

and plant variety protection cases. The bill authorizes the expenditure of not less than \$5 million per year for up to 10 years to pay for the educational and professional development of designated judges, and for compensation for law clerks with technical expertise related to patent and plant variety protection cases to be appointed by the designated courts.

The high cost of patent litigation is widely publicized. It is not unusual for a patent suit to cost each party upwards of \$10 million. Appeals from United States district courts to the Federal Circuit are frequent, in part because of the perception within the patent community that most district court judges are not sufficiently prepared to adjudicate complex, technical patent cases. In 2008, 45 percent of the patent cases that were appealed to the Federal Circuit were reversed in whole or in part or vacated and remanded. This bill seeks to promote consistency among United States district courts by increasing the expertise of district court judges, thus providing for more certainty in intellectual property protection.

Taken together, these improvements would bring the American patent system up to speed for the twenty-first century. Instead of remaining a hindrance to innovation and economic growth, the patent system should work for inventors, ensuring America's patent system remains the best in the world and prevents risks to innovation.

I am encouraged by this bill, and I am hopeful that minorities and women take advantage of this pilot program. The patent judges pilot program and pilot program for law clerks provides for the educational and professional development of the designated district judges in matters relating to patent and plant variety protection, and for compensating law clerks with expertise in technical matters arising in patent and plant variety protection cases. This is yet another step that America is taking to ensure that its patent system is the best in the world. I urge my colleagues to support this bill.

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

Mr. JOHNSON of Georgia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. JOHNSON) that the House suspend the rules and pass the bill, H.R. 628.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ISSA. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

STOP AIDS IN PRISON ACT OF 2009

Ms. WATERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1429) to provide for an effective HIV/AIDS program in Federal prisons.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1429

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stop AIDS in Prison Act of 2009".

SEC. 2. COMPREHENSIVE HIV/AIDS POLICY.

(a) IN GENERAL.—The Bureau of Prisons (hereinafter in this Act referred to as the "Bureau") shall develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates within the correctional setting and upon reentry.

(b) PURPOSE.—The purposes of this policy shall be as follows:

(1) To stop the spread of HIV/AIDS among inmates.

(2) To protect prison guards and other personnel from HIV/AIDS infection.

(3) To provide comprehensive medical treatment to inmates who are living with HIV/AIDS.

(4) To promote HIV/AIDS awareness and prevention among inmates.

(5) To encourage inmates to take personal responsibility for their health.

(6) To reduce the risk that inmates will transmit HIV/AIDS to other persons in the community following their release from prison.

(c) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this policy.

(d) TIME LIMIT.—The Bureau shall draft appropriate regulations to implement this policy not later than 1 year after the date of the enactment of this Act.

SEC. 3. REQUIREMENTS FOR POLICY.

The policy created under section 2 shall do the following:

(1) TESTING AND COUNSELING UPON INTAKE.—

(A) Medical personnel shall provide routine HIV testing to all inmates as a part of a comprehensive medical examination immediately following admission to a facility. (Medical personnel need not provide routine HIV testing to an inmate who is transferred to a facility from another facility if the inmate's medical records are transferred with the inmate and indicate that the inmate has been tested previously.)

(B) To all inmates admitted to a facility prior to the effective date of this policy, medical personnel shall provide routine HIV testing within no more than 6 months. HIV testing for these inmates may be performed in conjunction with other health services provided to these inmates by medical personnel.

(C) All HIV tests under this paragraph shall comply with paragraph (9).

(2) PRE-TEST AND POST-TEST COUNSELING.—Medical personnel shall provide confidential pre-test and post-test counseling to all inmates who are tested for HIV. Counseling may be included with other general health counseling provided to inmates by medical personnel.

(3) HIV/AIDS PREVENTION EDUCATION.—

(A) Medical personnel shall improve HIV/AIDS awareness through frequent educational programs for all inmates. HIV/AIDS educational programs may be provided by community based organizations, local health departments, and inmate peer educators. These HIV/AIDS educational programs shall include information on modes of transmission, including transmission through tattooing, sexual contact, and intravenous drug use; prevention methods; treatment; and disease progression. HIV/AIDS educational programs shall be culturally sensitive, conducted in a variety of languages,

and present scientifically accurate information in a clear and understandable manner.

