a lot of organizations that are trying to help women and kids who are abused, and that's great. It's a great step in the right direction, but as these statistics that we've heard today will tell you, it goes on and on and on. And the only way it's going to stop, if collectively across this country, men and women who see violence in public or in private or hear about it, report it to the police, report it to the proper people and get that brute away from that man and that woman and those kids. If we don't do that, this is never going to stop. The brute has to be afraid of what's going to happen to him.

I'll just tell you how this story ends. My mother finally got away from him. He went to prison for 2 to 14 years. And when he got out, he still tried to bother us. But it wasn't until he realized that he was going to go back to jail if he did it again that he stopped. The fear of the law, the fear of prosecution, the fear of retaliation for what they're doing is the one thing that brutes and wife and child abusers understand.

And so I'd like to say to my colleagues, this is very important legislation. I really appreciate it. I'm glad that we sponsor this every year, and we need to make sure there's awareness of this.

But I'd like to say if anybody across the country is paying attention, it's your responsibility, every single American, if you see a wife or child abuse or abuse of any type like this, report it to the police. Tell your friends and neighbors to watch for it. That's the only way it's going to stop, and it's everybody's responsibility.

Each year children witness domestic violence and this experience can have a lasting impact on their lives. In order to break the intergenerational cycle, children need services and interventions to address their experiences and prevent future violence. Between 3.3 and 10 million children witness domestic violence every year.

The National Census of Domestic Violence Services (NCDVS) revealed that over 18,000 children in the United States received services and support from 1,243 local domestic violence programs during a 24-hour period in November 2006. During the survey day: 7,241 children found refuge in emergency shelter; 4,852 children were living in transitional housing programs designed specifically for domestic violence survivors; and 5,946 children received non-residential services, such as individual counseling, legal advocacy, and children's support groups.

Nationwide, participating programs reported that 5,157 requests for services from adults and children went unmet. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.

Children exposed to domestic violence are more likely to exhibit cognitive and physical health problems like depression, anxiety, and violence toward peers. These children are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.

Teens experience high rates of domestic and sexual violence and need specialized services that respond to this and prevent future violence. Domestic and sexual violence's prevalence in the youth population is a problem that deserves careful attention.

One in 3 teens know a friend or peer who has been hit, punched, kicked, slapped, choked or physically hurt by dating partners. One-fourth of high school girls have been the victims of physical abuse, sexual abuse or date rape. Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence.

Not surprisingly, this violence can have a traumatic effect on the lives of these young people that can last well into adulthood.

Victims of teen dating violence are more likely to: use alcohol, tobacco, and cocaine; drive after drinking; engage in unhealthy weight control behaviors; commit sexually risky behaviors; and become pregnant. Over 50 percent of youth reporting dating violence and rape also reported attempting suicide. Girls who are raped are about 3 times more likely to suffer from psychiatric disorders and over 4 times more likely to suffer from drug and alcohol abuse in adulthood.

American Indian and Alaska Native women are battered, raped and stalked at far greater rates than any other group of women in the United States.

The U.S. Department of Justice estimates that: 1 of 3 Native women will be raped; 6 of 10 will be physically assaulted; and Native women are stalked at a rate at least twice that of any other population. Seventy percent of American Indians who are the victims of violent crimes are victimized by someone of a different race.

This bill raises awareness of domestic violence. It is essential to keep this issue in the eye of the public so that victims know that they have options and a way out. I am proud to support this bill today.

Mrs. MCCARTHY of New York. Mr. Speaker, does the gentleman from Minnesota have any more speakers?

Mr. KLINE of Minnesota. Mr. Speaker, I do not have any more speakers. I would just like to urge my colleagues to support this legislation, and I yield back the balance of my time.

Mrs. MCCARTHY of New York. Mr. Speaker, in closing, I urge my colleagues to support this important resolution by educating people about domestic violence so that we may be able to prevent it from happening.

Again, domestic violence is like a domino effect. Once it happens in the family, it continues through generation through generation.

The last speaker mentioned about the community getting involved, people getting involved. We have to stop this because it's a terrible, terrible action against people.

