

they can't do it because somebody else has done some things that they should not have done and make this family have to suffer.

So I would like to just thank the sponsors of this resolution, and to say to you that I think it will draw the attention of those who might not be fully aware of what is going on. I think it will let law enforcement also know that the Members of the United States Congress are very concerned about these issues.

And I would like to salute the sponsors. I would like to salute the Energy and Commerce Committee for bringing this resolution forward so quickly because the time is now that we must send a statement, make a statement to let people know that we are not going to sit back and let them do these kind of things to create problems for people.

So I would say to you, on that note, I look forward to working with the committee to see what we can do to further dramatize and to highlight this very serious situation.

Mr. DINGELL. Mr. Speaker, the Committee on Energy and Commerce is pleased to bring to the floor H. Res. 94, supporting the goals and ideals of National Consumer Protection Week. We commend Representatives HINOJOSA and BIGGERT for authoring the resolution.

Under Rule X, the Committee on Energy and Commerce is the authorizing Committee for the Consumer Product Safety Commission and the Federal Trade Commission (FTC). The FTC, which administers over 40 Federal statutes under our purview, is the lead Federal consumer protection agency. The FTC also administers a handful of financial consumer protection laws such as the Fair Credit Reporting Act, the Truth in Lending Act, and the Equal Credit Opportunity Act. This has been and remains an effective model.

The Committee that I am honored to lead has a long and proud tradition of consumer protection. It has mandated and overseen major initiatives to rid the markets of unsafe, and in some cases deadly, children's toys and other products.

It has taken legislative action to establish the national Do Not Call List, a giant step forward in lessening annoying telemarketing calls to consumer homes. It also has responsibility for the CAN-SPAM law aimed at curbing the volume of junk e-mail polluting and slowing down Internet commerce.

It is the lead Committee on privacy. Two of our Members, Ranking Member JOE BARTON and Subcommittee on Telecommunications and the Internet Chairman ED MARKEY, are co-founders of the Privacy Caucus. Together, we wrote the Health Insurance Portability and Accountability Act that protects the most intimate details of American lives. We have begun bipartisan discussions with the Committee on Ways and Means for the design and operation of privacy and security protections for groundbreaking health information technology legislation that we hope to have enacted in this Congress. We authored the privacy provisions of the Gramm-Leach-Bliley Act that protect financial information.

Later this week, we will be reintroducing four major privacy bills—legislation regarding spyware, pretexting, data security, and Social

Security number protection—that were reported unanimously by the Committee on Energy and Commerce in the 109th Congress (and in the case of spyware, passed the House). We intend to resolve jurisdictional issues with other Committees where they exist. We will also continue to work with consumer groups, technology experts, and industry groups to enact protections that are the most effective possible for both consumers and businesses.

We work hard to live the goals of National Consumer Protection Week. All too often the marketplace takes on the Darwinian tone of "survival of the fittest" with John Q. Public trampled in the process. It is fitting that we reflect on our responsibility to ensure transparency and fair treatment in the marketplace for the people who elect us. We salute the FTC, the Better Business Bureau, and consumer groups for their hard work all year-round on behalf of the American consumer. The Committee on Energy and Commerce intends to continue to live up to its reputation for fair and balanced laws and vigorous oversight on consumer protection issues. In the words of the Beatitudes: "Blessed are they who hunger and thirst for what is right for they shall be satisfied."

Ms. WATERS. Mr. Speaker, I rise in support of H. Res. 94, a resolution supporting the goals and ideals of the Ninth Annual National Consumer Protection Week to highlight the importance of consumer protection, and I thank the Gentleman from Texas (Mr. HINOJOSA) for introducing it.

This resolution is important because it calls on governmental officials, industry leaders, schools, nonprofit organizations, and consumer advocates to provide citizens with valuable information and because it encourages the American people to utilize consumer protection information that is made available to them.

I hope that this message resonates in my home State of California because our students are in the midst of a consumer crisis. Unless the State acts expeditiously, the consumer protection statute and the agency responsible for protecting postsecondary students from fraudulent institutions whose misrepresentations cause them to default on tens of thousands of dollars in Federal student loans will expire on June 30, 2007. The statute set to expire is called the Private Postsecondary and Vocational Education Act and it authorizes a regulatory and enforcement bureau to scrutinize institutions that receive Federal higher education funds.

In the 1980s and 1990s, numerous abuses by unlawful institutions cost taxpayers billions of dollars in defaulted student loan debt—in fact, there was \$3.2 billion in defaulted student loans in 1992 alone. More recently, in August and October 2006, two San Diego trade schools closed without notice to its students, setting 400 to 800 of them on the path to default on Federal and private student loans—many totaling \$20,000 or more per student—with no education to justify it.

I hope that the State of California sees passage of this important resolution as Congress' call to take whatever measures necessary to uphold the consumer rights of the American people and works quickly to reauthorize the Private Postsecondary and Vocational Education Act. I urge my colleagues to support this resolution.

Mr. BURGESS. Mr. Speaker, I have no further speakers. I yield back the balance of my time.

Mr. MATHESON. Mr. Speaker, I just want to acknowledge the leadership of Mr. HINOJOSA and Mrs. BIGGERT on this issue; thank them for their leadership.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. MATHESON) that the House suspend the rules and agree to the resolution, H. Res. 94, as amended.