(B) HIV/AIDS educational materials shall be made available to all inmates at orientation, at health care clinics, at regular educational programs, and prior to release. Both written and audio-visual materials shall be made available to all inmates. These materials shall be culturally sensitive, written for low literacy levels, and available in a variety of languages.

(4) HIV TESTING UPON REQUEST.—

(A) Medical personnel shall allow inmates to obtain HIV tests upon request once per year or whenever an inmate has a reason to believe the inmate may have been exposed to HIV. Medical personnel shall, both orally and in writing, inform inmates, during orientation and periodically throughout incarceration, of their right to obtain HIV tests.

(B) Medical personnel shall encourage inmates to request HIV tests if the inmate is sexually active, has been raped, uses intravenous drugs, receives a tattoo, or if the inmate is concerned that the inmate may have been exposed to HIV/AIDS.

(C) An inmate's request for an HIV test shall not be considered an indication that the inmate has put him/herself at risk of infection and/or committed a violation of prison rules.

(5) HIV TESTING OF PREGNANT WOMAN.—

(A) Medical personnel shall provide routine HIV testing to all inmates who become pregnant.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(6) COMPREHENSIVE TREATMENT.—

(A) Medical personnel shall provide all inmates who test positive for HIV—

(i) timely, comprehensive medical treatment;

(ii) confidential counseling on managing their medical condition and preventing its transmission to other persons; and

(iii) voluntary partner notification services.

(B) Medical care provided under this paragraph shall be consistent with current Department of Health and Human Services guidelines and standard medical practice. Medical personnel shall discuss treatment options, the importance of adherence to antiretroviral therapy, and the side effects of medications with inmates receiving treatment.

(C) Medical and pharmacy personnel shall ensure that the facility formulary contains all Food and Drug Administration-approved medications necessary to provide comprehensive treatment for inmates living with HIV/AIDS, and that the facility maintains adequate supplies of such medications to meet inmates' medical needs. Medical and pharmacy personnel shall also develop and implement automatic renewal systems for these medications to prevent interruptions in care.

(D) Correctional staff and medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

(7) PROTECTION OF CONFIDENTIALITY.—

(A) Medical personnel shall develop and implement procedures to ensure the confidentiality of inmate tests, diagnoses, and treatment. Medical personnel and correctional staff shall receive regular training on the implementation of these procedures. Penalties for violations of inmate confidentiality by medical personnel or correctional staff shall be specified and strictly enforced.

(B) HIV testing, counseling, and treatment shall be provided in a confidential setting where other routine health services are provided and in a manner that allows the inmate to request and obtain these services as routine medical services.

(8) TESTING, COUNSELING, AND REFERRAL PRIOR TO REENTRY.—

(A) Medical personnel shall provide routine HIV testing to all inmates no more than 3 months prior to their release and reentry into the community. (Inmates who are already known to be infected need not be tested again.) This requirement may be waived if an inmate's release occurs without sufficient notice to the Bureau to allow medical personnel to perform a routine HIV test and notify the inmate of the results.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(C) To all inmates who test positive for HIV and all inmates who already are known to have HIV/AIDS, medical personnel shall provide—

(i) confidential prerelease counseling on managing their medical condition in the community, accessing appropriate treatment and services in the community, and preventing the transmission of their condition to family members and other persons in the community;

(ii) referrals to appropriate health care providers and social service agencies in the community that meet the inmate's individual needs, including voluntary partner notification services and prevention counseling services for people living with HIV/AIDS; and

(iii) a 30-day supply of any medically necessary medications the inmate is currently receiving.

(9) OPT-OUT PROVISION.—Inmates shall have the right to refuse routine HIV testing. Inmates shall be informed both orally and in writing of this right. Oral and written disclosure of this right may be included with other general health information and counseling provided to inmates by medical personnel. If an inmate refuses a routine test for HIV, medical personnel shall make a note of the inmate's refusal in the inmate's confidential medical records. However, the inmate's refusal shall not be considered a violation of prison rules or result in disciplinary action.

