

protection and capital markets, including the House Energy and Commerce Committee, the Financial Services Committee, the Government Reform Committee and the Budget Committee. He also served as chairman of the Task Force on Budget Reform. He authored the Private Securities Litigation Reform Act and the Internet Tax Freedom Act.

It was no surprise that the Senate unanimously confirmed his SEC chairmanship on July 29, 2005.

Mr. Speaker, I know my colleagues will join me in honoring Chris Cox for his service in the U.S. House of Representatives and wish him Godspeed at the SEC.

GENERAL LEAVE

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

The SPEAKER pro tempore (Mr. SODREL). Is there objection to the request of the gentleman from California?

There was no objection.

REAUTHORIZATION OF THE RYAN WHITE CARE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, in 2 days, the Ryan White CARE Act will expire, and though it will continue under its current authorization, as this landmark and life-saving Act expires, it is almost as though a light expires as well, a light of life and hope for the hundreds of thousands of Americans who have depended upon it.

We all know how disproportionately the HIV/AIDS epidemic has, and continues to, affect the African American community. In fact, since the beginning of this epidemic, African Americans have been hardest hit. This is not only due to adverse lifestyles but also largely due to the poor level of services, lack of insurance and the intractable poverty where too many people of color are trapped.

As shocking as the statistics are one year, they get worse the following year.

Nearly half of all people living with HIV and AIDS in the United States are African American, and the AIDS case rate for African Americans is 9.5 times that of whites.

About six in 10 children to HIV-infected mothers are African American.

Sixty-five percent of the AIDS cases among young people, 13 to 19 years of age, are in African Americans.

AIDS is the leading cause of death for African American women, 24 to 34 years of age.

This epidemic creates generation gaps in black families, leaving children to be reared by grandparents or other guardians, and the startling number of

AIDS cases among teenagers indicates that this epidemic will undermine the very future of the African American community and thus undermine our Nation.

In the African American community, this is a state of emergency and requires an emergency response, not this lack of attention and lackadaisical approach that we are receiving from the leadership. We should not be presiding over the expiration of this Act, which has been a lifeline to countless individuals and their families. We should be going beyond reauthorization, expanding it and ensuring that all of the funding is there to meet the programmatic needs.

The Ryan White CARE Act was created to improve the quality and expand access to comprehensive care for people living with HIV and AIDS and their families. Because of the CARE Act, metropolitan regions, which are heavily African American, those that are most severely affected by HIV and AIDS receive funding to launch HIV prevention and support HIV/AIDS care efforts.

The CARE Act also provides funding for AIDS Drug Assistance Programs; early intervention services; capacity building and planning grants; crucial services for women, infants, children, youth and their affected family members; funding for AIDS Education and Training Centers; dental reimbursement programs; and funding for special projects on innovative models of HIV care and service delivery, among other services.

As a physician who has treated people living with HIV and AIDS, I know well how critical these services, especially access to medications that slow the progression of HIV to AIDS, are to improve the quality of life of those with AIDS, are to the health and well-being of and the care of people living with it.

The CARE Act, though, is particularly important to the community that is hit the hardest, year after year, the African American community. About half of all Ryan White CARE Act clients are African American.

More than eight in 10 clients at the Title IV clinics who receive important medical care, case management, child care and other services, are people of color, the majority of whom are African American women, children, youth and families.

We must recognize that when the Ryan White CARE Act was created and passed, the face of the HIV/AIDS epidemic, the unmet needs of those living with HIV disease, and the medical management of HIV and AIDS were much different than they are today.

Furthermore, great strides in medical technology have slowed the progression from HIV to AIDS, allowing people with HIV disease to live longer, healthier lives. The CARE Act should be authorized in a manner that allows it to fully respond to the health and health care needs of those most at risk

for, or those who currently are, living with HIV and AIDS.

Because of this, any funding less than \$3.1 billion is simply not acceptable. That is equivalent to what we spend every month in the war in Iraq.

