

owning a home. Home ownership is an essential tool for strengthening our communities and allowing more Americans to accumulate wealth. Homes are where our Nation's families grow, where lives are shaped and where decisions are made.

It is essential that we work to increase the ranks of homeowners in every community across this country, and in particular among members of the African-American community, whose home ownership rates have traditionally lagged far behind other groups.

According to the 2000 census, African-Americans recorded a \$27,910 median household income—the highest ever recorded—while recording record-low poverty rates. In 2001, it was estimated that the total income for African-Americans exceeded \$565 billion, and more than half of African-American married couples had incomes of at least \$50,000.

Yet, according to the U.S. Department of Housing and Urban Development, only 48 percent of African-Americans own homes, compared to 74 percent of white families. And, in a recent study, 36 percent of African-Americans believed that access to capital was their greatest barrier to owning a home.

These statistics show that many families of color are unable to capitalize on the benefits that home ownership provides. For far too long minority communities have been left out of the home ownership process. Though the number of African-American homeowners has increased by more than 20 percent in the last decade, too many people of color are missing out on the power of home ownership because they've fallen prey to decades of unfair lending practices, lack of savings or lack of affordable housing. As we all know, without proprietorship we have no power. This is why we must take responsibility to ensure that our families can prosper through the benefits of owning a home.

That is why the Congressional Black Caucus Foundation created the "With Ownership, Wealth" initiative to promote access to lending and home ownership education and resources for people of color. This initiative is one way that the CBCF is letting people know the importance of home ownership and connecting those people with the funding sources that can make that dream a reality. Since its inception, the Congressional Black Caucus has championed equality for all, and the WOW initiative is merely an extension of our fight to ensure that all Americans will have the opportunity to experience the prosperity that is felt by too few.

Combined with the CBC's agenda to increase the Nation's home ownership rates, this program will serve to develop the all-inclusive America of which we have only dreamt for far too long.

I applaud the Congressional Black Caucus Foundation, under first the extraordinary leadership of Congresswoman EVA CLAYTON and now the groundbreaking leadership of Congressman JEFFERSON, for helping us forge ahead with this incredibly important initiative which will help all Americans realize the American dream.

We still have much work to do to educate consumers about the value—and the responsibility—of owning a home, but I am pleased that more resources are available than ever before to assist potential homebuyers in making this first step toward acquiring wealth. When we give people the right tools to pur-

chase a home, we put them on a road to financial success.

America is only as strong as its communities, and communities are only as strong as the families that live within. Home ownership is part of the foundation of a stable family. It provides a base for marriages to grow, a safe environment for children to learn, and the center through which families bond. Just as importantly, home ownership is the first step to wealth acquisition, and a primary mechanism for building a family asset base.

Ms. JACKSON-LEE of Texas. Madam Speaker, today I rise to voice my support for H. Con. Res. 415, Recognizing National Homeownership Month. Today, there are 73 million Americans, who own a home. As our economy slowed down, housing is the glue that holds the Nation's economy together. This fact alone offers a compelling argument in support of homeownership. Owner-occupied property made up 21 percent of all household wealth in 1998. Moreover, the Federal Reserve says that this was more than 71 percent of all tangible wealth. Housing generates more than 22 percent of the Nation's Gross Domestic Product. Housing accounts for 32 to 40 cents of every dollar consumers spent.

We are ignoring the fact that less than half of America's minority families are homeowners. So, while strides have been made, the gap in homeownership rates is unacceptable until everyone in America has the same opportunity for homeownership. Because where homeownership flourishes, neighborhoods are more stable, and residents are more civic-minded. In addition, schools are better, and crime rates decline. We are marking this month with events across the country. This is our opportunity to spread the word about homeownership—especially to minority families, who own far fewer homes of their own than non-minority families do.

