health plans will only be subject to liability under section 502 for benefit administration decisions that cause harm or death. Those include decisions such as whether an employee is eligible for coverage, whether a benefit is part of the plan or other purely administrative contractual decisions.

Punitive damages are not allowed under the Federal cause of action. A civil assessment may be awarded upon showing clear and convincing evidence that the plan acted in bad faith and with flagrant disregard. Those are high standards.

This standard carries a high burden of proof and is consistent with State statutes. This standard ensures that a health plan will not be subject to these damages for simply making a wrong decision. A plan must show flagrant disregard for the health and safety of others. Before exercising that legal remedy, the patient has to exhaust both internal and external appeals processes. If the patient suffers irreparable harm or death prior to the completion of the review process, the patient or heirs of the plan can elect to continue the review process and the court can consider the outcome. That is from language adopted from the Goss-Coburn-Shadegg substitute that was debated on this floor 2 years ago and which received a lot of support from the Republican Members.

The second piece of the bill liability package amends ERISA section 514 to allow causes of action in State court for a denial of a claim for benefits involving a medically reviewable decision that causes harm or death to a patient.

□ 2100

Punitive damages are prohibited in cases where the plan properly followed the requirements of the appeal processes and followed the determination of an external review. However, as in the Federal cause of action, punitive damages are available in cases where there is a clear and convincing evidence that the plan exhibited a willful or wanton disregard for the rights and safety of others.

I want to ask my colleagues something: Do we want to vote for a bill that says if a plan exhibits willful or wanton disregard for the safety or rights of others that they should not have any responsibility? I mean, do any of my colleagues want to bring a bill to the floor that would say that if a tire explodes and people are killed and that company that made that tire showed a willful and wanton disregard for the safety of the purchaser, that they should not be liable? Well, I do not know about my colleagues, but I sure do not want to go home and campaign with that on my record.

In our bill, before exercising this legal remedy, the patient has to exhaust both internal and external appeals. But if the patient suffers irreparable harm or death prior to the completion of the review process, either the patient or heirs or the plan can elect to continue the review process and the court can consider the outcome. But we do not want to pass a law that says that a plan can slow-walk an appeals process, delay treatment, make this thing go on and on, and then have the patient die in the meantime, and then be liable for nothing; at least I do not want to.

Now, the Norwood-Dingell bill removed the ERISA section 514 preemption of State law for all torts and allowed injured patients to bring a cause of action in State court for injuries caused by a medical decision or an administrative decision. Our new bill is different. Our new bill says, and it is a significant compromise, it limits the scope of actions that can be filed in State court to only those involving medically-reviewable decisions. That is a major compromise. We made this step towards the opponents to our bill.

This bifurcation of the remedy into a State component and a Federal component holds to the principles underlying ERISA. The existing Federal cause of action under ERISA affords health plans a set of uniform standards for making administrative decisions. That is what ERISA was intended to do. That is why it was originally designed to be a bill for the benefit of employees, not employers. However, when a health plan makes a decision that involves medical judgment, that plan, in my opinion, should be subject to the State laws, and recent Supreme Court decisions and the 5th Circuit decision upholding the Texas health plan liability would allow for the continued development of State laws.

Mr. Speaker, I will summarize here. There are a number of States that have passed health plan liability laws: Arizona, California, Georgia, Louisiana, Maine, Oklahoma, Tennessee, Texas, Washington. The Ganske-Dingell bill, the McCain-Edwards bill recognizes that. The bills that would move all liability into Federal courts would preempt those States. We provide a floor; they preempt.

Finally, let me just say a word about the employer protections, because we have a significant compromise in this bill from the last time around. The last time around we said an employer could be liable if they exercise discretion or authority; and the business community said, we think that that standard is a little loose, so we changed it. We use now a standard that was proposed by opponents to our bill last time that says, only if we directly participate can one be held liable.

Mr. Speaker, there are very few that do that. We have a big bill coming up for debate. I hope my friends and colleagues will look at this bill in detail.

AIDS EPIDEMIC

The SPEAKER pro tempore (Mr. ISSA). Under the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 60 minutes.

GENERAL LEAVE

Mr. RODRIGUEZ. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the Special Orders of today.

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

There was no objection.

Mr. RODRIGUEZ. Mr. Speaker, today we mark the 20th year of the AIDS epidemic. On June 5, 1981, the Centers for Disease Control published a morbidity and mortality weekly report on the diseases which affect AIDS. I spoke at the rally this past Sunday.

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

Mrs. CHRISTENSEN. Mr. Speaker, I want to thank the gentleman for providing this hour for us to discuss this important issue and remember and look back over the 20 years since the first cases of then an unknown disease was being discovered.

The gentleman and I were fortunate today to be able to spend some time at a symposium in Washington that was sponsored by the Kaiser Family Foundation and the Ford Foundation to look back over those years to see how far we have come and how far we have yet to go. I want to take this opportunity to thank the Kaiser Foundation and the Ford Foundation for their work, the support that they provide to research, the support that they provide to community organizations and this country and around the world, to address this disease.

We also heard the gentlewoman from California (Ms. PELOSI) earlier talk about the people who preceded her and we mentioned today how fortunate we were as we came to Congress in 1997 to have the work of the gentlewoman from California (Ms. PELOSI), the work of the gentleman from Washington (Mr. MCDERMOTT), Lou Stokes, and the gentlewoman from California (Ms. WATERS), and many, many others to build upon.

We have really seen a lot of wonderful advances in the last 20 years, but we still have a lot more that has to be done. We have seen the identification of what was then an unknown disease to advanced therapies that have transformed what was a death sentence to now what is almost a chronic disease. We have an improved quality of life for those who have been diagnosed with HIV. They can live comfortable and quality lives rather than just having to wait to die.

Mr. Speaker, I am going to turn this Special Order back to the gentleman from Texas (Mr. RODRIGUEZ), and I will join him again later at the conclusion of his comments.

Mr. RODRIGUEZ. Mr. Speaker, let me thank the gentlewoman from the Virgin Islands. I know that from the Black Caucus the gentlewoman has been working diligently, and as chairman of the Hispanic Caucus on Health,

I want to thank her specifically for the work that she has been doing on this issue and all issues on health, so I thank the gentlewoman. I look forward to continued dialogue.

Let me just make a few comments. We have other fellow colleagues that are here with us today, but I want to take the opportunity to just say that it is hard for me to believe that it has been 20 years, and as the sign back here says, ''Twenty Years is Enough.'' Twenty years later, HIV/AIDS has taken the lives of close to 22 million people worldwide. It is hard for me to also believe that 15 years ago, I was in the Texas legislature listening to my fellow colleague denounce the spending money on AIDS prevention because of narrow bigotry. In essence, he would say, these people deserve it. I only mention that because thank God that we have really come a long way from that perspective, and I am proud to stand here today and see how far we have come, although we have a lot more to do.

I would like to recognize the countless individuals and organizations that are out there working on issues such as research on AIDS trends that affects new drugs, the advocacy groups that are out there working, the advocacy groups that are working for children with AIDS, the foundation activities that are raising awareness in the area of AIDS, the key components and the global effort in the area of AIDS. The Hispanic Caucus, the Black Caucus and the Asian Pacific American Caucus are working together to find solutions to specific communities of color also. As chairman of the Congressional Hispanic Caucus Task Force on Health, I have had the opportunity to work with many of my friends and colleagues on efforts to increase resources for AIDS prevention, education, and treatment. It affects the lives of the rich, the poor, the famous, the not-so-famous, the blacks, the browns, the whites. It affects all of us.

