

**AMENDING THE FOREIGN ASSISTANCE ACT OF
1961 TO AUTHORIZE ASSISTANCE TO PREVENT,
TREAT AND MONITOR HIV/AIDS IN
SUB-SAHARAN AFRICA AND OTHER DEVELOPING
COUNTRIES; AND EXPRESSING THE SENSE OF
CONGRESS IN SUPPORT OF VICTIMS OF TORTURE**

MARKUP
BEFORE THE
COMMITTEE ON
INTERNATIONAL RELATIONS
HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

ON

H.R. 2069 and H. Con. Res. 168

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JUNE 27, 2001
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WEDNESDAY, JUNE 27, 2001

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERNATIONAL RELATIONS,
Washington, DC.

The Committee met, pursuant to call, at 10:25 a.m. in Room 2172, Rayburn House Office Building, Hon. Henry Hyde, (Chairman of the Committee) presiding.

Mr. HYDE. The Committee will now come to order.

Pursuant to notice, I now call up the Bill H.R. 2069 for purposes of markup and move its favorable recommendation to the House.

Without objection, the bill will be considered as read and open for amendment at any point.

The Chair has an amendment in the nature of a substitute at the desk, which he offers on his own behalf and on behalf of the following Members of this Committee: Mr. Lantos, Ms. Lee and Mr. Leach.

The clerk will report the amendment.

Ms. BLOOMER. Amendment in the nature of a substitute to H.R. 2069. Strike all after the enacting clause . . .

Mr. HYDE. I ask unanimous consent that further reading of the amendment be dispensed with.

Without objection, so ordered.

The Chair yields himself 5 minutes for purposes of presenting a statement.

The time has come once again for the United States to lead the world in surmounting one of the most compelling humanitarian and moral challenges of our time. I speak of the HIV/AIDS pandemic that threatens the stability of both the developing and developed world, a crisis unparalleled in modern times.

The statistics are chilling. Over 22 million people have died of AIDS throughout the world. More than 3 million died last year alone. That is over 8000 deaths each day or nearly one death every 6 minutes. What is most alarming is that the number of infections and deaths is growing and the pandemic is quickly spreading from sub-Saharan Africa to India, China and Russia. An incredible 36

million people are infected with HIV today and 15,000 new infections occur each day.

Tragically, most of the dramatic increase in infection rates is in poor countries, where education, awareness and access to health care is seriously lacking. To illustrate the magnitude of the crisis, it is estimated that by the year 2010 over 80 million people could be dead of AIDS.

Children suffer inordinately from the cruel AIDS pandemic. Millions are born HIV infected, even though mother-to-child-transmission can be easily avoided if adequate training and health care is provided.

By the end of the decade, 40 million children will be orphaned as a consequence of AIDS. The impact on developing society socially, politically, economically is incalculable and threatens the stability of the globe.

The pandemic is not limited to Africa. The Caribbean region has the second highest rate of HIV infections in the world, only a few hundred miles from the United States. Russia has the highest increase rate of any country last year. The social upheaval that could arise in Russia as the result of this crisis could have serious consequences for global security. According to the National Intelligence Council, India is on the verge of a catastrophic AIDS epidemic.

For these reasons, the United States must lead the world in an effort to combat and ultimately rid the globe of this modern-day plague. The problem is monumental and our response needs to be both bilateral and multilateral. However, as with any problem, financial resources are not the sole answer to a problem and the generosity of the American people must be well managed.

We must provide resources at a pace at which they can be absorbed and used wisely. We must continue to encourage and support faith-based organizations and churches that are doing good works to educate the poor about HIV and AIDS. We must also insist that other developed nations join us in this global effort. The President has already signaled our nation's intention to lead by committing \$200 million for a multilateral effort to combat HIV/AIDS through a global AIDS war chest that will be designed and implemented in the months to come.

Mindful of the colossal threat posed by the HIV/AIDS pandemic, I am proud that this Committee has chosen to embark upon a courageous and bipartisan course that constitutes a declaration of war on the pandemic. The amendment in the nature of a substitute to H.R. 2069, the bill the Committee marks up today, is a true and meaningful bipartisan effort that provides adequate resources for both the bilateral and multilateral pillars of our response to the AIDS crisis.

I wish to thank Mr. Lantos, the Ranking Member of the Committee, and his staff for their good faith efforts to fashion legislation that we can jointly support and that will make a true difference.

I am also appreciative of the support of the gentlelady from California, Ms. Lee, and the gentleman from Iowa, Mr. Leach, distinguished Members of our Committee, and the support of the gentlelady from California who is not a Member of our Committee, Ms. Millander-McDonald.

The amendment to H.R. 2069 authorizes the Agency for International Development to carry out a comprehensive program of HIV/AIDS prevention, education and treatment at a level of \$560 million in fiscal year 2002. Although this is more than has been requested by the Administration for these purposes in fiscal year 2001, with each passing day we grow more aware and concerned about the global threat posed by HIV/AIDS and the need to do more.

This bill also authorizes an additional \$50 million pilot program to provide treatment for those infected with HIV/AIDS by assisting the public and private sectors of developing countries in the procurement of HIV/AIDS pharmaceuticals and antiviral therapies.

Accordingly, through our bilateral efforts, the United States will demonstrate its commitment to address all facets of the HIV/AIDS challenge and to do so in a responsible and meaningful manner and thereby challenging the remainder of the developed world to emulate our example.

The amendment to H.R. 2069 also authorizes the President to contribute to multilateral efforts to combat HIV/AIDS at a level of \$750 million in fiscal year 2002. America must contribute its fair share as we work to leverage additional funds for this crusade from other developing countries. By providing this level of authorization, we can ensure that the contributions made by the United States will be adequate and also yield the commitments from other countries to make this effort a truly global war on AIDS.

The novel bilateral treatment program that my bill authorizes is vitally important, for it gives hope to those already suffering from AIDS. By authorizing a pilot treatment program, we can work to extend the productive lives of those infected by the virus.

This is not only the right thing to do, aside from humanitarian concerns, but it is the smart thing to do for treatment makes prevention work. Without some expectation of hope or care, the poor have no reason to be tested for AIDS or to seek help. I am fully cognizant of the challenge posed by treatment programs in developing countries.

I want to thank the many organizations that have supported this legislation and our bipartisan approach to addressing the HIV/AIDS pandemic. I am grateful for the strong support provided by many non-governmental organizations and for the guidance provided by the Agency for International Development.

Simply stated, the AIDS virus is one of the great moral challenges of our era, for it is a scourge of unparalleled proportions in modern times. Every citizen has a stake in what tragically could be the plague of the 21st century. Accordingly, we should do all we can to meet this test by reaching out now to those most in need. It is the right thing to do for our children, our country and our world.

I cannot terminate my statement without making a comment about the extraordinary cooperation we have received from the Democratic side on this very difficult issue. The negotiations have been intense, they have been informed, they have been honorable, they have been straightforward. Mr. Lantos gives the words bipartisan and honorable and integrity real meaning in this Committee, and I am most grateful to him and his staff.

I urge my colleagues to support this very important bill that we are marking up this morning, and I am pleased to recognize the Ranking Member, Mr. Lantos.

[The prepared statement of Mr. Hyde follows:]

PREPARED STATEMENT OF THE HONORABLE HENRY J. HYDE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS, AND CHAIRMAN, COMMITTEE ON INTERNATIONAL RELATIONS

The time has come once again for the United States to lead the world in surmounting one of the most compelling humanitarian and moral challenges of our time. I speak of the HIV/AIDS pandemic that threatens the stability of both the developing and developed world—a crisis unparalleled in modern times.

The statistics are chilling. Over 22 million people have died of AIDS throughout the world. More than 3 million died last year alone. That is over 8,000 deaths each day, or nearly one death every six minutes. What is most alarming is that the number of infections and deaths is growing and the pandemic is quickly spreading from sub-Saharan Africa to India, China, and Russia.

An incredible 36 million people are infected with HIV today—and 15,000 new infections occur each day. Tragically, most of the dramatic increase in infection rates is in poor countries where education, awareness, and access to healthcare is seriously lacking. To illustrate the magnitude of the crisis, it is estimated that by the year 2010 over 80 million people could be dead of AIDS.

Children suffer inordinately from the cruel AIDS pandemic. Millions are born HIV-infected even though mother-to-child transmission can be easily avoided if adequate training and healthcare is provided. By the end of the decade, 40 million children will be orphaned as a consequence of AIDS. The impact on developing societies—socially, politically, and economically—is incalculable, and threatens the stability of the globe.

The pandemic is not limited to Africa. The Caribbean region has the second highest rate of HIV infections in the world—only a few hundred miles from the United States. Russia had the highest increase rate of any country last year. The social upheaval that could arise in Russia as a result of this crisis could have serious consequences for global security. According to the National Intelligence Council, India is on the verge of a catastrophic AIDS epidemic.

For these reasons, the United States must lead the world in the effort to combat and ultimately rid the globe of this modern-day plague. The problem is monumental, and our response needs to be both bilateral and multilateral. However, as with any problem, financial resources are not the sole answer to a problem, and the generosity of the American people must be well-managed.

We must provide resources at a pace at which they can be absorbed and used wisely. We must continue to encourage and support faith-based organizations and churches that are doing good works to educate the poor about HIV and AIDS. We must also insist that other developed nations join us in this global effort. The President has already signaled our nation's intention to lead by committing \$200 million for a multilateral effort to combat HIV/AIDS through a global AIDS war chest that will be designed and implemented in the months to come.

Mindful of the colossal threat posed by the HIV/AIDS pandemic, I am proud that this Committee has chosen to embark upon a courageous and bipartisan course that constitutes a declaration of war on the pandemic.

The Amendment in the Nature of a Substitute to H.R. 2069, the bill the Committee marks up today, is a true and meaningful bipartisan effort that provides adequate resources for both the bilateral and multilateral pillars of our response to the AIDS crisis. I wish to thank Mr. Lantos, the Ranking Member of the Committee, and his staff, for their good faith efforts to fashion legislation that we can jointly support, and that will make a true difference. I am also appreciative of the support of the gentle lady from California, Ms. Lee, and the gentleman from Iowa, Mr. Leach, distinguished Members of our Committee, and the support of the gentle lady from California, Ms. Millender-McDonald.

The amendment to H.R. 2069 authorizes the Agency for International Development to carry out a comprehensive program of HIV/AIDS prevention, education, and treatment at a level of \$560 million in fiscal year 2002. Although this is more than has been requested by the Administration for these purposes in Fiscal Year 2001, with each passing day we grow more aware and concerned about the global threat posed by the HIV/AIDS pandemic and the need to do more. This bill also authorizes an additional \$50 million pilot program to provide treatment for those infected with HIV/AIDS by assisting the public and private sectors of developing countries in the

procurement of HIV/AIDS pharmaceuticals and anti-viral therapies. Accordingly, through our bilateral efforts, the United States will demonstrate its commitment to address all facets of the HIV/AIDS challenge and to do so in a responsible and meaningful manner, and thereby challenging the remainder of the developed world to emulate our example.

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I urge my colleagues to support this very important bill that we mark up this morning.

Mr. LANTOS. Thank you very much, Mr. Chairman. Thank you very much for your very kind comments.

I fully identify myself with the Chairman's observations, and since he has outlined our bipartisan legislation, I shall not be repetitive by reviewing the provisions that he has discussed.

First of all, Mr. Chairman, I would like to commend you for taking the lead on legislation—historic legislation, I might add—to help combat the global HIV/AIDS crisis.

You have shown real courage and integrity and true statesmanship in tackling this issue when you could have relied upon others to legislate on this front, and I personally appreciate it.

Many do not see the global HIV/AIDS crisis as a U.S. priority and question the need to spend significant U.S. funds toward preventing and treating this horrendous disease; but you, Mr. Chairman, recognize not only the severity of the epidemic, but our moral, humanitarian and national security interests in stemming the tide of the HIV/AIDS pandemic. I again want to thank you and members of your staff for the remarkably open-minded and bipartisan spirit in which you approached our negotiations.

I would also like to commend my friend and colleague from California, Ms. Barbara Lee, for her bold and unwavering leadership in the global fight against HIV/AIDS. Barbara Lee has played a critical role in setting this Congress on the right course on this humanitarian disaster.

For the past several weeks, we have consulted non-stop with Members of our Committee, other Committees, our constituents, advocacy groups, governmental, intergovernmental, international organizations, all in an effort to arrive at a bipartisan agreement on both the policy provisions in this legislation which are extremely

important and the funding levels for both bilateral assistance programs and contributions to multilateral efforts.

The Hyde-Lantos-Lee-Leach-Millander-McDonald amendment before us reflects this agreement, and I strongly urge all of my colleagues on both sides of the aisle to support it. I truly believe that this compromise delays the foundation for a long-term commitment by the United States to eradicate this devastating disease.

Our bill authorizes \$560 million in bilateral U.S. assistance to education, prevention, treatment and care, and another \$50 million for the purchase of drugs to treat HIV/AIDS and those highly infectious diseases associated with it.

Additionally, our bill commits \$750 million toward a global health fund to coordinate both funding and comprehensive programs in the fight against the disease to which governments, the private sector foundations and individual philanthropists can, should and must contribute.

As Secretary of State Colin Powell said earlier this week at the U.N. special session on AIDS, and I quote, "From this moment on, our response to AIDS must be no less comprehensive, no less relentless and no less swift than the pandemic itself. I was a soldier. I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front lines."

As the Secretary's speech makes clear, this global crisis is an American priority, one which demands the full use of our nation's economic, political, security and moral resources. As the richest and most powerful nation on the planet, we have an economic and moral obligation to make a substantial contribution to this global effort.

The bilateral program authorized by our legislation will guarantee that the American people are directly engaged in providing education, prevention, treatment and care to those suffering in poor countries.

Our proposed 1-year, multilateral expenditure of \$750 million is a major investment on our part toward a global effort to secure a better future for the millions suffering from this deadly disease. It is a signal to the world and particularly to those suffering from AIDS that the United States is a true partner in the battle against this pandemic.

Mr. Chairman, I again want to thank you for your leadership on this issue. I look forward to our continuing efforts to pass this legislation that will put our great nation in the forefront of the global fight against HIV/AIDS, and I want to thank you for your courtesies.

Mr. HYDE. Thank you, Mr. Lantos, and if you will yield to me for a just a couple of minutes, I want to make a point about the levels of funding to my colleagues.

