United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003

The Speaker pro tempore. Pursuant to House Resolution 210 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1298.

The Chair recognizes the gentleman from Illinois (Mr. Hyde) and the gentleman from California (Mr. Lantos) each will control 30 minutes.

Mr. Hyde. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, not since the bubonic plague swept across the world in the last millennium killing more than 250 million people has our world confronted such a horrible, un speakable curse as we are now witnessing with the growing HIV/AIDS pandemic.

If we fail to spend today considering this legislation, thousands of people around the world will die of HIV/AIDS.

The number of dead or dying is grotesquely high: 25 million already dead worldwide and each day at the rate of 8,000 every day, with the horror of entire villages populated only by orphans because the adults are dead or dying from AIDS.

I do not mean to demean the work of other donor nations. Left unchecked, this plague will further rip the fabric of developing societies, pushing fragile governments and economies to the point of collapse. So to those who suggest the U.S. has no stake in this pandemic, let me observe that the specter of failed states across the world certainly is our concern.

Africa is a central concern. Today radical Islam is spreading in several African countries, especially Nigeria. This threat to democracy and make Nigeria a failed state. It is in our interest to counter this movement by doing what we can to build democracy and a growing economy in Nigeria and elsewhere. The spread of HIV/AIDS frustrates this important mission. We also have a strong interest in seeing the development of professional African militaries, militaries capable of maintaining stability in their country, but also capable of contributing to peacekeeping operations in Africa. Yet an examination of the HIV/AIDS rates among the armed forces of key African countries, including Nigeria, South Africa, and Kenya, reveals infection rates between 30 and 40 percent. HIV/AIDS is a national security issue for those countries and for us.

The President's proposal does. It sets a pat tern of American leadership that others believe we will follow.

This bill is a compromise, a deliberately arrived at, painstakingly negotiated compromise between various factions interested in this legislation; but it hangs together, and it works and it will advance the cause that we so desperately need to support. AIDS is a mortal challenge to our civilization. Let us today be animated by compassion and courage, a vision that always has defined what it means to be an American.

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

Mr. Lantos. Mr. Chairman, I yield myself such time as I may consume.

I rise in strong support of this grand humanitarian legislation, and I urge all of my colleagues to make history today by securing its passage.

Mr. Chairman, we have not reached this day had it not been for the heroic efforts of the gentleman from Illinois (Mr. Hyde), my distinguished chairman and good friend. His leadership on this issue has been a true pro fane and courage, and also I want to identify myself with his powerful and eloquent opening statement. Our colleagues on the Committee on International Relations, the gentleman from California (Ms. Lee) and the gentleman from Texas (Mr. Leach) on the Republican side, have also been critically instrumental to our success thus far as have many other members of the committee. With the support of every single Democrat and most Republicans on the Committee on International Relations, we have crafted a bipartisan piece of legislation worthy of this body's support.

Mr. Chairman, the $15 billion authorized in this legislation to combat HIV/AIDS, tuberculosis and malaria worldwide is an enormous sum by any measure. It is five times the amount we considered authorizing for this cause just last year. For those of us who have long called for a real commitment of resources to address the HIV/AIDS crisis, this day has arrived. As impressive as these amounts are, they are no more than the crisis demands. Every day AIDS claims the lives of thousands of innocent men, women, and, yes, children, old and young, sick and able-bodied, destitute and affluent, unemployed and professional, African, Asian, and American. This disease, Mr. Chairman, does not discriminate. It targets us all; and in doing so, it ruins families, decimates communities, and fuels the violence and bloodshed that decry whole nations.

The political, economic, social, and humanitarian impact of this scourge cannot be contained to one region or to one population. It is a...
global human challenge that demands a global humanitarian response with the United States in the lead.

The tragic history of this disease has shown that there are no silver bullets. We must use every means at our disposal. All legislation must contribute to a significant extent upon Uganda’s success in curbing the spread of AIDS through a combination of abstinence, monogamy, and condom use. In lending his support to this bill earlier this week, President Bush endorsed this three-pronged approach. In the President’s words, preventing spread of HIV/AIDS requires a strategy emphasizing abstinence, marital fidelity, as well as condoms. Each element is crucial. Uganda’s success in combating HIV/AIDS required not only abstinence and marital fidelity education programs but the distribution of nearly 80 million condoms per year. Countless lives will be lost if we fail to learn this lesson and undermine the balanced approach to combating this threat. We must use every means at our disposal to control the spread of HIV/AIDS.

Mr. Chairman, in his State of the Union address earlier this year, the President issued a challenge to Congress to join him in a new global campaign against HIV/AIDS. Today we take up the President’s challenge and seek to fully fund this bold initiative. An overwhelming vote by the House of Representatives today to pass H.R. 1298 without crippling amendments will bring the President’s vision to most of us share, close to reality. The time for words has passed and the time for action has arrived in our struggle against HIV/AIDS. I urge my colleagues to join me today to pass this historic legislation.

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

Mr. HYDE. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Iowa (Mr. LEACH).

Mr. Chairman, I thank the gentleman for yielding me this time.

Perspective is the most important and most difficult thing to apply to issues of the day. If one were to look at the 19th century, clearly the seminal event was the Bubonic plague in which some 20 million people died. Now, as many have died from AIDS as of the plague. Within a decade it will be a multiple of that figure. If sitting on the Hill suggests that the most important public policy issue of our day is dealing with disease control, particularly AIDS. In a very moral sense, it is probably the deepest philosophical issue of our time. Indeed, the global AIDS epidemic might be considered an epidemic of Biblical proportions.

Everyone in this Congress understands that foreign assistance is controversial, but we are, after all, a brother’s keeper. We must be concerned for our own families. To the degree AIDS is not thwarted abroad, it threatens our own shores.

As a Congress, obviously we have to be concerned with the allocation of the people’s resources. This bill is a lot of money, but it is an extraordinarily sparse amount compared with the need; and I think of all the bills we are going to vote on in the near future, this is going to be the most justified financial expense the United States Congress has undertaken.

In conclusion, let me just say we are all indebted to a lot of people from the outside, the President of the United States, the gentleman from California (Mr. LANTOS), the gentleman from California (Ms. LEE), from a distant perspective the gentleman from Pennsylvania (Mr. PITTS) for raising concerns of America's faith-based community. But most of all I want to simply express my appreciation for the gentleman from Illinois (Mr. HYDE). This is the most important bill he has ever shepherded through Congress. It is going to be a seminal mark in his career, and we are all in his debt.

Mr. LANTOS. Mr. Chairman, I yield myself such time as I may consume.

Before yielding to our distinguished whip, let me underscore the important contribution to the fight against HIV/AIDS of Bonobo who has worked with us on all aspects of this problem and whose leadership worldwide is deeply appreciated by all of us concerned with this issue.

Mr. Chairman, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the distinguished Democratic whip, a leader on this and all issues in this body.

Mr. HOYER. Mr. Chairman, I thank the gentleman from Iowa (Mr. LEACH) in congratulating the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS), ranking member, as well as the extraordinary work that has been done by the gentlewoman from California (Ms. LEE) as a Member of Congress and before she got to Congress.

Mr. Chairman, the great Dr. Martin Luther King, one of the world’s great humanitarians, once said, “We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly.”

Today, through this truly historic, bipartisan legislation authorizing $15 billion over the next 5 years for overseas care, treatment and prevention of AIDS, we recognize that our Nation has a moral sense, it is probably the deepest philosophical issue of our time. Indeed, the global AIDS epidemic might be considered an epidemic of Biblical proportions.

Everyone in this Congress understands that foreign assistance is controversial, but we are, after all, a brother’s keeper. We must be concerned for our own families. To the degree AIDS is not thwarted abroad, it threatens our own shores.

The source scourge of AIDS knows no borders. It does not discriminate. It targets every one of us, infecting some 42 million people around the world, two-thirds of them from Africa.

As my good friend the gentleman from California (Mr. LANTOS), who has been shepherding this bill today, and the ranking member from Illinois (Chairman HYDE) to bring this legislation to the floor today, stated in the markup of this bill, this health care crisis ruins families, communities and whole nations, fueling violence and crime and ripping apart families and communities. But most of all I want to simply express my appreciation for the gentleman from Illinois (Mr. HYDE). This is the most important bill he has ever shepherded through Congress. It is going to be a seminal mark in his career, and we are all in his debt.

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Mr. HYDE. Mr. Chairman, I am very pleased to yield 5 minutes to the distinguished gentleman from Florida (Mr. WELDON) who, as an original cosponsor of this legislation, has made an invaluable contribution.

Mr. WELDON of Florida. Mr. Chairman, I rise today in strong support of this legislation, and I want to commend the chairman and ranking member for their open-mindedness in allowing me to be a part of this process.

The bill before us today is a demonstration of the American people extending the hand of compassion and hope to millions of people suffering worldwide from AIDS.

The level of commitment to end HIV/AIDS demonstrated in this bill before us today is long overdue. Previous attempts to address the issue of global HIV/AIDS channeled millions of dollars into unaccountable multilateral efforts.
H.R. 1298 reforms the status quo, ensures the most effective use of every dollar and puts new policies in place to help. The bill sets the stage for overcoming AIDS by focusing on real solutions, such as the model provided by Uganda.

The bill requires financial accountability and opens doors to programs that do not work. The bill sets a precedent by doing much with little. H.R. 1298 features a strong abstinence education component that has proven effective in saving lives by eliminating risky sexual behavior.

This is a very important point. One of the most promising components of H.R. 1298 is a clear focus on prevention through education. The bill promotes primary prevention by funding activities that help individuals avoid HIV infection. Instead of just working to reduce the prevalence of HIV/AIDS, this bill seeks to help young people adopt behaviors where the risk of HIV/AIDS can be eliminated. No longer do we just seek to manage the sure death of those infected. This bill empowers young people to participate in a future free from the behavioral risks of contracting HIV/AIDS.

The bill distinguishes between true primary prevention efforts, such as abstinence education, from intervention activities that promote condoms under the guise of prevention. The bill distinguishes between prevention services that are appropriate for everyone and preventive intervention that helps a segment of the population engage in risky behavior. As a physician who previously cared for AIDS patients, I know that encouraging this primary prevention approach will save lives, and save money.

Another component of the bill is bringing faith-based organizations into full participation with efforts to combat HIV/AIDS. Local churches and faith-based groups promote behavior changes that encourage people to resist the HIV/AIDS epidemic associated with HIV infection, and treat those afflicted with the disease and care for orphans.

The Catholic Church alone currently cares for one in four people being treated by HIV/AIDS worldwide. Mission organizations already possess much of the infrastructure, experience, knowledge and compassion necessary to combat AIDS. They also have a history of respecting the culture and values of the communities and peoples so that lasting relationships and change can occur. And faith-based groups are doing this in the most remote areas with the greatest need.

Up until now, resources that could have helped the efforts of churches and faith-based approaches have been soaked up by large international special interests. My missionary friends in Africa tell me about the many hats, t-shirts, and t-shirts that UNAIDS provides to promote condoms and HIV/AIDS awareness. Unfortunately, few real resources are provided to help prevent HIV/AIDS infection.

I am personally aware of faith-based organizations that have been in-country for years, that have the support of the community, that have the support of the government and have brought people of different faiths together around the issue of combating HIV/AIDS in a culturally and age-appropriate, but yet have been refused resources through USAID and UN-funded programs. Or they have been given a deal to promote condoms or get nothing.

H.R. 1298 would open up new avenues to fund powerful faith-based efforts that save lives in the poorest and most remote places. I strongly encourage all of my colleagues on both sides of the aisle to support this legislation.

Mr. Chairman, I am delighted to be an original cosponsor of the bill, and I again commend the chairman, the ranking member and their staff for crafting what I feel is a very, very good piece of legislation.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 5 minutes to my good friend, the distinguished gentlewoman from California (Ms. Lee), who has brought boundless energy and bold passion to this legislation. She has been the leader on our side on this entire matter.

Ms. LEE. Mr. Chairman. Let me first thank our ranking member, the gentleman from California (Mr. Lantos), for those very kind and generous remarks, and let me thank the gentleman for his leadership in helping to ensure that our Democrats really saw the goal and understood our mission and helped make sure that this was a bipartisan bill.

I want to thank the gentleman from Illinois (Chairman Hyde) for his leadership, and for, again, I think, setting an example that on issues of common concern, from education to the ground that are making a difference with minimal resources, like the Zanmi Lasante Clinic, run by Dr. Paul Farmer and the dedicated people at Partners in Health.

And we also know from the indication of Uganda that when a country unites in the battle against AIDS, through the leadership, through its president, members of the government and civil society, and when everyone really engages in open dialogue about sex and AIDS, the triumph over abstinence, faithfulness and safe sex through the use of condoms, the HIV/AIDS rate can be reversed. In this case, it came down from 15 percent in 1991 to 5 percent 10 years later. But it took all three strategies. No preference is given to one over the other.

This bill we have before us today really recognizes these possibilities. But, more importantly, it sends a message to the world that the United States will not sit idly by and allow AIDS to wreak havoc on the human family.

By committing $3 billion a year to fighting global HIV/AIDS and the two largest opportunistic infections that feed off of AIDS, tuberculosis and malaria, we will virtually double our global AIDS budget in the next year.

Several years ago when we won a $40 million increase in global AIDS spending in 2000 under the leadership of the chairman of the minority leader, the gentleman from California (Ms. Pelosi), we felt that that was a major victory and a major accomplishment. This legislation now puts those living with

The Caribbean, which is ranked as the second most affected region behind Africa, is also facing a devastating situation because of AIDS. In Haiti, where over 90 percent of all AIDS cases in the Caribbean are, Haiti has the unfortunate distinction of being the only country outside of Sub-Saharan Africa with a youth prevalence rate of over 65 percent.

Despite the devastation that HIV and AIDS has caused within Africa and the Caribbean, the disease is truly a global killer. Even here at home, in my own district in Alameda County, we have been forced to declare a state of emergency to deal with the AIDS crisis. Now the disease is poised to run rampant through India, China and Russia, where a lack of information is contributing to the spread of the disease among poor and rural populations.

So without a truly global effort to halt the spread of this disease, to provide care and treatment to those who are infected and affected by HIV and AIDS, we will all face a humanitarian disaster, the likes of which the world has never seen before.

But there is hope. We have the knowledge to stop the spread of HIV, and we have the drugs to prolong the lives of the infected with AIDS. The challenge is how we translate this knowledge and these resources to people living in the developing world.

Yet even in a country as poor as Haiti, there are already programs on the ground that are making a difference with minimal resources, like the Zanmi Lasante Clinic, run by Dr. Paul Farmer and the dedicated people at Partners in Health.

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Mr. Chairman, so many here are aware of the devastation with our own eyes. Over the 15 years that I have been in Congress, I have spent time during my first year visiting hostels and hospitals where HIV and AIDS patients were dying, and it was a time when many people throughout the world were crying out for help. I was devastated because their voices were not being heard. People were dying all around us.

