

the last few years. It has become clear that removing these provisions would ensure that the Senate will pass, and the President will sign, this measure.

Section 22 of H.R. 6, provides for drilling in the Alaskan National Wildlife Refuge (ANWR). While some consider this area to be one of the most promising U.S. onshore oil and gas prospects, studies indicate that this area could only provide six month's supply of oil, 10 years from now, and consequently have no significant effect on our nation's dependence on foreign oil. This 1.5 million acre coastal plain, however, is an area often referred to as "America's Serengeti" because of the presence of caribou, polar bears, grizzly bears, wolves, migratory birds, and many other species living in a nearly undisturbed state. In fact, the Refuge and two neighboring parks in Canada have been proposed for an international park, and several species in the area are protected by international treaties or agreements. In the 108th Congress, I supported a conference agreement on H.R. 6 that eliminated the provisions opening up ANWR for drilling. A future conference agreement needs to eliminate this controversial section from this bill to ensure its passage.

Title 15, Section 1502 of H.R. 6, contains a safe-harbor provision protecting producers of methyl tertiary butyl ether [MTBE] and other fuel oxygenates from product liability claims. This provision includes language applying the safe-harbor retroactively, potentially barring several pending suits against some of the worst environmental polluters in our country.

Under this provision, cities and towns would be prevented from bringing against potential offenders "defective product" lawsuits, which some cities have employed to recapture the cost of MTBE clean ups. Approximately 130 lawsuits have been filed by states, cities, water districts, and businesses over MTBE contamination. The trade association for the MTBE industry conservatively estimates that a nationwide cleanup of MTBE will cost between \$500 million and \$1 billion. The U.S. Conference of Mayors, however, maintains that those costs could run higher than \$29 billion. Our states and localities, which are struggling with budget deficits, should not be forced to pay the tab for these clean ups. If our states and localities are forced to pay these costs, the real costs will be borne by taxpayers, who should not be responsible for the actions of a few MTBE producers.

I also cannot support provisions in this legislation that do nothing to safeguard electricity consumers from unscrupulous utility companies that abuse market power and manipulate electricity prices. Rather than holding these electricity companies accountable, this bill would weaken consumer protections regarding electricity. I supported Representative JOHN DINGELL's amendment that would have protected electricity consumers by increasing penalties for violations of the Federal Power Act and would authorize the Federal Energy Regulatory Commission (FERC) to refund electricity overcharges. Unfortunately, the House defeated this amendment that would have helped safeguard electricity consumers.

I urge my colleagues to work together to pass a true comprehensive energy legislation that is fiscally responsible and that protects consumers, our communities, and environmentally sensitive areas. Our national energy situation should not be a partisan issue, and

I hope that both parties can come together to do the right thing for America.

CONGRATULATING THE TRINITY VALLEY COMMUNITY COLLEGE CARDINAL CHEERLEADERS

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 28, 2005

Mr. HENSARLING. Mr. Speaker, today, I would like to congratulate the Trinity Valley Community College (TVCC) Cardinal Cheerleaders for their recent victory in the National Cheerleaders Association Junior College Division Championship in Daytona Beach, Florida. The Cardinal Cheerleaders posted an impressive score of 9.04 in the final round, earning TVCC their eighth national cheerleading title, the team's third since 2001.

On behalf of the Fifth Congressional District of Texas, I would like to extend my congratulations to all of the members of the TVCC Cheerleading team including: Kolan Lynch, Amber Trahan, Dreekus Burton, Eric Mahame, Loren Taylor, Kynan Downs, Jacqueline Vogel, Andy Cessac, Erica Weems, Charles Gilbert, Kyle McCall, Courtney Pike, Danny Ogura, Jennifer Tacker, Adam Yeatts, Lindsey Gonzales, Jesse Salas, Drew Clements, Megan Centeno, Dion Bagby, Wendy Hall, Kyle Fowler, Roxann Wylie, and Greg Smalley. I would also like to congratulate their coach, Lucy Strom, on their tremendous victory.

