

security, and a promise for the future, we will be turning our backs if we act irresponsibly and continue with the tax relief.

The recent financial tragedy in Houston, and the alleged improprieties that led to the bankruptcy of energy giant Enron, demands that we take care of those victims who lost their entire life savings and benefits. We need to pass legislation that extends unemployment benefits to hard-working Americans that have lost their job through no fault of their own, who are without any income or health care. This would be a better use of federal funds.

Furthermore, we must act responsibly and pass a prescription drug benefit plan for our seniors on Medicare. Many of these seniors are on fixed incomes, continuously struggling to pay their rent and put food on their table. The prices of prescription drugs are outrageous and we must work toward providing access to our seniors. Federal dollars must be used to help people who need it the most. If we are to serve our country responsibly, I urge my colleagues to oppose this resolution.

H.R. 1343

HON. STEPHANIE TUBBS JONES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, February 8, 2002

Mrs. JONES of Ohio. Mr. Speaker, I rise today in support of H.R. 1343, the Local Law Enforcement Hate Crimes Prevention Act. It is time that we pass meaningful hate crimes legislation.

Over the past several years, we have witnessed a rash of violent hate crimes across America. And while no law can effectively outlaw bigotry, it can be fought by imposing stricter penalties upon those who commit hate crimes, by making the laws more inclusive, and collecting more accurate information about hate crimes.

We need to pass legislation that prohibits offenses involving actual or perceived race, color, religion, national origin, gender, sexual orientation, or disability.

Right now, in my Congressional district, there is a billboard across the street from a public library that is filled with hate for persons because of the color of their skin. Now, while I support freedom of speech, I also believe that the community can speak out against hatred. History has shown us that hate has the potential of criminal behavior.

I urge my colleagues to vote for legislation that will sustain the fabric of this Nation and lead us toward a more united America. I encourage my colleagues to vote for H.R. 1343.

IN RECOGNITION OF AFRICAN-AMERICAN NATIONAL HIV/AIDS DAY

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, February 8, 2002

Mr. RANGEL. Mr. Speaker, I rise to shed light once again on a vicious scourge that has gripped the African-American community for years and continues to strangle the life of a great number of our people. Today, the CDC estimates that 284,000 of the 740,000 individuals infected with HIV are African-Americans. In other words, African-Americans make up almost 38 percent of all AIDS cases reported in this country.

Men, women and children are being infected at staggering rates. For example, nearly 47 percent of the 46,400 AIDS cases reported in 1999 (21,900 cases) were reported among African-Americans. Almost two-thirds (63 percent) of all women reported with AIDS were African-American and African-American children represent almost two-thirds (65 percent) of all reported pediatric AIDS cases. We have all heard the numbers and we all know they are astounding.

More disheartening is that despite the advances in medical therapy, many African-American patients continue to reject physician recommendations for therapy. Many patients rely totally upon nutritional programs, herbal formulas, and other empirical modalities of unproved efficacy.

Research has shed some light on the possible reasons for the lack of program participation by African-Americans infected with HIV. Results from surveys indicate that African-Americans with AIDS may believe that combination drug therapy is too costly to afford. It is true that these therapy treatments may exceed \$7,000 a year but they are effective. In addition, most commercial insurance plans like Medicare and Medicaid will cover these costs. Many States included my home State of New York have programs which will provide supplemental payments for AIDS treatment (Aids Drug Assistance Program ADAP).

Also, most of the pharmaceutical companies which manufacture drugs used in the treatment of HIV/AIDS related illness have compassionate use programs for patients without insurance and who do not qualify for Medicaid. Patients usually can get assistance from physicians in enrolling for these programs and social service workers in public clinics and hospitals also will provide information and assistance for patients in need.

Given all these advances in drug treatment protocols and supportive strategies among front-line care workers, there is still a high number of African-Americans dying from the virus. Moreover, the number of individuals dying from the virus is often overshadowed by the daunting numbers that are getting infected with the virus everyday.

This suggests that we as Americans must do more to curb the increase of HIV/AIDS particularly in the African-American community.

We must use a more comprehensive approach in addressing the issue.

We all know the statistics, the question is what do we do about it. I believe that a comprehensive approach to addressing the problem, which includes strategies developed with the assistance of community stakeholders, should be adopted.

The following plans should be included in this comprehensive program to fight the HIV/AIDS in the African-American community.

The Department of Health and Human Services, the Centers for Disease Control, and state health agencies must work with African-American grassroots organizations, Black churches, penal institutions, schools, clinics, hospitals, the media, and community and civic groups to ensure that the development of the planning process includes the voices all the stakeholders in the community.

Efforts should be directed to communities at greatest risk.

Plans should include access to voluntary HIV counseling, testing, and confidential notification of potentially exposed partners with voluntary counseling.

Plans should reach HIV-infected individuals and link them with care and treatment services.

Plans should incorporate comprehensive efforts that reduce sexual risk behavior. Programs that strongly emphasize abstinence, monogamy, or consistent and correct use of latex condoms among those who are sexually active should be considered. Most important, stakeholders should examine what elements in the comprehensive approach is likely to be effective in their communities.

Plans should include comprehensive efforts that reduce drug-related behavior.

Plans should use comprehensive school based programs and programs for out-of-school youth to provide HIV/AIDS prevention and intervention.

Plans should include efforts to improve prevention programs in correctional facilities.

I believe that these plans, if used as part of a comprehensive program with the assistance of community stakeholders, will make a difference in decreasing the prevalence of HIV/AIDS in the African-American community. In sum, education, testing, treatment, and counseling are keys to an HIV/AIDS free society.

PERSONAL EXPLANATION

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, February 8, 2002

Mrs. MALONEY of New York. Mr. Speaker, on February 7, 2002, I was unavoidably detained and missed rollcall vote number 12. Rollcall vote 12 was on agreeing to the resolution to providing for consideration of H.R. 3394, the Cyber Security Research and Development Act.

Had I been present I would have voted "yea" on rollcall vote 12.