The question was taken.

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

Mr. MATHESON. 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 question will be postponed.

SUPPORTING THE GOALS AND IDEALS OF NATIONAL BLACK HIV/AIDS AWARENESS DAY

Mr. TOWNS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 35) supporting the goals and ideals of National Black HIV/AIDS Awareness Day, as amended.

The Clerk read as follows:

H. CON. RES. 35

Whereas the HIV/AIDS epidemic in the United States has shifted primarily to the African-American community and other communities of color;

Whereas the Centers for Disease Control and Prevention (CDC) has stated that, at the end of 2005, over 188,000 African Americans were living with AIDS, representing 44 percent of all cases in the United States;

Whereas since the beginning of the epidemic, African Americans have accounted for nearly 400,000 or 42 percent of the estimated 953,000 AIDS cases diagnosed, and through December 2005, an estimated 211,559 African Americans with AIDS have died;

Whereas the CDC has further stated that, in 2005, African Americans accounted for nearly 50 percent of all new HIV infections, despite representing only about 12.3 percent of the population (according to the 2000 Census);

Whereas the CDC estimates that, in 2005, African-American women accounted for over 66 percent of all HIV/AIDS cases among women, and were 25 times more likely to be infected than White women;

Whereas the CDC estimates that of the over 18,800 people under the age of 25 whose diagnosis of HIV/AIDS was made during 2001–2004, 61 percent were African-American;

Whereas the CDC estimates that 73 percent of all children born to HIV infected mothers in 2004 were African-American;

Whereas the CDC has determined that the leading cause of HIV infection among African-American men is sexual contact with other men, followed by intravenous drug use and heterosexual contact;

Whereas the CDC has determined that the leading cause of HIV infection among African-American women is heterosexual contact, followed by intravenous drug use;

Whereas in 2002, AIDS was among the top three causes of death for African-American men in the age group 25 through 54, among the top four causes of death for African-American women in the age group 25 through 54, and the number one cause of death for African-American women aged 25 to 34 years;

Whereas the CDC estimates that, since 1996, African Americans have the poorest survival rates of any racial or ethnic group diagnosed with AIDS, with 64 percent surviving after 9 years compared to 65 percent of American Indians and Alaska Natives, 72 percent of Hispanics, 74 percent of Whites, and 81 percent of Asian Pacific Islanders;

Whereas African Americans are diagnosed with AIDS later than nonminority counterparts, are confronted with barriers in accessing care and treatment, and face higher morbidity and mortality outcomes;

Whereas in 1998, the Congress and the Clinton Administration created the National Minority AIDS Initiative to help coordinate funding, build capacity, and provide prevention, care, and treatment services within the African-American, Hispanic, Asian Pacific Islander, and Native American communities;

Whereas the Minority AIDS Initiative assists with leadership development of community-based organizations (CBOs), establishes and links provider networks, builds community prevention infrastructure, promotes technical assistance among CBOs, and raises awareness among African-American communities;

Whereas on February 23, 2001, the first annual National Black HIV/AIDS Awareness Day was organized, with the slogan "Get Educated, Get Involved, Get Tested"; and

Whereas February 7 of each year is now recognized as National Black HIV/AIDS Awareness Day: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the goals and ideals of National Black HIV/AIDS Awareness Day and recognizes the seventh anniversary of observing such day;

(2) encourages State and local governments, including their public health agencies, to recognize such day, to publicize its importance among their communities, and to encourage individuals to undergo testing for HIV;

(3) encourages national, State, and local media organizations to carry messages in support of National Black HIV/AIDS Awareness Day;

(4) supports full and equitable funding for the Ryan White HIV/AIDS Treatment Modernization Act of 2006;

(5) applauds the codification of the Minority AIDS Initiative within the reauthorization of the Ryan White CARE Act;

(6) supports appropriate funding for HIV/AIDS prevention and treatment;

(7) supports the strengthening of stable African-American communities;

(8) supports reducing the impact of incarceration as a driver of new HIV infections within the African-American community;

(9) supports effective and comprehensive HIV prevention education programs to promote the early identification of HIV through voluntary routine testing, and to connect those in need to treatment and care as early as possible;

(10) supports reducing the number of HIV infections in the African-American community resulting from injection drug use; and

(11) supports efforts to link those infected with HIV to accessible care and treatment options.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. TOWNS) and the gen-

tleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

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

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

There was no objection.

Mr. TOWNS. Mr. Speaker, this is a healing moment in the long struggle for full and fair recognition for the African American victims of HIV and AIDS. I am proud that the Congress and our Nation continues to recognize the changing face of the HIV and AIDS. And I urge you to unanimously support this resolution.

In the previous Congress, we spent much time and energy on the issue of HIV and AIDS, and rightfully so. I am glad that the Nation and the Congress have come together today to support a House resolution that recognizes the importance of supporting awareness in African American communities across this Nation.

This is a special moment for me, because the HIV/AIDS crisis has hit the national African American community, and my own district in Brooklyn, New York has been hit real hard. So it is critical for Congress today to say to the Nation that this issue at this time is important, just as we did in the last session when we included for the first time the Minority AIDS Initiative in the Ryan White reauthorization.

