

ASSISTANCE FOR ORPHANS AND OTHER VULNERABLE CHILDREN IN DEVELOPING COUNTRIES ACT OF 2005

Mr. HYDE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1409) to amend the Foreign Assistance Act of 1961 to provide assistance for orphans and other vulnerable children in developing countries, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1409

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) As of July 2004, there were more than 143,000,000 children living in sub-Saharan Africa, Asia, Latin America, and the Caribbean who were identified as orphans, having lost one or both of their parents. Of this number, approximately 16,200,000 children were identified as double orphans, having lost both parents—the vast majority of whom died of AIDS. These children often are disadvantaged in numerous and devastating ways and most households with orphans cannot meet the basic needs of health care, food, clothing, and educational expenses.

(2) It is estimated that 121,000,000 children worldwide do not attend school and that the majority of such children are young girls. According to the United Nations Children's Fund (UNICEF), orphans are less likely to be in school and more likely to be working full time.

(3) School food programs, including take-home rations, in developing countries provide strong incentives for children to remain in school and continue their education. School food programs can reduce short-term hunger, improve cognitive functions, and enhance learning, behavior, and achievement.

(4) Financial barriers, such as school fees and other costs of education, prevent many orphans and other vulnerable children in developing countries from attending school. Providing children with free primary school education, while simultaneously ensuring that adequate resources exist for teacher training and infrastructure, would help more orphans and other vulnerable children obtain a quality education.

(5) The trauma that results from the loss of a parent can trigger behavior problems of aggression or emotional withdrawal and negatively affect a child's performance in school and the child's social relations. Children living in families affected by HIV/AIDS or who have been orphaned by AIDS often face stigmatization and discrimination. Providing culturally appropriate psychosocial support to such children can assist them in successfully accepting and adjusting to their circumstances.

(6) Orphans and other vulnerable children in developing countries routinely are denied their inheritance or encounter difficulties in claiming the land and other property which they have inherited. Even when the inheritance rights of women and children are spelled out in law, such rights are difficult to claim and are seldom enforced. In many countries it is difficult or impossible for a widow, even if she has young children, to claim property after the death of her husband.

(7) The HIV/AIDS pandemic has had a devastating affect on children and is deepening

poverty in entire communities and jeopardizing the health, safety, and survival of all children in affected areas.

(8) The HIV/AIDS pandemic has increased the number of orphans worldwide and has exacerbated the poor living conditions of the world's poorest and most vulnerable children. AIDS has created an unprecedented orphan crisis, especially in sub-Saharan Africa, where children have been hardest hit. An estimated 14,000,000 orphans have lost 1 or both parents to AIDS. By 2010, it is estimated that over 25,000,000 children will have been orphaned by AIDS.

(9) Approximately 2,500,000 children under the age of 15 worldwide have HIV/AIDS. Every day another 2,000 children under the age of 15 are infected with HIV. Without treatment, most children born with HIV can expect to die by age two, but with sustained drug treatment through childhood, the chances of long-term survival and a productive adulthood improve dramatically.

(10) Few international development programs specifically target the treatment of children with HIV/AIDS in developing countries. Reasons for this include the perceived low priority of pediatric treatment, a lack of pediatric health care professionals, lack of expertise and experience in pediatric drug dosing and monitoring, the perceived complexity of pediatric treatment, and mistaken beliefs regarding the risks and benefits of pediatric treatment.

(11) Although a number of organizations seek to meet the needs of orphans or other vulnerable children, extended families and local communities continue to be the primary providers of support for such children.

(12) The HIV/AIDS pandemic is placing huge burdens on communities and is leaving many orphans with little support. Alternatives to traditional orphanages, such as community-based resource centers, continue to evolve in response to the massive number of orphans that has resulted from the pandemic.

(13) The AIDS orphans crisis in sub-Saharan Africa has implications for political stability, human welfare, and development that extend far beyond the region, affecting governments and people worldwide, and this crisis requires an accelerated response from the international community.

(14) Although section 403(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673(b)) establishes the requirement that not less than 10 percent of amounts appropriated for HIV/AIDS assistance for each of fiscal years 2006 through 2008 shall be expended for assistance for orphans and other vulnerable children affected by HIV/AIDS, there is an urgent need to provide assistance to such children prior to 2006.

(15) Numerous United States and indigenous private voluntary organizations, including faith-based organizations, provide assistance to orphans and other vulnerable children in developing countries. Many of these organizations have submitted applications for grants to the Administrator of the United States Agency for International Development to provide increased levels of assistance for orphans and other vulnerable children in developing countries.

(16) Increasing the amount of assistance that is provided by the Administrator of the United States Agency for International Development through United States and indigenous private voluntary organizations, including faith-based organizations, will provide greater protection for orphans and other vulnerable children in developing countries.

(17) It is essential that the United States Government adopt a comprehensive approach for the provision of assistance to orphans and other vulnerable children in devel-

oping countries. A comprehensive approach would ensure that important services, such as basic care, psychosocial support, school food programs, increased educational opportunities and employment training and related services, the protection and promotion of inheritance rights for such children, and the treatment of orphans and other vulnerable children with HIV/AIDS, are made more accessible.

(18) Assistance for orphans and other vulnerable children can best be provided by a comprehensive approach of the United States Government that—

(A) ensures that Federal agencies and the private sector coordinate efforts to prevent and eliminate duplication of efforts and waste in the provision of such assistance; and

(B) to the maximum extent possible, focuses on community-based programs that allow orphans and other vulnerable children to remain connected to the traditions and rituals of their families and communities.

SEC. 3. ASSISTANCE FOR ORPHANS AND OTHER VULNERABLE CHILDREN IN DEVELOPING COUNTRIES.

Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended by adding at the end the following section:

“SEC. 135. ASSISTANCE FOR ORPHANS AND OTHER VULNERABLE CHILDREN.

“(a) FINDINGS.—Congress finds the following:

“(1) There are more than 143,000,000 orphans living sub-Saharan Africa, Asia, Latin America, and the Caribbean. Of this number, approximately 16,200,000 children have lost both parents.

“(2) The HIV/AIDS pandemic has created an unprecedented orphan crisis, especially in sub-Saharan Africa, where children have been hardest hit. The pandemic is deepening poverty in entire communities, and is jeopardizing the health, safety, and survival of all children in affected countries. It is estimated that 14,000,000 children have lost one or both parents to AIDS.

“(3) The orphans crisis in sub-Saharan Africa has implications for human welfare, development, and political stability that extend far beyond the region, affecting governments and people worldwide.

“(4) Extended families and local communities are struggling to meet the basic needs of orphans and vulnerable children by providing food, health care including treatment of children living with HIV/AIDS, education expenses, and clothing.

“(5) Famines, natural disasters, chronic poverty, ongoing conflicts, and civil wars in developing countries are adversely affecting children in these countries, the vast majority of whom currently do not receive humanitarian assistance or other support from the United States.

“(6) The United States Government administers various assistance programs for orphans and other vulnerable children in developing countries. In order to improve targeting and programming of resources, the United States Agency for International Development should develop methods to adequately track the overall number of orphans and other vulnerable children receiving assistance, the kinds of programs for such children by sector and location, and any other such related data and analysis.