Mr. POE. Mr. Speaker, in 1987, 20 years ago, Congress first recognized October as National Domestic Violence Awareness month. Because of Congress's actions, local community groups, religious organizations, healthcare providers, corporations, and the media are addressing domestic violence in our communities. This October, thousands of victim advocacy organizations, state coalitions, and community groups will hold events to raise awareness to the violence that annually affects millions of men, women, and children in the United States. If we can raise awareness and teach the youth healthy relationship skills and intervene in youth violence, we can reduce dating violence, sexual assault, and stalking in our schools and communities. As the founder of the Victims' Rights Caucus, and sponsor of H. Res. 590, I hope to give a voice to domestic violence victims. Raising awareness of domestic violence provides victims with help and a safe haven, while holding abusers accountable. And that's just the way it is.

Mrs. MCCARTHY of New York. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. MCCARTHY) that the House suspend the rules and agree to the resolution, H. Res. 590, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KLINE of Minnesota. Mr. 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.

STOP AIDS IN PRISON ACT OF 2007

Ms. WATERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1943) to provide for an effective HIV/AIDS program in Federal prisons, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1943

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stop AIDS in Prison Act of 2007''.

SEC. 2. COMPREHENSIVE HIV/AIDS POLICY.

(a) IN GENERAL.—The Bureau of Prisons (hereinafter in this Act referred to as the ''Bureau'') shall develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates within the correctional setting and upon reentry.

(b) PURPOSE.—The purposes of this policy shall be as follows:

(1) To stop the spread of HIV/AIDS among inmates.

(2) To protect prison guards and other personnel from HIV/AIDS infection.

(3) To provide comprehensive medical treatment to inmates who are living with HIV/AIDS.

(4) To promote HIV/AIDS awareness and prevention among inmates.

(5) To encourage inmates to take personal responsibility for their health.

(6) To reduce the risk that inmates will transmit HIV/AIDS to other persons in the community following their release from prison.

(c) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this policy.

(d) TIME LIMIT.—The Bureau shall draft appropriate regulations to implement this policy not later than 1 year after the date of the enactment of this Act.

SEC. 3. REQUIREMENTS FOR POLICY.

The policy created under section 2 shall do the following:

(1) TESTING AND COUNSELING UPON INTAKE.—

(A) Medical personnel shall provide routine HIV testing to all inmates as a part of a comprehensive medical examination immediately following admission to a facility. (Medical personnel need not provide routine HIV testing to an inmate who is transferred to a facility from another facility if the inmate's medical records are transferred with the inmate and indicate that the inmate has been tested previously.)

(B) To all inmates admitted to a facility prior to the effective date of this policy, medical personnel shall provide routine HIV testing within no more than 6 months. HIV testing for these inmates may be performed in conjunction with other health services provided to these inmates by medical personnel.

(C) All HIV tests under this paragraph shall comply with paragraph (9).

(2) PRE-TEST AND POST-TEST COUNSELING.—Medical personnel shall provide confidential pre-test and post-test counseling to all inmates who are tested for HIV. Counseling may be included with other general health counseling provided to inmates by medical personnel.

(3) HIV/AIDS PREVENTION EDUCATION.—

(A) Medical personnel shall improve HIV/AIDS awareness through frequent educational programs for all inmates. HIV/AIDS educational programs may be provided by community based organizations, local health departments, and inmate peer educators. These HIV/AIDS educational programs shall include information on modes of transmission, including transmission through tattooing, sexual contact, and intravenous drug use; prevention methods; treatment; and disease progression. HIV/AIDS educational programs shall be culturally sensitive, conducted in a variety of languages, and present scientifically accurate information in a clear and understandable manner.

(B) HIV/AIDS educational materials shall be made available to all inmates at orientation, at health care clinics, at regular educational programs, and prior to release. Both written and audio-visual materials shall be made available to all inmates. These materials shall be culturally sensitive, written for low literacy levels, and available in a variety of languages.

(4) HIV TESTING UPON REQUEST.—

(A) Medical personnel shall allow inmates to obtain HIV tests upon request once per year or whenever an inmate has a reason to believe the inmate may have been exposed to HIV. Medical personnel shall, both orally and in writing, inform inmates, during orientation and periodically throughout incarceration, of their right to obtain HIV tests.

(B) Medical personnel shall encourage inmates to request HIV tests if the inmate is sexually active, has been raped, uses intravenous drugs, receives a tattoo, or if the inmate is concerned that the inmate may have been exposed to HIV/AIDS.

