

104TH CONGRESS
2D SESSION

H. CON. RES. 184

Expressing the sense of the Congress with respect to pediatric and adolescent AIDS.

IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 1996

Mr. SERRANO (for himself, Mr. STUDDS, Mr. HILLIARD, Mr. YATES, Mr. McDERMOTT, Ms. VALAÁQUEZ, Mr. HINCHEY, Mr. FROST, Mr. GREEN of Texas, Ms. PELOSI, Mr. ROMERO-BARCELÓ, Mr. WAXMAN, Ms. JACKSON LEE of Texas, Mr. MILLER of California, Mr. DELLUMS, Mr. JOHNSTON of Florida, Mr. GONZALEZ, Mr. PALLONE, Mr. TOWNS, Mr. ACKERMAN, Mr. FILNER, Mr. STOKES, Mr. CUMMINGS, Mr. MARTINEZ, Mrs. MALONEY, Mrs. MEEK of Florida, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. MANTON, Mr. OWENS, and Mr. NADLER) submitted the following concurrent resolution; which was referred to the Committee on Commerce

CONCURRENT RESOLUTION

Expressing the sense of the Congress with respect to pediatric and adolescent AIDS.

Whereas more than 510,000 individuals in the United States have been diagnosed with acquired immune deficiency syndrome (commonly known as AIDS) and 319,849 have died from the disease;

Whereas the Public Health Service has estimated that there are currently between 630,000 and 900,000 persons in the United States infected with HIV;

Whereas the Centers for Disease Control and Prevention has reported 6,948 cases of pediatric AIDS and 2,354 cases of adolescent AIDS as of December 1995;

Whereas, because 1 in 5.5 of all reported AIDS cases is diagnosed in the 20- to 29-year-old age group and the median incubation period between human immunodeficiency virus (HIV) infection and AIDS diagnosis is nearly 10 years, most of those people in their twenties who are diagnosed with AIDS were adolescents when they became infected;

Whereas AIDS was the sixth leading cause of death among children aged 1 to 4 in 1993 and if the incidence of AIDS continues to increase, within the next 10 years AIDS may become the fifth leading cause of death among children of all ages in the United States;

Whereas AIDS is now the leading cause of death in the United States among persons 25 to 44;

Whereas by the year 2000, between 72,000 and 125,000 children and adolescents in the United States will have lost their mothers to HIV/AIDS;

Whereas in 1994 reported AIDS cases among women continued to grow at a faster rate than among men;

Whereas the Public Health Service estimates that approximately 100,000 women in the United States are infected with HIV and an estimated 7,000 are expected to give birth to children each year, and without intervention approximately 1,000 to 2,000 of these children will be infected with HIV;

Whereas 90 percent of children with AIDS have a parent with, or at risk for, HIV infection;

Whereas 23.3 percent of reported pediatric AIDS cases in the United States have occurred in New York City, and the

South Bronx has the highest HIV seroprevalence rate among newborns in the United States;

Whereas Philadelphia ranks among American cities most impacted by reported AIDS cases among children age 0 to 13; and the latest heel-stick test showed that 1 in 205 women were HIV positive in Philadelphia; and

Whereas ethnic minorities are disproportionately affected by AIDS, with 75 percent of women with AIDS and 81 percent of children with AIDS being African-American or Hispanic: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of Congress that—

3 (1) it is important that the people of the United
4 States diligently seek preventative measures and bet-
5 ter solutions to care for women and youth, including
6 helping them gain access to HIV services and treat-
7 ment and other sexually transmitted disease clinical
8 therapies;

9 (2) early intervention and education resources
10 must be made available to all citizens, especially
11 youth and other high-risk groups, to make them
12 more aware of AIDS and the risks associated with
13 engaging in unprotected sexual activity or substance
14 abuse;

15 (3) the Health Care Financing Administration
16 and the Public Health Service should work with ap-
17 propriate State officials to help design optimal care

1 packages needed for children, youth, and families
2 with AIDS or HIV infection especially as health care
3 system reforms are undertaken; and

4 (4) States and localities should recognize rel-
5 atives, extended family members, and other non-
6 biological relatives as an appropriate source of foster
7 care for children with AIDS whose parents can no
8 longer care for them, subject to the same review and
9 afforded the same benefits as other foster parents.

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