

When I visited Cory's family in their Seaford home a little more than a week ago, they shared with me a photo of Cory running in one of those races a decade before his tragic death.

I rise today to commemorate Cory, to celebrate his life, and to offer his family our support and our deepest sympathy on their tragic loss.

STAFF SERGEANT CURTIS HAINES

Mr. PRYOR. Mr. President, it is with the greatest pleasure that I rise today to honor SSG Curtis Haines of Hope, AR. He is a member of the Arkansas Army National Guard's Company A, 1-153rd Infantry of the 39th Brigade Combat Team based in Prescott, AR. For his heroic service in Iraq, Staff Sergeant Haines was recently presented the Soldier's Medal for Bravery at a ceremony in the Prescott High School auditorium.

On May 6, 2004, at a military checkpoint in Baghdad, a car bomb explosion occurred. An Iraqi citizen was seriously injured, on fire, and trapped in a burning vehicle. Without regard for his own safety, Staff Sergeant Haines rescued the man from his vehicle, carried him to safety, and administered medical aid. Because of his heroic actions, Staff Sergeant Haines ultimately saved the man's life.

Mr. President, I ask my colleagues to join me in congratulating Staff Sergeant Haines on receiving this well-deserved honor. Also, please join me in thanking all of our brave men and women in uniform for their service. They risk their lives every day to protect our freedoms and deserve our respect and support for the sacrifices they have made and continue to make for our country.

PRIVATE FIRST CLASS NICHOLAS R. COURNOYER

Mr. GREGG. Mr. President, I rise today to pay tribute to U.S. Army PFC Nicholas R. Cournoyer of Gilmanton, NH, for his service and his supreme sacrifice for his country.

Nicholas, also called Nick by family and friends, grew up in Gilmanton and was a graduate of the Guilford High School class of 2000. On January 22, 2005, he answered a call to serve our country during these tense and turbulent times by enlisting in the U.S. Army. He was sent to Fort Benning, GA where as a member of an infantry training battalion he successfully completed Infantry One Station Unit Training, which combines in one location basic training with advanced individual training. Upon graduation, he left for assignment in June 2005 with the 2nd Battalion, 22nd Infantry Regiment, 1st Brigade Combat Team, 10th Mountain Division, Light Infantry, Fort Drum, NY, where he served as an infantryman. On August 11, 2005, he deployed with his unit to Iraq in support of Operation Iraqi Freedom.

Tragically, on May 18, 2006, this brave 25-year-old soldier was killed in action along with three of his comrades and an interpreter when an improvised explosive device explosion detonated near their military vehicle during com-

bat operations in the vicinity of Baghdad in Iraq. His awards and decorations include the Bronze Star Medal, Purple Heart, Army Achievement Medal, Army Good Conduct Medal, Iraq Campaign Medal, Global War on Terrorism Service Medal, Army Service Ribbon, Overseas Service Ribbon, Combat Infantryman Badge, and Weapons Qualification Badge.

Patriots from the State of New Hampshire have served our Nation with honor and distinction from Bunker Hill to Baghdad—and Nick served in that fine tradition. Daniel Webster said, "God grants liberty only to those who love it, and are always ready to guard and defend it." Nick was a courageous and dedicated volunteer who loved his family and his country and was proud of being a soldier. He served honorably doing the job he wanted to do. This generous, fun-loving young man had a big heart and understood that the freedoms and opportunities provided by this Nation need continuous defense and that they are among the most precious gifts he can give to his family and loved ones.

My heartfelt sympathy, condolences, and prayers go out to Nick's parents, Denis and Lenda, his sister Natalie, and his family and friends who have suffered this grievous loss. Because of his devotion and sense of duty, the safety and liberty of each and every American is more secure. May God bless PFC Nicholas Cournoyer.

WEIGHT GAIN PREVENTION IN CHILDREN

Mr. DEWINE. Mr. President, one of my great passions as a Senator has been advocating for children and advancing initiatives that improve their health and welfare. I wish to share with my colleagues the results of a new study, funded in part by the National Institutes of Health, which reports on two simple steps that can be taken to counter a serious health crisis among America's youth.

The crisis is obesity among all ages and most seriously among children. The Journal of the American Medical Association reported last month that one-third of all children in the United States are either overweight or dangerously close to becoming so and, as a result, are at increased risk of becoming obese adults and developing diabetes and other health problems.