Voltaire said, "Nothing is as powerful as a dream shared in time." The dream that we should really fight this devastating disease, the fact that people around the world are being devastated, not because of anything that is abnormal, but because of something that has just entered into this society. And so I hope that we will keep the legislation intact. I am proud to stand here and say that we are doing probably the greatest thing that we have done since I have been in the Congress, as has been mentioned earlier today.

Mr. HYDE. Mr. Chairman, I am pleased to yield 3 minutes to the distinguished gentleman from New Jersey (Mr. PAYNE), the ranking member of the Subcommittee on Africa of the Committee on International Relations, my good friend who has been one of the strongest leaders on this whole issue in this Congress.

Mr. PAYNE. Mr. Chairman, let me express my strong support for this legislation and begin by commending the Bush administration for this initiative of $15 billion new dollars. I would like to also commend the gentleman from Illinois (Mr. HYDE), the chairman of the Committee on International Relations, for standing up to criticism primarily from his own friends. In spite of the criticism, the gentleman from Illinois showed that he still has the competitive drive that he had as an outstanding basketball player, that when the game got close, when it got tough, when it was needed, that last push, he stayed the course; and I would like to certainly commend him for that.

We appreciate the work of the gentleman from California (Mr. LANTOS) and the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH). We have all come together.

Let me just say that I have seen the devastation with my own eyes. Over the 15 years that I have been in Congress, I have spent time during my first year visiting hostels and hospitals where HIV and AIDS patients were dying, and it was a time when many people throughout the world were crying out for help. I was devastated because their voices were not being heard. People were dying all around us.

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Mr. CASTLE. Mr. Chairman, I want to commend the administration as well, as a lot of others have spoken to today. The leadership of this House, and particularly the gentleman from Illinois (Chairman Hyde) and the ranking member, the gentleman from California (Mr. Lantos), has done an extraordinary job. Members who really care about issues such as this.

This is important legislation that will dramatically increase the United States' role in combating HIV/AIDS globally over the next 5 years. In President Bush's State of the Union address he called for an increase in the U.S. commitment to combat the global AIDS pandemic. I am pleased that today we are debating a holistic approach to combat such a destructive disease. The legislation creates a more responsive, coordinated, and effective approach among the various agencies of the United States Government involved in the war against HIV/AIDS and approves up to $15 billion for the Global Fund for AIDS, Tuberculosis, and Malaria for fiscal year 2004.

I have seen firsthand the devastation that AIDS has had on the people of Africa, and I believe that the United States and the rest of the developed world must act now to help end the suffering and hardship caused by this terrible disease.

When I visited Zimbabwe, Nigeria, and South Africa several years ago, I saw the overwhelming impact that AIDS was having, not only on those adults afflicted with the disease, but also on thousands of orphans that the disease creates. In some countries, one-fifth to one-third of the children have already been orphaned by the disease. I am pleased that today's measure authorizes the President to establish pilot programs to create and treat orphans and young children.

The work of my constituent, Jeff Busch, have learned about and supported the work of the Safe Blood for Africa Corps. This small, not-for-profit company has the goal of safeguarding the blood supply in sub-Saharan Africa from infectious diseases such as HIV, Hepatitis B, and Hepatitis C.

I have supported their efforts to fund a first-strike program of HIV/AIDS prevention in sub-Saharan Africa that would immediately begin to save between 350,000 and 500,000 lives by utilizing rapid blood testing to provide for the transfusion of safe blood. The President has cited Uganda as the model country for putting together an effective response to AIDs. Uganda has been very aggressive in their approach, and it is important to note that they first addressed the problem of cleaning the blood supply.

In conclusion, the Bush administration has dedicated the war on HIV/AIDS in developing countries a top priority, and I strongly believe that this important legislation will push this goal forward. Mr. Chairman, 40 million people are currently infected and 25 million have died of AIDS worldwide, including more than 3 million people last year alone. Now is the time for our Nation to step up and halt this most deadly disease.

Mr. LANTOS. Mr. Chairman, I am delighted to have 1 minute to my good friend, the gentleman from Pennsylvania (Mr. Hoeffel), a distinguished member of the Committee on International Relations and a strong leader on this and on so many other issues.

I rise in strong support of H.R. 1298. I want to salute the great work of the gentleman from Illinois (Chairman Hyde); the ranking member, the gentleman from California (Mr. Lantos); and President Bush for coming together to make this $15 billion commitment over 5 years to help curb the spread of AIDS around the world.

One of the best parts of this bill is its balanced approach that treats equally importantly abstinence, marital fidelity, and the use of condoms to fight the spread of AIDS. I salute that balanced approach, and that is why it is so important to defeat the Pitts amendment and the Smith amendment. The Smith amendment would allow faith-based organizations that can be funded under this bill under the terms of the legislation to actively discourage the use of condoms. That makes no sense, and that destroys the balance that is currently in this legislation. The Pitts amendment would allow a particular amount of funding to go specifically and only for programs that only promote abstinence.

Listen, abstinence works perfectly if it is used perfectly, but it is not. Everybody abstains. We need to pass this bill as is. It is balanced and it is very good.

Mr. HYDE. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from Iowa (Mr. King).

Mr. KING of Iowa. Mr. Chairman, our Nation is greatly blessed. We have a responsibility to our fellow man. When rampaging machete mobs began masacring Rwandans, I believed then and I believe now that we should have deployed troops more than once.

I agree with the principles expressed by President Bush in this very Chamber in his State of the Union speech when he said: "We exercise power without conquest and we sacrifice for the liberty of strangers. Americans are a free people who know that freedom is a right of every person and the future of every nation. The liberty we prize is not America's gift to the world; it is God's gift to all mankind."

Now we face an AIDS crisis in Africa. It is severe. We have the unique opportunity to help save and extend the lives of Africans. However, we must ensure that our efforts to fight AIDs in Africa do not infringe upon their liberty, their freedom, and the right to life of unborn Africans.

The travesty of family planning and population control funding being used to subsidize abortion providers and counseling is not new to Congress. In fact, in 1970, Congressman Schmitz of California accurately predicted the consequences of providing funding without restrictions.

We know the results of that. He said on that day: "The bill before us today . . . would commit the U.S. Government to the life prevention business at an estimated cost of more than a quarter of a billion dollars." As we know, the rise in the cost of the program is under way, with no end in sight. Congressman Schmitz was right. In 1999, Planned Parenthood received $51 million. Effectively, we are subsidizing abortion services.

Today we are poised to distribute AIDS assistance to those who are currently without hope in Africa. Hopefully, a large portion will go to prove abstinence, medical treatment, and as a last resort, condom distribution.

However, none of the billions for relief in Africa should be used to fund abortions. No United States taxpayer money should fund groups that provide abortion services or counseling. We will not subsidize the lives of babies at the expense of humanity.

Mr. LANTOS. Mr. Chairman, I am very pleased to yield to my good friend and distinguished colleague, the gentlewoman from California (Mrs. Capps).

Mrs. CAPPs. I thank my colleague for yielding time to me, Mr. Chairman.

Mr. Chairman, I rise in support of the Pitts amendment. Devoting significant resources to the biggest health threat in the world, the global HIV/AIDS pandemic, is an excellent use of taxpayer dollars, as long as we focus on preventing the worst.

For example, the people of Uganda have had great success controlling the spread of HIV/AIDS, and they did it with a comprehensive program that did...
Mr. KOELBE. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in my capacity as chairman of the Subcommittee on Foreign Operations, Export Financing and Related Programs on the Committee on Appropriations to discuss this bill, H.R. 1298. It is our subcommittee's concerns as well as the House as a whole that prompted me to move the Pitts amendment.

There are many other provisions, some of which appear unnecessary to this bill, one of which is clearly contradictory; but I want to address these three core provisions in the time that I have available.

I commend the gentleman from Illinois (Chairman Hyde) and the ranking member, the gentleman from California (Mr. LANTOS), for their work in crafting legislation that could bring much-needed policy coherence and effective management to the outpouring of well-meaning but, frankly, scattered initiatives designed to arrest the worldwide HIV/AIDS pandemic.

I would ask the gentleman from Illinois (Chairman Hyde) and the members of the Committee on International Relations to take into consideration several of our subcommittee's concerns as they move this bill toward enactment.

First, as the proposed 5-year strategy will not be in place, at the earliest, until midway through the next fiscal year, the funds appropriated for fiscal year 2004 will have to reflect the strategies and use the delivery systems now in place. For that reason, I would caution against legislating the Uganda model on a global basis or limiting increased funding to only 14 countries before that strategy is in place or Congress has had an opportunity to review it.

Second, the legislation under consideration today fails to give the role of the AIDS coordinator into a de facto agency administrator. I have serious reservations about giving someone who was designated a coordinator within the State Department the authority to make grants, operate in foreign countries, and interface with the Global Health Bureau of USAID or the Centers for Disease Control. Why are we creating an entire new Federal bureaucracy to administer the program when one already exists?

I also object to the language which would allow the coordinator to transfer money from prior-year appropriations or to establish a new account in the Treasury for which no funds have been appropriated.

Third, the bill welcomes the flexibility to continue funding for the Global Fund at or above the current level of almost $350 million. But in all candor, the budget resolution does not permit fiscal 2004 funding anywhere near the $1 billion the Administration has asked for by this legislation. Thus, we are only creating false expectations about what our Committee on Appropriations might be able to do this year.

Mr. Chairman, having spent much time over many years on the critical issues addressed by this bill, I am truly pleased to see that the Congress is grappling with HIV/AIDS as an international issue. The legislation before us today is a helpful start, but much work remains to be done if we are to have effective implementation of programs to combat HIV/AIDS around the world.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1 minute to my good friend and distinguished colleague, the distinguished Gentlewoman from Minnesota (Ms. MCCOLLUM), a member of the Committee on International Relations.

Ms. MCCOLLUM. Mr. Chairman, today's bipartisan effort to increase our aid for global initiatives that are most at risk from contracting this horrible virus. Our efforts will have massive implications for the stability and prosperity of whole communities, societies, and regions of the world, a tremendous privilege and an awesome burden.

It is not every day that Members of Congress have the opportunity to jumpstart a process. So let us appropriate money from prior-year appropriations to establish a new account in the Treasury for which no funds have been appropriated.

Let us not miss the opportunity to do a great deal of good in the world: to improve the lives of people living with AIDS, to help AIDS orphans survive and thrive, and to prevent millions of those who are most at risk from contracting this horrible virus. Our efforts will have massive implications for the stability and prosperity of whole communities, societies, and regions of the world, a tremendous privilege and an awesome burden.

America possesses the wealth, the knowledge, the leadership to partner with the people of Africa to save lives, offer dignity to the dying, and provide opportunity to orphans struggling for survival. Our fight against AIDS at home, in Africa, and around the world is both a strategic and humanitarian battle that reflects the greatest strengths and the absolute goodness of the American people.

Standing together, let us pass this bill today and empower the people of Africa to use every means available and necessary to treat and stop the spread of AIDS. Today, the people of America and Africa stand together in our fight against AIDS. I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for their work.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1 minute to my good colleague, the distinguished Gentlewoman from California (Ms. WATERS), a distinguished Member of this body and a leader on this issue.

Ms. WATERS. Mr. Chairman, I thank the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), for their superb leadership on attacking the HIV/AIDS disaster in Africa.
I take this moment to rise in strong support of H.R. 1298, and to thank my friends and colleagues for the many years of struggle and hard work that has brought us to this point of getting President Bush to support this effort. The struggle against the AIDS pandemic has been a long one, with the developmental activists, thanks to the work of the gentlewoman from California (Ms. PELOSI) when she was on the Committee on Appropriations; and the gentlewoman from California (Ms. LEE) for the leadership she has provided; and the gentleman from New Jersey (Mr. PAYNE) and all the other Members of Congress.

Thanks to President Clinton for establishing the Global AIDS Fund that we are putting the money in today. Thanks for the trip that he made to Africa, where we all had the opportunity to visit what was going on, the clinics in Uganda and other countries of Africa.

It has been a lot of hard work. I am pleased and delighted that we are here today working in a bipartisan way to put money into this Global Fund, but it did not happen overnight. Again, I thank Members for all the years of work and struggle.

Mr. LANTOS. Mr. Chairman, I am very pleased to yield 1½ minutes to my good friend and distinguished colleague, the gentleman from New York (Mr. ENGEL), a valued member of the Committee on International Relations.

Mr. ENGEL. Mr. Chairman, I thank my friend for yielding time to me.

I want to congratulate the gentleman from California (Mr. LANTOS) and the gentleman from Illinois (Mr. HYDE) and the gentlewoman from Iowa (Mr. LEACH) for their strong support and leadership on this bill. I particularly want to single out my colleague, the gentlewoman from California (Ms. LEE), who has led a good, long fight for so many years. This is truly something all of us can take pride in, that the gentlewoman from California (Ms. LEE) has certainly led the way.

Mr. Chairman, this is a bipartisan, middle-of-the-road bill, a good bill. We should allow no ideological fights in this bill. This is not a fight about abortion; it is a fight about saving lives. The Uganda approach, which has abstention and marital fidelity and condoms, and we have to have condoms if we are going to fight this battle, is a very effective approach.

Let us look at AIDS. AIDS has killed over 20 million people since the epidemic began. Another 8,000 people die each day, with 68,000,000 deaths predicted by 2020 unless the world takes action. Experts say a strong global response prevent nearly two-thirds of those new infections, saving tens of millions of lives.

What this bill does is respond to this crisis. It authorizes the bold initiative announced by Mr. President Bush. I want to say I was pleased to be in the White House 2 days ago with President Bush when he announced this initiative. This will provide $15 billion, including $10 billion in new money to fight HIV/AIDS in Africa and the Caribbean.

The proposed bill will help prevent 7 million new infections, provide care and support for 10 million HIV-infected individuals and AIDS orphans, and offer direct antiretroviral therapy for 2 million of those infected.

H.R. 1298 is only an authorization bill. We need to fight in the appropriations process for real resources to match the promises made in H.R. 1298.

Mr. LANTOS. Mr. Chairman, I am delighted to yield to my good friend, the gentlewoman from New York (Mrs. MALONEY), a distinguished Member of this body.

Mrs. MALONEY. Mr. Chairman, I thank the gentleman for yielding time to me, and for his leadership.

I rise in strong support of the bill and in opposition to the Pitts amendment. We must remember that HIV/AIDS is preventable. That is why I support the ABC approach to prevention, which encourages abstinence, fidelity, and barriers to preventing the spread of HIV/AIDS.

While we all believe that abstinence and fidelity are important methods of prevention, a full, balanced, and comprehensive range of options, including condoms, is a responsible plan of attack, and attack is what we must do.

We must attack this rampant epidemic with full force, full funding, and full freedom of information.

I remember when then Ambassador Richard Holbrooke first brought the issue of HIV/AIDS as a national security crisis to the U.N. Security Council. We quickly learned that HIV/AIDS is not only a public health crisis; it is an economic crisis, an international security crisis, and a moral crisis.