Let me take this opportunity, since we have some of our colleagues here today, to recognize them. We have two people from California, and I want to take the pleasure of recognizing the gentlewoman from California (Ms. SANCHEZ), who also sits with me on the Committee on Armed Services. I thank the gentlewoman for being here this evening, and I yield to the gentlewoman.

Ms. SANCHEZ. Mr. Speaker, I thank the gentleman from Texas (Mr. RODRIGUEZ), my fellow caucus member from Texas.

Mr. Speaker, AIDS is something that tends to be pretty foreign to people until it touches someone in your family. In my particular case, in 1990 I had a cousin, a very close cousin, who died of AIDS. This was a cousin that I used to visit every Sunday. In a Hispanic family we tend to be very, very close; and your cousins tend to be the friends that you have. The family is so large, you never have to go outside of the family to find playmates and people that you hang out with.

This particular cousin used to do my hair at his own company, at his own salon. He was a successful businessman, not too far away from where I lived; and at one point he got sick. As AIDS progressed with him, I and many of the members of my family got to understand what it was like then to live under those conditions, and then for a society that really did not understand what HIV and what AIDS was about. You would think that in a Hispanic culture, we are a little afraid of things like this, we do not like to talk about these things, but one of the great things that I think my cousin had was an ability to come together and to help with the situation.

I had a cousin who was an outstanding member, who was a great family person but, at the same time, was a business owner. I saw him lose his business because he could not work; and because he could not work, he lost the business. I saw him lose his home. I saw him go, and we would take him to the hospital sometimes with some affliction, and I saw doctors who were afraid to treat him or would turn him down to treat him. I saw the red tape and what it took to get him into a hospital, to get him back on his feet. I saw a society that did not understand what was happening and refused to put the money and refused to treat somebody who had AIDS. I thought, you know, in that last year of his life, here is someone who is dying, and the thing that they should have most intact is a dignity about life. I saw a world that did not understand and did not want to treat him with dignity. That was in 1990.

Now, I am glad to report that just this past month, we in Orange County cut the ribbon on Emanual House, a living house for 21 people who will come and live in an environment that will be a positive environment for those who have HIV or have AIDS. It is a great collaborative effort by homebuilders and by mercy housing and by one of the priesthoods there, Catholic priesthood in Orange County, to build this home in a neighborhood, in a family neighborhood in Santa Ana who worked with us and who welcome these new residents who will come to this beautiful, beautiful home called Emanual House.

□ 2115

I have seen a change in the funding levels. I have seen a change in the breakthroughs that we have had for medicine for AIDS. I have seen even a change over the years in the walk for AIDS that happened this past Sunday in Orange County, where we had over 15,000 people participate to walk on Sunday morning, and where we raised almost $1 million in Orange County, California, for research and for help on AIDS, to help these people who lose their jobs, who lose their homes, many who still lose their families. It is a very positive thing.

Probably the most negative thing that I have seen in the last few years with respect to HIV and AIDS is that the infection is growing highest and at an alarming rate in the Hispanic community across the Nation. In particular, women who believe they are in a monogamous relationship, i.e., they are married and they believe that they are okay, are the ones that we are seeing most often the rate going up in the rate of HIV, the HIV disease.

So we have more to do. We need to get information out, and many of the people who work on HIV and AIDS in Orange County are working on campaigns to get the information out to our minority communities.

I thank my colleague, the gentleman from Texas, for taking this hour. I think this is a very important milestone, but there is so much more to do still. I thank the gentleman.

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentlewoman from California for her comments. There is no doubt this is an area and issue that confronts our community.

The gentlewoman mentioned disproportionately how it hits the Hispanic population. There is no doubt that we represent 13 percent of the population, yet we represent more than 20 percent of the new cases. So I want to thank the gentlewoman for being here tonight.

I yield to the gentlewoman from California (Ms. WOOLSEY), and I thank the gentlewoman for being here tonight.

Ms. WOOLSEY. Mr. Speaker, I thank the gentleman from Texas for yielding to me, and for putting this all together. He has done us all a great favor this evening.

Mr. Speaker, 20 years ago, HIV and AIDS was thought to affect only gay, white men. Time has proved otherwise. We now know that HIV and AIDS does not discriminate. It reaches out to men, women, and children of all ages in every social and economic group of every race and in every country in the world.

I live in Petaluma, California. A good friend of mine was the first woman to die of AIDS in Sonoma County 10 years ago. I can remember when the subject of AIDS first came up 10 years before that. She and I had lunch together, and we were sitting and talking, and trying to figure out actually what this disease was and how to prevent it, and why it was spreading so rapidly around the country.

Twenty years ago, people afflicted with HIV-AIDS had little or no chance to enjoy a good quality of life. Thankfully, scientific research has led to successful life-prolonging therapies, but the epidemic is far, far from over.

I am proud to represent a district that is committed to fighting the spread of the HIV virus. Marin and Sonoma Counties, the two counties just north of San Francisco across the Golden Gate Bridge, have one of the Nation's highest incidences of HIV/

AIDS. But these counties provide comprehensive services for people living with HIV/AIDS. They have consistently pushed forward aggressive public policy initiatives such as the needle exchange programs.

The boards of supervisors in both Marin and Sonoma Counties passed needle exchange regulations and acceptance when it was illegal in the State of California.

Advances in treatment, coupled with effective public policy, remind us that good things happen when government and the public health community work together, and when education is made abundant so that people understand what they are up against, what the challenges are, and what prevention must be taken.

Today we must recall the lessons we have learned in the 20-year-long fight against HIV/AIDS, and pledge to build upon that knowledge to take us forward, not backward. The treatment of HIV/AIDS has changed, but its fatal consequences have not.

It is time to reeducate our Nation. A new generation faces the threat of HIV/AIDS, a generation that never knew the devastation that this disease creates. We must not allow them to repeat the mistakes that contributed to the rapid spread of HIV/AIDS in the first place.

Nor can individuals currently receiving HIV/AIDS therapies believe that their medications are in any way a cure. That challenge still awaits us. Until then, we must exercise every precaution to slow the spread of this disease.

As we debate HIV/AIDS policy and funding, we must be motivated by the many changes that still lie ahead. If we do, we will accomplish more in the next 5 years than we did in the last 20 years. And Mr. Speaker, we must, because lives depend on it.

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentlewoman from California (Ms. WOOLSEY) for coming out here.

We have gotten so much interest that we have a good number of people out here, so I want to take this opportunity to yield to the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. Mr. Speaker, I thank the gentleman for yielding to me, and I thank my colleagues who organized this with the gentleman from Texas (Mr. RODRIGUEZ), who chairs the Hispanic Caucus Health Task Force, and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), the Chair of the Congressional Black Caucus Health Brain Trust. I thank the gentleman for organizing this very important special order on HIV and AIDS.

Mr. Speaker, this week is the 20th anniversary of the discovery of the virus. After 20 years, a vaccine is still not on hand, and 20 years later, the African American population is disproportionately affected by this virus.

Mr. Speaker, my colleagues have mentioned some of the devastating statistics: worldwide, 36 million people are now infected, and 21.8 million have died, including 3 million last year. Each year, 5.5 million new people are infected. That figure represents more than 15,000 victims a year.

However, I wish to focus on my State of North Carolina. According to figures from last year, North Carolina ranked 23rd among 50 States and the District of Columbia in terms of the number of AIDS cases. Most North Carolina HIV disease reports highlight the male population; 65.5 percent were African American, and 72.1 percent of them fell between the ages of 30 and 39 years of age.

