

by demonstrating that remarkable achievements come only with hard work and dedication. Today, I pay tribute to a group of young women from Madison High School in Madison, SD, who have proved this fact time and time again, most recently by extending one of the more remarkable winning streaks in our Nation.

On February 20, 2004, the girls' gymnastics team at Madison High won the Class A state title for the tenth consecutive season.

For the first seven titles, the Bulldogs were led ably by coach Linda Collignon. Since then, Madison has come full circle, having been led to the last three titles by Maridee Weise, a member of that first championship team.

It has been a long road for the Madison High team. In the early days of the gymnastics program at Madison High, many of the student-athletes would make the 90-mile round trip from Madison to train at a gymnastics facility in Sioux Falls. In time—and under the leadership of Coach Collignon—members of the Madison community volunteered to build a training facility on the high school campus, saving the school district more than \$100,000. It is that kind of community involvement and interest in its youth that has helped establish Madison's tradition in the sport.

Each day at practice, these student-athletes are motivated by a drawing of the classic World War II symbol, Rosie the Riveter, and the phrase "We Can Do It!" They have not only come to recognize the truth in those words, they have lived up to them.

I ask my colleagues to join me in saluting these student-athletes and their coaches on their latest championship, and on their truly remarkable run. I am proud to ask unanimous consent that the 2003–2004 Madison High School girls' gymnastics team roster be printed in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Team members: Kari Schaefer, Brittany Postma, Brooke Postma, Landra Tieman, Jenny Poppen, Katie Keegan, Katie Breuer, Heidi Mogck, Kassie Finck, Sara Rogers, Heather Williams, Theresa Knapp, Katie McKenzie. Head Coach: Maridee Wiese, Assistant Coach: Kindra Norby, Student Manager: Erin Blom.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

A high school senior in Perry, IA, was harassed for 4 years by students who believed him to be gay. The high

school student was repeatedly pushed, shoved, and verbally attacked with anti-gay epithets. Students had also urinated on the high school senior in the shower after wrestling practice.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

CONGRESSIONAL GOLD MEDAL TO DOROTHY HEIGHT

Mr. LEAHY. Mr. President, last week Dr. Dorothy Height was awarded the Congressional Gold Medal in a ceremony in the Capital rotunda, on her 92nd birthday.

Dr. Height is a living legend. She is widely recognized as one of the pre-eminent civil rights leaders of modern history. Dr. Height has been a tireless advocate for equal rights for women, African Americans, and others for more than 65 years. From 1944 and until 1977, Dr. Height served on the National Board of the Young Women's Christian Association YWCA. In 1965, she launched the Center for Racial Justice at the YWCA, and she served as its director until 1977.

Currently the Chair and President Emerita of the National Council of Negro Women, Dr. Height became its fourth president in 1957. Under her leadership, the NCNW made substantial contributions and advances—both for the greater community of African American women and as an organization. Dr. Height led the NCNW to establish the first institution devoted to Black women's history, secure the Mary Bethune Council House designation as a national historic site, achieve tax exempt status for the NCNW, and bring the NCNW to national prominence.

Dr. Height played an active leadership role in virtually every major civil and human rights cause since the 1960s. She was the only woman at the table when Dr. Martin Luther King and the "Big Six" civil rights leaders made plans for the civil rights movement. Her life of distinguished service has been recognized with over 50 awards, including the National Council of Jewish Women's John F. Kennedy Memorial Award, the Congressional Black Caucus's William L. Dawson Award, the Ladies Home Journal's "Women of Year," the Presidential Medal of Freedom from President Clinton, and now the Congressional Gold Medal.

It is rare that Congress comes together to grant this award, but Dr. Height's life's work epitomizes the distinguished commitment to serve for which it was created to recognize. I congratulate Dr. Dorothy Height for nearly a century of remarkable leadership.

THE SITUATION IN DARFUR

Mr. FEINGOLD. Mr. President, I rise to comment on the ongoing crisis in Darfur, a region in western Sudan that has been the site of atrocities for months. A recent report from the International Crisis Group spells out the horrifying facts of the situation. The report indicates that 830,000 people have been displaced as a result of the conflict, and thousands have been killed. Government-supported militias have deliberately targeted civilians, sometimes focusing on unprotected villages with no apparent link to the rebels other than their ethnic profile. According to credible reports, militia atrocities have included indiscriminate killing and mutilation, rape on a massive scale, and the looting and destruction of food reserves and other property. Outright and indiscriminate government bombing has also been verifiably reported since the conflict began.

