Congressional Pacific American Caucus for holding a joint hearing regarding this very important issue on June 12, that is, the issue of the HIV/AIDS epidemic that continues to threaten communities not only in our country, but throughout the world.

Mr. Speaker, 20 years ago the term HIV/AIDS was unknown. Since that time, over 19 million people worldwide have died of HIV/AIDS, and approximately 34 million people continue to live with the disease. The Surgeon General, David Satcher, stated in a recent report that HIV/AIDS could be the worst epidemic ever recorded in history.

Many people believe that this is an issue that does not really affect our country. It is true that the poorest regions in the world have been hit the hardest; yet the United States of America, the most technologically proficient Nation on the face of the Earth, has not been able to escape the devastation of this deadly disease. In this country alone, over 400,000 people have died, while 900,000 people are living with HIV/AIDS. The Centers for Disease Control recently released a report stating that each year there are 40,000 new cases of HIV/AIDS.

What concerns me the most about this issue is the growing impact that the disease is having on minority communities in our country. The 2000 Presidential Advisory Council on HIV/AIDS Report to the President stated that ''in the United States, disproportionate numbers of new infections are found in poor communities, communities of color, among young gay men, among drug users, and among African American and Latino women populations who have rarely been embraced by this Nation as a whole.''

In 1999, the AIDS incident-rate per 100,000 people among Hispanics was 25.6. The rate for African Americans was 66. The rate for whites was 7.6. These statistics clearly demonstrate the large racial gaps that exist among aids cases. The HIV/AIDS pandemic has reached my own district in Chicago, Illinois. The city has seen an overwhelming increase in the number of minorities infected with the disease. This past February, researchers in Chicago reported that fully 30 percent of young gay African American men are infected with HIV/AIDS. The infection rate for gay blacks is twice that of any other ethnic group. Nationwide, 14.7 percent of gay black men are infected with the disease.

In addition to the African American community, the Hispanic population has also seen an increase in the number of HIV/AIDS cases. In 1999, Hispanics made up 13 percent of the entire United States population. At the same time, however, Hispanics also made up 19 percent of the total number of new United States AIDS cases reported that year.

Research has shown that these trends are continuing to worsen. The HIV/AIDS epidemic has continued to spread throughout minority communities. We can no longer sit and simply wait for a cure to be found. We must increase our work to educate the public on AIDS prevention, while continuing to study new ways to combat the disease.

Again, I want to commend my colleagues in the CBC and the CHC and the CPA for their vigilance on this issue. This hearing is an excellent way to keep the spotlight on the HIV/AIDS pandemic and an excellent way for us to come up with effective ways to solve this very important and growing problem.

TWENTIETH ANNIVERSARY OF DISCOVERY OF HIV/AIDS

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

Ms. PELOSI. Mr. Speaker, I rise to join the gentleman from Illinois (Mr. DAVIS), my colleague, in observing the 20-year anniversary of the discovery of the HIV virus. This was a terrible time. In our community in San Francisco, at the University of California San Francisco, we were hearing rumors 20 years ago about illnesses that had not been seen since the Middle Ages, or read about or heard about; that immune systems were so devastated that people were susceptible to afflictions that were grotesque. It was frightening. We knew we had to do something about it. It never dawned on us then that 20 years later, projecting into the future 20 years, that we would be here still talking about funding for research, prevention, and care.

A lot has been accomplished in the past 20 years, but a lot needs to be done. I want to associate myself with the comments that the gentleman from Illinois (Mr. DAVIS) made about work of the caucuses in the Congress, in the House, the Hispanic Caucus, the Congressional Black Caucus and the Asian American Pacific Islander Caucus and the work that they have done to recognize the changing face of AIDS.

In the beginning, it started as a gay men's disease; now we know it permeates our society, and it is taking a very big bite out of the minority community. Just last week we were all saddened by the news that new HIV infections among young gay men, particularly among young, gay African American gay men, had risen dramatically. Many young people have come of age in a world where protease inhibitors are extending life. They do not remember the terror that we went through 20 years ago and since; and these treatments that we have now, while important, are not a cure. Until we have a true cure, an effective vaccine prevention is our best weapon. We must intensify our prevention efforts, including targeted education about behavioral risk and research for a vaccine.

