

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

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

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

EMERGENCY ENERGY ASSISTANCE FOR DISABLED VETERANS

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

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

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

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

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

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

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

25TH ANNIVERSARY OF THE FIRST DOCUMENTED AIDS CASE

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

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

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

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

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

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

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

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