We must ask ourselves two questions. First, what can be done to help the innocent men, women, and children caught up in this nightmare? The U.S. must work with the international community to signal our collective resolve and to insist that the Government of Sudan stop playing games with humanitarian access. Khartoum needs to feel the pressure, and all parties need to work urgently for a settlement.

But we must also ask, what do these developments in Darfur tell us about the Government of Sudan? The reports from the region seem to confirm that the Government of Sudan has no qualms about backing attacks on innocent civilians.

I want the administration's extremely laudable peace initiative in Sudan to succeed. Many dedicated professionals have devoted countless hours to this enterprise, and many courageous Sudanese have taken difficult steps in the pursuit of a just peace. But my doubts about the prospects for a future of peace and cooperation are growing, rather than dissipating, at each new report on the Darfur crisis. I doubt the stability and sustainability of a peace agreed to by a party that accepts organized atrocities as just one more tool in its toolbox of governing. What kind of peace can be achieved with this kind of partner? Can we truly have confidence in this government's good faith? What kind of future cooperation can we realistically expect?

As a member of the Foreign Relations Committee's Subcommittee on African Affairs, I have been engaged on issues relating to Sudan for many years. I was proud to work with my colleague on that subcommittee for several years, Senator FRIST, on the Sudan Peace Act. I recognize the complexity of Sudanese dynamics, and I certainly understand that the situation in Darfur is different from the conflict between the Government of Sudan and

the forces of the south, most prominently the Sudanese People's Liberation Movement. But some of the elements of the Darfur crisis are, unfortunately, quite familiar. We have seen obstacles thrown up to humanitarian access, we have seen the near-total abdication of responsibility for the basic security and well-being of Sudanese civilians, and we see government-backed militias employed to keep some of the dirtiest of the dirty working at some token distance from officials.

On December 16, 2003, the State Department issued a statement expressing "deep concern" about the humanitarian and security situation in Darfur. The statement indicated that:

the United States calls on the Government of Sudan to take concrete steps to control the militia groups it has armed, to avoid attacks against civilians and to fully facilitate the efforts of the international humanitarian community to respond to civilian needs.

But it then contained this final sentence:

The fighting in Darfur is not linked to the ongoing peace talks between the Government of Sudan and the Sudan People's Liberation Movement/Army in Kenya.

I am among many observers who fear that this sentence was interpreted in Khartoum as a signal that the disincentives articulated by the U.S. in the context of the peace talks will not be applied because of abuses in Darfur.

I urge the administration to insist that the Civilian Protection Monitoring Team be permitted to investigate alleged attacks on civilians throughout the country, including attacks in Darfur. The Government of Sudan should have no formal or informal veto power over this team's investigations. The team was established as a confidence-building measure, and it was agreed to by all parties. But to suggest that the Government of Sudan should be able to pick and choose areas in which the team is permitted to conduct its inquiries undermines confidence.

I do respect the fact that delicate diplomacy is ongoing, and I want to be able to celebrate a lasting end to Sudan's north-south civil war as much as any Member of this body. But none of that changes the fact that what is happening in Darfur is inexcusable, it is undermining the Naivasha peace process, and it is casting a pall over the future of Sudan at a time when light had finally begun to shine on that long-suffering country. It is time to stop expressing quiet concern, and to start treating this crisis with the urgency it deserves.

WOMEN'S HISTORY MONTH

Mr. DURBIN. Mr. President, in conjunction with the March celebration of Women's History Month, I rise today to salute a number of women who have dedicated themselves to the fight against global AIDS and HIV.

This year the theme of Women's History Month is "Women Inspiring Hope

and Possibility." It may seem that phrase is too broad—and a month is too short—to fully recognize or appreciate the many and varied accomplishments of women throughout the years. From the medical professional who administers compassion along with her care, to the educator who inspires her pupils and allows them to achieve, to the mother who installs in her children feelings of worth and value, women foster hope and opportunity in their everyday actions.