The statistics from my district are even more unsettling. African Americans accounted for 87 percent of cases reported in my district in 2000. I will let the Members know that African Americans only represent 50.6 percent of my district.

I have spoken with many people who presently are suffering from HIV/AIDS, as well as health care providers, caseworkers, representatives from community-based organizations in my congressional district. I have heard moving testimony about the lack of resources to adequately address this public health crisis. There is a great need to focus on prevention and accessible and affordable treatment.

According to a recent article in the New York Times, while AIDS no longer makes the Federal government's list of the 15 leading causes of death in the United States, it is the leading cause among African Americans ages 25 through 35. HIV infections are rising more among heterosexual women, particularly in the rural south, where Federal health officials say an influx of crack and the sex-for-drug trade is fueling the spread of the virus.

Treatment and prevention comes in all forms as fighting this disease takes a comprehensive approach. We know that HIV/AIDS has affected many people through the practice of those addicted to drugs exchanging used needles. We need to address the drug addiction problem. We need to focus on prevention of drugs. We need to have a needle exchange program that makes sense.

We need to give all American a healthy start so that risky behavior such as drug use and abuse and prostitution can be decreased. A decrease in this unhealthy and risky behavior can help prevent the spread of HIV and AIDS, and other STDs will also be diminished.

In the same article mentioned earlier, it stated that AIDS in this country is increasingly an epidemic of the poor, which means it is increasingly an epidemic of minorities. African Americans, who make up just 13 percent of the population, now account for more than one-half; 13 percent, but one-half of all HIV infections.

We need to get our churches involved. In the African American community, the church is the focal point. We need to reach out to our citizens, regardless of how we feel about their sexual orientation or their background. Our churches need to employ a nonjudgmental approach so that it is easy for people in need to seek assistance from the church community. We cannot shut our doors because someone does something or looks in a certain way. Our churches should and must be in the vanguard in addressing this issue.

Twenty years after AIDS, we know that this is no longer a gay disease. We know it is not a disease that just affects an urban population. As the figures that I mentioned about my district in North Carolina demonstrate, this disease is affecting rural citizens in record rates without the appropriate infrastructure or resources to address it, particularly among African Americans.

I am hopeful that before the onset of a 25th anniversary of this devastating disease, a vaccine will be available and accessible. I am hoping that before the 25th anniversary occurs, the number of the newly affected will be greatly diminished. I am hopeful before the 25th anniversary occurs also that the worldwide pandemic of HIV/AIDS will have a death blow to far less individuals. We have already lost 21 million people to this pandemic. I am hopeful that good news indeed is on the horizon. I thank the gentleman for bringing this to the attention of the American people.

Mr. RODRIGUEZ. I thank the gentlewoman from North Carolina for being here tonight, and I thank her for the words she has said. As she talked about the fact that we have reached a point where it impacts a whole bunch of other people, one of the worst statistics to see is that minority children make up an astonishing 82 percent of the new AIDS cases. These are our children that are being hard hit.

I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman from Texas for yielding to me. It is great to see how many people are coming out to address this issue. It is the tip of the iceberg for the real concern and commitment that many of our colleagues, particularly those in both the Hispanic and Black Caucus, have to addressing this disease in our communities and really around the world.

I wanted to make mention of some of the things that have been said. The gentlewoman from California (Ms. SANCHEZ) talked about her family member. In these 20 years that have passed since the first cases were reported, there is hardly a family that has not been touched by this disease.

In those 20 years, over 750,000 persons have been diagnosed and reported with AIDS, and about half a million have died. These are all people who are brothers, sisters, wives, mothers. We cannot forget, as we look at the large numbers, that these are human beings that all have people who care about

them and love them, and are affected when they are infected.

The gentlewoman from North Carolina (Mrs. CLAYTON) talked about our rural areas. That is an area that needs some special attention, because a lot of the programs that we do have and have brought about in these 20 years address the larger urban areas, but our rural areas are left out. That is a challenge for us as we go into the next decade.

The gentlewoman mentioned the needle exchange. We talked about the fact that we went to the Kaiser Family Foundation and Ford Foundation symposium today, and one of the things that they report in their survey is that more than 58 percent of the people that they surveyed, a good statistical component that represents the American public, 58 percent supported needle exchange programs.

□ 2130

Because we understand that it does prevent the spread of AIDS; therefore it prevents sickness and death. Many studies have proven, I think, conclusively that it does not increase the tendency to drug abuse, and indeed it brings people into treatment further.

So I turn it back over to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, nobody knows this issue better than the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), being a practitioner also. I want to thank her for her hard work.

Mrs. CHRISTENSEN. Mr. Speaker, as a social worker, the gentleman from Texas (Mr. RODRIGUEZ) has had a lot of experience with it as well. That is why we are glad to be able to collaborate with him on these and other health care issues.

Mr. RODRIGUEZ. Mr. Speaker, we are looking forward to working with the gentlewoman.

Mr. Speaker, I yield to the gentlewoman from Houston, Texas (Ms. JACKSON-LEE). She is a dynamic person, always on the issues, and we thank her for being here tonight.

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me thank the gentleman from Texas (Mr. RODRIGUEZ) for his leadership, leadership of being chair of the Hispanic Caucus Health Committee, the work he has done. We have done work together on immunization and children's health issues. I thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) who chairs the Congressional Black Caucus Task Force on Health.

It is important that we are here today. But I imagine that all of us would wish that we were not. I think, as evidenced by our message ''20 years of AIDS is enough'', it points to the fact that we are only here to be able to highlight the need for greater focus and emphasis and recognition that it is not my problem, it is our problem. It is not his problem or her problem, it is our problem.

I will try to focus on where do we go from here and some of the things and the efforts that we have made collaboratively together. I am very proud to have joined the gentlewoman from California (Ms. LEE), one of the speakers that will come forward, and those of us on the floor of the House as we worked on issues like debt relief and also the Marshall plan.

But as we have done that, we are continuing to work and to talk about questions of prescription drugs or the issue of being able to provide generic drugs in a way that all people can have access to them.

Particularly, I want to note that this is a worldwide issue. Though we have highlighted the continent of Africa, knowing that 40 million children by 2005 will be orphaned by those who are HIV infected and will have died in sub-Sahara Africa, I also realize that this disease is spreading to India, it is spreading to China, some of the largest population centers in the world. If we were to take it back home, it is particularly devastating to note that women are the highest numbers of HIV infected, particularly African-American women and Latino women.

It is important to note that States where one would not think or would possibly begin to want to isolate States, so that is an urban problem versus a rural problem, there are over 50,000 reported AIDS cases in Texas alone. Over half of these are among blacks and Hispanics or over 50 percent of those with AIDS.

In my district in particular in Texas, African Americans represent a staggering 64 percent reportable HIV infections and 57 percent of the total cases diagnosed in 2000. Even more frightening statistics is the fact that 84 percent of the adolescents with reportable HIV infection are African American.

Women represent an estimated 30 percent of new HIV infections in the United States and a growing share of newly reported AIDS cases each year. In 1986, women accounted for 67 percent of the new AIDS cases. By 1999, women accounted for nearly a quarter of all AIDS cases in this country. Worldwide, women account for 42 percent of all AIDS cases which is nearly triple the number 10 years ago. Although African Americans and Latinos represent less than a fourth of all women in the United States, they account for more than a third of all reported AIDS cases. Women in the 18th district of Texas and throughout Texas have not escaped the epidemic. The percentage of Texas women with AIDS increased from 14.3 percent to 15.4 percent just between 1997 and 1999.