非洲的需要和战斗对艾滋病的感染是有效的。这已经不是一个统计数据，而是通过生活影响。在非洲和亚洲，5000万人在过去的25年中失去了生命。要阻止这一恶性循环，我们必须承认，没有足够的资金和资源，我们将无法战胜艾滋病。这是一场必须赢的战斗，否则我们将输掉整个世界。
American commitment to the international fight against HIV/AIDS and is vital for gaining funds from other donor countries.

In his State of the Union address President Bush announced his 5-year plan to fight HIV/AIDS but he only allotted $200 million each year to the Global Fund. This bill greatly increases the U.S. commitment to the Global Fund.

As HIV/AIDS ravages Africa, the Caribbean and now explodes in Asia and the former Soviet Union, clearly no single nation has the ability to prevent the spread of AIDS or to adequately treat its victims. This international disease must be stopped with international and multi-lateral action.

Mr. Speaker, we must support this bill and the Global Fund to fight AIDS, TB, and malaria. It is the least we can do.

Mr. LANTOS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this is a historic moment in dealing with global humanitarian legislation. What we were doing today with bipartisan basis will save the lives of tens of millions of innocent people across the globe. We are doing it on a bipartisan basis with the typical generosity and humanitarian instincts of the American people.

This is legislation we must all be proud of. It should pass with an overwhelming majority. We are supportive of the legislation. We are grateful for the President's support and we fully anticipate that lives around the globe will be improved as a result of our efforts.

Mr. Chairman, I yield back the balance of our time.

Mr. HYDE. Mr. Chairman, I yield the balance of our time to the distinguished gentlewoman from Florida (Ms. HARRIS).

(Ms. HARRIS asked and was given permission to revise and extend her remarks.)

Ms. HARRIS. Mr. Chairman, I thank the gentleman from Illinois (Mr. HYDE) for yielding me this time.

Mr. Chairman, as our Nation confronts the threats of terrorism, tyranny, and weapons of mass destruction, we must not forget the ethical and practical imperative to fight nature's weapons of mass destruction which manifests themselves in the form of global epidemics, such as AIDS.

President Bush and this Congress have demonstrated extraordinary courage and moral leadership in focussing our Nation's attention on this critical matter of national security. H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, implements the President's visionary proposal to combat AIDS and other infectious diseases in Africa as well as on a global scale. This legislation models programs that have experienced tremendous success throughout the world, most notably in Uganda that has proven effective.

Such programs work with existing cultural dynamics to combat the existing humanitarian crisis, while promoting the essential long-term societal changes that will stop the spread of these dreadful diseases.

As a freshmember of Congress, I am heartened to note the bipartisan support that has accompanied our consideration of this vital legislation. The speed and effectiveness with which we have joined the fight against the global scourge of AIDS tuberculosis, and malaria shows the American people that we can indeed work together as a world to be freer, safer, healthier and more just.

I thank the gentleman from Illinois (Mr. HYDE) for his extraordinary vision and leadership in this momentous bill. I urge the passage of the legislation.

Mr. LARSON of Connecticut. Mr. Chairman, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. While much of our focus over the past two years has been on the eradication of terrorist threats from radical and evil dictators, we must not forget the threat posed by a non-human terrorist: HIV/AIDS. More than 42 million people in the world are living with HIV/AIDS. Nearly 30 million of those people live on the continent of Africa and includes 3 million children under age 15.

As many of us in Congress have worked hard over the years to strengthen HIV/AIDS programs, I was particularly pleased to hear the President acknowledge this threat during his State of the Union address in January. Today Congress has a chance to strengthen this global pandemic.

Specifically, this bill would authorize $15 billion over five years to fight the HIV/AIDS pandemic, including up to $1 billion for the Global Fund to Combat HIV/AIDS, Tuberculosis, and Malaria in Fiscal Year 2004. It would also create a five-year comprehensive, integrated, global strategy to strengthen the U.S. capacity to respond to the HIV/AIDS pandemic. Additionally, an HIV/AIDS Response Coordinator within the Department of State would be created to oversee this plan.

I am particularly pleased by the bipartisan support that this legislation has garnered.

I thank the gentleman from Illinois (Mr. HYDE) for introducing this bill and working with both sides of the aisle to bring to the floor today a bill that can be widely supported. Our goal should not be to impose our values on another culture, but to exhibit our values by showing care and compassion for our global neighbors. By supporting programs like the successful Ugandan ABC campaign (which says Abstain; if you can’t abstain, Be Faithful; if you can’t be faithful, use a Condom) we can effectively address this crisis.

Again, I support this legislation and encourage my colleagues to join me. We have the opportunity today to make a commitment to improve the lives of millions of people and ease the suffering of an entire continent. However, the fight against HIV/AIDS is far from over and we must live up to the commitment we make today by fully funding these programs in the future.

Mr. TOWNS. Mr. Chairman. I support the attempt in this bill to provide medical assistance to prevent and treat HIV/AIDS. To understand the importance of this assistance, we must get a firm grasp on the enormity of this problem. AIDS is truly a global killer. The virus respects no national boundaries, no religious affiliation, no race, no gender, and no age. In Sub-Sahara Africa, the region of the world most severely affected by HIV and AIDS, there are an estimated 25.3 million persons infected with the virus. In 7 African countries, 20 percent of the population is affected. In Botswana, 1 in 4 adults is estimated to be the adult population is infected with HIV.

Other regions of the world have equally alarming statistics. In Asia, the world’s most populous continent, 3.5 million people are infected with HIV. Eastern Europe has the most rapidly rising rate of growth in HIV in the world. In 20 short months, the number of infected persons in the Russian Federation rose from 10,000 to 70,000. In Latin America, an estimated 1.9 million people are infected with HIV. In the Caribbean, HIV has impacted about 400,000 people.

HIV and AIDS is the leading cause of death in Africa and the fourth leading cause of death worldwide. In the countries most affected in Africa, life expectancy has declined by 10 years and the infant death rates have doubled.

This disease has ravaged families. In the developing world, the loss of one parent can mean either the loss of income, the end of educational opportunities for children and an increase in child labor. The loss of both parents can be devastating. It has been estimated that by 2010 there will be 40 million children in Africa who have been orphaned because of the AIDS virus. That is equivalent to every child living east of the Mississippi River in this country.

I know this is a grim picture, but to paint a rosy scenario would be inappropriate. Compassion and concern are not enough. We must take concrete action, here and now. This epidemic can be stabilized and reversed. We must work effectively with leaders of the world to achieve these outcomes. Africa’s tragedy can be reversed and a similar cataclysm can be avoided in other countries. This legislation is a good step forward in addressing this issue.

But we must be prepared to take the next step and assist countries impacted by these diseases.

Mr. SCHIFF. Mr. Chairman, I rise in support of this important legislation that will enable us to effectively combat the global scourges of HIV/AIDS, tuberculosis, and malaria. I am grateful for the bipartisan leadership of my colleagues who authored and were original co-sponsors of this bill especially Chairman HYDE, Ranking Member LANTOS, Mr. WELDON, Ms. LEE, and Mr. LEACH.

This legislation enables the United States to take strong leadership role to ameliorate, and, ultimately to eradicate, one of the most devastating diseases that man has ever encountered. We count the victims of HIV/AIDS in the tens and hundreds of millions, worldwide. It is a disease that affects men and women, adults and children. Its impact is most devastating on the poorest, those with the least capacity to deal with the ravages of this disease or to act effectively to prevent its spread. By affecting so many millions across societal cross-sections, this disease presents a humanitarian crisis of unprecedented magnitude. Furthermore, the HIV/AIDS pandemic is a potentially destabilizing force that presents a grave threat to international security.

The African nations have been especially hard hit by the epidemic of HIV/AIDS and...
other diseases. Together, HIV/AIDS, tuberculosis, malaria, and related diseases are undermining agriculture production throughout Africa—aggravating disease with hunger. This bill will address these global problems by authorizing $15 billion to combat HIV/AIDS, tuberculosis, and malaria through a comprehensive five-year integrated strategy. This legislation will use these funds effectively by promoting inter-agency coordination, supporting the expansions of public/private partnerships, and using targeted programs that will especially benefit children and families affected by HIV/AIDS.

Of course we must continue to work aggressively to combat the spread of this disease here in the United States and to continue our efforts to research a cure and to aid our own countrymen afflicted with this terrible illness. I am proud to be a co-sponsor of this vital legislation to attack one of the most significant threats to global health. I am pleased with the bill that the International Relations Committee passed, and I urge my colleagues to support his bill.

Mr. PAUL. Mr. Chairman, as a physician I am particularly concerned about terrible diseases like AIDS. I have great sympathy for those—in increasing numbers—who suffer and die around the world. The question is not whether we are one of those concerned or would like to do something about this terrible problem. The question is whether yet another massive government foreign aid program will actually do anything at all to solve the problem. The United States has been sending billions and billions of dollars overseas for decades, to do fine-sounding things like “build democracy” and “fight drugs” and “end poverty.” Yet decades later we are told that in every category these things have actually gotten worse rather than better. Our money has disappeared into bank accounts of dictators and salaries for extremely well-paid consultants and U.S. Government employees. Yet we refuse to learn from these mistakes; we are about to make another multi-billion dollar mistake with this bill.

Though I have not been in favor of Federal Government funding of healthcare, if this money is going to be spent why shouldn’t it be spent in this country, on American citizens? One legitimate function of government is to protect its citizens and taxpayers. Yet thousands of Americans who have contracted this terrible disease find themselves without any healthcare at all. Thousands of these Americans, as they become ill, are no longer able to work and therefore lose their insurance coverage. Drugs to treat the disease become impossible to afford; those with disease end up along the way. I seriously wonder whether negative perceptions of those at risk in this country do not drive this push to send billions abroad rather than address the disease here at home. I believe that if this money is to be spent it should be spent on Americans, regardless of what some may think about those high-risk groups.

Bills like the one we are considering today also force Americans to fund programs and organizations that many find morally objectionable, such as those that distribute condoms and perform abortions. While some amendments we are voting on today admirably seek to address some of these concerns, the fact remains that this bill even if amended unconstitutionally sends U.S. taxpayer money overseas and inappropriately engages in social engineering abroad. None of the amendments address the immorality of forcing Americans to fund organizations engaged in family planning, performing abortions, and distributing condoms. As Thomas Jefferson famously said, “To compel a man to furnish funds for the propagation of ideas he disbelieves and abhors is sinful and tyrannical.” That is why I have introduced H.R. 1548, a bill to prohibit any Federal official from expending any Federal funds for any population control or population planning family planning activity. What we are seeing today on thefloor just underscores the need to pass H.R. 1548—to end this tyrannical and sinful practice of forcing Americans to pay for programs they believe to be immoral and evil.

Mr. Chairman, at a time when the government is running record deficits, is engaged in an enormously expensive war in Iraq and Afghanistan and elsewhere, and is even cutting veterans benefits, I find it extremely irresponsible that we are considering sending additional billions overseas in yet another dubious program. Additionally, I am greatly concerned that the billions we are contributing to the “Global Fund” will be going to organizations that support and perform abortions, prostitution, infanticide, and are lobbying for the right to kill our children. I oppose this bill to prevent this, only faith that the Coordinator will exercise good judgment in these matters. That is simply not sufficient. I strongly oppose this bill and urge my colleagues to do likewise.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in support of H.R. 1298, the “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.” I also rise to applaud the efforts of Mr. HYDE, Mr. LANTOS, Mr. WELDOW, Ms. LEE, and Mr. LEACH to get this bill to a floor vote so that the members of the House of Representatives can do our part to fight the spread of infectious diseases.

I support H.R. 1298, because HIV/AIDS, tuberculosis, and malaria are killing men, women, and children in countries across the globe. And the United States, a country blessed with expert physicians, scientists, corporations, and governmental agencies should take the lead in the worldwide efforts to combat the effects of these diseases.

H.R. 1298 contains many provisions that help in the battle to contain the spread of these diseases and to provide assistance to those suffering from HIV/AIDS, TB, and malaria. Among other provisions, H.R. 1298 establishes a five-year global strategy to combat HIV/AIDS, TB, and malaria. It also supports voluntary contributions to the international vaccine funds, establishes pilot programs to place health care professionals in overseas areas and provide assistance to children and families affected by HIV/AIDS.

I, along with several other members of the House of Representatives, have also proposed amendments to supplement the provisions already written into the bill. These provisions will also combat the spread of HIV/AIDS, TB, and malaria.

As the Chair of the Children’s Caucus, I am particularly troubled by the pandemic of HIV/AIDS and the devastating impact this disease has had on children in Africa and worldwide. It has been over 20 years since AIDS was first diagnosed. Since then over 57 million people have been infected, 25 million people have perished, 4 million of which were children.

According to a study by UNAIDS, if the AIDS epidemic in Africa is not controlled, AIDS related deaths will make 40 million children orphans by the year 2010. Presently, there are more children orphaned in Africa due to parental AIDS deaths than there are children in America’s public school system. In Bangladesh, there are more children orphaned annually from AIDS than there are childbirths.

I have had the opportunity to see myself the devastating effect of HIV/AIDS, TB, and malaria on the citizens of African countries. I was a member of one of the first presidential missions to Africa. I have visited Zambibia, Uganda, and South Africa and seen the physical and emotional damage caused by infectious diseases. I have supported programs to change personal behaviors like the ABC Program which encourages youths to practice Abstinence, Be faithful, and use Condoms.

Congressional trips to Africa and support of initiatives are positive steps in the fight against aids. However, we can do much more to provide funding, actively participate in developing programs, conduct studies, and disburse medicines to the victims of HIV/AIDS, tuberculosis, and malaria in sub-Saharan Africa.

I reiterate my unwavering support for H.R. 1298. I encourage every member of the House of Representatives to also support H.R. 1298, as well as give serious consideration to the various amendments that have been offered to the bill. We must take swift and decisive action to prevent the further spread of infectious diseases. Each day that we delay the passage of H.R. 1298, thousands of people worldwide will die or be infected with HIV/ AIDS, TB, and malaria.

Mr. LANTOS, Mr. WELDOW, Ms. LEE, and Mr. LEACH’s efforts to prevent further infectious disease deaths. I support H.R. 1298, and I urge my colleagues to do the same.

Mrs. CHRISTENSEN. Mr. Chairman, I rise today to urge for the passage of H.R. 1298, and I want to commend my colleagues BARBARA LEE and TOM LANTOS, as well as Chairman HYDE and the entire CBC for getting us where we are today.

The White House has also come a long way.

And so I am pleased to support this bill, which now provides $1 billion for the global Fund where it can be leveraged to greater levels of funding through contributions from other sources.

Hopefully as we see its success, the U.S. will increase its contribution to the global Fund where I am convinced we can do the most good.

This bill wisely builds on the program in Uganda, where the three pronged approach of abstinence, being faithful to one partner, and condoms has shown much success.

This is a major victory, not for those of us who have urged this approach but for the people whose lives will be saved.

Lastly, I am very pleased that the Caribbean is included, specifically Haiti and Guyana, but here too I hope that we can see this funding expanded to other countries in the region, which also bear a heavy burden of HIV and AIDS.

