

crying out loud, it's enough already"—which should motivate us to do what we've not done before.

The epidemic is nearly two decades long. Hundreds of thousands of Americans have died. Hundreds of thousands more are in danger of dying. What stands between these Americans and death is drugs; what stands between these Americans and drugs is money; and what stands between these Americans and money is...us, the American people, the United States government, and the AIDS Drug Assistance Program.

I've spoken in many settings, but I've never before stood in public to argue for any single piece of legislation. I've worked quietly, confidentially, off-the-record with countless legislators and leaders, including some of you here today. But the time has come for many of us to do what we've not done before, including me. I need to say publicly that we, as a nation, should be ashamed at how we have treated those with AIDS. And I need to call all of us, you and me, to assure that life-prolonging and death-deferring drugs are available for every HIV-infected person in this nation, not when we stand at death's door, but while we stand in the public square. Politics and science make it possible, economics and morality make it imperative. If we do not embrace the opportunity now, we have consciously and unconsciously prolonged the legacy of shame.

We have a new person filling the position popularly known as "AIDS czar." Sandy Thurman is a good and decent person, committed and compassionate. She has no history in this position and, therefore, no enemies' list. Democrats and Republicans alike have every reason to work with Sandy. And if she requires the assistance of people from both sides of the aisle—whether we are homemakers or newsmakers—if we understand the shame that our national response to date has earned us, we will work with her.

The Vice President has argued, recently, for expanding Medicaid coverage to provide interventions earlier in the case of persons who are infected. This proposal makes enormous sense scientifically, morally, and economically—it will absolutely decrease, not increase, Medicaid spending. To my knowledge, no Republicans have responded with assaults. Therefore, the idea is still alive that common sense and common decency would have a place in common policies.

We need not have another bureau or department to consume funds, nor does ADAP propose one. We need not have another study to justify funds, nor does ADAP require one. What we need is consensus that those who are infected deserve an opportunity to live. It is a proposition so simple, and so morally compelling, that both AIDS Action and the Catholic Archbishops can agree on it. It is, at its simplest root, merely a pro-life argument.

Others here today will present the scientific data and the economic numbers. I do not doubt how convincing the case will be. What I wonder about, even worry about, is this: that after two decades of death and dying, we will not yet have the will to move toward hope, even when hope is staring us in the face.

I spoke last week in Arthur Ashe's hometown. I admitted that the AIDS community is no longer certain what to hope for. My own care for my late husband Brian, in the days before he died, is not uncommon—many of us with AIDS are cared for by others with AIDS. But now we face an altogether new situation, unimaginable the Sunday morning Brian died.

One of us will respond well to the new [drug] cocktail, and one of us will not. How then will we live together as one rises up from the grave and another sinks into it? Does "survivor guilt" leave room for love?

"One of us will be able to afford protease inhibitors," I said in Richmond, "and one of us will not. How, then, will we live together in community? How will I love you, if I know you are staying with your children while, for lack of money, I am losing mine?" The fragile bonds that hold together the weakening, fragile AIDS community, cannot withstand such division. Which is why I have come to argue for a legislative action.

Make no mistake about it: the reason AIDS-related death rates have gone down for American men and gone up for American women<sup>1</sup> is access to drugs—early access, complete access, sustained access. In the AIDS community, the great difference between men without children, and women with children, is this: One group is living longer, and one is not.

The power to change these deathrates is in this room. If those of you who are Republican leaders will say to those who are Democrats, "We should be ashamed of these deaths," these statistics can be changed. We have no cure, but we have within our power the ability to end the immoral discrepancy between those who live and those who die for lack of access to drugs.

If the AIDS organizations will work with the religious community; if the pharmacies will work with the legislators; if those on the Hill will work with those in the White House; if staff members from both sides of the aisle will make vulnerable lives more important than political ambitions—it can be done. We can have the experience with AIDS that South Africa has had with apartheid: we can put behind us the darkest days.