Conservatives will look at this and say it is much, too much money. Liberals will look at this and say it is woefully inadequate. I want to stress to everybody on this Committee that these numbers have been agonized over, have been worked on, have been scrutinized, have been evaluated. We believe there is a limit to how much money can be absorbed and well managed in this very dif-

ficult global problem. We think we have arrived at a workable figure that is not too low and is not too high.

And I just want to say that there will be people who will quarrel with these figures, but they have been thought out and worked on by both sides on this, and I just wanted you to know these were not picked out of the air. These have been very painfully and I think professionally worked out.

Thank you very much.

Mr. LANTOS. May I take a moment, Mr. Chairman?

Mr. HYDE. Yes. Surely.

Mr. LANTOS. I want to associate myself with the Chairman's remark. We have a commitment on our part, Mr. Chairman, that there will not be amendments with respect to funding levels at the Committee by any of the Democratic Members of the Committee. Democratic Members have reserved the right to offer amendments on the floor, but we have every intention in good faith to support the levels in this amendment and to get out of our Committee on a bipartisan basis a powerful message that we are committed to dealing with this issue.

Thank you, Mr. Chairman.

Mr. HYDE. I thank you very much, Mr. Lantos.

Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman. I strongly support our Committee's intention to authorize reasonable, substantial HIV/AIDS funding for the Agency for International Development in fiscal year 2002, and I commend Chairman Hyde and Congressman Lantos for working out this creative bipartisan, comprehensive strategy on this highly critical global issue. Thanks to this bipartisan proposal and other U.S. Government and private sector efforts, hopefully we will begin to make significant progress in our fight against the HIV/AIDS virus throughout the world.

The HIV/AIDS virus has been one of the great moral tests of our era. Having made progress at home, the question now is whether we can act to effectively help those in more distant lands. This legislation points us in the right direction and I am pleased to urge the support of our Committee for the Chairman's measure, H.R. 2069, the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act of 2001.

And I thank the Chairman for yielding.

Mr. HYDE. Thank you.

The gentlelady from California, Ms. Lee.

Ms. LEE. Thank you, Mr. Chairman. I want to thank you also for demonstrating your leadership on this important issue and for calling for today's markup on H.R. 2069, the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act. I think it is very important that this title remain because this is about prevention, awareness, education and treatment.

I want to especially thank you for negotiating a level of funding that sets us in the right direction on this issue and a special thank you to Ranking Member Mr. Lantos for his leadership, his guidance and his counsel as we moved through the negotiations.

We all realize that this amount—at least I am one of those who truly believes that this amount—does not come close to what is

necessary to address the global AIDS pandemic, but, once again, it is a step in the right direction.

We all know that in order to comprehensively address the global AIDS pandemic, the United States will have to make a major increase in its bilateral assistance and will have to go far beyond the President's current commitment to the multilateral global health fund.

I want to say, Mr. Chairman, that my staff and Congressmen Lantos' and Leach's staffs have really worked very closely with your staff to reach this agreement that we all can support. And I also want to thank the staff for their very tireless efforts.

In light of the call for billions of dollars by world leaders, HIV/AIDS experts and economists and people living with AIDS in developing countries really do believe that we are slowly moving closer to what the United States' contribution should be, and that is billions and billions of dollars each year.

We are the world's richest country and we must do more.

Now, I want to reiterate that, yes, we have come to an agreement on this substitute which calls for \$560 million, a doubling of the United States bilateral HIV and AIDS programs, and also for \$750 for the United States' contribution to a global AIDS fund. It retains the \$50 million for a drug procurement program.

I believe also that the bill contains many provisions necessary for a comprehensive and multi-faceted approach in terms of the policies that are actually incorporated in the bill.

So once again, it is a major step in the right direction, but I do intend to move forward with my efforts to increase these amounts as we move through this legislative process this year. The world community is looking to the United States for guidance on this matter, and the United States' contribution will be the measure against which other countries make their own contributions.

Now, I was a member of the United States delegation to the United Nations General Assembly on HIV and AIDS, the special session that is being held this week. This delegation was led by our Secretary of State, General Colin Powell. I can tell you that the entire world community expects us and needs us to lead the assault against this global disaster.

United Nations Secretary General Kofi Annan has called for the establishment of an international AIDS trust fund and has called for a war chest of \$7 billion to \$10 billion a year as a response to the African AIDS crisis and the global AIDS pandemic.

These funds are desperately needed to curb the devastating impact that AIDS is having in many developing nations throughout the world, particularly those in sub-Saharan Africa. As you know, each day, over 6000 people alone in Africa die from AIDS. In many African nations, people live on less than \$1 a day, yet addressing the AIDS crisis through prevention, education and treatment will cost billions and billions of dollars a year.

Last year, Congressman Leach and I led a bipartisan effort actually to establish an international AIDS trust fund at the World Bank that would provide grants, not loans. I want to make that perfectly clear once again that this was a fund established for grants—we did not want the World Bank involved in any more loan granting for AIDS pandemic efforts in terms of addressing

these efforts, but we did establish the World Bank AIDS trust fund so African nations, civil societies and NGOs could better respond to this pandemic. So I am pleased to see that we are now hearing and learning of considerable movement on this initiative in the international community.

Just for the record, it is my understanding that last week on Friday, representatives from the Administration briefed our Members' staffs about the progress of an international AIDS trust fund which they expect to be established and fully functioning by the end of this year.

So we stressed last year, Congressman Leach and I, that this was not a Republican or a Democratic issue, but was so important that only a bipartisan solution would work. I want to thank Chairman Hyde and our Ranking Member for helping us once again this year to stay out front as a Committee to make sure that we provide a massive response to what is a massive, deadly plague that is devastating the continent of Africa and other developing countries.

I urge my colleagues to express their strong support for the substitute and urge us to move this bill out of Committee. This is a matter of life and death. It is in our national interests to tackle this issue until it is wiped from the face of the earth.

Thank you, Mr. Chairman, and thank you, Mr. Lantos, once again for this.

Mr. HYDE. I thank the gentlelady.

The next to be heard will be the distinguished gentleman from Iowa, Mr. Leach. However, there is a vote that has just been called. It takes some of us longer to get over there than others and out of respect for those who take longer to get over there, we are going to recess and come right back after the vote.

We have many more people to hear from and this bill is very important. We want to mark it up today.

The Committee will stand in recess.

[Recess.]

Mr. HYDE. The Committee will come to order.

The Chair recognizes the gentleman from Iowa, Mr. Leach.

Mr. LEACH. Mr. Chairman, I will be very brief.

In terms of the crisis, I think as Chairman you laid out as thoughtful an overview as I have heard on the subject, and I want to personally thank you very much for your leadership and that of Mr. Lantos and Ms. Lee.

I would just like to make a couple of brief comments on the multilateral dimension of this act, which augments a law that was passed in the prior Congress. I would only say first that the funding levels laid out by the Chairman are quite credible. No one has, however, any idea whatsoever what the absorptive capacity of the international community is on this kind of circumstance.

What we do know it is it is the largest international issue today, nothing compares with this particular circumstance of this disease and its need for control. And so numerically I have always believed in extreme edge of what is happening, but I would say to the Chairman these are very credible numbers.

Having said that, it is astonishing to me how in the last Congress we made a multi-hundred million dollar authorization com-

mitment but an exceptionally modest appropriations commitment, and the challenge here is going to be on the appropriations side.

I also remain mystified that the last Administration gave such a low priority to international multilateral efforts as contrasted with bilateral and to this day have no idea whatsoever why they did not fight for greater appropriations.

But having said that, I would only say as strongly as I can to the Administration and to the appropriators that I know of no issue for which emergency supplementals are more appropriate than the AIDS issue. I would be very hopeful in the wake of this conference in New York that the State Department would give exceptional consideration to a definitive, separate appropriations call that may well follow the constraints of this bill—it may be a slight modification of it.

But I think this is the kind of thing that our appropriators cannot deal with in terms of the constraints in the current appropriations process, that a call by the Administration of a definitive supplemental on this issue alone I think would be well received by the Congress. It is what is called for at this time in terms of inter-government relations as well as inter-institutional relations.

I thank the Chairman for yielding.

Mr. HYDE. I thank the gentleman.

Mr. Brown of Ohio?

Mr. BROWN. I thank the Chairman very much and I particularly want to show my appreciation to Chairman Hyde, to Mr. Lantos, to Ms. Lee, for their efforts and their good faith efforts on AIDS funding and for the international global health fund and what that means.

I echo the comments of Mr. Leach in that while we have authorized more money than last year under President Clinton, the multilateral fund was not really formed to the degree that it is now and with the sort of direction it has now. So while I would liked to have seen this Congress and the President last year do better than they have done, I think this year we are on course to do that.

I particularly appreciate the Chairman's good faith effort in upping the rather paltry sum that President Bush with bells and whistles bragged about a week or so ago.

I empathize with the Chairman, unfortunately, though, with the predicament we are in. We have authorized a significant amount of money. Ms. Lee and, I think, most of the Members, if not all the Members on this side of the aisle and many of the Republicans, too, would like to do significantly more because clearly this nation has not done enough, even if we are able to follow through with this authorization and the appropriation.

I empathize with the predicament that the Chairman and all of us find ourselves in. When it comes to the appropriation, as Mr. Leach warned, we are working within a construct that this Congress put itself in with giving tax cuts to the richest people in the country, so that we cannot do things for the poorest people in the world.

We also cannot do prescription drugs, we also cannot do the kind of educational programs, we also cannot do a lot of other things we should be doing, but we sort of pat ourselves on the back about all that we are going to do. This Committee is better about that than

others in this Congress, but when it comes to appropriation time, we know we will not do as well as we should.

We almost dislocate our shoulders by patting ourselves on the back for all the great work we are doing, but this Congress because of this tax cut and the budget situation we find ourselves in, we know we will not do as well in the appropriation as this Committee would like, as Mr. Hyde would like, and surely as what we should do as a wealthy country in dealing with the problems of AIDS. And, I might add, with the problems of tuberculosis.

Almost half the people in sub-Saharan Africa who die of AIDS actually die of tuberculosis. A third of the people on earth, 2 billion people, carry the TB bacteria in their bodies. Most will not get the active disease, but many, many will. Eleven hundred people a day in India die from tuberculosis.

We are not paying much attention. Ms. Lee and her efforts and the efforts of the United Nations and the World Health Organization and others at the international and global health fund are a major step, but understand with the tax cut that this Congress passed, we are not able to do what we ought to do. That is something that people need to remember as we reexamine down the road that direction we are going as a country.

I applaud the Chairman for his efforts. I wish we could do more. I hope that all of us that vote for this in Committee today will follow up with the appropriators in the same enthusiastic way in which they cast the votes.

Thank you, Mr. Chairman.

Mr. HYDE. Mr. Bereuter?

Mr. BEREUTER. Thank you very much, Mr. Chairman. I want to commend you and Mr. Lantos and Mr. Leach and Mrs. Lee for your efforts in crafting this legislation, and I think there will be few Members in the Congress who would be in disagreement with the objectives that you have in crafting and moving forward with this legislation.

Unfortunately, there are many people in this country and across the world who did not understand the development of this pandemic and who are in a state of denial about the causes of it. To some extent, that still is the case, so it seems to me we are getting a very late start, but I applaud the President's initiative, Secretary General Kofi Annan's initiative and others who are attempting to lead an effort.

I hope that by the authorization and subsequent appropriations that we send a message to the nations of the European Union, to other wealthy countries in Europe, to those in Asia and to the Middle East that the need to step forward and generously support an AIDS fund that is recommended by the Secretary General.

I have only one very specific concern and that is addressed indirectly by section 7, which is the authorization of appropriations for multilateral efforts to prevent, treat and monitor HIV.

The Leach-Lee Act enacted last year, P.L. 106-264, I think gave a very important direction to our Administration to seek to have the administration or distribution of the grant fund through the International AIDS fund of the World Bank. They have the mechanisms for that grant distribution and for monitoring and for review of how the money is spent.

There is little confidence, I would suggest, in this body and in the American public for a direct distribution effort of funds by the United Nations; and the creation of a separate entity, which was also discussed internationally, for the implementation of this anti-AIDS effort would be, I think, very time consuming, very expensive. The most important priority we have is to get this money to where it needs to be, hopefully by the end of this calendar year. Otherwise, we could be talking about a delay of several years, and the effectiveness of the money spent would be less than desirable, for sure.

What the Lee-Leach Act called for is that the U.S. negotiators would push for a fund that would be housed in the World Bank in terms of responsibility for distribution and management and oversight, but they also called for a separate board of trustees, so there would be a board independent of the World Bank to run the fund. I think they hit on exactly the right formula in that legislation.

So I would urge our Administration to keep up its effort to make sure that in fact the World Bank is the distribution entity for the HIV/AIDS trust fund. Whether this decision is to be made in New York or in Genoa, I think that must be the effort if you expect to have strong support from the donor community and from the United States, and specifically from the Congress.

I had hoped to work out an arrangement for an amendment so that the Financial Services Committee could avoid a sequential referral and so that I would not have to mark up separate legislation which I have introduced in the Subcommittee that I chair on Financial Services. We have substantial overlap in membership, senior and not-so-senior Members on both sides of the aisle. I hope we do not fall into a jurisdictional fight between the two Committees. It seems to me it would be unnecessary.

I visited very briefly with the Chairman and the Ranking Minority Member just a few minutes ago hoping that we might find some agreement for an amendment that could be supported in the Rules Committee, and I am happy to work with you, Mr. Chairman and Mr. Lantos, and the staff to see if that is possible. I am not anxious, when we come back, to mark up one more bill on the Subcommittee and the full Financial Services Committee. I would like to go forward as a united front with one we can all support.

I think how we implement this fund is really crucial.

Thank you very much, Mr. Chairman. I would be happy to have any comments you might want to make in response or just simply let it close at this point.

Mr. HYDE. I just want to say we will work with you, Mr. Bereuter, including appearing before the Rules Committee, supporting an amendment that you might want to offer and asking that it be made in order. So we will work with you.

Mr. BEREUTER. Thank you, Mr. Chairman. It would be very consistent with the original Leach-Lee Act. That is what I would intend.

Mr. HYDE. Very well.

Mr. MEEKS of New York?

Mr. MEEKS. Thank you, Mr. Chairman.

I want to thank you and Ranking Member Lantos for working very diligently and hard on this bill and coming up with some

agreement and making a step, I believe, clearly in the right direction. I particularly want to thank my friend and colleague, Barbara Lee, who since coming to Congress has been unrelenting on her fight against the HIV/AIDS pandemic, particularly in sub-Saharan Africa and throughout the world. She has come and brought her talent and her insight, and I just want to join her and thank her for her strong commitment.