We have come a long way in these two years in opposing the announcement of the $15 billion in the President’s State of the Union Address this year.

Although we can still improve upon this effort, passage of H.R. 1298 will mark a great
step forward in responding to this strong moral imperative. We look forward to working with our colleagues and the White House to continue to match what will surely be growing need, and to do the same for the HIV and AIDS epidemic right here at home.

Mr. NALEBIBI. Mr. Chairman, I yield strong support of H.R. 1298. This is an excellent bill that will save millions of lives throughout the world. It's an outstanding example of the kind of leadership the United States should be showing on public health issues, and I hope it's just the beginning of our work in this area. I'm deeply pleased that President Bush has stood up to the extremists in his party who wished to hijack this bill to push their ideological agenda. The radical right wing forces who oppose even the discussion as well as distribution of condoms as part of a balanced approach play a dangerous game with people's lives. Instead of allowing proven strategies to work, there are some who would rather watch a whole continent die than see condoms used. An abstinence-only approach is a death sentence for millions of people.

As I've said before, for too long this nation has stood by and paid closer attention to our wallet than to the millions of people dying of AIDS throughout the world. Up until now, we've been unwilling to spend the money necessary to combat this terrible disease. But today, we are hopefully reversing this trend and beginning a new era of American leadership on this issue.

We've seen incredible devastation throughout the world as a result of AIDS. Millions of children will grow up orphans and entire nations have been unable to sustain a healthy workforce, driving them even deeper into poverty. These are tragedies that we can help stop, but it takes money and political will. With this bill today, we take an important step in that direction.

I urge my colleagues to support this legislation and to oppose any amendments that weaken it.

Mr. HYDE. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the committee amendment in the nature of a substitute printed in the bill shall be considered as an original bill for the purpose of amendment under the 5-minute rule and shall be considered read

The text of the committee amendment in the nature of a substitute is as follows:

H.R. 1298

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Authority to consolidate and combine reports.
Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of a comprehensive, five-year strategy.

Sec. 102. HIV/AIDS Response Coordinator.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Sense of Congress on public-private partnerships.


Sec. 203. Voluntary contributions to international vaccine funds.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.

Sec. 305. Report on treatment activities by relevant executive branch agencies.

Subtitle B—Assistance for Children and Families

Sec. 311. Findings.

Sec. 312. Policy and requirements.

Sec. 313. Assistance to combat maternal, infant, and child mortality caused by HIV/AIDS and tuberculosis.

Sec. 314. Pilot program of assistance for children orphaned by HIV/AIDS.

Sec. 315. Pilot program on family survival partnership.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

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tuberculosis to others. Tuberculosis, in turn, accelerates the onset of AIDS in individuals infected with HIV.

(14) Malaria, the most deadly of all tropical parasitic diseases, has been undergoing a dramatic resurgence in recent years due to increasing resistance of the malaria parasite to inexpensive and effective drugs. At the same time, increased morbidity and mortality due to malaria indicates that malaria is a significant cause of childhood mortality. The World Health Organization estimates that between 300,000,000 and 500,000,000 cases of malaria occur each year, and annual deaths from the disease number between 2,000,000 and 3,000,000. Persons infected with HIV are particularly vulnerable to the malaria parasite. The spread of HIV in regions of Africa contributes to the difficulties of controlling resurgence of the drug resistant malaria parasite.

(15) HIV/AIDS is first and foremost a health problem. Successful strategies to stem the spread of the HIV/AIDS pandemic will require clinical medical interventions, the strengthening of health care delivery systems and infrastructure, and determined national leadership and increased budgetary allocations for the health sector in countries affected by the epidemic. As measures to address the social and behavioral causes of the problem and its impact on families, communities, and societal sectors.

(16) Africa is the continent that is struggling the most to prevent new HIV infections and to bring care and treatment to people living with AIDS, such as voluntary counseling and testing and mother-to-child transmission interventions. These are achieving successful results and are cost-effective. The challenge is to expand these interventions from a pilot program basis to a national basis in a coherent and sustainable manner.

(17) Appropriate treatment of individuals with HIV/AIDS can prolong the lives of such individuals, prevent secondary infections, prevent infection of others through sexual activities, provide care for those living with AIDS, and care for individuals infected with HIV/AIDS.

(18) Nongovernmental organizations, including faith-based organizations, with experience in health care and HIV/AIDS counseling, have proven effective in combating the HIV/AIDS pandemic and can be a resource in assisting indigenous organizations in severely affected countries to provide prevention services and care for individuals infected with HIV/AIDS.

(19) Faith-based organizations are making an important contribution to HIV prevention and AIDS treatment programs around the world. Successful HIV prevention programs in Uganda, Jamaica, and elsewhere have included local churches and faith-based groups in efforts to promote behavior changes to prevent HIV, to reduce stigma associated with HIV infection, to treat those afflicted with the disease, and to care for the infected. The Catholic Church, which alone currently cares for one in four people being treated for AIDS worldwide, has launched a program in Africa to address the needs of people living with HIV/AIDS. Faith-based organizations possess infrastructure, experience, and credibility that will be needed to carry out these activities.

(20) Faith-based organizations are making an important contribution to HIV prevention and AIDS treatment programs around the world. Successful HIV prevention programs in Uganda, Jamaica, and elsewhere have included local churches and faith-based groups in efforts to promote behavior changes to prevent HIV, to reduce stigma associated with HIV infection, to treat those afflicted with the disease, and to care for the infected. The Catholic Church, which alone currently cares for one in four people being treated for AIDS worldwide, has launched a program in Africa to address the needs of people living with HIV/AIDS. Faith-based organizations possess infrastructure, experience, and credibility that will be needed to carry out these activities.
(6) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or the Foreign Assistance Act of 1961 and the United States Foreign Service Act of 1980 and any other applicable authority.

SEC. 4. PURPOSE.
The purpose of this Act is to strengthen United States leadership and the effectiveness of the United States response to certain global infectious diseases by—

(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS that ensures the effective operation of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

(2) providing increased resources for multilateral efforts to fight HIV/AIDS;

(3) providing increased resources for United States bilateral efforts, particularly for technical assistance and training, to combat HIV/AIDS, tuberculosis, and malaria;

(4) encouraging the expansion of private sector efforts, a description of private sector partnerships to combat HIV/AIDS; and

(5) intensifying efforts to support the development of vaccines and treatment for HIV/AIDS, tuberculosis, and other diseases.

SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE REPORTS.
With respect to the reports required by this Act to be submitted by the President, to ensure an efficient use of resources, the President may, in his discretion and notwithstanding any other provision of this Act, consolidate or combine any or all of the reports required by section 101 of this Act, so long as the required elements of each report are addressed and within the required timeframe.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR STRATEGY.
(a) STRATEGY.—The President shall establish a comprehensive, integrated, five-year strategy to combat global HIV/AIDS that strengthens the capacity of the United States and other members of the international community to fight HIV/AIDS. Such strategy shall maintain sufficient flexibility and remain responsive to the ever-changing nature of the HIV/AIDS pandemic and shall—

(1) include specific objectives, multisectoral approaches, and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further spread of HIV infections, with a particular focus on the needs of families with children (including prevention of mother-to-child transmission), women, young people, and children (such as unaccompanied minor children and orphans);

(2) as part of the strategy, implement a targeted approach to direct delivery of care and treatment through a system based on central facilities augmented by expanding circles of local delivery of care and treatment through local systems and capacity;

(3) assign priorities for relevant executive branch agencies;

(4) reduce the severity that the reduction of HIV/AIDS behavioral risks shall be a priority of all prevention efforts in terms of funding, educational messages, and activities by promoting abstinence from sex, monogamy, and fidelity; promoting the effective use of condoms, and encouraging monogamy and faithfulness, promoting the effective use of condoms, and eradication of prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children;

(5) improve coordination among relevant executive branch agencies, foreign governments, and international organizations;

(6) project general levels of resources needed to achieve the stated objectives;

(7) expand partnerships and the leveraging of resources; and

(b) REPORT CONTENTS.—The report required by paragraph (1) shall include a discussion of the elements described in paragraph (3) and may include a discussion of additional elements relevant to the strategy described in subsection (a). Such discussion may include an explanation as to why a particular element described in paragraph (3) is not relevant to such strategy.

(c) REPORT ELEMENTS.—The elements referred to in paragraph (2) are the following:

(A) The objectives, general and specific, of the strategy.

(B) A description of the criteria for determining success of the strategy.

(C) A description of the manner in which the strategy will address the fundamental elements of prevention and education, care, and treatment (including increasing access to pharmaceuticals and to vaccines), the promotion of abstinence, monogamy, avoidance of substance abuse, and use of condoms, research (including incentives for vaccine development and new protocols), training of health care workers, the development of health infrastructure and delivery systems, and avoidance of substance abuse.

(D) A description of the manner in which the strategy will promote the development and implementation of national and community-based multisectoral strategies and programs, including those designed to enhance leadership capacity particularly at the community level.

(E) A description of the specific strategies developed to meet the unique needs of women, including the empowerment of women in international situations and children, including those orphaned by HIV/AIDS and those who are victims of the sex trade, rape, sexual abuse, assault, and exploitation.

(F) A description of the manner in which efforts will be undertaken to maximize United States contributions in the areas of technical assistance, training (particularly of health care workers and community-based leaders in affected sectors), and research, including the promotion of research on vaccines and microbicides.

(G) An identification of the relevant executive branch agencies to be involved and the assignment of priorities to those agencies.

(H) A description of the role of each relevant executive branch agency and the types of programs that the agency will be undertaking.

(I) A description of the mechanisms that will be utilized to coordinate the efforts of the relevant executive branch agencies, to avoid duplication of efforts, to enhance on-site coordination efforts, and to ensure that each agency undertakes programs primarily in those areas where the agency has the greatest expertise (including physicians, nurses, and supervisors of health institutions by encouraging critical partnerships with the private sector entities and to leverage resources.

(J) A description of the ways in which United States leadership will be used to enhance the overall international response to the HIV/AIDS pandemic and particularly to heighten the emphasis of the G-8 and to strengthen key financial and coordination mechanisms such as the Global Fund and UNAIDS.

(K) The level of resources that will be needed on an annual basis and the manner in which those resources would generally be allocated among the relevant executive branch agencies.

(L) A description of the mechanisms to be established for monitoring and evaluating progress in terms of outcomes, indicators, and for terminating unsuccessful programs.

(M) A description of the manner in which private, nongovernmental entities will factor into the United States Government-led effort and a description of the type of partnerships that will be created to maximize the capabilities of these private sector entities and to leverage resources.

(N) A description of the ways in which United States leadership will be used to enhance the overall international response to the HIV/AIDS pandemic and particularly to heighten the emphasis of the G-8 and to strengthen key financial and coordination mechanisms such as the Global Fund and UNAIDS.

(O) A description of the manner in which the United States strategy for combating HIV/AIDS relates to and supports other United States assistance strategies in developing countries.

(P) A description of the programs to be carried out under the strategy that are specifically targeted at women and girls and to educate them about the spread of HIV/AIDS.

(Q) A description of the efforts being made to address the unique needs of families with children with respect to HIV/AIDS, including efforts to preserve the family unit.

(R) A description of the elimination of critically important medical and public health personnel, including physicians, nurses, and supervisors from sub-Saharan African countries that are acutely impacted by HIV/AIDS, including a description of the causes, effects, and the impact on the stability of health infrastructures, as well as a summary of incentives and programs that the United States Government-led effort and a description of the types of partnerships that will be created to maximize the capabilities of these private sector entities and to leverage resources.

(S) A description of the specific strategies developed to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients.

(T) A description of the specific strategies to ensure that the extraordinary benefit of HIV/AIDS pharmaceuticals (especially antiretrovirals) are not diminished through the illegal counterfeiting of pharmaceuticals and black market sales of such medications.

(U) An analysis of the prevalence of Human Papilloma Virus (HPV) in sub-Saharan Africa and the impact that condom usage has upon the spread of HPV in sub-Saharan Africa.

TITLE II. HIV/AIDS RESPONSE COORDINATOR.
(a) ESTABLISHMENT OF POSITION.—Section 1 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 265(a)) is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

"(H) HIV/AIDS RESPONSE COORDINATOR.—""(1) IN GENERAL.—There shall be established within the Department of State in the immediate office of the Secretary of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

"(2) AUTHORITIES AND DUTIES; DEFINITIONS.—

"(A) AUTHORITIES.—The Coordinator, acting through such nongovernmental organizations (including faith-based organizations), foreign governments, and international organizations and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of this section, is authorized—

"(i) to operate internationally to carry out prevention, care, treatment, support, capacity..."
development, and other activities for combating HIV/AIDS;

(ii) to transfer and allocate funds to relevant executive branch agencies; and

(iii) to provide grants to, and enter into contracts with, nongovernmental organizations (including faith-based and community-based organizations) to carry out the purposes of the Act.

(i) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all relevant executive branch agencies and international activities of the United States Government to combat the HIV/AIDS pandemic, including all projects, programs, and activities of the United States Government to combat the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or any amendment made by that Act.

(ii) The duties of the Coordinator shall specifically include the following:

(E) To establish and maintain the duties and supporting activities assigned to the Coordinator by this Act and the amendments made by this Act.

(ii) ESTABLISHMENT OF SEPARATE ACCOUNT.—There is established in the Treasury a separate account which shall be known as the “Activities to Combat HIV/AIDS Globally Fund” and which shall be administered by the Coordinator.

(iii) AUTHORITY OF THE COORDINATOR.—The Coordinator shall have authority to:

(A) To transfer and allocate funds to relevant executive branch agencies and international financial and nongovernmental organizations, including auditing, monitoring, and evaluation of all such programs.

(B) To conduct an assessment of the effectiveness of where the agency has the greatest expertise, technical capabilities, and potential for success.

(iii) Avoiding duplication of effort.

(iv) Coordinating with relevant international agencies and organizations.

(v) Pursuing coordination with other countries and international organizations.

(vi) Resolving policy, program, and funding disputes among the relevant executive branch agencies.

(vii) Directing and coordinating all activities of the United States Government relating to the HIV/AIDS pandemic in each of Botswana, Côte d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, and other countries designated by the President, which other designated countries may include those countries in which the United States is implementing HIV/AIDS programs as of the date of the enactment of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

(viii) Establishing due diligence criteria for all relevant executive branch agencies and all activities subject to the coordination and appropriate monitoring, evaluation, and audits carried out by the Coordinator necessary to assess the measurable results of all activities.

(C) DEFINITIONS.—In this paragraph:

(A) AIDS.—The term ‘AIDS’ means acquired immunodeficiency syndrome.

(B) HIV.—The term ‘HIV’ means the human immunodeficiency virus, the pathogen that causes AIDS.

(C) HIV/AIDS.—The term ‘HIV/AIDS’ means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(D) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including the Public Health Service), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency as this Act.