“(7) The United States Agency for International Development should improve its capabilities to deliver assistance to orphans and other vulnerable children in developing countries through partnerships with private volunteer organizations, including community and faith-based organizations.

“(8) The United States Agency for International Development should be the primary

United States Government agency responsible for identifying and assisting orphans and other vulnerable children in developing countries.

“(9) Providing assistance to such children is an important expression of the humanitarian concern and tradition of the people of the United States.

“(b) DEFINITIONS.—In this section:

“(1) AIDS.—The term ‘AIDS’ has the meaning given the term in section 104A(g)(1) of this Act.

“(2) CHILDREN.—The term ‘children’ means persons who have not attained 18 years of age.

“(3) HIV/AIDS.—The term ‘HIV/AIDS’ has the meaning given the term in section 104A(g)(3) of this Act.

“(4) ORPHAN.—The term ‘orphan’ means a child deprived by death of one or both parents.

“(5) PSYCHOSOCIAL SUPPORT.—The term ‘psychosocial support’ includes care that addresses the ongoing psychological and social problems that affect individuals, their partners, families, and caregivers in order to alleviate suffering, strengthen social ties and integration, provide emotional support, and promote coping strategies.

“(c) ASSISTANCE.—The President is authorized to provide assistance, including providing such assistance through international or nongovernmental organizations, for programs in developing countries to provide basic care and services for orphans and other vulnerable children. Such programs should provide assistance—

“(1) to support families and communities to mobilize their own resources through the establishment of community-based organizations to provide basic care for orphans and other vulnerable children;

“(2) for school food programs, including the purchase of local or regional foodstuffs where appropriate;

“(3) to increase primary school enrollment through the elimination of school fees, where appropriate, or other barriers to education while ensuring that adequate resources exist for teacher training and infrastructure;

“(4) to provide employment training and related services for orphans and other vulnerable children who are of legal working age;

“(5) to protect and promote the inheritance rights of orphans, other vulnerable children, and widows;

“(6) to provide culturally appropriate psychosocial support to orphans and other vulnerable children; and

“(7) to treat orphans and other vulnerable children with HIV/AIDS through the provision of pharmaceuticals, the recruitment and training of individuals to provide pediatric treatment, and the purchase of pediatric-specific technologies.

“(d) MONITORING AND EVALUATION.—

“(1) ESTABLISHMENT.—To maximize the sustainable development impact of assistance authorized under this section, and pursuant to the strategy required in section 4 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, the President shall establish a monitoring and evaluation system to measure the effectiveness of United States assistance to orphans and other vulnerable children.

“(2) REQUIREMENTS.—The monitoring and evaluation system shall—

“(A) establish performance goals for the assistance and expresses such goals in an objective and quantifiable form, to the extent feasible;

“(B) establish performance indicators to be used in measuring or assessing the achievement of the performance goals described in subparagraph (A); and

“(C) provide a basis for recommendations for adjustments to the assistance to enhance the impact of assistance.

“(e) SPECIAL ADVISOR FOR ASSISTANCE TO ORPHANS AND VULNERABLE CHILDREN.—

“(1) APPOINTMENT.—

“(A) IN GENERAL.—The Secretary of State, in consultation with the Administrator of the United States Agency for International Development, shall appoint a Special Advisor for Assistance to Orphans and Vulnerable Children.

“(B) DELEGATION.—At the discretion of the Secretary of State, the authority to appoint a Special Advisor under subparagraph (A) may be delegated by the Secretary of State to the Administrator of the United States Agency for International Development.

“(2) DUTIES.—The duties of the Special Advisor for Assistance to Orphans and Vulnerable Children shall include the following:

“(A) Coordinate assistance to orphans and other vulnerable children among the various offices, bureaus, and field missions within the United States Agency for International Development.

“(B) Advise the various offices, bureaus, and field missions within the United States Agency for International Development to ensure that programs approved for assistance under this section are consistent with best practices, meet the requirements of this Act, and conform to the strategy outlined in section 4 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

“(C) Advise the various offices, bureaus, and field missions within the United States Agency for International Development in developing any component of their annual plan, as it relates to assistance for orphans or other vulnerable children in developing countries, to ensure that each program, project, or activity relating to such assistance is consistent with best practices, meets the requirements of this Act, and conforms to the strategy outlined in section 4 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

“(D) Coordinate all United States assistance to orphans and other vulnerable children among United States departments and agencies, including the provision of assistance relating to HIV/AIDS authorized under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108-25), and the amendments made by such Act (including section 102 of such Act, and the amendments made by such section, relating to the coordination of HIV/AIDS programs).

“(E) Establish priorities that promote the delivery of assistance to the most vulnerable populations of orphans and children, particularly in those countries with a high rate of HIV infection among women.

“(F) Disseminate a collection of best practices to field missions of the United States Agency for International Development to guide the development and implementation of programs to assist orphans and vulnerable children.

“(G) Administer the monitoring and evaluation system established in subsection (d).

“(H) Prepare the annual report required by section 5 of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to the President to carry out this section such sums as may be necessary for each of the fiscal years 2006 and 2007.

“(2) AVAILABILITY OF FUNDS.—Amounts made available under paragraph (1) are authorized to remain available until expended.”.

SEC. 4. STRATEGY OF THE UNITED STATES.

(a) REQUIREMENT FOR STRATEGY.—Not later than 180 days after the date of enactment of this Act, the President shall develop, and transmit to the appropriate congressional committees, a strategy for coordinating, implementing, and monitoring assistance programs for orphans and vulnerable children.

(b) CONSULTATION.—The strategy described in subsection (a) should be developed in consultation with the Special Advisor for Assistance to Orphans and Vulnerable Children (appointed pursuant to section 135(e)(1) of the Foreign Assistance Act of 1961 (as added by section 3 of this Act)) and with employees of the field missions of the United States Agency for International Development to ensure that the strategy—

(1) will not impede the efficiency of implementing assistance programs for orphans and vulnerable children; and

(2) addresses the specific needs of indigenous populations.

(c) CONTENT.—The strategy required by subsection (a) shall include—

(1) the identity of each agency or department of the Federal Government that is providing assistance for orphans and vulnerable children in foreign countries;

(2) a description of the efforts of the head of each such agency or department to coordinate the provision of such assistance with other agencies or departments of the Federal Government or nongovernmental entities;

(3) a description of a coordinated strategy, including coordination with other bilateral and multilateral donors, to provide the assistance authorized in section 135 of the Foreign Assistance Act of 1961, as added by section 3 of this Act;

(4) an analysis of additional coordination mechanisms or procedures that could be implemented to carry out the purposes of such section;

(5) a description of a monitoring system that establishes performance goals for the provision of such assistance and expresses such goals in an objective and quantifiable form, to the extent feasible; and

(6) a description of performance indicators to be used in measuring or assessing the achievement of the performance goals described in paragraph (5).

SEC. 5. ANNUAL REPORT.