As we sit here, the camera of history is really recording what is going on and looking at the United States and us in our role as the richest and most powerful nation probably in the history of the earth. We are probably also living in the moral issue of our time, so the question is what will happen, what will the camera of history record 50, 100 years from now? How will they look at what we are doing with reference to this pandemic that is sweeping particularly some of the poorer countries of the world?

We have talked about it, I know I have read in history about the Black Plague and how bad that was. This pandemic is worse than the Black Plague ever was. So the action that we are taking today in this Committee is clearly a step in the right direction; but I agree with my colleague Barbara Lee in that it is a step, and we have to make sure that we make contributions in far greater numbers if we are going to be serious about stomping out the pandemic that is now sweeping many of the underdeveloped countries of this world.

So, again, Mr. Chairman and Mr. Lantos, thank you for at least taking us much further down the road so that the cameras of history will record us in a favorable light. I look forward to working with you and others and my colleague Barbara Lee in the future as we add additional dollars to make sure that we are really serious and we are putting our money where our mouths are.

I yield back.

Mr. HYDE. I thank the gentleman.

Mr. Tancredo of Colorado.

Mr. TANCREDO. Thank you, Mr. Chairman.

I certainly also applaud your efforts in this regard, but I must remind all of us of the hearing that we held last year on AIDS in Africa, sub-Saharan Africa in particular. We spent almost a whole day, we had a wide range of witnesses, all of them testifying to the level of the problem and how it was, of course, getting worse.

One of the most difficult things I think we had to deal with at the time was the realization that our efforts in terms of "education" as a preventative measure were completely fruitless; that in fact the groups in which the AIDS epidemic is growing more dramatically and more quickly than any other in the area were among teachers and nurses. Astoundingly, it almost defies logic, but that is what they testified to.

When we asked how this could be, how in the world could this be the two professions in which this disease was growing so rapidly, the answer was because most of the people who occupied the positions, most of them women, were highly desirable. There was a cultural issue with which we really were not able to deal. It was apparent, absolutely clear, that simply educating people about the way in which you get this disease did not in fact change behaviors.

Now, I wish that there was something in this bill—when we talk about authorizing AID to carry out education, awareness and prevention programs, I wish we could be a little bit more definitive about what we mean about education programs, specifically, programs that work, if they are out there.

I will be the first one to tell you, I do not know what they are, because I would have relied upon the conventional wisdom that simply bringing education to people about how HIV/AIDS is contracted, would be something to prevent the spread of the disease. I believed that that was the course we should take and I, of course, would have been very enthusiastic about providing support to increase that activity, the activity of education.

If that is not the case, then simply adding the word education to this bill—I know it makes us feel good, it is certainly one of those salving things—we can then argue about what is the right level. We can attack the Administration and all that, which is always enjoyable and fun, but the reality is we will pass this bill, no doubt, and Ms. Lee will still have to be as diligent as she has been in the past in fighting the spread of this disease because it will not prevent the spread of the disease. That is what they told us in the Committee hearing that we had here, and that is the testimony that was provided.

Now, we can simply ignore it, which we have done, because we have no other idea what to do and I cannot tell you that I have a solution here. I can just tell you that we are providing false hope to think that all the efforts in “education” will have some positive effect on the rising rates. That was not the testimony we had in front of our Committee at the time, and until we find out exactly what we can do to prevent that, I am loathe to support increased funding.

Thank you, Mr. Chairman.

Mr. HYDE. Ms. Napolitano of California?

Ms. NAPOLITANO. Thank you, Mr. Chairman. I respectfully disagree with my colleague because education is one of the strongest ways of being able to deal with issues such as this, at least part of the solution.

I do share the same sentiments as my other colleagues and Members of this Committee; and those same sentiments are shared by millions of Americans, many in my area. We cannot continue to turn our backs on the poor and the helpless people around the world whose dreams of a productive life have been shattered by the HIV/AIDS pandemic. We also can no longer turn our backs on the millions of children that are left homeless because of this HIV/AIDS pandemic.

We are the richest country in the world and we have a moral obligation. We must continue to take the leadership role in this battle against this indiscriminate killer that has turned out to be scourge of the world. We are taking action today which has been long overdue, and it does also signal to the rest of the world that we take our moral and financial obligations seriously.

I do commend my colleagues for their fine leadership of this Committee: Chairman Hyde, our Ranking Member, Tom Lantos, and Barbara Lee, a colleague of mine from California, for taking

the leadership in this important issue. Hopefully we will be able to make a dent and continue to address this issue.

I yield back the balance of my time.

Thank you.

Mr. HYDE. I thank the gentlelady.

Mr. Smith of Michigan?

Mr. SMITH. Thank you, Mr. Chairman.

Earlier, there was a comment that if we had not had a tax reduction we could have more money to do good things. I would just respectfully suggest that historically in the United States we have not exceeded 18 percent of total earnings as a budget for the Federal Government, so it would seem to me that there is some reasonable level that we tax people.

Right now, the average taxpayer in Michigan is paying 41 cents out of every dollar they earn in taxes at the local, state and national level. So it should be a question of not just simply continuing to increase taxes because we can find a use for the money, it should be a prioritization of those funds that represents a reasonable level of taxation. Personally, I think 18 percent of GDP for the Federal level is reasonable.

In this particular case, I also have a concern that the money be effectively spent. I happen to chair the Research Subcommittee of the Science Committee, and to the extent that this expanded fund takes away from research and the National Science Foundation, research in NIH that might develop the kind of vaccines and medications that help cure HIV/AIDS or malaria or tuberculosis, then it becomes a balance that this Committee needs to also consider.

I thank you, Mr. Chairman and Mr. Lantos, for allowing a slight change at least in the sense of Congress that we do not diminish our efforts in malaria and tuberculosis, which are greater killers in the world, even though those with HIV/AIDS succumb to these diseases also. But we now have language on page 11, line 12, that says we need to include our efforts in tuberculosis, malaria and other infectious diseases along with our total efforts in HIV/AIDS.

And so I echo the concern of Mr. Bereuter that we also look at the effect of spending and how this is going to be handled. I have reservations whether we should be setting up a new bureaucracy in the United Nations to do this; and I hope we can do it through the World Bank, as it has already established some credibility in effectively handling this kind of fund.

I yield back.

Mr. HYDE. I thank the gentleman.

Mr. Schiff of California?

Mr. SCHIFF. Thank you, Mr. Chairman.

I would like to begin also by acknowledging the work that you have done, Mr. Chairman, along with Ranking Member Lantos and Barbara Lee's continuing strong leadership in this area.

Ten years ago when scientists predicted the possible growth of the epidemic of AIDS, few believed them. None wanted to believe them and few would believe them. Even now, the numbers are so staggering that it is difficult to gather our thoughts and our minds and our recognition of the size of this tragedy.

Attacking this problem is a moral imperative. The loss of life, the orphaning of countless, countless children around the world, makes

this a moral imperative for this country. We are citizens of the world.

It would be a moral imperative even if the United States were not impacted, but, of course, we are. We are impacted here at home with infection rates that are intolerably high. We are affected with loss of life here at home, with tragedy here at home. And we are also impacted by its impact on nations around the world, the problem of the growth of AIDS in Russia and the destabilization in that country, the crumbling of economies because of the health care costs associated, all of this has a very direct impact here at home as well.

In light of this moral imperative, in light of this very direct tragic impact on all of us, no effort is too great. To those who prophesy 10 years from now the growth of this pandemic, I say only our tireless efforts now can prevent that reality from taking place.

Again, Mr. Chairman, I want to thank you and the other Committee Members. I will also be joining Barbara Lee and others in continuing to make sure that this is the first step, that we push harder and harder, more and more, to deal with this almost incomprehensible tragedy.

Thank you, Mr. Chairman.

Mr. HYDE. Thank you.

The gentleman from Arizona, Mr. Flake.

Mr. FLAKE. Thank you, Mr. Chairman.

I want to also thank the Chairman and Ranking Member for their work on this bill. I have spent 3 years of my life in southern Africa, and it just breaks my heart to see what is happening there with this epidemic.

I am supportive of AIDS funding for Africa. I believe, as my colleague from California mentioned, it is a moral imperative, but we also have a moral imperative as Members of Congress to stay within the budget guidelines that we have set. It worries me that this is \$200 million over the President's request and that there are no offsets spelled out as yet. So I wish that I could support it, but I cannot on that basis.

Thank you.

Mr. HYDE. Ms. Watson of California?

Ms. WATSON. Mr. Chairman and the Ranking Member, and Congresswoman Barbara Lee, I, too, want to thank you on this piece of legislation. Just a question which alludes to Mr. Bereuter's statement.

The bill says a 1-year authorization. I am looking at page 11, lines 6 to 8, for fiscal years 2002, 2003. Since there is a mechanism required in the bill to set up the apparatus, can we roll the money over into a subsequent fiscal year if we cannot distribute the money in a timely fashion within that year? Is there language that would allow the distribution at which time these mechanisms are set up, if the time exceeds the fiscal year 2003?

Is there someone that can respond?

Mr. HYDE. I am informed by staff that you are looking at the original unamended version, and that this is a 1-year authorization and we will not have to roll it over.

Ms. WATSON. If the money cannot be distributed within that given time, within that year's time, can it still be used?

Mr. HYDE. It is available until expended.

Ms. WATSON. Thank you very much.

Mr. HYDE. Very well.

Mr. Rhorabacher?

Mr. RHORABACHER. Thank you very much.

I am inclined to help people who are going through a major crisis in Africa or anywhere else. If there are volcanos going off or things like that, if people are dying by the tens of thousands, and in this case the millions, then I do think we have an obligation, a moral obligation to try to help people out.

However, and I hate to say this, but it seems to me after looking at what we are talking about, we are trying to provide money to help people die with dignity. I hope that what we are trying to do with this money is more than that, but it may not be.

But even that, by the way, might be a laudatory goal, if people are going to have to go through pain and agony and torture for a year of their life before they pass away, to help them. I would hope that for this bill—because even right now, we know there is no cure for AIDS right now.

With that said, let me say one more thing. I am concerned that quite often we have a habit in this Congress of posturing ourselves with legislation that will prove that we care about people.

I think the budget process, although it is often not explained in this way, proves whether or not we really care about people. The budget process tells people that we have a high priority over the things that we are talking about. If we do have a high priority of helping those people in Africa who are infected with AIDS, to try to give them some relief, to try to find a cure, to try to help them get through this crisis, then we will find offsets for this money in the budget.

I agree with my friend Mr. Flake, who is trying to be responsible. Unless there is something that says this money is coming from somewhere else, all of the rhetoric about caring so much about people is nothing more than rhetoric. We have to put both our money where our mouth is and where our hearts are, and we know in the foreign aid budget that a huge chunk of the foreign aid budget goes to two countries: Egypt and Israel.

Now, are we going to take some money out of that account, or take some money from another account where we do not believe the money is being as well spent or would have as good a humanitarian impact and allocate it for this \$500 million?

I would be very interested in supporting that, but it seems to me that until we actually are responsibly approaching the problem by actually finding out where the money is coming from that all the talk about caring is irrelevant.

So I would just challenge my colleagues, let us find out where the money is coming from, let us put the money in there from a real source, let us set our priorities and say our priorities are helping people of Africa through this terrible crisis they are in, and if we do that, then you will have my support.

If it is just that we are going to supposedly get money out of nowhere and not going to be taking into consideration the budget restraints that we are under, well, then that is not responsible.

Thank you very much, Mr. Chairman.

Mr. HYDE. I thank the gentleman and very briefly would suggest that when the gentleman talks about Africa he forgets the Caribbean: Haiti, where 13 percent of the adults are infected, growing by 2 percent annually; Jamaica, 7 percent; the HIV rate in South America, 10 percent in Brazil. This is a worldwide threat and it can be and will be a matter of national security.

So I think the Appropriations Committee has the responsibility of finding the money for this. The budget is a matter of priorities, what is first, what is second and what is third. Somewhere in that list of priorities, the latter-day Bubonic Plague which is sweeping Asia, India, Africa and the world, has to be addressed and I do not want to look the other way when we have an opportunity to do something.

Mr. Payne of New Jersey?

Mr. PAYNE. Thank you very much, Mr. Chairman.

I certainly applaud you for the statement that you just made and I could not agree with you more. I would like to commend you and Mr. Lantos, and of course Mr. Leach and Ms. Lee, for relentlessly pushing this issue.

I think there are several things that have been mentioned. One, my good friend from Colorado talked about education and that education is perhaps not necessarily working.

Senegal, because of a strong education program, has less than a 2 percent rate of infection because they dealt with education. And education is more than saying this is a sexually transmitted disease. Education says that that is the way it is spread, but then the education processes go into different ways in which you go toward preventing the disease. You talk to people in local communities and they talk about customs or habits or behaviors, and education goes to changing these ways.

That happened in Uganda, where there has been a leveling off and actually a decrease. I sat with President Museveni for several years in a row urging him to change the policy of the country that would not allow condoms to be mentioned publicly or for it to be published anywhere. After strong opposition, he eventually told me that he was changing the policy and that they were going to allow condoms to be introduced and other educational programs and the behavior changes through education.

So education is not just to say AIDS is sexually transmitted, and you leave. It goes beyond that. And so I think there is a misnomer of what the education process is that Mr. Tancredo mentioned.

Also, I hate to see the money taken from research because I do think that we need to have funds to come up with a prevention—a vaccine. I think the tragedy is that we have to say it has to be taken away from research. We should have the money for research and for this project, too. I think the whole budget process is flawed.

It makes no sense that we are giving \$2 trillion back, when my friend has this moral indignation that we have this responsibility to the people of America and therefore we cannot afford this money because we are elected to keep the integrity of the budget process. It is absolutely ludicrous, insane and immoral that people are talking about the integrity of the budget process. What caused a \$319 billion military budget to be increased last week by \$8.9 billion, making it \$330 billion, which will be \$400 billion in the next 2 or

3 years? Because that is the effect of China bringing a plane down? So what is the moral high ground for that?

We will spend more money on defense next year than the 189 members of the United Nations will spend in the next decade. And we are talking about not having the money to spend to save lives in a pandemic that is going to take the whole world over?

It is flawed. It is immoral and it makes no sense for people even to take this high ground that we do not have the money.

I yield back the balance of my time.

Mr. HYDE. The gentleman from New Jersey, Mr. Mendendez, who will be the final speaker, and we will then try to move the bill. So, please, do not anybody leave the room. Lock the doors.

Mr. Menendez.

Mr. MENENDEZ. Thank you, Mr. Chairman, and I will try to expedite it so that we do not lose anyone.

