chance in life know it. It is time to give choice a chance, because when parents have the choice, their children have a chance.

PROHIBITING THE EXPENDITURE OF FEDERAL FUNDS FOR DISTRIBUTION OF NEEDLES OR SYRINGES FOR HYPODERMIC INJECTION OF ILLEGAL DRUGS

Mr. SOLOMON. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 409 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 409

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3717) to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) two hours of debate on the bill equally divided and controlled by Representative Wicker of Mississippi or his designee and a Member opposed to the bill; and (2) one motion to recommit.

The SPEAKER pro tempore (Mr. BLUNT). The gentleman from New York (Mr. SOLOMON) is recognized for 1 hour.

Mr. SOLOMON. Mr. Speaker, I would ask for every Member to turn on and watch this debate, because it affects every child in this country and every future child in the next generations to come.

Mr. Speaker, for the purposes of debate only, I yield half of our time to the gentlewoman from Rochester, New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, Mr. Speaker, all time yielded is for the purposes of debate only.

Mr. Speaker, I mentioned just a few minutes ago that I would wish that every Member would either come to the floor or would listen to this debate that is about to take place, because it does affect all of my children, my grandchildren, all of your children, your grandchildren, and future generations to come.

Mr. Speaker, this bill provides for consideration of H.R. 3717. It is a bill to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs under a closed rule. The rule provides 2 hours of debate in the House, equally divided and controlled by the gentleman from Mississippi (Mr. WICKER) and an opponent; and finally, the rule provides one motion to recommit.

Now, Mr. Speaker, I say to my colleagues, this bill was introduced on April 23 by myself, by the gentleman from Mississippi (Mr. WICKER), the gentleman from Illinois (Mr. HASTERT), the gentleman from Georgia (Mr. BARR), and our majority whip, the gentleman from Texas (Mr. DELAY). This legislation initiative and its counterpart in the Senate is a proactive response to recent disturbing events in the Clinton administration with respect to the needle exchange policy of the United States.

In recent weeks, it was reported that the Department of Health and Human Services Secretary Donna Shalala was going to ask the use of Federal funds in a needle exchange program as an effort to halt the spread of AIDS.

Now, Mr. Speaker, last Monday President Clinton, after I had contacted Erskine Bowles, the Chief of Staff of the President, President Clinton did not go along with that policy and changed his mind. He endorsed the use of needle exchange programs while refusing to allow Federal funds to be spent to subsidize it, and that is what this bill does here today.

Mr. Speaker, the point is, illegal drug use in this country is of critical importance to the health and to the safety of our entire Nation, but especially our children. The Clinton administration's endorsement of needle exchange programs is part of an intolerable message to our Nation's children sent by the White House that drug use is a way of life. Mr. Speaker, we cannot let that happen. This legislation says once and for all that there is no way that this government will take taxpayers' money and spend one penny of it to support a deadly drug habit.

We have heard a lot of rhetoric recently about saving lives and treating drug addiction by handing out free needles. Well, it is time for this Congress to stand up once again and to deliver a resounding message that drug use kills, and that the best way to deal with the addiction is to never use drugs in the first place, just like Nancy Reagan used to say when she was here, just say no. That is the message we ought to be sending, not handing out needles to these people. Hundreds of our children are falling prey to these killer drugs every single day, and thousands of them are killing themselves.

According to studies by the President's own, this is President Clinton's own Office of National Drug Control Policy, listen to this: 352 new young people try heroin every day, 352 more children, these are children, not adults; with more than 4,000 deaths attributed to overdoses every year. My gosh, what are we doing here?

Other studies have shown that drug use, and this is something I think that all of my colleagues ought to listen to, drug use is the common denominator in 75 percent of violent crime against women and children. That means that 75 percent of all of the crime against our children and our wives are drug-related.

Mr. Speaker, the bottom line is that needle exchange programs increase illegal drug use, and that is what we have to pay attention to in this debate. The evidence is absolutely clear. In 1986, in Switzerland, the Swiss began experimenting with needle exchange programs in an attempt to counter their drug problem. Within months, I say to my colleagues, the distribution stations turned into chaos centers. Needle exchanges grew to 15,000 per day in the major city in Switzerland. One park opened for needle distribution became a war zone between rival drug-dealing gangs, and that is true up in Montreal, it is true in Vancouver, it is true in Amsterdam, Holland, and it is true in the United States where there are needle programs.

Furthermore, the largest supporters of the Swiss needle exchange program are vocal proponents, that means they are supporters of, a nationwide heroin distribution program in Switzerland. In other words, this is giving away free heroin. And what has this great experiment given to this once wonderful country of Switzerland? Switzerland now has the highest heroin addiction rate and the second highest HIV infection rate in all of Europe.

And just across our border, as I just mentioned a minute ago, Vancouver, Canada has one of the largest needle exchange programs in the world. It has distributed over 1 million needles annually for the last 10 years, 1 million needles annually.

According to a study by the Office of National Drug Control Policy earlier this month, and this again is the President's own drug control policy, the HIV rates among participants in this program are higher than the HIV rates among injected drug users who do not participate in the programs. There is proof positive if we are going to give away these needles, we are going to increase heroin drug use. The death rate due to illegal drugs in Vancouver has skyrocketed since 1988 when this policy was first instituted, and during the month of March, the death rate in Vancouver was averaging 10 deaths due to drugs per week, 10 a week, deaths of a human being.

Furthermore, and this is, I think, so important, too, because some people will probably come to this floor and say that they want to help their neighborhoods by establishing these programs. Listen to this: The highest rate of property crime in Vancouver are within two blocks of these needle exchange distribution centers. In other words, they attract the drug sellers, they attract the criminals. As the number of needles exchanges grow, drug use rises, violent crime increases, and more people died in Vancouver. These are absolute facts.

Mr. Speaker, needle exchange programs do not save lives, they destroy lives. They destroy hope, they destroy opportunity, they ruin families, and they ruin communities, and in some cases they are actually destroying a Nation, like the Netherlands and like Switzerland. We cannot let that happen in this country.

I urge all of my colleagues to stand with General Barry McCaffrey, the President's drug czar, even though the President does not agree, the Director

of the Office of National Drug Control Policy is, in his opposition to these needle exchange programs, says it would be a disaster.

Mr. Speaker, what is even worse is the President, even though he took our advice and said no Federal funds, but still supports the program, he is opposing this bill simply by having Mrs. Donna Shalala out here right now. I will bet that there are Members that are receiving phone calls from her; even worse, they are receiving phone calls from the Surgeon General Satcher, and he is making calls rights today in Members' offices asking them to oppose this bill. Now, which way is it? Is the President supporting our bill, or is he not, because of the people that have worked for him who are out here trying to defeat him.

I urge all of my colleagues to reject the culture of heroin, which brings only despair and destruction, and embrace hope and opportunity. As elected officials we have a crucial responsibility right here in this House to tell our children that drugs are not hip, they are not cool, and I told my granddaughter that up at Saint Lawrence University up on the Canadian border where they are subject to so many drugs coming across that border every day now, it is turning into another Mexico with drugs coming across.

We need to provide leadership on this issue where the White House is missing. Drugs and crime kill and destroy families. Needle exchange programs exacerbate these problems, and we can prevent that by supporting this rule today which will bring to this floor the bill which, when signed into law by the President, will prevent Federal funds from funding these programs that are going to kill our children.

Mr. Speaker, I would ask Members who are interested in this debate to come over to this floor. It is vital to our children.

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

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from New York for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Ms. SLAUGHTER. Mr. Speaker, I want to talk about process this morning, because I think it is important. During my tenure here as a Member of the House of Representatives, I chaired an organization called the Organization on Study and Review, which set the rules of the House. And since the beginning, the inception of this Republic, this House has followed the rules. We set up the committee process because we wanted a full and thorough airing of every bill that came to the floor.

As the gentleman from New York (Mr. SOLOMON) has said, this bill was filed last Friday. It has had no process at all. It has simply gone to the Committee on Rules and directly to the floor, and, Mr. Speaker, it is going on a closed rule. No hearings have been held. As I mentioned, no committee action has been taken.

□ 1045

Now, the unfortunate thing here is that the Committee on Rules ignored the committee of jurisdiction. The ranking members of the committee and the subcommittee of jurisdiction asked for an opportunity to review, to amend, and to state their views on the legislation through hearings, markup, and committee reports; the process, Mr. Speaker, by which we operate. They were not allowed to have their wishes heard.

Mr. Speaker, one may ask what new, unanticipated crisis has caused the House to abandon its usual legislative process. Why do we have to deal with this immediately without the opportunity for the Committee on Commerce to examine the scientific and epidemiological facts that would enable the House to make an informed decision? It may simply be that, as usual, the House has nothing else to do. But in any case, these questions remain unanswered.

This bill would merely continue the existing administration policy. The rule is unusual in several other ways as well. The vast majority, almost all of our rules allow for only one hour of general debate which is controlled by the Chair and the ranking member of the committee or subcommittee of jurisdiction. That is our process, again.

This rule allows two hours of debate controlled for the majority by a Member who is not even on the committee of jurisdiction. The control of the minority time is left to a Member ''opposed to the bill.'' The lack of due process, the closed rule, its unusual provisions, and the haste simply to confirm what is already current policy might lead a cynic to believe that this debate is not designed to help Members make a difficult choice about the best public health policy. No, this process and this rule do not foster deliberation, but are more conducive to a 2-hour campaign sound bite designed to label political opponents as less than vigorous in opposing illegal drug abuse.

Mr. Speaker, the Committee on Commerce and the full House should be thoroughly considering how best to stop the spread of HIV infection, not reaffirming a circumstance that already exists. The spread of HIV continues to rise in this Nation.

But in addition to opposing this procedure, I have concerns about the bill made in order by this rule. H.R. 3717 would place a permanent ban on the use of Federal funding for needle exchange programs.

Last week, Health and Human Services Secretary Donna Shalala announced that the administration would not, would not use Federal funds for these programs. This decision was made in spite of the fact that studies have demonstrated conclusively that needle exchange programs reduce AIDS transmission and do not, do not encourage illegal drug use.

This bill, Mr. Speaker, is a solution in search of a problem. The Secretary has stated in no uncertain terms that the administration will not use Federal funds for needle exchange programs, but here we are today on the House floor taking up a bill that offers a ''me too'' response an already announced decision. With our budget resolution already 2 weeks overdue, the House of Representatives should be using Members' valuable time to consider pressing new business, rather than reaffirming the status quo.

Mr. Speaker, I oppose this closed rule because it circumvents thoughtful consideration on an important public health issue.

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

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

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER) for yielding me this time.

Mr. Speaker, I rise to oppose the rule and to express my strong opposition to the manner in which this legislation was reported to the floor of the House for today's vote.

This legislation was referred to the Committee on Commerce. The members of this committee, the Committee on Commerce, are entitled to review, to amend, to express their views on legislation referred to the committee through hearings, through markup, and through committee reports. Unfortunately, the Committee on Commerce members, Republicans and Democrats alike, Committee on Commerce members on both sides of the aisle were denied this opportunity.

As the ranking member of the Subcommittee on Health and Environment of the Committee on Commerce, I believe rushing this complicated and controversial legislation to the House floor without proper review is clearly at odds with the best interests of the House and ultimately the American people. This body does not produce the best public policy in the best interests of this Nation when we rush legislation to the floor in this manner.

Mr. Speaker, the issue of needle exchange programs and whether they help control the spread of HIV and AIDS or promote illegal drug use is highly controversial. Experts from across the country are deeply divided over this issue. Historically, needle exchange programs have been the subject of deliberations by the Committee on Commerce and the Subcommittee on Health and Environment.

In the 105th Congress, Mr. Speaker, neither H.R. 3717 nor comparable legislation has been subject to any such review. For these reasons I urge my colleagues, Republicans and Democrats

alike, because Republicans and Democrats alike were denied the opportunity to discuss and amend and to talk about this legislation, I urge my colleagues to oppose this rule and respect the regular order of the House of Representatives.

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

Mr. Speaker, I would say to the gentleman from Ohio (Mr. BROWN), the previous speaker for whom I have a great deal of respect, he is a fine Member, but I do not think anybody knows more about the regular rules of the House than this Member who has been here for 20 years. I can almost recite this Bible, and perhaps some time the gentleman would like to sit down and talk about it.

But let me tell the gentleman what regular rules are. This bill was brought to the floor under regular rules. But what is even more important is that the bill must be on the floor today because tomorrow another life might be lost. Another life might be lost.

As far as public hearings on this, as far as the committee jurisdiction is concerned, this bill was debated last year at length with all kinds of hearings. A vote came on this floor and it passed 266 to 158. This is not a new issue coming to this floor. This is the same issue. And over the last year we have had more and more children ages 12 and 13 who have now taken up a drug habit; 12 and 13 years old, and there are even those that are 10 and 11 years old. And when we go a little bit higher in the 14 and 15-year-olds, I urge Members to go into their schools. Have they not done that? Do they not see what is happening?

Mr. Speaker, I had a very prominent businessman come to me, and he traveled a lot. He is a CEO of a company. Has a daughter who is an eleventh grader, and now she is hooked and he did not even know it. And we want to stand here and let needles be passed out to that girl? She will not live another 6 months.

Mr. Speaker, that is what this debate is all about.

Mr. Speaker, I reserve the balance of my time, before I say some things I should not, which I can do once in a while.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume, just to ask the gentleman from New York (Mr. SOLOMON), my friend, what part of his book and Bible over there says we file them on Friday and go to the floor on Wednesday. I would like to see it, if the gentleman could cite that for me.

Mr. Speaker, I yield 3½ minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(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 the gentlewoman from New York (Ms. SLAUGHTER) for yielding me this time.

Mr. Speaker, for the very reason that the gentleman from New York (Mr. SOLOMON), my good friend, rises to the floor, I likewise rise in opposition both to the rule and the complete unreal proposition that this legislation offers. I also apologize to the American people for 3 hours of political infighting that this legislation suggests.

Mr. Speaker, I agree with both of my friends who have spoken before me that, one, this is a bad rule, and in fact it is a bad rule because it has not had a public hearing, it has not been considered before any committee in the House, and it is being rushed to the floor under a procedure which completely shuts out any amendments. That we can say is true. It is a closed rule for a very vital and crucial discussion.

I think it is important when we discuss issues of importance to the American people that we tell the truth as to what they want. I think the American people want a Patient's Bill of Rights. They want the ability to select their own physician, and yet that legislation is far from coming to the floor of the House. They want, most of all, for us to do a job that responds to their concerns.

Republicans and Democrats alike abhor the illegal use of drugs. All of us have come to the floor of the House and regularly voted or offered legislation to stem the tide of the devastation of drug use. We cry with our constituents, we attend funerals we would like not to attend, and we hope to God that some day we will be victorious.

This legislation is a travesty and a blight upon true medical science, and it plays into the hands of those who would use the lives of our children and those addicted for political purposes.

Mr. Speaker, this needle exchange program is not a program directed toward children using drugs. It is directed toward known addicted heroin addicts who through their use of dirty needles perpetrate, pass on the devastation of HIV.

These programs are programs that are orderly and conducted under medical precisions and medical procedures. These programs are combined with telling and teaching these heroin addicts about stopping and finding other ways and being treated. These programs are combined with intervention and prevention. These programs are combined with health care.

What are we saying to the HIV community? That we can pass funds on one hand to say that we support the Ryan White bill, but we cannot face reality? The Clinton administration's policy is a policy that I may not agree with, but it is a policy that allows for existing and viable programs to continue.

Mr. Speaker, this is legislation that is unneeded, redundant, repetitious, political. It is not about saving lives. It is wrongly here on the floor of the House. It is here without hearings. It is here without assessment of the medical science.

Mr. Speaker, this is a bad rule. This is a bad piece of legislation. I am going to err on the side of supporting saving lives, adult lives who engage in this terrible dastardly use of illegal drugs. Support the idea of using clean needles with supportive programs as well as funding, but most importantly, let us vote down this devastating piece of legislation that does nothing but kill Americans.

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

Mr. Speaker, let me respond to the previous speaker. The gentlewoman from Texas (Ms. JACKSON-LEE) is one of the most respected Members of this body on the other side of the aisle. Certainly I know she speaks from the heart, and reasonable people can disagree.

Mr. Speaker, the gentlewoman from the District of Columbia (Ms. NORTON) came to me and said, ''Jerry, I am going to have to oppose you and I am going to be very, very emphatic about it.'' But she feels just as the gentlewoman from Texas does, and I respect those feelings.

But let me just say that I do not believe we should be pitting one constituency against another. I know we are all sincere in trying to do something about this terrible, terrible problem. And let me give an example of even why my constituency is at fault, a lot of them.

I mentioned before that 75 percent of all the crime against women and children is drug-related. But what props up the price and what makes this so terrible is that 75 percent of all the drug use in America today does not come from the inner cities, it does not come from the constituency of the gentlewoman from Texas. It comes from suburbia.

I am so ashamed to say that the upper middle-class people who use drugs recreationally on the weekend, this is where 75 percent of the drug use is. They are what causes these territories to be developed in the inner cities, because they drive their Pontiac Firebirds that cost more money than I can afford into the inner cities and buy these drugs, and take them back out and say it is okay to sniff a little cocaine on the weekend. We do not do it all the time, so we are not addicted. We are going to smoke a little marijuana. So my constituency is at fault the same as that of the gentlewoman from Texas, and maybe mine even more so.

Ms. JACKSON-LEE of Texas. Mr. Speaker, will the gentleman yield?

Mr. SOLOMON. I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. Mr. Speaker, first of all I know that I have already acknowledged my sadness in the exciting retirement announcement made by the gentleman from New York (Mr. SOLOMON) yesterday. We have worked together, and I do appreciate the point that the gentleman made about pitting constituencies against each other.

I will just close with this. We have both, Republicans and Democrats, risen at any different time to fight against illegal drugs.

Mr. SOLOMON. Yes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I would raise the concern, the gentleman mentioned cocaine and marijuana. The needle exchange specifically focuses on the dastardly use of heroin by addicted persons. My concern is on this legislation, that I have, and maybe also in suburbia, many individuals who, and let me just say in the inner city, who would benefit from the program. We are specifically talking about a clean needle which ultimately may result in the passage or the transmitting of HIV.

Mr. Speaker, I do welcome the gentleman's point about not pitting constituencies against each other. I hope we do not. And I look forward to working with the gentleman.

□ 1100

Mr. SOLOMON. Mr. Speaker, I thank the gentlewoman. Again I have great respect for her.

Mr. Speaker, I am using up all of our time over here, but let me yield such time as he might consume, and I hope it is not more than 4 or 5 minutes, to one of the outstanding orators of this body, the gentleman from Ohio (Mr. TRAFICANT).

Mr. TRAFICANT. Mr. Speaker, I thank the chairman for yielding to me. And I, too, as the gentlewoman from Texas (Ms. JACKSON-LEE) has stated, am sad to hear about the gentleman from New York leaving us and shocked a little bit.

America is overrun with narcotics, and I am trying to figure Congress out. I was a sheriff, and I ran the drug treatment program for 11 years. So help me, God, if there is any common sense left, I cannot find it.

Well, 70 percent of our narcotics, heroin, cocaine, come across the Mexican border, and Congress allows the Mexican border to be technically wide open. And out of frustration to stop all of this, now there are those that want free needles to stop the spread of AIDS. Unbelievable.

Every study shows that free needles produce and perpetuate more dependence, more overdose, more violence, more despair, but out of frustration, Congress is willing to try anything but some common sense. Tons and tons of heroin and cocaine are coming across the border, and we are debating free needles.

But it takes me back to something else here. Over the years, if anybody is watching this debate or really cares, and they do, we allow Communists to work in our defense factories. The Constitution, they say, ensures that mass murderers shall have law libraries, free condoms to protect us from all this elicit sex, and now free needles to combat this great problem.

But after all of this, many people say the Constitution says no school prayer is allowed. Condoms, drugs, needles, Communists, that is all okay when stretched under some code of the Constitution, but school prayer is not. Is it any wonder we are so screwed up in America and we are so overrun with narcotics?

I believe we have so many do-gooders around here that they have abused the Constitution to the point where our country is limping into the next century, literally. I believe these do-gooders mean well, but, in my opinion, they have no common sense, and they are so dumb, if they throw themselves on the ground, they will miss the floor.

I say America would be better off with school prayer and without condoms and needles. And if we do not get back to a little common sense, I do not know what is left. But if we want more addiction, more violence, more dependence, then go ahead with free needles, because those addicts that are out there now will not even be responsible to return the needles they are using now. They will continue to irresponsibly share needles provided by the government.

I do not normally support closed rules, but I support the rule. I support the bill. I would like to stand up for a little bit of common sense if there is anything left under such guise in our country.

Ms. SLAUGHTER. Mr. Speaker, I want to comfort my friend, the gentleman from Ohio (Mr. TRAFICANT), to remind him that there will be no Federal money being used for needle exchange. What we are doing this morning is simply restating the obvious.

Mr. Speaker, I yield 5 minutes to the gentlewoman from the Virgin Islands (Ms. CHRISTIAN-GREEN).

Ms. CHRISTIAN-GREEN. Mr. Speaker, I would like to thank the gentlewoman from New York for yielding me this time.

Mr. Speaker, I rise to oppose the rule and bill, H.R. 3717. I consider it a privilege to be a Member of this august body, as I represent the Virgin Islands. It is truly a pleasure to serve with you and my colleagues.

I must admit, however, to one recurring frustration, and that is that too often research findings, even scientific or social, do not dictate or influence our policies or our legislation.

Mr. Speaker, this is unacceptable, which brings me to H.R. 3717. The time has come to stop fighting the war against AIDS on the altar of political correctness and treat this disease as the public health crisis that it is. The reality is that our people are dying, and they are dying in epidemic numbers.

Among women and children with AIDS, African Americans and Hispanics have especially been affected, representing approximately 75 percent of cases reported among women and more than 80 percent of cases reported in children. And 63 percent of all AIDS cases among women are related to sharing needles and syringes for the injection of drugs or through sex with an intravenous drug user.

Mr. Speaker, we know that needle exchange programs can reduce HIV infection by more than 30 percent, and that making available clean needles is an important part of a broader-based strategy to reduce HIV infection and deaths from AIDS. Other important factors which also must be addressed are improved and effective prevention strategies and increased access to treatment.

While it has never been shown that providing clean needles encourages drug abuse, what we do know is that drug addicts or drug-addicted individuals who are not under treatment will not stop using drugs just because sterile needles are unavailable. They will simply continue to use contaminated and often infected needles, continuing to infect innocent women and children.

In 1995, the cost of treating the 25,000 cases of needle- or syringe-sharing related AIDS cases was more than $3 billion. Hundreds of millions of dollars are spent on mindless ads against drugs and AIDS, which will be ineffective, while, by comparison, a fraction of those dollars will support a program that has been unequivocally proven effective at preventing HIV/AIDS transmission.

Mr. Speaker, we represent all of the American people and are sent here to protect and serve their best interest. We have an obligation to do what we know can save lives when we know that those women and children are at risk.

As a physician and former public health official, I am compelled to support the use of Federal programs for needle exchange, and I would urge all of us to do so. But if we do not fully understand the issue or have concerns about these programs, or even if we disagree, there is one thing we should all be able to agree on, and that is amending the Public Health Service Act is a serious matter and must not be done hastily without having been given due consideration by the committee of jurisdiction.

My colleagues, I plead with you to be guided by sound scientific research and the thinking of our best public health minds, not politics. Let us value the lives of all Americans, oppose the rule, and vote no on H.R. 3717.

Ms. SLAUGHTER. Mr. Speaker, I yield 5½ minutes to the gentleman from New York (Mr. RANGEL).

(Mr. RANGEL asked and was given permission to revise and extend his remarks.)

Mr. RANGEL. Mr. Speaker, first let me join those who regretted to hear the leaving of this battlefield from one of our great warriors, someone that speaks his mind and has very strong convictions.

Mr. Speaker, I was interested in identifying to the gentlewoman from Texas (Ms. JACKSON-LEE) where we are finding so much abuse in the white middle-class suburban area. I remember, over

35 years ago, I was trying to convince people in America that drugs would not be confined to the inner city, that we cannot just identify a minority group because they are poor and hopeless and think that the profiteer people would not enlarge their market.

For those who want to say that this Nation has not done enough to deal with this devastating problem, which I think is a threat to our national security, I am certainly prepared to join hands with those Republicans and Democrats to do just that.

We cannot go into this next century having a million and a half people locked up in jail where 80 percent are there because it is a drug-related crime. I think I share in the sentiments of most people to believe that we have to resort to the distribution of sterile needles to deal with a health crisis that we have in this country.

The gentleman from New York (Mr. SOLOMON) and I may agree that we are not tackling this problem the way that we should, but just saying no, just saying no is not even looking for a solution to this problem. If we wanted to find out whether or not the support of Federal-supported needle exchange is going to increase the problem, if we wanted to find out does it really decrease the spread of HIV, if we want to find out whether lives could be saved, whether Federal dollars could be saved, whether this terrible and tragic disease could be held back, we do not do this with a resolution, we do these things with hearings. We search for the truth. We do not ask Members just to say no.

There are a lot of answers that we are searching for, but to ask Members to come to this floor just to direct that our Federal Government defy all scientific evidence before we have had an opportunity to weigh it, and when we know that we are talking about the saving of lives, if we are wrong, how many lives will be lost? They are doing this anyway. Our soul would not be any more cleansed if this thing passes than if we waited to see what the results are going to be.

But what I am afraid is happening is that this is not a legislative body that we are dealing with anymore. This is a campaign committee. It is how many issues can we vote on to determine how we stand on something.

One of the major issues that we are facing today is getting rid of the IRS, pulling up the Code by its roots. But when it comes to legislation, what we vote on is a supermajority in order to increase taxes.

One of the major issues we have today is whether or not the Social Security system is going to be strong enough for our children and our children's children. What are we voting on today? To have some horse and pony show run around the country and discuss the issue.

One of the serious issues we have today is whether or not drug addiction is going to expand, whether or not we can control AIDS, whether or not people can live, whether or not people can die, and whether or not the distribution of needles can save lives. Are we going to study this? Are we going to have hearings? Are we going to have the experts in? Are we going to have the scientists in? Or do we just say no?

I wish this issue had not come before this floor in this present body, because what we are saying is that we do not trust the United States Congress. We do not trust Democrats. We do not trust Republicans. We do not trust committees. We do not trust subcommittees. Why? Because the Committee on Rules knows best.

Did the Committee on Rules have hearings? Did the Committee on Rules bring in experts? Did the Committee on Rules know that we are not talking politics? The people that have taken to this floor trained in medicine are talking about lives and not talking about drug policy.

We say we do not want to divide groups. The only way that we can avoid this, and I believe the gentleman from New York is sincere, is that we say that the appropriate committees study this issue and report back to the House of Representatives. With all due respect to the Committee on Rules, it is not a legislative body. It has not had hearings. This issue is too serious just for us to say no.

Mr. SOLOMON. Mr. Speaker, would you identify the amount of time remaining for each side.

The SPEAKER pro tempore (Mr. BLUNT). The gentleman from New York (Mr. SOLOMON) has 12 minutes remaining. The gentlewoman from New York (Ms. SLAUGHTER) has 11 minutes remaining.

Mr. SOLOMON. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, I do say to my good friend, the gentleman from New York City, New York (Mr. RANGEL), I mentioned earlier that I have great respect for the gentlewoman from Texas (Ms. JACKSON-LEE) and the gentlewoman from the District of Columbia (Ms. NORTON). If it is possible, I have even greater respect for that gentleman. The gentleman from New York knows it.

