

village in Syria, they stayed until they were told to move again. She remembers, "An order came from all the General Headquarters that all Armenians either be killed or deny their religion and become Muslims." Many people converted to save their lives, while others died to preserve their faith.

The Armenians were forced to relocate from village to village. They were left with no money and no supplies, and had to find ways to survive. She said, "You couldn't get in touch with anybody. You didn't know what to do. We were hungry. It was terrible. We were all dying. We were just skeletons, no food, no nothing."

Unlike much of Mrs. Hanessian's family who died or disappeared in the genocide, she survived and was able to relocate to the United States and rebuild her life in Syracuse, New York. She has since passed away, but not before she left her story behind, and I am proud to be able to retell her memories, which must never be forgotten.

Mr. Speaker, I wish to express my support this evening for swift passage of H. Resolution 106, reaffirming the Armenian Genocide. The resolution now has a majority of the Members of the House as cosponsors on a bipartisan basis.

As the first genocide of the 20th century, it is morally imperative that we remember this atrocity and collectively demand reaffirmation of this crime against humanity. By properly affirming the Armenian genocide, we can also help ensure its legacy and rightfully honor its victims and survivors like Mrs. Hanessian.

REVISIONS TO THE 302(a) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTIONS ON THE BUDGET FOR FISCAL YEARS 2007 AND 2008

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

Mr. SPRATT. Mr. Speaker, pursuant to section 207(d) of S. Con. Res. 21, the Concurrent Resolution on the Budget for Fiscal Year 2008, I hereby submit for printing in the CONGRESSIONAL RECORD revised 302 (a) allocations for the House Committee on Appropriations for Fiscal Years 2007 and 2008. Section 207 (d)(2) directs the Chairman of the Committee on the Budget to adjust the discretionary spending allocations for three program integrity initiatives: Continuing Disability Reviews and Supplemental Security Income Redeterminations, Health Care Fraud and Abuse Control, and Unemployment Improper Payment Reviews as provided in section 207 (d) (1)(A), (C) and (D) of S. Con. Res. 21, respectively.

DISCRETIONARY APPROPRIATIONS: Appropriations Committee 302(a) Allocation (In millions of dollars)		
	BA	OT
Current allocation:		
Fiscal Year 2007	950,316	1,029,465

DISCRETIONARY APPROPRIATIONS: Appropriations Committee 302(a) Allocation—Continued (In millions of dollars)		
	BA	OT
Fiscal Year 2008	953,459	1,028,780
Change for H.R. 3043 program integrity initiatives:		
Fiscal Year 2007	0	0
Fiscal Year 2008	636	317
Revised allocation:		
Fiscal Year 2007	950,316	1,029,465
Fiscal Year 2008	954,095	1,029,097

□ 2000

PROVIDING FOR INDIVIDUALS A SECOND CHANCE

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

Mr. DAVIS of Illinois. Mr. Speaker, as I was leaving a friend of mine's home on Sunday morning, a young fellow was across the street on the other side and he flagged me down and said, "Can I talk to you for a moment?" And so I waited for him to come across the street, and he did. And I asked what I could do for him, and he says, "Well, I am trying to find a job." And I inquired as to his educational background, what kind of things that he could do, and what kind of jobs that he had. And he says, "Well, I had a job, but then my employer discovered that I also had a felony conviction and he didn't know that when I got hired." And, "Of course," he says, "I have lost my job, lost my house, lost my car, lost my wife, and I am in the process of losing my children." And as I listened to him on Sunday morning, it reinforced for me how important it is that we try and provide for individuals like this young man a second chance.

As a matter of fact, our country is the most imprisoned nation on the face of the Earth. More than 2 million people languish in our jails and prisons across the country.

More than 650,000 of them come home every year, and, like this young man, oftentimes find every avenue blocked that prevents them from leading normal lives. Of course, many of them do what we call recidivate, that is, if they don't get any help within 3 years, 67 percent of them will have done what we call re-offend; that is, committed another offense against society. More than 50 percent of them will be re-incarcerated, costing our taxpayers enormous sums of money.

And so I felt compelled to come to the floor and urge my colleagues to support the Second Chance Act, to urge the leadership to bring that legislation to the floor, so that this young man and thousands of others like him can, indeed, experience a second chance.

CONGRESSIONAL BLACK CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Ohio (Mrs. JONES) is recognized for 60

minutes as the designee of the majority leader.

Mrs. JONES of Ohio. Mr. Speaker, tonight I'm joined by members of the Congressional Black Caucus on the first of what will be many CBC message hours. This evening we will be discussing health care disparities, as well as the SCHIP program, which is the State insurance health program.

But before I get into it, I need to ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subjects that I just mentioned, that of health care disparity and the State Children's Health Insurance Program.

For the past few Congresses, the CBC has made confronting health disparities one of its major initiatives. We have been champions for access to affordable health care, meaningful coverage for prescription medications for every American, and increased representation of African Americans across all health care professions.

The health care statistics are staggering in the African American community. While African Americans comprise approximately 12 percent of the U.S. population, in 2000 they represented 19.6 percent of the uninsured. The African American AIDS diagnosis rate was 11 times that of the White diagnosis rate, 23 times more for women and nine times more for men.

African Americans are two times more likely to have diabetes than whites, four times more likely to see their diabetes progress to end-stage renal disease, and four times more likely to have a stroke. And African Americans are only 2.9 percent of the doctors, 9.2 percent of the nurses, 1.5 percent of dentists, and 0.4 percent of health care administrators. Yet African Americans comprise 12 percent of our population.

These problems are just the tip of the iceberg. Tonight, along with my colleagues, we will outline some of the various health issues that currently impact the African American community. Additionally, many of us have legislation that we are working to have passed to provide necessary care and resources to the African American community.

I want to thank the Chair of the Congressional Black Caucus, Congresswoman CAROLYN CHEEKS KILPATRICK, and our executive director, Dr. Joe Leonard, for their assistance and work in this effort, and for the record, my communications director Nicole Williams.

At this point I'd like to yield 5 minutes to the gentleman from Virginia, Mr. BOBBY SCOTT.

Mr. SCOTT of Virginia. Mr. Speaker, I rise today to stress the importance of health care to the well-being of our children and to our Nation. In 2003, a report was released by the National Academy of Science entitled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." It