

So how can we keep our trade, tourism, and shared work forces moving with relative ease, and also protect our nations? It is not a matter of Canada, Mexico, or the U.S. dictating to the other nations about what must be done, but this is a fact: the United States is toughening its laws. If our neighbors do not, as well, trade will suffer.

Changes must include numerous things, including more shared intelligence information among trained professional personnel. The personnel has to be trained so we do not have compromises when we share information, like happened with the Mexican drug czar who was living in an apartment that was owned by the cartel.

The ability to collect intelligence information. We have to have laws that are flexible enough to allow us to gather the intelligence, or we cannot allow the movement across the borders as free as it has been in the past.

The ability to arrest, detain, and prosecute violators, and to keep track of high risks. This is what we are doing in our terrorism bill; and this is what we need from our neighbors, if we are not going to have tighter controls on the border.

The ability to extradite criminals to the U.S. This has been a sticking point for many years with numerous countries, for example, in Colombia where the drug-corrupted President would not allow extradition, and it became a place for them to hide out. It became a process where we in fact cut off trade and assistance to Colombia. It is now a problem with al Qaeda members from Spain, which does not want to send them to us because of our death penalty.

Extradition of those who murder Americans is essential for justice, but also for defense and for protection and deterrence. Terrorists and drug lords would rather face soft justice than U.S. justice.

In Holland, narcotics traffickers find cover. If someone in Holland attempts to escape or escapes from prison, there is no penalty. It is assumed that that is a natural thing, to want to escape from prison. Is it any wonder that people try to hide in Holland, with those kinds of laws? No wonder drug lords and terrorists try to hide out in other nations that do not work with our extradition.

We need also passenger manifest lists, as our Customs Director, Mr. Bonner, has insisted; and we need them now. We cannot have open airports if we do not know who the passengers are coming in, and it is something that needs to be done immediately, to the degree that we can all, including the U.S. And we, the U.S., after all, missed the September 11 terrorists, and they were here, not at the other places. So this is not just about pointing fingers while we live in a glass house. We know we need to make the changes, but so do our neighbors.

We in the U.S. are building a different house. It is not dramatic, but it

is going to have major adjustments. If our neighbors do so also, and Canada clearly is working rapidly to do so as we speak, because they are moving their antiterrorism and immigration packages in the next 2 weeks, we can make this.

The laws will be different but similar, with our neighbors devoting resources to their own airports and borders not adjacent to the U.S. For example, the southern border with Mexico and Central America, if we are sure about that border, then we do not have to be as careful on our border; or if the airports coming into Vancouver and Halifax have protections similar to ours, then we do not need to be as tight on the north border.

Furthermore, we need to work towards joint efforts with Canada and Mexico on our joint borders. For example with Canada, we can look for cooperation on truck sites. We can look for shared border crossings where we do not need as much. I believe we can accomplish this with both countries by working together.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes. (Mr. LANGEVIN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### ON WORLD AIDS DAY

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

Ms. MILLENDER-MCDONALD. Mr. Speaker, this Saturday, December 1, marks the commemoration of World AIDS Day. In my district, I will be holding a special event in support of this occasion.

As our distinguished minority leader, the gentleman from Missouri (Mr. GEPHARDT), stated at the World AIDS Day briefing held earlier today in the Capitol by the African Ambassadors Group and the International AIDS Trust, the issue of HIV/AIDS, he said, is the "moral issue of our time." It affects everyone and everything.

Mr. Speaker, we must leave no stone unturned to bring an end to this pandemic. We must find a way to create an endowment of funding to assist the war against the spread of this disease, both domestically and internationally.

We must increase and accelerate our financial support to the U.N. Secretary General's AIDS Trust Fund, and we must champion our own colleagues in their quest to craft a comprehensive approach to help alleviate the appalling suffering in Africa, as represented by the bill of my distinguished colleague, the gentlewoman from California (Ms. LEE), to establish a Marshall Plan for Africa.

Mr. Speaker, it is vitally important that we focus on ways and means to

strengthen infrastructures and services that can help combat the impact of AIDS. HIV/AIDS, after all, is a multi-dimensional issue that has long-range development implications. It is not just a matter of clinical treatment and curative measures. We must address the issues of poverty and debt relief, so that the poorest countries can apply more of their revenues to the basic human rights and human needs of their people.

We must help and encourage greater gender equity, so women and men can address their sexual dialogue on a more equal basis. We must achieve greater understanding of the cultural values and modes of behavior that undercut safe-sex practices that lead to the spread of this pernicious disease.

Finally, we must increase our financial support to develop activities and programs that can lay a more sustainable foundation for community empowerment and economic livelihood.

Only on this basis will communities around the world, through NGOs and public-private partnerships, be able to find the will to wage this war against AIDS. Our local event will bring together researchers, doctors, and other health professionals, as well as heads of foundations and pharmaceutical companies, together with community leaders to continue to raise support for combatting HIV/AIDS in the 37th district and in the region.

It is our hope that similar commemorative activities across America and around the world will highlight the leadership being brought to bear on this critical concern of our time. Just as we are building a powerful coalition to fight terrorism on a global scale, we can do no less when it comes to HIV/AIDS. Forty million people living with this dreadful disease is one too many.

#### COMMEMORATING WORLD AIDS DAY

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, this week we will commemorate, celebrate, embrace, and share love on World AIDS Day, December 1, 2001. Today I had the pleasure and honor of being with the African Ambassadors Group and the International AIDS Trust to commemorate that for the House and Senate.

It is important that policy leaders stand up and be counted as we move forward to continue the fight against the devastation of HIV/AIDS worldwide.

Let me thank Sandy Thurman and, as well, all of the African ambassadors, and Ambassador Sheila Suzuli of South Africa, who gave very eloquent comments and remarks about the waging of the war in sub-Saharan Africa.

Let me also acknowledge my friends with the Names Project in Houston. I will join them tomorrow in celebrating

and commemorating the loss of lives, and as well, the lives of those who are still living with AIDS.

As we do that tomorrow evening at the de Menil Museum, we do it together, embracing and noting the wonderment of the lives that are no longer with us but recommitting ourselves to fighting against the devastation of HIV/AIDS.

□ 1700

I say congratulations and my best wishes to the NAMES Project of Houston and all the other fighters in my community who are advocating against HIV/AIDS and working to provide prevention dollars and treatment dollars throughout the entire city, which includes of course the Donald Watkins Foundation.

September 11 will live forever in our hearts and minds as one of the most tragic and horrific acts of terrorism on our country. We have all joined forces to fight back against this terrible evil. Foreign countries have also responded and lent their support to help combat terrorism. It has proven that by joining together, any challenge can be overcome.

While we have focused our attention to addressing the immediate needs of the survivors and families who lost loved ones, increased security, and the economy, we must refocus our attention as well to the global pandemic that has claimed over 29 million lives. The same strategy we apply in our fight against this terrible, terrible dread of terrorism, we must continue the battle, however, in our fight to beat HIV/AIDS around the Nation. This is a global issue and everyone's problem, nationwide and worldwide.

The Global Health Alliance released a report yesterday, entitled "Pay Now or Pay More Later: An Independent Report on the Response to the Global HIV/AIDS Pandemic." Today, the African Ambassadors Group and International AIDS Trust sponsored a briefing on refocusing and reaffirming our commitment to AIDS. As we approach World AIDS Day on December 1, we must stand strong and continue to fight and raise awareness.

Forty million people around the world live with HIV/AIDS or will be living with it by the end of 2001, adults and children, 28 million of which live in sub-Saharan Africa alone.

Since the first HIV case 20 years ago, over 60 million persons have been infected, and over 20 million have already died from AIDS. The spread continues, especially in poor and developing countries.

In Africa, there are an estimated 11,000 new infections per day; and during 2001, 2.3 million Africans will die from HIV/AIDS. Only 10 percent of the world's population lives south of the Sahara, but the region is home to two-thirds of the world's HIV/AIDS. We must not tolerate such devastation, and it has suffered more than 80 percent of all AIDS deaths in sub-Saharan Africa.

I traveled to the South African region in 1999 and this year, and what I witnessed was unbelievable. First, I would like to commend the indomitable spirit of those who are fighting HIV/AIDS. The leadership, the government, the social agency, the NGOs, the people, they are all fighting unified together. It was a life-changing event to see and meet people infected by this deadly virus but also to meet those who were standing alongside of them, committed to defeat this deadly disease.

What affected me most was witnessing the thousands of orphan children whose parents had died from AIDS. Currently there are approximately 14 million children orphaned by HIV/AIDS, with a projection of 40 million children by 2010 if no action is taken. Every minute, an African child dies of AIDS. These orphans are more likely to be poor, deprived of education, abused or neglected.

Who cares for them when their parents die? HIV/AIDS also decimates the family support system, and when I went on one of my earlier trips to Africa, I saw a 4-year old who was left to be the only healthy individual in a family taking care of dying adults, dying from HIV/AIDS.

A teacher who works near the Chinakas and the Kasongos described how 15 of his 42 students have lost one or both of their parents. He sees thousands of children just sitting around, wanting to be left alone. He also noticed that some of these orphans come to school without shoes or without a sweater in the winter. Either their step-families put them last on the list, or their grandmothers could not scrape together enough money.

It is important to note the impact of HIV/AIDS in the United States. Non-Hispanic blacks represent 33 percent of reported AIDS cases in our Nation, and throughout 1994 more than 80,000 of 146,285 African Americans reported to have AIDS have died.

We must work together to fight AIDS worldwide around this country, because if we do not we will stand to lose the talent, the spirit of those who are infected. We must fight it around the world; otherwise we will lose as well. Cases in Hispanics, among women, African American and children, this is a challenge for us all.

As we look toward World AIDS Day on December 1, let me simply say that we must look toward it with a commitment that we will stand alongside of those battling that disease, and we will not let the funding diminish nor will our spirit diminish nor will our fortitude diminish this fight, and we will win.

Mr. Speaker, September 11 will live forever in our hearts and minds as one of the most tragic and horrific acts of terrorism on our country. We have all joined forces to fight back against the evil. Foreign countries have also responded and lent their support to help combat terrorism. It is proven that by joining together, any challenge can be overcome.

While we have focused our attention to addressing the immediate needs of the survivors and families who lost loved ones, increased security, and the economy, we must refocus our attention to a global pandemic that has claimed over 29 million lives. The same strategy we apply in our fight against terrorism, we must also utilize in our fight to beat HIV/AIDS. This is a global issue and everyone's problem.

Just yesterday, the Global Health Alliance released a report entitled "Pay Now or Pay More Later: An Independent Report on the Response to the Global HIV/AIDS Pandemic". And today, the African Ambassadors Group and International AIDS Trust sponsored a briefing on Refocusing and Reaffirming our Commitment to AIDS". As we approach World AIDS Day on December 1, we must stand strong and continue to fight and raise awareness.

Forty million people around the world live with HIV/AIDS, twenty-eight million of which live in the Sub-Saharan African region alone.

Since the first HIV case 20 years ago, over 60 million persons have been infected, and over 20 million have already died from AIDS. The spread continues, especially in poorer countries.

In Africa, there are an estimated 11,000 new infections per day, and during 2001 approximately 2.3 million Africans will die from HIV/AIDS.

Only 10 percent of the world's population lives south of the Sahara, but the region is home to two-thirds of the world's HIV-positive people, and it has suffered more than 80 percent of all AIDS deaths.

I traveled to the South African region in 1999 and this year and what I witnessed was unbelievable. It was a life-changing event to see and meet with the people infected by this deadly virus. But what affected me the most was witnessing the thousands of orphaned children whose parents died from AIDS. Currently, there are approximately 14 million children orphaned by HIV/AIDS, with a projection of 40 million children by 2010 if no action is taken. Every minute an African child dies of AIDS.

These orphans are more likely to be poor, deprived of education, abused or neglected. Who cares for them when their parents die? HIV/AIDS also decimates the family support system.

A teacher who works near the Chinakas and the Kasongos described how 15 of his 42 students have lost one or both of their parents. He sees thousands of children just sitting around wanting to be left alone. He also noticed that some of these orphans come to school without shoes or without a sweater in the winter. Either their stepfamilies put them last on the list or their grandmothers couldn't scrape together enough money.

In the West, meanwhile, the HIV death rate has dropped steeply thanks to powerful drug cocktails that keep the disease from progressing. But that is not the case in African-American communities.

Non-Hispanic blacks represent 33 percent of reported AIDS cases in our Nation. Through December 1994, more than 80,000 of the 146,285 African-Americans reported to have AIDS have died.

While AIDS related deaths have begun to decline, there has been a dramatically greater decline among whites, 21 percent than among African-Americans 2 percent and Hispanics, 10 percent.

African-Americans and Hispanics have been disproportionately affected by the AIDS epidemic. Although 52 percent of reported AIDS cases occurred among African-Americans and Hispanics, these groups represent only 13 and 10 percent respectively of the total U.S. population.

Among women and children with AIDS, African-Americans and Hispanics have been especially affected, representing approximately 75 percent of reported cases among women and 80 percent among children.

In my District, reported AIDS cases in Blacks increased from 24 to 40 percent within the last 5 years. While reported AIDS cases in Whites decreased from 64 to 44 percent. From 1990 to 1998, the percentage of Blacks in Houston/Harris County diagnosed with AIDS increased from 27 to 53 percent.

The key to fighting this virus must involve a comprehensive approach that includes prevention, education, and support of a health care infrastructure. HIV prevention efforts must take into account not only the multiracial and multicultural nature of our society, but also other social and economic factors, such as poverty, underemployment, and poor access to the health care system, that impact health status and disproportionately affect African and Hispanic populations.

We, as Members of Congress, must continue to fight the struggle and persist in obtaining increased funding of the global AIDS response. This is one of the great challenges of our time and of this generation.

The SPEAKER pro tempore (Mr. JEFF MILLER of Florida). Under a previous order of the House, the gentleman from New York (Mr. TOWNS) is recognized for 5 minutes.

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

REMEMBERING THE LIVES OF  
REVEREND CHARLES H. SHYNE,  
JR., AND HIS WIFE, MRS.  
VERLENA PRUITT SHYNE

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

Mr. DAVIS of Illinois. Mr. Speaker, there were 16,653 alcohol-related fatalities in the year 2000, 40 percent of the total traffic fatalities for that year. Driving under the influence of alcohol continues to be one of our major domestic problems and issues and we must continue to work towards finding lasting solutions to this major problem.

About a week ago, a driver under the influence of alcohol smashed out the lives of two of my community's most beloved citizens, Reverend Charles H. Shyne, Junior, and his wife of 54 years, Mrs. Verlena Pruitt Shyne. Reverend Shyne, at the time of his death, was serving as pastor of the Hamlet-Isom Christian Methodist Episcopal Church on West Division Street in Chicago. Mrs. Verlena Pruitt Shyne was a retired teacher who had worked for the Chicago public schools and other dis-

tricts, who at the time of her death was serving as first lady of Hamlet-Isom and providing voluntary leadership to many local church initiatives and programs as well as denominational activities and functions.

Reverend and Mrs. Shyne were both college educated, he at Grambling High School, Central State University, Roosevelt University in Chicago, and received his seminary training at Payne Theological Seminary in Wilberforce, Ohio. Mrs. Shyne also attended Grambling High School and graduated from Roosevelt University with a degree in early childhood education and taught for 15 years in the Chicago public school system and retired in 1999.

She was the first lady of Hamlet-Isom CME Church and served on the missionary and stewardess boards. She was past president of the Ministers Spouses of the Chicago District. Mrs. Shyne is survived by two sisters, Ida Mae and Mildred Gipson, and one brother-in-law, Mr. Clarence Mamone. She loved and was loved by children and devoted much of her life and work to them.

Before coming to Hamlet-Isom, Reverend Shyne served as pastor of Beede Chapel CME Church in Ripley, Ohio; Cleaves Temple in Omaha, Nebraska; and Central CME Church in Detroit, Michigan, where he also served as pastor of Bray Temple and director of Bray Temple Daycare Center. He was subsequently appointed presiding elder of the Chicago District, Southeast Missouri, Illinois and Wisconsin Conference in 1985.

After several years of service in that capacity, he was pastor of Jubilee Temple. He retired in 1999, but agreed to serve as supply pastor at Hamlett Isom, where he remained until his untimely and tragic death.

He is survived by one brother, Joe Shyne of Shreveport, Louisiana, and three sisters, Ozeal Brown of Washington, D.C., Mildred Bennett of Grambling, Louisiana, and Florence Bowers of Washington, D.C., and three brothers-in-law, Reverend Arlester Brown, Benny Bennett, and the Honorable Judge Shelli F. Bowers.

The lives of Reverend and Mrs. Charles H. Shyne, Jr. will be cherished by all of us who knew them, and especially their seven loving children, five daughters and two sons: Gregory Shyne of Arlington, Virginia; Sharon Bowman of Detroit, Michigan; Jacqueline Robertson of Southfield, Michigan; Charlotte Shyne of Chicago, Illinois; Howard Shyne of Fairfax, Virginia; Robin Reddick of Memphis, Tennessee; and Rosalind Curry of Chicago.

Also cherishing their memories are one son-in-law, Michael Robinson, husband of Jacqueline; 11 grandchildren, Nicole White, Tracy Bowman, Leslie Bowman, Damien and Jason Shyne, Jessica Curry, Jennifer and Janis Robertson, Iris, Rose and Samuel Roddick; three great grandchildren, Elijah Herron, Dylan, and Donovan White, and a host of nieces, nephews, and other relatives and friends.

Mr. Speaker, here is another example of where two outstanding citizens who have devoted their lives to serving others have had their own lives cut short as a result of overuse of alcohol while operating a mechanized vehicle, an individual driving without any concern for the safety and welfare of others.

We must all join together to find more effective solutions to this problem of people driving under the use of alcohol.

We commend the Shynes for their outstanding work on behalf of humankind.

Mr. Speaker, another subject, I too just want to acknowledge that today is indeed World AIDS Day. I join with all of those who have spoken relative to the tremendous need to make sure that every effort is made to continue to supply resources, come up with programs and activities to make sure that we combat this deadly disease.

Mr. Speaker, as we recognize the 13th anniversary of World AIDS Day, it is noted that the theme for this years Day is; I care. Do you? Mr. Speaker, yes, we care. World AIDS Day emerged from the call by the World Summit of Ministers of Health on Programmes for AIDS Prevention in January 1988 to open channels of communication, strengthen the exchange of information and experience, and forge a spirit of social tolerance. Since then, it has received the support of many notable organizations world-wide. Notably, the AIDS campaign started on September 1, 2001, and ends on December 1, 2001, which is World AIDS Day.

Every single day more than 8,000 people die of AIDS. Every hour almost 600 people become infected and every single minute, a child dies with the virus. World-wide, the AIDS epidemic has become an extremely difficult battle to combat. While many nations' health care systems lag behind the increasing demand for the supply of drugs that treat AIDS and the virus associated with the disease. Many of the infected cannot afford the drugs or may not be able to obtain insurance that will assist during the treatment of the disease. We must continue to visit the issue with extreme importance and caution. Before the terrorist attacks, we were making progress to develop strategies to combat and control the spread of AIDS. We must continue to work with that same passion while balancing the importance of our country's security. Today, more than 40 million people are now living with the virus. A vast majority of these victims are from sub-Saharan Africa, where the spread of AIDS is moving at an alarming rate. Other countries such as Asia, Eastern Europe and parts of the Caribbean have experienced the hardship of the disease's progression.

As the spread of AIDS grows, the importance of treatment must be made a top priority. Now more than ever, more pregnant women are carrying the disease affecting their unborn children. The future of the World's children depends on how precise we are in our judgment, our prognosis and our preparation in the fight against AIDS. Over the past 20 years, AIDS have claimed the lives of 58 million people, killing 22 million of them. "Safe-Sex" messages are simply not enough. A combined effort of education, realization and information is the only answer to detour the spread of the disease.