only 14 percent of the population of the U.S. and Puerto Rico, they account for 20 percent; that is about 164,000 of the more than 930,000 AIDS cases diagnosed since the beginning of the epidemic.

This epidemic has also affected women and young people in the Latino community. Latinas, unfortunately, represent a high 18 percent of new AIDS cases among women. Our teenagers accounted for 20 percent of the new AIDS cases among teens in the year 2002. In my own home State of California, an estimated 15,387 Latinos are living with AIDS, representing the second highest State in terms of the number of Latinos infected with AIDS nationwide.

Unfortunately, while Latinos suffer disproportionately from HIV and AIDS, many are uninsured and are unable to gain access to adequate care services due to language and cultural barriers, lack of transportation, and fear of stigmatization. I want to highlight these concerns and also bring together our Nation and community towards the commitment of creating new alliances, adopting culturally specific and appropriate interventions, and advocating for new funding and resources targeted to those communities most adversely affected by this horrible epidemic.

I have also introduced legislation supporting the third annual National Latino AIDS Awareness Day, which takes place on Saturday, October 15, 2005. This is a national day of awareness and prevention against HIV and AIDS in the Latino community.

National Latino AIDS Awareness Day salutes the more than 76,000 Latino AIDS survivors in the U.S. and the efforts of people living with HIV and AIDS, their volunteers, professionals, and their family members. It also recognizes and applauds the national and community organizations for their work in promoting awareness about AIDS, providing information and offering treatment to those who suffer from this deadly disease.

The purpose of the resolution is straightforward and simple: the Nation can no longer afford to close its eyes and avoid the impact of this devastating disease. In fact, the theme of the National Latino AIDS Awareness Day is ''abre los ojos,'' or ''open your eyes.''

While 40,000 new cases of HIV are reported each year, Congress has slashed funding for essential programs critical to providing comprehensive response to stopping the spread of this disease. Our communities have been asked for years to do more and more with less and less, and this Nation must open its eyes to work towards preventing the spread of the disease.

I ask my colleagues to support this important resolution, and I look forward to the day when the House of Representatives adopts this approach and brings about an opportunity for more awareness and prevention of the HIV and AIDS epidemic in the Latino community.

I also want to speak towards the importance of additional funding, supportive services, and capacity-building initiatives for those infected with the disease. A core component of the Nation's response to HIV and AIDS is the Ryan White Comprehensive Aids Resource Emergency Act, known as the CARE Act. I ask that Congress immediately reauthorize this important piece of legislation.

Signed into law back in 1990 and reauthorized twice since then, the CARE Act is named after a young man, Ryan White, who was infected by HIV through treatment for his hemophilia, who taught the Nation strength in a time when no one knew much about this disease. Authorization for the CARE Act expired last week on September 30, 2005.

It is important that Congress pass a new stronger and fully funded Ryan White CARE Act as soon as possible. After Medicaid, the Ryan White CARE Act is the largest payer of care and treatment services for AIDS patients in the U.S. Commonly referred to as ''the payer of last resort,'' the CARE Act serves those who fall through the cracks of traditional government-sponsored health care networks.

At least one in every two individuals assisted through the CARE Act lives below the Federal poverty level, and about 25 percent are uninsured, and less than 10 percent have any private health insurance, and about 28 percent were enrolled in Medicaid.

The CARE Act is organized into four titles and is essential to providing services to individuals with HIV and AIDS. Title I provides funds to 51 eligible metropolitan areas most heavily impacted by the epidemic; title II money goes to States and aids drugs assistance programs; and titles III and IV to community-based providers. Eighty-five percent of all Ryan White CARE Act dollars are distributed through titles I and II of the act.

According to the Department of Health and Human Services, Latinos represent about 20 percent of all the CARE Act clients in 2002.

In addition to the four structured titles of the CARE Act, the Minority AIDS Initiative, MAI, and the Special Projects of National Significance, SPNS, span all of these titles.