The gentleman from New York and I disagree on many things, but we listen to each other. I listened to him back in 1990 when I read the U.S.A. Today on November 8 when my good friend the gentleman from New York (Mr. RANGEL) said our goals should be to eliminate drug abuse, not to find a cleaner, safer way to do it.

□ 1115

Sure, IV drug abusers put themselves at risk of AIDS through sharing needles, and certainly we want to slow its spread, but there are better ways than giving addicts needles to do their drugs.

And the gentleman, I know times change and I know he still feels that way, but, again, there are probably reasons why he might feel a little differently today. But he is absolutely right. We cannot just say no. That does not accomplish it all. We still have to have a Federal policy of interdiction to stop these drugs from coming across the borders wherever, and he has been a leader on this, Mr. Speaker. We have to have an education program, and we have to have a treatment program.

So it is not, just say no. The gentleman is so right. It takes a lot. But at least we ought to be focusing and setting the example here in this Congress and not using the Federal dollars, as he stated back in 1990.

Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Athens, Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I thank the chairman of the Committee on Rules, the gentleman from New York (Mr. SOLOMON) for yielding me this time; and I rise in support of the rule.

I really and truly believe that needle exchange programs are an unintended, very cruel thing to do to addicts. I believe it is the equivalent of giving an anvil to a drowning man and saying, well, here is something to stand on; maybe you can get your head above the water.

I think the Democrats basically feel this way, despite the rhetoric we hear today. Because they really do not want to fund needle exchange programs. And, as they know, President Clinton does not want to either. So to say that needle exchange programs have a consensus among the Democrats is probably wrong, too.

There is a lot to be discussed here. Let us look at the Vancouver case. Now, the Vancouver needle exchange program started 10 years ago. They have given out, since that time, millions and millions of needles, in fact, two-and-a-half million needles last year alone. During that period of time, HIV, among participants, is higher than the HIV rate of those who do not participate. The death rate has skyrocketed.

In 1988, in Vancouver, there were about 18 drug-related deaths. In 1993, there were 200 drug-related deaths. In terms of property crime, in the two-block area around the needle exchange program, Vancouver has the highest property crime rate in the whole city.

Does it work? I would say, well, maybe we cannot just prove everything because of the dismal Vancouver results, but the fact is that surely this scares people and gives us cause for alarm.

The administration is very obsessed with tobacco. There are a lot of good ways, and there is the bill of the gentleman from Georgia (Mr. SANFORD BISHOP) that I think would greatly reduce teen tobacco usage. But the administration and the Democrats are not talking about the Bishop Democrat bill because it does not raise money.

What the tobacco debate still seems to be about is putting a tax on America's working poor and creating 17 new

Federal Government agencies with hundreds of Washington bureaucrats who can run our lives. That is why the Democrats seem to be obsessed with tobacco.

And while I am very concerned about it and while I think the Bishop bill has a lot to offer and I do plan to support it to crack down on teen smoking, what is interesting is that the Democrats really are not interested in that. They are just interested in growing the government and raising taxes, and because of that they have ignored the drug problem.

During the Clinton administration, albeit teen smoking rates have gone up, drug usage rates have gone up a lot more. During that period of time, convictions have gone down. We need, as we crack down on the drug use and get active in the drug war, we need more convictions, we need more interdiction, and we need more treatment.

Let me close with this sentence from the head of the Vancouver-Richmond Health Board who said, ''I can have all the needles I want, but they won't give me a single drug treatment bed.'' If we want to help people who are addicted to these horrible drugs, we need to give them treatment, not free needles.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume to add to the litany of things mentioned by the gentleman from New York (Mr. RANGEL) that we wish we were doing on the floor of the House.

I have a piece of legislation to protect every American from loss or exorbitant costs of health insurance because of their genetic makeup. It has almost 200 sponsors in this House, bipartisan, over 100 outside groups that collectively represent a third of the American population, yet I cannot even get an answer from the committee chair to give us a hearing. But, nonetheless, the process has gone by the way; and today we are doing what we are doing.

Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, I rise in opposition to the rule and to the Solomon bill which would permanently prohibit Federal funding for needle exchange programs.

First, let me say that I am deeply disappointed with the administration's recent decision not to restore Federal funding for the program, and I hope in the future the administration will listen to the scientific community, the public health experts that have spoken so eloquently because of the studies that have clearly demonstrated that lives are being saved and more lives can be saved by funding the program.

This legislation that we are debating today would end any hope that this decision could ever be corrected. As the AIDS epidemic continues, we have to continue to support efforts by local authorities. There has been so much talk in this Congress that we should pay attention to what is going on in the States and in local government. Well, they have demonstrated by the implementation of the needle exchange programs that they use all the prevention methods that are available and that this is prevention. It helps to prevent the spread of this dreaded disease and save lives.

Numerous scientific studies demonstrate that needle exchange is effective in preventing HIV infection amongst drug users, their spouses and their children. And this group today now represents nearly 50 percent of new HIV infections. In more than 50 cities, needle exchange programs operate on shoestring budgets, and many are run by volunteers. Despite these difficulties, the programs have been largely effective in reducing the spread of AIDS.

Now, what has not happened, what has not happened, and I think this is very important for us to state this, because it has been documented, it has not demonstrated a use of more drugs. That is not the case. Very easy to come to this floor and use inflammatory language and say that this is going to increase the use of drugs. It is not what has been demonstrated at all.

But there are those that would come to the floor under the guise of being tough on drugs and crime and state that that is the case. It is not.

The studies demonstrate that needle exchange does not lead to increased drug use among participants in the programs, does not increase crime, and does not encourage first-time drug use.

One of my colleagues came to the floor and said that all common sense has been lost. I was taught that the most uncommon of the senses is common sense. It is very easy to come here and rail. It is another thing to have read the studies by some of the leading scientific experts in our country.

So I come to the floor today, really, on an issue that I know can be used against some Members of Congress that would have the courage to come here and say that needle exchange does work. We can indeed save lives. It is the right thing to do.

Do not allow politics to come before science. I ask my colleagues to vote against the rule and the bill.

Mr. SOLOMON. Mr. Speaker, I yield myself such time as I may consume to note that the gentlewoman from California's comment that the Solomon bill prohibiting Federal funds being used for needle exchange programs is permanent is true. It sends the very strongest message that we can that we do not want to encourage the use of drugs.

However, any law is only as permanent as this Congress wants it to be. Day after tomorrow, this Congress could change its mind and pass another law making it legal. So I wanted to make that point.

Mr. Speaker, I yield 3 minutes to the gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, I want to thank the chairman of the Committee on Rules for bringing this bill to the House floor and particularly for this rule, because I think it is important that we have an opportunity to debate one of the leading causes of crime in America today and that is the use of illegal drugs. We have seldom an opportunity to debate this, and I am delighted that the gentleman has this measure on the floor today.

I find it ironic that the Clinton administration and many on the other side of the aisle spend most of their time talking about reducing teenage smoking, and that is very important, but that is not the immediate threat to young people today as is the use of illegal drugs.

As far as scientific studies and experts, I would just like to read an article from the New York Times which is quoting Dr. James Curtis, a professor of psychiatry at Columbia University's medical school, relating to needle exchange, which many people on the other side of the aisle want to advocate.

He says,

> For the past 10 years, as a black psychiatrist specializing in addiction, I have warned about the dangers of needle-exchange policies, which hurt not only individual addicts but also poor and minority communities. There is no evidence that such programs work. An addict is enrolled anonymously, without being given an HIV test to determine whether he or she is already infected. The addict is given a coded identification card exempting him or her from arrest for carrying drug paraphernalia. There is no strict accounting of how many needles are given out or returned. And the studies found that those addicts who took part in such exchanges were two or three times more likely to become infected with HIV than those who did not participate.

So I would send a challenge to this administration and our friends on the other side of the aisle. Let us get serious about the real problem facing the youth of today. It is not so much teenage smoking as it is the use of illegal drugs.

Once again, I commend the chairman for bringing this issue to the floor.

Ms. SLAUGHTER. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, as I listen to the debate, I wondered why do we have this bill up at this moment? There is no urgency, except for the fact that we read last week that the number of HIV infections is going up, even as more people with AIDS are living longer because of drug therapy. Today, we are not spending Federal dollars for needle exchange programs, although some people think it might be a good public health strategy to reduce the spread of AIDS.

Ordinarily, when we get people saying a policy is worthwhile and others saying it is not, we would hold hearings and we try to find out the truth. But this bill is being brought up without the committee that has jurisdiction holding any hearings, without hearing from the Surgeon General, the American Medical Association, and the

public health community to learn the truth. This bill is being brought up now, it seems to me, for political reasons.

What would be the political reasons involved? Well, it is always great politics for someone to say they are against drug addiction. We can all say that. We are all against drug addiction. But there is another political reason. It seems to me that if I were part of the Republican leadership and my party had received millions of dollars from the tobacco companies, I would want to change the subject. I would want to talk about drugs. It is an important issue, but it is not being handled in a responsible way that an important issue should be handled.

I would want to talk about how the Administration is trying to go after kids and tobacco and also want to talk about drug abuse. Of course, today's debate is not about drug abuse and kids. This is about HIV and drug abuse prevention programs that work, not with Federal funds but at the local level.

So I think that the American people ought to understand what is going on here today. If I were going to try to take people's minds off the fact that over 450,000 people die each year in this country from smoking-related diseases, while only a fraction of that number of people die from illicit drug use. Tobacco is such an enormous problem, that I would try to minimize that problem by trying to change the subject.

If we are going to do a scientific evaluation of needle exchange, we ought to ask the people who know about it to give us some guidance. The Secretary of Health and Human Services has done that, and she concluded that needle exchange programs lead IV drug users into drug treatment programs to rid themselves of drug addiction.

□ 1130

This is a very worthwhile result. But she also said that the National Institutes of Health that have looked at needle exchange and determined that it has reduced not only the incidence of illicit drug use, but reduced the spread of HIV infection.

Congress wrote a law that was responsible for this evaluation. We said we do not want any Federal funds to be used for needle exchange programs unless we can be clear that it is not only a good strategy to stop the spread of HIV, but it is also going to discourage, or at least not encourage, the use of illegal drugs. And if there were a positive finding on both of those areas, Federal funds could be then available. The Secretary made a finding that both circumstances apply to these needle exchange programs; yet the administration's position is no Federal funds still would be permitted.

So why do we have this bill up today? This bill says no matter what we learn from experiments, we will never allow federal funding of needle exchange programs. Why should we take that kind of position? Why should we determine forever what the policy will be, especially in the face of so much evidence that is extremely effective in stopping the spread of HIV and also in discouraging people from using illegal drugs?

The regular order of Congress should be to permit the committees that have jurisdiction and Members that have knowledge, to hold hearings and evaluate these issues. What we are being told today is to pass a rule, to take it away from the committee, to have no hearings, to not think about the issue beyond a few slogans and cliches, and to immediately pass a bill so we can go home and claim we have done something, when in fact no real-world result will come from our efforts.

The SPEAKER pro tempore (Mr. BLUNT). The gentlewoman from New York (Ms. SLAUGHTER) has 2½ minutes remaining, and the gentleman from New York (Mr. SOLOMON) has 5 minutes remaining.

Mr. SOLOMON. Mr. Speaker, before I yield, let me just say to my good friend, the gentleman from California (Mr. WAXMAN) that I have great respect for him. I am surprised, though, that he brought the politics into the debate. We have tried to keep this on the highest plane, and I commend all the Members for having done so.

Mr. Speaker, I yield 2 minutes to the very distinguished gentleman from New Jersey (Mr. PAPPAS), a new Member of this body.

Mr. PAPPAS. Mr. Speaker, I thank my friend the gentleman from New York for yielding me the time.

My colleagues, America is watching. This debate is probably one of the most significant debates that we will be having, because the future of our young people are so dependent upon the drug culture in our country.

Members of this body meet with children. I do. Just as I was walking into this building just a few moments ago, there were four or five Members speaking with young people from their districts. When I interact with the young people from my district, I ask them a question: ''What are the issues that you are most concerned about?''

Nine out of ten speak to me about their concern for drugs and the drug culture that they are facing and that we all are exposed to of the illegal drugs. They talk about how quickly they can purchase it if they choose to. They talk about how they do not understand how the system does not seem to support efforts to cut down on drug usage and to punish those that are using drugs. They are frustrated that their teachers and school administrators do not seem to have the support of the system, as they put it, to discipline those young people who are undertaking drug usage and dealing with it.

Today there are 10 young people who are members of the 4–H program from my district that I am going to have lunch with in just less than half an hour, and I am going to speak to them about this debate and encourage them to be a part of it, as so many young people are.

Mr. Speaker, this is a mixed message that we are sending to our country, and I applaud the efforts of my colleagues in this House to bring this resolution forward. We owe it to our young people.

Ms. SLAUGHTER. Mr. Speaker, I yield 1¼ minutes to the gentleman from Washington (Mr. MCDERMOTT).

Mr. MCDERMOTT. Mr. Speaker, the issue here today is whether or not we are going to make decisions on the basis of science, or are we going to have the politics of gesture.

Now, there is clear evidence that the program that has been operating in the Northwest for the last few years has been very effective. And, in fact, the article by the authors from British Columbia that is widely quoted as saying the needle exchange does not work contains the sentence that says, ''The authors must point out that the officials who have used this information have misrepresented our research.''

The fact is that in the Northwest, it is operating in nine counties. The AIDS infection rate in Seattle and Tacoma is 3 percent among drug addicts; whereas, in the South and in the East, in New York City and in other places, it is between 20 and 30 percent. There is clear evidence that this is effective in reducing the infection rate.

Mr. Speaker, I include for the RECORD the following article that appeared in the New York Times today called ''The Politics of Needles and AIDS'' and also an article in the Seattle Post Intelligencer by the Superintendent of Public Instruction, Judith Billings:

[From the New York Times, Apr. 9, 1998]

THE POLITICS OF NEEDLES AND AIDS

(By Julie Bruneau and Martin T. Schechter)

Debate has started up again in Washington about whether the Government should renew its ban on subsidies for needle-exchange programs, which advocates say can help stop the spread of AIDS. In a letter to Congress, Barry McCaffrey, who is in charge of national drug policy, cited two Canadian studies to show that needle-exchange plans have failed to reduce the spread of H.I.V., the virus that causes AIDS, and may even have worsened the problem. Congressional leaders have cited these studies to make the same argument.

As the authors of the Canadian studies, we must point out that these officials have misinterpreted our research. True, we found that addicts who took part in needle exchange programs in Vancouver and Montreal had higher H.I.V. infection rates than addicts who did not. That's not surprising. Because these programs are in inner-city neighborhoods, they serve users who are at greatest risk of infection. Those who didn't accept free needles often didn't need them since they could afford to buy syringes in drugstores. They also were less likely to engage in the riskiest activities.

Also, needle-exchange programs must be tailored to local conditions. For example, in Montreal and Vancouver, cocaine injection is a major source of H.I.V. transmission. Some users inject the drug up to 40 times a day. At that rate, we have calculated that the two cities we studied would each need 10

million clean needles a year to prevent the re-use of syringes. Currently, the Vancouver program exchanges two million syringes annually, and Montreal, half a million.

A study conducted last year and published in The Lancet, the British medical journal, found that in 29 cities worldwide where programs are in place, H.I.V. infection dropped by an average of 5.8 percent a year among drug users. In 51 cities that had no needle-exchange plans, drug-related infection rose by 5.9 percent a year. Clearly these efforts can work.

But clean needles are only part of the solution. A comprehensive approach that includes needle exchange, health care, treatment, social support and counseling is also needed. In Canada, local governments acted on our research by expanding needle exchanges and adding related services. We hope the Clinton Administration and Congress will provide the same kind of leadership in the United States.

[From the Seattle Post-Intelligencer]

NEEDLE EXCHANGES HELP STEM FLOW OF AIDS/HIV

(By Judith A. Billings)

As a woman living with AIDS, I am angry that our government's silence on needle exchange programs has led to new HIV infections and needless human suffering. I am angry because politics, not sound public policy, continue to block needle exchange programs that could save thousands of lives.

The statistics are too grim to ignore. Every day, 33 Americans contract HIV through injection drug use. More than half of all new HIV infections occur among injection drug users, their partners and their children. According to the Centers for Disease Control, an estimated 85 percent of new AIDS cases among heterosexuals, and 66 percent of the cases among women, were linked to injection drug use. The overwhelming majority of children born with HIV infection have a parent who injected drugs.

Across the nation, communities of color bear an overwhelming share of the burden, with injection drug use representing nearly half of all new HIV infections among African Americans and Latinos. We cannot allow that to continue.

As a member of the President's Advisory Council on HIV/AIDS and as chairwoman of our state's Governor's Advisory Council on HIV/AIDS, I join other advocates in calling for the removal of federal restrictions on funding for needle exchange programs. Scientific evidence, backed by the American Medical Association and the American Public Health Association, demonstrates that needle exchange programs prevent the spread of HIV without contributing to drug use.

President Clinton and Health and Human Services Secretary Donna Shalala have the ability to advance the policy debate by publicly supporting needle exchange programs. Shalala should exercise her authority to declare that the programs meet congressional eligibility requirements for federal funding: Needle exchange helps prevent HIV infections and does not increase drug use. Five federally funded studies have recommended removing the ban on federal funding for needle exchange programs. The scientific evidence mandates such a move.

Yet the Clinton administration is divided from within on the issue. A public battle has developed, pitting two of Clinton's respected advisers. Sandra Thurman, the White House director of national AIDS policy, is the first person in her position to publicly call for the removal of the ban on federal funding for all needle exchange programs. She knows that thousand of injection drug users, their partners and their children have died unnecessarily as a result of current policy.

On the other side, Gen. Barry McCaffrey, director of national drug policy, maintains that needle exchange programs send a message of tolerance to young people and are contrary to our nation's war on drugs. That is refuted by a National Institutes of Health research panel, convened at the request of Shalala, who found that needle exchange programs do not increase and may, in fact, decrease drug use. The misguided belief that exchanging sterile needles for contaminated ones will encourage young people to use drugs continues to drive the spread of HIV.

Needle exchange also reduces the financial cost of the AIDS epidemic. Health officials estimate that by preventing just one HIV infection, a needle exchange program saves taxpayers $119,000 in medical costs. The programs saves lives and financial resources. But needle exchange programs are not available everywhere, with the consequence of placing thousands at risk for HIV infection.

Washington state has led by example. Our state is home to the first needle exchange program in North America. Local public health authorities, working with community-based organizations, embraced needle exchange programs as one tool in a comprehensive HIV-prevention strategy. Needle exchange programs now operate in eight Washington counties, serving most metropolitan areas. The programs are credited with keeping the percentage of HIV-positive injection drug users in Washington lower than in regions that waited to establish needle exchange programs. In Seattle and Tacoma, less than 3 percent of injection drug users are estimated to be HIV-positive, compared to 20 percent to 30 percent in some East Coast and Southern cities.

I applaud local public health authorities and community-based organizations for allowing science, rather than political rhetoric to dictate policy on needle exchange. Our state has saved thousands of lives and has helped hundreds of addicts seek drug treatment. Given this success, our state's congressional delegation should lead the effort to ensure a full federal-state partnership in the fight against AIDS.

Other states and communities deserve the opportunity to prevent new infections through needle exchange programs. Our communities need to send one clear message to Congress and the Clinton administration: Immediately remove federal restrictions on funding for local needle exchange programs.

Today, 33 of our friends, neighbors, coworkers and children will wish we had done so earlier.

Ms. SLAUGHTER. Mr. Speaker, I yield 1¼ minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Chairman, I thank the gentlewoman for yielding me the time.

I ask fervently for the defeat of this provision based on its wording: ''Directly or indirectly,'' it says. That is a virtual death sentence, especially for black and Hispanic men, women, and children, who, in hugely disproportionate numbers, are dying of AIDS, and the science tells us now that this is needless.

A third of all AIDS cases come through needles. We are setting a terribly dangerous precedent here. The Committee on Appropriations said, let us not do something dumb. Let us ask the world-class scientific investigators.

Now they have asked, and they have heard the answers. Three criteria we said had to be met: No spread of drugs, no spread of AIDS, and save lives. They tell us, dramatic saving of lives. NIH, NAS, GAO. And the most that Mr. McCaffrey, who should resign, can think to do is try to pick off members of the Black Caucus, who rise, almost all of us, to say that indeed this disease which is spreading (and it is the leading killer in our community) can, in fact, be eradicated if we can get to the hard-core addicts, clean needle for dirty needle, until we finally lure them into treatment.

Do not vote for death in our communities. Vote for the science. Do not say, look, give us the facts, and then say, we do not want to be confused by the facts, we choose death.

The SPEAKER pro tempore. The gentleman from New York (Mr. SOLOMON) has 3 minutes remaining.

Mr. SOLOMON. Mr. Speaker, I yield myself the balance of my time.

Again, the gentlewoman from the District of Columbia (Ms. NORTON) was not on the floor when I heaped praise on her and told the body how much I thought of her; and I really do.

But Mr. Speaker, Members have come to this floor, I guess, all from that side of the aisle, and I do not try to play politics in saying that, but like Mr. WAXMAN before, he has asked for a delay of this bill, and he asked what is the urgency; and my colleagues, the urgency is that one more child should not be hooked on drugs. It is so, so pathetic.

Let me just read the bill. It is a one-paragraph, simple bill. It does not require a lot of hearings. Everyone knows how they are going to vote on this bill. It says, ''Notwithstanding any other provision of law, none of the amounts made available under any Federal law for any fiscal year may be expended directly or indirectly to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.''

Mr. Speaker, first of all, it is a fact, the exchange needle programs increase drug use. Go with me to any city, any area in any city in the United States or in this world, in Amsterdam, in Switzerland, in Montreal just above my district.

This Federal Government should be doing everything that it possibly can, not to just say no, but we need to, in fact, direct all of our attention to interdiction to try to keep these drugs out of the hands of our children. We ought to do all we can to treat those that are unfortunate enough to have already been taken over by these illegal drugs. And then we should do all that we can to educate our children. It is their lives we are talking about. And by creating a program that is encouraging the use of illegal drugs, we just cannot do it.

Ms. NORTON. Mr. Speaker, will the gentleman yield?

Mr. SOLOMON. Mr. Speaker, I do not have any time, or I would. But there is going to be 2 hours of general debate

coming up, and I will be glad to enter into a colloquy with the gentlewoman.

But I just hope that Members come over here and vote for the rule, and then let us have the dialogue between us. Let us talk about the problems. But let us try to keep the politics out of it because we are not talking politics. We are talking about the lives of our children, and that means so much to all of us. I urge support of the rule.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid upon the table.

Mr. WICKER. Mr. Speaker, pursuant to House Resolution 409, I call up the bill (H.R. 3717) to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs, and ask for its immediate consideration.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H.R. 3717

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

SECTION 1. PROHIBITION REGARDING ILLEGAL DRUGS AND DISTRIBUTION OF HYPODERMIC NEEDLES.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

''PROHIBITION REGARDING ILLEGAL DRUGS AND DISTRIBUTION OF HYPODERMIC NEEDLES

''SEC. 247. Notwithstanding any other provision of law, none of the amounts made available under any Federal law for any fiscal year may be expended, directly or indirectly, to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.''.

SEC. 2. CONFORMING AMENDMENT.

Section 506 of Public Law 105–78 is repealed.

The SPEAKER pro tempore. Pursuant to House Resolution 409, the gentleman from Mississippi (Mr. WICKER) and the gentlewoman from California (Ms. PELOSI) each will control 1 hour.

The Chair recognizes the gentleman from Mississippi (Mr. WICKER).

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

Mr. Speaker, let me first take this opportunity to commend and thank the gentleman from New York (Mr. SOLOMON) for the legislation which is before us today. Although my colleague still has several more months remaining in this Congress and a lot more work to do, let me be among the many to express my gratitude to him for his service to his community, to the military, to this institution, and to his State and Nation.

I also at this point want to note the leadership and tireless efforts of the gentleman from Georgia (Mr. GINGRICH) in leading the war on drugs and the significant contribution of the gentleman from Illinois (Mr. HASTERT), chairman of the Task Force for a Drug-Free America, who is working with Members of Congress and communities across the country in an effort to stem the tide of illegal drug use.

I rise today in strong support of this legislation, which has at its center a very simple premise: The Federal Government should not be in the business of supplying IV needles or syringes to drug addicts.

Let me point to this graphic. Mr. Speaker, this photograph very vividly points out the sad, regrettable, dangerous, and even deadly issue that we are talking about today.

☐ 1145

Under a needle exchange program, an individual such as the one depicted here uses a hypodermic needle to inject an illegal and harmful and deadly drug, such as cocaine or heroin, then hands over that contaminated needle at a facility in exchange for a clean needle which can then be used in further illegal activity. In many cases, the illegal drug user will be given a permission slip which would authorize him or her to carry the otherwise illegal drug paraphernalia. A needle exchange program facilitates an act which is in fact illegal, which is in fact a felony in most of the United States of America.

The festering disease of illegal drugs is eating away at our society. We have witnessed a dramatic rise in drug use during the last several years, particularly among our young people. The failure of our country to have a coherent drug policy which emphasizes education, prevention and a strong anti-use theme is having a disastrous effect.

This very day, more than 8,000 young people across America will use an illegal drug for the first time. Illegal drug use is tearing at our social fabric, ripping apart families and corrupting our children. Fifty-four percent of high school children have used illegal drugs. The use of heroin, a drug which is almost exclusively injected intravenously, has quadrupled, has increased fourfold, just since 1994. According to a University of California study last year, the social cost of drug abuse amounts to $67 billion per year.

Clearly we must act. It is our duty, our obligation to society and to our children to act promptly, to act responsibly and to eliminate the scourge of illegal drugs. The government does indeed have an important role in winning the war on drugs in America. But using tax dollars to hand out free needles to drug addicts is not the right way to go about addressing the crisis of drugs in our communities. In fact, it is exactly the wrong way.

To begin winning the war on drugs, we should instead be emphasizing an approach which gets tough on the supply side of illegal drugs by dramatically stepping up interdiction. Then on the demand side we must concentrate our efforts on education and prevention to fight the devastating effects illegal drugs have on our society.

Unfortunately, last week, President Clinton announced to the American people that his administration endorses the use of needle exchange programs for drug users. But he stopped short of funding such programs. In effect, the President tried to have it both ways. This headline is devastating: ''Clinton Supports Needle Exchanges But Not Funding.'' That is the message which the President of the United States, the highest elected official in our land, sent out across this land to the young people, that needle exchange programs are a good thing.

Mr. Speaker, the President could hardly have sent a more destructive and harmful and confusing message to the American people. The President argues forcefully that we must protect our children from tobacco, and I agree. But in his next breath, he endorses needle exchange programs, the exchange of one piece of illegal drug paraphernalia for the other.

Thankfully the administration's own national drug policy adviser, General Barry McCaffrey, courageously took the opposite view and stated just last week, and I quote General McCaffrey, ''Needle exchange programs are magnets for social ills, pulling in crime, violence, addicts, prostitution, dealers and gangs and driving out hope and opportunity.''

If the President will not listen to his own drug czar, who will he listen to? Perhaps he will listen to this body. It is time for this body once again to stand up for what is right. We have debated this issue on the floor before. Last September a bipartisan majority of this House said ''No'' to Federal funding for needle exchanges during the Labor-HHS appropriation bill for FY 1998. The moratorium which banned funding for these programs has now expired and it is time for us to put into place a permanent ban on funding for needle exchanges.