While traditionally this month is used to commemorate women from the past, it seems fitting that we take some time to look at modern-day heroines. Today, the women we honor are busy ensuring that HIV/AIDS will soon be relegated to a chapter in history—a terrible and sorrowful chapter but history nonetheless.

There are 42 million people throughout the world living with HIV/AIDS. We saw more than 3 million AIDS-related deaths in 2003. Each year, AIDS deaths claim more than the entire population of Chicago. Life expectancy has dropped below 40 years of age in 10 countries in sub-Saharan Africa. AIDS has already erased 15 years of progress in the worse affected countries. Despite our efforts to date, this epidemic continues its deadly spread across the globe.

More than 30 million HIV/AIDS sufferers are located in sub-Saharan Africa or Southeast Asia, where more than 60 percent of those infected are women. At especially high risk are teenage girls, who frequently marry older men at a very young age, and have little control over their destiny. This, in turn, puts the next generation of children in a position of susceptibility, as each year about 120,000 HIV-positive women become pregnant.

As Americans, it is sometimes hard to see that the AIDS epidemic is not just across the ocean, it is in every part of this world. It is in our own backyard and poses a threat from every direction. Once a person has seen its devastation face to face, he or she will never be the same.

Three years ago, I went to Africa and saw it myself. I saw it in Uganda, where I sat on a porch with mothers who were HIV-positive. They were gathering scrapbooks, photos, notes, and little memorabilia of their lives to leave to their children who were in the yard playing, children who had been orphaned already, or who, having lost one parent, were about to lose their second parent.

I saw it as I traveled through Botswana and South Africa. A senior governmental official confided to me that whenever she travels from her busy capital to her home district, she loads up a large van with coffins and tents, and spends her time helping her constituents, one after another, bury their loved ones and grieve for their dead. She attends funerals, not parades. She gives away coffins, not bumper stickers. There are the politics of Africa in the era of AIDS.

Most recently, as I traveled to India and Bangladesh, I witnessed the plight of the rural, female AIDS sufferer, and I saw those who were working to help her. I firmly believe that the future of India lies in the hands of its women.

When you meet the victims of AIDS, when you see their courage, and see what little it takes to fight this AIDS epidemic successfully, as they have in Uganda and a few other countries, you realize that our leadership and our commitment at this moment in history can make such a difference.

Two women, Dr. Helene Gayle and Dr. Amy Pollack, head organizations dedicated to providing that leadership and to preventing the spread of the disease through multifaceted intervention and family planning.

Dr. Gayle, who cochairs the Global HIV Prevention Working Group for the Gates Foundation, previously worked for the Centers for Disease Control, CDC. There, she initiated HIV-prevention programs built around U.S. communities, as well as the CDC's global AIDS initiative. It is her belief that a comprehensive approach that includes prevention services, such as STD treatment, behavioral risk reduction, and voluntary HIV testing, along with HIV treatment and care for affected populations, is the cornerstone of stemming the AIDS pandemic. Wielding the influence of the Gates Foundation name and funding, she is in a unique position to ensure implementation of these methods, and she has done so with great success.

Dr. Pollack's EngenderHealth organization was a 2002 United Nations Population Award laureate. Through her trips to Africa, Dr. Pollack, has borne witness to EngenderHealth's unique family planning initiatives, concentrating on the gap between the desire for contraception and access to it. With a goal of reducing the number of HIV-infected children and orphans, EngenderHealth assists clinics to close this gap.

I salute the vision of Dr. Gayle and Dr. Pollack and commend them for their dedication and perseverance.

As Americans become more aware of the pandemic proportions of this disease, especially in Africa and South Asia, increasing numbers of women are working for AIDS awareness, treatment and prevention.

Sixteen years ago, three American women whose lives had been touched by this horrific disease sat around a kitchen table in Santa Monica, CA. Recognizing that there was a huge gap in understanding how infected children were affected by HIV/AIDS, they cofounded an organization to fund research for pediatric AIDS.

Today, that organization, the Elizabeth Glaser Pediatric AIDS Foundation, is the premier not-for-profit in its field. Although Elizabeth Glaser, who cofounded the organization with Susan DeLaurentis and Susie Zeegan, passed away in 1994, her dream—and her name—live on through the foundation.