(C) An inmate's request for an HIV test shall not be considered an indication that the inmate has put him/herself at risk of infection and/or committed a violation of prison rules.

(5) HIV TESTING OF PREGNANT WOMAN.—

(A) Medical personnel shall provide routine HIV testing to all inmates who become pregnant.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(6) COMPREHENSIVE TREATMENT.—

(A) Medical personnel shall provide all inmates who test positive for HIV—

(i) timely, comprehensive medical treatment;

(ii) confidential counseling on managing their medical condition and preventing its transmission to other persons; and

(iii) voluntary partner notification services.

(B) Medical care provided under this paragraph shall be consistent with current Department of Health and Human Services guidelines and standard medical practice. Medical personnel shall discuss treatment options, the importance of adherence to antiretroviral therapy, and the side effects of medications with inmates receiving treatment.

(C) Medical and pharmacy personnel shall ensure that the facility formulary contains all Food and Drug Administration-approved medications necessary to provide comprehensive treatment for inmates living with HIV/AIDS, and that the facility maintains adequate supplies of such medications to meet inmates' medical needs. Medical and pharmacy personnel shall also develop and implement automatic renewal systems for these medications to prevent interruptions in care.

(D) Correctional staff and medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

(7) PROTECTION OF CONFIDENTIALITY.—

(A) Medical personnel shall develop and implement procedures to ensure the confidentiality of inmate tests, diagnoses, and treatment. Medical personnel and correctional staff shall receive regular training on the implementation of these procedures. Penalties for violations of inmate confidentiality by medical personnel or correctional staff shall be specified and strictly enforced.

(B) HIV testing, counseling, and treatment shall be provided in a confidential setting where other routine health services are provided and in a manner that allows the inmate to request and obtain these services as routine medical services.

(8) TESTING, COUNSELING, AND REFERRAL PRIOR TO REENTRY.—

(A) Medical personnel shall provide routine HIV testing to all inmates no more than 3 months prior to their release and reentry into the community. (Inmates who are already known to be infected need not be tested again.) This requirement may be waived if an inmate's release occurs without sufficient notice to the Bureau to allow medical personnel to perform a routine HIV test and notify the inmate of the results.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(C) To all inmates who test positive for HIV and all inmates who already are known to have HIV/AIDS, medical personnel shall provide—

(i) confidential prerelease counseling on managing their medical condition in the community, accessing appropriate treatment and services in the community, and preventing the transmission of their condition to family members and other persons in the community;

(ii) referrals to appropriate health care providers and social service agencies in the community that meet the inmate's individual needs, including voluntary partner notification services and prevention counseling services for people living with HIV/AIDS; and

(iii) a 30-day supply of any medically necessary medications the inmate is currently receiving.

(9) OPT-OUT PROVISION.—Inmates shall have the right to refuse routine HIV testing. Inmates shall be informed both orally and in writing of this right. Oral and written disclosure of this right may be included with other general health information and counseling provided to inmates by medical personnel. If an inmate refuses a routine test for HIV, medical personnel shall make a note of the inmate's refusal in the inmate's confidential medical records. However, the inmate's refusal shall not be considered a violation of prison rules or result in disciplinary action.

(10) EXPOSURE INCIDENT TESTING.—The Bureau may perform HIV testing of an inmate under section 4014 of title 18, United States Code. HIV testing of an inmate who is involved in an exposure incident is not ''routine HIV testing'' for the purposes of paragraph (9) and does not require the inmate's consent. Medical personnel shall document the reason for exposure incident testing in the inmate's confidential medical records.

(11) TIMELY NOTIFICATION OF TEST RESULTS.—Medical personnel shall provide timely notification to inmates of the results of HIV tests.

SEC. 4. CHANGES IN EXISTING LAW.

(a) SCREENING IN GENERAL.—Section 4014(a) of title 18, United States Code, is amended—

(1) by striking ''for a period of 6 months or more'';

(2) by striking '', as appropriate,''; and

(3) by striking ''if such individual is determined to be at risk for infection with such virus in accordance with the guidelines issued by the Bureau of Prisons relating to infectious disease management'' and inserting ''unless the individual declines. The Attorney General shall also cause such individual to be so tested before release unless the individual declines''.