(10) EXCLUSION OF TESTS PERFORMED UNDER SECTION 4014(B) FROM THE DEFINITION OF ROUTINE HIV TESTING.—HIV testing of an inmate under section 4014(b) of title 18, United States Code, is not routine HIV testing for the purposes of paragraph (9). Medical personnel shall document the reason for testing under section 4014(b) of title 18, United States Code, in the inmate's confidential medical records.

(11) TIMELY NOTIFICATION OF TEST RESULTS.—Medical personnel shall provide timely notification to inmates of the results of HIV tests.

SEC. 4. CHANGES IN EXISTING LAW.

(a) SCREENING IN GENERAL.—Section 4014(a) of title 18, United States Code, is amended—

(1) by striking “for a period of 6 months or more”;

(2) by striking “, as appropriate,”; and

(3) by striking “if such individual is determined to be at risk for infection with such virus in accordance with the guidelines issued by the Bureau of Prisons relating to infectious disease management” and inserting “unless the individual declines. The Attorney General shall also cause such individual to be so tested before release unless the individual declines.”.

(b) INADMISSIBILITY OF HIV TEST RESULTS IN CIVIL AND CRIMINAL PROCEEDINGS.—Section 4014(d) of title 18, United States Code, is amended by inserting “or under the Stop AIDS in Prison Act of 2009” after “under this section”.

(c) SCREENING AS PART OF ROUTINE SCREENING.—Section 4014(e) of title 18, United States Code, is amended by adding at the end the following: “Such rules shall also provide

that the initial test under this section be performed as part of the routine health screening conducted at intake.”.

SEC. 5. REPORTING REQUIREMENTS.

(a) REPORT ON HEPATITIS AND OTHER DISEASES.—Not later than 1 year after the date of the enactment of this Act, the Bureau shall provide a report to the Congress on Bureau policies and procedures to provide testing, treatment, and prevention education programs for Hepatitis and other diseases transmitted through sexual activity and intravenous drug use. The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this report.

(b) ANNUAL REPORTS.—

(1) GENERALLY.—Not later than 2 years after the date of the enactment of this Act, and then annually thereafter, the Bureau shall report to Congress on the incidence among inmates of diseases transmitted through sexual activity and intravenous drug use.

(2) MATTERS PERTAINING TO VARIOUS DISEASES.—Reports under paragraph (1) shall discuss—

(A) the incidence among inmates of HIV/AIDS, Hepatitis, and other diseases transmitted through sexual activity and intravenous drug use; and

(B) updates on Bureau testing, treatment, and prevention education programs for these diseases.

(3) MATTERS PERTAINING TO HIV/AIDS ONLY.—Reports under paragraph (1) shall also include—

(A) the number of inmates who tested positive for HIV upon intake;

(B) the number of inmates who tested positive prior to reentry;

(C) the number of inmates who were not tested prior to reentry because they were released without sufficient notice;

(D) the number of inmates who opted-out of taking the test;

(E) the number of inmates who were tested under section 4014(b) of title 18, United States Code; and

(F) the number of inmates under treatment for HIV/AIDS.

(4) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of reports under paragraph (1).

SEC. 6. APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATERS) and the gentleman from California (Mr. ISSA) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATERS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. WATERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to thank my friends, JOHN CONYERS, the chair-

man of the House Judiciary Committee, Mr. LAMAR SMITH, ranking member of the House Judiciary Committee, and Mr. BOBBY SCOTT, chairman of the Judiciary Subcommittee on Crime, Terrorism and Homeland Security. Their staffs worked closely with my staff in a bipartisan manner when we drafted this bill 2 years ago, introduced it as H.R. 1943, reported it favorably and passed it on suspension. And they have been strong supporters of it ever since.

More than a quarter century has passed since AIDS was first discovered, yet the AIDS virus continues to infect and kill thousands of Americans every year. Last year, the Centers for Disease Control and Prevention, CDC, released new estimates of HIV infection which proves that the HIV/AIDS epidemic is even worse than we thought. The new estimates indicate that approximately 56,300 new infections occurred in the United States in 2006. This figure is approximately 40 percent higher than CDC's previous estimates of 40,000 new infections every year.