The Cardinal Cheerleaders exemplify the hard work and team spirit of TVCC's student body and the institution's continuing commitment to excellence.

TRI-CAUCUS MINORITY HEALTH BILL

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 28, 2005

Ms. LEE. Mr. Speaker, the Tri-Caucus commemorates and closes Minority Health Month by offering the "The Healthcare Equality and Accountability Act of 2005".

I join my colleagues in calling for bipartisan support and immediate consideration of the Tri-Caucus minority health disparities bill which will provide long-needed resources to combat the growing racial and ethnic health disparities in minority communities across the country.

The tri-caucus bill re-prioritizes and funds efforts for prevention, education and data-collection; all essentials to reduce the overall cost of treatment and reduce disproportionately high rates of emergency health services in minority communities.

Equality in health service is still a distant and difficult goal. Until the United States makes health care a basic human and civil right we will never close the disparities gap.

Mr. Speaker, I believe it is criminal that in the United States the color of your skin and the languages that you speak can make you more likely to die of HIV/AIDS, heart disease or diabetes, as a result of our broken and culturally insensitive health care system.

The numbers are staggering: Cancer: African Americans are 23 percent more likely to die from all types of cancer than Whites. African American men die twice as often from prostate cancer than Whites.

Cancer: Breast cancer is diagnosed 13 percent less frequently in African American women than White women; however African American women die more often.

Heart Disease: African Americans suffer the most from the disease. Around 40 percent of African American men and women have some form of heart disease, compared to 30 percent of White men and 24 percent of White women. African Americans are also 29 percent more likely to die from the disease than Whites.

Diabetes: African Americans are twice as likely to have diabetes as Whites. African Americans with diabetes are more likely to experience complications of diabetes.

Diabetes: Diabetes related eye disease, is 40 to 50 percent more common in African Americans than Whites. Kidney failure is about 4 times more common in African Americans with diabetes than in Whites with diabetes. Amputations of lower extremities (legs and feet) are also more common in African Americans with diabetes.

Diabetes: As of 2002, two million Hispanic adults, about 8.2 percent of the population, have diabetes. About one-third of Hispanics with diabetes are undiagnosed. Hispanics are 1.5 times as likely to have diabetes as Whites. And, in 2001 the death rate from diabetes in Hispanics was 40 percent higher than the death rate of Whites.

I could go on and on, but I'll just end this list of statistics by giving you a quick overview of HIV/AIDS in our communities. HIV/AIDS has had a devastating impact on minorities in the United States.

HIV/AIDS: Racial and ethnic minorities accounted for almost 70 percent of the newly diagnosed cases of HIV and AIDS in 2002. More than 90 percent of babies born with HIV belong to minority groups.

HIV/AIDS: More than 54 percent (14,398) of HIV/AIDS diagnoses in 2002 were in African Americans. African Americans are ten times more likely to die of AIDS than Whites.

HIV/AIDS: AIDS is the leading cause of death in African American women aged 25-34 and the third leading cause of death in African American men in the same age group. More than 64 percent of HIV positive infants are African American.

HIV/AIDS: HIV/AIDS is spreading at a rapid rate in the Hispanic community. Hispanics accounted for around 20 percent of AIDS cases in 2002, despite making up only 14 percent of the U.S. population. Hispanics are 60 percent more likely to be diagnosed with AIDS than Whites. Hispanics were also almost three times more likely to die of AIDS than their White counterparts in 2001.

The Congressional Black Caucus, Hispanic Caucus and Asian Pacific Islander Caucuses have come together because we see the need to offer solutions for the inclusion and the prioritizing of minorities in the health care system which today is sorely inadequate.

Our goal, like that of the American public, is the complete elimination of racial and ethnic health disparities.

I believe that with this bill we have provided a good first step toward that goal.

In this bill, we have diagnosed the major health care shortfalls and provided sound and culturally-conscious solutions.