(a) REPORT.—Not later than one year after the date on which the President transmits to the appropriate congressional committees the strategy required by section 4(a), and annually thereafter, the President shall transmit to the appropriate congressional committees a report on the implementation of this Act and the amendments made by this Act.

(b) CONTENTS.—The report shall contain the following information for grants, cooperative agreements, contracts, contributions, and other forms of assistance awarded or entered into under section 135 of the Foreign Assistance Act of 1961 (as added by section 3 of this Act):

(1) The amount of funding, the name of recipient organizations, the location of programs and activities, the status of progress of programs and activities, and the estimated number of orphans and other vulnerable children who received direct or indirect assistance under the programs and activities.

(2) The results of the monitoring and evaluation system with respect to assistance for orphans and other vulnerable children.

(3) The percentage of assistance provided in support of orphans or other vulnerable children affected by HIV/AIDS.

(4) Any other appropriate information relating to the needs of orphans and other vulnerable children in developing countries that

could be addressed through the provision of assistance authorized in section 135 of the Foreign Assistance Act of 1961, as added by section 3 of this Act, or under any other provision of law.

SEC. 6. APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.

In this Act, the term "appropriate congressional committees" means the Committee on Appropriations and the Committee on Foreign Relations of the Senate and the Committee on Appropriations and the Committee on International Relations of the House of Representatives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

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

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, over 140 million children living in sub-Saharan Africa, Asia, Latin America, and the Caribbean have lost a parent resulting from conflict and disease, undercutting their already difficult struggle to cope with basic needs such as health care, food, clothing, and education.

The situation is even more dire for 16 million of these children who have lost both parents, the vast majority of whom had their lives taken by AIDS. Many of these surviving children themselves are living with HIV/AIDS and are doing so alone.

The size and scope of the problems facing orphans and vulnerable children in the developing world is daunting. The United States provides significant levels of assistance through the good work of the United States Agency For International Development and other U.S. agencies to provide much-needed help to these children. However, these children deserve the best effort of the United States, and the American people expect the same. We can do better.

American aid to help these children is provided by a patchwork of programs from various offices within USAID and across U.S. agencies with little overall coordination. H.R. 1409 will increase the coherence and cohesion, as well as the effectiveness, of our multifaceted approach without disrupting the flow of aid to help these children through existing mechanisms.

This legislation requires the Secretary of State to designate a senior officer, likely within USAID, to be a special adviser for assisting orphans and vulnerable children. This special adviser will ensure that our various assistance streams within our government will be complementary to each

other, that aid strategies developed in Washington and our field missions are informed with the best data, analysis, and practices to help these children, and that someone in our government is conducting regular monitoring and evaluation of our efforts so we can continually improve the effectiveness of these programs.

This legislation does not construct costly new bureaucratic structures such as a new office, nor does it expand personnel requirements to accomplish these tasks. There are already sufficient numbers of people and programs. Rather, we expect that the new special adviser will be drawn from existing ranks, someone who is already familiar with and working on these issues and can be dual-hatted in these responsibilities.

In the last Congress we passed a previous version of this bill to help orphans and vulnerable children. Unfortunately, the Senate did not follow our lead. This time the Senate is already working on a bill identical to H.R. 1409, so we are hopeful that the passage of this bill today in the House will result in its being enacted into law very soon.

Finally, I would like to acknowledge the tireless work of the gentlewoman from California (Ms. LEE) and her staff for working to maintain momentum for this important legislation and bringing it to a vote today. I strongly urge my colleagues to vote in favor of H.R. 1409.

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

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

Mr. Speaker, I rise in strong support of this legislation, and I would first like to thank the chairman of the Committee on International Relations, the gentleman from Illinois (Mr. HYDE), for his hard work and long-standing advocacy for orphans and vulnerable children, particularly those affected by HIV/AIDS. I also want to congratulate the outstanding efforts of the sponsor of this legislation, my neighbor, friend and colleague from the San Francisco Bay area, the gentlewoman from California (Ms. LEE).

Mr. Speaker, the world faces an insidious and horrifying threat to human life in the form of HIV/AIDS. This deadly pandemic has left millions of men and women in its wake, but they are not its only victims.

Mr. Speaker, a child is orphaned by HIV/AIDS every 14 seconds. Let me repeat this staggering statistic: every 14 seconds a child is orphaned by HIV/AIDS.

Today, by passing this legislation, we take a step to help relieve the world's orphans and vulnerable children of the suffering they endure at such alarming rates. As of midyear 2004, there were over 15 million children worldwide who were identified as orphans, more than 12 million of whom live in Africa. We expect by the year 2010 this figure will climb to 25 million children.

Mr. Speaker, that means that in 5 years there will be more HIV/AIDS or-

phans than the combined population of 18 of our States. Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Utah, Vermont, West Virginia, and Wyoming have a combined population which will equal the number of HIV/AIDS orphans. Our government has made a global commitment to combating HIV/AIDS.

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Now we must provide international leadership and do our share to highlight the suffering of children and bring hope to the world's future generations.

This bill is limited in scope, but it does represent our political will and our moral determination to wage battle against child misery in the developing world. I recognize of course that our agencies on the frontlines of this disease are already doing a great deal to aid poor children. However, this effort needs to be coordinated and brought to the attention of leaders in the Congress and around the world.

The legislation we are considering is important because it designates a Special Adviser to coordinate and support all of our efforts to protect orphaned and vulnerable children in poor, developing countries. The legislation will promote accountability for U.S. dollars that are given to programs to help orphans.

Mr. Speaker, our legislation will ensure that donor nations do not constantly reinvent the wheel as aid is provided to orphans in the developing world. The Special Adviser created by this legislation will spread aggressively best practices in assisting orphans to aid agencies and foreign governments around the world.

The orphans of HIV/AIDS around the globe are among the most vulnerable people on our planet. If we care for them, we can overcome this crisis and turn the tide against AIDS and the ravages of poverty.

I urge all of my colleagues to vote in support of this bill.

Mr. Speaker, I yield 7 minutes to the gentlewoman from California (Ms. LEE), the author of this legislation.

Ms. LEE. Mr. Speaker, first let me thank the gentleman from Illinois, our chairman, for his strong and consistent support and his consistent commitment to orphans and vulnerable children throughout the world. Also I want to thank the gentleman from California for helping us make sure that we stayed on track to ensure that this was truly a bipartisan bill, and I want to thank him for his leadership.

This bill is, as the gentleman from Illinois mentioned, a bipartisan-bicameral compromise and has attracted the sponsorship of 130 Members of Congress. We have been working on this bill with the gentleman from Illinois and the gentleman from California (Mr. LANTOS) and their staffs for nearly 1½ years now. So I want to specifically

thank Matt McLean on the chairman's staff and also Pearl Alice Marsh on the gentleman from California's staff for their help in putting this bill together. Not to mention my staff, Christos Tsentas, who has worked day and night. Without them this bill would not be possible.

Let me also mention our advocates and NGOs, including the Global AIDS Alliance, the Elizabeth Glaser Foundation, Save the Children, RESULTS, the Global Action for Children campaign, and many others who helped make this bill a reality.