Mr. Speaker, the underlying assumption of a needle exchange program is that we can somehow encourage ''responsible drug users.'' That is an oxymoron if ever I have heard one. Advocates of needle exchange programs hope that drug users will not share their needles with other drug users. But let's consider the kind of clientele that we are hoping will act ''responsibly.'' We are talking about drug addicts who often commit violent crime to support their habits, who often sell their own bodies just to get high or to sustain their drug habits. Do we really believe that individuals engaged in this type of harmful, illegal and even deadly activity are going to be worried about whether their needles are clean?

On the floor today we will hear, as we have already heard, proponents of needle exchanges talk about the alleged benefits of these programs in reducing the spread of HIV and AIDS. But there are no reliable scientific studies to back up that charge. In fact, the opposite is true.

The 1996 Montreal Study demonstrated that intravenous drug addicts who used needle exchange programs were more than twice as likely

to become infected with HIV as addicts who did not take part in exchange programs. Needle exchange programs are simply based on a flawed theory, and they will not work to solve the problem of AIDS.

I wish we could find a cure for AIDS. I hope that we will. This Congress is funding research to do just that. But I am opposed to spending more taxpayer dollars on programs that do not work and which send the wrong message to the children of America.

H.R. 3717 will prevent the administration from moving ahead on a risky program of handing out free needles. This bill is brief and goes straight to the point by amending title II of the Public Health Service Act to prevent any funds from being expended, either directly or indirectly, to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Mr. Speaker, I urge my colleagues to join me in supporting this straightforward bill to ban Federal funding for needle exchange programs. In so doing, we will be sending the right message to America's young people, that the Federal Government does not condone and will not be a party to illegal drug use in any form.

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

Ms. PELOSI. Mr. Speaker, I yield myself such time as I may consume. I too want to join my colleagues in commending the distinguished gentleman from New York (Mr. SOLOMON) for his fine service in this House of Representatives. I consider him a friend and I have fought with him on his side on many battles in this Congress. He will be sorely missed by all of us. I thank the gentleman from New York for his service. He has served his constituents well. I know they are very proud of him.

So it is with great regret that I rise today to oppose the Solomon amendment. But I do so, Mr. Speaker, with the confidence that in standing here I stand with the great scientists of our country in stating that needle exchange programs help reduce the spread of HIV and AIDS and do not contribute to increasing substance abuse, indeed in many instances reduce substance abuse. There are many issues that will be raised during this debate on this bill, but there is one clear message that is irrefutable now and will be equally irrefutable at the close of business. That message is, the leading scientists in this country have examined the evidence and determined that needle exchange programs, again, help stop the spread of HIV infection and do not encourage drug use.

We give the National Institutes of Health, we appropriate for FY 1998, the year we are in, $13.6 billion. What does this Congress want to do? Ignore the recommendations of the NIH. There are special orders and Dear Colleagues around here to double the funding in 5 years for the National Institutes of Health. But what does this body want to do today? Ignore the findings of the National Institutes of Health. Mr. Speaker, I want to not have my colleagues take my word for it but listen to the words of the scientists themselves:

> After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.

Signed, Dr. Harold Varmus, Director, National Institutes of Health, and I might add, a winner of the Nobel prize himself; Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, the institute that does the research on HIV and AIDS; Dr. Alan Leshner, Director, National Institute on Drug Abuse; and Dr. David Satcher, the Surgeon General. This memorandum is dated April 1998. That is the determination of the Nation's leading scientists.

In 2 hours we will see how this House of Representatives will side with the scientists or side with the politics. I would not think of asking my colleagues in this body to vote for an item that would increase drug abuse in this country.

I have heard others on the other side of this issue question the motivation of those of us who support the needle exchange program. I do not question their motivation. I say that every single person in this body is fully committed to ridding our country of this terrible scourge of substance abuse, and also of the spread of HIV and AIDS.

H.R. 3717 would impose a permanent ban on Federal funding for needle exchange programs, a position which contradicts the enormous body of scientific research. For that reason, I urge my colleagues to vote ''no'' on the bill.

It is cruelly ironic, as I said earlier, in a year when there seems to be consensus to increase the funding at NIH, that we are at this time considering throwing out the science and basing public policy on politics. I will speak to the science and the role of needle exchange in fighting the AIDS epidemic. I have said what the scientists have said, and I will say that this statement by Dr. Varmus and others clearly states what the facts are.

I would say to the gentleman from Ohio who said a word about common sense, is it common sense to ignore the opinion of the leading scientists in the country? Is that common sense, when we ourselves fund their scientific research? Something is not right here.

The NIH panel also concluded that individuals in areas with needle exchange programs have increased likelihood of entering drug treatment programs. In the fight to reduce drug abuse, we need to understand that needle exchange is a valuable opportunity to help drug abusers into treatment.

Leading private organizations see the value of needle exchange as well. They include the American Medical Association, the American Public Health Association, the National Academy of Sciences, American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, and the American Bar Association.

Something is wrong with this picture. When I hear this debate in this body that the science is so conclusive, one would think we were having a meeting of the Flat Earth Society. How can we turn our back to the science?

In making our decision on needle exchange, we need to ask, who is affected negatively if we use political expediency rather than science to fight a public health emergency? The answer to that question is also clear. Among women of childbearing age, more than 70 percent of HIV infections are related either directly or indirectly to injection drug use. Of babies diagnosed with HIV infection, more than 75 percent were infected as a direct or indirect result of injection drug use by a parent.

□ 1200

When we fail to fund needle exchange, we are foregoing a proven intervention that can save the lives of women and children. We are giving up the opportunities to help the drug users get treatment.

I have more to say on this subject, Mr. Speaker, but my colleagues are very eager to get into this debate. I will just close by saying by ignoring the science, that ignoring, that ignorance, is not bliss. That ignorance equals death. And I say without any fear of contradiction to my colleagues that a vote against the Solomon amendment, which I am requesting of them, is a vote to save lives.

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

Mr. WICKER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Virginia (Mr. DAVIS).

Mr. DAVIS of Virginia. Mr. Speaker, I appreciate my friend yielding this time to me.

Let me just say here I do not think there is a wrong and right on this issue. I think there are two competing public policy objectives. One objective just focuses on the AIDS epidemic, on getting people who are using bad needles good needles so they can continue their habit, but at the same time at least have them use a needle that will not infect them with a virus. And I understand that. And under this amendment State and local governments in the private sector who already fund these programs can continue to do that. We are not wiping that out.

But the other policy objective, and I think we have to look at this, each day over 8,000 young people are going to try an illegal drug for the first time. Heroin use rates are up among youth. And while perhaps eight persons contract HIV directly or indirectly from dirty

needles, 352 start using heroin each day, and more than 4,000 die each year from heroin- and morphine-related causes.

We send a wrong signal when we tell people it is illegal but we are going to give out a clean needle for people to pursue this illegal habit, and I think it looks terrible from a public policy objective to have the government really funding these programs and encouraging the use of illegal drugs.

Mr. Speaker, I think that is where we get into the mix on this. And although if our only objective were AIDS, that would be fine, but we have the competing objective here of getting people, the government is saying it is all right to use it, and here is a clean needle by the way. And we are going to fund this even though, if they are a veteran in a VA hospital, they may have, or someone who is in a hospital on Medicare, they may have to pay for their own needles, and we may charge them for it.

That is how this gets so ridiculous, and that is why I support the Wicker amendment. Even assuming the needle exchange programs can further accelerate the declining rate of HIV transmission, I think the risks of these programs encourage a high ratio of heroin, and they outweigh the potential benefits. So that is where I come down on this, with all due respect to folks who I think are very narrowly focused and I think admirably so on the other side.

The President's own drug czar has spoken very eloquently on this. He knows that the use of taxpayer dollars could, in fact, be better diverted in areas of drug prevention.

Ms. PELOSI. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT) who is also a doctor.

Mr. MCDERMOTT. Mr. Speaker, the reason we are having this debate is clearly because the Republicans cannot get a budget together. We have not had one single minute of debate in the Committee on the Budget on a budget for this country and not a single minute out here on the budget, but we have 2 hours on this issue, which is basically a matter of science.

Now, there is very clear and convincing evidence that this is a matter of saving lives through a program that some people want to make it, people are either for needle exchange and therefore they are soft on drugs or people are against needle exchange and they are strong against drugs.

There could not be anything further from the truth. The fact is, these programs have been used in the Northwest. They have reduced the infection rate from 30 percent in New York and the South to 3 percent in the Northwest among HIV-infected people.

Now people say it encourages drug use. The Secretary of HHS, Donna Shalala, convened a panel of experts at the National Institutes of Health. They came back with the fact that needle exchange programs do not increase and, in fact, may decrease the use of drugs.

The fact is, if we just want to be money-wise, one case of prevented HIV infection is estimated to save $119,000.

Now how do these programs work? In Tacoma and Seattle, they have a table where somebody sits and somebody has to bring a needle and they get a clean needle. Now I do not know how that is going to encourage the use of drugs. Are my colleagues suggesting that high school kids are going to come and say, well, I got a needle; give me a clean one so I can go find some drugs to use?

We are talking about a population that is infecting 33 people per day in this country with HIV, and 85 percent of the new cases in this country are among heterosexual people, and 66 percent of the cases among women are linked to drug use. Every single case of a child today being infected by HIV is linked to drugs and drug usage.

Now if my colleagues want to prevent those cases, if they are worried about kids, if they are worried about women getting the disease, then they want to have the needle exchange program. It has worked in the Northwest for a bill like the one that the gentleman from New York (Mr. SOLOMON) has put out here on the floor that has a broad, sweeping nature to it. Any direct or indirect; does that mean that Seattle and Tacoma cannot have their program? Do we have to continue a program or discontinue a program because of that?

I say that is wrong. My colleagues ought to vote against this bill.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I rise in support of this legislation. It makes no sense to pay somebody, pay for free needles to do something that is currently illegal. It is very questionable whether it will do any good.

As a physician, I would have to agree with the opposition that a clean needle certainly is better than a dirty needle. I do not think there is a question about that. But I do believe that there is a message sent that if we provide free needles to do something that we are condoning or encouraging it. But there is also a strong moral as well as an economic argument against this.

What we are talking about here is lowering costs of risky behavior. We are saying that we will pay for the needles to perform this risky behavior. But there is another much larger element that has not been discussed so far, and that has to do with the concept that all risky behavior be socialized; that is, through the medical system, it is assumed that those who do not participate in risky behavior must pay for the costs of the risky behavior, whether it has to do with cigarettes or whether it has to do with drugs or whether it has to do with any kind of safety.

So, therefore, the argument is that we have to save money in medical care costs by providing free needles. But there is another position, and that is that we might suggest that we do not pay for free needles and we might even challenge the concept that we should not be paying people and taking care of them for risky behavior, whether it is risky sexual behavior or risky behavior with drugs.

I think this is very clearly the problem, and I do not believe we should be socializing this behavior because, if we do, we actually increase it. If we lower the cost of anything, we increase the incidence of its use. So if the responsibility does not fall on the individual performing dangerous behavior, they are more likely to, and this is just part of it, the idea that we would give them a free needle.

But there is a moral argument against this as well. Why should people who do not use drugs or do not participate in dangerous sexual procedures and activities have to pay for those who do? And this is really the question, and there is no correct moral argument for this. And the economic argument is very powerful. It says that if we lower the cost, we will increase this behavior.

But this is not only true when we are dealing with drugs. It has to do with cigarettes. I mean, the whole tobacco argument is dealing with the same issue, that we have to pay for the costs of people who get sick from dangerous behavior with cigarettes and, therefore, we have to come in and regulate the tobacco companies and nobody can assume responsibility for themselves.

Same thing with alcohol and safety. This is the reason we have so much government regulation dealing with helmet laws and seat belts and buzzers and beepers and air bags. So this concept has to be dealt with if we are ever to get to the bottom of this.

So, Mr. Speaker, I strongly support this legislation.

Ms. PELOSI. Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. STOKES) the distinguished ranking member on the Subcommittee on VA, HUD and Independent Agencies of the Committee on Appropriations, who also is leaving the Congress after a very, very distinguished career.

Mr. STOKES. Mr. Speaker, I thank the distinguished gentlewoman from California (Ms. PELOSI) for yielding this time to me. I also want to thank her for her outstanding and steadfast leadership in legislation and funding which has helped to fight the spread of HIV/AIDS.

Mr. Speaker, I rise in opposition to H.R. 3717. This bill would prohibit the expenditure of Federal funds for needle exchange programs. More specifically, the measure would help to ensure the continuing spread of the deadly HIV/AIDS virus.

Extensive scientific evidence and the Nation's leading health experts, including the National Institutes of Health,

Centers For Disease Control, the American Medical Association, the American Public Health Association, National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, all unanimously agree that there is conclusive scientific evidence that needle exchange programs as a part of a comprehensive HIV/AIDS prevention strategy that makes needles available on a replacement basis only and that refers participants to drug counseling and treatment and other medical services are effective in public health intervention in reducing the transmission of HIV/AIDS and that it does not encourage the use of illegal drugs.

Mr. Speaker, over the years, the House has provided enhanced Federal spending for AIDS treatment and outreach services and for the biomedical which continues further advances in the development of effective treatment for AIDS. Now we must also do what is necessary to help further reduce the spread of this epidemic.

Since AIDS was first identified, it has been known that injection drug use plays an increasing role in the spread of this disease. These two deadly health epidemics, AIDS and substance abuse, devastate families all across this Nation and from all walks of life.

Mr. Speaker, prohibition and silence on the use of Federal funds for needle exchange programs to prevent and control the spread of HIV/AIDS are no longer options. Nationwide, IV drug use accounts for more than 60 percent of the AIDS cases, more than 70 percent of the HIV infections among women of child-bearing age and more than 75 percent of babies diagnosed with HIV/AIDS. These babies, through no fault of their own, were injected as a direct or indirect result of IV drug use by a parent.

And while I am encouraged by the decline in AIDS deaths in the general population, I am extremely discouraged by the devastating situation in the African American community where AIDS is now the leading cause of death among those that are 25 to 44 years of age. According to the Centers For Disease Control, the rate of HIV/AIDS in the African American community is seven times that of the general population. Seventy-two people that are African American are infected every day. This is a state of emergency. We must do what is necessary to address the Nation's devastating public health problem in HIV/AIDS.

The fact that the greatest number of AIDS cases are due to intravenous drug use forces the Congress to have to carefully, seriously consider the value of needle exchange programs in the control and prevention of this deadly disease.

The National Institutes of Health March, 1997, consensus development statement on interventions to prevent HIV risk behaviors reported that needle exchange programs have shown a reduction in risk behaviors as high as 80 percent in injecting drug users, with estimates of 30 percent or greater reduction of HIV.

We must not continue to ignore solid scientific evidence. Now is the time to support Federal funding, and I urge the defeat of this bill.

□ 1215

Mr. WICKER. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, I would first like to address the gentlewoman from California (Ms. PELOSI) and say I admire her efforts in HIV prevention and the work that she has put forward in trying to solve this epidemic.

I probably find myself in a unique category because I have read all the studies on needle exchange; I have actually read the studies, and I find it ironic that the report that was issued, even though we have a statement from April of 1998, the NIH consensus statement was made prior to the release of the Montreal data.

I want to quote from the Montreal study, and I also want to educate the Members a little bit on the studies, because there have only been two studies done on all needle exchange programs that have the same group of individuals in the beginning of the study as they had at the end of the study. All of the others had unidentified needle users and unidentified needle users at the end and took averages of numbers, which scientifically is meaningless when we want to try to show something as a cause and effect or a reduction of risk.

The Montreal study and the Vancouver study were both excellent studies. They had the same people looked at when they began the study as when they ended the study. I want to read to my colleagues the conclusion as printed in the American Journal of Epidemiology by Doctors Bruneau and others as to what their conclusion is. They were not anticipating the debate in the U.S. Congress when they wrote this conclusion: ''In summary, Montreal needle exchange program users have a higher HIV seroconversion rate than needle exchange program nonusers.'' What does that say? That says that if one is in their program and one is getting free needles, one is more likely to get HIV than if one is not in their program using needles.

Now, we can distort that, but that is the science of the two studies, and the Vancouver study supports the same claim.

We should be concerned about drug injection in this country. We should be concerned about drug addiction. The way to solve that is mandatory treatment programs for people who are addicted.

I will pledge to those on the other side of the aisle who differ with me on this issue that I will support any program that comes forward for funding for mandatory drug treatment centers and promotion of lifestyle change to decrease the risk associated with this horrendous infection. Remember, we are not just talking about HIV. We are talking about hepatitis B now that is a major epidemic in this group of people; we are talking about hepatitis C, we are talking about probably hepatitis D as well. So there are large areas besides HIV that these people are subjected to.

Mr. Speaker, I think that we can have disagreements, and we know the scientific community has disagreements. There is no question. But we cannot ignore the two largest studies that have ever been done on this, both of which come to the same conclusion, that if one is in a needle exchange program, one is more likely to seroconvert than less likely. That is completely opposite of what we have heard here so far today. I would recommend that everybody read the study so that they actually know what the scientists have said in terms of their conclusions.

Finally, there are other things that are associated with needle exchange programs that we ought to be concerned about. There is multiple reports that the needle traffickers there, what they do is they draw drug traffickers to the needle exchange program; that the crime rates in the areas where we have needle exchange programs actually go up, they do not go down. So there are all of these other consequences associated with needle exchange programs that have, in fact, not been addressed by any argument today. We have a problem with drug addiction, injection drug addiction in this country. This is fixing the wrong problem. We need to be fixing drug addiction, not enabling drug addicters and drug-addicted people to more easily use their illegal drug.

Ms. PELOSI. Mr. Speaker, I yield myself such time as I may consume to respond to the gentleman.

I appreciate his offer of supporting mandated treatment programs, and I do believe that treatment on demand is the answer to reducing substance abuse in our country. But he spent a good deal of his time talking about the Montreal study, and Julie Bruneau and others who worked on that. I want to call to the attention of my colleagues the op-ed by Julie Bruneau and Martin Schechter, her colleague in making the Montreal study. In this op-ed, in their own words, they say, As the author of the study, we must point out that these officials have misinterpreted our results. A study conducted last year and published in the Lancet, the British medical journal, found that 29 cities worldwide where programs were in place, HIV infection dropped by an average of 5.8 percent a year among drug users. In 51 cities that had no needle exchange plans, where they had no exchange programs, 5.9 percent a year was the increase in HIV spread.

In Canada, as a result of these studies, the same study that our colleague is citing in opposition to our position, the authors of the study he cites, the Montreal study says, in Canada, local

governments acted on our research by expanding needle exchanges and adding related services.

So I say to my colleagues that this Montreal study, which the gentleman is correct, it did come since our vote last year, but it does not support the argument. The fact is, it supports the fact that needle exchange programs reduce the spread of HIV.

Mr. COBURN. Mr. Speaker, will the gentlewoman yield?

Ms. PELOSI. Mr. Speaker, the gentleman has plenty of time on that side, and I am pleased to answer any questions the gentleman has on his own time.

Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island (Mr. KENNEDY), a leader in this fight to reduce substance abuse and stop the spread of HIV in this country.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I would like to thank the gentlewoman for yielding, and I want to commend her for the good work that she is doing to save lives in this country.

That is what we should be about in this debate, saving lives. And the idea that we are going to talk about a moral argument here, that we should somehow not support needle exchanges because it helps promote risky behavior, is just absurd. I cannot even believe I am hearing this said, because the people who are making this argument must not know that AIDS is not a disease that talks about people who have risky behavior. When we look at the fact that 40 percent of cases of those with AIDS are babies, do my colleagues mean to tell me those infants are having risky behavior?

I would like everyone to keep in mind here, we are talking about children, children in this country who have HIV. Let me remind everyone that dying of AIDS is a slow and painful death, and if we pass this legislation, we will be sentencing children in this country to a slow and painful death that could otherwise have been prevented. How could it have been prevented? Because we would have cut back on the incidences of AIDS because we would have allowed those people who do insist to use drugs the opportunity to use clean needles so that they are not spreading this deadly disease.

Let me repeat for my colleagues, the needle exchange program reduces HIV. After reviewing all of the available evidence and science, the Directors of the National Institutes of Health are saying conclusively that the needle exchange programs reduce HIV. I think it is a moral obligation for our colleagues to vote against this legislation, because if we save any lives, that will be our job here in this Congress.

We cannot, I repeat, we cannot ignore the scientific evidence for political expediency purposes. I know it is easy for my colleagues to go back to their districts and say, hey, I do not want to support these needles. That is an easy cop-out. That is a cop-out when we have the science that says we are preventing AIDS from being spread; we ought to follow our evidence. I thought that is the reason we came to the Congress is because we know the evidence, we have been up here, we have been studying the facts.

The Congress has been advised by the National Institutes of Health, which advised the Congress what to do in the public's health interest to say needle exchange programs reduce the incidences of AIDS. I do not think there is any debate about this whatsoever. Let us do what the scientists tell us to do. Let us reduce AIDS, let us support needle exchange programs, let us oppose this bill.

Mr. WICKER. Mr. Speaker, I yield 6 minutes to the distinguished gentleman from Illinois (Mr. HASTERT), the leader of the Speaker's Task Force For a Drug-Free America.

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

First of all, I want to acknowledge the gentlewoman from California (Ms. PELOSI) in her earnestness in this fight. We have stood and debated issues and like issues many times, and I certainly believe that she is sincere in her efforts. I also commend my colleague from Baltimore in the State of Maryland. I know he is sincere in what his views are and what he is trying to do, and we have had testimony in committee on what he is trying to do. But I listened to the speech of the gentleman, the previous gentleman, and I am amazed.

First of all, we are talking about drug use in this country, and we are talking about trying to stop drug use in this country. I will tell my colleagues, I feel sorry for the 40 percent of the AIDS victims who are children, but those 40 percent of the victims who are children are not using needles, so the whole needle issue does not affect those folks at all.

Mr. KENNEDY of Rhode Island. Mr. Speaker, will the gentleman yield?

Mr. HASTERT. Mr. Speaker, I did not interrupt the gentleman, and I would appreciate it if he would not interrupt me.

What we are talking about are 20,000 people who die on our street corners every year. They are dying in our emergency rooms, OD-ing, they are dying in the darkest parts of our cities, and they are also dying in the wealthiest of our suburbs. They are young people. Most of those 20,000 folks are children. Some of us know members of our family or friends who have had drug problems, who have had very, very serious situations with drugs.

What we are saying, if drugs are illegal in this country, if it is illegal to use cocaine or heroin or anything that is injectable, then we should not be handing out free utensils to be able to inject that substance in our arms. I think that is a common-sense proposal.

Mr. Speaker, we wave around a lot of studies, and we talk about the Montreal study, and we talk about the Vancouver study, we talk about the Chicago study, and we go back and forth on what somebody said. I understand, I read the op-ed that the two folks that did the Canadian studies talked about. Mr. Speaker, the reality is the study did not prove what they believed. They do not like the results of the science. The science did not prove their theory.

Now, that is too bad. We talk about unintended consequences around here, but I will tell my colleagues, the unintended consequences of handing out free needles in our cities and in our suburbs and on our street corners is that in the study in Montreal we found, and in Vancouver, we found out that we had more kids using drugs when we handed out free needles. We found out that the incidence of exchanging needles, trading needles around when we handed out free needles, was 39 percent. Thirty-nine percent more people or people still traded needles. Do my colleagues know what the percentage was when we did not have free needles? It was 38 percent. So the problem of exchanging and trading needles, this is just a false argument. It does not exist.

So the whole issue here is—excuse me, sir. I did not mean to interrupt the gentleman.

So the whole issue here is we are talking about something in passing out needles in HIV that exacerbates the problem, it does not solve the problem. I do not care what the arguments are on the other side. That is what the facts prove. It also proves, and I have talked to people who work in these areas, but quite frankly, a person who gets a buy of heroin or a buy of cocaine—

The SPEAKER pro tempore (Mr. BLUNT). The gentleman will suspend.

The gentleman will be reminded that the rules prohibit passing in front of the member speaking.

Mr. KINGSTON. Mr. Speaker, regular order. There is a chart up.

The SPEAKER pro tempore. Would the minority please remove the chart? Would the gentlewoman from California please assure that this chart be removed since it is not currently being utilized in debate?

Ms. PELOSI. Mr. Speaker, is someone objecting to the chart, the list of scientists that are the head of the National Institutes of Health?

Mr. KINGSTON. Regular order, Mr. Speaker. Regular order.

Ms. PELOSI. Are we to ignore the list of scientists at the National Institutes of Health?

Mr. HASTERT. Mr. Speaker, the chart is not being used.

Ms. PELOSI. The Flat Earth Society lives.

Mr. HASTERT. Mr. Speaker, I am sorry for the comments of the gentlewoman from California and the interruptions that we have seen in here, but I think everybody ought to be heard on this, and I think everybody ought to have the opportunity to make their arguments.

□ 1230

What we have seen when somebody gets a buy of cocaine or heroin to be able to inject, they really do not care. They need that narcotic. They do not care whether they are going to go out and be able to buy a needle or trade a needle or steal a needle. They are going to get a needle to get their fix, and that is the consequences.

So when we really get back to what we are talking about in the use of drugs, I think the first premise is we should not be handing out a utensil or tool to allow people to break a law. That is pretty simple.

The second issue is commitment. If we are talking about trying to show that we are going to reduce demand in this country on drug use, and we are going to try and also persuade countries south of our border to stop and try to reduce the supply, we have to be honest and genuine about trying to stop demand.

I think it certainly is a wrong message to say that, oh, by the way, we are going to try to stop demand in our country, but here we are handing out free needles to drug users. What happens when you hand out free needles to drug users, the incidence of drug use goes up. It was proved in the Montreal study and proved in the Vancouver study. It was also proved in the Chicago study.

As a matter of fact, the Chicago study showed that HIV increased 8.4 percent per 100 people when there are free needles, and there was a drop without free needles of 71 percent of HIV in that community when there were no free needles.

Mr. Speaker, we need to have a commitment to stopping drugs in this country. Giving away free needles is not part of that. We also have to have local solutions to national problems. And the best way to start those local solutions is to help people clean up their neighborhoods. Handing away free needles or giving away free needles in people's neighborhoods does not stop the drug problem, it exacerbates the drug problem.

Mr. Speaker, this is a good piece of legislation and a needed piece of legislation. It is a piece of legislation that we debated last year and was passed overwhelmingly in the House, and it is a shame that we have to retread this argument and go over it again.

Ms. PELOSI. Mr. Speaker, I agree with the gentleman from Illinois (Mr. HASTERT), this resolution is a shame.

Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. WATERS), a champion in the fight against drug abuse in our country.

Ms. WATERS. Mr. Speaker, if passed, H.R. 3717 would needlessly impose a permanent ban on the use of Federal funds for needle exchange programs even though they are scientifically proven to save lives and do not increase drug use.

The research speaks for itself. Three comprehensive reviews of the scientific literature done by the United States General Accounting Office, the National Research Council, the Institute of Medicine and the University of California at San Francisco all found that needle exchange programs are an effective component of comprehensive community-based HIV prevention programs.

In March 1997 the National Institutes of Health published a report which concluded that needle exchange programs did not cause an increase in drug use. In fact, needle exchange programs linked to drug treatment and other services actually led to a decrease in drug use.