It is important just to lay these particular issues on the table because I hope that, as we emphasize 20 years of AIDS is enough, again I say that we focus on where do we go in the future.

What we have tried to do, Mr. Speaker, is to talk about prevention and to break down the barriers that keep people from understanding what AIDS is and how it can be prevented.

So in my community, let me applaud a number of initiatives by Magic 102, a radio station. With their general manager, we have created a whole series of sessions or fares or programs or efforts throughout the community to focus on testing, HIV testing. Have you been tested? Therefore we are going around the community focusing on, encouraging people to be tested privately, of course; and we are doing that in conjunction with the City of Houston health department.

I want to thank Dr. Kendricks and Marilee P. Brown for acknowledging and declaring Houston as an emergency center, an emergency crisis, if you will, regarding AIDS about a year ago. Out of that, the consciousness of people in the community have been raised up to begin to talk about it in the religious community as well as throughout the community.

Our churches are engaged in talking about how do we prevent the infection of HIV/AIDS, because we are finding that it is being promoted or it is being encouraged by economic, cultural, legal and religious factors where people have no control of it.

About a quarter of all women report postponing medical care due to barriers such as sickness or lack of transportation or lack of health care. It is tragic to know that research, prevention efforts, education, substance abuse treatment, and prevention programs need to be targeted towards women, especially African-American and Hispanic women. So we need culturally sensitive programs. The same thing in India and China as it moves throughout the world, culturally sensitive programs.

When we went to Africa, one of the issues that we discussed in Zambia and Uganda was programs that related to the culture of Africans so that they would be eager to come and find out information.

When I was in Botswana just a few weeks ago, we found a center where a gentleman living with HIV/AIDS was the chief spokesperson and outreach coordinator. He was able to speak to his fellow Botswanans about the importance of prevention, but also testing and removing the shackles and the barriers from that. Clearly, much remains to be done to fight the disease, and many look to African-American leaders in Congress for this guidance.

A New York Times columnist recently demanded that the so-called leaders of the black community, the politicians, the heads of civil rights organizations, the preachers step forward and say in thundering tones that it is time to bring an end to this destructive behavior.

Let me answer that by saying we are all collectively standing up in the fight. What we must do is collaborate with government to be able to have the resources and create the research and have the CDC continue to do its work along with the NIH on finding a cure for AIDS.

Our voices have risen, and we need to be listened to. In this Congress, as we

begin to appropriate dollars, as we appropriate the Ryan White treatment dollars, for all of us, we must ensure that those dollars will reach out to culturally sensitive organizations such as the Donald Watkins organization in Houston that responds to the needs of our particular cultural communities along with all of our others.

Let me close by mentioning a gentleman in my community that I pay tribute to as a symbol of someone who has lived with AIDS and fights it every day. David Swem in Houston, who is at 6 feet tall and a mere 122½ pounds has been able to fight AIDS, and he has been fighting it since his diagnosis in 1987 by taking 50 pills per day. That is overwhelming that that is what has to happen for people who are living with AIDS. That is why it is so very important for prevention and so very important ultimately to find a cure.

Might I also say, as noted by the gentlewoman from North Carolina (Mrs. CLAYTON), as chair of the Congressional Children's Caucus, there is nothing more devastating than an HIV-infected child or a child that has full-blown AIDS.

Nkosi Johnson in South Africa, a young man that we got to know some 2 years or so ago, recently died just a week or so ago, born with HIV from an HIV mother, transmitted through that HIV mother who could not take care of him, adopted by a loving South African woman.

Nkosi became the symbol of a precocious child who wanted to stand up and tell the world that he deserved dignity although he lived with full-blown AIDS. Children such as Nkosi should be enjoying a life filled with joy and laughter and happiness. Mandela said in a recent statement, ''On a frightening scale, HIV/AIDS is replacing that joy, laughter and happiness with paralyzing pain.''

Nkosi collapsed with brain damage and viral infections. But before that, in his short life, he contested the policies that kept HIV-infected children out of public schools in South Africa. He talked about his infection, challenging people to reexamine their fear of those inflicted with AIDS. He spoke at the World AIDS Conference in South Africa, woke our collective consciouses up, and began to acknowledge that it was important to be able to fight this disease in dignity.

To Nkosi Johnson, in his loss, a South African child but a child of the world, I believe that it should be our tribute tonight that 20 years of HIV/AIDS, full-blown AIDS is enough.

So to the gentleman from Texas (Mr. RODRIGUEZ) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), might I say that tonight, as we speak in acknowledgment of 20 years of HIV infection in this country and discovery of the AIDS virus, that we also commit ourselves, if we will, to continued legislative initiatives that collectively fights this devastating disease.

Mr. Speaker, I rise today on an occasion that perhaps none of us foresaw in 1981 and certainly none of us welcomes now—the 20th year of the HIV/AIDS epidemic. Instead of the eradication of the disease, we continue to face 40,000 new infections per year, an increase in the disease among women, an infection rate at plague proportions in Africa and a possible upswing in the disease among gay men. It has left behind people such as David Swem at Houston, who at 6 feet and a mere 122½ pounds, has been able to fight AIDs since his diagnosis in 1987 by taking 50 pills per day. But he has lost about 300 friends to the disease. I will continue to cry out about this disease until it no longer exists.

More people have died from HIV/AIDs over the last twenty years than from any other disease in history—21.8 million people. In this country we have been able to slow the rate of AIDS' deaths, but the disease is at crisis proportions in sub-Saharan Africa, where four-fifths of those deaths have occurred—an average of one death every eight seconds. The Houston Chronicle reports that 95 percent of all AIDS cases are in the developing world, and that this strain of AIDS could cause a drastic explosion if it jumps to the Western world. More than 70 percent of all people living with the disease, or 25.3 million HIV-positive individuals, live in Africa. Over 10 percent of the population is infected in sixteen African nations. The U.S. Census Bureau calculates that by 2010, average life expectancy will be reduced by 40 years in Zimbabwe and Botswana, and in South Africa by 30 years. The disease destabilizes these nations by decimating its workforce, destroying any economic prosperity, depleting its military and peacekeeping forces and leaving thousands of orphans.

The epidemic is not limited to Africa. Indeed, the fastest growing front of the epidemic is now in Russia, where the number of new infections last year exceeded the total from all previous years combined. In 2000, the number of Russians living with HIV/AIDS skyrocketed from 130,000 to 300,000.

The statistics are alarming in this country as well. In its June 1, 2001 report, the CDC noted that AIDS in the United States remains primarily an epidemic affecting gay men and racial and ethic minorities. Rates are high among minorities because factors such as high poverty rates, unemployment, and lack off access to health care form barriers to HIV testing, diagnosis and treatment. The CDC study also noted the alarming figure of an infection rate of 14 percent of young black gay or bisexual men, based on a study in seven cities.

There are over 50,000 reported AIDS cases in Texas alone, and over half of these are among blacks and Hispanics are over 50 percent of those with AIDS. In my district in Texas, African Americans represent a staggering 64 percent of reportable HIV infections and 57 percent of the total cases diagnosed in 2000. An even more frightening statistic is the fact that 84 percent of the adolescents with reportable HIV infection are African-American.

Women represent an estimated 30 percent of new HIV infections in the United States and a growing share of newly reported AIDS cases each year. In 1986, women accounted for 7 percent of new AIDS cases. By 1999, women accounted for nearly a quarter of all new AIDS cases in this country. Worldwide, women account for 42 percent of all AIDS cases, which is nearly triple the number ten years ago.

