

Mr. DEFAZIO. Madam Speaker, the Pacific Northwest is locked in an unprecedented drought. We have lost hydropower generation and we are going to have to buy energy. But the energy markets have gone haywire because of the failed California deregulation. Prices are 10 times what they were a comparable month 2 years ago.

This is outrageous price gouging and profiteering on the part of some national energy companies. It is threatening residential ratepayers and businesses alike in the Northwest and California.

The Northwest delegation just met with Vice President CHENEY, and we have had the response of the Bush-Cheney administration. They will do one thing to help us, one thing to help the residential ratepayers and the businesses of the Pacific Northwest in the face of this catastrophe that is coming with huge rate increases for profiteering by a few national energy companies based, strangely enough, in Texas. They will do one thing to help us, they told us, and that one thing is nothing.

TRIBUTE TO THE LATE PINA BROOKS SWIFT

(Mrs. JO ANN DAVIS of Virginia asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. JO ANN DAVIS of Virginia. Madam Speaker, I rise to pay tribute to a great lady of Virginia, my friend Pina Brooks Swift, who recently died unexpectedly at the age of 65.

Pina was the chairman of the Virginia Board of Elections and served as past chairman of Republican counties both in the city of Fredericksburg and in Stafford County, Virginia, two prominent localities in Virginia's first district.

Pina was a woman of great energy and integrity who always let you know where she stood, but at the same time respected the opinion of others. She had friends in all walks of life and in both parties. Even those who disagreed with her on some issues, admired her for her candor and genuine affection for her fellow human beings.

In my own case, Pina and I shared a common philosophy, though there were a few issues on which we diverged. But no matter, we spoke freely to one another and always parted as the best of friends.

The death of Pina Brooks Swift marks the end of a remarkably productive life. She will long be remembered as one of the founding ladies of the modern Republican Party of Virginia, as well as a person who was forceful, kind, caring and a great credit to humanity. She will be deeply missed.

OFFICER JAMES NAIM TRIBUTE

(Ms. HART asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HART. Madam Speaker, I rise to pay tribute to a fallen hero. James Naim of Hopewell Township in Pennsylvania was a police officer who was ambushed and fatally shot at point-blank range while he was on foot patrol this past Thursday night. It was a senseless act of violence and cowardice; but unfortunately, such violence has become all too common in our society today.

Officer Naim was at a turning point. He was 32 years old. He was only a police officer in the city of Aliquippa for 14 months, and he was only a few weeks away from earning his college degree. He had been working on it part-time. He was about to be reunited with his wife, Sofia, a native of Bulgaria, who had been having trouble getting her visa to return to the United States.

□ 1415

This young couple had a bright future ahead of them. In the midst of all of this opportunity and change, James Naim knowingly risked his life every day doing what he loved: protecting the lives of others.

All too often we find ourselves looking for heroes in movies and on television, when all we have to do is look next door and see someone like Officer Jim Naim, someone who never sought recognition for his honorable dedication to others, but courageously paid the ultimate price in achieving it.

Today over 1,000 police officers attended the burial of Officer Naim, which reflects the profound impact he had on the lives of those around him. I join them in their tribute to his service and ultimate sacrifice, and recognize that the world has tragically lost another hero.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to clause 8 of rule XX, the Chair announces that she will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on postponed questions will be taken after debate has concluded on all motions to suspend the rules, but not before 6 p.m. today.

RECOGNIZING THE IMPORTANCE OF COMBATTING TUBERCULOSIS

Mr. BALLENGER. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 67) recognizing the importance of combatting tuberculosis on a worldwide basis, and acknowledging the severe impact that TB has on minority populations in the United States, as amended.

The Clerk read as follows:

H. RES. 67

Whereas tuberculosis is a horrible disease that is preventable and treatable;

Whereas one third of the world's population is infected with the TB bacteria, including between 10 and 15 million people in the United States;

Whereas someone in the world dies of TB every 15 seconds;

Whereas TB will kill more people this year than any other year in history;

Whereas TB rates are substantially higher for minorities in the United States;

Whereas African Americans suffer from TB at a rate that is eight times greater than that of Caucasians, Latinos at six times greater, Native Americans at five times greater and Asians at a rate of nearly fifteen times greater;

Whereas a substantial number of States have TB rates above the national average, the highest rates being found in Texas, Hawaii, California, Alaska, Florida, Georgia, and New York;

Whereas the increased threat of TB emerging in the United States is an unavoidable byproduct of increased international travel, commerce, and migration;

Whereas leading TB experts agree that in order to control TB in the United States, it is necessary to control TB in the developing countries that contribute the vast majority of the global TB burden and are the destination of tens of thousands of American visitors each year; and

Whereas it is possible to control tuberculosis worldwide, as the global community eradicated smallpox and may soon eradicate polio, if the worldwide political will to do so is found: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the importance of increasing United States investment in international tuberculosis control within the foreign aid budget for fiscal year 2002;

(2) recognizes the importance of supporting and expanding domestic efforts to eliminate TB in the United States; and

(3) calls upon local, national and global leaders, including the President of the United States, to commit to putting an end to the worldwide TB epidemic.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. BALLENGER).