What it costs to make the Republican tax cuts permanent for 1 year is more than 10 times the amount needed to help ensure that a child born to an HIV-positive mother has a chance at life.

One might be moved to ask why this crisis, which has taken so many lives, ruining so many families and having such a detrimental social and economic impact on our communities is being responded to in such an inadequate manner, if one can say it is being responded to at all?

It is not the absence of urgent need. The numbers are there. Neither could it be due to lack of resources. We have seen this administration in times bankroll solutions to others and more expensive crises without hesitation. The reauthorization of the Ryan White CARE Act and adequate funding of this and all of the other health care programs that would improve the health of the poor, the rural or people of color, are not all that happening for one reason, the absence of political will.

Mr. Speaker, I do not want us to lose sight of the fact that this Act gets its name from a brave little boy who was not only a pioneer but an inspiration. I did not know Ryan, but I do know his mother, Jeanne, and so on her behalf and on behalf of the patients I have served, and all of those infected with HIV or who have AIDS, their families, as well as all of the dedicated care providers, I ask that we not let this lapse in our moral responsibility be prolonged.

Let us do the work we are entrusted to do and reauthorize and modernize an even stronger, better Ryan White CARE Act.

RYAN WHITE AIDS CARE ACT

The SPEAKER pro tempore (Mr. INGALLIS of South Carolina). Under a previous order of the House, the gentlewoman from California (Ms. WATERS) is recognized for 5 minutes.

Ms. WATERS. Mr. Speaker, I would like to thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for organizing this series of Special Orders on the reauthorization of the Ryan White CARE Act.

The Ryan White CARE Act is essential for millions of Americans who are living with the AIDS virus and millions more who are at risk of becoming infected in the future.

The Ryan White CARE Act was passed into law in 1990, 10 years after the beginning of the HIV/AIDS epidemic, to provide a comprehensive approach to AIDS prevention, treatment, patient care and community support for people affected by this dreadful disease.

The Ryan White CARE Act provides funding for a variety of programs, including drug assistance, capacity building and planning grants, services for infected people and their families, funding for AIDS Education and Training Centers, and grants to metropolitan areas like Los Angeles that are severely affected by HIV/AIDS.

The Ryan White CARE authorization expires this Saturday, on October 1, 2005. If it is not reauthorized, it will remain in its current form until legislation is approved. The Ryan White CARE Act needs to be updated to address the needs of communities affected by HIV/AIDS today. The people affected by HIV/AIDS have changed tremendously over the course of the epidemic, and HIV/AIDS programs must adapt and change as well.

When the HIV/AIDS epidemic first began in 1980, most Americans with AIDS were white. Today, over 70 percent of new AIDS cases in the United States are people of color. Blacks account for about half of new AIDS cases, and Hispanics account for 20 percent of new AIDS cases. Racial minorities now represent a majority of new AIDS cases, and a majority of Americans living with AIDS, and a majority of deaths among persons with AIDS.

The Ryan White CARE Act is critical for minorities who often lack access to traditional health care and support services. About half of all Ryan White CARE Act clients are black, and that proportion is much higher in some care settings.

Title IV of the Act is especially important for racial minorities. Title IV provides medical care, case management, child care, transportation, and other support services for families affected by HIV and AIDS. Over 80 percent of the clients at clinics funded by Title IV of the Act are minorities.

The Ryan White CARE Act is severely underfunded. In the current fiscal year, the Ryan White CARE Act received a total of just over \$2 billion for all programs nationwide. However, it has been estimated that Ryan White CARE programs should receive at least \$3 billion in order to address adequately the needs of people affected by or at risk of HIV/AIDS.

In July of this year, the Bush administration released its principles for the reauthorization of the Ryan White CARE Act. Unfortunately, these principles are pitting the most affected communities against one another.

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One of the principles is a prioritization of core medical services. This principle could eliminate many of the support services provided under title IV, such as case management, child care, and transportation, which make medical care accessible to people in need. For most title IV clients, medical care is covered through Medicaid, not title IV; but support services provided under title IV are essential to make medical services accessible.