As we move to pass this bill today, I also want to very briefly acknowledge the work of former President Bill Clinton in focusing on AIDS orphans. He was really one of the first to highlight the importance of addressing the needs of children orphaned by AIDS in a speech on World AIDS Day in 1998. The following year President Clinton invited the gentlewoman from Texas (Ms. JACKSON-LEE), the gentlewoman from Michigan (Ms. KILPATRICK), and myself to join Sandy Thurman, then Director of the Office of National AIDS Policy at the White House. We went on a Presidential Mission to sub-Saharan Africa in late March of 1999 to focus specifically on children orphaned by AIDS. We visited Zambia, Uganda, and South Africa and met with a number of dynamic leaders and individuals and saw just how devastating the AIDS crisis had become and how deeply children were being affected.

So out of that visit, in 1999, the White House produced an action report and began to take the first steps towards a broader U.S. role in the global fight against AIDS. And, Mr. Speaker, I will include that report in the RECORD.

BACKGROUND

On December 1, 1998, World AIDS Day, President Clinton highlighted the growing global tragedy of children orphaned by AIDS in sub-Saharan Africa. At that time, he directed Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding mission to the region and to report back to him with recommendations for productive action. From March 27 through April 5, Director Thurman led a Presidential Mission to Zambia, Uganda, and South Africa. Director Thurman was accompanied by Representatives Jackson-Lee, Kilpatrick, and Lee, and senior staff from the offices of Senators Hatch, Helms, and Kennedy, and Representative Pelosi. Also joining the Mission was a group of community leaders from outside of government including Mayor David Dinkins, Bishop Felton May, and William Harris. [Attachment A: Trip Manifest]

The goals of the trip were to: investigate the extent of the AIDS crisis in sub-Saharan Africa particularly as it relates to children orphaned by AIDS; identify proven and promising interventions; and, promote leadership both at home and abroad.

Information for this report was gathered from meetings with African presidents, government ministers, donors, experts, providers, children, parents, and community leaders. In addition, site visits were made to a wide variety of community-based programs serving children and families affected by AIDS. Both the meetings and the visits pro-

vided an important perspective on the problem regarding actions taken, lessons learned, and further progress needed. [Attachment B: Groups Visited]

PLAN OF ACTION

The Background

Throughout the Mission's travel in Africa, it was clear that President Clinton's "Partnership with Africa" is making hope a reality, even at the village level. From Kampala to Cape Town, people across Africa know of this historic initiative. Unfortunately, AIDS threatens to decimate the progress of this partnership and everything else in its path. To protect and defend the legacy of growth and opportunity we have built with Africa, and the children and families who depend on it, an aggressive AIDS initiative, involving concrete action both at home and abroad, is essential.

Given the magnitude of the AIDS pandemic and its devastating impact on child survival, economic development, trade, regional stability, and civil society in Africa today, and in India tomorrow, the President established a Global AIDS Emergency Working Group. Included were the National Security Council, Office of Management and Budget, Office of the Vice President, USAID, and the Departments of Defense, State, Treasury, Commerce, and HHS. The Office of National AIDS Policy coordinated this effort, and together the Working Group and the members of the Presidential Mission made specific recommendations. These recommendations form the basis of the Plan of Action now put forward by the Administration.

The Goals

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of goals for the next five years as described below. The Administration seeks to further these goals through an initiative entitled "Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic."

The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)

Orphans will have access to education and food on an equal basis with their non-orphaned peers.

By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to \$300 million per year. (Currently, approximately \$150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)

By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

The Initiative

I. Increasing the US Government investment in the global battle against AIDS to begin to reflect the magnitude of this rapidly escalating pandemic.

Making a difference in Africa and in other highly impacted areas requires broader political commitment, enhanced community mobilization, and, most urgently, increased resources. In 1998, spending on AIDS in Africa totaled only \$165 million. Compared to the ever-escalating need and other health programs, this amount is woefully inadequate. For example, in 1998, over \$500 million was

spent for basic childhood immunization programs in Africa. Based on our experience in those countries that are starting to demonstrate success, such as Uganda and Senegal, UNAIDS and donors now agree that a minimum of \$600 million is needed in sub-Saharan Africa per year for HIV prevention alone (\$2 per adult per year).

While we acknowledge the leadership role that the US plays globally and the urgent need to act, clearly an effort to combat AIDS must be driven by many actors including host countries, multi-lateral organizations, and bilateral donors, to be successful. In FY1999, the US Government spent \$74 million in USAID prevention and care in Africa and \$38 million in HHS research and surveillance/prevention. But more remains to be done in sub-Saharan Africa and in other seriously affected parts of the world.

The Administration proposes to commit an additional \$100 million in FY2000 to the global battle against AIDS. This initiative will enable us to move forward on four critically important and interconnected fronts including:

Containing the AIDS Pandemic (\$48 million)—Implement a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

Providing Home and Community-Based Care (\$23 million)—Deliver counseling, support, and palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhance training and technical assistance efforts.

Caring for Children Orphaned by AIDS (\$10 million)—Assist families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development (\$19 million)—Strengthen host country ability to plan and implement effective interventions. Strengthen the capacity for effective partnerships and the ability of community-based organizations to deliver essential services. Strengthen surveillance systems to track the epidemic and target HIV/AIDS programs.

This US Government assistance would be provided through USAID (\$55 million), HHS (\$35 million), and DoD (\$10 million). The focus of this funding is HIV prevention, and AIDS care and treatment. In those areas, this initiative represents nearly a doubling of funding in Africa from current levels (\$81 million in FY99, which excludes research). The Administration recognizes the fight against AIDS must be sustained to keep pace with this burgeoning epidemic, and is committed to a multi-year effort in this critical area.

II. Building partnerships with other key stakeholders to maximize our impact on the rapidly expanding pandemic

Increasing US investment in the global battle against AIDS is critical, but is not sufficient to achieve the outcomes needed. The commitment of in-country political leaders and of various segments of civil society are key to success. Moreover, resources provided by the US Government need to help leverage, and to be coordinated with those of other donors, the private sector, and national governments to ensure synergy and to

maximize impact. Building partnerships with key stakeholders in support of effective action at the community level is our greatest hope for progress.

This initiative will pursue a variety of strategic opportunities for challenging other partners to join in an enhanced effort, including:

Leadership Meeting—On September 7, 1999, First Lady Hillary Rodham Clinton will convene a meeting of key US officials, The World Bank, UNAIDS, as well as heads of foundations, corporate CEOs, and others to discuss how best to enhance AIDS prevention and treatment efforts in Africa and around the world. The meeting will focus not only on leveraging additional resources, but also on establishing priorities, identifying effective public/private partnerships, and identifying targets for action to combat the crisis of HIV/AIDS.

African Leaders Summit—We propose hosting a high-level meeting with Africa government and community leaders within the next ten months. This meeting will highlight the critical role of leadership in arresting the epidemic and will work to encourage increased leadership efforts. Topics will include the economic impact of HIV/AIDS, examination of models of success in reducing the transmission of HIV, and addressing the need for increased investment in health programs. Additional topics will include AIDS care and treatment and support for children orphaned by AIDS.