A new "America on the Move Family Study," presented at the Pediatric Academic Societies Meeting, April 30, 2006, provides the first clinical evidence that overweight children can effectively prevent additional weight gain by making small changes to their daily lifestyle. The study was conducted by the University of Colorado at Denver and Health Sciences Center, the primary research arm for America On the Move Foundation, a national nonprofit dedicated to helping individuals and communities across the country improve health and quality of life. This

study was designed to evaluate whether overweight children could reduce their risk of gaining additional weight through a combination of increasing physical activity and eliminating 100 calories a day from their diet.

In the study, investigators randomized 216 families with at least 1 overweight child to either a lifestyle intervention group or a control group. Families in the intervention group were asked to eliminate 100 calories a day from their diet by emphasizing a reduction of dietary sugar and an increase in physical activity by 2,000 steps daily. Families in the control groups were asked to monitor their diet and exercise levels. After 6 months, significantly more overweight children in the intervention group maintained or reduced their percent body mass index, BMI, compared to the self-monitoring group, 67 percent versus 53 percent.

The results of this study are striking. By taking two simple, common sense steps—engaging in more physical activity and reducing caloric intake by small amounts—families can help their children control weight gain and reduce obesity. Such steps can have an enormous impact on their health. I applaud this study for bringing this important message to the public's attention.

REDUCE KIDS' ACCESS TO GUNS

Mr. LEVIN. Mr. President, researchers from the Centers for Disease Control and Prevention estimate that 1.69 million children in the United States live in households where firearms are kept unlocked and loaded. Tragically but not coincidentally, guns kill an average of nearly eight children and teenagers each day. In addition, the Children's Defense Fund estimates that at least four times as many are injured in nonfatal shootings. The vast majority of these shootings could be prevented if safe gun storage practices were more widely used.

Some parents believe that simply educating their children about the dangers posed by firearms is enough to keep them safe. Unfortunately, this is not the case. A new study shows that parents who keep guns in their home may have dangerous misperceptions about their child's familiarity with and access to guns.

The study, which was conducted by researchers from Harvard University and the San Francisco General Hospital, compared interview responses from 201 families who have guns in their homes. For each set of interviews, children were questioned separately from their parents. More than 70 percent of the children interviewed for the study said that they knew where to find a gun in their home. Surprisingly, 39 percent of the parents who said their children did not know the storage location of their firearms were contradicted by their children. Additionally, 22 percent of the parents who said their children had not handled their guns

were contradicted by their children. These discrepancies are troubling and indicate that simply trying to hide the location of firearms in the home is not enough to adequately protect children from injuring themselves or others with a gun.

According to recent published reports, an estimated 35 percent of homes nationwide include guns. Common sense tells us that when guns and ammunition are secured, the risk of children injuring or killing themselves or others with a gun is significantly reduced. Last year, a study published in the *Journal of the American Medical Association* found that the risk of unintentional shooting or suicide by minors using a gun is reduced by as much as 61 percent when ammunition in the home is locked up. Simply storing ammunition separately from the gun reduces such occurrences by more than 50 percent.

While educating children about the dangers of guns is certainly necessary, the use of safe storage practices is critically important to the safety of children and families when guns are kept in the home. We should all urge firearms owners around the country to take steps to adequately secure their guns and ammunition.

EMERGENCY ENERGY ASSISTANCE FOR DISABLED VETERANS

Mr. JOHNSON. Mr. President, recently I joined my colleague, Senator NELSON of Nebraska, in introducing the Emergency Energy Assistance for Disabled Veterans Act. I am supporting this bill because I am concerned about inadequate reimbursement rates offered to veterans who must travel to VA facilities for treatment. The VA beneficiary travel program reimburses veterans 11 cents for every mile they are required to drive in order to visit a VA doctor. This reimbursement often is not enough to cover the cost of the trip, especially given high gas prices and the lengthy distances some veterans must travel.

The State of South Dakota is home to almost 77,000 veterans—approximately 10 percent of the State's population. Today gasoline averages \$2.97 per gallon. In rural States such as South Dakota, many veterans must travel more than 120 miles each way in order to reach a veterans hospital. South Dakotans living in Selby and Gettysburg must travel as much as 170 miles. With the price of gas rising, the fixed mileage reimbursement leaves these veterans behind.

Oil companies are reaping substantial profits without reinvesting these profits in the infrastructure that helps keep gasoline markets operating smoothly. I am deeply concerned that these companies are being paid billions in profits while at the same time receiving tax cuts and incentives. On the opposite end of the spectrum, veterans are forced to make tough choices in order to afford driving to the VA for

treatment. The men and women who defended our Nation should not have to choose between buying groceries and visiting a doctor at the VA.