(E) RESOURCES.—Not later than 90 days after the date of enactment of this Act, the President shall submit to the appropriate congressional committees, an interagency technical review panel, and any other relevant committees, an interagency technical review panel the President shall establish, an interagency technical review panel.

(F) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated for bilateral or multilateral HIV/AIDS, tuberculosis, or malaria programs, of the amounts authorized to be appropriated under section 401, there shall be authorized to be appropriated under title II, amounts necessary to carry out the purposes of this Act, and for such purposes the President is authorized to transfer and allocate funds to relevant executive branch agencies, including contributions pledged to, contributions (including donations from the private sector) received by, and projects and programs of the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process.

(iv) UNITED STATES FINANCIAL PARTICIPATION.

(A) AUTHORITY FOR UNITED STATES PARTICIPATION.—

(i) UNITED STATES PARTICIPATION.—The United States shall be authorized to participate in the Global Fund.

(ii) PRIVILEGES AND IMMUNITIES.—The Global Fund shall be considered a public international organization for the purposes of section 1 of the International Organizations Immunities Act (22 U.S.C. 288).

(B) RESPONSIBILITIES TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the Global Fund, the President shall submit to the appropriate congressional committees and international organizations a report on the Global Fund, including contributions pledged to, contributions (including donations from the private sector) received by, and projects and programs of the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process.

(i) UNITED STATES FINANCIAL PARTICIPATION.

(A) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated for bilateral or multilateral HIV/AIDS, tuberculosis, or malaria programs, of the amounts authorized to be appropriated under title II, there shall be authorized to be appropriated the amounts necessary to implement the purposes of this Act, and for such purposes the President is authorized to transfer and allocate funds to relevant executive branch agencies, including contributions pledged to, contributions (including donations from the private sector) received by, and projects and programs of the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process.

(iii) ESTABLISHMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS, Tuberculosis, and Malaria shall be established in the executive branch as an interagency technical review panel.

(ii) DUTIES.—The interagency technical review panel shall serve as a ‘shadow’ panel to the Global Fund by—

(A) periodically reviewing all proposals received by the Global Fund; and

(B) providing guidance to the United States persons who are representatives on the panels, committees, and boards of the Global Fund.
the technical efficacy, suitability, and appropriateness of the proposals, and ensuring that such persons are fully informed of technical inadequacies or other aspects of the proposals that are identified in the report on the purposes of this or any other Act relating to the provision of foreign assistance in the area of AIDS.

(3) Membership.—The interagency technical review panel shall consist of qualified medical and development experts who are officers or employees of the Department of Health and Human Services, the Department of State, and the United States Agency for International Development.

(4) Chair.—The Coordinator referred to in paragraph (1) shall chair the interagency technical review panel.

(e) Monitoring by Comptroller General.—(1) Monitoring.—The Comptroller General shall monitor and evaluate projects funded by the Global Fund.

(2) Report.—The Comptroller General shall on a biennial basis shall prepare and submit to the appropriate congressional committees a report that contains the results of the monitoring and evaluation described in paragraph (1) for the preceding 2-year period.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO THE GLOBAL FUND.

(a) Vaccine Fund.—Section 302(k) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

(1) by striking "50,000,000 for each of the fiscal years 2001 and 2002" and inserting "such sums as may be necessary for each of the fiscal years 2004 through 2008"; and

(2) by striking "Global Alliance for Vaccines and Immunizations" and inserting "Vaccine Fund".

(b) International AIDS Vaccine Initiative.—Section 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(l)) is amended by striking "$10,000,000 for each of the fiscal years 2001 and 2002" and inserting "such sums as may be necessary for each of the fiscal years 2004 through 2008".

(c) Support for the Development of Malaria Vaccine.—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2215 et seq.) is amended by adding at the end the following new subsection:

"(m) In addition to amounts otherwise available under title I, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available for United States contribution to malaria vaccine development programs, including the Malaria Vaccine Initiative of the Program for Appropriate Technologies in Health (PATH)."

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) Amendment of the Foreign Assistance Act of 1961.—Chapter I of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) in section 104(c) (22 U.S.C. 2152(b)), by striking paragraphs (4) through (7); and

(2) by inserting after section 104 the following new section:

"SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

(a) Finding.—Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries, is a major threat to national security, development, and humanitarian crisis.

(b) Policy.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, treatment, and control of HIV/AIDS. The United States and other developed countries should provide assistance to developing countries in sub-Saharan Africa, the Caribbean, and other countries and areas to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including strategies to protect women and prevent mother-to-child transmission of HIV/AIDS.

(c) Authorization.—

(1) In general.—Consistent with section 104(c), the President is authorized to furnish assistance for the purposes of this section as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

(2) Role of NGOs.—It is the sense of Congress that the President should provide an appropriate level of assistance under paragraph (1) through nongovernmental organizations (including faith-based and community-based organizations) in sub-Saharan Africa, the Caribbean, and other countries and areas affected by the HIV/AIDS pandemic.

(3) Coordination of Assistance Efforts.—The President shall coordinate the provision of assistance under paragraph (1) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, and bilateral and multilateral governments of foreign countries, appropriate governmental and nongovernmental organizations, and relevant executive branch agencies.

(4) Procurement.—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

(A) Prevention of HIV/AIDS through activities including—

(i) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, and where appropriate, use of condoms;

(ii) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

(A) assistance to establish and implement programs to prevent mother-to-child transmission of the HIV infection, including medications to prevent transmission and access to infant formula and other alternatives for infant feeding;

(B) assistance to strengthen and expand health care delivery systems and the capacity of such health care systems to provide appropriate medicines to poor individuals with HIV/AIDS, including antiretrovirals and other appropriate medicines (including microbicides) and ensure that drug resistance is not compromising the benefits of such medicines; and

(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

(B) mechanisms for quality control and sustainable supply.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) are of highest quality and are produced in sufficient quantity and at a price that allows governments to provide these medicines to patients in a timely manner.

(C) distribution.—The distribution of such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate monitoring requirements and treatment protocols and for the provision of mother-to-child transmission of the HIV infection.

(5) PHARMACEUTICALS.—(A) Procurement.—The President shall procure pharmaceuticals and other items required to treat and prevent HIV/AIDS, including special drugs for patients with HIV/AIDS, and other appropriate medicines to treat opportunistic infections.

(B) distribution.—The distribution of such HIV/AIDS pharmaceuticals and other items required to treat and prevent HIV/AIDS, including special drugs for patients with HIV/AIDS, and other appropriate medicines to treat opportunistic infections, to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

(C) RELATED ACTIVITIES.—The President shall carry out activities related to the provision of pharmaceuticals and other items required to treat and prevent HIV/AIDS, including—

(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such health care systems to provide appropriate medicines to poor individuals with HIV/AIDS, including antiretrovirals and other appropriate medicines (including microbicides) and ensure that drug resistance is not compromising the benefits of such medicines; and

(B) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS; and

(D) assistance to establish and implement programs to prevent mother-to-child transmission of the HIV infection, including medications to prevent transmission and access to infant formula and other alternatives for infant feeding;

(E) assistance to establish and implement programs to prevent mother-to-child transmission of the HIV infection, including medications to prevent transmission and access to infant formula and other alternatives for infant feeding;

(F) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection.

(2) Treatment.—The treatment and care of individuals with HIV/AIDS, including—

(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such health care systems to provide appropriate medicines to poor individuals with HIV/AIDS, including antiretrovirals and other appropriate medicines to treat opportunistic infections, to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate monitoring requirements and treatment protocols and for the provision of mother-to-child transmission of the HIV infection.
to enhance nutrition.

In recognition of the

viability of the National HIV/AIDS Strategy, the Department of Health and Human

Services (including its agencies and offices), and other department or agency of the United

States that participates in international HIV/AIDS activities pursuant to the authorities of

such department or agency or this Act.

(c) Authorization.—To carry out this section, and consistent with section 104c, the

President is authorized to furnish assistance, on such terms and conditions as the President

determine, for the prevention, treatment, control, and elimination of tuberculosis.

(d) Coordination.—In carrying out this section, the President shall coordinate with the

World Health Organization as among the highest tuberculosis burden, and not later than

December 31, 2010, in all countries in which the National Alliance for Tuberculosis Drug Development

has established development programs.

(e) Priority to DOTs Coverage.—In

furnishing assistance under subsection (c), the President shall give priority to activities that increase

Directly Observed Treatment Short-course (DOTS) coverage and treatment of multidrug resistant tuberculosis

where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis

Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement that 2004 through

2008 to carry out section 104A of the Foreign Assistance Act of 1961, as added by subsection (a), relating to the procurement and

distribution of HIV/AIDS pharmaceuticals.

(c) Relationship to Assistance Programs to Enhance Nutrition.—In recognition of the fact that

malnutrition may hasten the progression of HIV to AIDS and may exacerbate the
decline among AIDS patients living with HIV/AIDS and for the purposes authorized to be appropriated

to carry out section 104A(d)(4) of the Foreign Assistance Act of 1961 (as added by subsection (a)), relating to the procurement and

distribution of HIV/AIDS pharmaceuticals.

(c) Relationship to Assistance Programs to Enhance Nutrition.—In recognition of the fact that

is infected with HIV or living with AIDS.

(d) Eligibility for Assistance.—An organization that is otherwise eligible to receive assistance

under section 104A of the Foreign Assistance Act of 1961 (as added by subsection (a)) or under any other provision of this Act (or any

amendment made by this Act) to prevent, treat, or monitor HIV/AIDS shall not be required, as a condition of receiving the assistance, to endorse,__

utilize a multiscalar approach to combating HIV/AIDS.

(e) Limitation.—No funds made available to carry out this Act, or any amendment made by

this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. No funds

made available to carry out this Act, or any amendment made by this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking.
supplement to the standard DOTS strategy, and which takes into account specific issues (such as need of use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

(3) **GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.**—The term `Global Alliance for Tuberculosis Drug Development' means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis drug development and to identify, develop, and make available cost-effective tools, particularly in high tuberculosis burden countries and other affected countries.

(4) **GLOBAL TUBERCULOSIS DRUG FACILITY.**—The term `Global Tuberculosis Drug Facility (GDF)` means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

(5) **STOP TUBERCULOSIS PARTNERSHIP.**—The term `Stop Tuberculosis Partnership' means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and nongovernmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are appropriated to be appropriated to the President, from amounts appropriated to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104G of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) **AVAILABILITY OF FUNDS.**—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) **TRANSFER OF PRIOR YEAR FUNDS.**—Unobligated balances of funds made available for fiscal years 2002 through 2004 and 2006 under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) (as in effect immediately before the date of enactment of this Act) and made available for the control of tuberculosis that are unexpended and unencumbered as of December 31, 2006, or transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1), are authorized to be made available under section 104G of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph 3 the following:

(4) **RELATIONSHIP TO OTHER LAWS.**—Assistance made available under this subsection and sections 104A, 104B, and 104C, and assistance made available for the purposes of section 104D of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph (3) the following:

**SEC. 301. ASSISTANCE TO COMBAT MALARIA.**

(a) **AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.**—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections 301 and 302 of this Act, is further amended by inserting after section 104B the following new section:

**SEC. 104C. ASSISTANCE TO COMBAT MALARIA.**

(a) **FINDING.**—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa and other parts of the world severely affected by HIV/AIDS, tuberculosis, and malaria.

(b) **PROGRAM.**—In general, the President shall establish a program to demonstrate the feasibility of facilitating the service of United States health care professionals in those areas of sub-Saharan Africa and other parts of the world severely affected by HIV/AIDS, tuberculosis, and malaria.

(c) **METHODOLOGY.**—In carrying out the purposes of this section, the President shall consult with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.

(d) **COORDINATION.**—In carrying out this section, the President shall consult with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.

(1) **IN GENERAL.**—The President shall ensure that information on the program is widely distributed, including the distribution of information to schools for health professionals, hospitals, clinics, and nongovernmental organizations working in the areas of international health and aid.

(2) **PLACEMENT OF PARTICIPANTS.**—

(a) **IN GENERAL.**—To the extent practicable, participants in the program shall serve in the poorest areas of the affected countries, where health care needs are likely to be the greatest. The decision on the placement of a participant should be made in consultation with relevant officials of the affected country at both the national and local level as well as with local community leaders and organizations.

(b) **COORDINATION.**—Placement of participants in the program shall be coordinated with the United States Agency for International Development in countries in which that Agency is conducting malaria and tuberculosis programs. Overall coordination of placement of participants in the program shall be made by the Coordinator of United States Government Operations in the Countries Affected by HIV/AIDS, Tuberculosis, and Malaria, which is described in section 1(f) of the State Department Basic Authorities Act of 1996 (as added by section 102(a) of this Act).

(c) **ELIGIBILITY REQUIREMENTS.**—To be eligible for the program, a candidate should be:

(1) a national of the United States who is a trained health care professional and who meets the educational and licensure requirements necessary to be such a professional in the country of assignment (such as nurse, obstetrician, nurse practitioner, pharmacist, other type of health care professional, or other individual determined to be appropriate by the President; or

(2) a retired, commissioned officer of the Public Health Service Corps.
SEC. 312. POLICY AND REQUIREMENTS.

(a) Policy.—The United States Government's response to the HIV/AIDS pandemic should place high priority on the prevention of mother-to-child transmission, the care and treatment of family members and caregivers, and the prevention of vertical transmission of HIV/AIDS.

(b) Requirements.—The United States Government should seek to leverage its funds by maximizing nutrition support and food security, and the improvement of overall family health;

(c) Work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and

(d) Provide appropriate and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

EC. 311. FINDINGS.

Congress makes the following findings:

(1) Approximately 2,000 children around the world are infected each day with HIV through mother-to-child transmission. Transmission can occur prenatally, perinatally, and during breastfeeding. Only 9 percent of these cases are in developed nations with little or no access to public health facilities.

(2) Mother-to-child transmission is largely preventable with the proper application of pharmaceuticals, therapies, and other public health interventions.

(3) The drug nevirapine reduces mother-to-child transmission by nearly 50 percent. Universal availability of this drug could prevent up to 400,000 infections each year and dramatically reduce the number of AIDS-related deaths.

(4) At the United Nations Special Session on HIV/AIDS in June 2001, the United States committed to work in conjunction with relevant executive branch agencies on the prevention of mother-to-child transmission, including the goals of reducing the proportion of infections among this age group.

(5) Several United States Government agencies including the United States Agency for International Development and the Centers for Disease Control are already supporting programs to prevent mother-to-child transmission in resource-poor nations and have the capacity to expand these programs rapidly by working closely with foreign governments and non-governmental organizations.

(6) Efforts to prevent mother-to-child transmission can provide the basis for a broader response that includes care and treatment of mothers and infants, and other family members who are infected with HIV or living with AIDS.

(7) HIV/AIDS has devastated the lives of countless children and families across the globe. Since HIV was first recognized, an estimated 13,200,000 children under the age of 15 have been orphaned by AIDS, that is they have lost their mother or both parents to the disease. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that this number will double by the year 2010.