H. Con. Res. 415 helps to recognize homeownership, thus more Americans become homeowners. This is the central mission at HUD. Congress has a long-standing commitment to homeownership. The American housing finance system is the best in the world. Moreover, I support President Bush's initiative to increase minority homeownership as once I did our past President William Jefferson Clinton's efforts as well. Therefore, I strongly support H. Con. Res. 415.

Mr. FRANK. Madam Speaker, I yield back the balance of my time.

Mr. GARY G. MILLER of California. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from California (Mr. GARY G. MILLER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 415.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. GARY G. MILLER of California. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the

Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING GOALS AND IDEALS OF MENINGITIS AWARENESS MONTH

Mr. MICA. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 340) supporting the goals and ideals of Meningitis Awareness Month.

The Clerk read as follows:

H. CON. RES. 340

Whereas meningitis is usually caused by a viral or bacterial infection;

Whereas viral meningitis is generally less severe than bacterial meningitis;

Whereas bacterial meningitis caused by the meningococcus, *Neisseria meningitidis*, is one of the most deadly and least understood infections in the United States;

Whereas in 2000 more than 2,900 people in the United States developed meningococcal disease;

Whereas the 2 most common types of meningococcal disease are meningitis, an infection of the fluid that surrounds the spinal cord and the brain, the symptoms of which include high fever, headache, stiff neck, confusion, lethargy, vomiting, and seizures, and meningococcemia, an infection of the blood stream, the symptoms of which include a red-brown rash or purple blotches;

Whereas although meningococcal disease can be treated with a number of effective antibiotics, such treatment must begin early in the course of the disease, because the disease can be fatal within hours after the first symptoms appear;

Whereas individuals who survive meningococcal meningitis can suffer from debilitating effects such as hearing and vision loss, learning difficulties or mental retardation, loss of arms and legs, and paralysis;

Whereas between 20 percent and 25 percent of all people carry the bacterium that causes meningococcal disease in the back of their noses and throats without developing the disease, but can pass the bacterium to others;

Whereas the bacterium that causes meningococcal disease can be passed by close contact that involves the exchange of respiratory or throat secretions with someone who is infected or is carrying the bacterium, including coughing, kissing, and sharing items such as cigarettes, lipsticks, foods, drinks, toothbrushes, and mouth guards;

Whereas meningococcal disease cannot be spread merely by being in the same room with an infected person or by breathing the air where an infected person has been;

Whereas meningococcal disease usually develops within 1 to 14 days after exposure;

Whereas although the occurrence of meningococcal disease was once highest among children between the ages of 6 months and 36 months, the occurrence of the disease among older children and adolescents has been increasing in recent years, with a number of outbreaks occurring at schools and universities;

Whereas although a vaccine is currently available which provides protection against 4 of the 5 common strains of meningococcal disease in the United States, vaccinations are rarely administered until after an outbreak occurs;

Whereas the medical community should be encouraged to make a routine practice of informing adolescent patients and their parents about the option of being vaccinated

against this debilitating and often deadly disease; and

Whereas the Meningitis Awareness Key to prevention (MAK) organization has requested that Congress designate April as Meningitis Awareness Month in order to raise public awareness about meningitis and the availability of effective vaccines against meningococcal disease: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress supports the goals and ideals of Meningitis Awareness Month.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MICA) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. MICA).

Mr. MICA. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am pleased to have the House consider House Concurrent Resolution 340. I want to take this opportunity to commend my distinguished colleague, the gentleman from California (Mr. DOOLITTLE), for introducing this important measure and also for working so hard to bring this resolution before the floor.

This resolution, which I am pleased to present today on behalf of the Subcommittee on Civil Service and Agency Organization and its chair, the gentleman from Florida (Mr. WELDON), expresses the support of the House for the goals and ideals of Meningitis Awareness Month.

Meningitis is a potentially fatal disease and not a lot is known about it. In the year 2000, nearly 3,000 Americans contracted meningitis, and many of those were newborn. The Meningitis Awareness Key to Prevention Organization has asked that April be recognized as Meningitis Awareness Month. The purpose of this particular recognition is to raise public awareness about meningitis and the availability of effective vaccines against the disease.