Here in our Nation's capital, health officials just announced that the HIV infection rate has reached 3 percent. That is 2,984 residents per every 100,000 over the age of 15, or 15,120 right here in our capital. This is a rate that exceeds the 1 percent threshold for a severe epidemic, and compares to severely impacted nations in West Africa. This announcement made the headlines in Sunday's Washington Post.

We need to take the threat of HIV/AIDS seriously, and we need to confront it in every institution in our society. That includes our Nation's prison system.

In 2005, the Department of Justice reported that the rate of confirmed AIDS cases in prisons is three times higher than in the general population. The Department of Justice also reported that 2 percent of State prison inmates and 1.1 percent of Federal prison inmates were known to be living with HIV/AIDS in 2003. However, the actual rate of HIV infection in our Nation's prisons is still unknown because prison officials do not consistently test prisoners.

In January of this year, the Journal of the National Medical Association published an article by Dr. Nina Harawa and Dr. Adaora Adimora on “Incarceration, African Americans and HIV: Advancing a Research Agenda.” The article confirmed that individuals at high risk for incarceration also tend to be at high risk for HIV infections. Incarcerated populations have a high prevalence of characteristics associated with HIV infection. These characteristics include low socioeconomic status, drug use, multiple sex partners, and histories of sexual abuse and assault.

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

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

The Stop AIDS in Prison Act of 2009 requires the Federal Bureau of Prisons

to develop comprehensive policy to provide HIV testing, treatment, and prevention for inmates in Federal prisons. This legislation will combat and prevent the continued spread of HIV and AIDS among prison populations and the community at large.

Mr. Speaker, there are about 200,000 prisoners in the Federal prison system, but the incidence of HIV and AIDS in the prison system is difficult to measure because not all prisoners are routinely tested.

Mr. Speaker, there is no doubt that the prison population, like the population of America as a whole, includes prisoners who are HIV positive and do not know it. In 2006, a report by the U.S. Department of Justice estimated that over 1 percent of Federal inmates were known to be infected with HIV. The United Nations Joint Program on HIV/AIDS and the U.S. Centers for Disease Control and Prevention have historically defined an HIV epidemic as occurring when the overall percentage of disease among residents of a specific geographic area exceeds 1 percent. That means that the percentage of prisoners who carry the HIV/AIDS virus may have reached epidemic proportions.

The occurrence of HIV and AIDS cases in Federal prisons is at least three times higher among prison inmates than it is among the United States population as a whole.

H.R. 1429 requires routine testing of all Federal prison inmates upon entry and prior to release. For all existing inmates, testing will be required within 6 months of enactment. This reasonable requirement will enable prison officials to reduce HIV/AIDS among inmates and provide counseling, prevention, and health care services for inmates who are infected with the disease.

For those prisoners tested when they enter prison, testing will ensure that they receive adequate treatment, education, and prevention services while incarcerated. Similarly, it is important that prisoners are tested shortly before release into the community so adequate services can be coordinated for the prisoners after release. That in turn will protect the community that they then reside in.

I believe in thorough punishment for criminal offenders because the public deserves to be protected; but we have a duty to treat prisoners humanely and to prevent the spread of HIV/AIDS, not just within the prison populations, but to the populations they return to.

Mr. Speaker, I would like to thank my colleagues on the Judiciary Committee and particularly Congresswoman WATERS for her work on this legislation. She has led the way, she has pushed hard, and she, with Ranking Member LAMAR SMITH, bring this bill today with broad bipartisan support. As was said earlier, this bill passed by suspension in the last Congress, and we would hope that it passes early and is signed into law at the earliest possible date. H.R. 1429 remains an important

piece of legislation yet undone by this Congress from the previous Congress.

I reserve the balance of my time.

Ms. WATERS. Mr. Speaker, Dr. Harawa's and Dr. Adimora's article also pointed out that incarceration could provide a window of opportunity for reaching at-risk individuals and providing them testing, treatment, and prevention services for HIV and AIDS. Unfortunately, these services are not consistently available in the correctional system.

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HIV testing is not required upon entry and prior to release from Federal prisons, nor is testing required in most State prisons.

Treatment for HIV/AIDS in the correctional system is often limited by lack of expertise among prison health providers and inadequate access to HIV pharmaceuticals.