GENERAL LEAVE

Mr. BALLENGER. Mr. 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 resolution presently being considered.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

Mr. BALLENGER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 67, introduced by our colleagues, the gentleman from Texas (Mr. REYES) and the gentleman from Texas (Mr. RODRIGUEZ), seeks to draw more attention at home and abroad to the growing threat posed by tuberculosis. This deadly disease not only poses a threat throughout the developing world, but also disproportionately afflicts minority and poor populations in the United States.

Tragically, Madam Speaker, one-third of the world's population is infected with tuberculosis, a treatable and curable disease. Yet millions die from the disease because its victims lack education and an awareness about its deadly consequences on them or the meager resources needed for treatment. More alarming is the fact that between 10 million and 15 million Americans are infected with tuberculosis in the United States and thousands die of that disease each year.

Madam Speaker, every 15 seconds a person is infected with the deadly tuberculosis virus; and as a consequence, more people will die of the disease this year than in any other year in history. It is also important to underscore that infectious diseases know no borders and that as a result of travel and commerce, more and more Americans, especially the poor and minorities, will become infected and die from this preventable disease.

The global community worked collectively to eradicate smallpox and is working to rid the world of the polio virus. We can do the same with regard to tuberculosis. It is also possible to save lives by providing the poor and minorities in our own country as well as overseas with inexpensive tuberculosis treatment. Madam Speaker, this is not only the right thing to do, it is the smart thing to do. By saving lives, we can increase the productivity and lessen the burden on our taxed health care systems, both in the United States and overseas.

Therefore, Madam Speaker, it is important for the Congress to pass H.R. 67 in order to recognize the challenge posed by the tuberculosis epidemic and to redouble our efforts to combat and eradicate this terrible and deadly disease. This is another example of how America can act globally to serve its own interests at home.

I commend my colleagues for drafting this timely and important resolution, and I urge them to vote for its adoption.

Madam Speaker, I reserve the balance of my time.

Mr. LANTOS. Madam Speaker, I rise in strong support of this resolution, and I yield myself such time as I might consume.

Madam Speaker, H. Res. 67 expresses support for increased United States funding for international tuberculosis treatment and eradication efforts. I would first like to commend my friend and colleague, the gentleman from Texas (Mr. REYES), for introducing this resolution.

This resolution before us today calls for increasing U.S. investment substantially in international tuberculosis control within the Foreign Aid budget for fiscal year 2002. The Reyes resolution also recognizes the importance of supporting and expanding domestic efforts to eliminate TB and calls on international leaders to commit to putting an end to the worldwide TB epidemic.

Madam Speaker, March 24 is World TB Day, the day dedicated to raising awareness of the terrible toll inflicted by tuberculosis and to increase support for fighting TB. It is, therefore, appropriate that we are taking up this resolution today, just a few days prior to World Tuberculosis Day.

Madam Speaker, tuberculosis kills 2 million people every single year. That is one person every 15 seconds. Globally, tuberculosis is the leading cause of death of young women and the leading cause of death of people with HIV/AIDS. The World Health Organization, Madam Speaker, estimates that one-third of the world's population is infected with bacteria that cause tuberculosis, including an estimated 10 million to 15 million people here in the United States. Tuberculosis is spreading as a result of inadequate treatment, and it is a disease that knows no national borders.

In order to control TB in the United States in a more effective manner, it is critical that we ensure the effectiveness of TB-controlled programs globally. There is a highly effective and inexpensive treatment for tuberculosis. It is recommended by the World Health Organization as the best method for treating TB. The strategy is known as Directly Observed Treatment Short Course, DOTS for short. It produces high cure rates, prevents the further spread of the infection, and prevents the development of strains of multi-drug resistant TB. Yet fewer than one in five of those ill with tuberculosis are receiving this treatment.

Based on the estimates of the World Bank, Madam Speaker, this treatment is one of the most cost-effective health interventions available, costing less than \$100 to save a life. It can produce cure rates of up to 95 percent, even in the poorest countries.

Madam Speaker, I think the United States should commit more of our resources to support this treatment globally. It is the only way that we will be able to stop TB here in the United States and across the globe. I believe that passage of the Reyes resolution will signal that this House of Representatives strongly supports increased funding for the global battle against tuberculosis.

I commend the gentleman from Texas (Mr. REYES) for introducing this resolution, and I urge all of my colleagues to support H. Res. 67.

Madam Speaker, I reserve the balance of my time.

Mr. BALLENGER. Madam Speaker, I reserve the balance of my time.

Mr. LANTOS. Madam Speaker, I am pleased to yield as much time as he may consume to the gentleman from Texas (Mr. REYES), my friend and colleague, and the author of this most important resolution.

Mr. REYES. Madam Speaker, I thank the gentleman from California (Mr. LANTOS) for yielding me this time this afternoon.

Madam Speaker, I rise today to encourage my colleagues to support a

very important resolution. This resolution recognizes the importance of combatting tuberculosis commonly referred to as TB, on a worldwide basis and acknowledges the severe impact that TB has on minority populations in the United States.