□ 1500

Meningitis is an infection of the fluid that surrounds the spinal cord and the brain. The most common forms of meningitis are bacterial meningitis and viral meningitis. Bacterial meningitis is, as the resolution points out, one of the most deadly and least understood infections in the United States. It is highly contagious and can be spread through close contact with others. However, if diagnosed quickly and treated promptly, most people make a full recovery. However, without proper treatment, bacterial meningitis can be fatal, sometimes within hours, or lead to permanent handicaps such as deafness, paralysis, or brain damage.

Historically, most cases of bacterial meningitis occurred among children under 3 years of age. In recent years, however, there have been a number of meningitis outbreaks at both our schools and universities.

Everyone should be aware of the symptoms of bacterial meningitis, par-

ticularly in newborns, children, and also in adults. The symptoms are fever, a stiff neck, an aching back, and sometimes nausea. Viral meningitis is the more common type of meningitis. Although rarely life-threatening, it can severely weaken a person. Since the symptoms of viral meningitis are the same as bacterial meningitis, it is most important that individuals seek medical attention quickly, especially when symptoms appear.

Aside from vaccines, there is no way to protect against contracting meningitis. There are effective vaccines against certain strains of meningitis, but vaccines are rarely administered until after an outbreak has occurred. The medical community should be encouraged to inform adolescents and parents, particularly those of young people, about the option of being vaccinated against this debilitating and potentially deadly disease.

Madam Speaker, I ask all Members to support this resolution.

Madam Speaker, I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, approximately 3,000 cases of meningitis occur each year in the United States. Ten to thirteen percent of patients die, despite receiving antibiotics early in the illness. Of those who survive, an additional 10 percent have severe after-effects of the disease, including mental retardation, hearing loss, and loss of limbs.

On September 30, 1997, the American College Health Association, which represents about half of the colleges with student health services in the United States, released a statement recommending that "college health services take a more proactive role in alerting students and their parents about the dangers of meningococcal disease."

Studies undertaken by the Centers for Disease Control and Prevention indicate that freshman college students, particularly those who live in dormitories, constitute a group that are at a modestly increased rate for meningococcal disease.

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. The disease is usually caused by a viral or bacterial infection. The bacteria are very common and live naturally in the back of the nose and throat.

They normally spread between people in close and prolonged contact by coughing, sneezing and intimate kissing. Children under 5, teenagers, young adults, and the elderly are most at risk of contracting the disease. However, college students are a key at-risk group because of their lifestyle, which includes the close togetherness of student accommodations.

This resolution supporting Meningitis Awareness Month will alert college students and those most susceptible to the disease to vaccines and immunization efforts that help combat

the disease. I urge all Members to give this bill their support.

Madam Speaker, I reserve the balance of my time.

Mr. MICA. Madam Speaker, I am pleased to yield 5 minutes to the gentleman from California (Mr. DOOLITTLE), who is the author of this resolution.

Mr. DOOLITTLE. Madam Speaker, I very much appreciate the gentleman from Florida (Mr. MICA), our chairman, supporting this resolution and advocating its passage on the floor today. I think he outlined very clearly what the threats are, as did the gentlewoman from the District of Columbia (Ms. NORTON) as well.

I became really intimately aware of the ravages of this disease when a meningitis outbreak hit the Sacramento region in 2000, and then again in 2001, killing five high school students, three of whom were my constituents. Peter and Rose Kwett, personal friends of mine from Carmichael, California, saw their 15-year-old daughter, Mary Jo, taken from them as a result of this dreaded disease.

This year, there have been seven cases reported in my region, including the fatality of a sixth-grade girl from Greer Elementary School in Sacramento.

I introduced this resolution really to heighten the awareness of this terrible disease which afflicts approximately 2,500 individuals in the United States each year. As the gentleman from Florida (Mr. MICA) indicated, people can do certain things to protect themselves, generally involving what we think of as good hygiene habits. Also, there is a vaccine available.