Let me applaud your efforts along with the Ranking Democrat and Ms. Lee for moving the bill at this stage and bringing to it the type of emphasis I think we need to send as a message worldwide, that we collectively believe in the necessity of addressing in a very serious and significant way the AIDS crisis.

While we have certainly focused on the pandemic that has impacted the sub-Saharan region of Africa disproportionately, HIV infection rates are rapidly rising in India and other south Asian countries, in Brazil, in the Caribbean, in Russia. So they pose a serious threat, a very serious threat, to the security and stability in those countries and therefore should be of great concern to us.

This is not, in my mind, as some have suggested, simply an humanitarian gesture. This is an act in the national interests of the United States. And while we have spoken here in the context of Africa, the reality is that AIDS knows no borders, discriminates against no one. It ravages men and women, mothers and fathers, sons and daughters, children who did nothing to contract the virus.

To believe that education does not and will not work is to deny in the first place that it has worked here at home, and there is no reason to believe that it cannot work abroad. It is to deny the reality that in fact U.S. volunteers with skills in health care and HIV/AIDS counselling and prevention programs have proven effective in combating the pandemic and can be a resource in assisting sub-Saharan Africa tribal leaders as well as other leaders of traditional political, business and youth organizations in their efforts to prevent the spread of AIDS through awareness and educational programs.

It also would deny the view that if education and prevention is not worthy of funding, that ultimately we would be destined simply to provide resources for treatment and never to try to stem the tide, which would be clearly the wrong message to send and clearly the wrong path to take as public policy.

So this is a multilateral attack. It is an attack, yes, directly in providing research and development. It is providing resources for treatment, but it must also be about education and prevention so that we do not destine people toward a greater possibility of contracting the virus.

So I think that those statements are wrong, and sometimes our problem is that we seek instant gratification in our public policy.

We want to see something instantaneously turn the tide and if it does not, we do not stick with it very long.

Well, in the fast paced society in which we live, there are certain things in public policy for which instant gratification just simply cannot be expected. You have to wait a bit to see the results of those efforts.

So let me finally close by simply saying I appreciate the efforts being made here today. I do and will support the gentlelady from California in her efforts to increase the amount. I know that there is discussion as to whether it can be effectively used. I believe it can be effectively used.

I believe it is an amount that is in the national interests of the United States and that ultimately would reap enormous dividends, not only in human lives, but also in terms of the challenges the United States will face at its borders in the future.

So having said that, Mr. Chairman, I will be supporting the legislation, but look forward to supporting the gentlelady on the floor.

I yield back the balance of my time.

Mr. HYDE. The Chair recognizes the gentleman from New Jersey, Mr. Smith, for purposes of an amendment.

Mr. SMITH. Mr. Chairman, I do have an amendment at the desk.

Mr. HYDE. The clerk will report the amendment.

Ms. BLOOMER. Amendment offered by Mr. Smith. Page 5 after line 9, insert the following and redesignate subsequent paragraphs . . .

Mr. HYDE. Without objection, further reading of the amendment is dispensed with.

The gentleman is recognized for 5 minutes in support of his amendment.

Mr. SMITH. Thank you very much, Mr. Chairman. I will be brief and would ask that my full statement be made part of the record.

The amendment I am offering will enhance what is already an excellent piece of legislation, and I want to thank you as our distinguished Chairman, Mr. Hyde, for your extraordinary leadership and vision in authorizing this important piece of legislation. I want to thank Mr. Lantos and all of those on both sides of the aisle who will be supporting this bill.

The amendment that I am offering today would expand the definition of treatment services in the bill to include an extremely important component of care that is often overlooked or simply non-existent because of scarcity of resources, and that is hospice and palliative care.

As we all know, the situation in many developing nations, particularly in sub-Saharan Africa, is so desperate that for most HIV/AIDS patients therapeutic treatment is simply not an option. Millions either do not have the funds to pay for treatment or they have been denied treatment because of the non-availability of medicine, and perhaps denial plays a part in precluding them from these very important medicines.

These individuals usually die a slow, painful death. Many die alone, as the stigma and fear associated with dying of AIDS means that there are few persons who are available to wash, to provide them a drink of water, to turn them in bed and perhaps counsel them about their fears or concerns.

Those who helped dying AIDS patients are usually untrained and they are ill equipped. For a majority of HIV/AIDS patients in Africa, institutional care facilities are often taxed to overflowing, so these individuals are sent home.

My amendment seeks to expand a network of hospice and palliative care networks to help fill this enormous void. Currently, there are some networks in existence, some in South Africa, for example. I recently met with Bishop Kevin Dowling from the Diocese of Luxembourg as well as Sister Alison Monroe, the Director of the National AIDS Office of the South African Catholic Bishops Conference, and they told me and my staff some horror stories, but also some very hopeful stories about people who have been helped with a broad array of services, and also with the hospice care that they had provided.

This amendment helps, I think, to further that important part of care, and I do hope that the Members will support it.

[The prepared statement of Mr. Smith follows:]

PREPARED STATEMENT OF THE HONORABLE CHRISTOPHER H. SMITH, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

The amendment I am offering will enhance what is already an excellent piece of legislation. The Smith amendment will expand the definition of treatment services in the bill to include an extremely important component of care that is often overlooked—hospice and palliative care.

The situation in many developing nations—particularly in Africa—is so desperate that for most HIV/AIDS patients, therapeutic treatment is simply not an option. They either do not have the funds to pay for treatment, or they avoided treatment because they have lived in denial of their condition until their symptoms have left them debilitated. These individuals often die slow, painful, deaths. Many die alone, as the stigma and fear associated with a dying HIV/AIDS patient means there are few persons there to help them wash, drink a glass of water, turn them in bed, and counsel them about their fears and concerns. Those who want to help dying HIV/AIDS patients are usually untrained and ill equipped.

For the majority of HIV/AIDS patients in Africa, institutional health care facilities are packed to overflowing. So they are sent home. My amendment seeks to expand a network of existing hospice and palliative care networks to help fill this enormous void. There are many such networks in place in many African nations—particularly in South Africa. What these palliative care networks need is funding and support. They already have the manpower and the dedicated volunteers willing to do the work.

For example, the Good Shepherd Hospice in Middleburg, South Africa, helps train the home-based volunteers who do the bulk of the palliative care provided for most HIV/AIDS patients. There are four facilities where patients can receive treatment. But the impact of the Good Shepherd Hospice goes far beyond these four facilities. The key to their successful program is their training of volunteers, who fan out into the surrounding areas and provide care directly into the homes of suffering HIV/AIDS victims. The kind of palliative care we are talking about is very, very basic—but critical nonetheless to making sure that terminally ill patients are allowed to face the end with a measure of dignity and humanity. Thus, the volunteers will help patients with various household chores that the patients are too sick to take care of anymore, bathing the patient, cooking for them, cleaning their houses so that the risk of opportunistic infections are reduced, and providing needed companionship and counsel for patients facing a lot of fear and anxiety.

The Smith amendment would allow for additional resources to expand efforts like those in South Africa. There are literally hundreds, if not thousands, of similar institutions and programs across the African continent. I have had the honor of meeting with Bishop Kevin Dowling, of the Diocese of Rustenberg, as well as Sister Allison Munro, Director of the National AIDS Office of the South African Catholic Bishops Conference. Both told me horror stories about the crying need for all kinds of care—including palliative and hospice care.

Bishop Dowling and the Catholic Relief Services desperately need additional resources and support for their vital work and compassion. The Smith amendment helps provide a mechanism by which these organizations and individuals can lever-

age their resources—both human and financial—to the maximum extent. The hub and spoke approach often used by hospice and palliative care networks in Africa means that each dollar goes far. Unlike many well-intentioned medicine programs, where the drugs sit in warehouses and do not get to the people who need them, hospice and palliative care programs are grass-roots oriented. The networks are already there. We do not need to create them.

I urge you to support the Smith amendment.

Mr. HYDE. The gentleman from California, Mr. Lantos?

Mr. LANTOS. Thank you, Mr. Chairman.

Before commenting on my colleague's amendment, may I ask unanimous consent that a statement by Mr. Crowley be inserted in the record?

Mr. HYDE. Without objection, so ordered.

[The prepared statement of Mr. Crowley follows:]

PREPARED STATEMENT OF THE HONORABLE JOSEPH CROWLEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

- Mr. Chairman, I am pleased to support the Hyde-Lantos-Lee compromise amendment.
- It is hard to ignore the pressing issue of the global HIV/AIDS pandemic and it is hard to deny that the resources required to address this catastrophic health crisis are sizable. The compromise amendment is a good beginning.
- HIV/AIDS does not discriminate. It affects young and old, women and men, mothers and fathers, rich and the poor.
- Five young adults between the ages of 15–29 contract HIV/AIDS every minute. It is projected that more than half of today's teenagers in the developing world will become infected and die of AIDS. In Africa, 6 out of 7 children who are HIV positive are girls.
- In fact, women and children of all ages are bearing the brunt of the pandemic. Women often cannot protect themselves because of cultural stigmas and stereotypes.
- Moreover, women also become the primary caretakers of family members infected with HIV/AIDS, which not only strains them physically, but also places them more at risk of being infected.
- Over 13 million children across the globe have lost one or both of their parents to AIDS. By 2010, it is estimated that approximately 40 million children worldwide will have experienced the death of one or both of their parents.
- AIDS orphans contribute to economic decay, social fragmentation, and political destabilization.
- Children without care or hope are often targets for prostitution, crime, drug abuse, or child soldiery. Therefore, the HIV/AIDS pandemic is related to economic, developmental, and social problems.
- This compromise measure is a good first step toward addressing the global HIV/AIDS pandemic.
- I applaud the efforts of my colleagues to reach a compromise that nearly doubles our support for USAID's AIDS programs and provides a significant authorization for the global health and HIV/AIDS fund.
- In addition, I am pleased that we are moving forward in our ability to provide care and treatment to the millions of people suffering from HIV/AIDS with a \$50 million authorization for AID to work with countries to purchase and distribute medicines.
- But, we must also continue to provide increases to the other global health programs if we hope to make a difference in the lives of those living in the developing world. For example, 10 million children die every year before their fifth birthday of preventable infectious diseases, such as pneumonia.
- In addition, millions of women will give birth in the developing world and maternal health programs are a great entry into their health care world.
- With 62 of my colleagues, I have introduced H.R. 1269, the Global Health Act, which seeks to increase funding for all of these programs.

- Many of my colleagues on this committee are co-sponsors of the bill, and I look forward to working with this committee to put needed attention on the other health problems as well.
- I think it is especially fitting that we are approving this bill on the last day of the UN Special Session on AIDS that is taking place in New York.

As the world's leader on global health spending, we are further strengthening our commitment to these programs today in a bipartisan

Mr. LANTOS. Mr. Chairman, I want to commend my good friend and colleague from New Jersey, and I strongly support his amendment. Hospice is one of the most underrated and most significant institutions in all societies.

We have to recognize, Mr. Chairman, that as we try to prevent HIV/AIDS and search for treatment and cures, millions of individuals will die. Those individuals deserve to leave this life with dignity. The family members who are in charge of their care need support during the final months or days or hours of life.

HIV/AIDS is affecting millions of people who are living in countries and cultures where western hospital-based death is neither affordable nor feasible nor desirable. People die with their family present and they are buried among their ancestors. This is an important and singularly sensitive amendment to the substitute bill, and I encourage all of my colleagues to support this without reservations.

Mr. HYDE. I thank the gentleman.

I commend the gentleman from New Jersey for offering his compassionate amendment and encourage its adoption.

If there is no further discussion, the question occurs upon the amendment offered by the gentleman from New Jersey.

All in favor, say aye.

[Chorus of ayes.]

Mr. HYDE. Opposed, nay.

[No response.]

Mr. HYDE. The ayes have it and the amendment is agreed to.

Are there any further amendments?

[No response.]

Mr. HYDE. If not, the question occurs on the amendment in the nature of the substitute as amended.

All in favor, say aye.

[Chorus of ayes.]

Mr. HYDE. Opposed, nay.

[No response.]

Mr. LANTOS. Mr. Chairman?

Mr. HYDE. Yes?

Mr. LANTOS. Mr. Chairman, I request a recorded vote.

Mr. HYDE. The question occurs on the amendment in the nature of the substitute as amended.

All in favor, say aye.

[Chorus of ayes.]

Mr. HYDE. Opposed, nay.

[No response.]

Mr. HYDE. The ayes have it. The amendment is agreed to.

The question occurs on the motion to report the bill, H.R. 2069, favorably as amended.

The gentleman from California has requested a rollcall.

The clerk will call the roll.
Ms. BLOOMER. Mr. Gilman?
Mr. GILMAN. Aye.
Ms. BLOOMER. Mr. Gilman votes yes. Mr. Leach?
Mr. LEACH. Yes.
Ms. BLOOMER. Mr. Leach votes yes. Mr. Bereuter?
Mr. BEREUTER. Aye.
Ms. BLOOMER. Mr. Bereuter votes yes. Mr. Smith?
Mr. SMITH. Aye.
Ms. BLOOMER. Mr. Smith votes yes. Mr. Burton?
[No response.]
Ms. BLOOMER. Mr. Gallegly?
Mr. GALLEGLY. Yes.
Ms. BLOOMER. Mr. Gallegly votes yes. Ms. Ros-Lehtinen?
[No response.]
Ms. BLOOMER. Mr. Ballenger?
Mr. BALLENGER. No.
Ms. BLOOMER. Mr. Ballenger votes no. Mr. Rohrabacher?
Mr. ROHRABACHER. I abstain for now.
Ms. BLOOMER. Mr. Royce?
Mr. ROYCE. Aye.
Ms. BLOOMER. Mr. Royce votes yes. Mr. King?
[No response.]
Ms. BLOOMER. Mr. Chabot?
[No response.]
Ms. BLOOMER. Mr. Houghton?
Mr. HOUGHTON. Yes.
Ms. BLOOMER. Mr. Houghton votes yes. Mr. McHugh?
[No response.]
Ms. BLOOMER. Mr. Burr?
Mr. BURR. Aye.
Ms. BLOOMER. Mr. Burr votes yes. Mr. Cooksey?
[No response.]
Ms. BLOOMER. Mr. Tancredo?
[No response.]
Ms. BLOOMER. Mr. Paul?
Mr. PAUL. No.
Ms. BLOOMER. Mr. Paul votes no. Mr. Smith?
Mr. SMITH. Yes.
Ms. BLOOMER. Mr. Smith votes yes. Mr. Pitts?
[No response.]
Ms. BLOOMER. Mr. Issa?
Mr. ISSA. Aye.
Ms. BLOOMER. Mr. Issa votes yes. Mr. Cantor?
Mr. CANTOR. Yes.
Ms. BLOOMER. Mr. Cantor votes yes. Mr. Flake?
Mr. FLAKE. No.
Ms. BLOOMER. Mr. Flake votes no. Mr. Kerns?
Mr. KERNS. No.
Ms. BLOOMER. Mr. Kerns votes no. Ms. Davis?
Ms. DAVIS. Aye.
Ms. BLOOMER. Ms. Davis votes yes. Mr. Lantos?
Mr. LANTOS. Aye.
Ms. BLOOMER. Mr. Lantos votes yes. Mr. Berman?