Finally, HIV prevention programs are not available in a consistent or complete fashion throughout the entire correctional system. That is why we need to pass the Stop AIDS in Prison Act today. The Stop AIDS in Prison Act requires the Federal Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates in Federal prisons.

This bill requires the Bureau of Prisons to test all prison inmates for HIV upon entering prison and again prior to release from prison unless the inmate absolutely opts out of taking the test. Inmates who test positive will be given comprehensive treatment during their incarceration and referrals to services in the community prior to release. All inmates, regardless of their test results, will be given HIV prevention education.

We are honored to have the support of many of the prominent HIV/AIDS advocacy organizations for the Stop AIDS in Prison Act. These include; AIDS Action, The AIDS Institute, the National Minority AIDS Council, the AIDS Healthcare Foundation, the HIV Medicine Association, the Latino Commission on AIDS, AIDS Project Los Angeles, Bienestar, a Latino community service and advocacy organization, and the AmASSI National Health and Cultural Centers, another community service and advocacy organization. The Board of Supervisors of the County of Los Angeles, which has been severely impacted by HIV/AIDS, has also expressed support for this bill.

In conclusion, the Stop AIDS in Prison Act will help stop the spread of HIV/AIDS among prison inmates, encourage them to take personal responsibility for their health, and reduce the risk that they will transmit HIV/AIDS to other persons in the community following their release from prison.

I would like to thank my colleagues who have been involved, especially my colleague from California who is on the floor today in support of this legislation.

I would urge all of my colleagues to support this important legislation.

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

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

I think the gentledady made such a good point that, in fact, we have an obligation to recognize that individuals will return to our community, and they need to return healthier than they came in. So the requirements in this bill, both for testing on the way in and testing on the way out of prison, are so important.

Mr. Speaker, under Governor Pete Wilson, I had the honor to serve on his prison board for the Prison Work Program. What I discovered in prison is exactly what the gentledady from California is alluding to, that we often incarcerate without doing the other things that should be done—education programs, work programs, drug and alcohol detoxing programs, and, yes, recognizing that good physical and mental health are essential, that we have to make sure that people who are being prepared to leave prison are being prepared to not return to prison.

So I join with the gentledady in support of this effort, like so many others that she has championed over the years.

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

Ms. WATERS. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentledady has 13½ minutes remaining.

Ms. WATERS. Mr. Speaker, I yield 3 minutes to the gentledady from California, the Chair of the Congressional Black Caucus, BARBARA LEE.

Ms. LEE of California. I thank the gentledady for yielding. But also, let me thank you for making sure that we stayed on point as it relates to HIV/AIDS. And I have to just stop and take a minute and help recall some of this history.

Actually, when I was first elected in 1998, you were chairing the Congressional Black Caucus at that point. And you recognized what this HIV/AIDS epidemic was doing in our country, especially in the African American community.

I remember you called a meeting—I think you gave us maybe 2 or 3 days, but the seriousness of this warranted that. People came from all over the country. And we talked about what we needed to do, and we sounded the alarm.

Under your leadership, we developed the Minority AIDS Initiative. And I must say, you insisted then that it be comprehensive, and it must be complete, and it must be funded. I believe at that point we were able to get maybe \$150, \$157 million; drop in the bucket, maybe, but yes, it was a major step in the right direction. We are still trying to get up to \$650 million for the Minority AIDS Initiative.

But having said that, let me just say, in terms of the comprehensive nature

of what we talked about then and what you insisted on, we said that any AIDS strategy had to be seen from the perspective of prevention, care, and treatment. In fact, we talked about the disproportionate numbers of African Americans being infected and affected and how the resources should be targeted to the communities in most need.

Fast forward to Toronto, Canada, to the HIV/AIDS International Conference. And I'll never forget this—and I have to say this because today is really a milestone, I think, in Congresswoman WATERS' work around this—we were there with the NAACP, we were there with all of our black AIDS organizations. And you whispered to me, you said, I'm getting ready to do something that's very controversial; some folks may not like it, but are you with me? I said, "Yes, ma'am." You said, "We're going to do a mandatory testing bill." And we talked about it. And you made it public at that conference, and you said you were not going to rest until this is done. You talked about the bill in concept, in terms of stopping AIDS in prison, because you were talking about the rates of infection with regard to African American women and what is taking place in prisons and how all of our heads really are in the sand about this, we just didn't want to deal with it at all. But you were determined that all of us—the NAACP, all of our groups—were going to deal with it. Some said it was going to be impossible to do because of mandatory testing requirements. We talked about how to deal with that, and you found a way, and that is, by allowing anyone who wants to opt out to opt out.