Through the Minority AIDS Initiative, each CARE Act title has a mandate to provide a minimum amount of funding to address the needs of minorities. However, due to the disproportionate amount of racial and ethnic minorities that continue to be infected with HIV/AIDS and the inequities that still exist, this funding is still not sufficient to meet the needs of communities of color.

The epidemic of HIV/AIDS has had a deleterious effect on all communities of color.

As the Chair of the Congressional Hispanic Caucus Health Taskforce, I am committed to working on securing services for those infected and affected by HIV and AIDS.

Madam Speaker, I ask for full funding of the Ryan White CARE Act—$3.1 billion dollars—to address these concerns outlined today.

It is important to address the critical issue of combating the spread of HIV and AIDS in communities of color through the thoughtful and targeted reauthorization of the CARE Act.

Despite flat funding over the past few years, the CARE Act in its current form is still the best tool that has proven successful in the fight against HIV/AIDS.

The CARE Act works—and given a renewed commitment in giving those on the front lines of the battle, whether they be private partnerships, government initiatives or local organizations specializing in outreach, prevention, testing and care, the CARE Act can work even better, as long as we ''abremos los ojos.''

Also, I request unanimous consent to submit this statement for my colleague of the Congressional Hispanic Caucus, Rep. LUIS GUTIERREZ.

MS. SOLIS'S SPECIAL ORDER ON LATINOS AND HIV/AIDS

Mr. GUTIERREZ. Mr. Speaker, I rise toy to discuss the devastating effect HIV/AIDS has had on the Latino community and communities of color across this country. Today, I am also pleased to be an original cosponsor of Congresswoman Hilda Solis' Concurrent Resolution to support the observance of National Latino AIDS Awareness Day. This bill was introduced at a pivotal time: the bedrock of our Nation's response to HIV/AIDS, the Ryan White CARE Act, expired last week on September 30, 2005.

Unfortunately, HIV/AIDS has a disproportionate stronghold in the Latino community. The numbers are disturbing. The CDC has reported that 43,171 people were diagnosed with AIDS in 2003. Twenty percent of those reported were Latino, yet Latinos represent only 14 percent of the population. In the past 3 years, the number of new HIV/AIDS diagnoses among Latinos increased more than 14 percent. This disparity is on track to continue to grow even greater because the latest statistics show that AIDS diagnoses among whites has decreased three percent from 2000 to 2003.

These trends are especially evident in our urban areas. According to the City of Chicago Department of Health, the 2003 AIDS rate was 32.9 per 100,000 people in Chicago. In the United States as a whole, the AIDS rate is half that.

Chicago's high rate reflects the prevalence of AIDS in communities of color. In 2003, the AIDS rate for African-Americans in Chicago was three times the AIDS rate of Whites. Latinos also have a higher AIDS rate than whites in Chicago.

This epidemic has left many of our metropolitan areas struggling to care for those affected by HIV/AIDS. Many of the minorities suffering disproportionately from HIV/AIDS do not have the access to the healthcare and other services they need. When Congress passed the Ryan White CARE act in 1990, we put in place programs that addressed these issues and, as a result, we have seen improvement in the way we treat and care for uninsured and underinsured people living with HIV/AIDS.

But more needs to be done. AIDS has placed our country in a state of emergency. Indeed, this notion is expressed in the title of the legislation, the ''Comprehensive AIDS Resources Emergency, CARE Act.'' This emergency requires the attention of the Congress, and I am pleased to join Congresswoman

SOLIS today in calling for the reauthorization of the Ryan White CARE Act and cosponsoring her bill to support the observance of National Latino AIDS Awareness Day.

Mr. Speaker, we need to recognize the disproportionate affect AIDS has on our communities of color, and I join my fellow Members of the Congressional Hispanic Caucus tonight to call on Congress to work swiftly to reauthorize and strengthen the Ryan White CARE Act and to make sure these programs are fully funded.

GENERAL LEAVE

Ms. SOLIS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. GEORGE MILLER) is recognized for 5 minutes.

(Mr. GEORGE MILLER of California addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. HOLT) is recognized for 5 minutes.

(Mr. HOLT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. GRIJALVA) is recognized for 5 minutes.