[No response.]
 Ms. BLOOMER. Mr. Ackerman?
 Mr. ACKERMAN. Yes.
 Ms. BLOOMER. Mr. Ackerman votes yes. Mr. Faleomavaega?
 [No response.]
 Ms. BLOOMER. Mr. Payne?
 Mr. PAYNE. Aye.
 Ms. BLOOMER. Mr. Payne votes yes. Mr. Menendez?
 Mr. MENENDEZ. Aye.
 Ms. BLOOMER. Mr. Menendez votes yes. Mr. Brown?
 Mr. BROWN. Aye.
 Ms. BLOOMER. Mr. Brown votes yes. Ms. McKinney?
 [No response.]
 Ms. BLOOMER. Mr. Hilliard?
 Mr. HILLIARD. Aye.
 Ms. BLOOMER. Mr. Hilliard votes yes. Mr. Sherman?
 Mr. SHERMAN. Yes.
 Ms. BLOOMER. Mr. Sherman votes yes. Mr. Wexler?
 Mr. WEXLER. Yes.
 Ms. BLOOMER. Mr. Wexler votes yes. Mr. Davis?
 [No response.]
 Ms. BLOOMER. Mr. Engel?
 Mr. ENGEL. Aye.
 Ms. BLOOMER. Mr. Engel votes yes. Mr. Delahunt?
 Mr. DELAHUNT. Yes.
 Ms. BLOOMER. Mr. Delahunt votes yes. Mr. Meeks?
 Mr. MEEKS. Yes.
 Ms. BLOOMER. Mr. Meeks votes yes. Ms. Lee?
 Ms. LEE. Aye.
 Ms. BLOOMER. Ms. Lee votes yes. Mr. Crowley?
 Mr. CROWLEY. Yes.
 Ms. BLOOMER. Mr. Crowley votes yes. Mr. Hoeffel?
 [No response.]
 Ms. BLOOMER. Mr. Blumenauer?
 [No response.]
 Ms. BLOOMER. Ms. Berkley?
 Ms. BERKLEY. Yes.
 Ms. BLOOMER. Ms. Berkley votes yes. Ms. Napolitano?
 Ms. NAPOLITANO. Yes.
 Ms. BLOOMER. Ms. Napolitano votes yes. Mr. Schiff?
 Mr. SCHIFF. Aye.
 Ms. BLOOMER. Mr. Schiff votes yes. Ms. Watson?
 Ms. WATSON. Aye.
 Ms. BLOOMER. Ms. Watson votes yes. Mr. Hyde?
 Mr. HYDE. Aye.
 Ms. BLOOMER. Mr. Hyde votes yes.
 Mr. HYDE. Mr. McHugh?
 Mr. MCHUGH. Aye.
 Ms. BLOOMER. Mr. McHugh votes yes.
 Mr. HYDE. Have all voted who wish?
 Ms. BLOOMER. Mr. Rohrabacher?
 Mr. ROHRABACHER. I abstain.
 Ms. BLOOMER. Mr. Rohrabacher abstains.
 Mr. HYDE. The clerk will report.

[Pause.]

Mr. HYDE. Mr. Hoeffel, would you care to be recorded?

Mr. HOEFFEL. Yes. I vote yes.

Mr. HYDE. Mr. Hoeffel votes in the affirmative.

Ms. BLOOMER. Thank you.

[Pause.]

Mr. HYDE. The clerk will report.

Ms. BLOOMER. On this vote, there were 32 ayes and four noes.

Mr. HYDE. The ayes have it, and the motion to report favorably is adopted.

Without objection, the Chairman is authorized to move to go to conference pursuant to House Rule 22 and, without objection, the staff is directed to make any technical and conforming changes.

We have one more bill to go, folks, so please do not leave.

I ask unanimous consent that a motion to report H. Con. Res. 168 favorably be considered as adopted.

[The prepared statement of Mr. Hyde follows:]

PREPARED STATEMENT OF THE HONORABLE HENRY J. HYDE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS, AND CHAIRMAN, COMMITTEE ON INTERNATIONAL RELATIONS

I want to thank and congratulate Ileana Ros-Lehtinen, the Chairman of the Subcommittee on International Operations and Human Rights, on this thoughtful and timely resolution declaring the support of Congress for torture victims here in the United States and around the world. As the resolution points out, torture is an unspeakable act not just because it is inherently evil, but also because it is used by repressive governments to resist freedom and democracy by eliminating natural leaders and by intimidating the general public.

Torture is designed to dehumanize people. It turns them into objects, and thereby attempts to deny the essential truth that every human being is created in the image and likeness of God.

In recent years Congress has adopted important legislation on the subject of torture victims, almost all of which originated in this Committee. In 1998 we enacted the Torture Victims Relief Act, whose principal sponsor was the Vice Chairman of our Committee, Representative Chris Smith, and which authorizes assistance for care and rehabilitation for torture survivors in the United States and around the world. In 1999 we reauthorized and expanded the authorities in the Torture Victims Relief Act.

Later that same year, as part of the Foreign Relations Authorization Act for fiscal years 1998 and 1999, Congress implemented the provision of the United Nations Convention Against Torture that prohibits forcibly returning people to places where they face a likelihood of torture. This is a record of which our Committee and the whole Congress can be proud.

House Concurrent Resolution 168 reiterates our determination to stand with these brave people and against those who have brutalized them. I strongly recommend its passage.

Mr. HYDE. Without objection, so ordered.

Without objection, any Member may place his or her remarks in the record of today's proceedings.

The Committee stands adjourned.

[Whereupon, at 12:10 p.m., the Committee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE RECORD

107TH CONGRESS
1ST SESSION **H. R. 2069**

To amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2001

Mr. HYDE introduced the following bill; which was referred to the Committee on International Relations

A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Access to HIV/
5 AIDS Prevention, Awareness, Education, and Treatment
6 Act of 2001”.

7 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

1 (1) The HIV/AIDS pandemic has claimed
2 22,000,000 lives since its inception.

3 (2) More than 17,000,000 individuals have died
4 from HIV/AIDS in sub-Saharan Africa alone.

5 (3) More than 36,000,000 individuals are in-
6 fected with HIV, of which approximately 25,000,000
7 individuals live in sub-Saharan Africa.

8 (4) The HIV/AIDS pandemic in sub-Saharan
9 Africa has grown beyond an international public
10 health issue to become a humanitarian and develop-
11 mental crisis.

12 (5) Although the HIV/AIDS pandemic has im-
13 pacted the sub-Saharan region of Africa dispropor-
14 tionately, HIV infection rates are rising rapidly in
15 India and other South Asian countries, Brazil, Car-
16ibbean countries, and Russia, and pose a serious
17 threat to the security and stability in those coun-
18 tries.

19 (6) By 2010, it is estimated that approximately
20 40,000,000 children worldwide will have lost one or
21 both of their parents to HIV/AIDS.

22 (7) In January 2000, the United States Na-
23 tional Intelligence Council released an intelligence
24 estimate that framed the HIV/AIDS pandemic as a

1 security threat, noting the relationship between the
2 disease and political and economic instability.

3 (8) The overriding priority for responding to
4 the HIV/AIDS crisis should be to emphasize and en-
5 courage awareness, education, and prevention, in-
6 cluding prevention activities that promote behavioral
7 change. In so doing, priority and support should be
8 given to nongovernmental organizations, including
9 faith-based organizations.

10 (9) An effective response to the HIV/AIDS pan-
11 demic must also involve assistance to stimulate the
12 development of sound health service delivery infra-
13 structure systems in sub-Saharan African and other
14 developing countries.

15 (10) Access to effective treatment for HIV/
16 AIDS is determined by issues of price, health system
17 infrastructure, and sustainable financing and such
18 access can be inhibited by the stigma and discrimi-
19 nation associated with HIV/AIDS.

20 (11) An effective United States response to the
21 HIV/AIDS crisis must also focus on the development
22 of HIV/AIDS vaccines to prevent the spread of the
23 disease as well as the development of microbicides,
24 effective diagnostics, and simpler treatments.

1 (12) The innovative capacity of the United
2 States in the commercial and public pharmaceutical
3 research sectors is among the foremost in the world,
4 and the active participation of both these sectors
5 should be supported as it is critical to combat the
6 global HIV/AIDS pandemic.

7 (13) Appropriate treatment of individuals with
8 HIV/AIDS can prolong the lives of such individuals
9 and increase their productivity by allowing them to
10 lead active lives and reduce the need for costly hos-
11 pitalization for treatment of opportunistic infections
12 caused by HIV.

13 (14) United States volunteers with skills in
14 healthcare and HIV/AIDS counseling and prevention
15 programs have proven effective in combating the
16 HIV/AIDS pandemic and can be a resource in as-
17 sisting sub-Saharan African leaders of traditional,
18 political, business, and youth organizations in their
19 efforts to prevent the spread of HIV/AIDS through
20 awareness and educational programs.

21 (15) Most of the HIV infected poor of the de-
22 veloping world die of deadly opportunistic diseases
23 such as tuberculosis. Accordingly, effective HIV/
24 AIDS treatment programs should address the grow-
25 ing threat and spread of tuberculosis in the devel-

1 oping world. Malaria is also a major infectious dis-
2 ease that kills many individuals, particularly chil-
3 dren.

4 (16) Microenterprise development programs as-
5 sist communities afflicted by the HIV/AIDS pan-
6 demic and increase the productive capacity of com-
7 munities and afflicted households. Microenterprise
8 programs are also an effective means to support the
9 productive activities of healthy family members car-
10 ing for the sick and orphaned.

11 (b) SENSE OF CONGRESS.—It is the sense of Con-
12 gress that—

13 (1)(A) combatting the HIV/AIDS pandemic in
14 sub-Saharan African and other developing countries
15 should be a global effort and include the financial
16 support of all developed countries and the coopera-
17 tion of governments and the private sector, including
18 faith-based organizations; and

19 (B) the United States should provide additional
20 funds for multilateral programs and efforts to com-
21 bat HIV/AIDS and also seek to leverage public and
22 private resources to combat HIV/AIDS on a global
23 basis through the Global Development Alliance Ini-
24 tiative of the United States Agency for International
25 Development and other public and private partner-

1 ships with an emphasis on HIV/AIDS awareness,
2 education, and prevention programs;

3 (2)(A) in addition to HIV/AIDS awareness,
4 education, and prevention programs, the United
5 States Government should support programs that
6 safely make available to public and private entities
7 in sub-Saharan African and other developing coun-
8 tries pharmaceuticals and diagnostics for HIV/AIDS
9 therapy in order—

10 (i) to effectively and safely and assist such
11 countries in the delivery of HIV/AIDS therapy
12 pharmaceuticals through the establishment of
13 adequate health care delivery systems and
14 treatment monitoring programs; and

15 (ii) to provide treatment for poor individ-
16 uals with HIV/AIDS in such countries; and

17 (B) in carrying out such programs, priority
18 consideration for participation should be given to
19 sub-Saharan African countries;

20 (3) the United States should promote efforts to
21 expand and develop programs that support the grow-
22 ing number of children orphaned by the HIV/AIDS
23 pandemic;

24 (4) treatment for HIV/AIDS should be a com-
25 ponent of a comprehensive international effort to

1 combat deadly infectious and opportunistic diseases,
2 including malaria and tuberculosis, that kill millions
3 annually in the developing world;

4 (5) the United States Agency for International
5 Development should carry out HIV/AIDS awareness,
6 prevention, and treatment programs in conjunction
7 with effective international tuberculosis and malaria
8 treatment and eradication programs; and

9 (6) the United States Agency for International
10 Development should expand and replicate successful
11 microenterprise programs in Uganda, Zambia,
12 Zimbabwe, and other African countries that provide
13 poor families affected by HIV/AIDS with financial
14 services, such as life, health care, and credit insur-
15 ance, and the means to care for themselves, their
16 children, and orphans.

17 **SEC. 3. ASSISTANCE TO COMBAT HIV/AIDS.**

18 (a) ASSISTANCE.—Section 104(c) of the Foreign As-
19 sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended—

20 (1) by striking paragraphs (4) through (6); and

21 (2) by inserting after paragraph (3) the fol-
22 lowing:

23 “(4)(A) Congress recognizes that the alarming spread
24 of HIV/AIDS in sub-Saharan African and other devel-
25 oping countries is a major global health threat and hu-

1 manitarian crisis. Accordingly, the United States and
2 other developed countries should provide assistance to sub-
3 Saharan and other developing countries to control this cri-
4 sis through HIV/AIDS prevention, treatment, monitoring,
5 and related activities.

6 “(B)(i) The Administrator of the United States
7 Agency for International Development is authorized to
8 provide assistance to prevent, treat, and monitor HIV/
9 AIDS, and carry out related activities, in sub-Saharan Af-
10 rican and other developing countries.

11 “(ii) It is the sense of Congress that the Adminis-
12 trator should provide an appropriate level of assistance
13 under clause (i) through nongovernmental organizations
14 in Sub-African and other developing countries affected by
15 the HIV/AIDS pandemic.

16 “(iii) The Administrator shall coordinate the provi-
17 sion of assistance under clause (i) with the provision of
18 related assistance by the Joint United Nations Pro-
19 gramme on HIV/AIDS (UNAIDS), the United Nations
20 Children’s Fund (UNICEF), the World Health Organiza-
21 tion (WHO), other similar international organizations, na-
22 tional, state, and local governments of foreign countries,
23 and other appropriate governmental and nongovernmental
24 organizations.

1 “(C) Assistance provided under subparagraph (B)
2 shall, to the maximum extent practicable, be used to carry
3 out the following activities:

4 “(i) Primarily the prevention of HIV/AIDS
5 through—

6 “(I) voluntary testing and counseling; and

7 “(II) assistance through nongovernmental
8 organizations, including faith-based organiza-
9 tions, particularly those organizations that uti-
10 lize volunteers, to establish and implement cul-
11 turally appropriate HIV/AIDS education and
12 prevention programs.