I always have to say, Congresswoman WATERS, that you always insist on doing this work—if we have to do it out of the box, we will, but where there is a will, there is a way. I think today really just demonstrates that where there is a will, there is a way. And with the bipartisan support now on H.R. 1429, with our President supporting the development of a national AIDS strategy and a national AIDS plan, I have a lot of hope.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. WATERS. I yield to the gentlewoman as much time as she may need to continue this wonderful talk she's giving.

Ms. LEE of California. I have to say I am really excited today because I have a lot of hope. When you look at the numbers in the District of Columbia, for instance, what, 33 percent new infections for African American women? When you look at what is happening around the country and when you look at the disproportionate rates of African American men in prison, you can't help but be thankful today that this bill is on the floor, and with bipartisan support we're going to move it off the floor. Because I think that if we really are being for real about tackling this, we have got to do it, and we have got to require what this bill requires in our prisons.

I just have to say today, on behalf of my constituents, where we declared a state of emergency in 1999 in the African American community in Alameda County, on behalf of the entire country, thank you very much. It is a very hopeful day.

I urge support of this bill, and look forward to our continuing work and getting it to President Obama's desk so he can sign this into law.

Mr. SMITH of Texas. I am pleased to be original co-sponsor of H.R. 1429, the "STOP AIDS in Prison Act of 2009."

The Stop AIDS in Prison Act of 2009 requires the federal Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment and prevention for inmates in federal prisons.

This legislation will combat and prevent the continued spread of HIV and AIDS among the prison population and the community at large.

There are about 200,000 prisoners in the federal system. But, the incidence of HIV and AIDS in the prison population is difficult to measure because not all inmates are routinely tested.

In a 2006 report, the Justice Department estimated that over one percent of federal inmates were known to be infected with HIV. The United Nations Joint Program on HIV/AIDS and the U.S. Centers for Disease Control and Prevention have historically defined an HIV epidemic as occurring when the overall percentage of disease among residents of a specific geographic area exceeds one percent.

That means that the percentage of prisoners who carry the HIV/AIDS virus may have reached epidemic proportions.

The occurrence of HIV and AIDS cases in federal prison is at least three times higher among prison inmates than it is among the United States population as a whole.

H.R. 1429 requires routine HIV testing for all federal prison inmates upon entry and prior to release. For all existing inmates, testing is required within six months of enactment.

This reasonable requirement will enable prison officials to reduce HIV/AIDS among inmates and provide counseling, prevention, and health care services for inmates who are infected with the disease.

For those prisoners tested when they enter prison, such testing will ensure that they receive adequate treatment, education and prevention services while incarcerated.

Similarly, it is important that prisoners are tested shortly before release into the community so that adequate services can be coordinated for the prisoner after release. That, in turn, will protect the community.

I believe in tough punishment for criminal offenders because the public deserves to be protected. But we have a duty to treat prisoners humanely and to rehabilitate them.

To me, preventing the spread of HIV and AIDS among prisoners is an essential part of humane treatment and rehabilitation.

I would like to thank my colleague on the Judiciary Committee, Congresswoman WATERS, for her work on this legislation. Ms. WATERS and I worked together on earlier versions of this bill in previous sessions of Congress. She has been an energetic partner in this effort.

I would also like to thank Chairman CONYERS for helping bring this legislation to the House floor today.

As my colleagues will recall, the House passed a version of this bill last Congress by voice vote. The bill was placed on the legislative calendar of the Senate, but it was never acted upon. It is my hope that the Senate will pass H.R. 1429 during this Congress.

I urge my colleagues to support this important legislation.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 1429, "Stop AIDS in Prison Act of 2009." I want to thank my colleague Congresswoman MAXINE WATERS of California for introducing this legislation.

