

Kademian and his mother had no shoes, coats, food, or money. They had to leave everything behind for the Turks. He does not remember all the details of their long journey, except it was harsh, cold, and dangerous, because they had no idea where they were going.

The boy and his mother ended their flight in Kirkuk, in what is now northern Iraq. He remembers very vividly that the first night in Kirkuk they hugged each other for warmth and slept in front of a church for protection. In the morning he woke up; but his mother did not move, she was frozen and dead. He was left alone, homeless, in a town where he did not speak the same language.

What happened to Ghazaros Kademian's family was terrible and tragic, but not uncommon. All over the Ottoman Empire Armenian children and their parents fled from their homes with only the clothes on their backs. But for those of us who care deeply about this issue, Kadman's story is a reminder that we must redouble our efforts to ensure that our nation, which has championed liberty and human rights throughout its history, is not complicit in Ankara's effort to obfuscate what happened between 1915 and 1923. Worse still, by tacitly siding with those who deny the Armenian Genocide, we have rendered hollow our commitment to "never again" let genocide occur.

Within the next few days, several of my colleagues and I will be introducing a resolution commemorating the Armenian genocide. This should be an easy resolution for all of us—Republicans and Democrats—to support.

The reason that we have yet to succeed in passing a resolution honoring the murdered Armenians is simple: The government of Turkey refuses to acknowledge the genocide and has spent millions of dollars and expended countless hours of diplomatic effort to prevent us from commemorating the suffering of the Armenian people. Turkey's opposition has always centered on its assertion that acknowledging the victims of its Ottoman forebears would cause an irreparable rift between the United States and an important ally.

Last summer, during consideration of the fiscal year 2005 Foreign Operations Appropriations bill, I offered an amendment to prohibit the Government of Turkey from using U.S. foreign aid to lobby against H. Res. 193, a resolution introduced by Representatives RADANOVICH, SCHIFF and the co-chairs of the Armenian Caucus, Representatives KNOLLENBERG and PALLONE, that officially recognizes the Armenian Genocide. H. Res. 193 had been cosponsored by 110 of our colleagues on both sides of the aisle.

My amendment touched off a flurry of activity by Turkey's lobbyists. According to a Foreign Agents Registration Act filing, lobbyists for the Government of Turkey made at least 32 separate contacts with U.S. Government officials over a 3-day period in an attempt to kill my amendment. These included telephone calls to the Speaker of the House, other Members, numerous congressional staff, an Assistant Secretary of Defense, National Security Council staff, the Office of the Vice President, and other State and Defense Department staff.

While Ankara's agents did not succeed in blocking adoption of the amendment by the House, it was stripped in conference and the full House never did vote on the Genocide Resolution.

In the name of Ghazaros Kademian and those no longer with us, I call upon the distinguished Speaker of the House to allow us to vote on a Genocide resolution this year. We must do it soon, for with each year the events of 1915–1923 recede a bit more into the dark of history.

HONORING CAPTAIN JAMES C.
CRONIN, USAF

HON. HENRY J. HYDE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 28, 2005

Mr. HYDE. Mr. Speaker, I rise today to pay tribute to U.S. Air Force Captain James C. Cronin of Elk Grove Village, Illinois. Captain Cronin, serving as navigator, and eight other Air Force servicemen were killed in the crash of a C-130 on March 31, 2005 during a night training mission in Albania. Captain Cronin was stationed at Royal Air Force Station Mildenhall, England with the 7th Special Operations Squadron of the 352nd Special Operations Group.

Upon graduation from Elk Grove High School in 1991, he joined the Air Force, graduated from Officers Training School, and became a navigator. He rose to the rank of Captain in 1998, and during his career, he was awarded the Meritorious Service Medal for outstanding service to the United States.

Captain James C. Cronin, was a young man of 32 years when he made the ultimate sacrifice in the service of his country. Our deepest sympathies go to his beloved family, his mother Roxanne Galli, his father, James E.T. Cronin and his brother, Christopher T. Cronin, grandparents, and other family members and many friends.

We honor the memory of U.S. Air Force Captain James C. Cronin and the dedication and bravery with which he served our Nation.

IN SUPPORT OF NATIONAL
MINORITY HEALTH MONTH

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 28, 2005

Mr. CUMMINGS. Mr. Speaker, I rise today to speak about the critical need for racial equality in health and healthcare.

America takes pride in its diversity, defining itself as a melting pot of ethnicities and cultural backgrounds. We are a Nation founded on a commitment to provide equal opportunity for all. Though we have made great strides in the last century, we have not yet accomplished that goal, particularly with regard to health care.

The health and health care problems facing minority Americans are shocking. Numerous studies have shown minorities experience far higher rates than Caucasians of suffering and death from many diseases.

Statistics from 2000 show that American Indians and Alaska Natives were 2.6 times more likely to have diagnosed diabetes compared with Caucasians; African American and Hispanic populations were each 2 times more likely.

Furthermore, African Americans are 40 percent more likely to suffer from eye disease, 4 times more likely to experience kidney failure, and almost 3 times more likely to be hospitalized for lower limb amputations, all serious diabetes-related complications.

Heart disease and stroke are the leading causes of death for all racial and ethnic groups in the United States. However, rates of death from diseases of the heart are 29 percent higher among African American adults than among white adults, and death rates from stroke are 40 percent higher.

Although African-Americans and Hispanics represent one-quarter of the nation's population, they represent more than half of new AIDS cases reported to the Centers for Disease Control. Among children, the disparities are even more dramatic, with African-American and Hispanic children representing more than 80 percent of pediatric AIDS cases in 2000.

There are many more statistics I could give you, which demonstrate more disparities in obesity, mental health, cancer, emergency care and kidney disease. But they all point to one fact: racial and ethnic minorities are living sicker lives and dying younger.

In fact, according to the American Journal of Public Health, over 886,000 deaths could have been prevented from 1991–2000, if African-American minorities had received the same care as White Americans. Of course this number increases when you add in other minority communities, indicating the sheer numbers of American families affected. These numbers mean that someone loses a mother, brother, father, sister, husband, wife or other loved one too early—unnecessarily.

Mr. Speaker, we have invested a great deal in medical research, and have seen huge advances in scientific knowledge and technology to develop preventative treatments and cures. However, it is clear that the benefits of our investment and knowledge are not reaching all segments of the population equally.

The dramatic differences in health among minority populations are caused by many factors, including the lack of access to quality health care. Communities of color are disproportionately represented among the ranks of the uninsured. One third of Americans are minorities, but they account for more than half of the 45 million Americans lacking health insurance.

Additionally, it has been shown that racial and ethnic minorities often receive inferior health care compared to their white counterparts. There are many contributing factors, including cultural and linguistic barriers, a lack of trust between patients and health care providers, and prejudice.

The well-known Unequal Treatment study conducted by the Institute of Medicine, shows that, given equal income, insurance, and education levels, minorities are still less likely to receive adequate health care than Caucasians. Despite all of our efforts, and however subtle or unconscious it may be, prejudice still exists within our health care system.

Mr. Speaker, one-third of Americans are minorities. As such, one-third of our citizens live with a threat of inferior health and inadequate health care. For underprivileged minorities, this amounts to a death sentence.

We are at a critical juncture. The color of your skin, or the language you speak, should not decree that you are more likely to die from