I am particularly pleased that today's Congress is recognizing the goals and ideals of National Black HIV/AIDS Awareness Day. The importance of prevention and testing in African American communities is very, very important, the need for full and equitable treatment of the disease in communities of color.

My colleagues will speak to other aspects of the resolution. However, we are united in our support for strengthening the public health infrastructure to assist African American communities in fighting this epidemic.

I urge my colleagues to vote for this critical resolution.

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

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

Mr. Speaker, I rise today in support of House Concurrent Resolution 35. I was proud to be a cosponsor of this legislation. This legislation recognizes the goals and ideals of National Black HIV/AIDS Awareness Day.

Wednesday, February 7, 2007 marks the ninth annual National Black HIV/AIDS Awareness Day. This day serves to commemorate the importance of educating African Americans and, indeed, the entire community about the need to get tested, understand the re-

sults of that testing, what it means, and get treatment if they are currently living with HIV or AIDS or are newly diagnosed.

National Black HIV/AIDS Day is an important reminder that African Americans continue to be impacted by the disease and that local communities should work together to provide avenues to prevent new infections, as well as ensuring that those currently living with the diagnosis have access to available services for their treatment and for their care.

Each year, 20,000 African Americans are newly infected with HIV. African American men and women are among the hardest hit populations in the United States, and in 2004 they accounted for fully half of all of the new HIV diagnoses in this country and more than a third of the AIDS deaths to date.

Department statistics show that racial and ethnic minorities represent the highest number of new AIDS cases. More than 75 percent of the people living with AIDS are racial and ethnic minorities, and HIV has become a leading cause of death for African Americans.

Mr. Speaker, in my own district in north Texas, a few facts about the HIV epidemic in Tarrant County. The average HIV rate per 100,000 population for Tarrant County, Texas is 25, but for the African American community it is fully three times that amount at 76.

The average AIDS rate per 100,000 population for Tarrant County, Texas is 13, but for the African American community, again, that number is tripled to 35.

While we saw a spike of AIDS cases in the mid-1990s, and then a decline in the late 1990s, rates have begun again to increase from 1999 to 2003 and continue to climb upwards.

In the State of Texas, almost half of all of the HIV and AIDS diagnoses are African Americans, 42 percent and 40 percent respectively. And in my home county of Tarrant County, there is no bigger advocate and activist for the African Americans who are living with this diagnosis than retired Judge Mary Ellen Hicks, and I thank her for her service in making all of us aware of this problem.

Mr. Speaker, I urge my colleagues to support this important resolution commemorating National Black HIV/AIDS Awareness Day.

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

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Mr. TOWNS. Mr. Speaker, I would be happy to yield 4 minutes to the gentleman from California (Ms. LEE), who has been fighting on this issue from the day that she arrived in the United States Congress.

Ms. LEE. Mr. Speaker, first let me thank the gentleman from New York for yielding, Mr. TOWNS, for your leadership, and for managing this bill today, which is very important for not

only my community but for your community and for all our communities throughout the country. And I want to thank Mr. DINGELL, also Mr. BURGESS, for your leadership and for your support for this effort.

Also let me thank our staff for helping us bring this bill to the floor. Especially I want to thank our leadership's staff, Mr. TOWNS's, Mr. BURGESS's, Mr. DINGELL's staff, Mr. BARTON's staff; as well as my staff, Christos Tesentas, for their very competent and their very effective work. This is not a Democratic or a Republican issue. It is a bipartisan issue. And our staffs have really exemplified, I think, the best of what staff can do to work together on something this important.

Two days from now, on February 7, we will commemorate, and it is unfortunate that we have to commemorate this, the seventh National Black HIV/AIDS Awareness Day, a day when we urge African Americans to get educated, to get involved, and to get tested.

The numbers are startling, Mr. Speaker, especially for African American women. According to the CDC, in 2005 African American women accounted for 66 percent of all new HIV/AIDS cases among women, and this is climbing as we speak. It is probably now closer to 70 percent. And we are 25 times more likely to be infected than white women. Today, AIDS is the number one cause of death among African American women between the ages of 25 and 34. Think about that for a minute. The number one cause of death. Young women.

Black gay men are also affected by this disease. A recent CDC study found, and this was in 2005 again, that 46 percent, 46 percent, of black gay men in five U.S. cities were HIV positive.

This is simply outrageous. These statistics are quite staggering.

At the end of last year, we took a positive bipartisan step forward to address the spread of HIV and AIDS among the African American community by ensuring the Minority AIDS Initiative, initiated by a great leader on this issue, Congresswoman MAXINE WATERS, and DONNA CHRISTENSEN in 1999. We were able to finally formally include this in the Ryan White CARE Act. Now we really do have a responsibility to go even further. We could start by funding the Minority AIDS Initiative at a minimum of \$610 million and by fully funding the Ryan White Treatment Modernization Act.

But we must also go beyond the money and get at the factors that are ultimately driving this epidemic among African American people, African American men and women. Poverty and discrimination, the lack of affordable housing, the unequal impact of the disproportionate rates of incarceration among black men, poor access to care, limited cultural competency for health workers, all of these deserve our attention and deserve action.