Mr. Speaker, I strongly support H.R. 1429, which designed to address the growing impact that HIV/AIDS is having on minority communities. According to the Black AIDS Institute, Centers for Disease Control and Prevention (CDC) statistics reveal that African Americans account for half of all new HIV/AIDS cases. Racial and ethnic minorities comprise 69 percent of new cases, according to the 2005 data released by the CDC. African-American women account for the majority of new AIDS cases among women (67 percent in 2004); whereas white women account for 17 percent and Latinas 15 percent. The CDC estimates that 73 percent of all children born to HIV infected mothers in 2004 were African American. HIV/AIDS is now the leading cause of death among African Americans ages 25 to 44—deadlier than heart disease, accidents, cancer, and homicide.

The CDC reported that Hispanics accounted for 18 percent of new diagnoses reported in the 35 areas with long-term, confidential name-based HIV reporting in the United States, and that most Hispanic men were exposed to HIV through sexual contact with other men, followed by injection drug use and heterosexual contact; and that most Hispanic women were exposed to HIV through heterosexual contact, followed by injection drug use.

According to the Bureau of Justice Statistics, African Americans made up 41 percent of all inmates in the prison system at the end of 2004. Since African Americans are disproportionately represented in jails and prisons, the Stop AIDS in Prison Bill is one way to begin addressing this problem.

The "Stop AIDS in Prison Act of 2009" directs the Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates in federal prisons and upon reentry into the community. The bill would require initial testing and counseling of inmates upon entry into the prison system and then ongoing testing available up to once a year upon the request of the inmate, or sooner if an inmate is exposed to the HIV/AIDS virus or becomes pregnant. Furthermore, the Bureau of Prisons will be required to make HIV/AIDS counseling and treatment available to prisoners, and give testing and treatment referrals to prisoners prior to reentering the community. The bill protects the confidentiality of prisoners, and allows prisoners to refuse routine HIV testing.

Finally, the bill contains a requirement that the Bureau of Prisons report to Congress, no later than one year after enactment, the number of inmates who tested positive for HIV upon intake; the number of inmates who tested positive prior to reentry; the number of inmates who were not tested prior to reentry because they were released without sufficient notice; the number of inmates who opted-out of taking the test; the number of inmates who

were tested following exposure incidents; and the number of inmates who were under treatment for HIV/AIDS.

I urge my colleagues to support H.R. 1429 because we must reverse these costly trends. Currently, the only cure we have for HIV/AIDS is prevention.

Had the bill gone through regular and been marked up, I was planning on offering an amendment that would permit those infected with HIV to elect, on their own volition, to be housed separate from the general population as long as the prison had the facilities. This way, those infected with HIV could be housed in safety.

The HIV/AIDS pandemic is indeed a state of emergency in the African-American and Hispanic community. We must use all resources necessary to defeat this deadly enemy that continues to devastate the minority community. As Americans, we have a strong history, through science and innovation, of detecting, conquering and defeating many illnesses. We must and we will continue to fight HIV/AIDS until the battle is won.

Mr. Speaker, I strongly support H.R. 1429, "Stop AIDS in Prisons Act of 2009," and urge my colleagues to support it as well.

Mrs. CHRISTENSEN. Mr. Speaker, incarceration rates in the United States have skyrocketed through the years. Approximately 2.3 million Americans are incarcerated and more than 1 in 100 American adults were incarcerated just at the start of 2008. Although the actual rates of HIV/AIDS infections in our nation's prisons are not known due the fact that current prison officials do not consistently test their prisoners; we see how this epidemic is effecting our nation and especially devastating the African American community.

An estimated 20 percent–26 percent of all Americans living with HIV/AIDS are incarcerated at some point and are frequently incarcerated during the course of their disease. Persons at risk for incarceration are more likely than others in our nation to be at high risk for HIV/AIDS infections especially related to risky behavioral practices and characteristics. These risk characteristics include minimal education, drug use, low socioeconomic status, multiple sex partners, a high prevalence of sexually transmitted infections, and histories of sexual abuse and assault. This also renders those in prison who are infected to become vulnerable to a whole range of other diseases. In custody HIV transmission occur through sexual activity, needle-sharing for drug injection, tattooing with unsterilized equipment, and contact with blood or mucous membranes through violence.