(8) HIV/AIDS also targets young people between the ages of 15 to 24, particularly young women, many of whom carry the burden of caring for family members living with HIV/AIDS. An estimated 10,200,000 young people are now living with HIV/AIDS. One-half of all new infections are occurring among this age group.

SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

(a) In General.—Not later than one year after the date of the enactment of this Act, and annually thereafter for a period of five years, the President shall submit to appropriate Committees of Congress a report on the activities of relevant executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

(b) Report Elements.—Each report shall include:

(1) a statement of whether or not all relevant executive branch agencies have met the goal described in section 312(b)(1); and

(2) a description of efforts made by the relevant executive branch agencies to expand those activities.

(c) Reporting Period Defined.—In this section, the term “reporting period” means, in the case of the initial report, the period since the date of enactment of this Act, and, in the case of any subsequent report, the period since the date of submission of the most recent report.

SEC. 314. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS.

(a) In General.—The President, acting through the United States Agency for International Development, in the United States Agency for International Development, should establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children living with HIV/AIDS in all countries.

(b) Program Requirements.—The program shall—

(1) build upon and be integrated into programs of the local health organization, an international organization, or a partnership of such organizations; and

(2) demonstrate to the awarding organization that the entity—

(i) is currently administering a proven intervention to prevent mother-to-child transmission;
of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, as determined by the President;

(iii) has demonstrated support for the proposed program from relevant government entities; and

(iv) is able to provide HIV care, including therapeutic medical care of individuals infected with HIV, when medically indicated, to HIV positive women, men, and children with the support of the project funding.

(2) LOCAL HEALTH AND INTERNATIONAL ORGANIZATION PROGRAMS—In awarding subgrants under this subsection, the organization shall ensure that subgrantees:

(A) and other charitable or non-profit organizations, or local public health system that provides directly, or has a clear link with a provider for the indirect provision of, primary health care services; and

(B) the term ‘international organization’ means—

(1) a nonprofit international entity;

(2) a government agency or an agency of a state or local government;

(3) a private voluntary international entity; or

(iv) a multilateral institution.

(3) PRIORITY REQUIREMENT.—In awarding subgrants under this subsection, the organization shall give priority to applicants that are carrying out programs to prevent mother-to-child transmission in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, and who are currently administering a program to HIV positive women, men, and children to provide life-long care in family-centered care programs using non-Federal funds.

(4) SELECTION OF SUBGRANT RECIPIENTS.—In awarding subgrants under this subsection, the organization shall—

(A) consider applicants from a range of health care settings, program approaches, and geographic locations; and

(B) in the award, award not less than 1 grant to an applicant to fund a national system of health care delivery to HIV positive families.

(5) USE OF SUBGRANT FUNDS.—An eligible entity awarded a subgrant under this subsection shall use subgrant funds to expand activities to prevent mother-to-child transmission of HIV by providing medical treatment and care and support services to parents and their children, which may include—

(A) providing treatment and therapy when medically indicated, to HIV infected women, their children and their families;

(B) the hiring and training of local personnel, including physicians, nurses, other health care providers, counselors, social workers, outreach personnel, medical technicians, data managers, and administrative support personnel;

(C) paying laboratory costs, including costs related to necessary equipment and diagnostic testing and monitoring (including rapid testing), complete blood counts, standard chemistries, and liver function testing for infants, children, and parents, and costs related to the purchase of necessary laboratory equipment;

(D) purchasing pharmaceuticals for HIV-related conditions, including antiretroviral therapies;

(E) funding support services, including adherence and psychosocial support services;

(F) operational support activities; and

(G) conducting community outreach and capacity building activities, including activities to raise the awareness of individuals of the program carried out by the subgrantee, other communications activities in support of the program, local advisory board functions, and transportation necessary to ensure program participation.

(6) REPORTS.—The President shall require that each organization award a grant under subsection (b)(1) to submit an annual report that includes—

(i) the progress of programs funded under this section;

(ii) the benchmarks of success of programs funded under this section; and

(iii) recommendations of how best to proceed with the programs funded under this section upon the expiration of funding under subsection (e).

(f) FUNDING.—There are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401 of such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

(2) LIMITATION ON ADMINISTRATIVE EXPENSES.—An organization shall ensure that not more than 7 percent of the amount of a grant received under this section by the organization is used for administrative purposes.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SECTION 401. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the President to carry out this Act and the amendments made by this Act $3,000,000,000 for each of the fiscal years 2004 through 2008.

(b) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations in subsection (a) are authorized to remain available until expended.

(c) AVAILABLE FOR AUTHORIZATIONS.—Authorizations of appropriations under subsection (a) shall remain available until the appropriations are made.

SECTION 402. SENSE OF CONGRESS.—

(a) INCREASE IN HIV/AIDS ANTIRETROVIRAL TREATMENT.—It is the sense of the Congress that an urgent priority of United States assistance programs to fight HIV/AIDS should be the rapid increase in distribution of antiretroviral treatment so that—

(1) by the end of fiscal year 2004, at least 500,000 individuals with HIV/AIDS are receiving antiretroviral treatment through United States assistance programs;

(2) by the end of fiscal year 2005, at least 1,000,000 such individuals are receiving such treatment; and

(3) by the end of fiscal year 2006, at least 2,000,000 such individuals are receiving such treatment.

(b) EFFECTIVE DISTRIBUTION OF HIV/AIDS FUNDS.—It is the sense of Congress that, of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS programs, the effective distribution of such amounts would be—

(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;

(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS; and

(3) 20 percent of such amounts for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act); and

(4) 10 percent of such amounts for orphans and vulnerable children.

SECTION 403. ALLOCATIONS OF FUNDS.

For fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be expended for related care.

The CHAIRMAN. No amendment to the committee amendment is in order except those proposed in Report No. 108-80. Each amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

The Chairman. In order to consider amendment No. 1 printed in House Report 108-80.

AMENDMENT NO. 1 OFFERED BY MR. TAUZIN

Mr. TAUZIN. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. Tauzin: Page 2, in the table in section 1(b), after the item relating to section 305, insert the following:

| Page 20, line 19, insert "and reduce duplication" after "improve coordination". |
| Page 20, line 25, strike "resources," and insert "resource".
| Page 21, line 3, strike "research." and insert "research:". |
| Page 21, line 3, insert the following: (9) establish priorities for the distribution of resources based on factors such as the size and demographics of the population with HIV/AIDS, tuberculosis, and malaria; and |
| (10) include initiatives describing how the President will maximize the leverage of private sector dollars in reduction and treatment of HIV/AIDS, tuberculosis, and malaria. |
| Page 26, after line 13, insert the following: (C) STUDY; DISTRIBUTION OF RESOURCES.— |

Page 26, after line 13, insert the following: (C) STUDY.—Not later than 3 years after the date of the enactment of this Act, the Institute of Medicine shall publish findings comparing the success rates of the various programs and methods used under the strategy described in subsection (a) to reduce, prevent, and treat HIV/AIDS, tuberculosis, and malaria.

(2) DISTRIBUTION OF RESOURCES.—In prioritizing the distribution of resources under the strategy described in subsection (a), the President shall consider the findings published by the Institute of Medicine under this subsection.

Page 36, line 21, strike "in the fiscal year 2004" and insert "for the period of fiscal year 2004 beginning on January 1, 2004".

Page 36, after line 13, insert the following: (iii) If at any time the President determines that the expenses of the Governing, Administrative, and Advisory Bodies (including the Partnership Forum, the Foundation Board, and the Secretariat and Technical Review Board) of the Global Fund exceed 10 percent of the total expenditures of the Fund for any 2-year period, the United States shall withhold from its contribution for the next fiscal year an amount equal to the average annual amount expended by the Fund for such 2-year period for the expenses of the Governing, Administrative, and Advisory Bodies in excess of 10 percent of the total expenditures of the Fund.

(iv) The President may waive the application of clause (iii) if the President determines that extraordinary circumstances warrant such a waiver. No waiver under this clause may be for any period that exceeds 1 year.

Page 36, line 14, strike "(B) Any amount made available under this subsection that is
withheld by reason of subparagraph (A)" and insert ""(B)(i) Any amount made available under this subsection that is withheld by reason of subparagraph (A)(i)"

Page 39, after line 9, insert the following:

(1) Information on the Global Fund and the Activities to Combat HIV/AIDS Globally Fund shall remain available under the same terms and conditions as funds appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance.

Page 39, after line 19, insert the following:

(1) The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall make available to the Congress the following documents within 30 days of a request by the Congress for such documents:

(a) All financial and accounting statements for the Global Fund and the Activities to Combat HIV/AIDS Globally Fund, including administrative and grantee statements.

(b) Reports provided to the Global Fund and the Activities to Combat HIV/AIDS Globally Fund by organizations contracted to audit recipients of funds.

(c) Project proposals submitted by applicants and contracts awarded by the Global Fund and the Activities to Combat HIV/AIDS Globally Fund, but which were not funded.

(d) Project performance reports submitted to the Global Fund and the Activities to Combat HIV/AIDS Globally Fund by grantees.

Page 39, after line 3, insert the following:

(1) A thorough accounting of evidence indicating illegal diversion into the United States of prescription drugs donated or sold for humanitarian efforts, and an estimate of the extent of such diversion.

(2) Recommendations to increase the administrative and enforcement powers of the United States of prescription drugs donated or sold for humanitarian efforts.

(3) Recommendations and guidelines to advance and provide technical assistance to developing countries on how to implement a program to prevent drug diversion into the United States of prescription drugs donated or sold for humanitarian efforts.

The CHAIRMAN. Pursuant to House Resolution 210 the gentleman from Louisiana (Mr. TAUZIN) and a Member opposed each will control 10 minutes.

Mr. TAUZIN. Mr. Chairman, I rise today to urge all Members of the House to support the passage of the Tauzin-Brown amendment to H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

Mr. Chairman, I rise today to urge all Members of the House to support the passage of the Tauzin-Brown amendment to H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I want to commend the Committee on Energy and Commerce, the gentleman from Ohio (Mr. Brown) for his assistance and support and advocacy of this amendment.

First, the Tauzin-Brown amendment strengthens already existing additional accountability measures to ensure that our fight against HIV/AIDS and TB and malaria has a greater chance of success. That is what we all want.

Our amendment establishes priorities to be followed by the global AIDS coordinator for the distribution of resources based on factors such as size and demographics of specific nations to ensure that the countries who need assistance the most receive it first.

Next, our amendment utilizes an independent third party to examine the success of strategies implemented by the global AIDS coordinator. The Institute of Medicine, the IOM, will be responsible for examining the achievements of the program funded by the global AIDS coordinator and then comparing the success rates of various methods that have been used by the coordinator.

Second, the Tauzin-Brown amendment also strengthens the existing authority and the accountability measures in H.R. 1298. Our amendment specifically states that if at any point administrative expenses within the Global Fund exceed 10 percent of total expenditures in any 2-year period, then the U.S. will withhold an equal amount from its contribution if the Global Fund expenditure for any 2-year period exceeds 10 percent of total expenditures. We believe this is fair and, at the same time, will ensure that the Global Fund remains fiscally responsible to its purpose. That is, getting dollars in to achieve success. Those populations is a wise measure.

I was pleased that the sponsors added a waiver, and I believe that the President should consider the actual operational expenses of the fund as he applies this provision.

Finally, the amendment requires that the HIV/AIDS coordinator make available to Congress basic information on the Global Fund. Specifically, the coordinator is required to submit to Congress a detailed report outlining program and accounting statements, copies of the reports provided to the Global Fund by organizations contracted to audit recipients, and project proposals submitted by applicants and grantees. In the past we have had great difficulty getting this information from the Global Fund. I believe that the coordinator will do a wonderful job in delivering this information to Congress. I urge my colleagues to support the Tauzin-Brown amendment.

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

Mr. LANTOS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I want to thank my good friend from Louisiana (Mr. TAUZIN) and my good friend from Ohio (Mr. Brown) for their bipartisan contribution to our legislation. Their amendment includes a number of complex initiatives, many of which reflect improvements to the bill. For example, I believe that the amendment’s efforts to explicitly prioritize U.S. programs authorized by this Act to countries based on the size and demographics of the HIV/AIDS populations and the needs of those populations is a wise measure.

I am concerned about several other provisions in the act. For example, the limitation on administrative expenditures of the Global Fund is well meaning, but when the fund may be going through a massive expansion of operations, there may be a need for some significant investments to make sure that the Global Fund can properly administer its programs.

I was pleased that the sponsors added a waiver, and I believe that the President should consider the actual operational expenses of the fund as he applies this provision.

Finally, Mr. Chairman, I remain concerned regarding the provision requiring numerous reports to be provided to Congress within 30 days of the request. I am uncertain whether any Member could make this request or whether it must be a relevant committee or by resolution. Moreover, my experience with international organizations is that some of the documents may be confidential and sent for unfunded proposals, and it may not be possible to get these documents within the time frame provided in the amendment.

Nevertheless, Mr. Chairman, I am prepared to accept the amendment, and I look forward to working with the sponsors to clarify and further refine these provisions.

Mr. Chairman, I ask unanimous consent to yield the balance of my time to my friend, the gentleman from Ohio (Mr. Brown) for the purposes of controlling time.

The CHAIRMAN. Is there objection to the request of the gentleman from California?
TB infects one-third of the world's population. Two million people carry the TB bacteria, and it is the leading killer of both young women and people with HIV worldwide. HIV and TB form a lethal combination, each speeding the other's progression. HIV promotes rapid progression of primary TB infection to active disease. It is the most powerful known risk factor for reactivation of latent TB infection to active disease. Most HIV patients, in fact, will actually die of TB before they succumb to AIDS. The intersection of AIDS and TB is like no other.

The Global Fund is a public-private partnership which draws contributions from governments, from private corporations, from faith-based organizations and foundations. The Global Fund has shown signs that it works. Government entities, in coordination with nongovernment organizations, submit 5-year plans. Each plan is unique to each country, not a one-size-fits-all that comes from Washington or Geneva or any other country. The Global Fund recognizes cultural differences. What works in Christian Uruguay may not work the same in Muslim Bangladesh.

There was no objection.

Mr. BROWN of Ohio. Mr. Chairman, I yield myself 5 minutes. Mr. Chairman, I rise in support of the Tauzin-Brown amendment. I thank the gentleman from Louisiana (Mr. Tauzin) for his good faith and bipartisan work in drafting this amendment, especially his staff, Patrick Ronan, for his hard work and others on his staff.

The Committee on Energy and Commerce believes that it is important to support countries committed to addressing the epidemic killing their people. Without U.S. leadership, it will be a fund in name only. AIDS, TB, and malaria would remain a virtual death sentence in the developing world.

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

Mr. TAUZIN. Mr. Chairman, I am honored to yield 1 minute to the distinguished gentleman from Illinois (Mr. Hyde), the chairman of the Committee on International Relations.

Mr. HYDE. Mr. Chairman, I am pleased to say we have compromised with this amendment. We are happy to accept it. It adds to the bill, and so I will not repeat what the other people have already said in outlining its terms. But it is a good amendment, and we hope everyone will accept it.