African Americans have been hardest hit women. Latinas have also been heavily affected. Although African Americans and Latinas represent less than a fourth of all women in the U.S., they account for more than a third of all reported AIDS cases.

Women in the 18th District of Texas, and throughout Texas, have not escaped this epidemic. The percentage of Texas women with AIDS has increased from 14.3 percent to 15.4 percent just between 1997 and 1999, 1999 being the last full year for which data is available. In my district, currently about 27 percent of new HIV infections are among African-American women. A staggering 82 percent of all HIV infections among women were in the African-American community. Similarly, 79 percent of the reported AIDS cases in women were among African-American women.

Despite these steady increases in HIV/AIDS cases among both women and children, funding for these groups has decreased. In FY1999, women and youth received 2.87 million in funding via Title IV of the Ryan White CARE act, and 2.72 million in FY2000.

Many factors exacerbate women's risk of HIV infection. Many women, particularly in areas such as sub-Saharan Africa, are especially vulnerable to HIV infection because economic, cultural, legal or religious factors may limit control over their lives and their ability to protect themselves from infection, or to gain access to treatment. About a quarter of all women report postponing medical care due to barriers such as sickness or lack of transportation.

What more needs to be done? Research, prevention efforts and education and substance abuse treatment and prevention programs must be targeted towards women, especially in the African-American and Hispanic communities. These programs should include research into female-controlled barrier methods, prevention efforts targeting young women, early comprehensive sex education and substance abuse treatment and prevention programs targeted to women.

We can also take an example from places such as the Thomas Street Clinic in Houston, the nation's first freestanding HIV/AIDS treatment facility. Thomas Street Clinic provides patients with access to a full range of services, including medical services, counseling, housing, job placement assistance and child care. This clinic is a model for our nation, particularly for providers in disadvantaged, urban and minority areas.

Clearly, much remains to be done to fight the disease, and many look to African American leaders in Congress for this guidance.

I am here to say that we are here, and we are pleading for an end to behaviors that lead to HIV/AIDS, for better health care, for more funding for research, treatment and prevention and for desperately needed social services for those whose lives have been upended by the infection. Congress cannot fight this disease alone, but we are firmly committed to the battle.

Mr. Speaker, I include the following article for the RECORD as follows:

[From the Washington Post, June 2, 2001]

NKOSI JOHNSON, 12, DIES; S. AFRICAN AIDS ACTIVIST

BOY BORN WITH HIV URGED OPENNESS

(By Susanna Loof)

JOHANNESBURG.—Nkosi Johnson, who was born with HIV and became an outspoken

champion of others infected with the AIDs virus, died Friday of complications of the disease he battled for all 12 of his years.

Nkosi was praised for his openness about his infection in a country where people suspected of carrying the AIDS virus often are shunned by their families and chased from their communities. Former South African president Nelson Mandela called him an ''icon of the struggle for life.''

''Children, such as Nkosi Johnson, should be enjoying a life filled with joy and laughter and happiness,'' Mandela said in a recent statement. ''On a frightening scale, HIV/AIDS is replacing that joy, laughter and happiness with paralyzing pain and trauma.''

Nkosi collapsed in December with brain damage and viral infections. His foster mother, Gail Johnson, said he died peacefully in his sleep in the morning.

''It is a great pity that this young man has died. He was very bold,'' Mandela said Friday.

During his short life, Nkosi successfully contested the policies that kept HIV-infected children out of public schools. He talked about his infection, challenging people to reexamine their fear of those afflicted with AIDS.

''He had an awareness of the threat to his life and the importance of his life in lessening the threat to other people with AIDS,'' Constitutional Court Justice Edwin Cameron, who is also infected with the virus, told the Associated Press in January.

Parliament passed motions Friday expessing regret and sadness at Nkosi's death, and the Congress of South African Trade Unions said Nkosi ''inspired all people suffering from the disease.''

Nkosi was born Feb. 4, 1989, with the virus that causes AIDS. His mother could not afford to bring him up, and Johnson became his foster mother when he was 2. Nkosi's mother died of AIDS-related diseases in 1997.

That same year, Johson and Nkosi successfully battled to force a public primary school to admit him. The fight led to a policy forbidding schools to discriminate against HIV-positive children and to guidelines for how schools should treat infected pupils.

Nkosi became internationally known with a speech at the opening of the 13th International AIDS conference last July in Durban, South Africa, in which he asked that AIDS sufferers no longer be stigmatized.

Nkosi helped raise money for Nkosi's Haven, a Johannesburg Shelter for HIV-positive women and their children. He was crushed when a 3-month-old baby his foster mother cared for died of AIDS-related illnesses.

''He hated seeing sick babies and sick children,'' Johnson said.

The experience led to his speech at the AIDS conference, where he urged the South African Government to start providing HIV-positive pregnant women with drugs to reduce the risk of transmission of the virus during childbirth. About 200 HIV-positive children are born in South Africa each day, but most die before they reach school age.

A year later, the government is still studying proposals to use the drugs.

Johnson said Nkosi did more for AIDS sufferers in South Africa than anyone else.

''Nkosi wanted people to know that infected people, and especially children, deserve everything in the world,'' she said. ''His legacy is that we will care for them.''

Mr. RODRIGUEZ. Mr. Speaker, I thank very much the gentlewoman from Texas (Ms. JACKSON-LEE). I want to thank her also because I think she mentioned some real key issues. One of them deals with cultural sensitivity.

I recall back when we had some testimony regarding AIDS, one of the things that was mentioned by one of the doctors was that she had a particular client that was told, and only knew Spanish, and was told that she was positive. She understood that as—(the gentleman from Texas spoke in Spanish). She went ahead and had children. One of her children would up with AIDS. The importance of cultural sensitivity and language understanding I think is key.

I want to thank the gentlewoman from Texas for the other comments that she made. One of the key things I think that is important also is to understand that this is devastating throughout all our communities, not only in this country, but throughout the world when we look at sub-Sahara Africa, when we look at the province in China, when we look at Brazil, when we look at the border in Mexico.

So it is a disease, it is a world disease. It is a disease that we need to go fight it wherever it is and that applies to all the infectious diseases, and that is very important.

Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) who is here with us, and we continue to get people that are coming in. I am real pleased to see the number.

Ms. LEE. Mr. Speaker, I rise this evening to join my colleagues to acknowledge the 20th anniversary of the first HIV/AIDS diagnosis in the United States. I first want to thank the gentleman from Texas (Mr. RODRIGUEZ), my fellow social worker, and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), our physician, who is leading this very valiant effort on behalf of the Congressional Hispanic Caucus and the Congressional Black Caucus, because I believe in unity that we will win. So I am very sober tonight and very humbled by the joint efforts that we are mounting. I want to thank them for their leadership in this.

Twenty years ago, the world learned about a new disease. All that was known then was that this disease destroyed the human immune system, and its ultimate outcome was unknown. Unfortunately, because this disease emerged in the United States primarily in the gay community, very little was done to curb the rate of new infections because, quite frankly, of political policies during the Ronald Reagan era. That is when we began to really wonder about this disease. But we did not do much then. We put our head in the sand.

Since then, we have learned that this disease could be transmitted through exposure to HIV-infected blood. We learned that transmissions were occurring through unprotected sex with HIV-infected partners. We learned that transmissions were occurring through blood transfusions where HIV-tainted blood products were used. We learned that exposure to HIV was occurring through shared needles and intravenous drug use. We learned that in the United States, poor minority communities were at a greater risk for new HIV infections than the white community.