As I speak this afternoon, I want my colleagues to focus on these four statistics: someone in the world is infected with TB every second of every day; someone in the world dies of TB every 15 seconds; TB kills 2 million people every year; and TB rates are substantially higher for minorities in the United States.

I introduced this resolution with the gentleman from Texas (Mr. RODRIGUEZ), my friend and colleague, because the problem of tuberculosis, which many people think of as a disease of the past that has largely been eradicated, is again posing a serious threat to the health and security of our Nation. We must exert maximum effort to combat this disease on a global scale.

Madam Speaker, tuberculosis is a horrible disease that is preventable and treatable; yet one-third of the world's population is infected with the TB bacteria, including between 10 million and 15 million people in the United States. Every second of every day, a person somewhere in the world is infected with TB. Every second of every day, additionally, someone in the world dies of TB. This treatable disease will kill more people this year than any other time in our history.

Furthermore, TB rates are substantially higher for minorities in the United States, with African Americans suffering from this disease at a rate that is eight times greater than that of Caucasians; Latinos at a rate that is six times greater than Caucasians; Native Americans at a rate of five times greater; and Asians at a rate of nearly 15 times greater. Everything possible needs to be done to stop this disease in its tracks. I am greatly concerned with the TB infection rates along the U.S.-Mexico border as well. Texas and California have TB rates above the national average.

Madam Speaker, TB is emerging in the United States as an unavoidable by-product of increased international travel, commerce, and migration. It is necessary to control TB in developing countries if we are going to control it here within our own borders in the United States. We need to eradicate TB just as we have eradicated smallpox.

Madam Speaker, we need to substantially increase the investment in international tuberculosis control within the foreign aid budget for fiscal year 2002. We need to recognize the importance of supporting and expanding domestic efforts to eliminate TB in the United States, and we all need to work together to put an end to the worldwide TB epidemic.

I ask my colleagues to support H. Res. 67. The World Health Organization has designated this coming Saturday

as World TB Day, and I cannot think of a more appropriate way to bring attention to this terrible disease this year than the passage of this resolution.

Finally, I would like to thank the gentleman from California (Mr. LANTOS), my good friend, and the gentleman from North Carolina (Mr. BALLENGER), also my good friend, and their staffs for their work on the Committee on International Relations and for their help in managing this bill. I would also like to thank all of my colleagues who cosponsored this important legislation and who I am sure will keep up the fight to eradicate tuberculosis on a worldwide basis.

Mr. LANTOS. Madam Speaker, I yield 5 minutes to the distinguished gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Madam Speaker, I thank the gentleman for yielding me this time.

Tuberculosis is the greatest infectious killer of adults worldwide. Each year, 8 million people are diagnosed with tuberculosis and 2 million die from it, one person every 15 seconds. In India alone, 1,100 people die every day from tuberculosis. Not surprisingly, the statistics on access to TB treatment worldwide are pretty grim. Fewer than one in five of those with TB receive Directly Observed Treatment Short Course, or the so-called DOTS treatment.

Based on World Bank estimates, DOTS treatment is one of the most cost-effective health interventions available, costing as little as \$20, and no more than \$100, in the developing world to save a life and producing cure rates of up to 95 percent, even in the poorest countries with the least developed health care infrastructure.

□ 1430

But we have a small window of opportunity during which stopping tuberculosis can be cost effective. The failure to effectively treat TB, which comes from incorrect or interrupted treatment and inadequate drug supplies, creates stronger strains that can become resistant to today's drugs.

An epidemic of multi-drug resistant TB, so-called MDR-TB, multi-drug resistant TB, would cost billions to control, with no guarantee of success. MDR-TB has been identified on every continent. According to the World Health Organization, MDR-TB ultimately threatens to return TB control to the pre-antibiotic era, the pre-1950s era, where no cure for TB was available.

In the U.S., TB treatment, normally about \$2,000 per patient, skyrockets to as much as a quarter million dollars per patient, what happened in New York City in the early 1990s, and an MDR-TB treatment may not even be successful.

MDR-TB kills more than half of those infected in the United States and other industrialized nations. In the developing world, multi-drug resistant TB is an effective death sentence.

As H. Res. 67 makes perfectly clear, more needs to be done.

To control TB in the U.S. more effectively, it is necessary to ensure the effectiveness of TB control programs worldwide.

It is not just the humanitarian and the right thing to do for us to work on TB in this country, it also makes a difference and work internationally on TB will make a difference in this country.

This week I will be joined by the gentleman from Maryland (Mrs. MORELLA) and the gentleman from California (Mr. WAXMAN) in introducing two pieces of legislation responding to the global TB threat.

Our global TB legislation calls for U.S. investment in international TB control of \$200 million for next year, with a focus on expanding proven, low-cost TB treatment in countries with high levels of TB.

Our domestic bill calls for an annual investment of \$528 million in Atlanta's Centers for Disease Controls in their efforts to eliminate TB and \$240 million in the National Institutes of Health TB research activities.