Mr. Speaker, the color of our skin really should never determine our

health status or the quality of care we receive. Unfortunately, today to be black is to be at greater risk of HIV and AIDS. And, unfortunately, this disease is really increasing among Latinos and the Asian Pacific American community. So we must do much more for everyone.

As Members of Congress, we have a responsibility to do just that, to change these statistics. It is not an ideological issue, and, Mr. TOWNS, you know this is not an ideological issue. It is a moral and humanitarian call for equality and for justice.

So I urge my colleagues to join us in stopping the spread of this global pandemic, a priority not only throughout the world but also here at home. In Toronto, Canada Congresswomen WATERS, CHRISTENSEN, and myself, we participated in a very effective and very profound international AIDS conference this past year. There were pledges made to make HIV and AIDS a priority with civil rights groups. The NAACP and many of our organizations that have been working for justice and civil rights for many years now understand and are on the front lines in terms of making HIV and AIDS a major, major priority.

So let me just say it is a very important day. This is a very important resolution, and I urge both sides of the House to vote for H. Con. Res. 35.

Again, I want to thank Mr. BURGESS and Mr. TOWNS for your leadership and for yielding the time today.

Mr. BURGESS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. TOWNS. Mr. Speaker, I would like to yield 3 minutes to the gentlewoman from California (Ms. WATERS), who has really been involved in this issue, and I have worked very closely with her.

Ms. WATERS. Mr. Speaker, I would like to thank the gentleman from New York for bringing this resolution before this House. His work is very important on this issue.

And I rise in support of H. Con. Res. 35, supporting the goals and ideals of National Black HIV/AIDS Awareness Day.

The first annual National Black HIV/AIDS Awareness Day was organized on February 23, 2001, with the message "Get Educated, Get Involved, Get Tested."

Unfortunately, African Americans have been gravely impacted by the AIDS epidemic. Unfortunately, African Americans account for half of the new AIDS cases, although we are only 13 percent of the population. Worse yet is the fact that African American women represent 67 percent of new AIDS cases among women, and black teenagers represent 66 percent of new AIDS cases among teenagers.

That is why back in 1998 I established the Minority AIDS Initiative, with the support of the Congressional Black Caucus and the Clinton administration. At that time we received \$166 million

in funding the new initiative, and this initiative for HIV/AIDS treatment and prevention programs serving African American and other minority communities was very helpful in helping to build capacity in these communities to deal with the problem.

However, it is not enough. Last year I asked for \$610 million, and I am renewing my call with the support of the Congressional Black Caucus for that amount. But the message "Get Educated, Get Involved, Get Tested" is an important message for all Americans. Over 1 million Americans are living with HIV/AIDS, and 24 to 27 percent of them do not know they are infected.

That is why today I am reintroducing the Routine HIV/AIDS Screening Coverage Act. This bill requires health insurance plans to cover routine HIV/AIDS tests under the same terms and conditions as other routine health screenings.

I also plan to reintroduce the Stop AIDS in Prison Act, a bill to require routine HIV/AIDS screening of all Federal prison inmates upon entering prison and again prior to release from prison, as well as comprehensive treatment for those who test positive. Routine HIV/AIDS screening will allow thousands of African Americans and other infected individuals to find out about their infection, begin life-extending treatment, and avoid spreading the virus to others.

I urge my colleagues to support National Black HIV/AIDS Awareness Day, and I urge all Americans to educate themselves, act responsibly, get involved, and get tested for HIV/AIDS.

I thank Representative TOWNS for the attention that he has given to this issue.

Mr. TOWNS. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman has 10½ minutes remaining.

Mr. TOWNS. Mr. Speaker, I yield myself such time as I may consume. I must admit I don't plan to take it all.

But let me just say I would like to thank the staff members. I would like to thank the leadership of the committees, who, of course, have been very involved in this issue because this is a very serious issue.

People are dying because of the fact that we are not paying enough attention to this disease. So I want to thank people like Congresswoman BARBARA LEE from California, Congresswoman MAXINE WATERS, and, of course, many others who have been there in the forefront indicating the fact that the time to do something is now.

This resolution sort of highlights how important this issue is and that we must begin to address it. So I am hoping that the Members of the United States Congress will join us in supporting this resolution and not only that but to help us get information out to people.

People need to be tested but not only to be tested. When they are tested, they need to have treatment. It is one

thing to test; it is another thing to have treatment. Just a test to be testing does not make a lot of sense. But when you test and then you have a treatment program and you get education out, then it makes a lot of sense.

Ms. WATERS. Mr. Speaker, will the gentleman yield?

Mr. TOWNS. I would be delighted to yield to the gentlewoman from California.

Ms. WATERS. Mr. Speaker, I see that Congresswoman Barbara Lee is at the other microphone. If she, too, may engage in this colloquy.

Mr. TOWNS. I was just wondering, in the work that we have all been doing, we have been trying so hard to educate all of our young people in our communities about HIV and AIDS and how they can take more responsibility. We have been fighting for money.

Do you believe that it would be helpful if we took this resolution and made a comprehensive effort, focused effort, to get to the churches and to some of the other institutions that are so important in our community, disseminate it widely so that we could broaden the individuals and groups who are involved in this whole discussion and fight against HIV and AIDS?