□ 2145

Ms. LEE. And we learned that this disease was a global pandemic. It is disproportionately affecting people of color, Latinos, African Americans. It is devastating the continent of Africa, the Caribbean, Latin America, and it is a ticking time bomb in many developing countries.

The most important lesson we have learned is that HIV can be prevented and it starts with breaking the silence. And once again I want to commend my colleagues for helping us do that once again tonight on the floor of Congress.

Now, in my district in Alameda County, California, HIV/AIDS has disproportionately affected the African American community. While the number of new diagnoses for virtually every segment of the population was declining, it was rapidly moving in the opposite direction for African Americans in Alameda County and also for the Latino community.

According to data provided by the Alameda Department of Health and Human Services in 1998, nearly 60 percent of the new HIV infections were occurring among African Americans, even though African Americans account for only 18 percent of the county's population. Of the new infections in Alameda County, a growing number of infections are occurring among women. Through a community-wide initiative, a state of emergency task force was formed, and on November 4, 1998, the Alameda County Public Health Officer declared a public health emergency on AIDS in Alameda County's African American community.

This designation led to Alameda County's designation by the Department of Health and Human Services as one of the 20 targeted metropolitan statistical areas and the disposition of a crisis response team to aid in this effort. And I would suggest to my colleagues in the Congressional Black Caucus and the Congressional Hispanic Caucus to challenge your counties to declare states of emergencies, because this is what we have on our hands and we should have nothing less than a formally declared state of public health emergency where this pandemic is wreaking havoc on our communities.

Also, because of this designation, several community-based organizations and AIDS service providers in my district have been awarded additional resources, not enough, but additional resources to assist them in bringing our local crisis to an end. In the 3 years since Alameda County declared a public health emergency, HIV and AIDS prevention efforts have been widely expanded, and it is working. Some of our community-based organizations are reporting that they are now able to reach many highly vulnerable populations, such as sex workers, the incarcerated populations, and youth to provide HIV and AIDS prevention and education.

The Highland Hospital and the Magic Johnson AIDS Clinic have expanded their care and treatment services, including providing lifesaving antiretroviral treatments to people living with AIDS that were not receiving these treatment services because they could not afford them. They are now receiving them, and this has happened in the last 3 years. AIDS organizations and the county health department have been able to step up their surveillance efforts in order to have a more clear picture of who in Alameda County remains at high risk for contracting AIDS.

According to the Alameda County Department of Health and Human Services, in 1997, the risk for African Americans to contract HIV was five times higher as compared to whites. In 2000, that number has decreased to 4 to 1. This is slowly decreasing. And it is a positive sign, but it is not zero yet. And that is where we want it. Increases in funding for surveillance have showed that women account for 12 percent of all AIDS cases in Alameda County. However, what was not known was that the incidence of transmission of AIDS through heterosexual sex is 47 percent.

Now, this year, the administration's budget actually flat-funded our domestic HIV and AIDS programs, including the minority health initiative, which was led by the Congressional Black Caucus, and we put in many hours, many years of work under the leadership of the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), and we must not let this be reversed back to the days when our heads were in the sand.

The United States must move forward, and we must not become complacent. We must increase funding for HIV/AIDS education and treatment programs, and we must advocate for the highest level of funding possible to address our domestic AIDS crisis. Yes, 20 years of AIDS is really enough. Let us wipe it out.

Mr. Speaker, I yield back and want to once again thank the Congressional Hispanic Caucus and the Congressional Black Caucus for again breaking the silence.

Mr. RODRIGUEZ. Mr. Speaker, I thank very much the gentlewoman from California (Ms. LEE).

Next, Mr. Speaker, I want to ask our District of Columbia representative (Ms. NORTON) to come over. I had the pleasure of being with her on Sunday on the lawn where we had a march that came in. We had several hundred people that came in, and it was a pleasure there being with the gentlewoman. I know that we had a large number of people trying to bring the news about the fact that 20 years is enough, and so I thank her for being here tonight with us.

Ms. NORTON. Well, let me first thank the gentleman from Texas (Mr. RODRIGUEZ), and I want to thank my good colleague as well, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), for her leadership in bringing to the attention of the Congress and of bringing our two caucuses together to focus on where AIDS has spread and the changing face and color of AIDS.

I want to thank the gentleman from Texas especially for being at the Sunday 20-year celebration, because I think his speaking and my speaking made the point we are trying to make here, and that is that this disease has changed radically in 20 years and we are here this evening to make that point. I appreciate that there will be other Members, so I will, therefore, speak rapidly.

The theme of what I want to say is that after 20 years, we owe it to the almost million who have been infected in this country, almost half of them dead of the disease, to stress prevention over every other issue, because this is indeed a preventable disease. Members know the fight I have personally had in my own district just to get needle exchange, something that every scientific organization believes is an important way to prevent AIDS, especially since today 30 percent of the new cases are women. That is something that is radically different from 20 years ago. And these women, of course, are getting AIDS largely through infected drug transmission.

The fact that at a time when we need to be turning our attention to the developing world, and many of us in the Congressional Black Caucus, for example, have been working on AIDS in Africa because the continent is being devoured by the disease, the whole notion that we would have to turn back to teach some of the lessons of 20 years ago is absolutely heartbreaking. Parts of our community, particularly Hispanics and blacks, were never reached because they were never targeted. One of the reasons they were not targeted is because of the opprobrium that attended AIDS because it was seen as a homosexual disease.

In both our communities there is homophobia. And we in the Congressional Black Caucus and in the Congressional Hispanic Caucus have an obligation to stand against homophobia first and foremost so that people can come out and understand that this disease can be prevented and so that they can acknowledge the need for safe sex. But today we are having to teach the lessons to black and Hispanic gays that we taught, we thought, to white gays 20 years ago, because the lessons were not learned by them.

We have one of the best, indeed a world-renowned AIDS clinic here, the Whitman-Walker Clinic. It should be downsizing. Instead of reaching to white gay and bisexual men it is now having to reach to black gay and bisexual men. How heartbreaking it was to read that gay men in San Francisco, the most conscious gay population in the world, is having an uptick in the epidemic. These are white gays.

What this teaches us is that every 3 or 4 years we better teach the same lesson. Because we have youngsters who were 13 then, they are 17 now, and they did not learn it then. We cannot assume that this lesson has ever been taught.

In the Congress, my colleagues know that we have been successful with the new treatments, and there may be some irony in that. It costs $10,000 to $12,000 a year per person. This is a preventable disease. That is not the best use for the health care dollars in our communities or in our country. We must teach the lesson of prevention so the health care dollars are not used for preventable diseases, but more often for many who suffer in our communities and our country from diseases we still do not understand.

We have been unwilling to get at the explicit nature of the education that needs to take place. This is a country that does not mind talking about sex very explicitly. We show sex, the sex act, to young children on TV in the daytime, but we will not talk about condoms, we will not talk about safe sex, we will not explain that to children. If we are not explicit about sex to teens, they are not listening to us. They get those messages from their media. They need to get it from us so that we can prevent this preventable disease.

Our goals, as we continue the fight 20 years later, are laid out for us. Upgrade the downgraded White House AIDS Office, search for a cure, search for a vaccine, get prescription drugs, get needle exchange, fight for hate crimes legislation, and for ENDA. But, above all, remember those who died before the message of safe sex was even understood, and remember those who died before there were protease inhibitors.

