

examination of the details of the bill call that claim into question. For one thing, the oft-cited assertion that H.R. 1 reduces spending by \$99 billion is misleading as the \$99 billion figure represents the amount that H.R. 1 reduces spending from the President's proposed Fiscal Year 2011 budget, not reductions in actual spending. Trying to claim credit for a reduction in spending based on cuts in proposed spending is like claiming someone is following a diet because he had 5 pieces of pizza when he intended to have 10 pieces.

In fact, H.R. 1 reduces federal spending by \$66 billion. This may seem like a lot to the average American but in the context of an overwhelming trillion-dollar budget and a national debt that could exceed 100 percent of GNP in September, this cut is barely even a drop in the bucket.

One reason that H.R. 1 does not cut spending enough is that too many fiscal conservatives continue to embrace the fallacy that we can balance the budget without reducing spending on militarism. Until Congress realizes the folly of spending trillions in a futile attempt to impose democracy on the world we will never be able to seriously reduce spending.

Congress must not only reject the warfare state, it must also reject the welfare state. H.R. 1 is more aggressive in ending domestic spending than foreign spending, and does zero out some objectionable federal programs such as AmeriCorps. However, H.R. 1 leaves most of the current functions of the federal government undisturbed. This bill thus continues the delusion that we can have a fiscally responsible and efficient welfare state.

Mr. Chair, the failure to even attempt to address the serious threat the welfare-warfare state poses to American liberty and prosperity is the main reason why supporters of limited government and individual liberty should ultimately find H.R. 1 unsatisfactory. Only a rejection of the view that Congress can run the economy, run our lives, and run the world will allow us to make the spending reductions necessary to avert a serious financial crisis. This does not mean we should not prioritize and discuss how to gradually transition away from the welfare state in a manner that does not harm those currently relying on these programs. However, we must go beyond balancing the budget to transitioning back to a free society, and that means eventually placing responsibility for social welfare back in the hands of individuals and private institutions. Despite the overheated rhetoric heard during the debate, H.R. 1 is a diversion from the difficult task of restoring constitutional government and a free economy and society.

#### CONGRATULATIONS GORDY FAMILY

#### HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Friday, February 18, 2011*

Mr. WILSON of South Carolina. Mr. Speaker, I am happy to congratulate my good friend, Thomas Gordy and his wife, Theresa on the birth of their daughter, Trenton Talmadge Gordy. Trenton was born on Tuesday, February 15, 2011, in Manassas, Virginia. She is welcomed home by her sister, Sarah Gordy.

Trenton Talmadge Gordy is seven pounds and one ounce of pride and joy to her loving grandparents, Timmy and Kay Gordy of Monroe, Louisiana, Toni and Michael LeBlanc of Shreveport, Louisiana, and Canoy and Lynn Mayo of West Monroe, Louisiana.

I am so excited for this new blessing to the Gordy family and wish them all the best.

#### CONGRATULATING THE WINNERS OF THE MEDAL OF FREEDOM

#### HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Friday, February 18, 2011*

Mr. VAN HOLLEN. Mr. Speaker, I rise to honor this week's recipients of the Presidential Medal of Freedom, our nation's highest civilian honor. All of the honorees have led extraordinary lives and made enormous contributions in their fields. They come from a range of backgrounds—arts, sports, public service—and have enriched our nation and improved our world.

I particularly want to recognize my friend, Congressman JOHN LEWIS, who received this honor. JOHN has given a lifetime of service to this nation, from his leadership in the Civil Rights Movement to his 26 years as the "Conscience of the Congress." A few years ago, I had the privilege to join JOHN on a trip to Alabama, where we retraced the steps of the courageous civil rights activists who changed the face of America. JOHN's passion has never wavered and he remains a voice for the voiceless—strongly advocating for opportunity for all Americans. I congratulate him on this much-deserved honor and look forward to working with him for many years to come.