The Director General of the World Health Organization, Gro Bruntland, said that TB is not a medical problem, it is a political problem. Getting Americans engaged in an international and a domestic issue like TB, even when addressing that issue serves our best interests, is an uphill battle. Still, it is one worth fighting.

Madam Speaker, I thank the gentleman from California (Mr. LANTOS) and the gentleman from Texas (Mr. REYES) for their efforts on this issue. We have an opportunity to save millions of lives now and prevent millions of needless deaths in the future.

Mr. BALLENGER. Madam Speaker, I submit the following exchange of letters for the RECORD between the gentleman from Illinois (Mr. HYDE) and the gentleman from Louisiana (Mr. TAUZIN):

HOUSE OF REPRESENTATIVES, COMMITTEE ON INTERNATIONAL RELATIONS,

Washington, DC, March 19, 2001.

Hon. W.J. "BILLY" TAUZIN,
Chairman, Committee on Energy and Commerce,
Rayburn House Office Building,
Washington, DC.

DEAR MR. CHAIRMAN: I have received your letter concerning H. Res. 67, a resolution recognizing the importance of combating tuberculosis on a worldwide basis. It is our intention that the House consider this resolution on the suspension calendar. The Committee on Energy and Commerce was granted an additional referral on this resolution based on its jurisdiction over public health issues.

We recognize your jurisdiction, and appreciate your willingness to waive your right to consider this resolution without waiving your jurisdiction over the general subject matter.

As you have requested, I will include this exchange of letters in the Congressional Record during consideration of the resolution.

I appreciate your assistance in getting this important legislation to the floor.

Sincerely,

HENRY J. HYDE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, March 19, 2001.

Hon. HENRY J. HYDE,
Chairman, Committee on International Relations,
Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN HYDE: it is my understanding that the House leadership has scheduled H. Res. 67, recognizing the importance of combating tuberculosis, for floor action tomorrow, March 20, 2001. As you know, the Committee on Energy and Commerce was given a named additional referral on this legislation.

Because of the desire to bring this legislation before the House in an expeditious manner, I will not exercise my Committee's right to a referral. By agreeing to waive its consideration of the bill, however, the Energy and Commerce Committee does not waive its jurisdiction over H. Res. 67.

I ask for your acknowledgment of the Energy and Commerce Committee's jurisdiction over this legislation. I further request that you include this letter as part of the RECORD during consideration of the legislation on the House floor.

Thank you for your attention to these matters.

Sincerely,

W.J. "BILLY" TAUZIN,
Chairman.

Madam Speaker, I yield such time as she may consume to the gentleman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Madam Speaker, I would like to, first of all, thank the gentleman from North Carolina (Mr. BALLENGER), my colleague who was elected with me in the 10th Congress, for yielding the time.

Madam Speaker, I rise in strong support of H. Res. 67, legislation which highlights the importance of combating TB on a worldwide basis.

I want to salute the gentleman from Texas (Mr. REYES) and the gentleman from California (Mr. LANTOS) for introducing this resolution.

I also want to thank the gentleman from Ohio (Mr. BROWN) for taking the lead with me in introducing legislation to increase the amount of money that we are expending as seed money to combat tuberculosis on a worldwide basis.

My support is ongoing for programs which save, protect and enhance the lives of millions of people around the world, programs such as infectious disease control and tuberculosis control, in particular.

International tuberculosis control has become an important issue to me over the past few years. Although it is not a widely known fact, TB is the biggest infectious killer of young women in the world. In fact, TB kills more women worldwide than all other causes of maternal mortality combined.

Someone in the world is newly infected with TB every second, and 8 million people become sick with the disease annually. TB accounts for more than 1 quarter of all preventable adult deaths in developing countries.

Currently, an estimated one-third of the world's population, including 15 million people in the United States, are infected with the TB bacteria; and

due to its infectious nature, TB cannot be stopped at national borders. It is impossible to control TB in the United States until we control it worldwide.

Effective TB treatment is one of the most cost-effective, tangible interventions that can extend the life of HIV-infected persons, protect families from financial ruin and enable women and girls to enjoy a brighter future. Unfortunately, less than one in four of these infected with TB have access to proven treatment, a proven treatment called DOTs, despite the fact that it is extremely cost effective and produces cures of up to 90 percent.

A full six-month course of drugs costs only \$10 or \$15, and this strategy has improved cure rates by up to 50 percent and has reduced drug resistance. However, I stress that only a quarter of the world's active TB patients now use DOTs. The World Health Organization, in collaboration with various governments, foundations and anti-TB groups, seeks to solve these problems by creating a global drug facility which will buy and supply good quality drugs to countries and non-governmental organizations that agree to use them correctly.

The United States must take a leadership role in supporting this initiative by substantially increasing spending programs to eliminate the spread of TB worldwide from \$60 million to \$200 million next year, with at least half of the money going to the drug facility.

Until we control TB internationally, the minority sectors of our own society will continue to be severely impacted by this disease. Latinos suffer from TB at a rate that is six times that of Caucasians. Rates among African Americans are eight times higher, and Native Americans have an incidence five times greater. Moreover, TB affects Asians with an incidence nearly 15 times greater than Caucasians.