The only way to remember them is not simply by grieving for them, and tonight we do grieve for them, but by pledging to them that we will move to make sure that the 20-year anniversary is the beginning of yet another downturn in the prevalence of this disease and that we ourselves will lead the downturn by making that message clear not only in this Congress but in our own communities.

Again, I thank both of my colleagues for the service they have rendered the Congress and the Nation this evening.

Mr. RODRIGUEZ. I want to thank the gentlewoman once again. It was real exciting to be out there with those marchers that came in on Sunday. It was a great opportunity to participate and to begin to bring to light the fact that we still continue to fight on this issue. The Center for Disease Control has estimated that we still have over 900,000 people in the United States that are infected with AIDS.

I also want to take this opportunity to recognize one of my colleagues from Texas, the chairman of the Congressional Hispanic Caucus, and to thank him for his leadership in the caucus and for his being here tonight.

Mr. REYES. Mr. Speaker, I want to thank my colleague, the gentleman

from Texas (Mr. RODRIGUEZ), chair of the Congressional Hispanic Caucus Health Task Force, for all his hard work and leadership on this issue and other issues that affect his community and minority communities all across the country. The gentleman has demonstrated true passion and determination in ensuring that the health needs of Hispanics and all minorities all across the country are met.

In addition, I want to thank the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON), the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), of the Congressional Black Caucus, and the gentleman from Oregon (Mr. WU) and the gentleman from Guam (Mr. UNDERWOOD), of the Congressional Asian Pacific American Caucus, for their leadership and collaboration that has brought us here today to reflect on the importance of this date.

As chair of the Congressional Hispanic Caucus, I am here to commemorate the first reported AIDS cases in our country some 20 years ago. On this date, we not only remember those who have died and those whose lives are being affected by HIV/AIDS but also to continue to raise awareness about the devastating impact this disease has had on minority communities across the country.

According to the Centers for Disease Control and Prevention, AIDS has taken the lives of more than 21 million people around the world, including 450,000 Americans, since it was first diagnosed in 1981. An estimated 1 million Americans have been infected since the virus began spreading quickly in the early 1980s through unprotected sex, intravenous drug use, blood transfusions, and other workplace accidents.

I have heard others say that this deadly virus does not care about the color, age, gender or sexual preference of individuals. However from July 1999 to June of 2000, African Americans and Hispanics have accounted for nearly 70 percent of new HIV infections. The disproportionate effects of the virus among Hispanics and other minorities today continue to grow. Hispanics currently represent 20 percent of all new AIDS cases, even though we only make up 13 percent of the United States population.

□ 2200

Hispanics are the fastest growing segment of the U.S. population and the Centers for Disease Control report that HIV exposure risks for U.S.-born Hispanics and Hispanics born in other countries vary greatly, indicating a need for specifically targeted prevention efforts consistent with the values and beliefs of these communities. These include language-appropriate educational materials and health care professionals who have had training on the cultural factors that can make a difference in the treatment and prevention of this disease among Hispanics and minorities all across the country and the world.

The Congressional Hispanic, Black, and Asian Pacific Caucuses have responded to the need for targeted initiatives by collaborating to establish the Minority HIV/AIDS Initiative, which addresses the critical need for prevention and care resources in communities of color, where the majority of new AIDS cases are occurring.

Our caucuses, along with other policymakers, health care professionals and advocates will continue to work to increase Federal spending for HIV/AIDS programs, such as the Minority AIDS Initiative and Ryan White Care Act. I urge my colleagues to support the $540 million request for fiscal year 2002 for Minority HIV/AIDS Initiative and other resources needed in the fight against this deadly disease. These resources must be dramatically increased to keep pace with the changing epidemic and to work toward the elimination of both the health disparities between ethnic and racial groups and the disease all together.

Again I thank my colleagues, the gentleman from Texas (Mr. RODRIGUEZ) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentleman from Texas (Mr. REYES), who has been very instrumental in pushing for an additional $540 million, and I thank the gentleman for taking the leadership. Both the Hispanic and Black Caucus will be holding hearings next week on this issue, and we will continue to move forward.

Mr. Speaker, tonight we have the distinct pleasure of having the gentlewoman from California (Ms. PELOSI). Today alone, over 100 colleagues joined the gentlewoman in her efforts to reintroduce the early treatment of HIV/AIDS.

We know that too many underinsured and uninsured Americans do not have access to life-saving medications. We need to eliminate the barriers to early drug therapy for vulnerable populations, and this legislation would give the States the option to add HIV/AIDS to eligible categories for Medicaid coverage. It is a very important piece of legislation.

Ms. PELOSI. Mr. Speaker, we have talked about early intervention, early intervention; and this legislation would enable this to happen.

Mr. Speaker, I rise as a member of the Asian Pacific American Islander Caucus in joining my colleagues and commending the gentleman from Texas (Mr. RODRIGUEZ) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for their leadership on this important issue.

This Special Order tonight represents the changing face of AIDS. When I came to Congress 14 years ago this week, thousands of people had already died in my district. It was largely a gay man's disease.

We tried to teach the rest of the country what we learned about prevention, care, and research. Some of the legislation we are putting forth today is bearing the fruit of that.

I join the gentleman in putting forth the $540 million request for the Minority AIDS Initiative. I do not want anybody to think that any minority access to AIDS is only to that pot of money. That is the entry level to the bigger pot of money. So it opens the door to all of the other billions of dollars that are available. It is necessary to have that door opening, and I thank my colleagues for that.

Mr. Speaker, I did have an opportunity to speak on the floor earlier today on this, but I wanted to commend the caucuses for their leadership on this; and I look forward to working with them as an appropriator and as a member of one of the caucuses, for increased funding, for improving the quality of life, and for ending this terrible pandemic.

Mr. RODRIGUEZ. Mr. Speaker, I want to ask the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) if she would like to make any closing remarks.

Mrs. Christensen. Mr. Speaker, there is one area of the world which has been left out of this discussion tonight, and that is the Caribbean. It is second only to Sub-Saharan Africa in terms of the rates of HIV and AIDS. 35 percent of those infected are women compared to 23 percent in this country, and that number is rising. It is the leading cause of death between the ages of 15 and 44.

Mr. Speaker, of the United States territories in the Caribbean, both the Virgin Islands and Puerto Rico are in the top five in terms of incidence for AIDS. I want to make sure that the Caribbean is not left out of the discussion.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I congratulate both of my colleagues for this outstanding hour. Mr. Speaker, I also want to congratulate the gentlewoman from California (Ms. PELOSI). When people hear numbers like 500 million, then begin to suggest exaggeration, this is a crisis.

I think it is important to note the leadership of Dr. Satcher, the U.S. Surgeon General, his leadership on this issue, and the Office of Minority Health; and it will be very important that the Secretary of Health and Human Services works with this team, the gentlewoman from California (Ms. PELOSI) and the gentleman from Texas (Mr. RODRIGUEZ) and the gentlewoman from the Virgin Islands and the rest of us on pursuing this effort in making sure that we have these funds to solve this problem. I simply wanted to say that.

I thank my local community as well, Ernie Jackson and others for their great leadership.

Mr. RODRIGUEZ. Mr. Speaker, I thank all my colleagues who have participated. It is an issue on which we all need to take ownership. It is about all

of us. It has an impact on all of us. It is throughout the world. If we have these kinds of dangerous, infectious diseases throughout the world, we need to go after them.