For over 30 years, mileage reimbursement rates for veterans have remained stagnant, whereas Federal employees received an 8-cent increase for a similar travel program in September 2005. Currently, Federal employees are reimbursed 44.5 cents per mile when using a private vehicle for official Government business. We owe our Nation's veterans the same benefit.

President Bush has consistently supported VA budgets that short change veterans health care by billions of dollars. Unfortunately, under current law, money to reimburse veterans for travel is allocated from the same accounts used to provide medical care. This bill changes the funding formula and would mandate a separate allowance to reimburse travel costs. This will reduce the competition between programs that are equally meritorious and necessary but are forced to compete for the same pot of funds.

Mr. President, I encourage my colleagues to support the Emergency Energy Assistance for Disabled Veterans Act. It is time we rectified this glaring injustice and provide our veterans with the support they deserve.

25TH ANNIVERSARY OF THE FIRST DOCUMENTED AIDS CASE

Mr. FEINGOLD. Mr. President, it was 25 years ago this week that a little-noticed report from the Centers for Disease Control documented a peculiar cluster of deadly pneumonia cases in Los Angeles. That report was the first official mention of AIDS, although the disease had no name at the time. Since 1981, AIDS has become an international human catastrophe, killing more than 25 million people, orphaning more than 15 million children, and infecting more than 65 million people. Today, there are 40 million people living with HIV.

This issue affects us on both a global and a domestic scale. There are over 1.2 million people in the United States living with HIV/AIDS, and there are over 40,000 new infections each year. While the United States made great strides to contain the disease and reduce the number of deaths throughout the 1990s, it now appears that this trend is reversing. The death rate is beginning to destabilize, and the infection rate is growing at a staggering rate among certain populations, particularly people of color. African Americans have the highest AIDS case rates of any racial or ethnic group—more than nine times the rate for Whites.

There is still much to be done in the United States to combat HIV/AIDS, but the prevalence of HIV/AIDS in the rest of the world, particularly in sub-Saharan Africa, is truly devastating. In my role as ranking member of the Africa Subcommittee of the Senate Foreign Relations Committee, I have seen firsthand the devastation this disease

has caused in Africa. Africa has accounted for nearly half of all global AIDS deaths, and it is estimated that by the year 2025 the total number of HIV infections in Africa could reach an astounding 100 million. In some African countries, the disease has caused the average life expectancy to drop below 40. HIV/AIDS has ravaged countries, economies, and families.

The most vulnerable in our global society are in many cases those who are most at risk from HIV/AIDS. Women and girls, who in Africa are often left physically, economically, and politically vulnerable, suffer disproportionately from HIV/AIDS. Nearly 60 percent of all people living with HIV in Africa are women; girls in sub-Saharan Africa aged 15 to 19 are infected by HIV at rates as much as five to seven times higher than boys their age. Gender inequalities, cultural norms, transactional sex, and all forms of violence against women and girls increase their susceptibility to HIV/AIDS. Women and girls desperately need legal protection and economic empowerment so that they can make safe health choices. These are fundamentally connected issues.

There is some cause for hope in our battle against this terrible disease; the United States has committed an unprecedented amount of money to the fight, and we are beginning to see some results. This is no cause for complacency, however. According to a recent U.N. report, while the spread of HIV/AIDS appears to be slowing down worldwide and some countries are reporting progress in bringing the pandemic under control, others are failing to reach key targets for prevention and treatment.

Most troubling is the fact that the rate of new HIV infections dramatically outpaces current efforts to reach people with life-sustaining antiretroviral therapy. According to Family Health International, for each new person who received antiretroviral therapy in 2005, another seven people became infected. We must bring increased focus to prevention efforts and do a better job of reaching out to those who are most vulnerable to this disease.

It is also becoming increasingly clear that we cannot address HIV/AIDS in isolation and that we need to deepen coordination between HIV/AIDS initiatives and other development goals. HIV/AIDS does not just affect isolated individuals but families, communities, and entire economies. One problem that has become apparent as we commit increasing funds to address HIV/AIDS is that international AIDS programs are siphoning off trained local health care workers from national health care systems. The World Health Organization has reported that the total number of health care workers per 1,000 people in Africa is 2.3—less than one-tenth the density in the Americas. This “brain drain” issue must be addressed. We need to