(b) INADMISSIBILITY OF HIV TEST RESULTS IN CIVIL AND CRIMINAL PROCEEDINGS.—Section 4014(d) of title 18, United States Code, is amended by inserting ''or under the Stop AIDS in Prison Act of 2007'' after ''under this section''.

(c) SCREENING AS PART OF ROUTINE SCREENING.—Section 4014(e) of title 18, United States Code, is amended by adding at the end the following: ''Such rules shall also provide that the initial test under this section be performed as part of the routine health screening conducted at intake.''.

SEC. 5. REPORTING REQUIREMENTS.

(a) REPORT ON HEPATITIS AND OTHER DISEASES.—Not later than 1 year after the date of the enactment of this Act, the Bureau shall provide a report to the Congress on Bureau policies and procedures to provide testing, treatment, and prevention education programs for Hepatitis and other diseases transmitted through sexual activity and intravenous drug use. The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this report.

(b) ANNUAL REPORTS.—

(1) GENERALLY.—Not later than 2 years after the date of the enactment of this Act, and then annually thereafter, the Bureau shall report to Congress on the incidence among inmates of diseases transmitted through sexual activity and intravenous drug use.

(2) MATTERS PERTAINING TO VARIOUS DISEASES.—Reports under paragraph (1) shall discuss—

(A) the incidence among inmates of HIV/AIDS, Hepatitis, and other diseases transmitted through sexual activity and intravenous drug use; and

(B) updates on Bureau testing, treatment, and prevention education programs for these diseases.

(3) MATTERS PERTAINING TO HIV/AIDS ONLY.—Reports under paragraph (1) shall also include—

(A) the number of inmates who tested positive for HIV upon intake;

(B) the number of inmates who tested positive prior to reentry;

(C) the number of inmates who were not tested prior to reentry because they were released without sufficient notice;

(D) the number of inmates who opted-out of taking the test;

(E) the number of inmates who were tested following exposure incidents; and

(F) the number of inmates under treatment for HIV/AIDS.

(4) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of reports under paragraph (1).

SEC. 6. APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATERS) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATERS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. WATERS. Mr. Speaker, I yield to myself such time as I may consume.

Mr. Speaker, before I give my statement on this legislation, I'd sincerely like to thank Mr. LAMAR SMITH, my colleague on the opposite side of the aisle who was the author of this legislation in the last Congress and who has worked with me so much and so well to bring this legislation before us today. I'm very thankful to him. We have 43 cosponsors on this bill, and I'd also like to thank Mr. RANDY FORBES and Mr. LUIS FORTUÑO who are on the opposite side of the aisle who worked with us on this bill; but all of the Members who came together to get this legislation to this point today are to be appreciated because it was somewhat controversial when Mr. SMITH first brought the idea to us. And, of course, I would like to thank Judiciary Committee Chairman JOHN CONYERS for all of his support for this legislation.

This particular legislation takes us back 25 years after AIDS was discovered; the AIDS virus continues to spread. About 1.7 million Americans have been infected by HIV since the beginning of the epidemic, and there are 1.2 million Americans living with HIV today. Every year, there are 40,000 new HIV infections and 17,000 new AIDS-related deaths in the United States.

We need to take the threat of HIV/AIDS seriously and confront it in every institution of our society. That includes our Nation's prison system, and that is why this bill is so important.

The Stop AIDS in Prison Act requires the Federal Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment and prevention for inmates in Federal prisons. The bill requires the Bureau of Prisons to test all prison inmates for HIV upon entering prison and again prior to release from prison, unless the inmate absolutely opts out of taking the test.

The bill requires HIV/AIDS prevention education for all inmates and comprehensive treatment for those inmates who test positive. Language was included to protect the confidentiality of inmate tests, diagnosis, and treatment and to require that inmates receive pre-test and post-test counseling so that they will understand the meaning of HIV test results.

In 2005, the Department of Justice reported that the rate of confirmed AIDS cases in prisons was three times higher than in the general population. The Department of Justice also reported that 2 percent of the State prison inmates and 1.1 percent of Federal prison inmates were known to be living with HIV/AIDS in 2003.

However, the actual rate of HIV infection in our Nation's prisons is simply unknown, and it could be considerably higher.

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This is because prison officials do not consistently test prisoners for HIV. The only way to determine whether HIV has been spread among prisoners is to begin routine HIV testing of all prison inmates. This bill does that.

