

2003. Now, a few short years later, according to the State Department's Office of Global AIDS Coordinator, over 800,000 people are receiving anti-retroviral medication in PEPFAR's 15 focus countries; 12 of those countries are in sub-Saharan Africa. Nearly 50,000 new patients join those receiving the life-saving therapy each month. We have indeed come a long way. However, the battle continues, and Congress must make decisions about how to expand and improve the program if we are to bring an end to this very terrible disease.

The biggest decision before us is how much money to devote to the program. The original legislation authorized \$15 billion over 5 years. Congress actually appropriated over \$19 billion over that time fighting HIV and AIDS abroad.

One year ago, I said in a speech in Nairobi, Kenya, on World AIDS Day last year that we should double PEPFAR funding. Several months later, to my surprise, I must say, President Bush also called on Congress to provide \$30 billion to fight the disease over the next 5 years. After holding two hearings on the status of the pandemic, however, I do not believe that this will be enough. Analysts say that supporting universal access over the next 5 years will cost an estimated \$213 billion, 70 percent of which donors are expected to pay.

If the United States shoulders its traditional share of the burden, it will cost us an estimated \$49 billion, \$10 billion a year for the next half decade to respond to the needs of those affected by HIV and AIDS. And this does not include the cost of malaria and tuberculosis programs. Not only are we falling short in terms of prevention and treatment of HIV and AIDS; we are not doing enough to address opportunistic diseases that kill people with AIDS, the deadliest of which is tuberculosis. In 2004, of the 9 million people who were newly infected with TB, 2 million died. However, TB is entirely curable.

And last year, the public became aware of an even greater threat, a new, more dangerous, multi-drug-resistant TB, MDR-TB strain, which is known as extensively drug resistant TB or XDR-TB. XDR-TB and its deadly linkage with HIV gained global recognition in August 6, 2006, with reports of an outbreak in a hospital in South Africa where 52 of 53 patients with HDR-TB died, half within a matter of 16 days.

Earlier this year I offered an amendment which passed in fiscal year 2008 Foreign Operations bill with \$50 million additional funding to fight XDR-TB. I hope to work with our leaders to see additional funding next year.

The statistics about HIV and AIDS may seem overwhelming and the problem insurmountable, but it is not. We can bring an end to this pandemic if we work together.

□ 2015

THE SURGE OF HIV/AIDS

The SPEAKER pro tempore (Mrs. JONES of Ohio). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Madam Speaker, the surge of HIV/AIDS is on. And although we have had an extensive decades-long effort to overcome the devastation of HIV/AIDS, I believe it is appropriate to again declare not only a national emergency but a concern for the international crisis.

Madam Speaker, you have heard my colleagues tonight, and I thank you for your presence and leadership here tonight to listen to many of our Members who have raised the question of the epidemic of HIV/AIDS. We have raised it because we have been in our districts on World AIDS Day, and I spent 24 hours, maybe 48 hours, 2 days visiting with a number of community groups meeting on the topic of HIV/AIDS. Domestically we still have a crisis, and certainly internationally.

I joined the first Presidential mission to Zambia, Zimbabwe, and South Africa a few years ago to look at the rising crisis in Africa. Now we know that thousands upon thousands, millions of children have been orphaned by both parents, single parents, or having one parent being afflicted and then losing their life with HIV/AIDS. We know that it is prevalent in Africa to have grandmothers who are taking care of six and seven and eight and nine and ten grandchildren because of the loss of their parents. I am very gratified to see the work of the Gates Foundation, the Clinton Foundation that have brought necessary medicines to those who now can live with HIV/AIDS.

But the key for us around the world and here in the United States is prevention. The largest percentage of those infected with HIV/AIDS today find themselves in the African American population. It is not just a disease that plagues the homosexual community, but it is a heterosexual disease as well. People who are hemophiliacs may be succumbed by HIV/AIDS. So the issue, as I said, is prevention, and we must work collectively together.

I believe it is important to continue research to find a cure, a vaccine for HIV/AIDS. But as well, I believe it's important to continue to educate about how the disease is transmitted, how it can be transmitted from mother to infant, and how it can be stopped.

Interestingly enough, we believe when we don't hear something, something has passed. But I will never forget going into a hut and seeing on the floor an afflicted man. He had both HIV/AIDS and tuberculosis. And who was caring for him? A 4-year-old. The only remaining healthy person in that whole area, that whole compound in Africa, was a 4-year-old taking care of an elderly dying man. When we in this world have come to that, there is a reason to raise our voices.

So I salute the various institutions in my own community, the Harris County Hospital District, Ben Taub Hospital and the researchers and doctors who are there, the Thomas Street Clinic, who are continuing to care for those who are in need, the City of Houston's Health Department, the great program that they had at Texas Southern University, along with the hip-hop community, to emphasize the need for testing and prevention. I myself have held testing events with the faith community. We intend to hold more, and the emphasis is faith, hip-hop, whoever is willing to collaborate to ensure that people are tested.

I advocate for testing to be part of everyone's physical examination, that insurance companies should pay for those tests to be diagnosed. A \$2 test means you get a mail-back; a \$10 test means right on the spot you get a diagnosis. That's what we should be doing to help those here in America.

I also believe that we should test persons who have been incarcerated, men and women. Those going into the prison should be tested; for that is how in many instances, besides drug utilization, that many of the HIV/AIDS individuals who receive it are infected.