Mr. TOWNS. No doubt about it. Reclaiming my time, Mr. Speaker, let me say that I think that we need to involve our churches in this battle. Not only our churches but also our 501(c)(3) organizations. They need to be involved in this as well because we are talking about life and death. And the fact is that if we get involved, I think that we can begin to turn this around.

Right now we are not winning the battle, and I think that we need to win. In order to win, we have to get all the soldiers involved. And I think that the church is crucial. They need to be involved in this issue. So we need to try to get the word out to them and hope that they will respond in a major kind of way because people are dying that really don't have to die if we get this information to them.

Ms. LEE. Mr. Speaker, will the gentleman yield?

Mr. TOWNS. I would be delighted to yield to the gentlewoman from California.

Ms. LEE. Mr. Speaker, I thank the gentleman for yielding. And I am delighted that we have a chance to have this colloquy because I would like to highlight the importance of getting tested.

Congresswoman WATERS and I and others last year, actually approximately 16 Members of Congress, were tested publicly. The importance of members of the clergy and Members of Congress and leadership getting tested, showing our communities that it is the correct thing to do, there is a large percentage of individuals living with HIV and AIDS who don't know they have the virus, and in fact, once tested the results are confidential.

There are several tests, but one is a swab test where you get the results

back within 20 to 30 minutes. Again, the results of those tests are very confidential. It is important that ministers and, Mr. TOWNS, you are a great member of the clergy as well as a Member of Congress, and your voice in this entire effort is so important because once people eliminate that fear, then, in fact, they can move forward and get tested and begin to help reduce this pandemic, which is what it is.

So I want to thank you for giving us a chance to talk about this, about getting tested also, because this is one way you actually can have a reduction of the incidences of HIV and AIDS very quickly.

Mr. TOWNS. Mr. Speaker, reclaiming my time, let me say that I want to salute both of you. Ron Dellums, when he was here in the Congress, Ron, of course, was really in the forefront of the fighting to get additional resources for AIDS patients and AIDS victims, and, of course, now you have picked it up and Congresswoman MAXINE WATERS from California. I want to let you know that we really appreciate your voices, and I want to let you know that I look forward to working with you in the days and months ahead to make certain that we get this information out to people that need to have this information because a lot of people don't know, and if they don't know, then they don't do anything about it. So I want to say to you thank you for helping to get the word out to make certain that they do know. I want to thank both of you for your hard work in this effort.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of H. Con. Res. 35 supporting the goals and ideals of National Black HIV/AIDS Awareness. Established in February 2000, National Black HIV/AIDS Awareness and Information Day, NBHAAD, is an annual observance day that was created to raise awareness among African-Americans about HIV/AIDS and its devastating impact on African-American communities.

There is no question that we must continue to mount a massive campaign to support the mission of National Black HIV/AIDS Awareness Day, NBHAAD to build the capacity and increase awareness, participation and support for HIV prevention, care and treatment among African-Americans. February 7, 2007 marks the seventh year of this annual event. The day is part of a national mobilization effort to get African-Americans to learn more about the threat posed by the disease, get tested, get treated and make a commitment to fight HIV/AIDS. For this day and everyday forward we must raise our voices to volumes that can be heard across the globe. Unfortunately, for too long we have settled for surviving our tragic losses in silence. But listen to these screaming statistics:

According to CDC estimates, at the end of 2005, African-Americans accounted for 44 percent of all individuals living with AIDS—188,000.

In 2005, African-Americans accounted for nearly 50 percent of all new HIV infections, despite representing only about 12.3 percent of the population, according to the 2000 Census.

In 2005, African-American women represented 66 percent of all new HIV/AIDS cases among women, and were 25 times more likely to be infected than White women.

CDC estimates that 73 percent of all children born to HIV infected mothers in 2004 were African-American.

With an estimated 38.6 million people worldwide living with HIV at the end of 2005, and more than 25 million people having died of AIDS since 1981, NBHAAD serves to remind everyone that action makes a difference in the fight against HIV/AIDS. Let there be no mistake; we are here to acknowledge that AIDS is a deadly enemy against which we must join all our forces to fight and eliminate.

Though I stand here today in recognition of National Black HIV/AIDS Awareness Day, Americans should be reminded that HIV/AIDS does not discriminate. With an estimated 1,039,000 to 1,185,000 HIV-positive individuals living in the U.S., and approximately 40,000 new infections occurring every year, the U.S., like other nations around the world is deeply affected by HIV/AIDS.

Mr. Speaker, there is no doubt that AIDS is devastating the African-American community. As of February 2006, African-Americans represented only 13 percent of the U.S. population, but accounted for 40 percent of the 944,306 AIDS cases diagnosed since the start of the epidemic and approximately half, 49 percent of the 42,514 cases diagnosed in 2004 alone. African-Americans also account for half of new HIV/AIDS diagnoses in the 35 States/areas with confidential name-based reporting.

The AIDS case rate per 100,000 population among African-American adults/adolescents was nearly 10.2 times that of Whites in 2004. African-Americans accounted for 55 percent of deaths due to HIV in 2002 and their survival time after an AIDS diagnosis is lower on average than it is for other racial/ethnic groups. HIV was the third leading cause of death for African-Americans, ages 25–34, in 2002 compared to the sixth leading cause of death for Whites and Latinos in this age group.

