

Somali terrorist group, al Shebaab, whose leaders have links to al-Qaida, has claimed responsibility and likely targeted Uganda because of its role in AMISOM, the African Union peace-keeping force in Somalia. Uganda has contributed a large part of the troops for this difficult but important mission, and its commitment has not yielded in the aftermath of this attack.

The United States has long had a strong friendship and partnership with Uganda that has deepened in recent years, especially as Uganda has become more of a regional leader. We have worked closely with Uganda to address the crisis in Somalia, through bolstering AMISOM and supporting the fragile transitional government in Mogadishu. We have also supported the Ugandan army's operations across central Africa to dismantle the Lord's Resistance Army and end their horrific atrocities. Meanwhile, as a nonpermanent member of the U.N. Security Council since 2009, Uganda has worked with us on many important initiatives. And finally, we have long provided support for the Ugandan government's efforts to combat HIV/AIDS, improve access to education, and more.

This has been a fruitful relationship for both countries and it is in both of our interests to continue to collaborate in order to address pressing regional and domestic challenges. That is why I believe we must encourage and work with Uganda's leaders to ensure that their elections next February are peaceful, fair and free. Uganda's past elections have been marred by reports of fraud, intimidation, and politically motivated prosecutions of opposition candidates, causing international outcry. If these upcoming elections follow that same pattern or worse, it will put the United States and our relationship with Kampala in a very difficult position. We might have to consider restrictions to our assistance and limiting our engagement with Uganda's security forces.

Unfortunately, initial signs are worrying. In his annual testimony to Congress in February, the then-Director of National Intelligence said that the Ugandan government "is not undertaking democratic reforms in advance of the elections scheduled for 2011." Also, the State Department reported to Congress in April that the Ugandan government had taken no actions to further the independence of the Electoral Commission or to establish an accurate and verifiable voter registry. In that same report, State noted that the government continues to restrict opposition parties' freedom of movement and assembly and to impose restrictions on local media. Credible experts and human rights organizations have documented the government's efforts to stifle free and independent political journalism, especially in rural areas.

These developments are disturbing not only in terms of Uganda's political space and democratic institutions, but also when we consider the country's

stability. Riots in Buganda last September showed that regional and ethnic divisions remain strong in many parts of the country and that violence can erupt suddenly. Since Uganda gained independence in 1962, political leaders have pitted groups against one another and used force to access and control power. This legacy endures, even though Uganda transitioned to a multiparty democracy 5 years ago. Until there is a genuine effort to address these divisions, achieve national reconciliation and consolidate democracy, Uganda continues to be at risk of instability—a risk that will be heightened during the electoral period.

In the aftermath of the July 11 bombings, the Ugandan government will understandably need to address security issues, and we should offer our assistance in this regard. But at the same time, it is equally important that the government reinvigorate its efforts to promote national unity and reconciliation. Divisions and upheaval surrounding this February's elections could undermine the country's unity and potentially its stability. It could also weaken the government's international reputation and partnerships. Therefore, it is critical that the government take steps now to build public trust in the election process and the country's democratic institutions. As a true friend to the Ugandan government and people, we should press them to take these steps and provide support as appropriate. The stakes are too high to ignore these issues.

NATIONAL INFANT MORTALITY MONTH

Mr. CARDIN. Mr. President, I rise today to discuss a resolution I have submitted supporting the goals and ideals of National Infant Mortality Awareness Month. I am joined by my colleague from North Carolina, Senator BURR, in drawing attention to this important health issue.

Infant mortality is an important indicator of the health of a nation, and since 2000, the infant mortality rate in the United States has remained stagnant, generating concern among researchers and policymakers. The United States ranks 29th among industrialized countries in the rate of infant mortality, with 6.8 deaths per 1,000 live births in 2007, according to the National Center for Health Statistics.

The primary reason for the United States' higher infant mortality rate is the higher percentage of preterm births, that is, babies born before 37 weeks of gestation. In 2004, one in eight infants born in the United States was preterm, compared with one in 18 in Ireland and Finland. Among reported European countries, only Austria has a comparable preterm birth rate; the other countries, including England, Sweden, and France, have far lower rates. Preterm infants have much higher rates of death or disability than infants born at full term. In fact, if the

United States had the same gestational age distribution of births as Sweden, with fewer preterm births, the U.S. infant mortality rate would decrease by about 30 percent. These data from the National Center for Health Statistics suggest that preterm birth prevention is crucial to lowering the U.S. infant mortality rate.