Mr. Speaker, I just want to observe some of the contributions of some of the Members of this body. Ted Weiss, who passed away some years ago, but was one of the leaders in the Congress on this issue; certainly the gentleman from California (Mr. WAXMAN), our colleague, not only made a tremendous contribution in his own right, but served as mentor to so many of us who have worked on this issue over the years.

Under his leadership and that of others, we were able to pass the Ryan White Care Act and its reauthorization. We increased the funding dramatically in research, prevention, and care for people with HIV and AIDS. We have funded housing opportunities for people with AIDS. We have spent money on international global AIDS issues. Not enough, but certainly tremendous increases in this regard. Our biggest lack, of course, is on the international AIDS issues, and many people in our minority caucuses are taking the lead, the gentlewoman from California (Ms. LEE) for one, who will be speaking later; and the gentlewoman from California (Ms. WATERS), and many others who have been leaders in this arena.

Today, the gentleman from Missouri (Mr. GEPHARDT), the Democratic leader, and I introduced legislation which would qualify people with HIV for Medicaid. Many uninsured Americans still do not have access to AIDS medications because HIV-positive individuals do not meet Medicaid requirements until they are disabled by full-blown AIDS. Everything we know about HIV and AIDS is early intervention, early intervention, early intervention; and yet under the law, if one is just HIV infected, one cannot qualify for Medicaid until one has a full-blown case of AIDS. Under our legislation, which I am proud to say on this 20-year day of memory, is that we will have over 100 cosponsors for the legislation.

Early treatment saves lives, improves the quality of life, and reduces health care costs as progression from HIV to full-blown AIDS is prevented or delayed. It also strengthens our economy as healthy individuals return to work, increasing both productivity and tax revenue. So we can make a very strong business case for this.

I mentioned some of the initiatives, whether it is housing, international, prevention, care and treatment. One other initiative, the minority AIDS initiative, which is a very important one, deserves double funding this year; and I want to associate myself with that aspiration, bringing it up to over $500 million.

The observance of this occasion for us is not only a time to remember and celebrate the lives of loved ones we have lost, it is an opportunity to measure our progress and renew our commitment to ending the HIV/AIDS pandemic. That must include sufficient funding in the budget, leadership in the fight against AIDS in the developing world, and access to health care for all Americans who are living with this disease.

Two young people become infected with HIV in this country every hour, and there are 11 new infections worldwide every minute. The figures that the gentleman from Illinois (Mr. DAVIS) used were that around 450,000 people have died in the U.S. of AIDS, 22 million worldwide. We must do more to protect this new generation from suffering. That is all too familiar to previous generations.

Mr. Speaker, I call on my colleagues to work with us to increase the funding, to improve the quality of life, to end the scourge of AIDS.

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

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

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, once again this evening, as we are back from the Memorial Day break, I would like to take up the issue of health care. As my colleagues know, I have been down here with many of my Democratic colleagues many times over the last few months since the session began and since this new administration began in January, basically speaking out on three major health care issues that have not been addressed, in my opinion, by the President and the Republican leadership in the Congress, and that is the need to reform HMOs and the need to pass a Patients' Bill of Rights that would reform HMOs.

There are so many problems that people now have with their HMO or their managed care organization in not having proper access to care, not being able to go to the hospital of their choice, not being able to, if they have a grievance, have an independent review of the decision by the HMO to deny them care; and I will get into this more this evening.

The second issue is the need for a Medicare prescription drug benefit. When I go home, and I was home for the last 10 days in New Jersey, my seniors and my constituents complained more about the high cost of drugs and how they cannot pay for prescription drugs and that it should be included in Medicare. I agree, and that needs to be addressed.

The third issue is access for the uninsured. More Americans every day have no health insurance. Most of those are working people, and we need to find ways to address those concerns and have them insured and covered for their health care.

My point tonight, and I would like to yield now to some of my colleagues, but my point tonight is that we really face, I hope, a different situation tomorrow here in the Congress, here in Washington, because of the change in the other body, in the Senate. I have watched over the last 4 or 5 months, and during the course of the campaign, President Bush mentioned many times that he was going to pass a Patients' Bill of Rights and reform HMOs, that he was going to have a prescription drug benefit, that he was going to address the problem of people who do not have health insurance. Yet over the last 4 or 5 months of this administration, these issues have not come to the floor, they have not been moved in committee in either House. The Republican leadership, in conjunction with the Republican President, have simply dropped the ball on these issues.