13 “(ii) The treatment of individuals with HIV/
14 AIDS, including—

15 “(I) assistance to establish and implement
16 programs to strengthen and broaden indigenous
17 health care systems infrastructure and the ca-
18 pacity of such systems to deliver HIV/AIDS
19 pharmaceuticals and otherwise provide for the
20 treatment of individuals with HIV/AIDS, in-
21 cluding clinical training for indigenous organi-
22 zations and health care providers; and

23 “(II) assistance aimed at the prevention of
24 transmission of HIV/AIDS from mother to
25 child.

1 “(iii) The monitoring of programs, projects, and
2 activities carried out pursuant to clauses (i) and (ii),
3 including—

4 “(I) monitoring to ensure that adequate
5 controls are established and implemented to
6 provide HIV/AIDS pharmaceuticals and other
7 appropriate medicines to poor individuals with
8 HIV/AIDS; and

9 “(II) appropriate evaluation and surveil-
10 lance activities.

11 “(iv) The conduct of related activities,
12 including—

13 “(I) the care and support of children who
14 are orphaned by the HIV/AIDS pandemic, in-
15 cluding through innovative programs modeled
16 on foster care and other services designed to
17 care for orphaned children in a family environ-
18 ment; and

19 “(II) the development and expansion of fi-
20 nancially-sustainable microfinance institutions
21 that strengthen the economic and social viabil-
22 ity of communities afflicted by the HIV/AIDS
23 pandemic, including support for the savings and
24 productive capacity of affected poor households
25 caring for orphans and the provision of finan-

1 cial services, such as life, health, and credit in-
2 surance.

3 “(D) The Administrator shall submit to Congress an
4 annual report of the implementation of this paragraph for
5 the prior year.

6 “(E)(i) There are authorized to be appropriated to
7 the President to carry out this paragraph \$469,000,000
8 for each of the fiscal years 2002 and 2003.

9 “(ii) Not more than three percent of the amount ap-
10 propriated pursuant to the authorization of appropriations
11 under clause (i) for a fiscal year may be used for the ad-
12 ministrative expenses of the Agency in carrying out this
13 paragraph.

14 “(iii) Amounts appropriated pursuant to the author-
15 ization of appropriations under clause (i) are in addition
16 to amounts otherwise available for such purposes and are
17 authorized to remain available until expended.

18 “(F) In this paragraph:

19 “(i) The term ‘HIV’ means infection with the
20 human immunodeficiency virus.

21 “(ii) The term ‘AIDS’ means acquired immune
22 deficiency syndrome.”.

23 (b) AVAILABILITY OF ASSISTANCE UNDER SECTION
24 104(c).—Section 104(c) of the Foreign Assistance Act of
25 1961 (22 U.S.C. 2151b(c)) is amended—

1 (1) by redesignating paragraph (7) as para-
2 graph (5); and

3 (2) by adding at the end the following:

4 “(6) Assistance made available under any paragraph
5 of this subsection, and assistance made available under
6 chapter 4 of part II of this Act to carry out the purposes
7 of any paragraph of this subsection, may be made avail-
8 able notwithstanding any other provision of law.”.

9 **SEC. 4. ASSISTANCE FOR PROCUREMENT AND DISTRIBUTION OF HIV/AIDS PHARMACEUTICALS AND RELATED MEDICINES.**

10 (a) ASSISTANCE.—The Administrator of the United
11 States Agency for International Development shall provide
12 assistance to sub-Saharan African and other developing
13 countries for—

14 (1) the procurement of HIV/AIDS pharma-
15 ceuticals, anti-viral therapies, and other appropriate
16 medicines; and

17 (2) the distribution of such HIV/AIDS pharma-
18 ceuticals, anti-viral therapies, and other appropriate
19 medicines to qualified national, regional, or local or-
20 ganizations for the treatment of individuals with
21 HIV/AIDS in accordance with appropriate HIV/
22 AIDS testing and monitoring requirements and for
23
24

1 the prevention of transmission of HIV/AIDS from
2 mother to child.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to the President to carry
5 out this section \$50,000,000 for fiscal year 2002.

6 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS FOR MULTI-**
7 **LATERAL EFFORTS TO PREVENT, TREAT, AND**
8 **MONITOR HIV/AIDS.**

9 There are authorized to be appropriated to the Presi-
10 dent for each of the fiscal years 2002 and 2003 such sums
11 as may be necessary for United States contributions to
12 multilateral efforts to prevent, treat, and monitor HIV/
13 AIDS in sub-Saharan African and other developing coun-
14 tries. The amount authorized to be appropriated under the
15 preceding sentence for any fiscal year may not exceed 25
16 percent of the aggregate amount proposed to be contrib-
17 uted for such fiscal year by all countries for such efforts.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2069
OFFERED BY MR. HYDE, MR. LANTOS, MS. LEE,
AND MR. LEACH**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Global Access to HIV/
3 AIDS Prevention, Awareness, Education, and Treatment
4 Act of 2001”.

5 SEC. 2. FINDINGS; SENSE OF CONGRESS.

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) According to the Joint United Nations Pro-
9 gramme on HIV/AIDS (UNAIDS) more than
10 58,000,000 people worldwide have already been in-
11 fected with HIV/AIDS, a fatal disease that is dev-
12 astating the health and economies in dozens of coun-
13 tries in Africa and increasingly in Asia, the Carib-
14 bean region, and Eastern Europe.

15 (2) The HIV/AIDS pandemic has erased dec-
16 ades of progress in improving the lives of families in
17 the developing world and has claimed 22,000,000
18 lives since its inception.

1 (3) More than 17,000,000 individuals have died
2 from HIV/AIDS in sub-Saharan Africa alone.

3 (4) The HIV/AIDS pandemic in sub-Saharan
4 Africa has grown beyond an international public
5 health issue to become a humanitarian, national se-
6 curity, and developmental crisis.

7 (5) The HIV/AIDS pandemic is striking hard-
8 est among women and girls. According to UNAIDS,
9 by the end of 2000, fifty-five percent of the HIV-
10 positive population in sub-Saharan Africa and 40
11 percent of such population in North Africa and the
12 Middle East were women, infected mainly through
13 heterosexual transmission. In Africa, 6 out of 7 chil-
14 dren who are HIV positive are girls.

15 (6) An estimated 1,400,000 children under age
16 15 were living with HIV/AIDS at the end of 2000,
17 of which 1,100,000 were children living in sub-Saha-
18 ran Africa. An estimated 500,000 children died of
19 AIDS during 2000, of which 440,000 were children
20 in sub-Saharan Africa. In addition there are an esti-
21 mated 13,200,000 children worldwide who have lost
22 one or both of their parents to HIV/AIDS, of which
23 12,100,000 are children in sub-Saharan Africa.

24 (7) Mother-to-child transmission is the largest
25 source of HIV infection in children under age 15

1 and the only source for very young children. The
2 total number of births to HIV-infected pregnant
3 women each year in developing countries is approxi-
4 mately 700,000.

5 (8) Counseling and voluntary testing are critical
6 services to help infected women accept their HIV
7 status and the risk it poses to their unborn child.
8 Mothers who are aware of their status can make in-
9 formed decisions about treatment, replacement feed-
10 ing, and future child-bearing.

11 (9) Although the HIV/AIDS pandemic has im-
12 pacted the sub-Saharan Africa disproportionately,
13 HIV infection rates are rising rapidly in India and
14 other South Asian countries, Brazil, Russia, Eastern
15 European countries, and Caribbean countries, and
16 pose a serious threat to the security and stability in
17 those countries.

18 (10) By 2010, it is estimated that approxi-
19 mately 40,000,000 children worldwide will have lost
20 one or both of their parents to HIV/AIDS.

21 (11) In January 2000, the United States Na-
22 tional Intelligence Council estimates that this dra-
23 matic increase in AIDS orphans will contribute to
24 economic decay, social fragmentation, and political
25 destabilization in already volatile and strained soci-

1 eties. Children without care or hope are often drawn
2 into prostitution, crime, substance abuse or child sol-
3 diery. The Council also stated that, in addition to
4 the reduction of economic activity caused by HIV/
5 AIDS to date, the disease could reduce GDP by as
6 much as 20 percent or more by 2010 in some coun-
7 tries in sub-Saharan Africa.

8 (12) The HIV/AIDS epidemic is not just a
9 health crisis but is directly linked to development
10 problems, including chronic poverty, food security
11 and personal debt that are reflected in the capacity
12 of affected households, often headed by elders or or-
13 phaned children, to meet basic needs. Similarly,
14 heavily-indebted countries are stripped of the re-
15 sources necessary to improve health care delivery
16 systems and infrastructure and to prevent, treat,
17 and care for individuals affected by HIV/AIDS.

18 (13) On March 7, 2001, the United States Sec-
19 retary of State testified before Congress that the
20 United States has an obligation “ . . . if we believe
21 in democracy and freedom, to stop this catastrophe
22 from destroying whole economies and families and
23 societies and cultures and nations”.

24 (14) A continuing priority for responding to the
25 HIV/AIDS crisis should be to emphasize and en-

1 courage awareness, education, and prevention, in-
2 cluding prevention activities that promote behavioral
3 change, while recognizing that behavioral change
4 alone will not conquer this disease. In so doing, pri-
5 ority and support should be given to building capac-
6 ity in the local public health sector through technical
7 assistance as well as through nongovernmental orga-
8 nizations, including faith-based organizations where
9 practicable.

10 (15) An effective response to the HIV/AIDS
11 pandemic must also involve assistance to stimulate
12 the development of sound health care delivery sys-
13 tems and infrastructure in countries in sub-Saharan
14 Africa and other developing countries, including as-
15 sistance to increase the capacity and technical skills
16 of local public health professionals and other per-
17 sonnel in such countries, and improved access to
18 treatment and care for those already infected with
19 HIV/AIDS.

20 (16) Access to effective treatment for HIV/
21 AIDS is determined by issues of price, health care
22 delivery system and infrastructure, and sustainable
23 financing and such access can be inhibited by the
24 stigma and discrimination associated with HIV/
25 AIDS.

1 (17) The HIV/AIDS crisis must be addressed
2 by a robust, multilateral approach. The Secretary
3 General of the United Nations has called for a glob-
4 al fund to halt and reverse the spread of HIV/AIDS
5 and other infectious diseases. The Secretary General
6 has also called for annual expenditures of
7 \$7,000,000,000 to \$10,000,000,000, financed by
8 donor governments and private contributors, for all
9 efforts to combat the HIV/AIDS pandemic and,
10 equally important, called on leaders from developing
11 countries to give a much higher priority in their
12 budgets to development of comprehensive health sys-
13 tems.

14 (18) An effective United States response to the
15 HIV/AIDS crisis must also focus on the development
16 of HIV/AIDS vaccines to prevent the spread of the
17 disease as well as the development of microbicides,
18 effective diagnostics, and simpler treatments.

19 (19) The innovative capacity of the United
20 States in the commercial and public pharmaceutical
21 research sectors is among the foremost in the world,
22 and the active participation of both these sectors
23 should be supported as it is critical to combat the
24 global HIV/AIDS pandemic.

1 (20) Appropriate treatment of individuals with
2 HIV/AIDS can prolong the lives of such individuals,
3 preserve their families and prevent children from be-
4 coming orphans, and increase productivity of such
5 individuals by allowing them to lead active lives and
6 reduce the need for costly hospitalization for treat-
7 ment of opportunistic infections caused by HIV.

8 (21) United States nongovernmental organiza-
9 tions, including faith-based organizations, with expe-
10 rience in healthcare and HIV/AIDS counseling, have
11 proven effective in combatting the HIV/AIDS pan-
12 demic and can be a resource in assisting sub-Saha-
13 ran African leaders of traditional, political, business,
14 and women and youth organizations in their efforts
15 to provide treatment and care for individuals in-
16 fected with HIV/AIDS.

17 (22) Most of the HIV infected poor of the de-
18 veloping world die of deadly diseases such as tuber-
19 culosis and malaria. Accordingly, effective HIV/
20 AIDS treatment programs should address the grow-
21 ing threat and spread of tuberculosis, malaria, and
22 other infectious diseases in the developing world.

23 (23) Law enforcement and military personnel of
24 foreign countries often have a high rate of preva-
25 lence of HIV/AIDS, and therefore, in order to be ef-

1 fective, HIV/AIDS awareness, prevention, and edu-
2 cation programs must include education and related
3 services to such law enforcement and military per-
4 sonnel.

5 (24) Microenterprise development and other in-
6 come generation programs assist communities af-
7 flicted by the HIV/AIDS pandemic and increase the
8 productive capacity of communities and afflicted
9 households. Microenterprise programs are also an ef-
10 fective means to support the productive activities of
11 healthy family members caring for the sick and or-
12 phaned. Such programs should give priority to
13 women infected with the AIDS virus or in HIV/
14 AIDS affected families, particularly women in high-
15 risk categories.