African-American women and children have been disproportionately victimized by this deadly disease. African-American women account for the majority of new AIDS cases among women—67 percent in 2004; White women account for 17 percent and Latinas 15 percent. Among African-Americans, African-American women represent more than a third, 36 percent of AIDS cases diagnosed in 2004. Although African-American teens, ages 13–19, represent only 15 percent of U.S. teenagers, they accounted for 66 percent of new AIDS cases reported among teens in 2003. We must continue to forge a tough fight to reverse all of these costly trends.

Mr. Speaker, combating this crisis will take a team effort. All of us—researchers, legislators, clergy, community organizers and activists and others—must work tirelessly to find solutions and to help so that our work will bring forth a wealth of wisdom that creates a climate of compassionate care and healing.

Let us go forth as warriors, renewed in our commitment to stand in solidarity with everyone who has been affected by HIV and AIDS, and let us be encouraged in our efforts to comfort the afflicted and confront the passiveness of so many who contribute to the spread of this deadly disease; and let us be

emboldened to speak out in our own communities so that silence may no more mask the ringing alarms of rapidly rising infection rates.

I hope that our inner human spirits will move us to a place and time where we no longer turn our heads and close our eyes to those communities who need our help the most. We must find the strength to look past our fears and find compassion to create a world where no man, woman or child is confronted with the perils of this current AIDS crisis.

Mr. Speaker, I strongly support the goal of NBHAAD to motivate African-Americans to get tested and know their HIV status; get educated about the transmission modes of HIV/AIDS; get involved in their local community; and get treated if they are currently living with HIV or are newly diagnosed.

Let me take this moment to recognize a major inspiration for NBHAAD, Mr. Louis E. Harris, 1947–2003, who passed away in January 2003 due to complications with bladder cancer. Mr. Harris served as the executive director of Concerned Black Men, Inc. of Philadelphia during NBHAAD's conception. His work and dedication will be missed along with his kind and warm words of encouragement. It is hoped that NBHAAD will continue to build the capacity of community based organizations, CBOs, as well as community stake holders to increase awareness, prevent HIV and get those who need treatment into care. I applaud the efforts of NBHAAD advocates to:

1. Increase reporting of accurate up-to-date statistics on the HIV and AIDS epidemic among Blacks by electronic and print media, radio and television stations;
2. Increase collaboration and sharing of resources at the national and local levels;
3. Increase resources and support including capacity building assistance for health departments, community based organizations and stakeholders serving Black communities; and
4. Increase the number of Blacks at high risk for acquiring HIV that receive HIV counseling, testing and other HIV prevention, treatment and care services.

Observance of this day provides an opportunity for governments, national AIDS programs, churches, community organizations and individuals to demonstrate the importance of the fight against HIV/AIDS. Though funding for research is an important key to tackling the tragic devastation of HIV/AIDS in our communities, I realize that providing funding for research alone is simply not sufficient to eradicate the high rates of HIV/AIDS cases within the African-American community. We must also provide funding for prevention and education.

Billions and billions of private and Federal dollars have been poured into drug research and development to treat and “manage” infections, but the complex life cycle and insane mutation rates of HIV strains have made these efforts futile in the fight to remove HIV/AIDS as a global public health threat. Though the drugs we currently have are effective in managing infections and reducing mortality by slowing the progression to AIDS in an individual, they do little to reduce disease prevalence and prevent new infections.

A thousand drugs that “manage” infection will not suffice. We can make and market drugs until we have 42 million individually tailored treatments, but so long as a quarter of those infected remain detached from the importance of testing, we have no chance of

ending or even “managing” the pandemic. Currently, the only cure we have for HIV/AIDS is prevention. While we must continue efforts to develop advanced treatment options, it is crucial that those efforts are accompanied by dramatic increases in public health education and prevention measures.

During my time in office, I have fully and eagerly supported all legislation that has given increased attention to HIV/AIDS, including the Ryan White CARE Act, which is currently slated to receive about \$2.2 billion in funding for FY2007. I have supported legislation to reauthorize funding for community health centers—H.R. 5573, Health Centers Renewal Act of 2006—including the Montrose and Fourth Ward clinics right here in Houston, as well as supported legislation to provide more nurses for the poor urban communities in which many of these centers are located—H.R. 1285, Nursing Relief Act for Disadvantaged Areas. I have also supported and introduced legislation aimed to better educate our children—H.R. 2553, Responsible Education About Life Act in 2006) and eliminate health disparities—H.R. 3561, Healthcare Equality and Accountability Act and the Good Medicine Cultural Competency Act in 2003, H.R. 90. And I will continue to endorse and push for similar legislation.

Twenty-five years from now, I hope that we will not be discussing data on prevalence and mortality, but rather how our sustained efforts at elimination have come into fruition. But if we are ever to have that discussion, there are a number of actions that we must take right now. We must continue research on treatments and antiretroviral therapies, as well as pursue a cure. And we absolutely have to ensure that everyone who needs treatment receives it. In order to do this, we have to increase awareness of testing, access to testing, and the accuracy of testing. How can we stop this pandemic if we are unable to track it?