Mr. TAUZIN. Mr. Chairman, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Chairman, I yield 2½ minutes to the gentlewoman from California (Ms. Lee).

Ms. LEE. Mr. Chairman, I thank the gentlelady from Ohio (Mr. Brown) for yielding me this time and for his leadership. Also I want to thank the gentleman from Louisiana (Mr. Tauzin) for this amendment, and with the caution that a ranking member laid out, I rise in support of this amendment.

I would like to just briefly mention the history and our debate here in Congress with regard to the background of the Global Fund. The Global Fund really started back somewhere around 1998 and 1999, when my friend and former colleague, Congressman Ron Dellums, had the vision and the foresight for an AIDS Marshall Plan for Africa. In 1999, under the leadership of our good friend, the gentleman from Iowa (Mr. Leach), who was then Chair of the Committee on Banking and Financial Services, we introduced the World Bank AIDS Trust Fund, and this fund became the basis for the Global Fund. This fund was signed into law in, I believe it was August of 2000, under the Global AIDS and Tuberculosis Relief Act of 2000, signed by President Bill Clinton.

I cite this history because I think it is important for us to remember how important this fund is and that we fully debated this fund, and on a bipartisan basis voted it out and it was signed into law. So I think this amendment really strengthens the fund and its accountability.

The United Nations, in I believe it was June 2001, picked up the idea of the fund, and Secretary General Kofi Annan made an impassioned plea for the creation of a Global Fund to fight HIV/AIDS, TB, and malaria, which again moved forward the World Bank AIDS Trust Fund, in terms of the foundation, the parameters and the guidelines. So this fund was established in 2002 and really has made significant strides in just a few years of operation. Not only has it created a novel approach to grant-making and approval-processing, but it has also made really a very determined commitment to maintain as lean an operation as possible in order to focus its activities on getting money out to those in need.

The current system that the fund has set up provides several layers of accountability. On a country level, the
proposals are gathered and voted upon by an advisory body that represent government, civil society, the private sector, faith-based groups, and nongovernmental organizations. Proposals that are submitted to the Global Fund then undergo technical review by an independent body composed of leading global health experts. And now our own Secretary of Health and Human Services Tommy Thompson is leading this effort.

So believe this amendment will help further strengthen the Global Fund system of accountability, and I encourage Members to vote for its inclusion. And also, with regard to the comments of the gentleman from California (Mr. LANTOS), I hope we can move forward, as he has so eloquently outlined, and fix what he thinks needs to be fixed in it.

Mr. TAUZIN. Mr. Chairman, I yield 2 minutes to the gentleman from the great State of Michigan (Mr. UPTON), the leader of this committee and the Sub-committee on Telecommunications and the Internet.

Mr. UPTON. Mr. Chairman, I rise for many reasons in support of this amendment. One of the main reasons that I rise is that this amendment is before us because of language that I was able to get inserted as part of it, and I thank my chairman, the gentleman from Louisiana (Mr. TAUZIN), and the gentleman from Ohio (Mr. BROWN) for accepting this amendment. The purpose of this amendment is to make this as part of a comprehensive amendment.

Part of this amendment reads, the language I was able to insert, says this: ‘‘In carrying out immunization programs and other programs in developing countries for the prevention, treatment, and control of infectious diseases, including HIV/AIDS, TB, and malaria, the director of the CDC and Prevention, in coordination with the coordinator of the U.S. Government to combat AIDS globally, the National Institutes of Health, national and local government, and other organizations such as the World Health Organization, and the United Nations Children’s Fund, shall develop and implement effective strategies to improve injection safety, including eliminating unnecessary injections.”

Now, why is this important? A couple of years ago I participated in a bipartisan lunch here in the Capitol, and the gentleman from Louisiana (Mr. TAUZIN), I believe, had this language inserted into the bill. This is an excellent piece of legislation that I was able to insert, says this: ‘‘In carrying out immunization programs and other programs in developing countries for the prevention, treatment, and control of infectious diseases, including HIV/AIDS, TB, and malaria, the director of the CDC and Prevention, in coordination with the coordinator of the U.S. Government to combat AIDS globally, the National Institutes of Health, national and local government, and other organizations such as the World Health Organization, and the United Nations Children’s Fund, shall develop and implement effective strategies to improve injection safety, including eliminating unnecessary injections.”

Mr. TAUZIN. Mr. Chairman, I yield to the gentleman from Ohio (Mr. BROWN), the gentleman from Louisiana (Mr. TAUZIN), and the gentleman from Iowa (Mr. LEACH) today is outstanding, especially because with the Global Fund and with all of these efforts we can address all of these diseases, encourage philanthropy and other governments to contribute and make a difference in people’s lives.

Mr. TAUZIN. Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.

Mr. GREEN of Texas. Mr. Chairman, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

The global devastation caused by these three diseases cannot be understood. The HIV/AIDS pandemic has killed more than 25 million of the 65 million individuals affected by this disease worldwide. More than 14 million children have been orphaned because of this awful disease.

Through the Global Fund, the leading killer of individuals with HIV/AIDS, is an equally serious threat. An estimated 2 billion people—one third of the world’s population—are infected with the bacteria that cause TB, and approximately 2 million persons die every year from TB.

This isn’t just a problem overseas—after years of decline in the United States, the number of reported TB cases increased 20 percent during 1985–1992. It is particularly problematic in my home State of Texas. According to the Centers for Disease Control and Prevention, we rank 5th in the country in TB cases.

With approximately 264 million persons crossing the United States-Mexico border northbound annually, and 23 percent of all

5 million Hepatitis C infections, and the original 1976 Ebola epidemic in Zaire was traced to the reuse of three syringes.

This language that was included will prevent that. I look forward to its implementation and again compliment the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Ohio (Mr. BROWN) for including the language.

Mr. BROWN of Ohio. Mr. Chairman, I thank the gentleman from Michigan (Mr. UPTON) for his amendments, and I yield the balance of my time to the gentleman from Minnesota (Mr. GUTKNECHT).

Mr. GUTKNECHT. Mr. Chairman, with 30 seconds, I will be very brief.

Mr. Chairman, there is a term ‘‘illegal diversion’’ used twice in section 307. I just want to make clear that the authors have their intent to keep us from reimporting drugs that are being donated for AIDS in central Africa; that this will not be used to block what we may do in the future in terms of allowing Americans to have access to drugs from other countries.

Mr. TAUZIN. Mr. Chairman, will the gentleman yield?

Mr. GUTKNECHT. I yield to the gentleman from Louisiana.

Mr. TAUZIN. Mr. Chairman, the intent of the language is to study the question of the illegal diversion of drugs for improper purposes, that is, for resale and that sort of thing. We describe the purposes within that amendment. So the gentleman is accurate in his statement.

Mr. Chairman, I yield myself such time as I may consume.

I simply wanted to thank the gentleman from Ohio (Mr. BROWN) and the members of the Committee on Energy and Commerce who worked on this amendment, as I said, to help codify this separate amendment but make this as part of a comprehensive amendment.

Finally, let me point out to the gentleman from Ohio (Mr. BROWN) that it has obviously come to our committee’s attention that a great deal of work is going on domestically by a number of pharmaceutical companies in testing, etc., in attempts to find some sort of vaccine to combat HIV/AIDS and some of these other diseases, particularly HIV/AIDS. And when and if that discovery is made, as we all hope it is, we will be at the forefront with legislation to establish some sort of national framework for us to utilize that scientific breakthrough, when and if it does occur, in a way that humbly ad-

ministers that kind of a hope and expectation of cure and prevention to all Americans without regard to the Americans’ capabilities or financial capabilities to take advantage of it.

We will have to think that through, how do we make sure we don’t want to take advantage of those scientific breakthroughs when they occur. We have done some preliminary work on it; and I invite my colleague from Ohio, and others, to stay in touch with us as we move forward. As we see these breakthroughs come to light, we want to talk with the gentleman and others on the committee to see if we cannot advance legislation to make sure that every American has the advantage of those breakthroughs when they occur.

Mr. BROWN of Ohio. Mr. Chairman, will the gentleman yield?

Mr. TAUZIN. I yield to the gentleman from Ohio (Mr. BROWN). Mr. Chairman, I appreciate the efforts of the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from California (Mr. LANTOS), the gentleman from California (Ms. LEE), and the gentleman from Iowa (Mr. LEACH) today is outstanding, especially because with the Global Fund and with all of these efforts we can address all of these diseases, encourage philanthropy and other governments to contribute and make a difference in people’s lives.

Mr. TAUZIN. Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.

Mr. GREEN of Texas. Mr. Chairman, I thank the chairman and the ranking member on our subcommittee, and I rise in support of the legislation.

Mr. Chairman, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

The global devastation caused by these three diseases cannot be understood. The HIV/AIDS pandemic has killed more than 25 million of the 65 million individuals affected by this disease worldwide.

More than 14 million children have been orphaned because of this awful disease.

Through the Global Fund, the leading killer of individuals with HIV/AIDS, is an equally serious threat. An estimated 2 billion persons—one third of the world’s population—are infected with the bacteria that cause TB, and approximately 2 million persons die every year from TB.

This isn’t just a problem overseas—after years of decline in the United States, the number of reported TB cases increased 20 percent during 1985–1992. It is particularly problematic in my home State of Texas. According to the Centers for Disease Control and Prevention, we rank 5th in the country in TB cases.

With approximately 264 million persons crossing the United States-Mexico border northbound annually, and 23 percent of all
U.S. foreign-born tuberculosis, TB, patients in the United States originating from Mexico, the implications are clear—we have to act on a global level if we are going to win the battle against this killer.

That is why I am pleased to support H.R. 1230, important legislation which will provide $3 billion annually for global AIDS, TB and malaria in 2004–2008.

The legislation provides up to $1 billion specifically for the Global Fund to Fight AIDS, TB and Malaria in 2004—a key multilateral mechanism for expanding prevention and treatment. This bill also allows the U.S. share of total contributions to the Global Fund of up to 33 percent, which solidifies our commitment to eradicating these diseases worldwide.

This legislation is carefully crafted, bipartisan, and will be truly effective in our efforts to combat HIV/AIDS, Tuberculosis and Malaria.

I urge my colleagues to support this bill, and oppose any efforts to weaken or amend it.

Mr. TAUZIN. Mr. Chairman, I yield myself such time as I may consume, and let me again offer my sincere thanks to the chairman and to the gentleman from California (Mr. LANTOS) for accepting this legislation and urge adoption of it.

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

The CHAIRMAN. All time on this amendment has expired. The question is on the amendment offered by the gentleman from Louisiana (Mr. Tauzin).

The amendment was agreed to.

The CHAIRMAN. It is now in order to consider amendment No. 2 printed in House Report 108–80.

AMENDMENT NO. 2 OFFERED BY MR. CROWLEY

Mr. CROWLEY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. CROWLEY: Page 22, after line 21, insert the following (and redesignate subsequent paragraphs accordingly):

(F) a description of the specific strategies developed to encourage men to be responsible in their sexual behavior, child rearing and to respect women including the reduction of sexual violence and coercion;

(G) a description of the specific strategies developed to increase women’s access to employment opportunities, income, productive resources, and microfinance programs;

Page 43, line 10, after “sexual partner,” insert “or reducing sexual violence and coercion, including domestic violence, widow inheritance, and polygamy.”

Page 43, after line 21, insert the following (and redesignate subsequent paragraphs accordingly):

(C) assistance for the purpose of encouraging men to be responsible in their sexual behavior, child rearing, and to respect women;

Page 44, line 7, strike “and” at the end and insert “and”.

Page 44, after line 10, insert the following:

(G) assistance for the purpose of increasing women’s access to employment opportunities, income, productive resources, and microfinance programs, where appropriate.

The CHAIRMAN. Pursuant to House Resolution 210, the gentleman from New York (Mr. CROWLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Chairman, I yield myself such time as I may consume. Mr. Chairman, I rise in support of my amendment on preventing women’s vulnerability. The social empowerment of women and girls is critical to reducing the spread of HIV worldwide. Today, heterosexual sex is the primary factor in HIV transmission worldwide.

Women and girls now make up more than 50 percent of those infected with HIV worldwide and more than 58 percent of those in sub-Saharan Africa. Women and girls often are not able to control when and with whom they have sex, or to influence the behavior of their partners. In fact, each year millions of monogamous married women are infected by their husbands or their partners.

Irrefutable evidence now links a range of discriminatory practices that violate the fundamental human rights of women and lead to high rates of HIV infection. These include, but are not limited to, sexual violence and coercion, child marriage, widow inheritance in which male relatives of the deceased gain sexual access to the widow, and the practice in which men engage in sex with virgins as a “cure” for HIV-AIDS.

During a visit to Malawi, I personally saw some of the horrific realities confronting women and girls today. I know many of us have heard the awful stories of babies raped in South Africa to cure themselves of AIDS. U.S. programs must work at every level to change the beliefs that support these life-threatening traditions and behaviors.

My amendment would begin to address this appalling problem and require a curriculum of gender equity in HIV/AIDS training, so that adolescent boys and men learn to respect women and not just view them as sex partners. While men and boys learn about HIV/AIDS prevention, including abstinence, being faithful and using condoms, ABC as it is called, they also learn what we call the big R, respect, respect for girls and women as their co-equals.

This is a great bill. My amendment can make it better by adding this curriculum to HIV/AIDS prevention education programs under the Global Fund. I urge passage of the Crowley amendment.

Mr. LANTOS. Mr. Chairman, will the gentleman yield?

Mr. CROWLEY. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I strongly support this amendment introduced by the gentleman from New York (Mr. Crowley).

There is no question that the HIV/AIDS pandemic is disproportionately affecting women and compounding the egregious inequalities poor women live with all over the world. It is absolutely necessary that we deal with both genders if we are to reduce the impact of this disease on women’s lives and offer them opportunities to live with respect and dignity, free from sexual violence and coercion.

The Crowley amendment requires that we include in the 5-year strategy a plan to make sure that men take responsibility for their sexual behavior and that they do respect women. It will also increase opportunities for women seeking access to employment. I urge Members to support this amendment.

Mr. CROWLEY. Mr. Chairman, I reserve the balance of my time.

Mr. HYDE. Mr. Chairman, I yield 1 minute to the gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Mr. Chairman, I rise in strong support of the Crowley amendment, and I commend my colleague for his leadership on this important issue.

The amendment addresses one of the core issues driving HIV/AIDS infection rates in the hardest hit countries: The disproportionate vulnerability of women to contracting HIV.

The facts speak for themselves. Women and adolescent girls make up more than 50 percent of those infected with HIV worldwide, more than 58 percent of those infected in sub-Saharan Africa. The reasons for this are clear, gender violence and sexual coercion make it difficult, and even impossible, for women to say no to sex with an infected person. Widespread poverty has turned many younger women to having sex with older men in return for the food and shelter their families cannot provide.

Poverty, as well, is a factor in the prevalence of early marriage, subjecting adolescent girls to marriages with unmarried partners who often bring HIV home.