Today, when people and diseases can reach any destination on the globe within 36 hours, TB anywhere is a threat everywhere. The longer we wait to address the TB epidemic, the more difficult and expensive it will be to eradicate the disease.

H. Res. 67 summarizes exactly what we must do to achieve this end, and I urge the support of this body.

Mr. LANTOS. Madam Speaker, I yield 3 minutes to the distinguished gentleman from Illinois (Mr. DAVIS), my good friend.

Mr. DAVIS of Illinois. Madam Speaker, I rise today in support of H. Res. 67, which recognizes the importance of fighting tuberculosis worldwide and especially among minority populations in the United States. I commend the gentleman from Texas (Mr. REYES), my good friend, for recognizing the increasing threat of tuberculosis worldwide and its reemergence in the United States.

Decades ago in this country many Americans were forced into sanitariums as a way to control the spread of TB. Since then, there have been diag-

nostic and treatment advances that have led to a decline in the number of tuberculosis cases. In the United States between 1977 and 1999, the cases of TB decreased by 42 percent. During this time, the cases of TB in Chicago also decreased by 57 percent.

However, despite the decline of TB among the general population, a disturbing trend of TB remains prevalent among African Americans and other minority groups within the United States. The cases of TB between 1995 and 1999 for African Americans in Chicago were more than four times higher as compared to nonHispanic whites.

Although African Americans were recorded as less than 40 percent of Chicago's population, African Americans accounted for 62 percent of all recorded TB cases in Chicago. In 1999, Chicago was ranked the third highest in the Nation of TB cases, with 463 cases reported.

The community of Chicago's Southside, where approximately 36 percent of the TB cases are reported, joined hands together with the help of the Metropolitan Chicago Tuberculosis Coalition and the American Lung Association of Metropolitan Chicago to develop priorities to move towards the decline in the number of TB cases. Education was listed as the first priority to help in reducing these cases; and I agree with the community leaders, health care professionals and individuals from organizations who are developing and implementing programs of education to educate citizens to become actively involved in fighting this dreaded disease.

Again, Madam Speaker, I want to commend the gentleman from Texas (Mr. REYES) and the gentleman from California (Mr. LANTOS) and all of those who are calling for additional funding for tuberculosis both Nation-wide and here at home.

Mrs. CLAYTON. Madam Speaker, I am pleased to speak in support of H. Res. 67, recognizing the importance of combating tuberculosis on a worldwide basis, and acknowledge the severe impact that TB has on minority populations in the United States.

TB WORLDWIDE

While TB is an ancient disease, it is also one of the world's deadliest. Every day, 20,000 people develop TB and 5,000 die from it. TB accounts for more than one quarter of all preventable adult deaths in developing countries.

Each year, there are two million TB-related deaths worldwide and a disproportionate number of people who become sick with TB are the most vulnerable—women, the poor, the homeless, racial and ethnic minorities and people infected with HIV.

TB is the leading killer of people who are HIV-infected, accounting for one third of AIDS deaths worldwide. People co-infected with HIV and TB are up to 800 times more likely to develop active TB during their lifetime than people without HIV infection.

TB is the biggest killer of women, causing more deaths among women worldwide than all other causes of maternal mortality combined.

TB IN THE UNITED STATES

In the 1970s and '80s the United States let its guard down against TB. Many states and

cities redirected TB prevention and control funds to other programs and TB came back with a vengeance. The trend toward elimination was reversed and the US experienced a resurgence of TB with a 20 percent increase in TB cases reported between 1985 and 1992. Many of these persons were suffering from difficult to treat drug-resistant TB.

Today, 15 million people in our country are infected with the TB bacteria.

TB rates are substantially higher for minorities in the United States.

African-Americans suffer from TB at a rate that is eight times that of Caucasians.

My state of North Carolina is just below the National average for TB cases. In 1999, North Carolina had a TB rate of 6.4 cases per 100,000 persons. The goal on the Tuberculosis Control program in North Carolina is to reduce TB by the year of 2010 to under one case per one million persons, virtually eliminating TB in the state. This bill encourages leaders in my state, the nation, and world-wide to continue efforts to eliminate Tuberculosis.

WHAT MUST BE DONE

The end of this week (March 24th) is World TB Day. This is the day we commemorate the discovery of the TB bacteria in 1882. Unfortunately, today we are further away from eliminating this killer than we were that day over 100 years ago.

The global community has been complacent about this disease for too long. That is why I am pleased to support Mr. REYES' Resolution commemorating this day and acknowledging the harsh toll that TB takes on minorities. In addition to acknowledging the continued impact of this disease, I also believe we here in the United States must greatly increase our investment in domestic and international TB control programs. Due to its infectious nature, the only way to control TB at home is to address it worldwide. We must invest in our future now, before it's too late—before the spread of drug-resistant TB becomes too difficult or too expensive to control at all.

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise in support of H. Res. 67, Recognizing the Importance of Tuberculosis On A Worldwide Basis. This resolution marks a significant realization by the global public health community that we need to do more to stop this illness.