We must also increase funding for local health departments and community health clinics, as well as fully fund the Ryan White CARE Act. Lastly, but perhaps most importantly, it is imperative that we work to increase funding for HIV prevention and education, so that our children will be equipped with sufficient and appropriate knowledge of this growing threat within our communities, especially within our Black communities and among Black women. If Blacks are 11 times as likely to acquire infection, then we need to make 11 times the effort to educate. And we need to apply similar efforts in every community until HIV/AIDS becomes a memory. If not, our friends and family will be memories instead.

I would like to take a moment to applaud the enormous efforts of community volunteers from churches and other organizations which have done commendable work across our Nation. I think everyone can learn something from their selflessness and their will to serve their communities. We need more people to follow their lead. We do not have time for excuses or hesitation. We have the passion and dedication, and we are securing more and more resources. It is up to us to get the resources where they are needed. I know a lot of people don't want to take things seriously until it hits home; until a brother or a sister or a son or a daughter falls victim to our blithe and ignorance. We cannot afford nor do we want to bear that cost; however, if we continue

to sit by and wait for the next person to act, we may all have brothers and sisters and sons and daughters with HIV/AIDS.

We need to be proactive and act with unprecedented urgency. Now is not the time to get comfortable. If you feel like you're getting comfortable, just remember that there is a face to every number, to every statistic. This is not a hypothetical or theoretical or metaphysical phenomenon. There are no imaginary numbers in this equation; only real people. And I am confident that we can protect and save real people with increased efforts.

I will continue work tirelessly to keep the spotlight on this dark disease that is devastating many people in the African-American community, United States and around the world. My hope is that all of our efforts will lead to the elimination of HIV and AIDS not just from the African-American community but from every community. I urge my colleagues to support H. Con. Res. 35 supporting the goals of National Black HIV/AIDS Awareness Day.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in favor of H. Con. Res. 35, in support of the seventh anniversary of goals and ideals of National Blacks HIV/AIDS Awareness Day.

This concurrent resolution will raise awareness about HIV/AIDS within the African American community and will point out the devastating impact this disease has on African American communities.

This day is a part of a national mobilization effort to get African Americans to learn about the threat that HIV/AIDS poses to the African American community.

The National Blacks HIV/AIDS Awareness Day is a day to remember those infected and affected by this epidemic. Since the beginning of this epidemic, 42 percent of all deaths occurred within the African American community.

Dallas accounts for one of the top 26 cities where African Americans are disproportionately impacted by AIDS.

From 2000 to 2005, more than half of new HIV/AIDS diagnoses in 32 states were among African Americans, although African Americans represented only 13 percent of the population of those states.

In 2004, black men had the highest rate of HIV/AIDS diagnoses of any racial/ethnic population, approximately seven times the rate among white men and twice the rate among black women.

Black women are also severely impacted by HIV. During 2000–2004, approximately 69 percent of women who had HIV/AIDS diagnosed were black.

We must take the lead in supporting National Blacks HIV/AIDS Awareness Day. We must continue to educate/prevent and care for our members who have been affected by this atrocious epidemic and continue the fight against HIV/AIDS.

Mr. CROWLEY. Mr. Speaker, I rise today in support of this important resolution supporting the goals and ideals of National Black HIV/AIDS Awareness Day.

HIV/AIDS is one of the worst epidemics we have ever seen in the United States. More than 900,000 cases of AIDS have been reported in the US since 1981. Nearly 1,000,000 people may be infected with HIV, one quarter of them is unaware about their infection.

In my hometown New York City more than 100,000 people are living with HIV. Approximately 1 in 70 New Yorkers is infected with HIV.

Statistics just help us to number the dimension of HIV/AIDS in our country but every single number reflects more, reflects the life and the living with HIV/AIDS of one of our fellow citizen.

While we are far away from curing AIDS, science has made enormous progress.

Today, we can say that early and correct treatment enables people to live longer and to live with HIV/AIDS more as a chronic illness than a definitive death sentence.

Even with these opportunities, we face new challenges.

The African-American community is disproportionately affected by HIV/AIDS.

According to the New York City Department of Health and Mental Hygiene, black women are 9 times more likely to die of AIDS than white women; black men in New York City are 6 times more likely to die of AIDS than white men.

This is another sign of the massive health disparities that exist in our nation. We need to work together, all of us in Congress, to address and eliminate the disparities in health and health care between the people of our country.

That is why I strongly support the National Black HIV/AIDS Awareness Day, celebrated on February, 7.

The goal of this day is clear to all of us: We have to fight against both the stigma and the spread of HIV/AIDS in our African-American community, and I would add, in every American community.

Groups like Bronx AIDS Services and the AIDS Center of Queens County do excellent work, but we in Washington need to back them up with the right support.

This includes full funding for Ryan White, ensuring the housing needs of those afflicted are met through the HOPWA program, and eliminating the stigmas attached to the illness.

We also need to allow each community group to speak to and target those at greatest risk of exposure in the most effective ways possible.

But overall, we know that educating about and against HIV/AIDS, engaging in safe sex, and getting tested are the main elements of comprehensive prevention efforts.