UN Conference on Children Orphaned by AIDS—On December 1, 1999 (World AIDS Day), the United Nations in conjunction with the National Black Leadership Commission on AIDS, The White House Office of National AIDS Policy, The Magic Johnson Foundation and a variety of NGOs, will organize a conference to focus attention on the growing number of children orphaned by AIDS worldwide. Special emphasis will be placed on assessing the needs of orphaned children in sub-Saharan Africa and the Americas. Participants will include noted experts on the priority issues identified by UNAIDS, UNICEF, and other UN agencies.

Business—The Department of Commerce will facilitate a meeting of business leaders active in Africa to encourage them to increase their efforts to rise to the AIDS challenge. Given the impact that AIDS is having on businesses as well as the overall economic impact on African countries, such a meeting will seek enhanced business commitment and involvement in AIDS programs.

The Commerce Department will work with American Chambers of Commerce abroad and other business organizations to publicize the successful AIDS efforts of US firms in Africa and to support others taking similar action. In addition, the Department will direct work to promote closer coordination in Africa between Commercial Service Offices, other USG agencies, the business community, and African NGOs in a united effort to promote corporate partnership in AIDS programs.

Labor—The Secretary of Labor will facilitate a meeting of US and African labor leaders, which will be co-chaired by the AFL-CIO. The success of the AFL-CIO and its Solidarity Center in South Africa (supported by USAID) in working with the South African Trade Union Federations to include AIDS as a key labor outreach and policy issue provides a model for similar action elsewhere. Outcomes include assisting labor organizations in educating their members and securing commitments to develop workplace-based AIDS education and prevention programs, including outreach to youth.

Religious Leaders Summit—The US government will facilitate a meeting of African, American, and other religious leaders to dis-

cuss the important role of communities of faith in the fight against AIDS. In Uganda and Senegal, the involvement of religious communities and leaders had a dramatic impact on the ability of these two countries to reduce HIV incidence and to maintain it at low levels over time. The outcome of such a meeting would be to increase attention to the need for involving religious communities, to mobilize these organizations and leaders in the fight against AIDS, and to identify ways to support their efforts.

Diplomatic Initiatives—The Department of State, National Security Council, and ONAP will work with US and African ambassadors to increase attention to AIDS within the diplomatic community. The NSC, the Department of State, and USAID will work with G-8 and other donors, and challenge them to match the increased investment put forward in this initiative.

ATTACHMENT A—TRIP MANIFEST

Presidential mission to AFRICA—March 27–April 5, 1999

Members of Congress: Representative Carolyn Kilpatrick, Foreign Operations Subcommittee, Appropriations, and Congressional Black Caucus; Representative Barbara Lee, Africa Subcommittee, International Relations, and Congressional Black Caucus; and Representative Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus, and Congressional Black Caucus.

Congressional Staff: Bruce Artim, Health Staff, Senator Hatch; Mary Lynn Qurnell, Legislative Assistant, Senator Helms; Stephanie Robinson, General Counsel, Senator Kennedy; and Carolyn Bartholomew, Legislative Director, Representative Pelosi. Minority Staff, Foreign Operations Subcommittee, Appropriations.

Non-Governmental Participants: William Harris, President, Children's Education and Research Institute; Bishop Felton May, General Board of Global Ministries, United Methodist Church; David Dinkins, Chair, Black Leadership Commission on AIDS; Dr. Jacob Gayle, UNAIDS Technical Advisor and Liaison to The World Bank; Rory Kennedy, Documentary filmmaker, Moxie Films; and Nick Doob, Documentary filmmaker, Moxie Films.

Administration Officials: Sandra L. Thurman, Director, Office of National AIDS Policy; Michael Iskowitz, Consultant, USAID; Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID; Maria Sotiropoulos, Protocol Officer, State Department; and Phil Drouin, Desk Officer, Bureau of African Affairs, State Department.

ATTACHMENT B—GROUPS VISITED: COMMUNITY ORGANIZATIONS AND GOVERNMENT OFFICIALS

Zambia

Bwanafanon, CHIN, Christian Council of Zambia, Evangelical Fellowship of Zambia, Family Health Trust, Fountain of Hope, McKinney Islamic Center, Mulenga Compound, National AIDS Network, Ndeke House, Project Concern International, Society of Women Against HIV/AIDS, St. Anthony's Compound, and Twapia Widows Group.

President Jacob Titus Chiluba; Dr. Nkandu Luao, Minister of Health; Peter McDermott, UNICEF Country Representative; Vincent Malambo, Minister of Legal Affairs; Edith Z. Nawakwi, Minister of Finance and Economic Development; Abel Chambeshi, Minister of Youth, Sports and Child Health; Keli Walubita, Minister of Foreign Affairs; Dawson Lupunga, Minister of Community Development; Dr. Moses Sichone, HIV/AIDS Coordinator, GRZ; GRZ public-private orphan task force; and Ambassador Arlene Render.

Uganda

AIDS Development Foundation, AIDS Information Center, The AIDS Support Organi-

zation (TASO), Foundation for International Community Assistance (FINCA), Joint Clinical Research Centre, Makerere University, National Community of Women Living with AIDS, Save the Children (UK), Uganda AIDS Commission, Uganda Cancer Institute, Uganda Virus Research Institute, and United Women's Effort to Save Orphans.

President Yoweri Kaguta Museveni, First Lady Janet Museveni, Dr. Crispus Kiyonga, Minister of Health; Hajat Janat Mukwaya, Minister of Gender, Labor and Development; Dr. Elizabeth Madraa, AIDS/STD Control Program, Ministry of Health; Rafina Ochago, Commissioner for Child Care and Protection, Ministry of Gender, Labor and Development; and Ambassador Nancy J. Powell.

South Africa

Bethesda House, CINDI Coalition (Children in Distress), Don McKenzie TB Hospital, Edendale Hospital, Edith Benson Babies Home, Ethembeni Centre, Grey's Hospital, Highway Hospice, Hope Worldwide-Jabavu Clinic, King Edward Hospital, Lilly of the Valley, Makaphuthu Children's Home, Project Gateway, and Streetwise Shelter.

Nkosa Zana Zuma, Minister of Health; GJ Fraser-Moleketi, Minister of Welfare and Population Development; Dr. Ben S. Ngubane, Premier, KZN; Dr. Zweli Mkhize, Minister of Health, KZN; Siphwe Gwala, Mayor, KZN; and Ambassador James Joseph.

Ms. LEE. Mr. Speaker, I also want to make special note of the work of Bono and his organization Debt, AIDS, Trade, Africa for their work in really driving the agenda of HIV and AIDS and for bringing the attention to the needs of African people. He will be here, incidentally, today in the Capitol, and I know he will appreciate the importance of passing this bill.

And also, finally, I must thank my predecessor, Ron Dellums, who for many years was a lone voice in the wilderness who also developed the concept of the AIDS Marshall Plan and the Global Fund for AIDS.