One-third of the world's population, including between 10 million and 15 million people in the United States, is infected with the tuberculosis (TB) bacteria, and rates of TB are substantially higher for minorities in the United States than for other Americans.

This resolution recognizes the importance of "substantially increasing United States investment in international tuberculosis control" in the FY 2002 foreign aid budget. We can no longer delay in combating this illness with the priority it deserves. The resolution also recognizes the importance of supporting and expanding domestic efforts to eliminate tuberculosis (TB) in the United States and calls on local, national and world leaders, including the president, to "commit to putting an end to the worldwide TB epidemic." This is a global problem, which requires a rapid and effective response from all nations.

The measure notes that the increased threat of TB emerging in the U.S. is an "unavoidable byproduct of increased international travel, commerce, and migration," and that in order to control TB in the United States, it is necessary to control TB in developing countries.

Madam Speaker, TB is an avoidable problem, and, in many ways, is much easier to control than other epidemics. We are not doing enough, however, to keep TB from touching our children's lives. We must redouble our efforts as to stem the tide of the TB epidemic and disseminate the appropriate preventative measures to lessen the illness where possible.

I urge my colleagues to support the resolution.

Mr. BACA. Madam Speaker, I rise in support of H. Res. 67, recognizing the importance of tuberculosis funding.

On March 24th, 1882, Dr. Robert Koch discovered the bacteria that causes TB.

More than a century later, TB is still a serious world threat. In fact, it kills more people today than it did a century ago.

Somewhere in the world someone dies of TB every fifteen seconds.

One third of the world's population is infected with the TB bacteria.

This year alone, TB will take more than 2 million lives, including the lives of many minorities here in the United States. The illness is particularly affecting our African American population.

This disease is a threat to all of us, including to my constituents in California, which has one of the highest rates of this illness in the country.

Therefore, it is essential that we increase funding for TB control, and increase efforts to eliminate TB in the United States.

We must call upon world leaders, including the President to commit to putting an end to this epidemic.

Mr. GILMAN. Madam Speaker, I rise today in strong support of H. Res. 67 and I commend my colleague, Mr. REYES from Texas for bringing this important issue to our attention.

Tuberculosis (TB) is a communicable disease caused by the bacteria tubercle bacillus and a related mycobacterium (*Mycobacterium bovis*). It is characterized by toxic or allergic symptoms that primarily affect the lungs. One third of the world's population is infected with the TB bacteria, including between 10 and 15 million people in the United States. A substantial number of states have TB rates above the national average. The highest rates are found in Texas, Hawaii, California, Alaska, Florida, Georgia, and my home state of New York. Additionally, TB rates are substantially higher among minorities in the United States. African Americans suffer from TB at a rate of eight times greater than Caucasians, Latinos at six times greater, Native Americans at five times greater and Asians at a rate of nearly fifteen times greater.

Globally, 2 million people die from TB each year. It is estimated that between 2000 and 2020, nearly one billion people will be newly infected, 200 million people will get sick, and 35 million will die from TB—if control is not further strengthened. The global epidemic is growing and becoming more dangerous. The breakdown in health services, the spread of HIV/AIDS and the emergence of multidrug-resistant TB are contributing to the worsening impact of this disease. Leading TB experts agree that in order to control the disease in the United States it is necessary to control TB in the developing countries that contribute the majority of the global TB burden and are the destination of thousands of American visitors each year.

H. Res. 67 recognizes the importance of substantially increasing the United States investment in international tuberculosis control within the foreign aid budget in fiscal year 2002 to help countries worldwide, recognizes the importance of supporting and expanding domestic efforts to eliminate tuberculosis in the United States and call upon local, national and global leaders to commit to putting an end to the worldwide tuberculosis epidemic. Accordingly, I urge my colleagues to support this measure and help limit the spread of this devastating disease.

Mrs. CAPPS. Madam Speaker, I am pleased to speak in support of House Resolution 67, which recognizes the importance of combating tuberculosis on a worldwide basis and acknowledges the severe impact TB has had on minority populations in the United States.

Leading experts on tuberculosis agree that in order to control this deadly disease in the United States, we need to control TB in the developing countries that make up the vast majority of the global TB burden. No one thinks this will be easy, but it is possible.

The global community successfully eradicated smallpox and many soon get rid of polio. If the international community contributes the necessary resolve and resources, we can eradicate tuberculosis as well.

In 1999, there were an estimated 8.4 million new cases of tuberculosis—up from 8 million in 1997. This increase was due in large part to a 20 percent increase in incidence in African countries with high HIV/AIDS rates. Most countries with rapidly growing HIV epidemics also have high TB rates. This is true for countries such as Brazil, Ethiopia, and Nigeria. This is typically because these countries lack the proper health care personnel, infrastructure, and funding. The link between HIV and TB rates means that we can expect several million additional new cases of TB as HIV continues to spread in high-prevalence countries.

TB is the leading cause of death from infection among young women worldwide. One third of the world's population is infected with the tuberculosis bacteria—including 10–15 million people in the United States—and every year between two to three million people die of this curable disease.