Ms. MILLENDER-McDONALD. Mr. Speaker, today I rise to express my concern about the HIV/AIDS global pandemic. While this disease devastates the citizens of Sub-Saharan Africa, we also need to direct our attention to the rising numbers of HIV/AIDS cases in the U.S. Today, Mr. Speaker, in addition to accounting for more than half of the cumulative HIV/AIDS cases, people of color also represent two thirds of new HIV/AIDS cases reported in this country.

In the U.S., two lives are lost every hour in the war against HIV/AIDS. Twenty years ago today, the CDC reported 5 cases of AIDS. However, as of June 2000, there were seven hundred fifty three thousand nine hundred and seven reported cases of AIDS in the U.S. Of these reported cases, AIDS has claimed the lives of four hundred and thirty-eight thousand nine hundred and seventy-five American citizens. World-Wide the figure is twenty-two million.

The exponential growth in deaths, clearly indicate that the time for action is now. Although technology, medicine, and research have increased the life span of HIV positive victims, I am concerned about the staggering number of new AIDS cases in the US. In the last decade, the proportion of all AIDS cases reported among adult and adolescent women more than tripled, from 7 percent in 1985 to 23 percent in 1999, with the most dramatic increase occurring among women of color. Among 15–24-year-olds, AIDS is the 7th leading cause of death. These figures highlight the gravity of the crisis related to HIV/AIDS and its impact on our country.

Mr. Speaker, we are at a crucial time in this war against HIV/AIDS. Tragically, this disease debilitates everyone it infects. The most troubling fact is that there are few of us who have been unaffected in some way by this disease. Today as we approach the 20th anniversary of HIV/AIDS in the US, I would like to alert my fellow Americans of the persistent nature of this disease. Unfortunately, it has become a familiar part of America's culture. I believe we must reassess our efforts and recommit ourselves to fighting this illness. We must work collectively to promote education, prevention and treatment of HIV/AIDS. Finally, I ask each of us to stand together to remember the victims who have succumbed to this disease, and those individuals who wage valiant and courageous battles to overcome their affliction.

Mr. RUSH. Mr. Speaker, today marks the twentieth anniversary of the first reported HIV/AIDS cases in the United States. On June 5, 1981 Federal researchers reported a baffling new disease that, over the next 20 years, would claim more than 20 million lives worldwide, including nearly 11,000 in Chicago and 40,000 in Illinois. The last 20 years have taught this country many hard lessons, some of which we continue to fail to grasp.

The first lesson we learned was that HIV/AIDS disproportionately impacts minority communities and women. HIV/AIDS has become the leading cause of death for African-American men ages 25–44. Gay black men are contracting HIV/AIDS at rates comparable to those seen in sub-Saharan Africa. A recent CDC study reported that 30 percent of gay black men between ages 23 and 29 were HIV-positive. Among HIV-positive women in Illinois, more than 80 percent are non-white—a statistic that could not more starkly demonstrate the disproportionate havoc that HIV/AIDS is wreaking in communities of color.

While I commend the administration for its focus on HIV/AIDS in Africa, more must be done to treat and prevent HIV/AIDS in minority communities in this country. The President's budget takes a step backwards in the fight against HIV/AIDS by freezing the Ryan White AIDS program funding. This is the first time Ryan White funding has not been increased since the programs inception.

The second lesson we learned from the is that HIV/AIDS knows no national boundaries. Sub-Saharan Africa is being ravaged by HIV/AIDS. More than 25 million Africans are now living with HIV and last year alone, 2.4 million Africans died from the disease. We must assist Africa in its fight against HIV/AIDS or we will reap what we sow.

The third lesson HIV/AIDS taught us is that HIV/AIDS is that no group is protected. During the early stages of the HIV/AIDS epidemic many naively believed that HIV/AIDS was a ''gay man's disease.'' This mistake led to a false sense of security among many who were actually engaging in risky behaviors such as IV drug use and unprotected sex. Unfortunately, many were infected before they realized they were at risk. We must not make this same mistake again. Any increased incidence of HIV/AIDS amongst a segment of the population is unacceptable.

Finally, the fourth lesson HIV/AIDS has taught us is that our discomfort with addressing taboo issues can result in the loss of many lives. It is clear that HIV/AIDS is transmitted through unprotected sex and IV drug use. However, due to this country's inability to address many of these sensitive issues, preventive efforts have suffered. We must openly address risk factors of HIV/AIDS. To let our personal discomfort with these subjects stymie prevention and education is unacceptable.

We hold the keys to our fate based on these lessons of the past. If we learn from these lessons, we can defeat HIV/AIDS. But, if we fail to heed our mistakes, we will ultimately suffer more death and destruction over the next twenty years. The future is ours to shape.

Mr. TOWNS. Mr. Speaker, today is a very sad day as we remember what it was like before that time twenty years ago when our friends and neighbors, acquaintances and coworkers began to fall gravely ill in what should have been the prime of their lives. It is hard to remember that time before we had parades, rallies, walks and forums specifically devoted to raising desperately needed awareness and money to pay for potential remedies to battle this global pandemic. In the early days it seemed that we fought fear, discrimination, rumors and gossip almost as much or more than the virus itself. Today, while we are still fighting those battles, there have been great strides in the efforts to control this insidious illness. Nevertheless, this is no time for backslapping as the strides that were made are falling victim to the misguided belief—particularly among young people—that HIV/AIDS is no longer a serious threat. Moreover, while those strides were real, the medical miracles that were discovered were not available to everyone. The high cost of drugs and the lack of availability of adequate quality healthcare remain significant barriers to real progress.

As we look back over these twenty years we see an all too real killing field of lives lost across the globe. An estimated 21.8 million people have died as a result of this virus. Currently, 36.1 million people are living with HIV/AIDS; almost half of those diagnosed are women, and over 1.6 million are children. I applaud the recent efforts of major pharmaceutical companies through the ''Accelerating Access'' and ''Secure The Future'' initiatives that offer hope to African patients in nine countries both in terms of access to new medications at realistic costs and the development of an infrastructure system that can deliver care. I am also encouraged to see and hear the commitment of this Administration to the cause of fighting HIV/AIDS in Africa.

In the United States the casualty list from HIV/AIDS is smaller yet no less significant. According to the latest study released by the CDC, almost 754,000 people are living with HIV/AIDS in the US: 438,795 people have died from HIV/AIDS over the past twenty years. HIV/AIDS has become the leading cause of death for African Americans between the ages of 25 and 44. African Americans are 10 times more likely than whites to be diagnosed with HIV/AIDS and also 10 times more likely to die from it.

New York State and New York City still have the largest number of HIV/AIDS in the country and, my congressional district has the highest incidence of new HIV/AIDS cases of any area in New York City. For example, Brownsville has more people living with HIV/AIDS than 12 states. It has the second highest number of blacks living with HIV/AIDS in all of New York City. In addition, East New York has the third highest population of women living with HIV/AIDS. As much as we have done to combat this virus, both in the US and abroad, we must do more. That is why I am pleased that local community based organizations like New World Creations Resource Center, Inc. are sponsoring a rally and march, ''the AIDS walk for the Caribbean'' on July 1 to highlight the continuing HIV/AIDS crisis in African-American and Caribbean-American communities in New York.

I hope that in five years when we mark the next milestone in the history of this dreaded disease, we have something positive to report. Until that time, I urge my colleagues to join me in redoubling our efforts to promote prevention, education and treatment for HIV/AIDS. This is a battle that we must continue for the future of our nation and for the world at large.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SHERMAN (at the request of Mr. GEPHARDT) for today on account of business in the district.

Mr. BURTON of Indiana (at the request of Mr. ARMEY) for today and the