHRISTENSEN).

#### THE HIV-AIDS CRISIS IN THE AFRICAN-AMERICAN COMMUNITY

Mrs. CHRISTENSEN. Mr. Speaker, I really appreciate the gentleman's generosity.

Mr. Speaker, I yield to the gentleman from Texas, Ms. EDDIE BERNICE JOHNSON.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I thank the gentleman from the Virgin Islands (Mrs. CHRISTENSEN) and the gentleman from New Jersey (Mr. PALLONE) for yielding.

Mr. Speaker, I join the Members here representing the Black Caucus, and I plead for more attention and funding to be given for prevention and treatment of the HIV virus and the AIDS disease.

Mr. Speaker, somehow I think that back in 1980, 1981, and 1982, when many of the leaders from the gay community were speaking out against this virus, that much of the other parts of the community simply ignored it because they thought it was just a disease of the gay and lesbian population.

Even at that time, I knew a virus did not know the sexual practices of people, and I felt it was a communicable disease that had the capacity of infecting almost anyone. That has proven to be true. Back in 1980 and 1981, when we were having meetings at home, I was getting warnings that it was dangerous

to be talking about this kind of virus that is affecting just the gay community.

We now find that is not the case. It is a communicable disease that will affect all persons that are subjected or exposed to this virus in the workplace, in the health facilities, anywhere that persons can be exposed to this virus.

Mr. Speaker, we now plead for this money to follow where it is. We know that we have had reductions, and we are always pleased about having reductions in any kind of communicable disease. We have seen almost a wipe-out of diphtheria and all the various viruses and bacterial communicable diseases we have had in the past. Hopefully we will speak of this disease as one of the past, but we cannot ignore the education that must taken to prevent this devastating virus.

With our young people and our youth groups, they must understand what causes the exposure and how to prevent that exposure. Far too many people are dying of AIDS. Even though it is much less than what it was some years ago, any death from this virus is too many, because it means that someone has ignored or not known what exposes them to this deadly virus.

People are living longer, which is costing more for care, and we are always pleased to have good results, but nothing surpasses preventing diseases of this sort. For that reason, I hope we would give real attention to educating especially our younger people.

We are finding that our older women in heterosexual relationships have an increase in the incidence of the HIV-AIDS virus because of loneliness, all kinds of other activities that would lead them to be exposed to this virus. That must be given attention. No matter what the profile of the individual might be or might seem to be, caution is advised.

We have gone a long way in attempting to keep people alive with the various drugs that are very, very costly, and causing them to live longer lives. But nothing yet has come along for us to see the real end to this deadly virus. The best thing we can do is prevent it. We find that the persons who are the most sometimes uneducated are the ones who least believe that they can be exposed to this virus, and they are the ones who are becoming more exposed all the time. No one, absolutely no one, is safe when they take part in any activity that exposes them to this virus, no matter what.

I am eternally grateful for the leaders in the gay community for continuing to talk about this virus, and not allowing the rest of us to forget it just because they had a larger incidence. That incidence has gone down tremendously in that community, but the leadership continues almost to come from the concentration of their community.

I am grateful for them continuing to bring forth the leadership in educating the people, but there is an element