16 (25) The exploding global HIV/AIDS pandemic
17 has created new challenges for United States bilat-
18 eral assistance programs and will require a substan-
19 tial increase in the capacity of the United States
20 Agency for International Development and other
21 agencies of the United States to manage and mon-
22 itor bilateral HIV/AIDS programs and resources. To
23 meet this challenge, the Agency will need to recruit
24 and retain appropriate technical expertise in the
25 United States as well as in foreign countries to help

1 develop and implement HIV/AIDS strategies in con-
2 cert with multilateral agencies, host country govern-
3 ments, and nongovernmental organizations.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that—

6 (1)(A) combatting the HIV/AIDS pandemic in
7 countries in sub-Saharan Africa and other devel-
8 oping countries should be a global effort and include
9 the financial support of all developed countries and
10 the cooperation of governments and the private sec-
11 tor, including faith-based organizations; and

12 (B) the United States should provide additional
13 funds for multilateral programs and efforts to com-
14 bat HIV/AIDS and also seek to leverage public and
15 private resources to combat HIV/AIDS on a global
16 basis through the Global Development Alliance Ini-
17 tiative of the United States Agency for International
18 Development and other public and private partner-
19 ships with an emphasis on HIV/AIDS awareness,
20 education, prevention, and treatment programs;

21 (2)(A) in addition to HIV/AIDS awareness,
22 education, and prevention programs, the United
23 States Government should make its best efforts to
24 support programs that safely make available to pub-
25 lic and private entities in countries in sub-Saharan

1 Africa and other developing countries pharma-
2 ceuticals and diagnostics for HIV/AIDS therapy in
3 order—

4 (i) to effectively and safely assist such
5 countries in the delivery of HIV/AIDS therapy
6 pharmaceuticals through the establishment of
7 adequate health care delivery systems and
8 treatment monitoring programs; and

9 (ii) to provide treatment for poor individ-
10 uals with HIV/AIDS in such countries; and

11 (B) in carrying out such programs, priority
12 consideration for participation should be given to
13 countries in sub-Saharan Africa;

14 (3)(A) combatting the HIV/AIDS pandemic re-
15 quires that United States Government programs
16 place a priority on the vulnerable populations at
17 greatest risk for contracting HIV;

18 (B) these populations should be determined
19 through qualitative and quantitative assessments at
20 the local level by local government, nongovernmental
21 organizations, people living with HIV/AIDS, and
22 other relevant sectors of civil society; and

23 (C) such assessments should be included in na-
24 tional HIV/AIDS strategies;

1 (4) the United States should promote efforts to
2 expand and develop programs that support the grow-
3 ing number of children orphaned by the HIV/AIDS
4 pandemic;

5 (5) in countries where the United States Gov-
6 ernment is conducting HIV/AIDS awareness, pre-
7 vention, and education programs, such programs
8 should include education and related services to law
9 enforcement and military personnel of foreign coun-
10 tries to prevent and control HIV/AIDS, malaria, and
11 tuberculosis;

12 (6) prevention and treatment for HIV/AIDS
13 should be a component of a comprehensive inter-
14 national effort to combat deadly infectious diseases,
15 including malaria and tuberculosis, and opportun-
16 istic infections, that kill millions annually in the de-
17 veloping world;

18 (7) programs developed by the United States
19 Agency for International Development to address the
20 HIV/AIDS pandemic should preserve personal privacy
21 and confidentiality, should not include compulsory
22 HIV/AIDS testing, and should not be discrimina-
23 tory;

24 (8)(A) the United States Agency for Inter-
25 national Development should carry out HIV/AIDS

1 awareness, prevention, and treatment programs in
2 conjunction with effective international tuberculosis
3 and malaria treatment programs and with programs
4 that address the relationship between HIV/AIDS
5 and a number of opportunistic diseases that include
6 bacterial diseases, fungal diseases, viral diseases and
7 HIV-associated malignancies, such as Kaposi sar-
8 coma, lymphoma, and squamous cell carcinoma; and

9 (B) effective intervention against opportunistic
10 diseases requires not only the appropriate drug or
11 other medication for a given medical condition, but
12 also the infrastructure necessary to diagnose the
13 condition, monitor the intervention, and provide
14 counseling services; and

15 (9) the United States Agency for International
16 Development should expand and replicate successful
17 microenterprise programs in Uganda, Zambia,
18 Zimbabwe, and other African countries that provide
19 poor families affected by HIV/AIDS with the means
20 to care for themselves, their children, and orphans;

21 (10) the United States Agency for International
22 Development should substantially increase and im-
23 prove its capacity to manage and monitor HIV/
24 AIDS programs and resources;

1 (11) the United States Agency for International
2 Development must recruit and retain appropriate
3 technical expertise in the United States as well as in
4 foreign countries to help develop and implement
5 HIV/AIDS strategies in conjunction with multilat-
6 eral agencies, host country governments, and non-
7 governmental organizations;

8 (12) the United States Agency for International
9 Development must strengthen coordination and col-
10 laboration between the technical experts in its cen-
11 tral and regional bureaus and foreign country mis-
12 sions in formulating country strategies and imple-
13 menting HIV/AIDS programs; and

14 (13) strong coordination among the various
15 agencies of the United States, including the Depart-
16 ment of State, the United States Agency for Inter-
17 national Development, the Department of Health
18 and Human Services, including the Centers for Dis-
19 ease Control and the National Institutes of Health,
20 the Department of the Treasury, the Department of
21 Defense, and other relevant Federal agencies must
22 exist to ensure effective and efficient use of financial
23 and technical resources within the United States
24 Government.

1 **SEC. 3. ASSISTANCE TO COMBAT HIV/AIDS.**

2 (a) ASSISTANCE.—Section 104(c) of the Foreign As-
3 sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended—

4 (1) by striking paragraphs (4) through (6); and

5 (2) by inserting after paragraph (3) the fol-
6 lowing:

7 “(4)(A) Congress recognizes that the alarming spread
8 of HIV/AIDS in countries in sub-Saharan Africa and
9 other developing countries is a major global health, na-
10 tional security, and humanitarian crisis. Accordingly, the
11 United States and other developed countries should pro-
12 vide assistance to countries in sub-Saharan Africa and
13 other developing countries to control this crisis through
14 HIV/AIDS prevention, treatment, monitoring, and related
15 activities, particularly activities focused on women and
16 youth, including mother-to-child transmission prevention
17 strategies.

18 “(B)(i) The Administrator of the United States
19 Agency for International Development is authorized to
20 provide assistance to prevent, treat, and monitor HIV/
21 AIDS, and carry out related activities, in countries in sub-
22 Saharan Africa and other developing countries.

23 “(ii) It is the sense of Congress that the Adminis-
24 trator should provide an appropriate level of assistance
25 under clause (i) through nongovernmental organizations

1 in countries in sub-Saharan Africa and other developing
2 countries affected by the HIV/AIDS pandemic.

3 “(iii) The Administrator shall coordinate the provi-
4 sion of assistance under clause (i) with the provision of
5 related assistance by the Joint United Nations Pro-
6 gramme on HIV/AIDS (UNAIDS), the United Nations
7 Children’s Fund (UNICEF), the World Health Organiza-
8 tion (WHO), the United Nations Development Programme
9 (UNDP), other appropriate international organizations,
10 national, state, and local governments of foreign countries,
11 and other appropriate governmental and nongovernmental
12 organizations.

13 “(C) Assistance provided under subparagraph (B)
14 shall, to the maximum extent practicable, be used to carry
15 out the following activities:

16 “(i) Prevention of HIV/AIDS through activities
17 including—

18 “(I) education, voluntary testing, and
19 counseling (including the incorporation of con-
20 fidentiality protections with respect to such
21 testing and counseling), including integration of
22 such programs into women’s and children’s
23 health programs; and

24 “(II) assistance through nongovernmental
25 organizations, including faith-based organiza-

1 tions, particularly those organizations that uti-
2 lize both professionals and volunteers with ap-
3 propriate skills and experience, to establish and
4 implement culturally appropriate HIV/AIDS
5 education and prevention programs.

6 “(ii) The treatment and care of individuals with
7 HIV/AIDS, including—

8 “(I) assistance to establish and implement
9 programs to strengthen and broaden indigenous
10 health care delivery systems and the capacity of
11 such systems to deliver HIV/AIDS pharma-
12 ceuticals and otherwise provide for the treat-
13 ment of individuals with HIV/AIDS, including
14 clinical training for indigenous organizations
15 and health care providers; and

16 “(II) assistance aimed at the prevention of
17 transmission of HIV/AIDS from mother to
18 child, including medications to prevent such
19 transmission.

20 “(iii) The monitoring of programs, projects, and
21 activities carried out pursuant to clauses (i) and (ii),
22 including—

23 “(I) monitoring to ensure that adequate
24 controls are established and implemented to
25 provide HIV/AIDS pharmaceuticals and other

1 appropriate medicines to poor individuals with
2 HIV/AIDS; and

3 “(II) appropriate evaluation and surveil-
4 lance activities.

5 “(iv) The conduct of related activities,
6 including—

7 “(I) the care and support of children who
8 are orphaned by the HIV/AIDS pandemic, in-
9 cluding services designed to care for orphaned
10 children in a family environment which rely on
11 extended family members;

12 “(II) improved infrastructure and institu-
13 tional capacity to develop and manage edu-
14 cation, prevention, and treatment programs, in-
15 cluding the resources to collect and maintain
16 accurate HIV surveillance data to target pro-
17 grams and measure the effectiveness of inter-
18 ventions;

19 “(III) vaccine research and development
20 partnership programs with specific plans of ac-
21 tion to develop a safe, effective, accessible, pre-
22 ventive HIV vaccine for use throughout the
23 world; and

24 “(IV) the development and expansion of fi-
25 nancially-sustainable microfinance institutions

1 and other income generation programs that
2 strengthen the economic and social viability of
3 communities afflicted by the HIV/AIDS pan-
4 demic, including support for the savings and
5 productive capacity of affected poor households
6 caring for orphans.

7 “(D)(i) Not later than January 31 of each calendar
8 year, the Administrator shall submit to Congress an an-
9 nual report on the implementation of this paragraph for
10 the prior fiscal year.

11 “(ii) Such report shall include—

12 “(I) a description of efforts made to implement
13 the policies set forth in this paragraph;

14 “(II) a description of the programs established
15 pursuant to this paragraph and section 4 of the
16 Global Access to HIV/AIDS Prevention, Awareness,
17 Education, and Treatment Act of 2001; and

18 “(III) a detailed assessment of the impact of
19 programs established pursuant to this paragraph, in-
20 cluding the effectiveness of such programs in reduc-
21 ing the spread of HIV infection, particularly in
22 women and girls, in reducing HIV transmission from
23 mother to child, in reducing mortality rates from
24 HIV/AIDS, and the progress toward improving

1 health care delivery systems and infrastructure to
2 ensure increased access to care and treatment.

3 “(iii) The Administrator shall consult with the Global
4 Health Advisory Board established under section 6 of the
5 Global Access to HIV/AIDS Prevention, Awareness, Edu-
6 cation, and Treatment Act of 2001 in the preparation of
7 the report under clause (i) and on other global health ac-
8 tivities carried out by the United States Agency for Inter-
9 national Development.

10 “(E)(i) There is authorized to be appropriated to the
11 President to carry out this paragraph \$560,000,000 for
12 fiscal year 2002.

13 “(ii) Not more than six percent of the amount appro-
14 priated pursuant to the authorization of appropriations
15 under clause (i) for fiscal year 2002, and not more than
16 four percent of the amount made available to carry out
17 this paragraph for any subsequent fiscal year, may be used
18 for the administrative expenses of the Agency in carrying
19 out this paragraph.

20 “(iii) Amounts appropriated pursuant to the author-
21 ization of appropriations under clause (i) are in addition
22 to amounts otherwise available for such purposes and are
23 authorized to remain available until expended.

24 “(F) In this paragraph:

1 “(i) The term ‘HIV’ means infection with the
2 human immunodeficiency virus.

3 “(ii) The term ‘AIDS’ means acquired immune
4 deficiency syndrome.”.

5 (b) AVAILABILITY OF ASSISTANCE UNDER SECTION
6 104(C).—Section 104(c) of the Foreign Assistance Act of
7 1961 (22 U.S.C. 2151b(c)) is amended—

8 (1) by redesignating paragraph (7) as para-
9 graph (5); and

10 (2) by adding at the end the following:

11 “(6) Assistance made available under any paragraph
12 of this subsection, and assistance made available under
13 chapter 4 of part II of this Act to carry out the purposes
14 of any paragraph of this subsection, may be made avail-
15 able notwithstanding any other provision of law.”.

16 **SEC. 4. ASSISTANCE FOR PROCUREMENT AND DISTRIBUTION OF HIV/AIDS PHARMACEUTICALS AND**
17 **RELATED MEDICINES.**
18

19 (a) ASSISTANCE.—The Administrator of the United
20 States Agency for International Development shall provide
21 assistance to countries in sub-Saharan Africa and other
22 developing countries for—

23 (1) the procurement of HIV/AIDS pharma-
24 ceuticals, anti-viral therapies, and other appropriate
25 medicines; and

1 (2) the distribution of such HIV/AIDS pharma-
2 ceuticals, anti-viral therapies, and other appropriate
3 medicines to qualified national, regional, or local or-
4 ganizations for the treatment of individuals with
5 HIV/AIDS in accordance with appropriate HIV/
6 AIDS testing and monitoring requirements and for
7 the prevention of transmission of HIV/AIDS from
8 mother to child.

9 (b) ADDITIONAL AUTHORITY.—The authority con-
10 tained in section 104(c)(6) of the Foreign Assistance Act
11 of 1961, as amended by section 3(b) of this Act, shall
12 apply to assistance made available under subsection (a).

13 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated to the President to carry
15 out this section \$50,000,000 for fiscal year 2002.

16 **SEC. 5. INTERAGENCY TASK FORCE ON HIV/AIDS.**

17 (a) ESTABLISHMENT.—The President shall establish
18 an interagency task force (hereafter referred to as the
19 “task force”) to ensure coordination of all Federal pro-
20 grams related to the prevention, treatment, and moni-
21 toring of HIV/AIDS in foreign countries.

22 (b) DUTIES.—The duties of the task force shall
23 include—

24 (1) reviewing all Federal programs related to
25 the prevention, treatment, and monitoring of HIV/

1 AIDS in foreign countries to ensure proper coordi-
2 nation and compatibility of activities and policies of
3 such programs;

4 (2) exchanging information regarding design
5 and impact of such programs to ensure that the
6 United States Government can catalogue the best
7 possible practices for HIV/AIDS prevention, treat-
8 ment, and monitoring and improve the effectiveness
9 of such programs in the countries in which they op-
10 erate; and

11 (3) fostering discussions with United States
12 and foreign nongovernmental organizations to deter-
13 mine how United States Government programs can
14 be improved, including by engaging in a dialogue
15 with the Global Health Advisory Board established
16 under section 6 of this Act.

17 (c) MEMBERSHIP.—

18 (1) COMPOSITION.—The task force shall be
19 composed of the Secretary of State, the Adminis-
20 trator of the United States Agency for International
21 Development, the Secretary of Health and Human
22 Services, the Director of the National Institutes of
23 Health, the Director of the Centers for Disease Con-
24 trol, the Secretary of Defense, and the head of any

1 other agency that the President determines is appro-
2 priate.

3 (2) CHAIRPERSON.—The Secretary of State
4 shall serve as chairperson of the task force.

5 (d) PUBLIC MEETINGS.—At least once each calendar
6 year, the task force shall hold a public meeting in order
7 to afford an opportunity for any person to present views
8 regarding the activities of the United States Government
9 with respect to the prevention, treatment, and monitoring
10 of HIV/AIDS in foreign countries. The Secretary of State
11 shall maintain a record of each meeting and shall make
12 the record available to the public.

13 (e) AVAILABILITY OF FUNDS.—Amounts made avail-
14 able for a fiscal year pursuant to section 104(c)(4)(E)(ii)
15 of the Foreign Assistance Act of 1961, as amended by sec-
16 tion 3(a) of this Act, are authorized to be made available
17 to carry out this section for such fiscal year.