Mr. Speaker, we have got to get our heads out of the sand. The statistics speak for themselves. Thirty-three Americans are infected each day with HIV because of injection drug use. Nationwide, IV drug use accounts for more than 60 percent of the AIDS cases, over 70 percent of HIV infections among women of childbearing age, and more than 75 percent of babies diagnosed with HIV/AIDS. Every hour seven Americans are infected with HIV. Three of these seven are African-American.

As many of us know, minorities are disproportionately affected by HIV/AIDS. While overall AIDS deaths have declined, AIDS is still the number one killer of African-Americans and Latinos between the ages of 25 and 44. The Congressional Black Caucus is committed to fighting the scourge of HIV/AIDS and drugs. We absolutely see no contradiction between supporting needle exchange and working to rid drugs from our communities.

Let me say to my Republican friends, the Congressional Black Caucus made the fight of illegal drugs the number one priority for the 105th session. We have not been joined by those who claim they care about this issue. They better get on board and do something about the deaths that are occurring in this Nation. They ought to be ashamed of themselves.

Ms. PELOSI. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. GEPHARDT), the Democratic leader of the House who has made fighting substance abuse a hallmark of his service in the Congress.

(Mr. GEPHARDT asked and was given permission to revise and extend his remarks.)

Mr. GEPHARDT. Mr. Speaker, this is, to put it simply, a public health issue. If we are to fight against drugs and drug use and against further cases of HIV, we have to ask local governments and scientists to help us with the best way to bring about the prevention of both of those occurrences. And what the best scientists have told us and what some local and private agencies tell us, is that this kind of program gives us the best chance to both prevent further cases of HIV and to prevent further drug use.

What we know from experience in many local jurisdictions is that if people are brought into a drug prevention and drug treatment program, they can be gotten off of their addiction. We know that drug use is an addictive disease and the way to get people to not be addicted is to get them into drug treatment, and we know that these programs are the way in many, many cases we can get people into drug treatment.

Mr. Speaker, this is a doubleheader victory. We can prevent drug use, stop drug use, and prevent HIV, both of which have huge costs for our society. This is a matter of common sense and good judgment.

Mr. Speaker, I say to the Members today, why should the Federal Government be telling local governments and jurisdictions and private agencies that they should not do something that they feel is working? This is a case where we might even use good Republican arguments that the Federal Government should not be dictating to local jurisdictions, we ought to be following their good judgment and practice and experience.

Mr. Speaker, I say to Members: Vote against this bill. Let us prevent drug use. Let us stop drug use. Let us prevent HIV. Let us follow the science, follow the facts and do the right thing for the American people. I urge Members to vote against this bill.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Indiana (Mr. SOUDER) who has been a leader in the fight against drugs.

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Speaker, the problem with the science that is being argued on the other side is that it is just not there. The fact is that at the very best, at the very best, there are mixed studies.

It is clear that in Vancouver, that in spite of providing 2 million needles a year, they now have the highest incidence of AIDS and it is increasing. Vancouver has the highest heroin death rate in North America and is referred in The Washington Post as the ''drugs and crime capital of Canada.''

In Montreal we have seen the HIV-positive at twice the rate of addicts not in the program. Nearly 1,600 injection drug users found that those participating in the needle exchange programs had a 33 percent cumulative probability of HIV seroconversion compared to 13 percent of injection drug users who had not participated in the program.

In the British medical journal ''The Lancet'' they said that injection drug users who participated in the Montreal needle exchange programs were two times more, not less, likely. The science at best is mixed here, and we need more research. But what is clear is that heroin is illegal, and we do not need the Government of the United States and the taxpayers of the United States to become needle traffickers in this country.

Mr. Speaker, what kind of message are we trying to send when we are trying to work together on the drug war? Do we really want this to happen? A woman gets raped in the street by a heroin addict. What are we going to tell her when she finds out that the needle that enabled that addict to get heroin and then get him on the street to rape her came from her tax dollars and the tax dollars of America? When we have a heroin addict, a father, go home to his house and he beats his little child and the child, sobbing, asks his mom, ''How does daddy get this stuff?'' And the taxpayers are providing the needles for the heroin addict. What kind of debate are we having here?

I know that there is a deep concern about HIV. But we cannot enable, we cannot become a Dr. Kevorkian because we think the cause is right to violate the law and enable people to violate the law, when that is also leading to death and murder and rape and pillaging and the abuse of children.

Just because giving low-tar cigarettes to people who smoke would reduce the incidence of cancer does not mean that we should start distributing in our schools low-tar cigarettes. Hey, the kids are going to smoke anyway. Why do we not make it a little less risky for them? Why do we not make it so that the secondhand smoke does not damage the other kids as much, so let us give them free low-tar cigarettes to reduce the incidence. We cannot get rid of the problem anyway, so let us enable this bad habit to continue because maybe we can save a few people.

And what about the violence in the streets, where little kids are gunning down other people on the streets with machine guns? If we made sure that they had safety locks on those, a few people where there are accidental deaths would be saved. We cannot get rid of those guns anyway. Why not get the government in the business of giving new guns to these kids, new machine guns with safety locks on them, because a few lives would be saved? We would be enabling the deaths to continue. We would be giving the sanction of the government for an illegal behavior and trafficking in guns in this case ourselves, but at least we would save a few lives.

Mr. Speaker, we have to have a clear moral message coming out of this Congress that drugs are wrong.

Ms. PELOSI. Mr. Speaker, I yield 3½ minutes to the gentleman from Massachusetts (Mr. DELAHUNT), a former prosecutor and a fighter against substance abuse in our country.

(Mr. DELAHUNT asked and was given permission to revise and extend his remarks.)

Mr. DELAHUNT. Mr. Speaker, I rise in opposition to the bill. I am really surprised to hear that the science is divided, because everything that I have read and examined indicates that the science is rather clear.

I just cannot imagine if the science was divided that the American Medical Association would give support to needle exchange programs. I cannot imagine the American Public Health Association would give support to needle exchange programs. I cannot imagine that the American Nurses Association would give support to needle exchange programs. I cannot imagine that the American Academy of Pediatrics would give support to needle exchange programs if there was not clear and convincing proof, clear and convincing proof that these programs work.

And they do work, Mr. Speaker. And I hear many here talk about their experience as fighters in the war on drugs. Well, let me assure my colleagues, I stand second to none when it comes to that war. I dare say that I put more people in jail for drug distribution and narcotic abuse than all of the Members in this body combined.

But also let me tell my colleagues this. This program works. I heard the minority leader speak to the issue of local option. I know it works because it works in Massachusetts. It has worked in Massachusetts. It has prevented clearly the spread of HIV. There is no doubt about that whatsoever.

And, again, according to the study that was just released, it does encourage the addict to seek treatment. And guess what that translates into?

□ 1245

That translates into a reduction of people on the streets dealing in drugs. Massachusetts has once more proven they are right. We had a debate on juvenile justice here, and I kept advocating that that approach was wrong and looked to Massachusetts. The statistics were there then, and they are there now.

If we believe in States' rights, if we believe in States' rights, and I know Members on the other side advocate constantly for States rights, leave this local option available because it does work. I am not surprised by the results of the HHS study. I could have told my colleagues what it was going to show, because it has been my experience.

Let me just conclude by saying the minority leader was absolutely right. This is a win/win. It is a win against the spread of HIV, and it also is a win against the war against drugs. Defeat this bill, I implore everybody, all my colleagues on both sides of the aisle.

Mr. WICKER. Mr. Speaker, I am pleased to yield 2½ minutes to the gentleman from Georgia (Mr. KINGSTON), a gentleman who is not only a leader on the Committee on Appropriations but one of the great leaders in the drug task force.

Mr. KINGSTON. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, since Clinton has become President, the use of tobacco and drugs in our country has skyrocketed. I wanted to get this straight with my Democrat friends: What they want to do is penalize tobacco users by making them pay more for tobacco, but they want to subsidize drug users by having my middle-class taxpayers pay for their syringes.

Think about this a minute. The hard-working folks back in Savannah, Georgia that I represent and all coastal Georgia wake up every morning at 5, 6 o'clock in the morning, bust their tail getting ready to get to work, kiss their kids good-bye, take them to school. The mom, the dad, they go back to their own offices. Meanwhile, back in Vancouver or other places outside of America, the Canadian taxpayers, their counterparts, are having to pay for drugs and syringes. Is this not great?

Let us think about this for a minute. The days of moonshine, would we have fought moonshine by giving out clean and sterile jugs for moonshiners to put their products in? And what would Elliot Ness have said to Al Capone? ''We are going to bust you, but do it with clean jugs.''

Then what about gamblers? Should we start giving them clean playing cards, because certainly compulsive gamblers are subjected to germs on cards. What about compulsive eaters? Should we give them free but low-fat French fries?

What has all this needle exchange done for people? Two and a half million needles were given out in Vancouver last year. What did it do? The HIV rate among participants is higher than those who do not participate. The death rate in the 10 years that the program has been in effect has skyrocketed. In 1988 there were 18 deaths that were drug related. In 1993, 200. What else happens? The highest crime rate in Vancouver is within the 2-block area of the needle exchange program.

What did the drug czar, General McCaffrey, say? He said no needle exchange programs are going to be located in exclusive neighborhoods. I ask the Democrats, how many of them want a needle exchange program in their backyard? Is this really something that they want to say to their taxpayers? ''Look, right next door to my office is a needle exchange program, and this is good for you.''

Do my colleagues really want these things being handed out right next to them? No. We know they are going to go to some inner city area where disadvantaged people are already living in crime-infested, drug-infested areas. All this does is make the problem worse.

I say it is a cruel joke. It is like giving a drowning man an anvil and saying, ''Here, stand on this. Maybe you could get your head above water.''

Ms. PELOSI. Mr. Speaker, I yield myself 30 seconds to say to the gentleman, if he really believes what he says, and I trust that he does, that he ought not to support the next appropriations for the National Institutes of Health, which has scientifically conclusive evidence that needle exchange programs work.

I do have a needle exchange program right next to my office. In answering the gentleman's question about his

own constituents and their tax dollar, this syringe costs 10 cents. Taking care of a person for HIV/AIDS costs $130,000. I do not understand why our colleagues do not want to spend a dime to save a life.

Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from New York (Ms. VELÁZQUEZ).

Ms. VELÁZQUEZ. Mr. Speaker, I rise in strong opposition to H.R. 3717. If my colleagues are serious about stopping the spread of AIDS, they will oppose this bill.

The fact is the needle exchange programs save lives. Since 1993, universities, the National Commission on AIDS, the CDC, and even the General Accounting Office have determined that these programs work.

These programs can reduce HIV infections by at least one-third and reduce risk behavior by as much as 80 percent. Furthermore, they provide a unique opportunity for those currently using drugs to access health care services, including drug treatment.

There are three publicly funded needle exchange programs in my district in New York. Their services are helping to reduce the number of new AIDS cases and providing intravenous drug users with rehabilitation. As a result, Medicaid costs are reduced. More important, lives have been saved.

My colleagues, needle exchange programs prevent the spread of AIDS and help turn people's lives around. This bill is a tragic step in the wrong direction, and I urge all of my colleagues to vote ''no''.

Mr. WICKER. Mr. Speaker, I yield 2½ minutes to the gentleman from Washington (Mr. NETHERCUTT), not only a leader in the fight against drugs but also a leader in the effort to fund research for the disease of diabetes.

Mr. NETHERCUTT. Mr. Speaker, I thank the gentleman from Mississippi for the yielding me this time and for the introduction.

It has been interesting to listen to this debate today and hear the advocacy on the left, and people who are opposing this legislation today advocating so strenuously for people who use needles and drugs illegally. I want to submit to my colleagues that there is a moral outrage that is misplaced there; that we do not hear any moral outrage asked for and stressed by the other side for people who are the only legitimate users, one of the only legitimate groups of users in the country of needles legally and for health purposes, and that is the diabetics in our society.

Sixteen million people in our country have diabetes. A million children have diabetes. It requires that they inject themselves with a lifesaving product called insulin three times, four times a day, legitimately, at a great cost to them. But we do not hear that.

We do not hear our friends who are opposing this legislation advocating strenuously for the diabetic, for people who are, through no fault of their own, through no illegal activity, through no misbehavior in their life-style, contracting this disease. So where is that moral outrage?

I think we have to look at this as a cost-benefit analysis. Diabetes consumes billions of dollars a year; 27 cents out of every Medicare dollar goes to the cost of consequences of diabetes. We do not hear anybody saying give free needles or have a needle exchange for diabetics.

Where is the moral outrage? The moral outrage is in favor of the drug user. In my judgment, I think it is clear that this needle exchange program, although some may work well in some communities for some purposes, they perpetuate illegal drug use, not drug use of insulin injections or diabetes prevention but illegal drug use.

I suggest to my friends, if we are going to have the moral outrage that I question here in favor of people who are drug users, drug abusers and injectors of illegal substances that cause tremendous pain in our society, stand up and fight for the diabetic, the people who use needles, who use needles legally to live. Do not have this perpetual constituency that my colleagues seem to want to defend time and time again. I support this measure and I hope the House will pass it.

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

Mr. Speaker, if the gentleman cares to know, I am a member of the Subcommittee on Labor, Health and Human Services, and Education of the Committee on Appropriations, as is the gentlewoman from New York (Mrs. LOWEY), and all of us fight for funding for diabetes. So it may be good news to the gentleman from Washington, or maybe he chooses not to know.

Mr. NETHERCUTT. Mr. Speaker, will the gentlewoman yield?

Ms. PELOSI. The gentleman has plenty of time. I will answer any questions he wants on his time.

Mr. NETHERCUTT. Great.

Ms. PELOSI. I object to the gentleman saying that we do not fight for funding for diabetes. He does not know what he is talking about.

Mr. NETHERCUTT. Not needle exchange programs.

Ms. PELOSI. Mr. Speaker, I yield 2½ minutes to the gentlewoman from New York (Mrs. LOWEY), a champion in the fight against substance abuse and funding for diabetes.

Mrs. LOWEY. Mr. Speaker, I thank my colleague, the gentlewoman from California, for yielding to me.

I would also like to add before making some other comments, that I hope the gentleman and all the Members on that side would join us in doubling the investment at the National Institutes of Health for those of us who care passionately about diabetes and cancer and the whole range of illnesses that cause such pain in our society. I hope my colleagues will join us.

I want to proceed in making comments.

Mr. Speaker, drug use is one of the fastest growing causes of HIV infection and AIDS. Nearly three-quarters of all AIDS cases in women are related to IV drug use. This is the tragic and unfortunate reality of the AIDS epidemic.

Let me be very clear that those of us that oppose this amendment do not condone the use of illegal drugs. In fact, I believe we have to do more on the war on drugs. But this amendment is part of a phony war. Instead, we need to spend more on prevention, treatment programs, and we need to get much tougher on drug pushers.

If I thought that needle exchange programs promoted drug use, I would support this amendment. But the fact is that since 1991, six federally funded studies have reported that needle exchange programs reduce HIV transmission but do not increase drug use, and that is the fact.

After reviewing the research, an NIH panel concluded that needle exchange programs will not increase the number of drug users or the amount of drugs used by addicts. In fact, individuals with access to needle exchange programs are more likely to enter drug treatment.

A study conducted in New York found that HIV infections decreased by two-thirds among participants in needle exchange programs. It is estimated that needle exchange could save between 5,000 to 11,000 lives over the next few years alone. That is why the AMA, the National Academy of Sciences, the Nurses Association, the American Public Health Association, and many other mainstream medical and scientific groups support needle exchange. This is why the U.S. Conference of Mayors also supports needle exchange as part of a comprehensive AIDS-fighting effort.

Let us be clear, this amendment is not fighting drug use. It is about partisan politics, pure and simple. Let us listen to our Nation's health experts instead of playing politics with people's lives. Let us not oppose a proven method of preventing the spread of the deadly AIDS epidemic.

Mr. WICKER. Mr. Speaker, might I inquire about the time remaining?

The SPEAKER pro tempore (Mr. BLUNT). The gentleman from Mississippi (Mr. WICKER) has 26 minutes remaining. The gentlewoman from California (Ms. PELOSI) has 9 minutes remaining.

Ms. PELOSI. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO), who is a member of the Subcommittee on Labor, Health and Human Services, and Education, and a fighter for increased funding at the NIH for all of the diseases that challenge the health of American people.

(Ms. DELAURO asked and was given permission to revise and extend her remarks and include therein extraneous material.)

Ms. DELAURO. Mr. Speaker, I believe that public health policy ought to be driven by science, by concern by human life, not by ideology and politics. Extensive studies of needle exchange programs, such as the one in

the City of New Haven which I represent, have documented that needle exchange programs do not increase drug use. They do save lives.

Do not take my word for it. Yale University's study of the New Haven needle exchange program found that it reduced transmission of HIV per capita by 33 percent each year. In fact, New Haven Chief of Police Melvin Waring and New Haven Mayor John DeStefano believe that the needle exchange program has made New Haven, Connecticut a safer community.

I have a letter from the chief of police and from the mayor which I will include in the RECORD, where they write, ''Needle exchange has contributed greatly to public health and public safety. Our police officers are grateful for the needle exchange programs.''

I understand the concerns of many here in the House. We should never condone drugs. Needle exchange programs have a clear purpose, to save lives.

The text of the letter referred to is as follows:

OFFICE OF THE MAYOR,
New Haven, CT, March 3, 1998.

The President,
The White House
Washington, DC.

DEAR PRESIDENT CLINTON: As the Mayor and Chief of Police, we write to convey our strong support for needle exchange programs operating in the City of New Haven. We urge your Administration's leadership on HIV prevention by supporting the local communities who use needle exchange as an effective HIV/AIDS prevention tactic by allowing federal resources to be allocated for this purpose in a community deems it appropriate.

Our programs have served as a national model for innovative approaches to the twin epidemics of HIV and substance abuse since 1990. We are proud of the success that our program has had. In fact, a landmark study by Yale University shows a reduction of HIV transmission annually per capita of 33 percent in New Haven. We are proud of our innovative efforts to reduce HIV infection and stand ready to continue to strengthen and maintain our program locally.

Working in partnership, the Mayor's Office, the health department and the police department have been able to develop a needle exchange program that works for New Haven. The primary goal of our program is to prevent the spread of HIV among our drug using population keeping them safe from this deadly disease. Our programs also offer referrals to medical care drug treatment and other social services, such as food, housing and support groups.

Needle exchange has contributed greatly to public health and public safety. Our police officers are grateful for the exchange programs because the risk of accidental needle sticks is reduced due to regular capping of needles. Needle exchange itself encourages users to discard of needles properly through the exchange sites and not to leave those needles on the streets. New Haven is a safer place today because of the community partnership developed through the use of needle exchange.

We know that this compensive approach to HIV prevention is effective and hope that your Administration will support our lifesaving methods by allowing federal resources to be used in New Haven and nationally for needle exchange. We urge you to act quickly because lives hang in the balance. A strong public health message supporting needle exchange and the necessary resources will demonstrate the courageous, strong commitment that this Administration has for public health and public safety and for its most vulnerable citizens.

Many thanks for your consideration of this matter.

Very truly yours,
JOHN DESTEFANO, Jr.,
Mayor.
MELVIN H. WEARING,
Chief of Police.

Mr. WICKER. Mr. Speaker, I yield 2¼ minutes to the distinguished gentleman from New York (Mr. FOSSELLA).

(Mr. FOSSELLA asked and was given permission to revise and extend his remarks.)

Mr. FOSSELLA. Mr. Speaker, let me acknowledge at the outset that we all share, I think, the goal of stopping the spread of AIDS and sexually transmitted diseases, as well as diabetes and cancer, and clearly acknowledge that the intention of those who oppose this legislation is not controverted by our position and our goal to stop the spread of AIDS.

□ 1300

But I think it is appropriate as well to apply a little useful distinction here.

Let me just put a human face on this. Needle giveaway programs should not be supported with taxpayer dollars. The people back home in Staten Island and Brooklyn, who get up every morning for work, who go to work and see a big chunk of their paycheck taken out and given to the Federal Government, should not expect to see the Federal Government, in turn, buying needles and giving them away to drug addicts on our streets and our communities.

Indeed, as we speak here today, there is a group on Staten Island that is seeking a waiver to start a needle giveaway program. At the outset, what they wanted to do was to open up a storefront and provide needle exchanges. Well, the community went a little nuts, as well they should, because these people invest their life savings in their American dream, having their children walking around the streets, and why should they be confronted with looking at a needle giveaway program with drug addicts coming into their neighborhoods? Because that is all that is going to happen, with these needle giveaway centers becoming drug hubs, drug magnets for drug addicts.

So, instead, this group said, well, instead of having the storefront in one location, we will have a van. We will have a van drive around the streets of Staten Island dispensing free needles.

Well, what kind of message are we sending to children? Is that the Good Humor van coming down the block? No, that is the needle giveaway van coming down the block. They are going to give needles away to drug addicts.

And, colleagues, let me just point to one needle program in New York City on the lower east side of Manhattan, not necessarily, I would argue, the conservative bastion of politics, whereby a local resident became a little concerned.

Clearly, what is going to happen here on moral grounds, if anything, is to support this measure. To do anything else would be morally wrong. And maybe politically right for some, but politically right and morally wrong just does not fly in this country.

Ms. PELOSI. Mr. Speaker, I wish to inquire about the time.

The SPEAKER pro tempore (Mr. BLUNT). The gentlewoman from California (Ms. PELOSI) has 28 minutes, and the gentleman from Mississippi (Mr. WICKER) has 24¾ minutes.

Ms. PELOSI. Mr. Speaker, I yield myself 30 seconds.

I wanted to make a statement following the gentleman who just spoke and welcome him to the Congress, our new Member, as well as the gentlewoman from Connecticut (Ms. DELAURO), who talked about the experiences in their own communities.

I want to call to the attention of my colleagues a motion to recommit which I intend to offer which says that there would be a ban on Federal funds on needle exchange unless the governor, State health officer, or local municipal health authority determines that the use of Federal funds for such a program would reduce the rate of transmission of HIV and would not encourage the use of illegal drugs and is acceptable to the State, city or other unit of local government or community.

I think this fits well within the objections that my colleagues have put forth, and I hope they could support the motion to recommit.

Mr. Speaker, I yield 1 minute to the gentleman from Guam (Mr. UNDERWOOD), who has been a leader in the fight against drug abuse in that country.

(Mr. UNDERWOOD asked and was given permission to revise and extend his remarks.)

Mr. UNDERWOOD. Mr. Speaker, the current epidemiology of HIV/AIDS is clear. Women, children and minorities are affected disproportionately by heterosexuals' HIV infection associated with transmission from injectable drug users.

Understand this: We are not just talking about drug users but those of whom they come into contact with. Certainly, minority communities are disproportionately affected by AIDS injection drug use.

In 1996, of the Latinos diagnosed with AIDS, injection drug use accounted for 39 percent of the total cases in men and 51 percent of the total cases in women. Of particular concern is the fact that nearly 50 percent of new HIV infections can be attributed to injecting drug use, which disproportionately affects minority communities.

We are not reducing drug use through this legislation. We are talking about denying protection to families, women and children who come into contact with drug users, compounding their misery and risking their lives for an

empty political symbol. The war on drug use is not the same as a war on drug users nor a war on their families.

Mr. WICKER. Mr. Speaker, I yield myself 30 seconds.

I appreciate the gentlewoman from California telling us what the motion to recommit with instructions will be about. I think Members on both sides of the aisle are smiling about my friends on the left and their new-found dedication to States' rights and local decision-making.

The fact is, this is Federal money. This Congress has a stewardship over the use of funds paid into the Federal Treasury by the taxpayers, and we have a right to make sure they are not used for a counterproductive purpose.

Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman for yielding me this time; and I also want to commend him and the gentleman from New York (Mr. SOLOMON) for introducing this important legislation; and I rise in strong support of H.R. 3717, which would prohibit the Federal Government from subsidizing the distribution of hypodermic needles or syringes for the injection of illegal drugs.

The argument behind needle exchange programs is fundamentally flawed. Needle exchanges facilitate and even encourage illegal activity. Is this really what we want our Federal Government to stand for?

While some in the administration may be able to tell our children, ''Don't do drugs'' on one hand, while giving our other children clean needles to shoot up with in the other hand, Mr. Speaker, I cannot do that.

Not only are needle exchange programs inconsistent with Federal law, the results of community-based needle exchange programs have been disastrous. Needle exchange programs have resulted in communities with higher crime, communities that are littered with used drug paraphernalia and communities that are magnets for drug addicts and the high-risk behavior that accompany them.

David Murray, Director of Research for the nonpartisan, nonprofit Statistical Assessment Service here in Washington, has pointed out the weakness in the methodology of many of the studies cited by the other side and pointed out the strong evidence in two Canadian studies in Montreal and Vancouver.

In the Vancouver study, where two-and-a-half million clean needles were handed out last year, death caused by illegal drug skyrocketed.

Needle exchange programs result in higher drug use. They result in communities that have serious criminal problems. And the answer to this problem is twofold: combined strict enforcement of our anti-drug laws with education of our young people about the dangers of illegal drug use. And there we have seen real reduction in communities that have followed that approach.

I urge my colleagues to support this legislation, oppose the use of needle exchange programs, and make sure that we continue the fight on drugs in a sensible way by cracking down on drug traffickers and educating people in this country about the dangers of using illegal drugs.

Ms. PELOSI. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. WOOLSEY), who has been a leader on this issue of needle exchange, not needle giveaway, needle exchange, to reduce the number of contaminated needles in circulation.

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

Ms. WOOLSEY. Mr. Speaker, I thank my colleague, the gentlewoman from California (Ms. PELOSI), for her leadership in this effort.

When we talk about AIDS, we are talking about an epidemic, not someone's narrow-minded cultural war. Maintaining the ban will not help save our children or anyone else. In fact, the ban on needle exchange actually threatens lives.

More than half of all children with AIDS contracted the virus from mothers who are injection drug users or the partners of injection drug users. That is right. We are talking about our children. Do not forget that.

In 1995, needle exchange programs were found to reduce the spread of AIDS and not to lead to increased drug use.

I want to at this point note that my district, Marin and Sonoma Counties in California, not the inner cities that my colleague, the gentleman from New York (Mr. KING), referred to, provides free needles through the public health system. This is not just a problem for poor inner city districts. This is a problem, AIDS is a problem for every single district in this country.

This bill would ignore the science by denying public health experts a tool in the fight against AIDS, a tool that has been proven to slow the spread of this deadly disease. And those of my colleagues who are worried that free needles increase drug usage have to stop and think. We have to be reassured that knowing that the positive step by a drug user to choose clean needles is actually a first step in a very positive way towards their recovery. Just think about it. This is an opportunity to begin the healing process.

I urge my colleagues to vote against this flawed piece of legislation. Support needle exchange and stop the spread of AIDS.

Mr. WICKER. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LATHAM).

Mr. LATHAM. Mr. Speaker, I thank the gentleman for yielding me this time, and I just wanted to make a couple of points.

I serve on the Speaker's drug task force. Anyone who has looked for a moment about drug usage with children and how they start, there are two key components: Number one, the risk, the risk of what is going to happen to them. They are going to get sick or it is going to kill them. Number two is the peer pressure or the moral authority that drug use is wrong.