#### OPPOSITION TO AMENDMENT NO. 262

#### HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Friday, February 18, 2011*

Mr. PAYNE. I rise today in opposition to Amendment No. 262, introduced by our colleague Representative LATTA of Ohio, should it be offered during floor consideration of H.R. 1. Amendment No. 262 would eliminate all funding for international family planning programs in the proposed FY 2011 Continuing Resolution. This devastating cut would have severe immediate and long term impacts on women and their families in the world's poorest countries.

Contrary to the rhetoric we are hearing from some of our colleagues, U.S. international family planning assistance in fact helps to reduce unintended pregnancies and abortions in the developing world. According to Population Action International, cutting this funding would result in: 7.8 million more unintended pregnancies; 3.7 million more abortions; 87,000 additional newborn deaths; and 12,000 additional maternal deaths.

Moreover, this amendment would turn back the clock on U.S. investments in the global fight against HIV/AIDS. The integration of family planning and HIV/AIDS services is a vital and cost-effective way to prevent HIV infec-

tion, including through mother-to-child transmission. At the same cost, family planning services can avert nearly 30 percent more HIV-positive births than use of the nevirapine prophylaxis by HIV-positive pregnant women. A recent study found that, although PEPFAR has been associated with a reduction in HIV-related deaths, trends of increasing adult prevalence rates continue unabated. However, preventing unintended pregnancies, which is an international pillar of preventing mother to child transmission (PMTCT) programming, continues to receive insufficient attention in AIDS programs. The Guttmacher Institute noted in their report *Hiding in Plain Sight: The Role of Contraception in Preventing HIV* that helping HIV-positive women avoid unwanted pregnancies not only lowers the rate of new infections, but does so at a relatively low cost.

I hope that you will join me in opposing this amendment, should it be offered.

[From the Guttmacher Policy Review, Winter 2008]

#### HIDING IN PLAIN SIGHT: THE ROLE OF CONTRACEPTION IN PREVENTING HIV (By Susan A. Cohen)

As Congress embarks on the process of reauthorizing the U.S. program to fight HIV and AIDS, and as other global donors recalibrate levels and allocations of funding for HIV/AIDS programs, prevention seems to be making a comeback. At the inception of the President's Emergency Plan for AIDS Relief (PEPFAR) five years ago, both the funding and the programmatic emphasis tilted heavily toward treatment. Yet, the rate of new HIV infection continues to outpace the world's ability to deliver antiretroviral therapy, despite recent advances in access to such medications. A public health consensus is emerging, therefore, in favor of realigning the balance between treatment and prevention efforts.

Refocusing the priority on prevention is long overdue, as is an acknowledgment, especially within Congress, that HIV prevention cannot be accomplished with a disproportionate emphasis on abstinence. Indeed, preventing the sexual transmission of HIV requires going beyond the necessary but hardly sufficient strategy of ABC: abstain, be faithful, use condoms. It also requires increasing AIDS awareness through counseling and testing programs, investing in programs promoting the empowerment of women and girls, and increasing access to male circumcision. Other critical prevention interventions include ensuring a clean blood supply and clean medical injections, needle exchange programs for intravenous drug users and preventing the "vertical" transmission of HIV from a pregnant woman to her newborn infant.

Largely overlooked as an HIV prevention strategy, however, is the simple and low-cost act of helping HIV-positive women who do not want to have a child to avoid an unintended pregnancy through increased access to contraceptive services. Ward Cates, president for research of Family Health International (FHI), has dubbed contraception the "best-kept secret in HIV prevention," and certainly, the significant contribution of unintended pregnancy prevention toward reducing the perinatal transmission of HIV has gone virtually unrecognized. Yet, a revitalized and more robust effort focused on HIV prevention cannot afford not to fully capitalize on the critical role of contraceptive services in fighting AIDS.

#### THE NEED FOR PROGRESS ON PREVENTION

Women of reproductive age comprise more than half of the 33 million people currently living with HIV around the world. The vast