The Crowley amendment would provide a solution requiring U.S. programs to prevent HIV/AIDS to work toward empowering girls to negotiate their sexual activity, and working with men to understand and respect women’s rights. I urge adoption of this amendment.

Mr. CROWLEY. Mr. Chairman, I yield 1 1/2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Chairman, I thank the gentleman from New York (Mr. CROWLEY) for yielding me this time, and...
thank the gentleman for this amendment. It is very important to this bill. I thank the gentleman from Illinois (Chairman HYDE) for accepting the amendment.

The empowerment of women is critical in developing an AIDS strategy that is effective. In many parts of the developing world, women are still treated as second-class citizens. They lack basic protections of civil rights laws in their own country, and often times are left at a disadvantage when it comes to accessing resources, owning land and in their general relationships to men.

The Crowley amendment would fix this by encouraging men to develop a healthy relationship that treats women with respect. That is so important as we address this pandemic. In addition, it supports the development of specific strategies to increase women's access to employment, land and financial resources.

The amendment was agreed to.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from New York (Mr. CROWLEY). The amendment was agreed to.

The CHAIRMAN pro tempore. The amendment is now in order to consider amendment No. 3 offered in House Report 108-80.

AMENDMENT NO. 3 OFFERED BY MRS. BIGGERT

Mrs. BIGGERT. Mr. Chairman, I offer an amendment.

The Chair recognizes the gentleman from Illinois (Mr. HYDE) for 5 minutes.

Mr. HYDE. Mr. Chairman, we certainly accept the amendment. It is an excellent addition to the bill, and congratulations to the gentlewoman from Illinois (Mrs. BIGGERT).

Mr. HYDE. Mr. Chairman, will the gentlewoman yield?

Mrs. BIGGERT. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, I want to thank the gentlewoman for this amendment. Now, in complete agreement with the gentlewoman on the value of the Global Fund and on the importance of private contributions to the fund. Contributions from the Gates Foundation and others significantly enhance the functioning of the fund, and we agree that the President should do even more to encourage private donations here.

I am not aware of any objections to the gentlewoman's amendment on this side of the aisle. We would be pleased to accept it. I commend the gentlewoman from Illinois (Mrs. BIGGERT) for her important initiative.

Ms. LEE. Mr. Chairman, I want to thank the gentlewoman from Illinois (Mrs. BIGGERT) for this amendment. I think it strengthens the bill. It strengthens the fund.

One point I would like to make about the Global Fund which has been mentioned is the leveraging ability of the fund. $1 billion could leverage up to $4 to $5 billion. It has been estimated that $9 to $10 billion is needed just to begin to scratch the surface on this pandemic. The importance of the fund cannot be overstated, and I thank the gentlewoman for this amendment. Now...
that Secretary Tommy Thompson is chair of the executive board, both sides should feel confident that he will move forward. And once we insist that our side put $1 billion in, at least we know that should lead to $4 to $5 billion immediately, I offer my support of the amendment.

Mr. BIGGERT. Mr. Chairman, I thank the gentleman from California (Ms. Lee) and thank the chairman and the ranking member for their support of this amendment. I urge its passage.

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

The CHAIRMAN pro tempore. The question is on amendment offered by the gentleman from California (Ms. BIGGERT).

The amendment was agreed to.

The CHAIRMAN pro tempore. It is now in order to consider amendment No. 4 printed in House Report 108-80.

AMENDMENT NO. 4 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. STEARNS:

Page 36, after line 13, insert the following:

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(ii) Any amount made available under this subparagraph (A) is authorized to be made available under this Act for that fiscal year, then the United States shall withhold from its contribution for the next fiscal year an amount equal to the aggregate amount by which the salary of each such individual exceeds the salary of the Vice President of the United States.
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Page 36, line 14, strike "(B)" and insert "(B)(i)".

Page 36, beginning on each of lines 15 and 17, strike subparagraph (A) and insert "subparagraph (A)(i)".

Page 36, after line 19, insert the following:

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(ii) Any amount made available under this subparagraph (A) is authorized to be made available under this Act for that fiscal year, then the United States shall withhold from its contribution for the next fiscal year an amount equal to the aggregate amount by which the salary of each such individual exceeds the salary of the Vice President of the United States.
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It is now in order to consider amendment No. 5 printed in House Report 108-80.

AMENDMENT NO. 5 OFFERED BY MR. BALLANCE

Mr. BALLANCE. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 5 offered by Mr. BALLANCE:

Page 55, after line 10, insert the following:

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(2) SENSE OF CONGRESS.—It is therefore the sense of Congress that United States food assistance for individuals living with HIV/AIDS—

(I) FINDINGS.—Congress finds the following:

(A) The United States provides more than 60 percent of all food assistance worldwide.

(B) According to the United Nations World Food Program and other United Nations agencies, food insecurity of individuals infected or living with HIV/AIDS is a major problem in countries with large populations of such individuals, particularly in African countries.

(C) Although the United States is willing to provide food assistance to these countries in need, a few of the countries object to part or all of the assistance because of fears of benign genetic modifications to the foods.

(D) Healthy and nutritious foods for individuals infected or living with HIV/AIDS are important, and the United States is committed to HIV/AIDS medicines for such individuals.

(E) Individuals infected with HIV have nutritional requirements than individuals who are not infected with HIV, particularly with respect to the need for protein. Also, there is evidence to suggest that the full benefit of therapy to treat HIV/AIDS is not always achieved in individuals who are malnourished, particularly in pregnant and lactating women.

(2) SENSE OF CONGRESS.—It is therefore the sense of Congress that United States food assistance should be accepted by countries with large populations of individuals infected or living with HIV/AIDS, particularly African countries, in order to help feed such individuals.
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Page 69, line 19, strike "The drug nevirapine reduces" and insert "Certain antiretroviral drugs reduce".

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I feel strongly that exorbitant executive salaries would only go to undermine the credibility of the organization. There are lots of skeptics who oppose the Global Fund and wish to fail. These naysayers are looking for any means to discredit the work of the Global Fund. It is very important that the Global Fund salaries should be realistic and competitive and attract the most competent and competitive international experts to manage this very complex organization.
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1245
The Chair recognizes the gentleman from North Carolina (Mr. BALANCE).

Mr. BALLANCE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I am thankful for this opportunity to offer this amendment to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I would like to commend the efforts of my friends and colleagues on both sides of the aisle. I thank the gentleman from Illinois (Chairman HYDE) and the gentleman from California (Mr. LANTOS), ranking member, for their leadership; but I also want to take a moment to point my finger at the honorable gentleman from California (Ms. LEE), our good friend and long-time leader in this effort who has stood tall on this issue for so many years, and I would like to take the opportunity to commend our President for taking a stand.

I have been in this Congress now for about 4 months, and there have not been many issues that have touched me. This one has. So I have come today to address on behalf of a growing problem compounding the HIV/AIDS crisis in many African nations. America stands ready to help provide food assistance to our brothers and sisters in Africa suffering from this devastating disease. HIV/AIDS. We already provide more than 60 percent of all food aid around the world, and yet some parts of the world question the quality of our foods on the basis of unscientific concerns. Thus it is that some nations object to our food aid; and one I would point out, Zambia, has completely rejected our help.

Mr. Chairman, I am concerned that America may not be doing enough to educate foreign countries about genetically modified foods. Many poor nations lack infrastructure to determine if food is safe. With images on television of epidemics like Mad Cow Disease, many African leaders are very hesitant to introduce any item into their food supply that they suspect might be genetically modified foods. Many poor nations lack the capability to determine whether foods contain genetically modified substances.

Mr. Chairman, I am concerned that America may not be doing enough to educate foreign countries about genetically modified foods. Many poor nations lack infrastructure to determine if food is safe. With images on television of epidemics like Mad Cow Disease, many African leaders are very hesitant to introduce any item into their food supply that they suspect might be genetically modified foods. Many poor nations lack the capability to determine whether foods contain genetically modified substances.

The CHAIRMAN pro tempore. The Chair recognizes the gentleman from Illinois.

Mr. LANTOS. Mr. Chairman, I yield to the gentleman from Illinois (Mr. HYDE).

Mr. HYDE. Mr. Chairman, I am delighted to associate myself with the remarks of the distinguished gentleman from California (Mr. LANTOS). This is an excellent amendment, and I urge all of our colleagues to support it.

Mr. BALLANCE. Mr. Chairman, it is in order in order to consider amendment No. 6, printed in House Report 108-30. It is in order in order to consider amendment No. 7, printed in House report 108-80. The amendment was agreed to.

Mr. BALLANCE. Mr. Chairman, I offer an amendment as the designee of the gentleman from California (Ms. MILLER-MCDONALD).

The CHAIRMAN pro tempore. The Clerk will designate the amendment. The text of the amendment is as follows:

Amendment No. 7 offered by Mr. LANTOS, Mr. Chairman, I offer an amendment as the designee of the gentleman from California (Ms. MILLER-MCDONALD). The CHAIRMAN pro tempore. The amendment was agreed to.

The amendment was agreed to.

Mr. LANTOS. Mr. Chairman, I yield to the gentleman from Illinois (Mr. HYDE).

Mr. HYDE. Mr. Chairman, I thank the gentleman for yielding. I am pleased to say that the majority accepts the amendment. It is an excellent amendment, and I urge all of our colleagues to support it. I want to thank Ms. MILLER-MCDONALD for her leadership on the part of the United States, dramatically increasing the U.S. participation in addressing the pandemic that is ravaging whole regions and millions upon millions of people.

Mr. HYDE. Mr. Chairman, I thank the gentleman for yielding. I am pleased to say that the majority accepts the amendment. It is an excellent amendment, and I urge all of our colleagues to support it. I want to thank Ms. MILLER-MCDONALD for her leadership on the part of the United States, dramatically increasing the U.S. participation in addressing the pandemic that is ravaging whole regions and millions upon millions of people.
The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from Minnesota (Ms. McCollum) and a Member opposed each will control 5 minutes.

Ms. McCollum. Mr. Chairman, I yield myself of such time as I may consume.

Mr. Chairman, I want to begin by thanking once again the gentleman from Illinois (Chairman Hyde) and the ranking member, the gentleman from California (Mr. Lantos), for their hard work on this critical legislation. President Clinton should also be congratulated for his leadership on this important legislation. This bill is a huge step forward in our global leadership to respond to the AIDS pandemic.

The gentleman from Illinois (Chairman Hyde) and the gentleman from California (Mr. Lantos) have recognized AIDS orphans and vulnerable children and have included them in this historic bill expressing the sense of Congress that they receive a portion of funding. Nonetheless, I believe we must do more to ensure that some of our planet’s most vulnerable children are protected.

The amendment I am offering today would ensure that 10 percent of the appropriated funds in this bill be expended for HIV—AIDS assistance for millions of orphans and vulnerable children affected by AIDS.

As we prepare to authorize this groundbreaking legislation, I urge my colleagues to join me in committing this funding for children who are being left behind to survive on their own as a result of the AIDS pandemic.

This funding will go far in providing the most basic health, education and economic needs to millions of children throughout the work of community and faith-based groups, as well as NGOs and host country governments.

Today there are more than 12 million children, 12 million children in Africa, that have lost one or both parents to HIV—AIDS. By the year 2005, there will be more than 20 million AIDS orphans around the world.

Children in Africa are suffering the loss of parents, extended family members, teachers, health care providers and peers. Every community affected by AIDS is being robbed of a generation of adults in their most productive years, leaving behind children to be raised by relatives, left on their own in households headed by both a father and a mother, worse, to be totally left alone to forage in rural villages and on the streets of cities across the continent of Africa.
May 1, 2003

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The scope and complexity of the challenges facing children affected by AIDS cannot be overstated. Children become responsible for their own survival while providing care for dying parents. They are forced to abandon school and assume the stigma and isolation far too frequently associated with AIDS. Tragically, orphan children who are the most vulnerable are often forced into labor, sexual exploitation, and the hopelessness of a life of mere survival.

This amendment can help transform the future of communities filled with AIDS orphans by committing to reinvest into communities that have faith-based organizations and other groups that are committed to working with orphans. We are ensuring by doing this that an entire generation of children in Africa will not be lost.

We have the responsibility today to make a firm commitment to ensure that the resources in this bill go to provide basic needs of every child: food, shelter, safety, medicine, education, and, most importantly of all, hope for the future.

I urge my colleagues to join me today in supporting the millions of children affected by AIDS, and, most importantly of all, for our children. They are the most vulnerable. They are forced into labor, sexual exploitation, and the hopelessness of a life of mere survival.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan? There was no objection.

UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

The SPEAKER pro tempore. Pursuant to House Resolution 210 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 1298.

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, with Mr. SWEENEY (Chairman pro tempore) in the chair. The Clerk read the title of the bill.

The CHAIRMAN pro tempore. The text of the amendment is as follows:

Amendment No. 6 offered by Mr. SMITH of Michigan

Mr. SMITH of Michigan. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The CHAIRMAN pro tempore. Mr. SMITH of Michigan, the amendment is as follows:


Mr. SMITH of Michigan. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from Michigan (Mr. SMITH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan (Mr. SMITH). Mr. SMITH of Michigan. Mr. Chairman, I yield myself 2 minutes.

By the gentlewoman from Minnesota (Ms. MCCOLLUM). Mr. Chairman, I offer an amendment.

Mr. SMITH of Michigan. Mr. Speaker, I ask unanimous consent that Amendment No. 6 in House Report 108-80 be considered out of sequence in the Committee of the Whole.

The CHAIRMAN pro tempore. Is there objection to the request of the gentleman from Michigan? There was no objection.

IN THE COMMITTEE OF THE WHOLE

Mr. HYDE. Mr. Chairman, the children and orphans who are affected by this scourge could have no better champion than the gentlewoman from Minnesota, and we are very pleased to accept her excellent amendment.

Ms. MCCOLLUM. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, the children and orphans who are affected by this scourge could have no better champion than the gentlewoman from Minnesota, and we are very pleased to accept her excellent amendment.

Mr. LANTOS. Mr. Chairman, will the gentlewoman yield?

Ms. MCCOLLUM. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I want to congratulate and commend my friend from Minnesota for yielding me time.

Ms. MCCOLLUM. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I claim 2 minutes.

Mr. HYDE. Mr. Chairman, I thank both my mentors for their help in preparing this amendment and to my distinguished friend the gentleman from California for yielding me time.

Mr. LANTOS. Mr. Chairman, I ask unanimous consent that Amendment No. 6 offered by Mr. SMITH of Michigan be agreed to.

Mr. HYDE. Mr. Chairman, will the gentleman from California (Mr. HYDE) yield? Mr. HYDE. Mr. Chairman, I ask unanimous consent that Amendment No. 6 offered by Mr. SMITH of Michigan be agreed to.

Mr. LANTOS. Mr. Chairman, I claim the time in opposition to this amendment.

Mr. HYDE. Mr. Chairman, I thank the distinguished gentleman from California for yielding me time.