Closing, I like to emphasize the importance of the National Black HIV/AIDS Awareness Day by quoting its goals:

Get tested to know about your HIV status.

Get educated about HIV/AIDS.

Get involved in your local community.

Get treated if you are currently living with HIV.

It is these missions that we must work to achieve.

I thank the gentle lady for her resolution.

Mrs. CHRISTENSEN. Mr. Speaker, reports have been coming out since the HIV/AIDS epidemic first surfaced in the United States more than 25 years ago and every year, they have—and continue to—report the same findings: Since the beginning, this epidemic has had—and continues to have—a disproportionate and detrimental impact on the African American community. In fact, over time, the impact of the epidemic on the Black community has gotten worse, leaving African Americans—more so than any other population group—hardest hit by HIV/AIDS at every stage of life.

Today, African Americans—who are represented in about 13 percent of the U.S. popu-

lation—account for more than 40 percent of all individuals currently living with AIDS and nearly 50 percent of all new HIV infections. More than 7 in 10 children born to women infected with HIV are African American and the AIDS case rate among African Americans is nearly ten times higher than that among whites. Additionally, African Americans account for 40 percent of all AIDS deaths. In fact, African Americans are 7 times more likely than whites to die from an AIDS-related causes.

Particularly affected by the HIV/AIDS epidemic are African American women, who are represented in roughly 7 in 10 new AIDS cases among women and who are an estimated 25 times more likely than white women to be infected with HIV. In fact, in 2002, AIDS was the leading cause of death for African-American women, aged 25 to 34 years of age.

Mr. Speaker, this epidemic has and continues to kill African Americans during their most productive life years, robbing them of their opportunity to follow their dreams, pursue their destinies and contribute not only to their communities, but to our society. As a physician who has seen—first hand—what the HIV/AIDS epidemic does not only to the people it afflicts, but to their families, friends, and communities, and given the incidence and prevalence numbers, the unnecessary, often-premature deaths, and the unbelievable toll that this epidemic has in the African American community, I feel strongly that the time has come for us to do more. We can do more, and we must.

I, therefore, rise today in strong and unwavering support of H. Con. Res. 35, which supports the goals and ideals of National Black HIV/AIDS Awareness Day. Recognized on February 7, National Black HIV/AIDS Awareness Day—which reaches its 7th anniversary of being observed this year—is a critically important day because it raises awareness about the disastrous impact of the HIV/AIDS epidemic on the African American community.

We all should support H. Con. Res. 35 and on February 7, 2007, we should observe National Black HIV/AIDS Awareness Day in a manner that is consistent with its intent. We should publicize the importance of being informed about HIV/AIDS and about ones HIV status, and we should encourage our friends in the media to deliver messages stressing the importance of getting educated, involved and tested. Additionally, I urge all of my colleagues, on February 7 and beyond, to: encourage de-stigmatization of the disease among African Americans; expand voluntary testing because knowledge is power; work to reduce the social determinants of health—such as poverty and lack of education—that put people at greater risk for HIV infection; ensure that incarcerated and ex-offender populations have access to adequate and realistic HIV prevention methods, receive voluntary and confidential HIV testing and, if necessary, are rolled into adequate HIV/AIDS-related care, treatment and services; expand access to culturally appropriate substance abuse prevention programs, as well as to drug treatment and recovery services; and create the necessary political to fully fund the Minority AIDS Initiative in the amount of at least \$610 million in order to target needed funds to build capacity in minority communities to give those who are hardest hit by HIV/AIDS a fighting chance.

Mr. Speaker, our new political climate has brought us a new day. As the Chair of the

CBC Health Braintrust, I am asking all of my colleagues to seize that new day and to support H. Con. Res. 35, to observe National Black HIV/AIDS Awareness Day on February 7 and to use it as a day to commit to act with cognizance of the impact that this epidemic has on the African American community.

Mr. DINGELL. Mr. Speaker, I rise in recognition of National Black HIV/AIDS Awareness Day and to show my support for its goals and ideals.

Domestically, the HIV/AIDS crisis in the United States continues to have a disproportionate impact on African Americans in terms of illness, survival times, and deaths. According to the Centers for Disease Control and Prevention, HIV/AIDS is a leading cause of death for African Americans.

Each year, the 7th of February marks National Black HIV/AIDS Awareness Day, a national community-wide effort to build capacity and increase awareness of HIV prevention, testing, education, treatment, and support among African Americans, who are at greater risk of HIV/AIDS infection. National Black HIV/AIDS Awareness Day reminds us of the uneven effect of HIV/AIDS on African Americans and provides us with an opportunity to renew our commitment to the promise of finding a cure.

We must do more than just bring attention to this epidemic. We must also remain vigilantly committed to prevention programs and to finding a cure for HIV/AIDS.

I invite people throughout the Nation to learn more about HIV/AIDS. I urge my colleagues to join me in support of this resolution.

□ 1515

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. TOWNS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 35, as amended.

The question was taken.

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

Mr. TOWNS. 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 question will be postponed.

CONTINUING NATIONAL EMERGENCY WITH REGARD TO COTE D'IVOIRE—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110-11)

The Speaker pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Foreign Affairs and ordered to be printed: *To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides