

MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, the world we live in is becoming more complex each and every day. The tragic and heinous events of September 11 transformed the way Americans and people in this world respond to news.

In the aftermath of recent events, our country and the world is experiencing a state of high anxiety directly related to threats of bioterrorism, and most recently, anthrax contamination. House offices were closed, and some remain closed, while anthrax contamination is eliminated. Postal offices have been shut down for periods of time, and postal workers have succumbed to anthrax inhalation and died from their exposure to this very deadly chemical agent.

Indeed, a war is being waged on numerous fronts to preserve freedom and the health of our Nation and its world partners. However, Mr. Speaker, there is another deadly vital threat that has been wreaking havoc domestically and internationally. That threat is the scourge of HIV/AIDS.

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While our Nation and its global neighbors have undertaken a campaign to stave off the threats of terrorism poised by ideological fanatics, millions have died and millions are suffering from HIV/AIDS. Their plight is there. Yet global concerns revolve around potential terrorism. Perhaps that is because the specter of 6,000 lives lost to terrorist acts still looms large. However, the reality is that HIV/AIDS has claimed the lives of over 25 million people including an estimated 4 million children, most of whom live in Sub-Saharan Africa.

The global AIDS crisis in Africa is without question the most vexing humanitarian crisis in recent history. The statistics are shocking and alarming. Eight thousand people died from AIDS every day last year and six people died every minute. Fifty-eight million people have been infected since the virus was first recognized 20 years ago. Recent projections are that the total will exceed 100 million by 2007. These numbers are mind-boggling. As a mother and grandmother, I am struck by the fact that AIDS has orphaned over 10 million children in Africa. By 2010 there would be more than 40 million AIDS orphans. Therefore, proactive measures must be initiated.

I and many of my colleagues in a bipartisan way responded to the challenge put before us. On September 5, I introduced the Peace Corps HIV/AIDS Training Enhancement Act of 2001. This legislation provides an additional \$5 million to the Peace Corps to pay for health volunteers working with HIV/AIDS treatment and prevention efforts, particularly the training of HIV/AIDS trainers. Currently, there are 7,300 Peace Corps volunteers who work in 76 countries worldwide including 25 coun-

tries in Africa; 1,431 of these Peace Corps members are health volunteers who serve in Africa.

The volunteers work in rural and urban settings in a variety of health activities, including teaching HIV/AIDS education and prevention methodologies to local people. The Peace Corps would like to increase its capacity in HIV/AIDS education and prevention activities, especially in the area of training HIV/AIDS trainers; but it cannot do so without this additional appropriation.

I believe that Peace Corps volunteers work and perform God's work. They are the vanguards of humanitarian efforts in the struggle to eradicate HIV/AIDS. The volunteers' efforts target training literate peer educators and community health workers who will be training others in the community. Their work is commendable and critical. Much of their work is targeted in Sub-Saharan Africa where 25 percent of the population may be infected. They have to garner the trust of the people in the community and then work to establish the building blocks necessary to transform the attitudes and behavior of at-risk populations, especially children and women.

Their messages are directed at people living with HIV as well as those who are not currently infected. Children are the focus because they are impressionable and vulnerable. Young African American girls must be educated because they are more likely to contract HIV and AIDS than young boys of the same age, and that goes for African kids too.

Peace Corps volunteers are the front line because reality is that new drugs are expensive and not usually available throughout Africa. Additionally, the infrastructure does not exist for monitoring the immune system of victims overcome by the disease who are under-treated. That is why we must use the human factor, Peace Corps volunteers, to stem the pandemic of HIV/AIDS.

The Peace Corps HIV/AIDS Training Enhancement Act of 2001 can be a useful tool in transforming the plight of many throughout the world. We are all members of a global village that is interdependent. Consequently, global threats in different forms such as terrorism, bioterrorism and the global pandemic of HIV/AIDS must be fought on many fronts simultaneously. We must be vigilant on all fronts.

CARING FOR THE ORPHANS OF THE TERRORIST ATTACKS

The SPEAKER pro tempore (Mr. PLATTS). Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, on September 11 Americans witnessed carnage and harrowing images that will be imprinted forever in our memory. These acts of terror helped Americans grow stronger. But as we pull to-

gether to rebuild our Nation and work toward a heightened sense of security to restore our lives, we must not forget the thousands of children who lost a parent or a guardian in the September 11 attacks. All the money and all the services in the world could never replace the loss of their loved ones, but although money cannot heal their scars, the passage of House Con. Resolution 228 can help begin to bandage their deep wounds.

I am a proud original co-sponsor of H. Con. Res. 228, a resolution which calls for the immediate benefits for children who lost one or both parents or guardians in the multiple tragedies. This legislation, which is being spearheaded by my friend, the gentlewoman from Texas (Ms. JACKSON-LEE), will ensure the children of September 11 attacks will receive foster care, medical assistance and psychological services, all of which they so desperately need.

As co-chair of the Congressional Children's Caucus, the gentlewoman from Texas (Ms. JACKSON-LEE) and I recently held a briefing to discuss the need to prioritize Federal services and benefits for these children. Ron Houle of the American Red Cross, Dr. Bernard Arons from the Substance Abuse and Mental Health Services Administration, and Cindy Friedmutter of the Evan B. Donaldson Adoption Institute in New York were among the many speakers who informed us on their ability to deliver services to these children.

But most touching of all was the testimony of Merino Calderon and two of his children, Naomi, 4 years old and Nephtali, who is 20 months old. Their children were with us that day. And Merino, a school bus driver lost his beloved wife. His two children lost obviously their mother at the World Trade Center. Merino shared with us the difficulty of having to answer to his children every day the questions that they pose to him: "When is mommy coming back? When is she taking us to the park again?"

He is emotionally exhausted and his financial situation is increasingly difficult. But, Mr. Speaker, Merino Calderon is one of the fortunate ones because his daughter is receiving counseling, as he is as well. But his loving church and his loving church family have many other church-goers who have not had the ability to get this assistance. Many surviving family members and particularly children of the September 11 attack have yet to receive the benefits they need.

Children who lost a parent or a guardian in this national tragedy need psychological and other services right now. So I ask my colleagues to co-sponsor and work towards passage of H. Con. Res. 228 because, although we will remember September 11, it is for the children for whom we will pass this bill because we will not forget them and we will not forget the sacrifices that their parents have made for our country.

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

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

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

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

FOOD AID FOR AFGHANS

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

Ms. MCKINNEY. Mr. Speaker, I know the American people want to help the suffering people of Afghanistan. And I am sorry to say that we already stand condemned by Medecins Sans Frontieres for conducting nothing more than a propaganda campaign regarding our food drops.

Our brave young men and women are risking their lives to deliver this food, and how will we be judged, however, by this latest blunder?

I ask my colleagues to take a look at this object and this object. To more than just a casual observer, they might even get mistaken for the same thing. And that is what has got the U.S. military quaking in their boots. Can one imagine the horror if this object, a cluster bomb, gets mistaken for this object, a food packet? One is life and the other one is death. The squarish one is the food. The roundish one is a cluster bomb. That is what the poor starving people of Afghanistan must now contend with.

The U.S. military is dropping little notes to inform people not to pick up this one, the cluster bomb, thinking it is food because if they pick up this one, which is the wrong one, they will get blown to smithereens.

Is it not bad enough that our military is dropping cluster bombs on Afghanistan anyway? Well, it is really bad because in the war in Kosovo, then-Major General Ryan refused to allow cluster bombs to be dropped because of the civilian deaths associated with cluster bombs, especially the children. But now our Air Force Chief of Staff Ryan refuses to issue such a directive, it appears, as the U.S. comes under fire from humanitarian organizations around the world for dropping cluster bombs on the people of Afghanistan.

I have written a letter to our President asking that we please refrain from using cluster bombs. But a funny thing about cluster bombs. They have little bomblets that look like things; and so when kids see them, they think they are a toy or something.