This bill has been endorsed by a number of prominent HIV/AIDS advocacy organizations, including AIDS Action, the AIDS Institute, the National Minority AIDS Council, the AIDS Health Care Foundation, the HIV Medicine Association, AIDS Project Los Angeles, and Bienestar; that happens to be a Latino community service and advocacy organization. The bill also has been endorsed by the Los Angeles County Board of Supervisors and even the Los Angeles Times.

Mr. Speaker and Members, I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am a strong supporter of H.R. 1943, The Stop AIDS in Prison Act of 2007.

I introduced this legislation in the last Congress and am an original cosponsor of it this year as well. And I want to thank my colleague, Congresswoman WATERS, for her energetic help. I was happy to work with her in the last Congress, and I am pleased that we have worked together again this year. Also, I want to thank Chairman CONYERS for his leadership in bringing this legislation to the House floor today.

Mr. Speaker, the incidence of HIV and AIDS in Federal and State prison populations is difficult to measure because not all Federal and State inmates are routinely tested. There are approximately 170,000 prisoners in the Federal system. The Justice Department said in its 2006 report that about 2 percent of State prison inmates and over 1 percent of all Federal inmates were known to be infected with HIV. The occurrence of HIV and AIDS cases in Federal prison is at least three times higher than it is among the United States population as a whole.

H.R. 1943 requires routine HIV testing for all Federal prison inmates upon entry and prior to release. For all existing inmates, testing is required within 6 months of enactment. This reasonable requirement will enable prison officials to reduce HIV among inmates and provide much needed counseling, prevention, and health care services for inmates who happen to be infected.

Requiring Federal inmates to be tested when they enter prison and when they leave prison is just good common sense. For some prisoners tested when they enter prison, such testing will ensure that they receive adequate treatments, education, and prevention services while incarcerated. Similarly, it is important that prisoners are tested shortly before they are released into the community so that adequate services can be provided after their release. That, in turn, will protect the community.

I believe in tough punishment for criminal offenders because the public deserves to be protected. But we have a duty to treat prisoners humanely and to rehabilitate them. Preventing the spread of HIV and AIDS among prisoners is an essential aspect of humane treatment and rehabilitation. So I urge my colleagues to support this legislation.

Before I reserve the balance of my time, I just want to thank Congresswoman WATERS again for making sure that we are here today, for her leadership on this legislation, and for working with me both last year and this year on such an important bill.

Mr. Speaker, I reserve the balance of my time.

Ms. WATERS. I yield to the gentlelady from California, Ms. BARBARA LEE, 5 minutes, a woman who has been in the forefront of the fight against HIV and AIDS not only domestically but internationally.

Ms. LEE. Mr. Speaker, first let me thank Congresswoman WATERS for yielding and for introducing H.R. 1943, the Stop AIDS in Prison Act, and for your leadership on so many issues. But I just want to talk very briefly about what has happened since 1998 under your leadership when you were Chair of the Congressional Black Caucus.

I can remember when I was first elected in 1998, one of the first efforts that I was involved in with Congresswoman WATERS, then as Chair, was calling together a national meeting on a moment's notice. I think we had maybe 2 weeks, 10 days to bring people from around the country here to Washington, DC to talk about a bold response to HIV and AIDS, especially

here in the African American community given the devastation and the disproportionate rates that our communities are faced with.

Out of that meeting, and it was truly a grassroots meeting in Washington, DC on Capitol Hill, we came up with several plans, several strategies, one of which was the idea to establish the Minority AIDS Initiative. Congresswoman WATERS not only talked about why we needed to have a separate pot of money that would track the disease and track prevention, treatment, and education efforts around HIV and AIDS, but also she worked to make sure that happened and oftentimes was the lone voice in the wilderness calling for this.

Well, fast forward. So much has happened since then. We were in Toronto, Canada last year, and Congresswoman WATERS, myself, Congresswoman CHRISTENSEN, we said we have got to take on some tougher issues now because this disease is really getting worse, and the unfortunate reality is that to be black in America is to be at greater risk of HIV and AIDS. And I will never forget her saying: Now, I am going to do something really bold when I get back; now, just get ready for it.

And it was amazing to see how she moved forward with this bill, the Stop AIDS in Prison Act to help us move one step closer to our goal by providing this opt-out testing, treatment, and education at all Federal prison facilities. And she knew that it was going to be controversial, which it was.