Quite simply, this bill, H.R. 1409, will better coordinate and address the growing problem of orphans and vulnerable children in the developing world. As we heard earlier, an estimated 143 million children were living as orphans throughout sub-Saharan Africa, Asia, Latin America, and the Caribbean. This is extremely hard to even comprehend.

The rapid growth of HIV and AIDS especially in Africa has dramatically impacted the number of children who are newly becoming orphans. According to UNAIDS, today there are over 15 million children living as orphans due to HIV and AIDS, again, the vast majority in sub-Saharan Africa. By 2010 there will be 25 million children. Today every 14 seconds another child is orphaned by AIDS. With parents dying at an alarming rate, children are left without food, shelter, education, or protection. We actually saw children raising children, 10-year olds raising their siblings.

The global orphan crisis is a profound humanitarian disaster that will be felt for decades to come. This bill seeks to address the growing global problem of orphans and vulnerable children by providing assistance to support basic care through community, school food

programs, increased primary school enrollment, employment training, protection of inheritance rights, psychosocial support, and treatment for children living with HIV and AIDS.

Together these activities will be overseen by a Special Adviser for Orphans and Vulnerable Children within USAID, which is a new position that my bill establishes. The Special Adviser will be responsible for coordinating, advising, and monitoring the provision of assistance for orphans and ensuring proper accountability for this program.

The amendments that we put into this bill have been made after careful negotiation with the other body and the gentleman from Illinois and the gentleman from California, our House leadership, and I thank them for helping us with these negotiations. These amendments would clarify the role of the Special Adviser in focussing specifically on orphans and vulnerable children. The amendments would also give USAID some flexibility to aggregate data in its report to Congress rather than providing detailed information on each individual grant and program.

Many of us, as I said earlier, have seen firsthand the desperation that orphans and vulnerable children are facing. There are many, in Africa especially, who have risen to the occasion. Father D'Agostino, for example, of Nyumbani orphanage. Many of us know Father D'Agostino, and he is doing unbelievable work in primarily Kenya. He has got the care and devotion of a staff and all of its volunteers who are really basically saving lives of children and helping develop their futures. He needs resources.

Also Mama Jean. I have got to mention her. Mother of Peace Orphanage Community in Zimbabwe. It is an orphanage I have become quite familiar with because it benefits adjacent rural communities, and I am proud to say that my own church in Oakland, California, the Allen Temple Baptist Church, is one of the sponsors of this orphanage.

Mr. Speaker, let me just say that these two programs are incredible programs and it is really a testament to how much good can be done on a shoestring budget by a committed group of people.

Bwafwano Home-Based Care Organization, run by Beatrice Chola, I met her when I traveled to Zambia last year with the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) and the gentlewoman from Texas (Ms. JACKSON-LEE). She is working as a nurse in the Chipata health center of Lusaka. Beatrice started this clinic, this orphanage, back in 1996 when she saw that the health center was overrun by HIV and AIDS and TB-infected patients.

So today, Mr. Speaker, to our chairman, to the gentleman from California, and to all of those who have made this bill possible, I want to thank them on

behalf of the millions of children who are going to be helped, whose lives will be saved, and who will lead the quality of life that they so deserve. They need our help. We are stepping up to the plate.

Mr. LANTOS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Minnesota (Ms. MCCOLLUM), a member of the Committee on International Relations, who has been a fighter for children's rights and a fighter to defeat the ravages of AIDS.

Ms. MCCOLLUM of Minnesota. Mr. Speaker, I strongly support this important legislation to address the needs of children orphaned and vulnerable as a result of the AIDS pandemic. The gentlewoman from California (Ms. LEE) and her staff, as well as the gentleman from Illinois (Mr. HYDE), the gentleman from California (Mr. LANTOS), and the gentleman from Iowa (Mr. LEACH) are to be commended for their commitment to setting forth a policy that creates a framework to meet the needs of AIDS orphans. This bill deserves the full support of this House.

At this moment millions of boys and girls, children, across the continent of Africa are struggling to survive, struggling to find food and shelter and to care for siblings. They too often live in fear of sexual exploitation or are forced to use sex in exchange for food, safety, and survival. By 2010 an estimated 25 million children across Africa alone will be orphaned as a result of AIDS. Millions more will be caring for sick parents as well as for brothers and sisters.

Mr. Speaker, today's Seattle Post-Intelligencer details how the small southern African nation of Malawi is facing an AIDS disaster which is now fueling a famine. In this nation of nearly 12 million people, nearly 1 million more people are infected with HIV, many too sick to farm their fields. Five million Malawians are at risk of starvation. In Malawi there are also 700,000 AIDS orphans struggling to survive a famine, and this does not include the vulnerable children.

When a country is starving, who feeds the children? Who feeds, cares for, educates, and protects the children, the AIDS orphans? Mr. Speaker, AIDS is killing an entire nation, and the children left behind must be protected and cared for and educated and, most importantly, valued.

This bill is an important first step. U.S. leadership is needed for these children who deserve our help.

Mr. Speaker, for the RECORD I submit the Seattle Post-Intelligencer article.

[From the Seattle Post-Intelligencer, Oct. 18, 2005]

MALAWI VILLAGE UNDERSCORES IMPACT OF AIDS

(By Clare Nullis, Associated Press Writer)

NAPASHA, MALAWI.—It's so quiet you can hear scrawny hens pecking at the dust. A few ragged children peer timidly from the shadow of their mud huts but show no interest in playing. Beyond them lie barren cornfields, abandoned to the blistering heat.

The despair is unmistakable in Napasha, a village in the southern African nation of Malawi where an AIDS epidemic has compounded the vicious cycle of poverty, hunger and disease.

"Our fields are idle because there is nobody to work them," says Toby Solomon, a local commissioner.

Subsistence farmers dominate Malawi's struggling economy. But an estimated 900,000 of 12 million people are infected with the HIV virus, a national rate of just over 14 percent. In the southern province of Nsanje, which includes Napasha, the rate is as high as 35 percent, according to Solomon.

"We don't have machinery for farming, we only have manpower," Solomon says. "If we are sick, or spend our time looking after family members who are sick, we have no time to spend working in the fields."

Numbers aren't easy to come by in Napasha, a cluster of simple mud buildings with no electricity or sanitation and just one communal water pump. But the 400 or so households here include about a hundred children who have lost one or both parents to AIDS.

The epidemic has aggravated a food crisis stemming in part from a drought that is withering corn crops. President Bingu wa Mutharika declared all of the southern African nation a "disaster area" Saturday and appealed for international help. He warned that 5 million people, almost half the population, are threatened with hunger.

Monica Kasitomu, a tiny graying woman who thinks she is around 70, is struggling to feed three young grandchildren who lost both their parents to AIDS. She says she depends on the corn meal and oil she receives from the United Nations.

"I'm getting too old to care for my grandchildren," she frets. "When I die, I don't know what will happen to them," she says, tears in her eyes.

One roadside sign near Napasha urges people to use condoms. "AIDS is real. It's not witchcraft," it says.

Many people here, as in much of Malawi, believe AIDS is caused by witchcraft and consider condoms taboo. The government and foreign relief agencies have launched campaigns to try to educate people about the disease, but results have been slow to filter down.