Last year in my home State of California, the legislature passed a resolution designating the month of April as Meningitis Awareness Month. The Meningitis Awareness Key to Prevention Organization supports this resolution, and I urge my colleagues to do the same.

Ms. NORTON. Madam Speaker, I yield back the balance of my time.

Mr. MICA. Madam Speaker, I yield myself the balance of the time.

I would like to close by saying it is the goal of this resolution to raise public awareness about meningitis, and also the availability of the effective vaccines against this potentially debilitating or often fatal disease. I want to take this opportunity to thank the Meningitis Awareness Key to Prevention Organization for its efforts to educate all Americans to recognize the symptoms of this disease and also to urge that individuals seek prompt medical attention.

I also want to thank the gentleman from California (Mr. DOOLITTLE) for his leadership on this issue and for bringing this resolution, because it is important to bring this debilitating disease and information about it before the American public. So I thank him again for his work on this resolution.

Madam Speaker, I urge all Members to support this resolution seeking the goals of Meningitis Awareness Month.

Ms. JACKSON-LEE of Texas. Madam Speaker, approximately 3,000 cases of meningococcal disease occur each year in the United States. Of those infected, 10–13 percent die despite receiving early treatments of antibiotics for the illness. Those who survive the illness, about 10 percent, have severe aftereffects of the disease, such as mental retardation, hearing loss or loss of limbs.

Meningitis is one of the least understood infectious diseases existing in the United States today. Two forms of meningitis, bacterial and viral meningitis, quietly threaten children, and increasingly, adolescents. Bacterial meningitis, the deadlier of the two varieties, causes an inflammation of the lining that surrounds the brain. Approximately 20 percent of the population carries the bacteria in the back of the nose or throat without contracting the disease. If, however, the bacteria move into the bloodstream, the carrier quickly become endangered. Data suggests certain social behaviors such as, exposure to passive and active smoking, bar patronage and excessive alcohol consumption may increase students' risk for contracting the disease. In addition, data also shows that students living in dormitories, particularly freshman, are at increased risk.

Early diagnosis is the key to successful treatment and public awareness is crucial in order to expedite an accurate and timely diagnosis. The vaccines that are available are effective, but are rarely administered before there is an outbreak. The recent outbreaks in Northern California, and nation-wide, have increasingly occurred on high school, college, and university campuses as opposed to occurring in infants, which once had the highest occurrence rate.

As we go on to promote Meningitis Awareness month, we must keep in mind that many of the people who suffer from meningitis are seniors. The most deadly form of meningitis is caused by bacteria, which must be treated immediately with prescription antibiotics. Unfortunately, we still have no prescription drug benefit for our medicare population. It is ironic, and must be addressed.

Therefore, I urge my colleagues to support H. Con. Res. 340 and let us become more aware of meningitis.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Florida (Mr. MICA) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 340.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. MICA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. MICA. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within

which to revise and extend their remarks on House Concurrent Resolution 340.

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

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 6:30 p.m.

Accordingly (at 3 o'clock and 8 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. BIGGERT) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will now put the question on the Speaker's approval of the Journal and motions to suspend the rules on which further proceedings were postponed earlier today, in the order in which that motion was entertained.

Votes will be taken in the following order:

The Speaker's approval of the Journal, de novo;

House Concurrent Resolution 415, by the yeas and nays; and

House Concurrent Resolution 340, by the yeas and nays.

The Chair will reduce to 5 minutes the time for any electronic vote after the first such vote in this series.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the pending business is the question of the Speaker's approval of the Journal of the last day's proceedings.