I was heartened to find that during the break with the changeover in the Senate to Democratic control tomorrow, that the leaders in that body, the Democratic leaders in that body have said that the first order of business when they come back next week most likely, next week is going to be to move the Patients' Bill of Rights in the other body, and that that will be followed soon with these other health care issues.

So finally now we may have an opportunity to get legislation passed, at least in the other body, on some of these issues by the Democrats that will come over here and force the hand, I hope, of the Republican leadership here and the Republican President.

With that, Mr. Speaker, I would like to yield to the gentleman from Rhode Island (Mr. LANGEVIN).

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Mr. LANGEVIN. Mr. Speaker, I am pleased to rise and join my colleague, the gentleman from New Jersey (Mr. PALLONE) on this important topic.

Mr. Speaker, I rise to address in particular the skyrocketing price of prescription drugs, which is making this essential component of our Nation's health care system inaccessible to those who need it most.

Older Americans, who make up 13 percent of the U.S. population, account for 34 percent of all prescriptions dispensed and 42 cents of every dollar spent on prescription drugs. The average Medicare beneficiary fills 18 different prescriptions per year.

Obtaining prescription drugs is a clear necessity for our senior citizens. Yet, the annual spending per capita in the Medicare population for prescription drugs has jumped from $674 in 1996 to $1,539 in the year 2000, and is expected to climb to over $3,700 in 2010.

Overall, prescription drug prices rose 306 percent between 1981 and 1999, while the Consumer Price Index rose just 99 percent during that same period. In the year 2000, total spending in the U.S. for prescription drugs was $116 billion, more than twice the $51 billion spent in 1993. That amount is expected to triple to $366 billion by 2010. These escalating prices can and must cease.

For every dollar that a consumer pays for a prescription drug at the pharmacy, 74 cents goes to the drug manufacturer, 3 cents goes to the wholesale distributor, and 23 cents goes to the pharmacy. In 2000, pharmaceutical companies had after-tax median profits of 19 percent, compared with 5 percent for all other Fortune 500 companies combined.

While I recognize the importance of researching and developing technological advancements that have helped numerous Americans, and of course we all want to see this continue, I know drug manufacturers do not need such astronomical profits to ensure continued research.

Mr. Speaker, let us face facts: most core research for prescription drugs is funded through NIH. In addition, pharmaceutical companies dedicate more than 18 percent of revenues to profits and 30 percent to marketing and administration, compared with just 12 percent to research and development. In fact, the 12 drug companies with the highest revenues spent three times as much on marketing as on R&D in 2000.

Mr. Speaker, access to prescription drugs is critical to the survival and maintenance of an accessible quality of life for millions of our senior citizens. As we know, Medicare does not offer any prescription drug program, and most seniors have found that the Medicare+Choice program has not provided the kind of opportunities Congress thought it would.

As a result, today at least one in three people in the Medicare population have no drug coverage at all in the course of a year, and nearly half have no coverage for at least part of an entire year. These Medicare beneficiaries spend on average 83 percent more for their medications than those with drug coverage. Moreover, almost half of Medicare beneficiaries without any form of prescription drug coverage have incomes less than 175 percent of the poverty level. That means they had incomes of $15,000 in 2001.

That, Mr. Speaker, is why we need to require drug companies to give local pharmacies the best price they give their most favored customers, or the average foreign price, and reinstate the requirement for reasonable pricing on products that were researched and developed using taxpayer money via NIH.

Moreover, we need to authorize the Federal government to buy drugs in bulk and at a discount for Medicare beneficiaries.

And most of all, we must provide a Medicare prescription drug plan. While the administration's budget includes $153 billion over 10 years to provide for prescription drug coverage and Medicare reforms, this plan falls far short of a comprehensive drug coverage program.

The 4-year Immediate Helping Hand proposal provides block grants to the States to help low-income seniors purchase prescription drugs, and then an unspecified Medicare prescription drug