Reducing HIV/AIDS support services in order to prioritize HIV medical services is no way to address the needs of people with HIV/AIDS. I urge my colleagues to reauthorize the Ryan White CARE Act in a manner that will ensure that HIV/AIDS programs will indeed address the needs of all communities in the United States that are affected by the HIV/AIDS epidemic, and I urge my colleagues to make certain that the Ryan White CARE Act programs will be fully funded in future years.

Mr. Speaker, I mentioned the disproportionate number of African Americans and Hispanics that are now HIV/AIDS positive. I would like to share with you what we have attempted to do to address those very special populations.

In 1998, while I was the Chair of the Congressional Black Caucus, I spearheaded the development of the Minority AIDS Initiative, which provides grants to health care providers for HIV/AIDS treatment and prevention programs serving minority communities. The Minority AIDS Initiative enables health care providers to expand their capacity to deliver culturally and linguistically appropriate care and services.

Mr. Speaker, we will not get the increases we need, so we need to pay attention not only to this reauthorization but to the very special needs of those who have suffered the most.

The SPEAKER pro tempore (Mr. INGLES of South Carolina). 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.)

WOMEN AND HIV

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. Mr. Speaker, I rise to ask the House to reauthorize the Ryan White CARE Act, and I rise with special gratitude to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), a physician and the leader of the Congressional Black Caucus on health care issues, who has alerted us to a very important date, and that is September 30 of this year when the CARE Act requires reauthorization or it will lapse. We just came to the floor because of just such a deadline to reauthorize the Violence Against Women Act. I am asking the House to do the very same thing for the Ryan White CARE Act.

Mr. Speaker, this is a bedeviling disease. In our country we initially saw it as a disease of segments of the population, and certainly in the beginning it was identified somehow as a gay disease. It took the infection of a young white man, a teenager, indeed, to wake

America up to what this disease really means and how universal the disease is.

We face the same issue, however, as the disease has moved so largely into the black and Latino communities. When a disease moves in that direction, it becomes too easy for a country with our history to identify it with the specific group that is most identified with the disease. Let us not make that mistake again.

It is true that of the cases of AIDS diagnosed in the most recent period, 49 percent were African Americans and 20 percent were Hispanics. Those are the most alarming statistics I have read in a long time, considering that together blacks and Hispanics are not 20 percent of the population. African Americans are 42 percent of all of the people in the United States living with AIDS, and we are talking about people who are about 12 percent of the population.

Behind these figures are very complicated reasons, and my time does not allow me to go into it; but the fact that these figures exist is enough to call us to this floor to reauthorize the Ryan White Act before September 30.

African Americans have AIDS at almost 10 times the rate of whites. As with all diseases that tend to move toward the most disadvantaged in society, this disease is showing up in hugely disproportionate numbers among the very same disadvantaged groups that we associate with such figures, and I am particularly concerned that women are about 27 percent of all new HIV infections.

We can all remember when it was rare to find women of any color with HIV/AIDS. They represented only 8 percent of diagnosed AIDS patients in 1985. Now we see that jump from 8 percent to 27 percent. Fifty-one percent of new HIV cases are among children, that is to say, people who are from 13 to 19 years of age. That is just unacceptable, Mr. Speaker.

The movement of this disease downward into the population is the darkest aspect of the disease. Seventy-one percent of the women with this disease were infected through heterosexual conduct. That means that they probably had no idea that their partner was infected. This may be the chief reason that African American women are infected at a rate 25 times the rate for white women.

Mr. Speaker, this disease, once wrongly thought of as a gay disease, must not now wrongly be thought of as a disease of certain ethnic or racial minorities. One way to make sure that we stop the spread of this disease is to reauthorize the Ryan White Act now when it is so desperately needed. We do not want to let this session end with our country looking like one of the Third World countries that is now caught in the grips of this disease. It is a preventable disease.

If the Ryan White Act is reauthorized, we know what to do to contain this disease among blacks and Hispanics, just as we were successful in