Now, if we, as a Federal Government, use taxpayer dollars to say to kids it is okay if they use drugs as long as they use a clean needle and we are going to pay for it, what message does that send to our kids who are facing very difficult decisions today? If we tell kids that, hey, it might not be good, mom and dad do not like it, but the peer pressure is not there because the Federal Government says it is okay, we are going to subsidize their drug use, it is wrong. And I support this bill 100 percent.

Ms. PELOSI. Mr. Speaker, I yield 1½ minutes to the gentleman from Michigan (Mr. DINGELL), the ranking member on the Committee on Commerce and a strong leader in this House with unquestioned credentials in the fight against drugs.

(Mr. DINGELL asked and was given permission to revise and extend his remarks and to include extraneous material.)

Mr. DINGELL. Mr. Speaker, what happened to the regular order around here? What is the reason for bypassing the committee? What is the reason we are putting this bill on the floor without ever having it considered by the Committee on Commerce?

This is an authorization bill. It is put on the floor by the Committee on Rules. No consultation with the Committee on Commerce, which has jurisdiction over these matters.

I do not intend to talk about the substance. I intend to talk about outrageous procedure. Without any consideration of the views of the Committee on Commerce, all of a sudden this legislation is on the floor; introduced and moved here with blinding speed. A majority which is incapable of moving ordinary legislation at even ordinary speed is not capable of withholding from themselves the opportunity to move with blinding haste on a piece of legislation which is unnecessary. The Secretary has already said we are not going to have needle exchanges.

If we are going to have a debate on it, let us have an intelligent debate. Let us let the committees work on these matters, as they properly should.

Woodrow Wilson, over a half a century ago, observed that the Congress works in its committees. Let the committees function. Let this body work its will in an ordinary and intelligent way.

There is no reason for this unseemly haste. If the House needs to work its will on this and if we should pass this legislation, let us do it, but in the ordinary, intelligent way, after allowing the committees to do their work.

There are public health experts who have strong feelings on this. They

know vastly more about the public health aspects of this than do we. Let us hear from them. If there are theologians or experts on crime or narcotics use or control of narcotics, let us hear from them.

Let us not have this matter laid upon our lap by the Committee on Rules without the slightest consideration of public interest questions that should be considered in the ordinary fashion.

Vote this matter down.

CONGRESS OF THE UNITED STATES,
Washington, DC, April 28, 1998.

Hon. GERALD B.H. SOLOMON,
Committee on Rules, U.S. House of Representatives, Washington, DC.

DEAR CHAIRMAN SOLOMON: We are writing to object to the highly irregular and unfortunate effort to force House consideration of H.R. 3717, a bill to prohibit Federal funding of needle exchange programs, without any consideration by the Commerce Committee, the committee of jurisdiction.

H.R. 3717 has been referred to the Commerce Committee. Its members are fully entitled to an opportunity to review, amend, and state their views on the legislation through hearings, markup, and committee reports. Allowing H.R. 3717 or any comparable legislation to reach the House floor without adequate research and reflection is inconsistent with the best interests of the House.

In past Congresses, needle exchange programs have been the subject of deliberations by the Commerce Committee and the Subcommittee on Health and the Environment. In the 105th Congress, neither H.R. 3717 nor comparable legislation has been subject to any such review. Consequently, we urge you to ensure that the regular order is observed and an opportunity for appropriate scrutiny of the legislation is made available to the Commerce Committee.

Sincerely,

JOHN D. DINGELL,
Ranking Member, Committee on Commerce.

SHERROD BROWN,
Ranking Member, Subcommittee on Health and Environment.

HENRY A. WAXMAN,
Ranking Member, Committee on Government Reform and Oversight.

Mr. WICKER. Mr. Speaker, I yield 3½ minutes to the gentleman from Florida (Mr. WELDON), a physician in his own right and a passionate advocate on behalf of drug control.

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Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman for yielding me the time.

I am a physician. I did my internship and residency in San Francisco in the early 1980s. I remember when I got there as a young intern being told that there were people coming in with strange conditions. And I remember the first article that was published in the New England Journal of Medicine and came out of the Veterans' Administration Hospital in Los Angeles that initially described AIDS.

After serving some time with the Army in Georgia, I went into private practice in Florida, and I did indeed practice infectious disease with the only infectious disease specialist in the county, a county of about 400,000 people, who saw AIDS patients. I had the opportunity to treat lots of AIDS patients and get up in the middle of the night, go into the emergency room, admit them to the hospital. And I have to say, I had the sad experience of seeing a lot of young people in the prime of their life die from complications of AIDS. So, needless to say, I am very interested in any effort that we can pursue to help control the spread of AIDS.

Now, there have been a lot of studies that have been quoted by a lot people that assert that needle exchange programs cut down on the transmission of infectious disease, and there have been quite a few studies quoted by people on our side of the aisle that there are other studies that confound that. So we have a situation where we have some studies that contend that there is a benefit from needle exchange, and then there are some studies that show that needle exchange programs do not work or indeed may actually make matters worse.

I can quote from some of those studies, but I believe some of my colleagues who have preceded me have already quoted from some of those studies, so I choose not to do so again, but to simply point out that one of the confounding problems with some of the studies that contend that there is a benefit is that they frequently do not control for other aspects that go along with the needle exchange program, like counseling, like education that is incorporated into the needle exchange program. And indeed there are studies that actually suggest that those things, when we actually go into a community and engage in counseling and intervention with the drug abuse community exclusive of needle exchange, we can actually see a dramatic reduction in the instance of AIDS.

I am specifically thinking about a study that came out of Chicago which showed the seroconversion rate, that is when people convert from being without AIDS to having AIDS in their bloodstream, amongst the IV drug-abusing community fell from 8.4 percent to 2.4 percent. That is the conversion rate, a dramatic 71 percent reduction.

So, in conclusion, I think this is a very controversial issue, and I think it is extremely appropriate that the Federal Government not get involved in promoting this. And if they want to have one in Hartford or other places, I think certainly we should not prohibit them from doing that. But this is good legislation. It keeps the Federal Government out of an issue that I think on a scientific basis is very controversial.

Ms. PELOSI. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. CUMMINGS), who has been a leader on this issue in the State Legislature of Maryland and in the Congress of the United States and he is an authority on the needle exchange programs as a means of reducing substance abuse.

Mr. CUMMINGS. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker and my colleagues, as I listened to all of the discussions, I must say that I became a bit upset. I live in a drug-infested area. I live about 45 miles away from here. And we have a needle exchange program.

A few years ago, when the Maryland Legislature considered needle exchange, we had a lot of people who were very much opposed to it, but it passed for Baltimore City. And 4 years later, after working with the needle exchange program, our legislature came back and, by a wide margin, approved it again.

The reason why they have approved it was several reasons. Number one: Johns Hopkins University conducted a study of our needle exchange program and found that there was indeed a reduction in AIDS cases, and they also found that there was no increase in crime. They found that there was a reduction in crime, as a matter of fact; and they also found that there was no increase in drug addiction. And that is very, very significant. As a matter of fact, in Baltimore communities are asking that needle exchange come to their communities because of the fact that they have noted that there has been a reduction in crime.

I do not know how many Members of this House have ever seen anyone dying from AIDS. It is a very, very painful disease, and it is a slow and debilitating disease. The fact still remains that the science is on this side. And so, it is very important that we address this issue and not go for this particular piece of legislation. This piece of legislation stops the Federal Government from preventing AIDS.

So I say to my colleagues, I ask the Members of this House to look at Baltimore City. They do not have to go to Vancouver. Baltimore is 45 miles away. The number one research institution in the world has already studied this issue and says that needle exchange works.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. MICA), one of the most tireless warriors in the fight against drugs.

Mr. MICA. Mr. Speaker, this administration averted a disaster last week. Even after an avalanche of opposition from Congress and opposition from our national drug czar General McCaffrey did President Clinton weigh in to prevent Federal funding for drug needle exchange.

Today, the House of Representatives, with this resolution, will make clear that this Congress does not intend to pay for free needles for drug addicts. This message needs to be heard by our Health and Human Services Secretary Shalala.

This message needs to be heard by President Clinton's new Surgeon General Satcher. How inconceivable it is that our new Surgeon General, as his

first and premier action in that position, has recommended and promoted this free drug needle exchange. We as a Nation have not yet recovered from the damage of President Clinton's former Surgeon General Jocelyn Elders. Remember, if you will, her advocacy of a drug use policy that said to this Nation and our children, just say maybe. That policy was combined with our President's statement to our youth that, ''If I had it to do all over again, I'd inhale.''

Between the former Surgeon General and the President, drug use among our teens has soared through the ceiling since 1993. I am pleased that Congress today is cutting off this new Surgeon General at the pass. His proposal to give free needles to drug addicts with taxpayer dollars is absurd. It is like providing free cigarette holders to our schoolchildren.

I am saddened that the Congressional Black Caucus has called for the resignation of our national drug czar, who has sided with us on this issue. He only gave his opinion. The President reversed the other decision. Why are they not calling on the President to resign? How tragic that those Representatives whose constituents have been slaughtered in incredible numbers would support Federal funds for more drug abuse.

Where is the most dramatic increase taking place with heroin which will be used by these needles? By our teens. So this program will get those needles right where they need to be, to our teens. ''Long Out of Sight, Heroin is Back Killing Our Teens.'' This is the headline from my local paper. This is absurd. This is crazy.

I challenge Members to come with me and ask my constituents if they want their tax dollars to pay to supply free needles for drug addicts in my district, and I guarantee them the answer will be no.

Ms. PELOSI. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD), who came to Congress to challenge each of our Members to lead their constituents not down the easy path, but the real path to reduce substance abuse in our communities.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I rise today in opposition to H.R. 3717.

As a Member of this House, representing a region of this country with an astronomical high rate of HIV transmission and AIDS, I cannot support this bill. I cannot support legislation that is brashly written to resolve hot tempers and not to resolve the real problems here.

HIV and AIDS continue to plague this country. We have not and will not see the rate of HIV transmission fall if we continue to let politics rule the legislative process. We have conclusive scientific evidence that needle exchange programs mitigate the spread of HIV and are an essential catalyst in getting people off the streets and into the life-saving substance abuse programs.

Nationwide, injection drug use accounts for more than 60 percent of the AIDS cases, more than 70 percent of the HIV infections among women of child-bearing age, and more than 75 percent of babies diagnosed with HIV AIDS.

Among African Americans, 48 percent of AIDS cases are related to injection drug use. The rate of HIV AIDS transmission in the African American community is 7 times that of the general population, and AIDS continues to be the number one killer of African American women age 25 to 44 years.

Needle exchange programs have shown a reduction in risk behavior as high as 80 percent in injecting drug users, with estimates of 30 percent of greater reduction of HIV. Perhaps the most critical of all, these needle exchange programs help individuals stabilize their health and gain more control over the dangerous environment in which they live so that they can benefit from HIV medications and drug treatment.

The needle exchange programs that have been implemented in inner cities throughout the country are playing a critical role in reducing HIV transmission, assisting HIV-positive drug users in obtaining necessary care and drug treatment, and providing essential information on AIDS. This is critical not only for those who are IV drug users, but for the hundreds of thousands of adults who do not know that their partners are using drugs and for the innocent children who are born with this fatal disease.

The American Medical Association, the American Public Health Association, American Academy of Pediatrics, and many more national health organizations support needle exchange programs. I encourage my colleagues to join me in voting against this bill, which is full of politics and void of reason.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Mr. Speaker, I thank the gentleman from Mississippi for yielding.

As I listen to this debate, I find one particular part of it rather fascinating. I heard a colleague early on in the debate say clearly that the evidence was all on one side; that, in fact, there was clear and convincing evidence that these programs indisputably work, that they lower HIV conversion, and that they do not increase drug abuse. And he said, I cannot believe that that is not true. It is absolutely true. And speaker after speaker has come to this floor and cited scientific studies.

But do my colleagues know what? There are studies on both sides of the aisle. Quite frankly, one thing is very obvious from this debate. The science is, in fact, divided on this issue. No one can maintain that it is absolutely clear.

I want to cite James L. Curtis, a medical doctor and a clinical professor of psychiatry at Harlem Hospital Center, a black American himself. He says point blank, ''There is no evidence that such programs work.'' He says, citing the Montreal and Vancouver studies, that they show that those addicts who took part in the program were two to three times more likely to become infected with AIDS than those who did not. And he also found that almost half the addicts frequently shared their needles.

I also want to cite Dr. Janet D. Lapey, M.D., president of Drug Watch International. She cites the same two studies, but she points out another important fact that is being ignored. She points out that in Montreal, deaths from overdose have increased over fivefold since the program started. That is an historic increase. And Vancouver has now the highest heroin death rate in all of North America.

One thing we have to concludes from this is that science is divided, but practicality is not. Let me give my colleagues a real-life situation.

A woman appeared before our subcommittee and testified on this issue. Her name was Nancy Sossman. We heard my colleague on the other side. She said that she made a personal visit. We heard my colleague say this is an exchange program. In the real world, it is not an exchange program. Without presenting a single needle, she was given 40 clean needles. Asked if she had to return them, she was told no, she did not have to return them, she simply had to dispose of them in an opaque container. In the practical world this program spreads needles among people who need them the least and will do the most damage. As for cleaning up the problem, she specifically told them that she had only been using drugs for 6 months in hopes that they would encourage her to get treatment. They did not do that.

Across America, there is no debate about this issue. If we want to win the fight against drugs, if we care about our children as much as we care about HIV, we cannot send the mixed signal of handing out free needles, encouraging people to break the law, encouraging them to engage in destructive conduct that will destroy their lives. In the real world, this program is simply dumb. It encourages people to break the law, destroy their lives, and it at best under the science does not work.

Ms. PELOSI. Mr. Speaker, I agree with the gentleman that the program that he described is not one that fits the standards set by the Committee on Appropriations which is a needle exchange program, not as described by him. I would agree with him that that is not appropriate.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON-LEE), a very strong advocate against substance abuse in our country.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, the gentlewoman is right. Because of the fact that children do not use needles and this is a lifesaving legislation that helps prevent the transmission of HIV, I am rising to oppose this legislation because I want to save lives.

Mr. Speaker, I rise today to urge my colleagues to vote no on H.R. 3717, which will prohibit Federal funds for needle distribution programs.

Extensive scientific evidence shows that the needle exchange program reduces the spread of HIV and AIDS and does not increase drug use.

What the needle exchange program does, is saves lives. And if we can save one life, that makes the needle exchange program a resounding success.

I applaud President Clinton's steadfast leadership in the Nation's fight against HIV/AIDS. But the combination of AIDS and substance abuse remain a complex public health epidemic that must be dealt with in the most effective manner.

Nationwide, IV-Drug use accounts for about 60 percent of the AIDS cases and more than 70 percent of the HIV infections among women of child bearing age. And more than 75 percent of babies diagnosed with HIV/AIDS were infected as a result of IV-drug use by one of their parents.

The numbers in the African-American community are even more shocking. A recent study shows that AIDS is the leading death of African-American men between 25 and 44 years of age.

The fact that the largest number of AIDS cases in the general population and in the African American community are due to intravenous drug use clearly illustrates the necessity of the needle exchange program in the control and prevention of HIV/AIDS.

According to a recent study, the number of HIV infections that could have been prevented between 1987 and 1995 if the needle exchange programs were established is between 4,400 and 9,700. In addition, up to a half billion dollars in health care expenditures could have been avoided.

We can not continue to ignore solid evidence that needle exchange programs that make needles available on a replacement basis only, is extremely effective in controlling and preventing the spread of HIV/AIDS, and it helps to reduces drug use through effective referrals to drug treatment and counseling.

Federal funds must be used to support effective needle exchange programs. We must put politics aside and support the needle exchange program, for the sake of our children and the young men and women who are contracting HIV/AIDS through intravenous drug use.

Clean needles are only a part of the solution, but it is an important part. I urge my colleagues to vote no on H.R. 3717 and help me to save a life today.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. LEE), one of the newest Members of the House of Representatives, a champion in the State legislature in the fight against substance abuse and now in the Congress.

Ms. LEE. Mr. Speaker, I thank the gentlewoman from California for yielding time and for her leadership in this effort to save lives.

Mr. Speaker, for years I have been supportive of needle exchange funding legislation as a member of the California legislature. Studies conclusively show that needle exchange programs, while dramatically reducing the spread of HIV, do not encourage drug use. On the contrary. Needle exchange programs can provide a bridge to treatment. They have been shown to have a positive impact on identifying intravenous drug users, a very hard to reach population, and bringing these individuals out of crime and into medical care treatment and prevention programs. IV drug use accounts for 75 percent of all new HIV infections among women and children, and for 40 percent of new HIV infections overall. The passage of this bill would be dramatically damaging to people of color and communities which I represent. The disproportionate number of African-American and Latino individuals who are infected with HIV is astounding: Minorities make up 64% of HIV infections. Even more shocking, while African-Americans make up 16% of the U.S. population, they comprise 45% of those infected with HIV. These statistics demonstrate a state of emergency for people of color.

Two-thirds of Americans support needle exchange programs, which are a lifesaving event in the right direction. I urge a ''no'' vote on H.R. 3717.

Ms. PELOSI. Mr. Speaker, I yield 1¾ minutes to the gentleman from New York (Mr. NADLER), an expert on the subject of reducing substance abuse in our country and stopping the spread of HIV.

(Mr. NADLER asked and was given permission to revise and extend his remarks.)

Mr. NADLER. Mr. Speaker, I represent New York City, the epicenter of the AIDS epidemic in this country. We have seen dramatic reductions in the rate of transmission of AIDS in those areas where we have needle exchange programs. Our experience has changed the minds of many former opponents as a result of what they have seen.

This bill we have today is a death sentence for many people in this country. The evidence is clear and convincing and irrefutable, needle exchange programs save lives. The Federal Government's top scientists at the National Academy of Sciences, the National Commission on AIDS, the American Medical Association, the National Institutes of Health, the General Accounting Office all tell us there is conclusive proof that needle exchange programs save lives, prevent the spread of AIDS and do not encourage drug use. With scientific proof in hand that needle exchange saves lives, the question before us today is does this House wish to cause people to suffer and die rather than to let science and medicine slow the spread of this deadly disease?

The numbers are shocking. Every day 33 people, including drug users, their sex partners and their children, become infected with the AIDS virus because of intravenous drug use. Forty percent of all new infections in the U.S. result from the use of contaminated needles. For women and children, 75 percent. But needle exchange programs prevent the spread and without any increase in IV drug use. In fact, studies show that IV drug use declines as a result of needle exchange because needle exchange programs encourage drug users to seek treatment.

If we have the ability to help those who want and need this assistance, why would we not? Because it sends a message? Dead and dying children send a worse message. Defeat this deadly, deadly bill.

Mr. Speaker, I represent N.Y.C., the epicenter of the AIDS epidemic in this country. We have seen dramatic reductions in the rate of transmission of AIDS in those areas where we have needle exchange programs. Our experience has changed the minds of many former opponents, of needle exchange programs.

Mr. Speaker, this bill is a death sentence for many people, in this country. The evidence is clear and convincing, needle exchange programs save lives!

The federal government's top scientists, as well as the National Academy of Sciences, the National Commission on AIDS, AMA, Nat'l Acad. of Sciences, the National Institutes of Health, and the General Accounting Office, all tell us there is conclusive proof that needle exchange programs prevent the spread of AIDS, and do not encourage drug use. With scientific *proof* in hand that needle exchange saves lives—the question before us is does this House wish to cause people to suffer and die rather than to let science and medicine slow down the spread of this deadly disease.

Mr. Speaker, the numbers are shocking. Every day, 33 people—including drug users, their sex partners and their children—children become infected with the AIDS virus as a result of intravenous drug use. Forty percent of all new infections in the U.S. result from the use of contaminated needles; for women and children, that figure is 75 percent.

But needle exchange programs prevent this spread—and without any increase in IV drug use. In fact, studies show that IV drug use *declines* as a result of needle exchange, because needle exchange programs encourage drug users to seek treatment.

If we have the ability and resources to help those who want and need assistance and save them and their children from a slow and painful death then why not do so? Because it sends a message? Dead and dying children send a worse message.

Mr. Speaker, I do not believe that any member of this House would wish greater spread of the AIDS epidemic. There is no real controversy here—it is a *fact* that needle exchange saves lives. To ban federal funds for these programs would bring certain death to thousands.

Mr. Speaker, we have to face reality. People are using drugs intravenously already. If by providing clean needles, we reduce their use of infected needles, then we reduce the transmission of AIDS. We know this. Study after study shows this.

I urge my colleagues to choose life! Choose life over death! Choose life over demagoguery! Reject this deadly bill.

Ms. PELOSI. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN), a champion in this House in the effort to stop the spread of HIV and AIDS and an expert on the issue of substance abuse.

Mr. WAXMAN. Mr. Speaker, I thank the gentlewoman very much for yielding time to me. I want to give a reality check for this institution. There is no Federal funding of the needle exchange program anywhere in this country. There is no mandate or requirement that a State, city or community use needle exchange. This bill is simply unnecessary. Today States and localities are free to determine with their best scientific judgment whether needle exchange makes sense for their own citizens. They can fund them themselves. But this bill would slam the door now and forever on any possibility of getting Federal funding provided in the future. Even if the State of California wanted to do it, a city like Boston or New York thought it was appropriate, they would, even in the best interest of their citizens, be blocked from using Federal funds. The cold, hard reality is that all of the science shows that needle exchange programs prevent AIDS and save lives. This is a fact. This is the conclusion of the Surgeon General. That is the conclusion of the National Academy of Sciences. That is the conclusion of the National Institutes of Health. If that is not enough for you, it is also the conclusion of the American Medical Association, the American Public Health Association, the American Nurses Association and the American Academy of Pediatrics.

It is not, however, the conclusion of the Republican leadership. Needle exchange programs prevent AIDS and save lives. Period. The proof is overwhelming.

Mr. Speaker, I want to emphasize the real purpose of this legislation. Earlier this morning I pointed out that the Committee on Rules had caved in to orders from the leadership to bypass the committee of jurisdiction, the Committee on Commerce. The only reason this bill is on the floor today without any committee deliberation whatsoever is because the Republican leadership wanted to avoid any critical scrutiny of the bill. They wanted to turn this public health issue into a political football.

There have been some pretty ludicrous claims made about needle exchange programs. One would think that we were about to install them in vending machines next to Coke machines around the country.

Here is another reality check. Needle exchange programs not only save lives by stopping the spread of AIDS but they can reduce drug use and bring IV drug users into the health care system. People who normally shun contact with the public and authorities get referrals to health care, drug rehabilitation and treatment. In fact, the NIH found that IV drug users in needle exchange programs are more likely to get drug treatment because they are already in the program.

Needle exchange programs send a simple message. If you use IV drugs, you can get AIDS and you can spread it. If you need treatment, there is a place where you can get it.

Mr. Speaker, I include the following material for the RECORD:

[From the Washington Post, April 23, 1998]

CLEAN NEEDLES, NO MONEY

President Clinton's latest policy response to a national epidemic—the spread of AIDS among intravenous drug users—is little more than a political fix. In one breath, the administration is declaring that needle-exchange programs do help curb the spread of AIDS—but that no federal funds should be spent on this approach. This half-and-half solution, intended to resolve internal policy disagreements among the president's advisers, puts politics ahead of public health.

The administration says the announcement does send out an important message: that even without federal subsidies, the decision that needle exchanges have scientific merit should assist state and local programs in securing financial backing. Secretary of Health and Human Services Donna E. Shalala reportedly would have preferred to begin allowing certain programs to qualify for federal aid—a reasonable introduction. But those in the administration who argued that lifting the ban on federal funding would send a bad message found reinforcements among congressional leaders who said the votes to uphold needle-exchange funding weren't there—that pressing a fight could result in legislation taking other federal money away from groups or governments that provide free needles.

Secretary Shalala has argued since the announcement that the administration's endorsement of the approach will include educational efforts to underscore the findings of all major leading research groups, public as well as private, that needle exchanges are scientifically sound. The federal government should have a clear and important role in this attack on AIDS. Needle exchanges are but part of a broader effort, including improved drug-abuse prevention and treatment. But study after study shows that the exchanges do not promote greater use of illegal drugs. In any event, drug addicts who are not under treatment don't stop their drug use just because clean needles are unavailable. They will go to infected needles. The National institutes of Health reports that needle exchange has brought about an estimated 30 percent or greater reduction of HIV in injection users of illegal drugs. In terms of money, these programs are a fraction of the lifetime cost of treating a person with HIV/AIDS. Full support, not White House lip service, should be a priority.

[From the Los Angeles Times, Apr. 22, 1998]

COP-OUT ON NEEDLE EXCHANGES

Clinton administration officials would have us believe they took a sensible middle road on Monday, producing incontrovertible evidence that needle exchange programs save lives but not going so far as to lift a prohibition on the use of federal funds for the controversial programs. Health and Human Services Secretary Donna Shalala, administration officials argued, would never have been able to gain approval for needle exchange programs from a skeptical Congress.

In fact, what the Clinton administration presented as moderation was really evasion, for Shalala's department has not needed congressional approval since 1990, when Congress granted it authority to lift a ban on needle funding provided it could demonstrate just what Shalala announced Monday: that needle exchange programs lower the spread of HIV and do not increase substance abuse.

The administration's decision to maintain the funding ban will surely cost lives, for injection drug users compose the group in which AIDS is spreading most rampantly. According to Surgeon General David Satcher, tainted needles account for 75% of all new AIDS infections among women and children and for 40% of all new AIDS infections overall.

Generous funding for needle exchange programs already exists. About $630 million is doled out yearly by the Centers for Disease Control for regional AIDS programs, and civic groups like the U.S. Conference of Mayors have asked Shalala to let them spend some of that money on needle exchange programs.

Some legislators understandably object to the notion of the federal government handing out needles to substance abusers. The programs, however, don't stop at handing out needles; their primary aim is attracting and then treating the sort of substance abusers whom public health officials would otherwise have difficulty finding, and an abuser untreated is a threat to others.

Ideally, substance abusers would flock to treatment without any incentives. But this is the real world: Thirty-three Americans are infected each day with AIDS because of injection drug use. Needle exchange programs could change those sad numbers.

[From the New York Times, Apr. 9, 1998]

THE POLITICS OF NEEDLES AND AIDS

(By Julie Bruneau and Martin T. Schechter)

Debate has started up again in Washington about whether the Government should renew its ban on subsidies for needle-exchange programs, which advocates say can help stop the spread of AIDS. In a letter to Congress, Barry McCaffrey, who is in charge of national drug policy, cited two Canadian studies to show that needle-exchange plans have failed to reduce the spread of H.I.V., the virus that causes AIDS, and may even have worsened the problem. Congressional leaders have cited these studies to make the same argument.

As the authors of the Canadian studies, we must point out that these officials have misinterpreted our research. True, we found that addicts who took part in needle exchange programs in Vancouver and Montreal had higher H.I.V. infection rates than addicts who did not. That's not surprising. Because these programs are in inner-city neighborhoods, they serve users who are at greatest risk of infection. Those who didn't accept free needles often didn't need them since they could afford to buy syringes in drugstores. They also were less likely to engage in the riskiest activities.

Also, needle-exchange programs must be tailored to local conditions. For example, in Montreal and Vancouver, cocaine injection is a major source of H.I.V. transmission. Some users inject the drug up to 40 times a day. At that rate, we have calculated that the two cities we studied would each need 10 million clean needles a year to prevent the re-use of syringes. Currently, the Vancouver program exchanges two million syringes annually, and Montreal, half a million.