AIDS kills about 90,000 people in Malawi every year, and about half of the country's hospital beds are occupied by people with AIDS-related complications. Napasha, which is far from any health facilities, has at least eight households with terminally ill AIDS victims.

One is Melania Nakhove, a tall and graceful woman who looks older than her 50 years. She lost her husband to AIDS in 2002 and then discovered that she too was infected with the virus. She used to have a job but gave it up when she became too ill to work. Her house—like most others in the village—is bare. Her monthly ration of cornmeal lies drying on the floor of her living room, adorned only with a 2002 calendar and an AIDS awareness poster.

Nakhove counts herself lucky to receive both food aid and anti-retroviral medicines thanks to a government program funded by foreign donations.

Of an estimated 140,000 Malawians who need the life-prolonging drugs, only 19,000 were receiving them in June, according to the World Health Organization. The government aims to put 80,000 on treatment by the end of the year, but that is subject to foreign funding.

At the Saint Montfort feeding center in southern town of Nchal, nurse Getrude Mkwapu estimates half the children admitted to the intensive feeding ward are HIV-positive, complicating efforts to treat their malnutrition.

James, just 14 months old, is one of them. The skeletal boy, who looks no older than four months, wails incessantly as his grandmother, Weza Jugen, tries to coax him to drink a cup of milk.

"I don't know what I can do," Jugen said. "All I can try to do is to give him milk and porridge."

James, whose mother died last month, is one of 700,000 orphans in Malawi.

"The epidemic is giving people a sense of no hope," says Solomon. "No hope for life."

Mr. HYDE. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. LANTOS) and ask unanimous consent that he be allowed to control that time.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. LANTOS. Mr. Speaker, I thank the gentleman from Illinois for his usual gracious accommodation.

Mr. Speaker, I yield 4 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE), a fighter for children's rights.

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank both the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for their graciousness in this debate, something that I know the gentlewoman from California (Ms. LEE) has waited on and fought for for such a long time. My hat is off to the gentlewoman from California (Ms. LEE), and the good news is that at the end of my name there is L-e-e. But I celebrate her leadership today and join in reminding the world that this may sound like a celebration but it is only the beginning.

I rise to enthusiastically support H.R. 1409, Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

Though, Mr. Speaker, that we rise today and speak about the scourge of AIDS, the vitality and importance of this legislation looms even more important as we look at the backdrop of now the rising numbers of those who have lost their lives in the terrible tragedy of the earthquake in Pakistan and, of course, as I am facing two disasters, the terrible tragedy of Hurricane Katrina and Rita where we know that the largest numbers of those impacted are children. In the instance of Pakistan, we know that children may be the highest numbers of those who have lost their lives, now numbers rising above 40,000. We know in Hurricane Katrina and Rita that we also will feel a terrible impact on our children.

□ 1245

So this bill that is now focused specifically on the issues dealing with HIV/AIDS speaks volumes that we were able to pass legislation based upon the mission that the gentlewoman from California (Ms. LEE), myself, and the gentlewoman from Michigan (Ms. KIL-

PATRICK) joined as the first Presidential mission led by Sandy Thurman of the White House under President Bill Clinton.

As I said, the steps were measured but the effort was persistent and determined, and so this bill will authorize assistance to provide basic care through the community, school food programs, increased primary school enrollment, employment training, protection of inheritance rights, psychosocial support, and treatment for people living with HIV and AIDS.

I will tell my colleagues as I listened to the gentlewoman from California (Ms. LEE), she is right. As we walked into various living facilities, huts, throughout the nations that we visited, we stopped in to visit and see a 4-year-old bending over a dying body, we visited with a grandmother who was now taking care of a number of the children of her dead children, both husbands and wives. We knew that this had to be confronted in a very drastic, severe, persistent, and large way. This bill is a large way of responding to it.

We all know that according to a report developed by the United Nations Joint Programme on HIV/AIDS, UNICEF, and the United States Agency for International Development, as of July 2004 there were more than 143 million orphans living in sub-Saharan Africa, Asia, Latin America and the Caribbean, 143 million, which is more than almost half of the population of the United States of America.

We realize that these children are vulnerable, with no hope, no life. We also realize that those who are dying in their care need greater care than a 4-year-old, a 5-year-old, a 6-year-old might be able to give. We know that infants are poor and malnourished and are more likely to contract respiratory infections, diarrhea, and measles and other preventable diseases. We also know that those who were taking care of had tuberculosis and HIV, and so we recognize that this bill is long in coming, but it is so much needed.

Just imagine these poor children with no hope; and so, today, America rises to the occasion of the America that we all have loved and recognize for what she has always been, the defender of the most vulnerable around the world. Some have called her Mother America. In this instance, we embrace those from around the world, and we join with H.R. 1409, and I ask my colleagues to support it. I congratulate my colleagues, and I look forward to working with the gentleman from Illinois (Chairman HYDE) and the gentleman from California (Mr. LANTOS) as we move this forward for a better world.

Mr. Speaker, I rise today in support of H.R. 1409, the "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005." This bipartisan bill seeks to address the growing problem of orphans and vulnerable children in developing countries, which has been exacerbated by the HIV/AIDS pandemic. The bill establishes the position of Spe-

cial Advisor for Assistance to Orphans and Vulnerable Children within the United States Agency for International Development with responsibilities including coordination, advising, and the monitoring of assistance.

Additionally, the bill will authorize assistance programs to provide: Basic care through the community; school food programs; increased primary school enrollment; employment training; protection of inheritance rights; psychosocial support; and treatment for children living with HIV/AIDS.

As of July 2004, there were more than 143 million children living in sub-Saharan Africa, Asia, Latin America, and the Caribbean who were identified as orphans, having lost one or both of their parents. Of this number, approximately 16 million children were identified as double orphans, having lost both parents—the vast majority of whom died from AIDS. These children often are disadvantaged in numerous and devastating ways and most households with orphans cannot meet the basic needs of health care, food, clothing, and educational expenses.

The HIV/AIDS pandemic has increased the number of orphans worldwide and has exacerbated the poor living conditions of the world's poorest and most vulnerable children. AIDS has created an unprecedented orphan crisis, especially in sub-Saharan Africa, where children have been hardest hit. An estimated 14 million orphans have lost 1 or both parents to AIDS. By 2010, it is estimated that over 25 million children will have been orphaned by AIDS.

Working to combat poverty and to protect the vulnerable is an issue that members of both parties can agree on. According to the United Nations Children's Fund (UNICEF), orphans are less likely to be in school and more likely to be working full time. Providing children with free primary school education, while simultaneously ensuring that adequate resources exist for teacher training and infrastructure would help more orphans and other vulnerable children obtain a quality education. It is critical for the future of these developing nations that the orphaned and vulnerable populations have access to basic needs like food, health care, and education.

GENERAL FACTS ON CHILDREN

According to a report developed by the United Nations Joint Programme on HIV/AIDS (UNAIDS), UNICEF, and the United States Agency for International Development, as of July 2004 there were more than 143,000,000 orphans living in sub-Saharan Africa, Asia, Latin America, and the Caribbean.