Now, Afghanistan already has 10 million landmines, and the unexploded

bomblets from the cluster bombs add to that number. So now if the food looks like this object, what will hungry children do? But if the food looks like this object and the bombs look like this object, what would any hungry person do? The military bets that they are going to try to find something to eat. And so the Pentagon is concerned that people who are hungry for food that looks like this object will confuse it with bomblets that look like this object. The Pentagon is now worried that hungry Afghan people will try to eat the bombs thinking that it is American food.

So the Pentagon has sent messages to the Afghan people. One message says, "As you may have heard, the Partnership of Nations is dropping yellow humanitarian daily rations. Although it is unlikely, it is possible that not every bomb will explode on impact. These bombs are a yellow color and are can-shaped."

Another Pentagon message is more to the point. It says, "Please, please exercise caution when approaching yellow unidentified objects in areas that have been recently bombed."

Mr. Speaker, not only do innocent Afghans have to worry about the Taliban, not only do they have to worry about landmines left over from the last war, not only do they have to worry about starving to death and the approaching winter, now they have to worry about bombs that look like food. I think I have heard it all now, Mr. Speaker.

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

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

BIOTERRORIST ATTACKS AND ANTIBIOTICS

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

Mr. BROWN of Ohio. Mr. Speaker, we in Congress cannot go home to our districts and say we have taken the steps necessary to prepare for future bioterrorist attacks unless and until we confront the issue of antibiotic resistance. The links between antibiotic resistance and bioterrorism are clear. Antibiotic resistant strains of anthrax and other microbes are among the most lethal of biological weapons, and they are a reality. There are published reports of an anthrax strain engineered by Russian scientists to resist the penicillin and tetracycline classes of antibiotics. We can only assume that anthrax and other lethal agents will be engineered to resist new antibiotics like Cipro.

Antibiotic resistance is significant in other important ways. Overuse and

misuse of antibiotics will render most microbes resistant to our current stockpile of drugs, potentially leaving the Nation poorly prepared in the event of biological attacks. To some extent this is a vicious cycle. Bioterrorist threats can lead to overuse of current antibiotics, which in turn render these antibiotics less effective against the lethal agents used in bioterrorism.

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Look at Cipro, for example. Widespread use of Cipro, a broad-spectrum antibiotic, would kill bacteria that are susceptible to Cipro. The bacteria that are not killed will be those that evolve resistance to Cipro. Those Cipro resistant bacteria then flourish unchecked unless an even stronger antibiotic is available to kill them.

Many bacteria that cause severe human illness are already resistant to older antibiotics like penicillin. That is one reason the drug of choice is often one of the newer antibiotics like Cipro. If the U.S. and the rest of the world begin using Cipro indiscriminately, then Cipro, that antibiotic, will lose its effectiveness also.

To adequately prepare for a terrorist attack, State and local health departments must be equipped to rapidly identify and respond to antibiotic resistant strains of anthrax and other lethal agents. And to ensure the continued efficacy of our antibiotic stockpile, we must isolate emerging antibiotic resistant pathogens, track antibiotic overuse and misuse, and monitor the effectiveness of existing treatments over time.

Surveillance provides the data needed to prioritize the research and the development of new antibiotic treatments. Drug resistant pathogens are a growing threat to each of us as Americans. Examples of important microbes that are rapidly developing resistance to available antimicrobials include the bacteria that cause ear infections, that cause pneumonia, that cause meningitis, and skin and bone and lung and blood stream infections. Importantly, this list also includes food borne infections like salmonella.

The Nation's food supply has been identified as a potential vehicle for future bioterrorist attacks. Experts across the public health spectrum have testified to the seriousness of antibiotic resistance. Congress should respond appropriately and quickly to these warnings before the threat of what could be becomes what is.

Under last year's Public Health Threats and Emergencies Act sponsored by my colleagues, the gentleman from North Carolina (Mr. BURR) and the gentleman from Michigan (Mr. STUPAK), Congress authorized a grant program that equips State and local health departments to identify and to track antibiotic resistance. My friend, the gentleman from New York (Mr. BOEHLERT), and I are requesting that the Committee on Appropriations include at least \$50 million for this grant