A study conducted last year and published in The Lancat, the British medical journal, found that in 29 cities worldwide where programs are in place, H.I.V. infection dropped by an average of 5.8 percent a year among drug users. In 51 cities that had no needle-exchange plans, drug-related infection rose by 5.9 percent a year. Clearly these efforts can work.

But clean needles are only part of the solution. A comprehensive approach that includes needle exchange, health care, treatment, social support and counseling is also needed. In Canada, local governments acted on our research by expanding needle exchanges and adding related services. We hope the Clinton Administration and Congress will provide the same kind of leadership in the United States.

[From the New York Times, Feb. 22, 1997]

FEDERAL FUNDS FOR CLEAN NEEDLES

Health and Human Services Secretary Donna Shalala says in a new report to the Senate that needle-exchange programs are an effective way to combat the spread of H.I.V., the virus that causes AIDS. But the Secretary does not go far enough. It is time the Clinton Administration lifted the ban on Federal funding for needle-exchange programs.

Such programs now exist in more than 50 American cities, including New York. They provide intravenous-drug users with sterile needles, thus reducing the likelihood that addicts will share needles contaminated with H.I.V. The programs typically have very small budgets, often are run by volunteers and are plagued with unstable funding from year to year. Yet even these modest programs have been effective.

Secretary Shalala's report reviews the research on the issue. Earlier studies done by the National Academy of Sciences, the General Accounting Office, the Centers for Disease Control and the University of California at Berkeley found that providing addicts with sterile needles could help slow the spread of the virus. Equally important, those studies found no evidence that needle-exchange programs increase the amount of drug use by addicts or attracted new users.

More recent studies done for the Massachusetts Department of Public Health and in Baltimore by the Johns Hopkins School of Public Health confirmed those observations. Federally funded studies conducted by the National Institute on Drug Abuse also report no increase in the frequency of drug injection associated with needle-exchange programs. A conference of scientists convened by the National Institutes of Health on AIDS prevention stated unequivocally last week that there is no doubt that needle-exchange programs work.

The consistency of these findings justifies Federal support to help pay for needle-exchange programs in communities that need and want them. Unfortunately, the debate continues to focus on politics and morality rather than public health needs. Opponents argue that providing addicts with needles implies approval of drug abuse. They forget that addicts can infect their spouses and offspring who do not abuse drugs and yet must live with the consequences of dirty needles.

Congress imposed the ban on Federal funding for needle exchanges in 1992. But the Administration can lift the ban if the Surgeon General declares that the programs can reduce H.I.V. spread and do not increase drug use. Secretary Shalala's report offers ample evidence that both requirements have been met. The Administration no doubt wants to avoid giving its opponents any reason to bash President Clinton for being soft on drugs. But lives can be saved with needle-exchange programs. The President should show some courage on this issue.

[From the Wall Street Journal, July 10, 1996]

NEEDLE-SWAP PROGRAMS SPARK LIFE-AND-DEATH DEBATES

(By Amanda Bennett)

Optimism about life-prolonging drug therapy for AIDS patients is running high at the International Conference on AIDS in Vancouver. But two researchers, yesterday delivered a sobering message: If needle-exchange programs aren't widely adopted and publicly funded, they said, more than 11,000 new HIV infections that could be prevented will occur before the end of the decade.

''People's lives are at stake,'' says one of the researchers, Peter Lurie of the Center for AIDS Prevention Studies at the University of California at San Francisco.

Needle-exchange programs allow drug addicts to swap used needles for clean ones. But needle distribution without prescription is illegal in at least nine states, and nearly all the states have laws prohibiting carrying drug paraphernalia. What's more, under an amendment sponsored in 1988 by North Carolina's Republican Sen. Jesse Helms, such programs are barred from federal funding.

Against that backdrop, Dr. Lurie and his colleague, Ernest Drucker of Albert Einstein College of Medicine in New York, estimate that as many as 10,000 infections could have been prevented between 1987 and 1995 had programs that supply clean needles to addicts been generally available. The researchers reached their conclusion by mathematically combining the results of previous studies of the effectiveness of needle-exchange programs and of the numbers of people expected to use them if they were available.

While other researchers have estimated the impact of needle-exchange programs in individual locations, this is the first attempt to calculate the national effect. ''It's unique,'' says David Purchase, director of the North American Syringe Exchange Network in Tacoma, Wash., a service organization for syringe-exchange programs. Other researchers applauded the effort, even while noting that they believed the figures Drs. Lurie and Drucker obtained—reductions of infections of between 15% and 33%—were low.

''It's a very good start, but I think it seriously underestimates the potential effectiveness of syringe exchanges,'' says Don Des Jarlais, director of research of the Chemical Dependency Institute of Beth Israel Medical Center in New York.

Dr. Des Jarlais himself is presenting a paper at the conference that he says shows syringe exchanges in New York (where they are legal) are ''working much better than anyone expected.'' Since 1992, the doctor says, the programs he studied showed a decrease in HIV infections of more than 50%.

The analysis underscores the battle that continues to rage between politics and science, more than 15 years into the epidemic. This past Monday, President Clinton's own Advisory Council on HIV/AIDS criticized him for failing to support needle-exchange programs. In a report, the panel said that absence of support is ''not consistent with current knowledge regarding the impact of such programs on HIV infection.'' (The Clinton administration has the power to lift the ban on federal funding of needle-exchange programs if scientific evidence shows that is warranted.)

Some who oppose needle-exchange programs believe that they tacitly encourage the use of illegal drugs. Others, such as Democratic Rep. Charles Rangel of New York, who represents a largely minority community in New York City, support needle-exchange programs only if they don't divert resources from drug treatment.

The conflicting nature of the various arguments is evident in the experience of Herbert J. Kleber, a Columbia University professor who was a member of a National Research Council panel that found needle-exchange programs effective in reducing HIV transmission. Dr. Kleber said several months ago that he nonetheless had doubts about the programs, noting that participants in one of them, in Montreal, actually had a higher rate of HIV and of new HIV infections. (An analysis of the Montreal program is also being presented at Vancouver; one of the investigators called the findings ''worrisome'' and ''paradoxical,'' and said that additional studies were being planned.)

The competing political forces create other complications. In California, Attorney General Dan Lundgren has been aggressively fighting needle-exchange programs, but local officials, like San Francisco Mayor Willie Brown, support them. In Oakland, three exchange sites give out about 50,000 clean needles a month; one part of the program, which offers drug counseling and outreach, is funded by federal and state money, says spokeswoman Camille Anacabe, but the syringe-exchange part of the program is funded by a private foundation.

Nationwide, the number of needle-exchange programs continues to grow, some operating either illegally or on the edge of the law. Dr. Lurie of the Center for AIDS Prevention Studies estimates that there are 88 in operation today, compared with 68 in 1994 and 37 in 1993.

Still, Dr. Des Jarlais says his study demonstrates that the reach of such programs can be greatly extended following legalization. He says after the programs he studied were legalized in 1992, the number of needles distributed increased 25-fold.

The study by Drs. Lurie and Drucker assumes that needle-exchange programs could have grown from zero in 1987 until they served 50% of all needle users in 1994—the percentage served in Australia, which implemented such programs early in the epidemic. The study further assumes that preventing infections in drug users also prevents other infections. About 12% of the infections they estimate to have been preventable are among drug users' sex partners and newly born children. However, the study's authors also figure that some infections that appear to be due to intravenous drug use are actually due to sexual transmission and so wouldn't be affected by exchange programs.

Drs. Lurie and Drucker figure that the U.S. could have avoided up to $538 million in treatment costs by preventing new infections through needle exchanges. Dr. Des Jarlais notes, however, that the study doesn't take into account potential infections averted by legalizing pharmacy sales of syringes to drug users, which is another method favored by the prevention community.

Jon Stuen-Parker, an ex-addict and a longtime AIDS activist, doesn't deal in abstracts: He spends much of his time giving out clean hypodermic needles to injection drug users. ''Nothing is more urgent than stemming the spread of the virus'' among addicts, he says. Last month, Mr. Stuen-Parker was given an 18-month suspended jail sentence in New Hampshire, where it is illegal to possess a syringe without a prescription.

AMERICAN PUBLIC HEALTH ASSOCIATION,
Washington, DC, April 28, 1998.

DEAR MEMBER OF CONGRESS,

The American Public Health Association (APHA), consisting of more than 50,000 public health professionals dedicated to advancing the nation's health, strongly urges you to vote against HR 3717 when it comes before the full House tomorrow for consideration. HR 3717 would prohibit the use of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs. APHA opposes this bill and any legislation that would enact a permanent federal ban on the use of federal funds for needle exchange programs.

Since 1994, APHA specifically has advocated the development, implementation,

evaluation, and funding of needle exchange programs to help prevent HIV infection. All APHA public policy is passed by the Association Governing Council and is required to meet strict scientific criteria. APHA policy on needle exchange is no different—an enormous body of published research, including more than seven federally sponsored reports, demonstrates that needle exchange programs reduce the spread of HIV while not increasing drug use by program participants or others in the community where the program is conducted. Secretary of Health and Human Services Donna Shalala recently has confirmed these findings in a statement issued on Monday, April 20, 1998.

The current epidemiology of HIV/AIDS is clear—women and children are affected disproportionately by heterosexual HIV infection associated either directly or indirectly with transmission from injectable drug users. These new cases of HIV/AIDS that are linked to injectable drug use largely can be prevented through the provision of sterile needles to drug users coupled with other public health tools including health education and condom distribution.

Needle exchange programs increase the contact that health professionals have with injectable drug users, thereby increasing opportunities to conduct health education and disease prevention activities, including drug treatment and counseling. Federal funding for needle exchange programs is essential to protecting the public's health. The efficacy of these programs is proven and the Federal government has a responsibility to provide the leadership and the funding to allow these programs to be developed in those communities that determine they need this important public health intervention. Public health and saving lives must take precedence over politics and rhetoric.

Congress should be taking action now to release Federal funding for needle exchange programs rather than enacting a ban on such support. Your opposition to HR 3717 is critical to protecting public health.

Thank you for your consideration of our views and your attention to this critical public health matter.

Sincerely,

MOHAMMAD N. AKHTER, MD, MPH,
Executive Director.

AMERICAN BAR ASSOCIATION,
GOVERNMENTAL AFFAIRS OFFICE,
Washington, DC, April 28, 1998.

Hon. THOMAS J. BLILEY, Jr.,
Chairman, Committee on Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: We understand that H.R. 3717, legislation to permanently ban federal funding for needle exchange programs for drug addicts, is scheduled to be marked up by your committee this week. We are writing to urge you to oppose H.R. 3717 because it is unnecessary and counterproductive, and removes a critical medical and public health decision from the province of public health officials.

Last year, the American Bar Association adopted the following policy on the subject of needle exchange programs:

Resolved. That in order to further scientifically based public health objectives to reduce HIV infection and other blood-borne diseases, and in support of our long-standing opposition to substance abuse, the American Bar Association supports the removal of legal barriers to the establishment and operation of approved needle exchange programs that include a component of drug counseling and drug treatment referrals.

This legislation was introduced on Monday, April 27, and is moving on an exceptionally fast track, even though the Administration has announced that it is not going to lift the restriction on federal funding despite the fact that HHS Secretary Donna E. Shalala has now determined that the criteria for federal funding mandated by Congress in 1989 have been met, i.e., such programs are effective in preventing the spread of HIV and do not promote drug use. Rather than authorizing federal funding, the Administration is encouraging communities to continue to use their own funds to develop or enhance needle exchange programs and to share their experiences so that other communities can construct the most successful programs.

Permanently prohibiting federal funding of needle exchange programs will not advance this nation's efforts to combat drug abuse. It may in fact inhibit current efforts since needle exchange programs have been shown to increase the opportunity for counseling drug addicts and encouraging their participation in appropriate drug treatment programs. Secretary Shalala said that a meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs, and that, in fact successful needle exchange programs refer participants to drug counseling and treatment as well as necessary medical services.

Likewise, enacting a permanent ban on federal funding of needle exchange programs will prevent public health officials from using a proven tool to reduce the transmission rate of HIV among a high risk population that is contracting HIV at alarming rates. Surgeon General David Satcher has stated that 40% of new AIDS infections in the United States are either directly or indirectly attributed to infection with contaminated needles; among women and children, the figure is 75%.

Since there is no cure for HIV and no vaccine to protect against HIV, it is essential that public health officials have the ability to use all reasonable methods to protect the uninfected public and to counsel and provide treatment to infected intravenous drug users. This proposed legislation would remove the decision to use a potentially powerful method of reducing HIV transmission and intravenous drug abuse from the province of public health officials.

For all the above reasons, the American Bar Association urges you not to support H.R. 3717.

Sincerely,

ROBERT D. EVANS

COUNCIL OF STATE AND
TERRITORIAL EPIDEMIOLOGISTS,
Albany, NY, April 28, 1998.

DEAR MEMBER OF CONGRESS: The Council of State and Territorial Epidemiologists (CSTE), an association of 450 state and local public health epidemiologists, urges you to vote against H.R. 3717, which is expected to be considered by the full House tomorrow, April 29th. H.R. 3717 would place a permanent ban on use of federal funds for needle exchange programs designed to prevent the spread of AIDS.

Injection drug use continues to be a major source of HIV transmission in the United States. It is imperative that public health officials develop effective prevention strategies aimed at reducing the risk of transmission among drug users. Currently available data strongly suggest that improving access to sterile syringes and needles may be an important strategy in curtailing the spread of the HIV epidemic.

These facts led CSTE to adopt, at our 1997 annual meeting, a position statement supporting increased access to sterile syringes and needles among injecting drug users. A number of states already support syringe exchange programs with their own funds. CSTE strongly supports state-based efforts to reduce barriers involving access to sterile syringes and needles and believes that these activities are likely to have important implications for the long term prevention of death and disability caused by HIV in this country. States should have the flexibility to administer federal funds according to local need. CSTE also believes that if Members of Congress were provided a full opportunity to evaluate the evidence of the effectiveness of needle exchange programs in reducing HIV infection rates without incurring additional illegal drug use, they would not support a permanent ban on use of federal funds for needle exchange programs.

Sincerely,

GUTHRIE S. BIRKHEAD, MD, MPH,
President.

April 28, 1998.

COUNTY AND CITY HEALTH OFFICIALS OPPOSE PERMANENT BAN ON FEDERAL FUNDING FOR NEEDLE EXCHANGE PROGRAMS TO PREVENT HIV

The National Association of County and City Health Officials (NACCHO) urges the House of Representatives not to pass HR 3717, a measure that would prohibit permanently the use of any federal funds to assist localities in making available sterile needles through needle exchange programs. Local needle exchange programs have been shown convincingly to reduce the transmission of HIV and other blood-borne pathogens through the use of unsterile injection drug equipment, and there is no evidence whatever that such programs encourage greater use of illegal drugs. The research supporting these conclusions has withstood the scrutiny of repeated reviews, including those commissioned by the Centers for Disease Control and Prevention, the General Accounting Office, and a rigorous analysis by the National Academy of Science.

HIV infection rates continue unabated and the rates of infection from injection drug use have been increasing. Needle exchange programs are public health interventions that have been demonstrated to be effective in reducing HIV transmission. They also can work in concert with drug abuse prevention programs to help identify and refer drug abusers to treatment. We can ill afford to handicap localities that choose to implement effective prevention strategies in their own communities by restricting the uses of federal funds that are important resources in battling the AIDS epidemic. The persons who ultimately suffer are not only HIV-infected drug abusers, but also their spouses, sexual partners, and babies who become infected during pregnancy.

NACCHO understands that the Administration currently prohibits such funding, while encouraging localities that choose to use needle exchange programs as part of a comprehensive prevention strategy to do so using non-federal sources of funding. However, the twin public health threats of HIV and abuse of illegal drugs present great challenges to local public health officials, and NACCHO continues to urge that local communities be given maximum flexibility to address them according to local needs and conditions. H.R. 3717 would permanently thwart local efforts to expand the use of a proven public health intervention.

NACCHO is the national organization representing the nearly 3,000 local public health departments in the United States. Local health departments work daily on the front lines in protecting the health of their communities

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HUMAN RIGHTS CAMPAIGN,
Washington, DC, April 28, 1998.

DEAR MEMBER OF CONGRESS: On behalf of the Human Rights Campaign, I am writing

to ask you to oppose H.R. 3717, a bill which would permanently ban the use of any federal funds for needle exchange programs. The bill is scheduled to be considered by the House on Wednesday. As you know, on Monday, April 20, Secretary Shalala announced that there is unequivocal support from the scientific literature that needle exchange programs reduce HIV infection and do not contribute to illegal drug use. Nevertheless, the Administration clearly stated its commitment to maintain the current prohibition on federal funding for needle exchange programs. H.R. 3717 is redundant and unnecessary, given the Administration's clear position.

As the attached article reports, AIDS deaths have declined significantly in the last two years primarily due to the success of new drug treatments which help keep people with HIV disease alive and healthy for longer periods of time. New HIV infections, however, continue to occur at an unacceptable rate. The article highlights that injection drug use is increasingly fueling this epidemic. In fact, over 50% of new HIV infections can be attributed to injection drug use and recent data indicate that 74% of all AIDS cases among women and over 50% of all AIDS cases among children are connected directly or indirectly to injection drug use. In the African American community, 48% of AIDS cases are related to injection drug use.

As the HIV epidemic continues to grow, it is vital that public health considerations drive the debate on funding and policy decisions. Instead of legislating a ban on federal funding for needle exchange programs, Congress should be taking affirmative and bold actions to reduce the numbers of new infections by increasing HIV prevention funding and expanding the operations communities have to address their growing infection rates. Legislation banning federal funding for needle exchange programs would only serve to further politicize an issue that should appropriately be addressed by scientists and state and local public health officials.

Please do not politicize HIV prevention and take public health determinations out of the hands of scientists and public health experts. Amending the Public Health Service Act is a serious matter and should not be done hastily on the House floor without careful consideration from the Committee with jurisdiction. Please vote no on the rule and return this issue to Committee for the appropriate attention it deserves and vote no on H.R. 3717. Thank you for you attention to this urgent matter.

Sincerely,

WINNIE STACHELBERG,
Poitical Director.

[From the Washington Post, April 28, 1998]

HIV'S SPREAD IS UNCHECKED

(By Rick Weiss)

Although the number of new AIDS cases in the United States has declined substantially in recent years, HIV continues to spread through the population essentially unabated, according to data released yesterday by the Centers for Disease Control and Prevention.

The first direct assessment of HIV infection trends shows that the recent decline in U.S. AIDS cases is not due to a notable drop in new infections. Rather, improved medical treatments are allowing infected people to stay healthy longer before coming down with AIDS, overshadowing the reality of an increasingly infected populace.

''The findings of this report give us a very strong message, that mortality may be going down—therapy is working—but HIV continues its relentless march into and through our population,'' said Thomas C. Quinn, an AIDS specialist at the National Institute of Allergy and Infectious Diseases. ''These data tell us we have a lot of work to do.''

The findings also confirm previously identified trends showing that women and minorities are increasingly at risk. Especially worrisome, officials said, is that the annual number of new infections in young men and women 13 to 24 years old—a group that has been heavily targeted for prevention efforts—is virtually unchanged in recent years.

''It certainly documents that we have ongoing new infections in young people,'' said Patricia L. Fleming, chief of HIV/AIDS reporting and analysis at the CDC in Atlanta.

The report also shows continuing high numbers of new infections among intravenous drug users, a population that has recently been the focus of a political debate over the value of needle exchange programs that offer drug users clean syringes to prevent the spread of HIV, the virus that causes AIDS. [International financier George Soros yesterday offered $1 million in matching funds to support needle exchange programs around the country, the Associated Press reported.]

CDC officials would not comment directly on President Clinton's decision this week to extend a ban on federal funding of needle exchanges. But both Fleming and Quinn said that AIDS prevention programs in this population need to be improved.

''It's clear that something stronger is needed to slow this epidemic,'' Quinn said.

The new figures, in today's issue of the CDC's Morbidity and Mortality Weekly Report, are based on HIV test results compiled by 25 states from January 1994 to June 1997. They indicate that the number of new infections during that period remained ''stable,'' with just a ''slight'' decline of 2 percent from 1995 to 1996, the most recently full year included in the new analysis. By contrast, deaths from AIDS declined 21 percent in 1996 and dropped an additional 44 percent in the first six months of last year.

From 1995 to 1996, the number of HIV infections increased by 3 percent among women. And it jumped 10 percent among Hispanics, although officials said that figure was imprecise. Infections declined by 2 percent in the white and 3 percent in the African American populations.

All told, the study tallied 72,905 infections during the survey period. The number nationwide is much higher, since participating states account for only about 25 percent of U.S. infections.

The single biggest risk category was men having sex with other men, but heterosexual transmission continued its steady increase. Most of those cases involved women contracting the virus through sex with male drug users, Fleming said.

The survey is the first to track infection trends by looking directly at HIV test results in people coming to clinics and other health outlets. That's a major change from the previous system, in which officials simply estimated the number of new infections by counting the number of people newly diagnosed with AIDS.

The old ''back calculation'' method worked fine during the first 15 years of the epidemic, when HIV infection progress predictably to disease over a period that averaged about 10 years. With drug therapies now slowing disease progression, however, the number of new AIDS cases no longer reflects the number of new infections, and public health officials were becoming uncertain about how they were doing in prevention efforts.

The new reporting system, now spreading to other states has helped officials regain those bearings, Fleming said. And although everyone wishes the numbers were more encouraging, she said, at least officials now have a clearer picture of the task at hand.

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS
Washington, DC, April 29, 1998.

DEAR MEMBER OF CONGRESS: The National Alliance of State and Territorial AIDS Directors, an alliance of the nation's state and territorial health department HIV/AIDS program managers, strongly urges a no vote on H.R. 3717, legislation which would strike a devastating blow to our nation's efforts to reduce the spread of HIV in vulnerable, underserved communities across the country.

Injection drug use continues to be a major source of new HIV infections in the United States. To address this serious public health problem, it is critical that public health officials and communities have the most effective prevention strategies and interventions possible for addressing the alarming spread of HIV, particularly in African-American and Latino communities. Needle exchange programs have proven time and time again to be effective intervention—one that many state and local jurisdictions have chosen to include in their comprehensive programs to address HIV prevention among injection drug users.

By placing a permanent ban on the use of federal funds for needle exchange programs, H.R. 3717 poses a serious threat to our nation's ability to end the HIV epidemic.

NASTAD strongly urges the Congress to follow the science and advice of the nation's leading public health experts. Vote no on H.R. 3717. The lives of thousands of Americans are at stake.

Sincerely,

JULIE M. SCOFIELD,
Executive Director.

THE UNITED STATES CONFERENCE OF MAYORS,
Washington, DC, April 28, 1998.

We have just been informed that House Rules Committee Chairman Gerald Solomon (NY) will bring to the House floor tomorrow, April 29, a bill designed to permanently prohibit the use of any funds made available under any Federal law to be, ''expended, directly or indirectly, to carry out any programs of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.''

As you know, the Administration recently decided that it would not provide funding for ''needle exchanges,'' but acknowledged the value of such programs. The Solomon bill, which is going to be brought directly to the House floor—bypassing committee—would permanently impose this ban.

In addition, we have been informed that the Solomon language—which again has not been debated in standard committee action—could possibly be interpreted at a later date to limit the use of state or local funds for needle exchange programs.

The U.S. Conference of Mayors has adopted policy which supports the lifting of the prohibition against federal funding of needle exchange programs. The Solomon bill goes directly against that policy, and could have even broader consequences.

I have attached a copy of the bill, a copy of our policy adopted in June of 1997, and a letter from Detroit Mayor Dennis Archer on the issue of federal funding for needle exchanges.

J. THOMAS COCHRAN,
Research Director.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Florida (Mr. SHAW).

Mr. SHAW. I thank the gentleman for yielding me this time.

Mr. Speaker, this debate is not about AIDS. This debate is about drug abuse. Let us not lose sight of that fact. We

have heard an awful lot coming from the White House. We know that this debate is going on at the White House and did go on at the White House. Much to the President's credit, he came down on the right side and yesterday announced that he would not use existing funding to hand out needles. But that debate is still raging. General McCaffrey came out with a very strong condemnation of using the needle exchange program, and the President in the final analysis agreed with him.

But I would disagree with the last speaker when he just said that there is no funding for needle exchange. There is funding out there that can be used for needle exchange. This debate that is going on within the administration has sent out mixed signals, and it is up to the Congress now to set the record straight. The record simply says that there will be no Federal funds used for a needle exchange program that is designed for the injection of illegal drugs.

We have heard a lot about Joe Camel. We have heard a lot about cigarette advertising and the effect that that has on our kids. The government has not condoned smoking. But what kind of signals are we going to be sending out if your Federal Government, the government we all love and pledge allegiance to every day in this Chamber, what kind of message are we going to send out if we say, ''You're not supposed to use illegal drugs, but if you do, we'll give you the needles''? That is crazy. That makes absolutely no sense.

Tomorrow at 2 o'clock, there is going to be a rally on the steps of this Capitol. There is a bipartisan invitation that has gone out to invite the Members to get together and sign a pledge of not only to continuing the war on drugs but to win the war on drugs. We cannot win the war on drugs by sending out mixed signals. There is one signal that should come out of this House, there is one signal that should come out of this Congress, there is one signal that should come out from our government, and that is illegal drugs kill, they destroy your future, they destroy your neighborhoods, they corrupt this population.

Let us get together, let us come out with a single message, and let us not get that message garbled. This vote is about drug abuse. Vote yes on this most important resolution to condemn and to prevent by law the expenditure of Federal funds on a needle exchange program.

Ms. PELOSI. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. BECERRA), the chair of the Hispanic Caucus.

Mr. BECERRA. I thank the gentlewoman for yielding me this time.

Mr. Speaker, today something tragic is about to happen. Again. Like so many debates before this House, we are about to allow the politics of fear to trump policies of reason. Logic tells us that if you have a problem and you can identify a sensible solution, your problem is on the way to being resolved. Here is the problem. Injection drug use is responsible for nearly 50 percent of all the new cases of HIV, the virus that causes AIDS. It is responsible for 44 percent of all the cases reported for African-Americans, 44 percent of all the cases reported for Latinos, and 61 percent of all the cases reported for women. A sensible approach to a devastating problem as AIDS/HIV is, is needle exchange programs. It is one of the weapons we can use in an arsenal. HIV transmission is reduced when injection drug users are furnished with clean needles in exchange for dirty, potentially infected used ones.

This is where the politics of fear comes into play. Those on the other side of this debate will tell you that needle exchange programs encourage illegal drug use and our streets will be overrun with drug addicts, and that is because we are offering them free needles. First of all, as we have already heard, the science does not bear that out. As we have been told, the General Accounting Office, the University of California, the National Institutes of Health have all conducted studies which show the efficacy of needle exchange programs. Second, more is involved in a person's decision to use illegal drugs than the provision of a free needle. To suggest that Americans are so weak-willed and feeble-minded that they would begin using illegal drugs solely because of the provision of clean needles is insulting.

Mr. Speaker, I implore my colleagues in this House to allow reason to trump fear. Needle exchange programs work. Let us defeat this bill and let us save lives.

□ 1345

Mr. WICKER. Mr. Speaker, I yield myself 30 seconds.

We have heard some strong verbiage today from our friends on the other side of this issue. We have heard just now ''the politics of fear.'' We heard earlier discussion about ''narrow-mindedness.''