The rate of preterm births in the United States rose by one-third between 1984 and 2006, and in 2004, the National Center for Health Statistics reported that 36.5 percent of all infant deaths in the U.S. were related to premature birth. This accounts for 12.5 percent of babies born in the United States. In addition to contributing to a higher infant mortality rate, this high rate of premature births constitutes a public health concern that costs society more than \$26 billion a year, according to a 2006 Institute of Medicine report.

There are indications that the situation is improving. Following a long period of steady increase, the U.S. preterm birth rate declined for the second straight year in 2008 to 12.3 percent, from 12.8 percent in 2006, marking the first two-year decline in the preterm birth rate in nearly three decades.

We have seen similar trends in my own state of Maryland, where the infant mortality rate decreased by ten percent from 2008 to 2009, improving from 8 infant deaths per 1,000 live births to 7.2 infant deaths per 1,000 live births.

The Centers for Disease Control and Prevention reports that despite these positive trends, significant racial disparities in infant mortality rates persist. In 2006, the infant mortality rate for African-American infants in the U.S. was more than twice the rate for non-Hispanic White infants, at 13.4 deaths per 1,000 live births for African-Americans compared to 5.6 for non-Hispanic Whites. In American Indian and Alaska Native populations, the death rate is 50 percent higher than in non-Hispanic Whites, and the sudden infant death syndrome, SIDS, mortality rate for this population is also twice as high as the SIDS mortality rate for non-Hispanic Whites. The Puerto Rican population also experiences significant disparity in this area, with an infant mortality rate 40 percent higher than that for non-Hispanic Whites.

Disparities in prenatal care also contribute to higher infant mortality among minority populations. Nationwide, African-American mothers were 2.5 times more likely than white mothers to receive late or no prenatal care. This trend is also evident in Maryland, where in 2009, the number of babies born to all mothers receiving late or no prenatal care was 4.7 per 1,000 live births, but the number of babies born to African-American mothers lacking prenatal care increased from 6.3 per 1,000 live births in 2008 to 7 in 2009. A lack of prenatal care can contribute to low birth weight and increased risk for

birth defects, which can cause higher infant mortality rates. So, despite the progress we are making in reducing infant mortality, evidence of the progress is not being seen equally everywhere.

To combat these disparities, the HHS Office of Minority Health, OMH, began the "A Healthy Baby Begins with You" campaign in 2007. This is a nationwide effort to raise awareness about infant mortality with an emphasis on African Americans. The goals of this campaign include reaching the college-age Black population with targeted health messages emphasizing preconception health and health care. The campaign trains college students to be health ambassadors and reaches out to historically Black colleges and universities and other minority-serving institutions.

Based on the success of that campaign, OMH developed the Preconception Peer Educators Program, launched in 2008. This program addresses the need to emphasize preconception health as an important factor influencing outcomes for maternal and infant health. The program enlists college students as peer educators on college campuses and in communities to disseminate essential health messages that may seem irrelevant to students who are not seeking to start a family. Because more than 50 percent of pregnancies are unplanned, good preconception health is essential. This program has held trainings across the country over the past year, and there will be a national training for the PPE program this September during National Infant Mortality Awareness Month.

I also commend the work of the Maternal and Child Health Bureau at the Health Resources and Services Administration for providing national leadership on the issue of infant mortality. Their efforts provide critical insight into the Nation's progress toward ensuring quality of care, eliminating barriers and health disparities, and improving the health infrastructure and systems of care for women and children. All of these areas influence the infant mortality rate, and the work of the Maternal and Child Health Bureau will help target our resources efficiently to decrease the number of infant deaths nationwide.

Although some indications are that the U.S. infant mortality rate is decreasing, there is room for substantial improvement. In some pockets of the country, including Baltimore, Memphis, and Washington, DC, the rate is more than twice the national average, and evidence of racial disparities in this area cannot be ignored. We must continue to research the causes and contributing factors to infant mortality and to support effective education and awareness campaigns so that mothers get the prenatal care that they need to have healthy babies. I thank my colleagues who have agreed to support this resolution drawing attention to National Infant Mortality

Awareness Month in September and to support Federal efforts to decrease our national infant mortality rate.