(Mr. GRIJALVA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. BARROW) is recognized for 5 minutes.

(Mr. BARROW addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

A CRISIS IN THE COURTS OF AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the majority leader.

Mr. CARTER. Madam Speaker, I rise this evening to talk about an ongoing crisis that is in this country, a crisis in the courts of America. People are using the third branch of this government as an abusive form of receiving money from the court system, in many instances just because they file a lawsuit. People are using the courts of America to intimidate others out of their constitutional rights because of the expense of litigation. Most importantly, and what I rise today for, they are driving the medical profession into the ground.

Madam Speaker, I have spent 21 years of my life working with fine lawyers in a courtroom. I have seen the courtroom and how things work in the courtroom change substantially in that 21 years on the bench as a trial judge in Texas.

□ 2145

The courts were designed for people to seek recourse when they were damaged. The courts were designed to grant fairness to all parties involved. The courts were not designed to use the economic expense of litigation to force people to settle lawsuits or to force people to pay money. They were designed for a fair presentation of the evidence and a fair decision to be rendered by the trier of facts and the trier of the law.

Yet, today, in modern society, we see in every area courts being used to try to force someone to do something contrary to their best interests, to pay when, in reality, the only reason they are paying is because, quite frankly, it is cheaper than fighting the litigation, cheaper for insurance claims to be settled, because it is easier to settle an accident than actually stand up for what is right. We see this, and if the spotlight is placed upon this, we see what it is doing to our medical profession.

Madam Speaker, we love to all sit around and reminisce about the old country doctor who would actually make house calls. The doctor that would make a house call with a little black bag today probably ought to be seriously examined for being crazy, because if all he brings is the resources of that bag to make that house call, surely there is a lawyer some place that is going to sue him for something because he said he did not do the right thing. So what is happening to our legal profession?

In many instances, doctors will tell us, unnecessary tests are being required of our patients. The cost of our medical care in this country is skyrocketing not because maybe that doctor thinks he may know what is wrong with that patient, but he also wants to make sure that he has that MRI and that CAT scan on record to confirm what his diagnosis is. Why? Because of the trial lawyers standing outside the door, ready to sue him for the slightest thing because he thinks he can prove that that test was not right.

Madam Speaker, we have women in south Texas that cannot find a baby doctor to deliver their baby and cannot find a pediatrician to care for their baby when it is born. Patients in south Texas cannot find a neurologist or a neurosurgeon when someone has been in a car wreck and has a brain injury and desperately needs someone that can treat them, either a neurologist or a neurosurgeon. There are people that are being hauled all the way from the Rio Grande Valley, Brownsville, and McAllen, all the way to San Antonio to try to find a neurologist that will take care of a serious, serious case.

Madam Speaker, this is a crisis in America. I am just looking at Texas. But this is not just new to Texas; this is all over the country. There are multiple States that are in crisis when it comes to medical liability. Tonight, I am up here and I am joined by many of my colleagues to talk about H.R. 5, the Help Efficient, Assessible, Low-cost, Timely Health Care Act of 2005 entitled HEALTH. This is sponsored by my colleague, the gentleman from Georgia (Mr. GINGREY), a medical doctor and a good friend from the State of Georgia, and I am sure that he will join us here in just a little while. Right now, he is with the Committee on Rules, and that is why he is not the first one to talk, because he is the doctor.

But he will tell us, as I will tell my colleagues and my colleagues will tell us, this crisis in America is causing skyrocketing medical costs, unfair jury verdicts and judgments against the doctors of this country and causing doctors to say, I am not doing this anymore.

Madam Speaker, when we drive out the people who are there to protect our lives, when we drive them away with these frivolous and sometimes onerous, most of the time onerous lawsuits, we are driving away people that are there to save our lives. Nobody asks when they are dragged into the emergency room after a terrible car wreck where the jaws of life have pried them out of the car, they do not ask, where is my lawyer, they are looking for a doctor. Yet, I have talked personally with emergency room surgeons, and they tell me that their profession is getting thinner and thinner and thinner every day. In fact, most of the people that still are willing to go and be emergency