

EXTENSIONS OF REMARKS

THE CHILD SUPPORT FOR CHILDREN ACT

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. CARDIN. Mr. Speaker, today I am introducing the Child Support for Children Act. This legislation will connect non-custodial fathers to their children and provide a crucial support to low-income, single parent families.

When we passed welfare reform in 1996, we dramatically improved the way we enforce payment of child support. As a result of these changes, child support collections nearly doubled in 1999 to \$15.5 billion, an increase of \$8 billion since 1992.

Yet at the same time, we undercut these improvements by requiring a set of arcane rules for how we distribute child support to former welfare families. Worst of all, we repealed the pass-through and disregard of the first \$50 of child support paid to families on welfare, and allowed states to retain all child support for these low-income families.

This is the wrong policy. Child support is meant to help the children of non-custodial parents, not the state. Passing through child support not only connects fathers to their children, it provides a crucial support to poor families. Considering that the income of the poorest single-mother families has dropped for the first time in eight years, we must ensure that child support payments are used to improve the lives of our poorest children.

Federal child support collection and distribution rules are complicated and almost impossible to administer. Most importantly, they discourage payment of support by fathers to their families. With my bill, we have an opportunity to connect fathers to their children, boost the income of poor families, and fix a system in desperate need of change.

The Child Support for Children Act would require states to pass through all current support to families receiving Temporary Assistance for Needy Families. Furthermore, the bill provides a financial incentive to states to discount this income when considering a family's eligibility for cash welfare. For every dollar of child support disregarded by states for the purposes of TANF eligibility, the federal share of TANF collections is reduced proportionally.

In addition, the Child Support for Children Act simplifies rules for the assignment and distribution of child support arrears. Although a family that has left welfare is currently entitled to receive most past-due support, several exceptions to this rule prevent former welfare families from receiving much-needed support payments. My legislation will eliminate these exceptions.

Finally, my bill would eliminate unfair debts owed to states that discourage the payment of child support to families. For example, states can currently recover Medicaid birthing and other pregnancy-related costs from non-custodial parents. The Child Support for Children

Act would prohibit this practice that often discourages non-custodial parents from coming into compliance with a child support order.

It is not enough to simply enforce child support. The time is long overdue to reform the distribution and assignment system for child support. The Child Support for Children Act takes desperately-needed steps to promote and reward parental responsibility, and extend modest support to struggling, single-parent families.

TRIBUTE TO THE VICTORIA HIGH SCHOOL VARSITY CHEERLEADERS OF VICTORIA, TEXAS

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. PAUL. Mr. Speaker, I rise today to pay tribute to the winners of the National High School Cheerleading Championship sponsored by the Universal Cheerleaders Association held in Orlando, Florida—the Victoria High School Varsity Cheerleaders of Victoria, Texas. This victory follows a history of winning third place in 1997, and second place in 1998.

By taking the championship in 1999, Victoria High became the first Texas squad to ever win the National Championship. With this second impressive win, the VHS Cheerleaders became the first squad in the nation to win back-to-back championships in the Medium Varsity Division of the UCA Nationals.

The competition was fierce, with the Regional competition starting in November, 1999, when the squad's first place win put them in line to take on 65 of the best of the best in Nationals. The teen's first trip before the judges in the preliminary round earned them a shot at the national championship, where they gave a stellar performance, shutting out their competition consisting of the top 14 squads in the country.

I am proud to recognize this very talented group of students for excelling in this very demanding sport. But I am equally proud to applaud their selfless efforts in representing their school through community service to the American Cancer Society, March of Dimes, American Heart Association, and the Texas Zoo of Victoria. They visit local elementary schools and participate in pep rallies during Red Ribbon Week and TAAS week. Each student is also required to maintain an 80 overall average while passing each class. They are to be commended for participating in these additional activities.

National championships do not come along by accident. Many, many hours of practice and training must take place to achieve them. Leadership is also a key ingredient. I want to recognize the VHS teachers, Denise Neel and Terese Reese, who helped make this goal a reality. Additionally, I commend the parents of each cheerleader who, no doubt, contributed greatly to this success.

This group of students deserve the honor they have earned. I commend each one of them: Laurie Beck—Co-Head Cheerleader, Amy Reinmann—Co-Head Cheerleader, Vanessa Bludau, Amber Clemmons, Sara Dickson, Courtney Horecka, Haley Kollé, Lacey Reed, Amanda Rodriguez, Karla Sterne, Sarah Carville, Melissa Keefe, Chelsie Luhn, Julia McLarry, Rachel Schmitt, and Ashley Valentine.

I am proud to have these two-time national champions in the 14th Congressional District of Texas, and trust all my colleagues join me in congratulating them on this impressive achievement.