When I imagine that goal being attainable, and I look at an audience of such concentrated power, I cannot refrain from asking, "If not you, who? And if not now, my God, when?"

You must go explain your actions to your colleagues and your constituents. I must go explain mine to two children not-yet-ten years old. But both you and I must first explain them to ourselves and to Our Maker. In that private chamber of our own souls, surely we can agree that there's been dying enough, and discrimination enough, and injustice enough.

What's offered us here, today, of science, economics, of policies and protocols, may not give us a cure. But it can take us away from shame toward hope. If you would act on that, then I and my fellow-pilgrims on the road to AIDS will offer you more than our thanks, and more than our votes. We will offer on your behalf this ancient prayer, "Grace to you, and peace."

#### TRIBUTE TO ROYCE E. DAVIS

#### HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 8, 1997*

Mr. SHERMAN. Mr. Speaker, Shakespeare once wrote "As he was valiant, I honor him \* \* \*". Today, I rise to honor and congratulate Royce E. Davis for his valor and bravery. His work for our community is being recognized today as he is named Woodland Hills Paramedic of the Year.

Royce has been with the Los Angeles Fire Department for 23 years. His commitment and

dedication to his job have brought honor and excellence to our community. He has received countless awards, including the Los Angeles Fire Department Medal of Valor, the California State Firefighters Association Medal of Valor and the City of Los Angeles Career Service Award to name just a few.

Royce has also had a full career outside of the fire department. He is the former Chief of Emergency Medical Services for the City of Filmore, CA, and has served as a Physician's Assistant [PA]. Currently he is employed at a cardiology practice, while coming to the aid of the West Hills community in his spare time.

Besides his professional duties and community service, Royce's top priority is his family. He and his wife have been married for 36 years and have been blessed with six children and sixteen grandchildren. Indeed, Royce's years as a firefighter, civil servant, father, and husband are exemplary.

I join the citizens of Woodland Hills, West Hills, and Canoga Park to thank Royce E. Davis for his years of service to our communities. I believe he stands as a model for others in our area and around the Nation, and I am honored, as his Congressional Representative, to send my warm congratulations and best wishes as he is honored as Woodland Hills Paramedic of the Year.

#### IN HONOR OF INTERNATIONAL BOXING REFEREE JOE CORTEZ: MAKING A DIFFERENCE IN THE RING OF LIFE

#### HON. ROBERT MENEDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 8, 1997*

Mr. MENEDEZ. Mr. Speaker, I rise today to pay special tribute to Joe Cortez, a man of uncommon kindness and dedication to his family and his community. Mr. Cortez has devoted much of his time and energy throughout his life to help others in the fight against drugs, as well as outreach programs to help the sick and needy. His contributions will be recognized at the monthly business luncheon of the New Jersey Hispanic Mercantile Federation on May 9 in Union City, NJ.

Mr. Cortez was born and raised in New York City's Spanish Harlem. There he began his amateur boxing career, winning the Golden Gloves Bantamweight Championship title four times prior to turning professional in 1963. In his 4 years as a professional, Mr. Cortez earned a record of 18 wins and only 1 loss. Upon retiring from professional fighting, Mr. Cortez began a successful career in hotel management, rising to the position of assistant casino operating manager for a major company with properties in New York and Puerto Rico. Mr. Cortez's professional life came full circle when he returned to the boxing ring as a referee. He has since presided over 89 World Title Championship Fights in 11 countries.

Mr. Cortez's humanitarian efforts are truly impressive and admirable. Through his involvement with an anti-drug task force in Yonkers, Mr. Cortez saw the need to ensure a smooth and successful transition back into society for former drug addicts and delinquents. He has been an integral part of a number of community based efforts, including a successful vision outreach program to provide eye

<sup>1</sup>The CDC recently released a morbidity report on American AIDS-related deathrates, 1996, showing that such deathrates had decreased 21% for Caucasians, decreased 10% for Hispanics, and decreased 2% for African Americans; decreased 15% for males and increased 3% for heterosexual transmissions.