Madam Speaker, this issue of HIV/AIDS is a family affair; it is a Nation's affair, and in order to save lives, we have to stand up and be counted. We cannot allow the stigma of HIV/AIDS to dominate our reason and our hearts. We must embrace those who have it and help them live the best quality of life that they can. More funding for community health clinics that will treat people with HIV/AIDS. But at the same time, we must wage a major campaign for those who are intravenous drug users, that we have clean needles; for those who have been incarcerated, that they be tested; for young people who are frivolous and believe that promiscuity is the way of life, we have to say "no." And, frankly, we have to say that testing is not a shame. It is an honor to be tested to find out, one, that you're healthy, and to be tested to find out that you need treatment and you need to be careful.

I hope, as we commemorate World AIDS Day, we recognize that it is an international circle, and that circle must never end until we find the cure for HIV/AIDS, we stamp it up, and provide people with a better quality of life.

Madam Speaker, I stand here today to recognize the importance and significance of World AIDS Day.

ABOUT WORLD AIDS DAY—DECEMBER 1ST

Established by the World Health Organization in 1988, World AIDS Day serves to focus global attention on the devastating impact of the HIV/AIDS epidemic. 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.

It has been 25 years since the first AIDS cases were reported. Since then countless researchers, health care providers, politicians,

and educators have contributed to the global initiative to contain and eventually eliminate its presence in all corners of the world, a presence that has grown increasingly ominous with time.

Although HIV/AIDS is no longer a mysterious and mischaracterized entity, it retains, and rightfully so, its chilling aura as the most relentless and indiscriminate killer of our time. And though a diagnosis is no longer the sealing of an immediate fate, it is the beginning of an indefinite battle for life and for social belonging.

IMPACT ON WORLD COMMUNITY

With an estimated 33.2 million people worldwide currently living with HIV, and more than 25 million people having died of AIDS since 1981, December 1st 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.

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.

IMPACT ON AFRICAN-AMERICANS

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.

IMPACT ON AFRICAN-AMERICAN WOMEN AND CHILDREN; AND HISPANIC WOMEN

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.

IMPACT IN HOUSTON/HARRIS COUNTY, TEXAS

The detrimental effects of AIDS have also hit home. In 2004, right here in my home district of Houston/Harris County, there were over 14,000 reported persons living with HIV (non-AIDS) and more than 8,000 reported persons living with AIDS. Sadly, there were almost 400 deaths resulting from AIDS in Houston/Harris County, Texas in 2004. This problem con-

tinues to escalate as there were more than 800 newly diagnosed AIDS cases in Harris County in 2004. In Houston alone, there were more than 1,000 reported HIV Diagnosis in 2005. We must continue to forge a tough fight to reverse all of these costly and tragic trends.

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 incessant mutation rates of HIV strains has made this endeavor difficult. 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.

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, awareness, and prevention measures.

ROUNDTABLE OF AIDS EXPERTS

Earlier this year, with the hope of bringing attention to the importance of HIV/AIDS testing in the fight to eliminate HIV/AIDS, especially in the African American community, I hosted an AIDS roundtable of AIDS experts and community leaders, in Houston, that included free voluntary HIV/AIDS testing. We discussed policy changes dealing with the AIDS crisis in our communities across the United States. I consult with AIDS experts and we vowed to work hard to create constructive and effective vehicles to address the very real need of testing within certain groups of the population.

POTENTIAL MANDATORY TESTING AMONG CERTAIN POPULATIONS AND THE PRISON POPULATION

We discussed the potential mandatory testing for certain populations as well as mandatory testing for all of the prison population. Consideration of such potential solutions is not intended to stigmatize and exploit individuals who may be suffering; it is a means of saving lives.

POTENTIAL AVAILABILITY OF TESTING AS PART OF ROUTINE PHYSICALS; MANAGED-CARE OPPORTUNITIES

Our AIDS roundtable also considered the option of making AIDS testing available as part of routine physicals. We also discussed the potential for education and preventative measures to be included in HIV managed-care programs. These are all possible solutions we considered as means of combating the HIV/AIDS crisis and to silence the sorrowful cries of the victims and many more potential victims of this deadly disease. All of us must continue to use our creative ideas to find effective ways to break the cycle of death that has been resulted from the HIV/AIDS scourge.

RYAN WHITE ACT

As your Congresswoman, I have fully and eagerly supported all legislation that has given increased attention and resources to HIV/AIDS, including the Ryan White CARE Act, which is currently slated to receive about \$2.2 billion in funding for FY2007. The Ryan White Act, originally signed on August 18, 1990, is the primary source of medical care for HIV positive children, youth and pregnant women. The Ryan White CARE Act funds more than 600 sites through 91 grants in 35 states, DC, Puerto Rico, and the U.S. Virgin Islands. I know I need not convince you of the fact that this legislation, and the money it authorizes, is crucial to our national fight against HIV/AIDS.

I will continue to push hard to ensure that the purpose of the the Ryan White Act is fully funded. served and realized. I will also work hard to make sure that the Ryan White Act is tailored to the challenges that we face today.

In addition, 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 have been successful. 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. Knowledge truly is power.

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 eleven times as likely to acquire infection, then we need to make eleven 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.

Community volunteers from churches and other organizations have done commendable work here in Houston. 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 implore all of us, politicians, researchers, clergy, and community leaders to continue to work on the very challenging mission of eliminating HIV/AIDS. To do this, we must continue to pass legislation that will continue to fund research, as well as prevention and treatment programs to combat HIV/AIDS. We must also increase our efforts to provide compassionate care, pursue rigorous research, educate our communities, and raise awareness. By doing this together, we will help all of our friends, relatives, and children live healthy and full lives.