18 **SEC. 6. GLOBAL HEALTH ADVISORY BOARD.**

19 (a) ESTABLISHMENT.—There is established a perma-
20 nent Global Health Advisory Board (hereafter referred to
21 as the “Board”) to assist the President and other Federal
22 officials, including the Secretary of State and the Adminis-
23 trator of the United States Agency for International De-
24 velopment, in the administration and implementation of
25 United States international health programs, particularly

1 programs relating to the prevention, treatment, and moni-
2 toring of HIV/AIDS.

3 (b) DUTIES.—

4 (1) IN GENERAL.—The Board shall serve as a
5 liaison between the United States Government and
6 private and voluntary organizations, other non-
7 governmental organizations, and academic institu-
8 tions in the United States that are active in inter-
9 national health issues, particularly prevention, treat-
10 ment, and care with respect to HIV/AIDS and other
11 infectious diseases.

12 (2) SPECIFIC ACTIVITIES.—In carrying out
13 paragraph (1), the Board—

14 (A) shall provide advice to the United
15 States Agency for International Development
16 and other Federal agencies on health and man-
17 agement issues relating to foreign assistance in
18 which both the United States Government and
19 private and voluntary organizations participate;

20 (B) shall provide advice on the formulation
21 of basic policy, procedures, and criteria for the
22 review, selection, and monitoring of project pro-
23 posals for United States Government inter-
24 national health programs and for the establish-
25 ment of transparency in the provision and im-

1 plementation of grants made under such pro-
2 grams;

3 (C) shall provide advice on the establish-
4 ment of evaluation and monitoring programs to
5 measure the effectiveness of United States Gov-
6 ernment international health programs, includ-
7 ing standards and criteria to assess the extent
8 to which programs have met their goals and ob-
9 jectives and the development of indicators to
10 track progress of specific initiatives;

11 (D) shall review and evaluate the overall
12 health strategy for United States bilateral as-
13 sistance for each country receiving significant
14 United States bilateral assistance in the health
15 sector;

16 (E) shall recommend which developing
17 countries could benefit most from programs
18 carried out under United States Government
19 international health programs; and

20 (F) shall assess the impact and effective-
21 ness of programs carried out under section
22 104(e)(4) of the Foreign Assistance Act of
23 1961, as amended by section 3(a) of this Act,
24 in meeting the objectives set out in the HIV/
25 AIDS country strategy established by the

1 United States Agency for International Devel-
2 opment.

3 (c) MEMBERSHIP.—

4 (1) COMPOSITION.—The Board shall be com-
5 posed of 12 members—

6 (A)(i) all of whom shall have a substantial
7 expertise and background in international
8 health research, policy, or management, par-
9 ticularly in the area of prevention, treatment,
10 and care with respect to HIV/AIDS and other
11 infectious diseases; and

12 (ii) of whom at least one member shall be
13 an expert on women’s and children’s health
14 issues; and

15 (B) of whom—

16 (i) three members shall be individuals
17 from academic institutions;

18 (ii) five members shall be individuals
19 from nongovernmental organizations active
20 in international health programs, particu-
21 larly HIV/AIDS prevention, treatment and
22 monitoring programs in foreign countries,
23 of which not more than two members may
24 be from faith-based organizations;

1 (iii) two members shall be individuals
2 from health policy and advocacy institutes;
3 and

4 (iv) two members shall be individuals
5 from private foundations that make sub-
6 stantial contributions to global health pro-
7 grams.

8 (2) APPOINTMENT.—The individuals referred to
9 in paragraph (1) shall be appointed by the Presi-
10 dent, after consultation with the chairman and rank-
11 ing member of the Committee on International Rela-
12 tions of the House of Representatives and the Com-
13 mittee on Foreign Relations of the Senate.

14 (3) TERMS.—

15 (A) IN GENERAL.—Except as provided in
16 subparagraph (B), each member shall be ap-
17 pointed for a term of two years and no member
18 or organization shall serve on the Advisory
19 Board for more than two consecutive terms.

20 (B) TERMS OF INITIAL APPOINTEES.—As
21 designated by the President at the time of ap-
22 pointment, of the members first appointed—

23 (i) six members shall be appointed for
24 a term of three years; and

1 (ii) six members, to the extent prac-
2 ticable equally divided among the cat-
3 egories described in clauses (i) through (iv)
4 of paragraph (1)(B), shall be appointed for
5 a term of two years.

6 (4) CHAIRPERSON.—At the first meeting of the
7 Board in each calendar year, a majority of the mem-
8 bers of the Commission present and voting shall
9 elect, from among the members of the Board, an in-
10 dividual to serve as chairperson of the Board.

11 (d) TRAVEL EXPENSES.—Each member of the Board
12 shall receive travel expenses, including per diem in lieu
13 of subsistence, in accordance with applicable provisions
14 under subchapter I of chapter 57 of title 5, United States
15 Code.

16 (e) AVAILABILITY OF FUNDS.—Amounts made avail-
17 able for a fiscal year pursuant to section 104(c)(4)(E)(ii)
18 of the Foreign Assistance Act of 1961, as amended by sec-
19 tion 3(a) of this Act, are authorized to be made available
20 to carry out this section for such fiscal year.

21 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR MULTI-**
22 **LATERAL EFFORTS TO PREVENT, TREAT, AND**
23 **MONITOR HIV/AIDS.**

24 (a) AUTHORIZATION.—There is authorized to be ap-
25 propriated to the President \$750,000,000 for fiscal year

1 2002 for United States contributions to a global health
2 fund or other multilateral efforts to prevent, treat, and
3 monitor HIV/AIDS in countries in sub-Saharan Africa
4 and other developing countries.

5 (b) CHARACTERISTICS OF GLOBAL HEALTH FUND.—

6 It is the sense of Congress that United States contribu-
7 tions should be provided to a global health fund under sub-
8 section (a) only if the fund—

9 (1) is a public-private partnership that includes
10 participation of, and seeks contributions from, gov-
11 ernments, foundations, corporations, nongovern-
12 mental organizations, organizations that are part of
13 the United Nations system, and other entities or in-
14 dividuals;

15 (2)(A) includes donors, recipient countries, civil
16 society, and other relevant parties in the governance
17 of the fund; and

18 (B) contains safeguards against conflicts of in-
19 terest in the governance of the fund by the individ-
20 uals and entities described in subparagraph (A);

11 (3) supports targeted initiative

1 (4) permits strategic targeting of resources to
2 address needs not currently met by existing bilateral
3 and multilateral efforts and includes separate sub-
4 accounts for different activities allowing donors to
5 designate funds for specific categories of programs
6 and activities;

7 (5) reserves a minimum of 5 percent of its
8 grant funds to support scientific or medical research
9 in connection with the projects it funds in developing
10 countries;

11 (6) provides public disclosure with respect to—

12 (A) the membership and official pro-
13 ceedings of the mechanism established to man-
14 age and disburse amounts contributed to the
15 fund; and

16 (B) grants and projects supported by the
17 fund;

18 (7) authorizes and enforces requirements for
19 the periodic financial and performance auditing of
20 projects and makes future funding conditional upon
21 the results of such audits; and

22 (8) provides public disclosure of the findings of
23 all financial and performance audits of the fund.

24 **SEC. 8. DEFINITION.**

25 In this Act:

1 (1) HIV.—The term “HIV” means infection
2 with the human immunodeficiency virus.

3 (2) AIDS.—The term “AIDS” means acquired
4 immune deficiency syndrome.”.

**AMENDMENT OFFERED BY MR. SMITH OF NEW
JERSEY
TO THE AMENDMENT IN THE NATURE OF A
SUBSTITUTE**

Page 5, after line 9, insert the following (and redesignate subsequent paragraphs accordingly):

1 (15) Effective use should be made of existing
2 health care systems to provide treatment for individ-
3 uals suffering from HIV/AIDS.

4 (16) Many countries in Africa facing health cri-
5 ses, including high HIV/AIDS infection rates, al-
6 ready have well-developed and high functioning
7 health care systems. Additional resources to expand
8 and improve capacity to respond to these crises can
9 easily be absorbed by the private and public sectors,
10 as well as by nongovernmental organizations, com-
11 munity-based organizations, and faith-based organi-
12 zations currently engaged in combatting the crises.

Page 13, line 13, strike “and” at the end.

Page 13, line 24, strike the period and insert “;
and”.

Page 13, after line 24, add the following:

1 (14) to help alleviate human suffering, and en-
2 hance the dignity and quality of life for patients de-
3 bilitated by HIV/AIDS, the United States should
4 promote, both unilaterally and through multilateral
5 initiatives, the use of palliative and hospice care, and
6 provide financial and technical assistance to pallia-
7 tive and hospice care programs, including programs
8 under which such care is provided by faith-based or-
9 ganizations.

Page 16, line 15, strike “and” at the end.

Page 16, line 19, strike the period and insert “;
and”.

Page 16, after line 19, add the following:

10 “(III) assistance to strengthen and expand
11 hospice and palliative care programs to assist
12 patients debilitated by HIV/AIDS, their fami-
13 lies, and the primary caregivers of such pa-
14 tients, including programs that utilize faith-
15 based organizations.

Page 29, line 4, before the period insert the fol-
lowing: “, including efforts to provide hospice and pallia-
tive care for individuals with HIV/AIDS”.

107TH CONGRESS
1ST SESSION

H. CON. RES. 168

Expressing the sense of Congress in support of victims of torture.

IN THE HOUSE OF REPRESENTATIVES

JUNE 20, 2001

Ms. ROS-LEHTNEN (for herself, Mr. SMITH of New Jersey, Mr. ROHR-ABACHER, Mr. LANTOS, Mr. GILMAN, Mr. BERMAN, Mr. CHABOT, Mr. ENGEL, Mr. LEACH, Ms. MCKINNEY, Mr. BURTON of Indiana, Mr. ACKERMAN, Mr. DELAHUNT, Mr. CROWLEY, and Ms. LEE) submitted the following concurrent resolution; which was referred to the Committee on International Relations

CONCURRENT RESOLUTION

Expressing the sense of Congress in support of victims of torture.

Whereas the people of the United States abhor the use of torture by any government or person;

Whereas the existence of torture creates a climate of fear and international insecurity that affects all people;

Whereas torture results in mental and physical damage to an individual that destroys the individual's personality and terrorizes society and the effects of torture can last a lifetime for the individual and can also affect future generations;

Whereas repressive governments often use torture as a weapon against democracy by eliminating the leadership of their opposition and frightening the general public;

Whereas more than 500,000 survivors of torture live in the United States;

Whereas torture has devastating effects on the victim which often require extensive medical and psychological treatment;

Whereas both the Torture Victims Relief Act of 1998 (Public Law 105–320) and the Torture Victims Relief Reauthorization Act of 1999 (Public Law 106–87) authorize funding for rehabilitation services for victims of torture so that these individuals may become productive and contributing members of their communities;

Whereas the United States played a leading role in the adoption of the Universal Declaration of Human Rights and has ratified the United Nations Convention Against Torture and Other Forms of Inhuman and Degrading Treatment or Punishment; and

Whereas June 26th of each year is the United Nations International Day in Support of Victims of Torture: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That, on the occasion of the United Nations
3 International Day in Support of Victims of Torture, Con-
4 gress pays tribute to all victims of torture in the United
5 States and around the world who are struggling to over-

76

3

1 come the physical scars and psychological effects of tor-
2 ture.

○

PREPARED STATEMENT OF THE HONORABLE EARL BLUMENAUER, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF OREGON

Mr. Chairman, I would like to thank you and the Committee for bringing legislation to help combat the global HIV/AIDS crisis before the Committee for consideration. I am pleased that the Committee has reached a consensus on both the policy-related language in this bill and the necessary funding levels.

The United States has a duty to recognize both the severity of the global HIV/AIDS epidemic, and our own humanitarian interest in treating and preventing the spread of this disease. Comprehensive action by the international community is needed and the United States, as the nation with the greatest productive capacity, must play a lead role. U.N. Secretary General Kofi Annan has called on the global community to help provide \$7 to \$10 billion annually for direct assistance, and I believe that the level of funding provided for treatment and prevention in this bill is a step in the right direction.

As we all know, the statistics on this disease are frightening. More than 25.3 million adults and children in sub-Saharan Africa are infected, and an estimated 17 million Africans have died from AIDS, 2.4 million people in the year 2000 alone. The disease has led to a dangerously high number of orphaned children worldwide, 6.5 million children today—a number that could rise to 15 million by the year 2010. In addition, in 1997, 41 percent of all HIV/AIDS cases worldwide were women, and in just three years this figure has climbed to 47 percent. In sub-Saharan Africa, 55 percent of people who test positive are women.

The HIV/AIDS crisis is just the tip of the iceberg for health in developing nations. There are a startling number of treatable and preventable diseases and severe health problems affecting primarily developing nations worldwide. Malaria is now one of the top three deadly diseases worldwide; measles kills nearly one million children a year in developing nations, and treatment of TB has faltered because of inconsistent treatment and monitoring. Hepatitis B, worms and a retrovirus that kills 600,000 children are also among the problems that health care workers are still tackling. While the cost of treating a single HIV/AIDS patient in sub-Saharan Africa is estimated to cost \$1,100 annually, providing vaccinations for children costs a few pennies and saves over three million lives every year. Both are equally important endeavors. In addition to focusing our attention on the HIV/AIDS pandemic, we must ensure that the fight against other equally deadly health problems in sub-Saharan Africa continues.

The task of building communities that are safe, healthy and economically secure at home and abroad cannot be achieved when a disabling portion of our global population is sick, orphaned or dying. The HIV/AIDS pandemic is affecting all races, all ages and all nations, and we must all work together to solve this serious public health crisis. I thank the Chairman and urge my colleagues to support this bill.

PREPARED STATEMENT OF THE HONORABLE BENJAMIN A. GILMAN, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman, I am proud to be a co-sponsor of H.Con. Res 168, which expresses solidarity with the victims of torture. While we are sheltered from these kinds of monstrous abuses of state power in our country, we must never remain indifferent to the fact that torture is still used as a political instrument in many parts of the world.

As the Resolution points out, its effects remain with the victims everyday of their lives even if they find freedom outside their native countries. Torture also victimizes the children of these survivors.

Let the U.S. Government, including the Congress, the media, and non-governmental organizations, continue to shine their light on these grotesque abuses until they are eradicated from the entire world and relegated to a distant nightmare.

I commend my colleagues for this effort.