I would remind my colleagues that when they use terminology such as that they are speaking about people like General Barry McCaffrey, the administration's own drug czar, the man tasked with fighting drugs in this Nation. He has looked at the science, do not think he has not, but he has also looked at the big picture, and he has said needle exchange programs are wrong.

Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. PORTMAN) a very distinguished leader in some programs to fight drug abuse that are actually working.

Mr. PORTMAN. Mr. Speaker, I thank the gentleman for yielding this time to me, and I was just down here actually on something else and started listening to this debate, and I want to make two quick statements.

One is the science is not conclusive. Whether we listen to Dr. James Curtis of Columbia University and Harlem Hospital or whether we look at the Vancouver study or the Montreal study, one cannot say the science in this is conclusive.

I will tell my colleagues one thing we know which is conclusive which is that the message counts. If we learned anything in the last 30 years in this country, it is that the message does matter. We reduced drug substance abuse in this country from 1979 to 1991 by over 70 percent by sending a clear and consistent message that drug use is wrong and that it is dangerous.

This sends the wrong message. That is why this legislation is necessary.

I think General McCaffrey got it right. I think if we are really serious about reducing drug abuse in this country, and remember teenage drug abuse has doubled in the last 5 years, it has doubled and continues to go up, it has got to be our top public health priority, it has got to be our top crime reduction priority, it has got to be our top education priority if we are going to turn the corner, if we are going to make a difference in this, and unfortunately needle exchange does not fit in that.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentlewoman from the District of Columbia (Ms. ELEANOR HOLMES NORTON) who has fought in the trenches against substance abuse in the District and is a leader on this issue.

Ms. NORTON. Mr. Speaker, I thank the gentlewoman for yielding this time to me.

We failed for decades to control addiction. At least it was contained with addicts. Now, with AIDS, needles have taken a deadly disease into the community itself. Now it is not addicts and not even those who addicts, when they become criminals, prey upon. It is women. It is children. Two-thirds of AIDS in women comes for needles. Fifty percent of AIDS in children comes from needles.

The Congress asked the scientists for the answer. Because the scientists gave them back an answer they did not want to hear, they want to ignore the science, and it is unmixed.

Race looms larger and larger in this issue. We are stabilizing AIDS among white homosexuals. It is spreading like an epidemic among blacks and hispanics, and the reason is unsafe needles. One-third of AIDS deaths today come from needles.

Mr. Speaker, when my colleagues cast their vote they should remember who they are voting for life, and who they are voting for death.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentlewoman from the Virgin Islands (Ms. CHRISTIAN-GREEN) who is a health professional as well as being a Member of Congress.

(Ms. CHRISTIAN-GREEN asked and was given permission to revise and extend her remarks.)

Ms. CHRISTIAN-GREEN. Mr. Speaker, I come here today as a member of

the Congressional Black Caucus committed to ridding the country of this scourge of drugs and as a physician who counts among my patients many wonderful men and women with AIDS. Almost all of them contracted this disease because of IV drug use. They are now leading clean and productive lives with their children and other family members but are condemned to death because of AIDS.

Mr. Speaker, apparently it is correct what the NIH panel said, that the greatest threat to public health are legislative bodies. This bill, unfortunately, supports that opinion. Because we know that needle exchange programs do not cause increased drug use, they decrease drug use. They make it more likely that addicts will enter treatment. We know that it saves lives.

Mr. Speaker, I urge my colleagues to vote no on H.R. 1317. Let us choose life, my colleagues. Vote no on this bill.

Ms. PELOSI. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. LEWIS) one of the deputy whips of the House and a great leader in this Congress.

Mr. LEWIS of Georgia. Mr. Speaker, the scientific evidence is clear. Needle transfer programs can reduce HIV infection and save lives. Needle exchange programs do not increase drug use.

Last week, the Secretary of HHS announced that Federal funds would not, I repeat, would not fund needle exchange programs. Local governments can decide whether or not they want to fund these programs.

AIDS is a devastating disease. It is a devastating sickness. It is heartbreaking to know someone who is suffering with AIDS. Half of the new AIDS infections come from injection of drugs. We must do everything in our power, must use every resource at our command to reduce the spread of AIDS. We must fund research, we must provide health care, and we must let local governments make their own decisions.

If local governments choose to fund needle exchange programs, programs that reduce the spread of AIDS, we should not stand in their way. Leave it up to the City of Atlanta, to the City of New York, to the City of Birmingham to decide. Leave it to the doctors and the scientists. Leave it to the women and men of medicine. This is a matter of public health.

I, for one, will not stand in the way of local governments who want to save lives and reduce the spread of AIDS. Stop playing politics with the lives of our people who are living and suffering with HIV and AIDS.

I urge my colleagues vote no on this bill.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. FURSE) who knows firsthand of what she speaks on this subject.

Ms. FURSE. Mr. Speaker, as cochair and cofounder of the Diabetes Caucus, I rise today to oppose H.R. 3717. I believe this bill has absolutely nothing to do with public health but everything to do with election year politics.

Now if we want to reduce drug use, let us get drug addicts into drug treatment programs. And in Tacoma, Washington, 43 percent of the new recruits into a methadone treatment program were referred from a needle exchange program.

If we are in a drug war, let us not get rid of one of the weapons in that war. The State of Oregon uses needle exchange programs as just one part of the State's drug prevention program.

We have heard a lot about AIDS. Well, let me tell my colleagues that, while needle exchange programs may seem unpleasant to some Members in this House, the fact remains that it is one of the most effective strategies to reduce the rate of HIV infection amongst a population that is high in risk.

Let us do what is right for the people, not what is right for our elections. Let us vote against H.R. 3717.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. WEXLER).

Mr. WEXLER. Mr. Speaker, if I thought for one minute that a drug exchange, needle exchange program for drug addicts would increase the likelihood of teenagers in America using drugs, I would not support it. But common sense dictates that there will not be a single 16-year-old teenager in America who says, oh, now I can go get a needle exchange, rather than going to the corner drugstore and buy one for five cents or ten cents, and now I am going to get addicted to heroin and ha, ha, ha.

Having nothing to do with common sense, it tells us the way in which we prevent people from getting AIDS, the way in which we prevent people from spreading AIDS to people who are innocent is to make certain the needles they are using are clean.

The question is not whether we are for or against drug abuse. We are all against it. The question is simple. Should drug addicts be using clean needles or should they be using AIDS-infected needles? And the taxpayers of America are better off if the needles are clean rather than AIDS infected, and all Americans who do not use drugs are better off if we make certain that those who do are not infected with AIDS needles.

Ms. PELOSI. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ENGEL) who has been a leader in this House and also in the assembly before he came to the State legislature as the chairman of the Committee on Alcohol and Drug Abuse.

Mr. ENGEL. Mr. Speaker, I rise in strong opposition to this legislation.

Before I came to Congress 10 years ago, I was chairman of the New York State Assembly Committee on Alcoholism and Drug Abuse, and I can tell my colleagues that needle exchange programs work, they save lives.

I am as opposed to drugs as the next person, but I also live in the real world. I represent an area of New York City, the Bronx, where AIDS has just gone sky high, and we need to use every available resource that we have to try to combat the scourge of AIDS.

As has been said by my colleagues, needle exchange programs are used to get addicts into drug treatment programs. Why would we not want to use every tool that we have? We do not have the luxury of being ostriches and sticking our heads in the sand. We do not have the luxury of feel-good legislation. We do not have the luxury of platitudes. We live in the real world, those of us that represent inner cities, and we want to make sure that AIDS is not spread.

This did not come before the Committee on Commerce of which I am a member. I wish it had because we could have had some hearings and we could have made some good points. But this legislation does not make sense.

Please, choose life over death. Defeat this legislation.

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

Mr. Speaker, I am sorry, but if my other speaker arrives, I will yield to the other speaker.

But one thing I am glad about, about this resolution coming to the floor, it gives us another opportunity to say to our colleagues and to the American people just what the science is on this subject of needle exchange programs.

My colleagues, as a mother of five and a grandmother of two, I join with everyone in this body, and I know I speak for every single person here saying one of our top priorities here is to eliminate drug abuse from our country and from this earth. Let us stipulate to that, that we all recognize the good intentions of everyone here to do that.

Having said that, we must use new approaches to this as well, because I do not think anyone can say that the approach that has been taken to date has been a complete success.

When we talk about the subject of needle exchange programs, I share the concern of some of my colleagues when I hear their remarks. They just do not understand it. Because, clearly, they do not know what a needle exchange program is. And for many people, when they hear about it, at first blush they say, why would I support that? What message does that send? How often we have heard that today.

Well, one message it sends is that we will be courageous enough to take the steps that will save lives and will reduce substance abuse and drug abuse in our country.

We have heard people try to blur the science on this, but the science is, we go hand in hand with the science as we ask our colleagues to vote down this resolution. This is a difficult decision because most of our constituents, many of them may not be aware of the benefits of a needle exchange program. But because it is a difficult decision does not mean we should take the easy way out. We must demonstrate that making difficult decisions is not above

the pay grade of Members of Congress and that we are willing to lead and indeed to teach our constituents.

They do not need to learn much though. Our constituents, the American people, say that the needle exchange program, 61 percent of the American people favor changing federal laws to allow State and local governments to decide for themselves whether to use their Federal funds for needle exchange programs.

That is why I have in my motion to recommit, which will be discussed later, the provision that needle exchange programs could not use Federal funds unless the Governor, State health officer, local/municipal health authority determines that the use of Federal funds for such a program would reduce the rate of transmission of HIV and would not encourage the use of illegal drugs and is acceptable to the affected State, city and other units of local governments or communities.

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I listened to my colleagues, and I hope to address their concerns in this motion to recommit, and I hope that whatever position people take on the Solomon resolution, that they will support the motion to recommit.

My colleagues, as they make their decisions, as we are sent here to review the facts and to vote, the facts are these: This is the poster, by the way, that a Republican colleague did not want to have on display in the House, and it says, April 1998, needle exchange reduces the spread of HIV/AIDS. After reviewing all of the research, we have unanimously agreed that there is conclusive scientific evidence that needle exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not, and does not encourage the use of illegal drugs.

Dr. Harold Varmus, winner of the Nobel Prize, Director of the National Institutes of Health; Dr. Anthony Fauci, Director of the National Institutes of Allergy and Infectious Diseases; Dr. Alan Leshner, Director of the National Institute on Drug Abuse; and Dr. David Satcher, Surgeon General. Please make a vote to save lives. Have the courage to make that vote. Vote ''no'' on the Solomon resolution.

Mr. WICKER. Mr. Speaker, it is my privilege to yield the balance of my time to the distinguished majority whip, the gentleman from Texas (Mr. DELAY) to close the debate on this legislation today.

The SPEAKER pro tempore (Mr. FOLEY). The gentleman from Texas (Mr. DELAY) is recognized for 5½ minutes.

Mr. DELAY. Mr. Speaker, I rise in support of this legislation, and I want to commend my colleagues, the gentleman from New York (Mr. SOLOMON), chairman of the Committee on Rules; my chief deputy whip, the gentleman from Illinois (Mr. HASTERT); and most importantly, the gentleman from Mississippi (Mr. WICKER) for showing leadership, for showing leadership when it comes to the war on drugs.

I have the utmost respect for the gentlewoman from California (Ms. PELOSI) and her position, and I do tend to understand her position, but it has been said so many times here on this floor during this debate. I just feel very strongly that the best science is on our side and refutes the science that the gentlewoman is putting forward.

I also understand because she is a beautiful mother and a loving mother and a grandmother, although she does not look like a grandmother, the gentlewoman from California understands what ''enabling'' means. Enabling your children to do bad things by bailing them out, say, if they got in trouble at school and one goes and beats up on the principal and makes sure there are no consequences, or enabling an alcoholic by giving them a drink does not free them from alcoholism. Enabling a drug addict by giving them a clean needle, it enables that drug user to continue their habit.

So I just say, if we are really, really serious about the war on drugs, and everybody seems to be for it, then I would urge that side of the aisle to join us tomorrow in a major show of rededicating this Congress and this House and this government to a real war on drugs. But I have to tell my colleagues, we understand that there is an effort going to pull the Democrats away from this bipartisan effort to rededicate ourselves.

The lack of leadership here is really frightening. Clearly, this Nation needs leadership in the war on drugs. Sadly, the President has already given up on that fight. By condoning and embracing the concept of giving free needles to drug addicts, President Clinton has raised the white flag of surrender. He is sending the wrong message to the youth of this country. He is saying that we cannot end drug abuse in this country, so we might as well mend it.

Well, Mr. Speaker, that is the wrong approach. Drug abuse continues to be the top concern of parents across this Nation. Mothers and fathers are rightfully worried that the ravages of drug abuse may victimize their children. Over 20,000 young people die as a result of illegal drug trade in this country every year, and thousands more are victimized by drugs in countless other ways.

Illegal drug use really is not a laughing matter, and the President and the President's press secretary can make all the jokes they want about their own drug use, but their casual attitude encourages a new generation of drug abusers in this country. It is no coincidence that teenaged drug use has skyrocketed, skyrocketed during the Clinton Presidency. The Nation expects leadership from its President when it comes to an issue like drug abuse. Instead of leadership, we get a dead-head President who supports a program that gives free needles to drug addicts.

Well, Mr. Speaker, let us send a message to this President. Let us vote for this legislation, and let the American people know that this Congress still wants to fight the war on drugs.

Mr. LANTOS. Mr. Speaker, I first want to thank my colleague and friend Congresswoman Nancy Pelosi for her leadership on the issue of needle exchange.

Mr. Speaker, there is confusion and misconception coming from the opponents of needle exchange. The Republican leadership is under the impression that the American people do not care about ending the AIDS epidemic that is ravaging our country. They are under the impression that the American people will choose to believe rhetoric over scientific statements of fact from our nation's most trusted scientific experts. They are also under the impression that American citizens prefer more of the politics of division and empty symbolism, rather than sound public health practices. Mr. Speaker, the Republican leadership is mistaken.

I rise in strong opposition to this ill-conceived and unnecessary piece of legislation, H.R. 3717. The bill purports to ban permanently all federal support for needle exchange programs. However, not one single federal mandate currently requires states to administer needle exchange programs.

The decision to fund needle exchange programs should be left to the states. Local governments and the American people do not want to close the door on a proven method of combating HIV transmission. Over 60 percent of Americans want their communities to make the decision on needle exchange programs. This legislation is blatant hypocrisy. Those in this Chamber who have been the most outspoken and vociferous in raising the cry of ''states rights'' and urging that the Congress stop imposing Federal mandates upon the state governments are the very same ones who are leading the charge today to prohibit states from making independent decisions about what is in the public health interest of their own citizens.

Mr. Speaker, the American people don't want to play political games with the AIDS epidemic. The proponents of this legislation are trying to pit the AIDS epidemic against the war on drugs. This strategy will backfire. Americans understand that needle exchange programs reduce the transmission of HIV, and Americans understand what scientific studies have established—needle exchange programs do not encourage the use of illegal drugs.

The proponents of this legislation are ignoring the intelligence of the American people. They are ignoring the conclusions of countless scientific experts who support needle exchange programs—Dr. David Satcher, United States Surgeon General; Dr. Harold Varmus, Director of the National Institute of Allergy and Infectious Diseases; Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases; Dr. Alan Leshner, Director of the National Institute of Drug Abuse; and Dr. Claire Broome, Acting Director of the Centers for Disease Control. All of these leading public health experts agree that needle exchange programs are an effective AIDS prevention method that does not cause increased use of illegal drugs. The National Institutes of Health, our own federally-sponsored health care research organization which we are supporting with over $3.5 billion this year, supports needle exchange programs.

Thousands of other medical experts and healthcare organizations, including the American Medical Association and the American Academy of Pediatrics, in the United States and around the world have stated that needle exchange programs are necessary in the fight against AIDS. These respected organizations tell us that needle exchange programs do not promote the use of illegal drugs. The proponents of this legislation are ignoring this overwhelming and unanimous evidence.

Needle exchange does not promote drug use. In fact, the opposite is true. Needle exchange programs encourage injection drug users to seek drug treatment. Needle exchange programs are an integral component of drug treatment networks in terms of health care, counseling, psychosocial services, and outreach strategy. Needle exchange programs keep people alive, keep people safe from the HIV infection, and can help in encouraging people to take the first critical steps to begin a drug-free life.

Mr. Speaker, I strongly oppose illegal drug use. But we must not confuse the fight against drug abuse with the fight against AIDS. Those who support H.R. 3717 are arguing for legislation that would effectively declare the life of any person who has used drugs or is using drugs, as well as the lives of their spouses and children, to be worth less than the ten cents it would cost to save them from AIDS. I cannot share that position.

Mr. Speaker, injection drug users can pass on HIV infection to their partners, to their children, and to other drug users. Over 50 percent of all new HIV infections are due to injection drug use. I am appalled that anyone in this Congress could have a higher priority than saving the lives of these innocent victims. Millions of women and children's lives can be saved indirectly through needle exchange programs. Some 74 percent of all AIDS cases among women are connected directly or indirectly to injection drug use. The rate of infection in women is steadily climbing. More than 50% of AIDS cases in children are also connected to drug use. Minorities suffer disproportionately from this disease. All these lives are worth saving, and there is a simple method to save them—needle exchange.

Mr. Speaker, the choice to be made is between exchanging needles and losing millions of lives to AIDS—to say nothing of the horrendous health care costs that these AIDS cases will create. Needle exchange is a cost-effective public health measure to combat HIV transmission and infection. Those who support this legislation are denying our communities the right to choose for themselves one of the best and most effective methods of fighting new HIV infections. This legislation goes against common sense, against science, and against our own values.

Mr. Speaker, we must not be put aside by short-sighted political maneuvers. The American people are too smart to let anyone pull the wool over their eyes. They are too smart to accept ignorance and bigotry in place of scientific knowledge. The American people know better. H.R. 3717 is a vote against the judgment of state and local health officials, a vote against the rights of local communities to make thoughtful decisions, a vote against scientific evidence, a vote against the judgment of the American people, and a vote against countless lives which could be saved by needle exchange programs.

Mr. KENNEDY of Massachusetts. Mr. Speaker, I have listened to this debate and I have listened to the arguments made by the other side.

The supporters of this bill to ban Federal funding for needle exchange programs say that it sends the wrong message to our kids—And that it encourages drug use.

Let me make it clear that this debate is not about illegal drug use, it is about saving lives.

Secretary Shalala for the first time acknowledged the enormous body of scientific evidence proving that needle-exchange programs reduce HIV and save lives without increasing drug use.

To not reach out to the communities that are struggling with this epidemic is like discovering the world is round and not launching the ships to explore it.

Clean needles are only part of the solution. A comprehensive approach that includes needle exchange, health care, treatment, social support and counseling is also needed.

Since the other side is worrying about sending mixed messages, how do we explain to our kids that we know how to slow a lethal epidemic—we know one way to help prevent the spread of HIV from drug addicts to partner to child—But we are not going to help!

I urge my colleagues to vote against this bill.

Mr. LEVIN. Mr. Speaker, last year Congress approved a conference report on a bi-partisan basis that prohibited the use of federal funds for any needle exchange programs until the Secretary of Health and Human Services determines that based on scientific evidence these programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

The Secretary has not decided to continue the ban on federal funding, and leave it to state and local units to finance needle exchange programs, which the scientific review requested by the Secretary found useful in saving lives without increasing drug use if part of a comprehensive anti-drug program.

I support the administration's decision.

As the Administration has stated regarding this matter, it ''. . . concurs in the longstanding position of the Congress that the Secretary of Health and Human Services should have the authority to determine the scientific and public health merit of needle exchange programs as they affect rates of HIV transmission and injection drug use. The Administration believes, as Congress has to this point, that the top public health leadership of the federal government remains the appropriate place for this determination, and that the decision on which HIV prevention strategies to use should rest with State and local officials.''

The bill before us would try to make this ban permanent, regardless of what might be scientific findings at a future date and regardless of the experience in and results from programs now underway in a substantial number of communities.

Ms. KILPATRICK. Mr. Speaker, I rise today in strong opposition to H.R. 3717, legislation that would permanently ban federal funding for needle exchange programs. Needle exchange programs reduce new human immunodisease virus (HIV) and Hepatitis B infection among intravenous drug users, do not lead to more drug use, are cost effective and are supported by a wide array of scientific and medical experts and organizations. In the light of President Clinton's opposition to the funding of needle exchange programs, it makes absolutely no sense to adopt this legislation.

Before I continue, let me add that I vehemently oppose the use of illegal drugs. Democrats, Republicans and Independents need to remember who, and what, is the real enemy here. The real enemy is our collective inertia, inaction, and inability to practically do anything that will reduce illegal drug use. Drug abuse is not a Democratic, Republican or Independent problem—it is an American problem. All Americans concerned about the deterioration of the future of our country—our children—should unite to protect our children, break the cycle of illegal drugs and crime, provide treatment for drug abuse, strengthen our laws on money laundering, and reduce the supply of drugs to our cities, suburbs, and rural areas.

According to a recent Detroit Free Press article, about 33,000 heroin users live in the city of Detroit. I recently had the honor of meeting Mr. Harry Simpson, Executive Director of Life Points. Life Points is a non-profit organization dedicated to the reduction and eradication of illegal drug use among the citizens of the City of Detroit. On December 1, 1997, the city's first licensed needle-exchange program began. Mr. Simpson realizes that we need a two-pronged attack against the abuse of drugs: prevention and treatment. In a recent *Associated Press* article, Mr. Simpson said, ''We're not sitting on the porch handing out syringes to everyone who passes. It isn't about distributing needles, promoting drug use or promoting illegal behavior. I just don't think people need to die just because they use drugs.''

I am opposed to this legislation for four reasons:

Needle exchange programs reduce the risk of HIV and Hepatitis B infection. The National Research Council and Institute of Medicine's report titled, ''Needle Exchange Programs Reduce HIV Transmission Among People Who Inject Illegal Drugs,'' makes this point abundantly clear. In this report, panel chair Lincoln E. Moses, professor of statistics emeritus at Standford University, said, ''The activities of needle exchange and bleach distribution programs go beyond just providing sterile injection equipment and bottles of bleach. These programs often result in more referrals to drug abuse treatment. Although not all communities may choose to implement them, needle exchange and bleach distribution programs can be important parts of comprehensive approaches to reduce drug use and the spread of AIDS. Needle sharing is a primary route of HIV transmission among people who inject illegal drugs.''

Needle exchange programs do not lead to increased drug use. The National Institutes of health, one of the preeminent health research facilities in the nation, published the Consensus Development Statement on Interventions to Prevent HIV Risk Behaviors. This report concluded that needle exchange programs ''show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV.'' The report also concluded that the majority of evidence shows either a decrease in injection drug use among participants or no changes in their current levels of drug use.

Needle exchange programs are cost effective. According to the National Association of Persons with AIDS, needle exchange programs could prevent HIV infection among drug

users, their sexual partners, and their children at a cost of about $9,400 per prevented infection. This pales in the cost of more than $100,000 per lifetime of treating a person with AIDS.

Needle exchange programs are supported by many non-partisan, respected, scientific organizations and boards of review. The Congressional Office of Technology Assessment; the National Institutes of Health, the U.S. General Accounting Office, and the American Medical Association support needle exchange programs.

My vehement opposition to illegal drugs has not clouded my desire to protect women or children. It is my desire that the wisdom of Congress prevails in defeating this legislation, and that Congress collectively take measures that will eliminate the use of illegal drugs in our country.

Ms. CHRISTIAN-GREEN. Mr. Speaker, I come to the floor today as a member of the Congressional Black Caucus which has as its highest priority, the ridding this country of the scourge of drugs, and as a family physician who counts among my patients, many men and women with AIDS. Almost all of them contracted this disease because of IV drug use, but today they are ''clean'' and leading productive lives, with their children and other family members, but are condemned to death because of AIDS.

Mr. Speaker, the NIH panel was apparently correct last year when it said that the greatest threat to the public health are legislative bodies. This misguided bill, certainly supports that opinion.

We know, because the evidence is clear, that needle exchange program do not cause increased drug use. On the contrary, they decrease drug use and further increase the likelihood that an addicted person will enter drug treatment. It is incumbent upon us to provide the funding to make those treatment programs available on demand.

We have heard much today about the Canadian studies. The researchers whose work is being misrepresented by our Republican colleagues are on record in saying that the data has been misinterpreted, and that their findings indeed support the use of needle exchange programs in conjunction with strong prevention and treatment.

We also know, without a doubt that these programs greatly reduce the transmission of HIV, and in doing so saves the lives of countless people—especially women and children.

Who among us could possibly be against saving lives?

I plead with you my colleagues, not to put politics before the lives of the people we are here to serve. Do not ignore the facts which have been placed before us by researchers and public health experts. Let us not misinterpret and misrepresent their findings to the people who depend on us for the truth.

Mr. Speaker, my colleagues, choose life. Vote no on H.R. 3717.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today to oppose this bill for several reasons. First, this bill contradicts all the scientific data from experts that suggests needle exchange programs reduce HIV infection and do not increase drug use. While AIDS deaths are down, clearly HIV infection continues to increase especially in inner city areas where injection drug use is prevalent.

The bill ignores the fact that needle exchange does not increase drug use, rather it encourages a society that would have fewer individuals infected with HIV. These programs make needles available on a replacement basis only, and refer participants to drug counseling and treatment. The National Institutes of Health's March 1997 study concluded that needle exchange programs have shown a reduction in risk behaviors as high as 80 percent in injecting drug users, with estimates of 30 percent or greater reduction of HIV.

In addition, I oppose this bill because it is politically driven, rather than scientifically based. This bill whips on the poorest of the poor. This bill puts at risk millions of Americans who might be married or committed to someone who they may not know is an intravenous drug user. More importantly, this bill puts children at risk. The Centers for Disease Control reported that the rate of HIV/AIDS in the African American community is 7 times that of the general population.

Make no mistake about it this is not just a African American problem this is a American problem. This is a public health issue and the Surgeon General, and the Secretary of Health and Human Services both support needle exchange programs. When we help save American lives—America is stronger. The Federal Government must provide leadership on this critical issue and therefore, I urge my colleagues to oppose this bill.

Mr. DELAHUNT. Mr. Speaker, I rise in opposition to the bill.

Since coming to the Congress I have been asked to vote on legislation on a variety of subjects which I considered ill-conceived or even foolish. But I have never seen as silly a piece of legislation as the bill before us today.

One might have expected opponents of needle exchange programs to mount an effort to prohibit federal funding for such programs—if the Administration had taken steps to authorize the release of funds.

But Secretary Shalala announced just 10 days ago that the Administration does not intend to release the funds.

This must be one of the few occasions in Congressional history in which members are attempting to deny the Administration the authority to make a decision they agree with.

Personally, I do not agree with the Administration's decision, and I therefore regard this legislation as not only unnecessary, but unwise in the extreme.

In 1989, Congress barred the use of federal funds for needle exchange programs unless the Secretary of Health and Human Services could determine both that such programs are effective in preventing the spread of HIV and that they do not encourage the use of illegal drugs.

In enacting this provision, Congress sought to ensure that the decision as to whether such programs merit federal support would be made by public health experts acting on the basis of sound science, rather than by politicians re-acting on the basis of uninformed opinion.

Pursuant to that mandate, the Secretary conducted an exhaustive review of the scientific literature. Her investigation yielded an impressive body of evidence that properly administered needle exchange programs are an effective weapon in preventing HIV transmission, and that, far from encouraging drug use, they can actually play a role in encouraging injection drug abusers to enter treatment.