ADDITIONAL STATEMENTS

THE COLORADO TRUST

• Mr. BENNET. Mr. President, today I recognize and congratulate the Colorado Trust, as this year marks the 25th anniversary of the Trust's opening.

With the complex goal of advancing the health and well-being of all Coloradans, the Colorado Trust has strived to assure affordable, superior, and easily accessible health care to Coloradans of all ages. From its inception in 1985 the Trust has addressed a variety of community needs by giving more than \$300 million in grants to an array of individuals and groups.

By developing an understanding of the State's most difficult health care concerns, the Trust has been able to bring the many diverse voices on health care reform together to work towards a solution that improves the lives of all Coloradans. Their shared goal is to achieve access to health care for all Coloradans by 2018, and they are well on their way. Recently, to give one example, the Trust was able to bring 911 emergency medical assistance to 38 of Colorado's counties.

As a result of last year's Colorado Healthcare Affordability Act and Federal health care reform, more than 100,000 uninsured Coloradans will have coverage. But rather than simply ensuring that these Coloradans are covered, the Colorado Trust is ensuring that the care they receive is truly affordable while still top notch and accessible. The Colorado Trust serves as the exemplar to all of us, demonstrating that by working together with a strong commitment to the betterment of others, we can tackle the most complex and pressing situations.●

RECOGNIZING ARKANSAS COMMUNITIES

• Mrs. LINCOLN. Mr. President, today I recognize two Arkansas communities that were recently recognized for their low-cost of living and quality of life.

Kiplinger.Com named Fort Smith as the "least expensive" city for living in the United States. Also on the list was Conway, with the sixth lowest cost of living.

The rankings were determined through criteria examining relative price levels for housing, utilities, transportation, grocery items, health care and miscellaneous goods and services.

I congratulate the residents of both communities for this significant recognition. I also commend Fort Smith and Conway community leaders for their tireless efforts to build and maintain a safe, economical, and desirable place to live for local citizens. Our local leaders represent the best of our

State, and I am proud of their accomplishments.

Mr. President, I salute both Fort Smith and Conway, and I join all Arkansans to express my pride in these communities and our great State as a whole. ●

REMEMBERING ELLEN TURNER CARPENTER

• Mrs. LINCOLN. Mr. President, today my home State of Arkansas mourns the loss of Ellen Turner Carpenter, 93, a noted educator and community leader who helped shape Arkansas history through her work. Her life and legacy will be celebrated today during a funeral service at Mount Zion Baptist Church in Little Rock. I extend my deepest sympathies to Mrs. Carpenter's relatives and loved ones, who have lost a cherished member of their family.

Mrs. Carpenter's service to the city of Little Rock and the entire State helped inspire countless Arkansans to pursue their dreams and achieve their goals, despite the obstacles they may have faced. A staunch civil rights supporter, she encouraged students to work hard and always strive for the best.

Mrs. Carpenter was born July 30, 1916, in Little Rock as the youngest of eight children. She graduated from Dunbar High School in 1934 and married Rueben Alvin Carpenter in 1935. They had 10 children.

She received a bachelor's degree in education from Philander Smith College in the early 1950s and was a special education teacher for decades, beginning at Booker T. Washington Elementary School in Little Rock. She later received her master's degree from the University of Central Arkansas.

A lifelong member of Mount Zion Baptist Church in Little Rock, Mrs. Carpenter was proud of her faith and heritage. Her Christian principles guided her service and work for others.

She was most known for her role in the preservation of the Mosaic Temples of America headquarters building. In 1992, she became president of the Mosaic Temples Building Preservation Society, which worked to preserve the Mosaic Temples building in Little Rock to create a museum for black history in Arkansas. Today, the museum is dedicated to collecting, preserving, interpreting, and celebrating African-American history, culture and community in Arkansas from 1870 to the present. Mrs. Carpenter served as president of the society until her death and was also appointed by former Governor Mike Huckabee to the advisory board, where she served as chairman.

In 1975, Mrs. Carpenter founded the Meadowbrook Neighborhood Association of South Little Rock and served as its president until 2005.

Mrs. Carpenter's legacy will live on through the Ellen T. Carpenter Scholarship Fund at Mt. Zion Baptist Church, in addition to a State scholarship created in 2008 in her honor. She