The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. NORWOOD. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 307, nays 45, not voting 82, as follows:

[Roll No. 230]

YEAS—307

Abercrombie	Frost	Miller, Gary
Ackerman	Ganske	Miller, Jeff
Akin	Gekas	Mink
Allen	Gibbons	Mollohan
Andrews	Gilchrest	Moore
Armey	Gonzalez	Moran (VA)
Baca	Goode	Morella
Baird	Goodlatte	Murtha
Baldacci	Gordon	Myrick
Ballenger	Goss	Napolitano
Barcia	Graham	Nethercutt
Barr	Granger	Ney
Barrett	Graves	Northup
Bartlett	Green (TX)	Norwood
Bass	Green (WI)	Nussle
Bentsen	Greenwood	Obey
Bereuter	Grucci	Ortiz
Berkley	Hall (OH)	Osborne
Berry	Hall (TX)	Ose
Biggert	Hansen	Otter
Bilirakis	Harman	Owens
Bishop	Hart	Oxley
Blumenauer	Hastings (WA)	Pallone
Blunt	Hayes	Pascarell
Boehner	Hayworth	Pastor
Bonilla	Hill	Paul
Bono	Hinojosa	Pence
Boozman	Hobson	Peterson (PA)
Boswell	Hoeffel	Petri
Boyd	Hoekstra	Pickering
Brady (TX)	Holden	Pitts
Brown (OH)	Holt	Platts
Brown (SC)	Hooley	Pomeroy
Bryant	Horn	Price (NC)
Burr	Hostettler	Radanovich
Burton	Houghton	Rahall
Buyer	Hoyer	Regula
Calvert	Hunter	Rehberg
Camp	Hyde	Reyes
Cantor	Inslee	Reynolds
Capito	Isakson	Rivers
Capps	Issa	Rodriguez
Cardin	Istook	Roemer
Carson (IN)	Jackson (IL)	Rogers (KY)
Castle	Jackson-Lee	Rogers (MI)
Chabot	(TX)	Rohrabacher
Chambliss	Jefferson	Ros-Lehtinen
Clay	John	Ross
Clayton	Johnson (IL)	Roybal-Allard
Clyburn	Johnson, Sam	Royce
Coble	Jones (NC)	Ryan (WI)
Combest	Kanjorski	Sawyer
Cox	Keller	Saxton
Coyne	Kelly	Schakowsky
Cramer	Kennedy (RI)	Schiff
Crenshaw	Kerns	Schrock
Cubin	Kildee	Scott
Culberson	Kind (WI)	Sensenbrenner
Cummings	Kirk	Shaw
Cunningham	Klecza	Sherman
Davis (CA)	Knollenberg	Sherwood
Davis (FL)	Kolbe	Shimkus
Davis (IL)	LaHood	Shows
Davis, Jo Ann	Lampson	Shuster
Davis, Tom	Langevin	Simmons
Deal	LaTourette	Simpson
DeGette	Leach	Skeen
Delahunt	Lee	Skelton
DeLay	Levin	Slaughter
DeMint	Lewis (CA)	Smith (MI)
Deutsch	Lewis (KY)	Smith (NJ)
Diaz-Balart	Linder	Smith (TX)
Dicks	Lofgren	Smith (WA)
Dingell	Lowey	Snyder
Doggett	Lucas (KY)	Solis
Doolittle	Lucas (OK)	Souder
Doyle	Luther	Spratt
Dreier	Maloney (CT)	Stark
Duncan	Maloney (NY)	Stearns
Dunn	Manzullo	Stump
Edwards	Markey	Sullivan
Ehlers	Mascara	Sununu
Ehrlich	Matheson	Sweeney
Emerson	McCarthy (MO)	Tancred
Engel	McCarthy (NY)	Tanner
Eshoo	McCollum	Tauscher
Etheridge	McCrery	Tauzin
Evans	McGovern	Terry
Everett	McHugh	Thomas
Farr	McIntyre	Thornberry
Flake	McKinney	Thune
Foley	Meehan	Thurman
Forbes	Meek (FL)	Tiahrt
Fossella	Meeks (NY)	Tiberi
Frank	Mica	Tierney
Frelinghuysen	Miller, Dan	Toomey