In my own state of Massachusetts, these programs are doing precisely that.

Last week, the Secretary reached the only conclusion the data would support, and issued the long-awaited determination that the Congressionally-mandated criteria had been met for federal funding of these programs.

Yet instead of announcing that federal funds would be made available, the Secretary announced a continuation of the status quo.

It's hard to see how the status quo could have provoked this kind of reaction. It's as though the proponents of the bill were so eagerly anticipating a different decision that, when it didn't come, they decided to offer their bill anyway.

It goes without saying that no hearings have taken place, and the committee of jurisdiction took no action on the bill.

As a former prosecutor and a member of the Judiciary Committee, I take very seriously the epidemic of drug addiction in our society. But we cannot make responsible public policy on fear and ignorance.

Yesterday, I received a Dear Colleague letter from proponents of the bill citing a Canadian study published in the American Journal of Epidemiology in support of their claim that drug addicts who participate in needle exchange programs are more likely to contract HIV than those who do not participate.

What they failed to tell you is that the authors of the study have stated categorically that this claim is a mischaracterization of their research. Writing in the New York Times on April 9, Professors Julie Bruneau and Martin Schechter said that the reason the addicts who took part in needle exchange programs in Vancouver and Montreal had higher HIV infection rates than those who did not is that these programs are in inner-city neighborhoods where they serve those who are most at risk of infection.

Having misstated the conclusions of this study, the supporters of the bill ignore the numerous other studies conducted and compiled by such agencies as the National Research Council, the Centers for Disease Control and Prevention, and the National Institutes of Health.

This voluminous research has persuaded such respected organizations as the American Medical Association, the American Public Health Association, the Association of State and Territorial Health Officers, the American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, and the American Bar Association, to give their support to needle exchange.

It is time for Congress and the Administration to follow suit. Indeed, it is long past time. While we wait, the epidemic continues to decimate our cities and towns. Like the mad emperor of the ancient world, Congress fiddles while Rome burns.

Mr. TOWNS. Mr. Speaker, I rise in strong opposition to H.R. 3717, which would implement a permanent ban on federal funding for needle exchange programs.

According to the National Organization responding to AIDS, an estimated 1 to 2 million Americans inject illegal drugs and the sharing of needles among injecting drug users is a leading cause of HIV transmission. Furthermore, since 1988, when this program ceased, an estimated 20–25,000 people have contracted AIDS as a direct result of contact with an intravenous drug user. Needle exchange programs would involve the swap of dirty needles for clean needles. Since one can only obtain a clean needle in exchange for a dirty

needle, there is an incentive to collect and turn in the needle.

In an age where HIV and AIDS are spreading at enormous rates, needle exchange programs not only reduce HIV infections but also have the potential to act as a bridge to drug treatment. AIDS is the leading cause of death amongst African Americans that are between 25–44 years of age. The Center For Disease Control reported that the rate of HIV/AIDS in the African American community is 7 times that of the general population. This means that 72 African Americans are infected every day. By supplying clean syringes, we simply assure that death is not a certainty.

The National Commission on AIDS, National Academy of Sciences and the National Institutes of Health are just a few organizations that, through extensive sound scientific research, have concluded that needle exchange programs are effective and can significantly reduce the number of new HIV and AIDS cases. The American Academy of Pediatrics, the American Medical Association and the National Association of City and County Health Officials, among many others, are leading world organizations that have endorsed federal funding of needle exchange programs. In fact, research has shown, there is no evidence that needle exchange programs lead to increased drug use by exchange clients.

From a financial standpoint, needle exchange programs are surprisingly cost effective. One model estimates that over a period of five years, needle exchange programs could prevent HIV infections among clients, their sexual partners and their children at a cost of approximately $9,400 per infected person. Compare this with the lifetime cost of treating an individual with AIDS, which exceeds $100,000.

I urge my colleagues to vote against H.R. 3717 which bans federal funding for needle exchange programs. Needle exchange programs have proven to be effective in reducing the transmission of HIV and AIDS and through this program, communities would be safer from the health hazards associated with dirty needles littering the streets. No one ever built a reputation on what they were going to do. We've seen what banning federal funding for needle exchange programs can do. Let's establish a solid reputation by funding needle exchange programs that would reduce the transmission of HIV and other diseases and more importantly, save lives.

Mrs. MORELLA. Mr. Speaker, I rise in opposition to H.R. 3717, legislation to impose a permanent ban on federal funding for needle exchange programs.

This bill is particularly unnecessary given the fact that the Clinton Administration announced that it will not lift the ban on federal funding, despite its conclusion that the science has demonstrated that needle exchange programs reduce HIV transmission and do not encourage the use of illegal drugs.

This bill would remove the authority of the Secretary of Health and Human Services to manage public health threats—and would, in effect, substitute political expediency for sound science and public health policy. Since 1990, we have given the Secretary this authority in annual appropriations bills.

The American Medical Association, the American Bar Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Academy of Sciences, the American Academy of Pediatrics, the American Nurses Association, the National Black Caucus of State Legislators, and the United States Conference of Mayors all have expressed their support for needle exchange, as part of a comprehensive HIV prevention program. A number of federally funded studies have reached the same conclusion and have found that needle exchange programs do not increase drug use—including a consensus conference convened by the National Institutes of Health last year. According to the NIH Consensus Statement, ''A preponderance of evidence shows either no change or decreased drug use . . . Individuals in areas with needle exchange programs have increased likelihood of entering drug treatment programs.''

The American Bar Association, in a letter dated April 28, 1998, stated: ''Permanently prohibiting federal funding of needle exchange programs will not advance this nation's efforts to combat drug abuse. It may in fact inhibit current efforts since needle exchange programs have been shown to increase the opportunity for counseling drug addicts and encouraging their participation in appropriate drug treatment programs . . . Likewise, enacting a permanent ban on federal funding of needle exchange programs will prevent public health officials from using a proven tool to reduce the transmission rate of HIV among a high risk population that is contracting HIV at alarming rates.''

In my own state of Maryland, injection drug use is the major mode of transmission for HIV/AIDS. Baltimore City's needle exchange program has been associated with a 40% reduction in new cases of HIV among participants, and evaluation of the program has demonstrated that needle exchange did not increase drug use. In fact, a bill was approved to continue the program by an overwhelming vote in the Maryland State Legislature last year—it passed by a vote of 113–23 in the House of Delegates and by a vote of 30–17 in the State Senate. And, earlier this month, the Maryland State Legislature voted to allow Prince George's County to establish a needle exchange program.

Nationally, 66% of all AIDS cases among women and more than half of AIDS cases in children are related to injection drug use. It is important to note that if the Secretary had decided to lift the ban, federal funding for needle exchange programs would not mean that local communities would have to implement them. Only those communities that believe such a program would be effective in their HIV prevention strategy would do so—thereby leaving the decisionmaking to the local communities. Community-based solutions have always been the most effective prevention programs, and are consistent with our attempts in this House to prevent the federal government from interfering with local decisionmaking.

I urge my colleagues to act in the best interests of our nation's public health. Public health decisions should be made by public health officials . . . science should dictate such decisions, not politics. Vote NO on H.R. 3717.

Mr. PACKARD. Mr. Speaker, I am appalled by the increase in drug-use in this nation. Day after day, we are confronted with statistics demonstrating that our children are at risk. We've all heard the facts: marijuana use among 4th to 6th graders has risen 71 percent and overall drug use has jumped to 78 percent since 1992. We can quote the numbers, but the real issue is what are we going to do about it?

Recently, the Clinton administration aired its decision to lift a ban that prohibits the distribution of hypodermic needles to drug addicts at Government expense. Condoning needle-exchange programs ultimately sends the message that it's okay for our children to use drugs. As a parent who raised 7 children. I know the war on drugs must be fought from our homes and communities. But as elected leader, we are still obligated to help our neighborhoods attack this problem. Distributing needles encourages drug use, and I will not stand for it.

Today we will vote on H.R. 3717, the Needle Ban-Plus Bill. This legislation prohibits the Federal Government from subsidizing the distribution of hypodermic needles or syringes for the injection of illegal drugs. Mr. Speaker, let's demonstrate our commitment to winning this battle. I invite my colleagues to join me in supporting H.R. 3717.

The SPEAKER pro tempore. All time has expired.

The bill is considered read for amendment.

Pursuant to House Resolution 409, the previous question is ordered.

The question is on engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MS. PELOSI

Ms. PELOSI. Mr. Speaker, I offer a motion to recommit

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. PELOSI. Yes, I am opposed to the bill.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. PELOSI moves to recommit the bill, H.R. 3717, to the Committee on Commerce with instructions to report the same back to the House with the following amendment: Page 2, line 8, insert before the period the following: '', unless the Governor, State health officer, or local municipal health authority determines that the use of Federal funds for such a program would reduce the rate of transmission of the human immunodeficiency virus (commonly know as HIV), would not encourage the use of illegal drugs, and is acceptable to the affected State, city or other unit of local government, or community''.

The SPEAKER pro tempore. The gentlewoman from California (Ms. PELOSI) is recognized for 5 minutes.

Ms. PELOSI. Mr. Speaker, as I said earlier in my remarks, I was going to offer this motion to recommit because I think that it sincerely attempts to address the concerns that have been expressed in the course of the debate on this issue. Not only that, it is consistent with the language of the appropriations bill that brings us here today, actually.

Frankly, I was quite disappointed in the actions taken by some of my Republican colleagues, because I thought we had come to a deal on the needle exchange program. When the appropriations bill was passed, it was agreed

that the Secretary of Health and Human Services could not lift the ban on the needle exchange programs until March 31, 1998, unless the Congress acted beforehand to prevent her from lifting the ban. It established criteria for the Secretary to lift the ban, and that criteria was that the projects are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. I think that the scientific information and evidence that we have presented demonstrates conclusively that that is the case.

In addition, the Secretary was expected to make a determination based on the review of the relevant science, and the additional science that has come forth in the last 6 months demonstrates even more clearly the strong scientific basis, without which we would never ask our colleagues to make this vote. And it also provides, the legislative language also provides the referrals for treatment of drug abuse and other appropriate health and social services.

So with that, we went forward with the idea that if the science came forward, as it has, that the Secretary would be able to lift the ban. Now, the administration has not lifted the ban, but this body wants to act forevermore, flying in the face of the science, in defiance of the effectiveness of the needle exchange programs.

I want to call to the attention of my colleagues some of the organizations that support the needle exchange programs. The American Medical Association, the American Public Health Association, the National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, the American Bar Association. Why would the U.S. Conference of Mayors support the needle exchange program if they thought it would increase crime, as our colleagues have contended?

So I say to my colleagues, in addition to that, I want to call two other endorsements to the attention of my colleagues. Some of those on the other side of this issue have spoken on the epidemiology of substance abuse and HIV/AIDS. That means how it is spread in our population. The Council of State and Territorial Epidemiologists have written to Congress to reject H.R. 3717, the bill before us, and the county and city health officials, the National Association of County and City Health Officials, oppose it as well.

So I say to my colleagues, listen to the motion to recommit. The motion to recommit sends this bill to the Committee on Commerce, which is the appropriate route for this bill to take, with the following amendment: That unless the Governor, State health officer, or local municipal health authority determines that the use of Federal funds for such a program would reduce the rate of transmission of HIV and would not discourage the use of illegal drugs, and is acceptable to the affected State, city or other unit of local government or community. No Federal funds unless it meets that test: Reduce the rate of transmission of HIV, would not encourage the use of illegal drugs, and is acceptable to the affected State, city or unit of local government or community.

Mr. Speaker, we are having this education of our colleagues, this transfer of information between each other, among each other today because we have not really gone through the regular order, the hearing process. I heard my colleague say last week, how on earth could we vote on the IMF because we have not had hearings? Well, how on earth can we vote on this matter of life and death bypassing the committee structure where we could conclusively review the scientific evidence to remove all doubt in anyone's mind what is self-evident to the National Institutes of Health?

I say once again that if we are funding NIH to the tune of $13.6 billion for this year, and many of us are calling for the doubling of the NIH budget over the next 5 years, why on earth would we ignore their scientific findings? Not only NIH, the Administrator himself, but the various institutes that work to this end.

Mr. Speaker, I really do not like saying things about Congress that are not complimentary, but ignoring the science really is the Flat Earth Society mentality, and if we want to put our head in the sand, we do not get any more room to do it on a flat earth. I urge my colleagues to think seriously about the science, vote to save lives; support the motion to recommit.

Mr. WICKER. Mr. Speaker, tomorrow the gentleman from Georgia (Mr. GINGRICH), the Speaker of the House, will lead what I hope is a bipartisan delegation of Members of this body to announce a renewed war against illegal drugs in this country, and I am pleased at this point to yield him the balance of our time in opposition to the motion to recommit.

The SPEAKER pro tempore. Is the gentleman from Georgia in opposition to the motion?

Mr. GINGRICH. I am, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Georgia (Mr. GINGRICH) is recognized for 5 minutes.

Mr. GINGRICH. Mr. Speaker, let me just say that I really believe this is a very important turning point for the United States. And I believe this motion to recommit is a perfect symbol of why, for the last 6 years, we have been losing the war on drugs, a totally unnecessary defeat, something that had been avoidable and something which has cost lives.

The fact is there are some 14,000 Americans a year who die directly from drugs, and another 6,000 who die from secondary effects, including violence. Every year. Imagine if we were losing 20,000 Americans in Bosnia or 20,000 Americans in Iraq, or 20,000 Americans anywhere else in the world. That is higher than the death rate of the Vietnam War, and yet our friends seem confused about what has happened.

Under Ronald Reagan and George Bush, there was a simple, clear policy: Drug use is bad, do not do drugs. If one is a drug addict, get off drugs. Come in, get help, get detoxed, get rehabilitation, but do not be confused, drug use is bad.

Many of our more liberal friends laughed when Nancy Reagan said, just say no. But guess what? By saying just say no and meaning it, drug use under Reagan and Bush came down by two-thirds. Thousands of young people were saved from addiction. Thousands of young people were saved from dying. This is a real problem.

A member of my staff had a sister who went out on a date 3 years ago, was given a designer drug, overdosed, went into a coma. She was 19.

□ 1415

She has celebrated her 20th and 21st birthdays in a nursing home in a coma and she will never recover.

In Plano, Texas, we have been reading about suicides and overdoses. This is very serious business for America.

Tomorrow, the gentleman from Illinois (Mr. HASTERT) the chairman of our task force on the drug war, will be launching what we hope will be a truly bipartisan effort where we hope Democrats will feel comfortable joining us in being together as Americans saying: Do not do drugs.

What is the debate about today? Giving away needles for drug addicts? Saying to somebody who is injecting heroin into their body that we have a public health policy, we want them to use a clean needle so they will be a healthy heroin addict? I just want to suggest to my friends, it is not possible to be a healthy heroin addict. The act of injecting heroin into the veins makes a person unhealthy.

The job of the United States Government is to reach out to every addict and say to them, ''Please come into a hospital, please get off drugs, please let us help you rebuild your life.'' And when the government says, ''Drop by for some free needles,'' we are clearly saying something.

Mr. Speaker, my colleagues do not have to believe me. I realize I am a conservative Republican and I realize some people might say that is a partisan message. So let me cite General Barry McCaffrey, President Clinton's choice as the drug czar. This is what General McCaffrey said: ''Supporting needle exchange programs will send the wrong message to our children. Government provision of needles may encourage drug use.''

So I am going to rely on General McCaffrey's advice. Everyone in this Chamber who feels comfortable overruling General McCaffrey and willing to give away free needles to heroin addicts, come and vote ''yes.'' But they should not kid themselves. The drug czar of President Clinton says that

may well lead to increased drug use. That may well say to our children it is okay to become a heroin addict or a cocaine addict, and pure cocaine is now often injected.

But those Members who, like me, are frightened of drugs, believe drugs can kill, believe addiction is terrible, those who want to send a clear signal to the children of America, those who are prepared to say it is time to take a stand in favor of our children, vote ''no'' on this motion to recommit, which is frankly an ''any needle, anytime, anywhere, for any addict'' provision.

Mr. Speaker, people who could certify getting drugs here, the governor, State health officer or local municipal health authority, we know what this means. This means in some of our biggest cities we are going to finance giving away needles. Let us be honest about it. This means the U.S. taxpayer will be giving away needles. That is what this motion to recommit means.

Let us be clear. If we want to win the war on drugs, if we want to save children from drugs, if we want to lower the addiction rate, join General McCaffrey and let us have a bipartisan vote ''no'' on the motion to recommit. Then let us vote for our children to live in a drug-free America and an America with less violence. Let us vote ''yes'' on this bill and send the signal: No free needles. Help the addicts get off drugs. Do not help the addicts have clean needles.

The SPEAKER pro tempore (Mr. FOLEY). Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Ms. PELOSI. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to the provisions of clause 5 of rule XV, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device, if ordered, will be taken on the question of passage.

The vote was taken by electronic device, and there were—ayes 149, noes 277, not voting 7, as follows:

[Roll No. 113]

AYES—149

Abercrombie
Ackerman
Allen
Baldacci
Barrett (WI)
Becerra
Berman
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boyd
Brown (CA)
Brown (FL)
Brown (OH)
Campbell
Capps
Cardin
Carson
Clay
Clayton
Clyburn
Conyers
Coyne
Cummings
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Filner
Frank (MA)
Furse
Gejdenson
Gephardt
Greenwood
Gutierrez
Harman
Hastings (FL)
Hefner
Hilliard
Hinchey
Hinojosa
Hooley
Hoyer
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Kanjorski
Kennedy (MA)
Kennedy (RI)
Kennelly
Kilpatrick
Klink
Kolbe
Kucinich
Lantos
Lee
Levin
Lewis (GA)
Lofgren
Lowey
Maloney (CT)
Maloney (NY)
Manton
Markey
Martinez
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McHale
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (CA)
Mink
Moakley
Moran (VA)
Morella
Nadler
Neal
Oberstar
Obey
Olver
Owens
Pallone
Pastor
Payne
Pelosi
Pomeroy
Price (NC)
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sawyer
Schumer
Scott
Serrano
Shays
Sherman
Skaggs
Slaughter
Smith, Adam
Snyder
Stabenow
Stark
Stokes
Stupak
Thompson
Thurman
Tierney
Torres
Towns
Velazquez
Vento
Waters
Watt (NC)
Waxman
Wexler
Weygand
Woolsey
Wynn
Yates

NOES—277

Aderholt
Andrews
Archer
Armey
Bachus
Baesler
Baker
Ballenger
Barcia
Barrett (NE)
Bartlett
Barton
Bass
Bentsen
Bereuter
Berry
Bilbray
Bilirakis
Bishop
Bliley
Blunt
Boehner
Bonilla
Bono
Boswell
Boucher
Brady
Bryant
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth
Christensen
Clement
Coble
Coburn
Collins
Combest
Condit
Cooksey
Costello
Cox
Cramer
Crane
Crapo
Cubin
Cunningham
Danner
Davis (FL)
Davis (VA)
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
English
Ensign
Etheridge
Everett
Ewing
Fawell
Foley
Forbes
Ford
Fossella
Fowler
Fox
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Gingrich
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Herger
Hill
Hilleary
Hobson
Hoekstra
Holden
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inglis
Istook
Jenkins
John
Johnson (WI)
Johnson, Sam
Jones
Kaptur
Kasich
Kelly
Kildee
Kim
Kind (WI)
King (NY)
Kingston
Kleczka
Klug
Knollenberg
LaFalce
LaHood
Lampson
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
Lipinski
Livingston
LoBiondo
Lucas
Luther
Manzullo
Mascara
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McIntyre
McKeon
McNulty
Metcalf
Mica
Miller (FL)
Minge
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Neumann
Ney
Northup
Norwood
Nussle
Ortiz
Oxley
Packard
Pappas
Parker
Pascrell
Paul
Paxon
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pickett
Pitts
Pombo
Porter
Portman
Poshard
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Redmond
Regula
Riggs
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryun
Salmon
Sanford
Saxton
Scarborough
Schaefer, Dan
Schaffer, Bob
Sensenbrenner
Sessions
Shadegg
Shaw
Shimkus
Shuster
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Smith, Linda
Snowbarger
Solomon
Souder
Spence
Spratt
Stearns
Stenholm
Strickland
Stump
Sununu
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Thomas
Thornberry
Thune
Tiahrt
Traficant
Turner
Upton
Visclosky
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wise
Wolf
Young (AK)
Young (FL)

NOT VOTING—7

Barr
Bateman
Cook
Dixon
Gonzalez
Sandlin
Smith (OR)

☐ 1440

Messrs. ENGLISH of Pennsylvania, THOMAS, LAMPSON and MOLLOHAN changed their vote from ''aye'' to ''no.''

Messrs. BLAGOJEVICH, PALLONE and DEUTSCH changed their vote from ''no'' to ''aye.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. COMBEST). The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. WICKER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 287, noes 140, not voting 6, as follows:

[Roll No. 114]

AYES—287

Aderholt
Andrews
Archer
Armey
Bachus
Baesler
Baker
Baldacci
Ballenger
Barcia
Barrett (NE)
Bartlett
Barton
Bass
Bentsen
Bereuter
Berry
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blunt
Boehner
Bonilla
Bono
Boswell
Boucher
Boyd
Brady
Bryant
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth
Christensen
Clement
Coble
Coburn
Collins
Combest
Condit
Cook
Costello
Cox
Cramer
Crane
Crapo
Cubin
Cunningham
Danner
Davis (FL)
Davis (VA)
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
English
Ensign
Etheridge

Everett
Ewing
Fawell
Forbes
Ford
Fossella
Fowler
Fox
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Gingrich
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Hefner
Herger
Hill
Hilleary
Hobson
Hoekstra
Holden
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inglis
Istook
Jenkins
John
Johnson (WI)
Johnson, Sam
Jones
Kaptur
Kasich
Kelly
Kildee
Kim
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Klug
Knollenberg
LaFalce
LaHood
Lampson
Largent
Latham
LaTourette
Lazio
Leach
Lewis (KY)
Linder
Lipinski
Livingston
LoBiondo
Lucas
Luther
Manzullo
Mascara
McCarthy (MO)
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McIntyre
McKeon
McNulty
Metcalf
Mica
Miller (FL)
Minge
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Neumann
Ney
Northup
Norwood
Nussle
Ortiz
Oxley
Packard
Pallone
Pappas
Parker
Pascrell
Paul
Paxon
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Poshard
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Redmond
Regula
Reyes
Riggs
Riley
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryun
Salmon
Sanchez
Sanford
Saxton
Scarborough
Schaefer, Dan
Schaffer, Bob
Sensenbrenner
Sessions
Shadegg
Shaw
Shimkus
Shuster
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Smith, Linda
Snowbarger
Solomon
Souder
Spence
Spratt
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Thomas
Thornberry
Thune
Tiahrt
Traficant
Turner
Upton
Visclosky
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wise
Wolf
Young (AK)
Young (FL)

NOES—140

Abercrombie
Ackerman
Allen
Barrett (WI)
Becerra
Berman
Blumenauer
Boehlert
Bonior
Borski
Brown (CA)
Brown (FL)
Brown (OH)
Campbell
Capps
Cardin
Carson
Clay
Clayton
Clyburn
Conyers
Cooksey
Coyne
Cummings
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Doggett
Dooley
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Filner
Foley
Frank (MA)
Furse
Ganske
Gejdenson
Gephardt
Greenwood
Gutierrez
Harman
Hastings (FL)
Hilliard
Hinchey
Hinojosa
Hooley
Hoyer
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Kanjorski
Kennedy (MA)
Kennedy (RI)
Kennelly
Kilpatrick
Kolbe
Kucinich
Lantos
Lee
Levin
Lewis (CA)
Lewis (GA)
Lofgren
Lowey
Maloney (CT)
Maloney (NY)
Manton
Markey
Martinez
Matsui
McCarthy (NY)
McDermott
McGovern
McHale
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (CA)
Mink
Moakley
Moran (VA)
Morella
Nadler
Neal
Oberstar
Obey
Olver
Owens
Pastor
Payne
Pelosi
Rangel
Rivers
Rothman
Roybal-Allard
Rush
Sabo
Sanders
Sawyer
Schumer
Scott
Serrano
Shays
Sherman
Skaggs
Slaughter
Smith, Adam
Snyder
Stabenow
Stark
Stokes
Thompson
Thurman
Tierney
Torres
Towns
Velazquez
Vento
Waters
Watt (NC)
Waxman
Wexler
Weygand
Woolsey
Wynn
Yates

NOT VOTING—6

Barr
Bateman
Dixon
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□ 1450

Mr. BERRY changed his vote from ''no'' to ''aye.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL DIALOGUE ON SOCIAL SECURITY ACT OF 1998

Mr. DIAZ-BALART. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 410 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 410

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 3546) to provide for a national dialogue on Social Security and to establish the Bipartisan Panel to Design Long-Range Social Security Reform. The bill shall be considered as read for amendment. The amendment recommended by the Committee on Ways and Means now printed in the bill, modified by the amendments printed in the report of the Committee on Rules accompanying this resolution, shall be considered as adopted. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) three hours of debate on the bill, as amended, which shall be equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means; (2) a further amendment printed in the Congressional Record pursuant to clause 6 of rule XXIII, if offered by Representative Rangel of New York or his designee, which shall be considered as read and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore (Mr. FOLEY). The gentleman from Florida (Mr. DIAZ-BALART) is recognized for 1 hour.

Mr. DIAZ-BALART. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to the distinguished gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, House Resolution 410 is a modified closed rule providing for the consideration in the House of H.R. 3546, the National Dialogue on Social Security Act of 1998. The purpose of this legislation is to provide for a national dialogue on Social Security and to establish a very important bipartisan panel to design a long-range solution for Social Security.

The rule provides for 3 hours of debate equally divided and controlled by the chairman and the ranking minority member of the Committee on Ways and Means. The rule also provides for the consideration of an amendment printed in the CONGRESSIONAL RECORD, if offered by the ranking member of the Committee on Ways and Means, which shall be considered as read and debatable for 1 hour equally divided and controlled by the proponent and an opponent.

Finally, the rule provides for one motion to recommit with or without instructions.

Mr. Speaker, I welcome this discussion on Social Security. I think it is an issue of vital importance not only to America's seniors but to all Americans. Social Security is not only a cherished program, it is perhaps the most popularly supported as well as vital of government programs.

I wish to remind my colleagues that we are debating legislation to create a national dialogue on this issue, but we are not at this time proposing actual changes in the Social Security system. Because of this, I am of the belief that 3 hours of debate on the bill, plus 1 hour on this rule, in other words, 4 hours of debate on this issue, is more than enough time to debate this important issue.

This is not a controversial piece of legislation. If the minority wishes to amend this bill, they will have two opportunities to do so, as I have stated, with an amendment which is printed in the CONGRESSIONAL RECORD already. And, additionally, they could attempt to do so with a motion to recommit with instructions.

We were given, Mr. Speaker, some good news with Tuesday's annual report of the board of trustees of the Social Security program: The board's projection that we will have 3 more years than originally anticipated before Social Security pays out more in benefits than it receives in payroll taxes. That is encouraging data. However, I think that it drives home the point that we need to work together as a Nation on a bipartisan basis, putting aside partisan politics, to create a stable, a long-term, thoughtful and effective solution to the retirement security system in the United States.

In conclusion, Mr. Speaker, I wholeheartedly support H.R. 3546, the National Dialogue on Social Security Act of 1998. I congratulate the chairman of the Committee on Ways and Means, the