Incarceration is a crisis among African Americans. Research and data show that African Americans are disproportionately more likely than any other racial and ethnic group to be at risk for incarceration. In fact African Americans constitute just 13 percent of the American population but make up 44 percent of all prison and jail inmates. I am sure it is not surprising to see the correlation between this statistic and also the statistics that show that African Americans account for the majority of new AIDS cases, the majority of new HIV infections, and the majority of HIV deaths. The prevalence of HIV/AIDS in incarcerated men and women is 3–5 times that of the general population.

Particularly affected by the HIV/AIDS epidemic in incarcerated populations are African

American women. The most astounding news is that prisons are the only setting in the United States where HIV prevalence is higher in females than in males, with approximately 2.6 percent of female and 1.8 percent of male state prison inmates known to be HIV infected. Further, African-American women make up two-thirds of newly reported HIV cases in females overall and 34 percent of all female inmates' cases.

In attempt to counter many assumptions, a number of published case studies and a smaller number of retrospective cohort studies have described cases of HIV transmission in U.S. inmates that occurred during incarceration. These studies only suggest that the incarcerated population needs to be fully included in HIV/AIDS prevention and treatment efforts. There must be a change in people's attitudes and the way we promote positive health initiatives through our federal prison systems.

I, therefore, rise today in strong and unwavering support of H.R. 1429, The Stop AIDS in Prison Act, which would require routine HIV testing for all federal prison inmates upon entry and prior to release from prison, provide inmates with education and treatment, and reduces the risks they may pose of transmitting HIV/AIDS to others in their communities after their release.

We all should support H.R. 1429 and ensure that incarcerated and ex-offender populations have access to adequate and realistic HIV prevention methods, receive voluntary and confidential HIV testing and are rolled into adequate HIV/AIDS-related care, treatment and services.

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

Ms. WATERS. Mr. Speaker, I would like to thank Congresswoman BARBARA LEE for rushing to the floor to participate in the presentation of this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATERS) that the House suspend the rules and pass the bill, H.R. 1429.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

JOHN "BUD" HAWK POST OFFICE

Mr. CLAY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 955) to designate the facility of the United States Postal Service located at 10355 Northeast Valley Road in Rollingbay, Washington, as the "John 'Bud' Hawk Post Office".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. JOHN "BUD" HAWK POST OFFICE.

(a) DESIGNATION.—The facility of the United States Postal Service located at 10355 Northeast Valley Road in Rollingbay, Washington, shall be known and designated as the "John 'Bud' Hawk Post Office".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "John 'Bud' Hawk Post Office".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CLAY) and the gentleman from California (Mr. ISSA) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CLAY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

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

Mr. Speaker, as a member of the House subcommittee with jurisdiction over the U.S. Postal Service, I am pleased to present for consideration H.R. 955, a bill to designate the U.S. postal facility located at 10355 Northeast Valley Road in Rollingbay, Washington, as the "John 'Bud' Hawk Post Office."

Introduced by Representative JAY INSLEE on February 10, 2009 and reported out of our full committee by voice vote on March 10, 2009, H.R. 955 enjoys the support of the State of Washington's entire House delegation.

A long time resident of Bremerton, Washington, Sergeant John "Bud" Hawk received the Medal of Honor, the U.S. military's highest commendation, from President Harry S. Truman on July 13, 1945. Following his military career, Sergeant Hawk continued his devotion to public service by serving as a longtime educator in Bremerton, Washington.

In April of last year, Sergeant Hawk was again honored for his bravery during World War II as he was presented with a Medal of Honor flag at Olympia's Capitol Rotunda by Brigadier General Gordon Toney, Commander of the Washington Army National Guard.

Mr. Speaker, Sergeant Hawk's service stands as a testament to the brave men and women that have served and continue to serve our Nation at home and abroad. And it is my hope that we can further honor this distinguished veteran through the passage of H.R. 955.

I urge my colleagues to support this bill.

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

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

Mr. Speaker, I rise today in strong support of this bill designating the facility of the United States Postal Service located at 10355 Northeast Valley Road in Rollingbay, Washington, as the "John 'Bud' Hawk Post Office Building."