On March 16, Archbishop Desmond Tutu officially launched World TB Day, and, on March 24, the international community will recognize World TB Day. The theme, "DOTS (Directly Observed Treatment, Short-course)—TB cure for all," call for equitable access to TB services for anyone with this disease. Access to treatment should be available to men and women, and rich and poor alike. It should also be available to vulnerable groups such as people with HIV or drug-resistant TB. The theme of a TB cure for all contributes to the fulfillment of everyone's right to the highest possible standard of health.

TB rates tend to be significantly higher in the poor and disadvantaged worldwide, and TB rates are substantially higher for minorities in the United States. In fact, Asian Americans are fifteen times more likely to suffer from TB than Caucasians, African Americans are eight times more likely, Latinos are six times more likely, and Native Americans are five times more likely to suffer from this disease.

I would like to take this opportunity to commend an organization in my district called Results. Results is a non-profit organization that

seeks solutions to world hunger and poverty. Results is actively working to eradicate TB. I support this goal, and I want to make sure Congress provides the resources to assist in this effort.

Madam Speaker, Congress has a duty to substantially increase the U.S. investment in international tuberculosis control, and to expand domestic efforts to eliminate TB in the United States. I am committed to making this happen, and I am pleased that this important resolution was brought to the House floor today.

Ms. PELOSI. Madam Speaker, I rise today in strong support of H. Res. 67 which recognizes the importance of combating tuberculosis worldwide and the severe impact of tuberculosis on minority populations in the United States. I would like to thank Congressmen SILVESTRE REYES and CIRO RODRIGUEZ for introducing this resolution.

In particular, I would like to recognize the leadership of Congressman SHERROD BROWN who has been an outspoken advocate for increased investment in tuberculosis treatment and prevention.

In last year's Foreign Operations Appropriations bill, we worked together with Chairman SONNY CALLAHAN to triple funding for international tuberculosis to \$60 million. Although this was an important victory, we must do more to combat tuberculosis on a global level.

Few diseases are as widespread and as devastating as TB. TB kills 2 million people each year—and is second only to AIDS as the biggest infectious killer of adults in the world. TB will kill more people this year than any other year in history.

TB is also the leading cause of death among people with HIV. It accounts for one-third of AIDS deaths worldwide and up to 40 percent of AIDS deaths in Africa and Asia.

In the United States, TB rates are substantially higher for minorities than Caucasians. African Americans suffer from TB at a rate of eight times greater, Latinos at a rate of six times greater, and Asians at a rate of nearly fifteen times greater.

The good news is that an effective treatment does exist for TB. The World Bank has reported that DOTS (Directly Observed Treatment Shortcourse)—is one of the most cost effective health interventions available. It costs just \$20–\$100 to save a life. The problem is that only one in five of those ill with TB is receiving treatment.

We have a very small window of opportunity during which stopping TB would be cost effective. If we go too slowly, so much drug resistant TB will emerge that it will cost billions to control, with no guarantee of success.

I enthusiastically support this resolution and working to ensure that Congress provides adequate funding to treat and prevent this terrible disease.

Mrs. MINK of Hawaii. Madam Speaker, I rise in strong support of H. Res. 67, which recognizes the importance of combating tuberculosis on a worldwide basis, and acknowledging the impact that TB has had on the United States minority population.

Hawaii's location, population and visitor profile makes for a unique role in infectious disease developments throughout the Pacific Basin and Asia. Unfortunately, Hawaii has the distinction of having the highest rate of TB among the 50 States. Eighty percent of TB cases occur among the foreign-born. Most of

these cases occur in immigrants within five years of arrival into the State.

The State of Hawaii Department of Health Tuberculosis Control Program works closely with the United States Public Health Service Honolulu Quarantine Station (USPHS HQS) to identify communicable diseases such as tuberculosis. The USPHS HQS has been responsible for the identification of communicable TB cases in immigrants that would not have been detected in their native country.

This partnership has been threatened due to recent staff cuts at the USPHS HQS. More quarantine officers are desperately needed to provide protection to the residents of Hawaii and the rest of the United States.

I am hopeful that the passage of this resolution will remind Americans that we must work with all developing nations to combat this horrific disease. We must also keep all U.S. quarantine stations staffed at appropriate levels to limit the spread of TB in our country.

I urge my colleagues to support this resolution.

Mr. RODRIGUEZ. Madam Speaker, today I join my colleague from Texas [SILVESTRE REYES] in order to recognize the need to fight Tuberculosis (TB) across the globe. To many Americans, this is a disease of the past or one that only exists in other countries, far from us. Unfortunately, it is neither gone nor far away. Today, TB remains a dangerous disease impacting 15 million in the United States. If we are to eliminate TB within our own borders, we must work to control TB on a world wide basis.

Nearly 57 million Americans travel in any given year outside of the United States, approximately 1 million people legally immigrate to the United States, and millions of others travel here each year. This continuous movement across borders increases the possible spread of the disease and makes it an international public health threat. While the disease knows no borders, we within our borders can take action and recognize the need to combat tuberculosis globally.