Assessments carried out by the International Labor Organization (ILO) to investigate the situation of children who are working found that orphans are much more likely than non-orphans to be working in commercial agriculture, the domestic service industry, and the commercial sex industry, as street vendors, or in industries that violate internationally recognized rights of children.

Infants who are poor and malnourished are more likely to contract respiratory infections, diarrhea, measles, and other preventable diseases, and are less likely to receive needed health care.

According to UNAIDS and UNICEF, by the end of 2001 there were an estimated 14,000,000 children under the age of 15 who had lost one or both parents to AIDS.

As the number of HIV cases increases in sub-Saharan Africa and the Caribbean, as well as in Eastern Europe and Asia, the death rate from AIDS among adults in those regions is expected to increase. By 2010 the total number of children in those regions who will lose one or both parents to AIDS is expected to be approximately 30,000,000.

One-third of children born from an HIV-infected mother develop HIV/AIDS. Few of these children have access to HIV/AIDS medications.

Globally, more than 12,000,000 young people ages 15 to 24 are living with HIV/AIDS, and each day another 6,000 young people become infected with HIV. New estimates indicate that more than 70 percent of new HIV cases among this age group in sub-Saharan Africa are young women and girls.

Mr. LANTOS. Mr. Speaker, I am very pleased to yield 2½ minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), our distinguished colleague and a physician herself.

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman from California (Mr. LANTOS) for yielding me time.

I also rise in strong support of H.R. 1409, to amend the Foreign Assistance Act of 1961 to provide assistance for orphans and other vulnerable children in developing countries. I want to commend the gentlewoman from California (Ms. LEE) as well for her commitment to this issue and for sponsoring this bill and for her hard work in getting it to the floor today, and to thank Chairman HYDE and Ranking Member LANTOS for their support.

Mr. Speaker, as the *Navhind Times* wrote earlier this month, "There are more than 100 million children worldwide who are living hand-to-mouth, bereft from family and homes and are particularly vulnerable to abuse." We have all seen the tragedy of children soldiers, the street children of South America, and children refugees.

As of July 2004, there were more than 143 million children living in sub-Saharan Africa, Asia, Latin America, and the Caribbean who were identified as orphans, having lost one or both parents. Of this number, approximately 16.2 million children were identified as double orphans, having lost both parents, the vast majority of whom died of AIDS.

Numerous United States and indigenous private voluntary organizations, including faith-based organizations, in these countries provide assistance to orphans and other vulnerable children.

One such program is the Rx for Child Survival Campaign, a multimedia campaign aimed at raising the awareness of child hunger, disease and the impact of AIDS on their lives. Many of these organizations have applied for grants to the administrator of the U.S. Agency for International Development to provide increased levels of assistance for orphans and other vulnerable children in these developing countries.

Mr. Speaker, the plight of the world's children represents both a humanitarian and a security crisis, and it is getting worse with each succeeding

year. It is essential that the United States Government adopt a comprehensive approach for the provision of assistance to orphans and other vulnerable children around the world.

By acting now, Congress can ensure that important services, such as basic care, psychosocial support, school food programs, increased educational opportunities and employment training, the protection and promotion of their inheritance rights, the treatment of orphans and other vulnerable children of HIV and AIDS and other illnesses have more accessible treatment and support efforts that ensure orphans continue to live with their extended families whenever possible, rather than being placed in orphanages.

I urge my colleagues to support the passage of H.R. 1409.

Mr. HOLT. Mr. Speaker, I rise today in support of H.R. 1409, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005. This bipartisan bill will provide assistance to the neediest children in the world's poorest countries, and I urge my colleagues to support it.

AIDS has been so devastating to the developing world, especially sub-Saharan Africa, partly because so many of those killed by AIDS are adults of child-bearing age. These men and women are often the pillars of their communities and families. Most diseases spare at least one parent, but AIDS often kills both mothers and fathers. Sixteen million children in the developing world are "double orphans"—both of their parents are dead—mostly because of AIDS. Unfortunately, their numbers are increasing as AIDS continues to ravage the world. Indeed, in four African countries, one in five children will have lost at least one parent to AIDS by 2010. It is vital that we help these children.

Extended families care for more than 90 percent of orphans in the developing world. Unfortunately, these families often lack the resources to meet the most basic needs of the orphans. These children are less likely than their peers to be enrolled in school. Many orphaned girls in particular are forced into the workforce at an early age. They are more likely than others to go hungry. Because of the stress of losing their parents and coping with the ensuing problems, they are much more likely to suffer from psychological problems.

Many face discrimination both as the children of AIDS victims and as orphans. Orphans and their mothers often have difficulty inheriting the land or other property due to them.

This bill authorizes the President to assist programs in developing nations that benefit orphans and other vulnerable children. USAID will work with an array of groups, including international and non-governmental organizations, to provide needed services to orphans. These services include education, school food, protection of inheritance rights and psychosocial care. When possible, community-based groups will directly provide this care.

H.R. 1409 includes provisions that monitor and evaluate the effectiveness of the programs funded, so resources will be channeled to the groups that do the best work and need the most assistance. It also creates the office of the Special Advisor for Assistance to Vulnerable Populations, appointed by the Secretary of State, who will oversee the imple-

mentation of this bill in USAID programs and coordinate U.S. assistance to orphans and other vulnerable children.

Mr. Speaker, this bipartisan bill will ease the suffering of the millions of children who have been orphaned in the developing world, and it is worthy of this House's support.

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

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

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Illinois (Mr. HYDE) that the House suspend the rules and pass the bill, H.R. 1409, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. LANTOS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MOURNING LOSS OF LIFE CAUSED BY EARTHQUAKE THAT OCCURRED ON OCTOBER 8, 2005, IN PAKISTAN AND INDIA

Mr. HYDE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 492) mourning the loss of life caused by the earthquake that occurred on October 8, 2005, in Pakistan and India, expressing the condolences of the American people to the families of the victims, and urging assistance to those affected.

The Clerk read as follows:

H. RES. 492

Whereas on October 8, 2005, a powerful earthquake measuring 7.6 on the Richter Scale occurred in Pakistan and India, centered on the city of Muzaffarabad;

Whereas the earthquake caused severe damage in both Pakistan and India;

Whereas the earthquake and continuing aftershocks have caused more than 50,000 deaths, resulted in serious injuries to additional tens of thousands of people, and left between 2.5 and 3 million homeless as winter in the affected mountainous region approaches;

Whereas millions of people throughout the affected region currently lack clean water, food, proper sanitation, basic healthcare, adequate shelter, and other necessities, thereby increasing the risk of additional suffering and death; and

Whereas the United States and donors from at least 30 other countries have, to date, pledged several hundred million dollars in emergency and long-term reconstruction assistance, and have begun to deliver humanitarian supplies to survivors of the earthquake: Now, therefore, be it

Resolved, That the House of Representatives—

(1) mourns the tragic loss of life and horrendous suffering caused by the earthquake that occurred on October 8, 2005, in Pakistan and India;