But as I listened to the list of supporters and those organizations that have endorsed the bill, I want to just say that this is a real testament to making sure that people understood, the country understood why this bill was necessary and needed, and how she brought people together and organizations together to get this bill to the floor today.

And so it is a good day, Congresswoman WATERS, and I want to thank you so much for stepping out there once again, because it is an example of what we need to do to make sure that we take on the tough issues that we are taking on.

Finally, let me say, as part of our comprehensive strategy, I am working on a bill which Congresswoman WATERS has supported, H.R. 178, called The Justice Act, which would allow for condom distribution in Federal prisons as well as in State prisons, and that is something that we need to do. We have got to fund the Ryan White Care Act and the Minority AIDS Initiative this year. I think we asked for at least $610 million.

We have a long way to go and there are many now, thank goodness, bills that are coming before this body that will allow for a strong, robust response. This is really one of the major pieces of legislation that are central to this overall agenda.

Finally, let me say, we join the Black AIDS Institute to call for a national mobilization and a national plan to end the HIV/AIDS epidemic in America. And, in fact, this plan is bold. It is going to move forward in a very aggressive way. We must employ every strategy that we can to stamp this from the face of the Earth. And so today is another day that we are making one major step in the right direction. And again, Congresswoman WATERS, thank you for your leadership and for yielding, and congratulations.

Mr. SMITH of Texas. Mr. Speaker, I yield back the balance of my time.

Ms. WATERS. Mr. Speaker, I would like to use this moment to just thank, again, Representative LAMAR SMITH. Also I would like to thank, again, Chairman JOHN CONYERS and Subcommittee Chairman BOBBY SCOTT and all of the Members who have signed on as cosponsors on this bill.

Again, as was mentioned by Congresswoman BARBARA LEE, it certainly did start out a bit controversial. We had some of the advocacy groups who did not support this bill when we began to talk about doing something about AIDS in the prison system. As a matter of fact, questions were raised about everything from confidentiality to the cost to not knowing what to do about follow-up once they leave. But we have been able to answer all of those questions, and some of those who were opposed are now very, very strong supporters because they understand that we really do have to take additional steps to stem the tide of HIV and AIDS in this country.

You would think after 25 years and all of the education that we have tried to do, all the literature that has been written, that everyone would know everything that they need to know about HIV and AIDS. But it is not true. And one of the things that we had to consider was why was it there was an increase in HIV and AIDS with women, particularly minority women. And then we had to take a look at where it may be coming from. And though we don't have empirical data, we do think we are on the right track in helping to stem this tide because we do think that some of these infections are coming from those who may have been incarcerated.

Those who are incarcerated have nothing to fear. As a matter of fact, they should feel even protected by what we are doing because, despite the fact that we don't always discuss what is going on in prison, I think we have a pretty good idea. And this will help again to save the lives not only of inmates, but certainly the mates of inmates when they return into the general population.

Mr. Speaker, I thank everyone.

The SPEAKER pro tempore (Mr. HOLDEN). The question is on the motion offered by the gentlewoman from California (Ms. WATERS) that the House suspend the rules and pass the bill, H.R. 1943, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 470) supporting efforts to increase childhood cancer awareness, treatment, and research.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 470

Whereas an estimated 12,400 children are diagnosed with cancer annually;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children die from cancer each year;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of opportunities for childhood cancer research still remain unfunded or underfunded;

Whereas limited resources for childhood cancer research can hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children;

Whereas the number of survivors of childhood cancers continues to grow, with about 1 in 640 adults between ages 20 to 39 who have a history of cancer;

Whereas up to two-thirds of childhood cancer survivors are likely to experience at least one late effect from treatment, many of which may be life-threatening;

Whereas some late effects of cancer treatment are identified early in follow-up and are easily resolved, while others may become chronic problems in adulthood and may have serious consequences; and

Whereas 89 percent of children with cancer experience substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the Congress should support—

(1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;

(2) increased public and private investment in childhood cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;

(3) policies that provide incentives to encourage medical trainees and investigators to enter the field of pediatric oncology;

(4) policies that provide incentives to encourage the development of drugs and biologics designed to treat pediatric cancers;

(5) policies that encourage participation in clinical trials;

(6) medical education curricula designed to improve pain management for cancer patients; and