I am greatly concerned that one-third of new TB cases originate in the four Southwest border states of Texas, New Mexico, Arizona, and California, and that minorities are disproportionately hurt by this disease. Tuberculosis occurs along the border at twice the national average. In the United States, Latinos suffer from TB at a rate that is six times that of Anglos. African-Americans suffer from TB at a rate that is eight times that of Anglos.

TB needs to be controlled now before it spreads uncontrollably, or worse yet, becomes resistant to treatments. For most of us it might seem a distant disease that few of us will encounter, but it is a real and threatening disease that can harm many in the United States if we do not take control measures now. I urge you to support this fight against tuberculosis and to support H. Res. 67.

Mr. LANTOS. Madam Speaker, I yield back the balance of my time.

Mr. BALLENGER. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from North Carolina (Mr. BALLENGER) that the House suspend the rules and agree to the resolution, H. Res. 67, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. LANTOS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXPRESSING SYMPATHY FOR VICTIMS OF DEVASTATING EARTHQUAKES IN EL SALVADOR

Mr. BALLENGER. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 41) expressing sympathy for the victims of the devastating earthquakes that struck El Salvador on January 13, 2001, and February 13, 2001, and supporting ongoing aid efforts.

The Clerk read as follows:

H. CON. RES. 41

Whereas on the morning of January 13, 2001, a devastating and deadly earthquake with a magnitude of 7.6 on the Richter Scale and a depth of 36 miles occurred off the coast of El Salvador, southwest of San Miguel, killing hundreds of people, injuring thousands of people, and displacing approximately 1,000,000 people;

Whereas the earthquake has left damage throughout the country, having caused significant landslides and destruction in 12 of El Salvador's 14 provinces;

Whereas almost 2,000 aftershocks and tremors have been recorded, and they continue to occur;

Whereas on the morning of February 13, 2001, a second devastating and deadly earthquake occurred with a magnitude of 6.6 on the Richter Scale and an epicenter located 15 miles east-southeast of San Salvador, El Salvador, killing more than 250 people, injuring thousands of people, and leaving thousands of other people homeless;

Whereas the people of El Salvador have displayed strength, courage, and determination in the aftermath of these earthquakes;

Whereas the people of the United States and El Salvador have developed a strong friendship based on mutual interests and respect;

Whereas El Salvador has appealed to the World Bank, the Inter-American Development Bank, and the international community generally for economic assistance to meet the substantial relief and reconstruction needs of that nation in the aftermath of these earthquakes; and

Whereas the United States has offered technical and monetary assistance through the United States Agency for International Development: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) expresses—

(A) deep sympathy for the people of El Salvador for the tragic losses suffered as a result of the earthquakes of January 13, 2001, and February 13, 2001; and

(B) support for the efforts of the people of El Salvador to rebuild their homes and lives;

(2) expresses support for continuing and substantially increasing, in connection with these earthquakes, relief and reconstruction assistance provided by relief agencies and the international community, including the World Bank, the Inter-American Development Bank, and the United States Agency for International Development;

(3) urges the President to encourage such entities to expedite such assistance; and

(4) encourages assistance by other nations and organizations to alleviate the suffering of the people of El Salvador and to assist them in rebuilding their homes and lives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from North Carolina (Mr. BALLENGER) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. BALLENGER).

GENERAL LEAVE

Mr. BALLENGER. 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 H. Con. Res. 41.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

Mr. BALLENGER. Madam Speaker, I include for the RECORD the following letters from the gentleman from Illinois (Mr. HYDE) and the gentleman from Ohio (Mr. OXLEY):

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERNATIONAL RELATIONS,

Washington, DC, March 19, 2001.

Hon. MICHAEL G. OXLEY,
Chairman, Committee on Financial Services,
House of Representatives.

DEAR MR. CHAIRMAN: I have received your letter concerning H. Con. Res. 41, a resolution expressing sympathy for the victims of the earthquakes in El Salvador. It is our intention that the House consider this legislation on the suspension calendar. The Committee on Financial Services was granted an additional referral on this resolution based on its jurisdiction over international financial and monetary organizations.

We recognize your jurisdiction, and appreciate your willingness to waive your right to consider this resolution without waiving your jurisdiction over the general subject matter. I will support the Speaker in naming members of your committee as conferees, should it get to conference.

As you have requested, I will include this exchange of letters in the Congressional Record during consideration of the resolution.

I appreciate your assistance in getting this important legislation to the floor.

Sincerely,

HENRY J. HYDE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FINANCIAL SERVICES,
Washington, DC, March 19, 2001.

Hon. HENRY J. HYDE,
Chairman, Committee on International Relations,
Washington, DC.

DEAR HENRY: I understand that you intend to bring H. Con. Res. 41, a resolution expressing sympathy for the victims of the El Salvadoran earthquakes, to the floor for consideration under the suspension calendar. As you know, the Committee on Financial Services was granted an additional referral upon the resolution's introduction pursuant to the Committee's jurisdiction over international financial and monetary organizations under Rule X of the Rules of the House of Representatives.