TRIBUTE TO THE LATE KENNETH MADDY

HON. STEVEN T. KUYKENDALL

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. KUYKENDALL. Mr. Speaker, I rise today with sadness to remember and honor a beloved figure from California, former State Senator Ken Maddy. Ken passed away last week at the age of 65 after a year-long bout with lung cancer.

I had the privilege of getting to know Ken during my time in the California State Assembly. He was a straight shooter, always sincere, and he treated everyone with the utmost respect; a class act. He was a brilliant legislator, one of the very best. A moderate Republican, Ken was admired by his colleagues from both sides of the aisle.

Ken Maddy knew how to get things done. He was a pragmatic legislator with an even temper, recognizing the importance of compromise. As Senate Republican leader he was the go-to guy for two Republican Governors because he knew how to get things done despite being in the minority party.

Ken represented California's Central Valley for 28 years, serving in both the State Assembly and State Senate. His career in public life came to an end in 1998 as he left the Senate due to term limits.

Ken was diagnosed with lung cancer just two months into his retirement. This came as a shock since Ken was a non-smoker. He had just signed on with a prominent public affairs firm and had gotten engaged when he was dealt this blow. But in typical Maddy fashion, he kept his chin up and put up a courageous fight. I will always remember his passion for life, politics, and people. He was like no other.

The State of California has lost a true leader. His life-long career of service will forever be remembered. Ken Maddy will be dearly missed, but his legacy will live on in the State of California.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

SENIOR CITIZENS' FREEDOM TO
WORK ACT OF 1999

SPEECH OF

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 1, 2000

Mr. COYNE. Mr. Speaker, I rise today in support of this important legislation.

This legislation will repeal the Social Security earnings test for seniors between the ages of 65 and 69. It will benefit hundreds of thousands of senior citizens.

In 1995, Congress enacted legislation with my support to increase the Social Security earnings test from \$11,280 to \$30,000 over seven years. Given the budget constraints at the time, that was the best we could do. But that action indicated that Congress realized that the earnings test, which was a useful policy when it was enacted, did not reflect the changes which had taken place in the senior population and the workforce in the subsequent years.

Encouraging people to retire at age 65 made sense in the 1930s, when unemployment was at unprecedented levels—and in the 1970s, when once again we were faced with persistent high levels of unemployment. But under ordinary circumstances, the federal government shouldn't encourage people to give up their jobs when they reach a certain age—especially today, when our country needs to take advantage of the skills and experience that many older Americans possess. Senior citizens who choose to continue working should be allowed to do so without being penalized. Consequently, I am pleased to support this landmark legislation.

INTRODUCTION OF THE SCHOOL
SAFETY ACT

HON. JENNIFER DUNN

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Ms. DUNN. Mr. Speaker, as Co-Chair of the Bipartisan Working Group on Youth Violence last fall, I heard numerous witnesses from law enforcement and the education field testify about the importance of School Resource Officers. Despite public perception, schools remain one of the safest places for children to be. Nevertheless, we must continue to make violence, and the perception of violence, rare in schools, and School Resource Officers are an integral part of this effort.

For this reason, I am introducing the School Safety Act. Under current law, there is a 20% cap on the amount of federal funds that a state may spend on School Resource Officers from the federal Safe and Drug Free Schools and Communities Act. The School Safety Act eliminates this cap so schools will have the flexibility to spend more of their Safe and Drug Free federal funds on a school resource officer, if they choose, in order to provide greater security for their schools.

One adult can make a difference in a child's life by taking an interest and nurturing him or her. While there are many people working at schools today who can be a positive influence, School Resource Officers also play a crucial

role. Students with behavioral disorders account for a majority of problems encountered in schools today, and these officers are needed, not only to identify these students, but to work on developmental skills and relationship building. By being a positive role model and working to instill values in troubled students, School Resource Officers often stop problems before they have a chance to start.

Additionally, these officers can provide consultation with parents and teachers about student behavior and emotional difficulties, and provide parents with greater peace of mind about the care and safety of their children at school. Schools need to be safe places where students can learn, free of intimidation and fear. School Resource Officers are an important part of any school safety plan, and every effort must be made on the federal level to allow schools to choose whether their school safety plan will include this officer.

I invite you to join with me in this effort and cosponsor and support this simple yet important legislation.

SENIOR CITIZENS' FREEDOM TO
WORK ACT OF 1999

SPEECH OF

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 1, 2000

Mr. CRANE. Mr. Speaker, I rise to pledge my avowed support for H.R. 5—to eliminate the Social Security Earnings Test for seniors who are 65 to 70 years old and continue to work. It is time that we strike down this ridiculous and costly "earnings test." Indeed, there are many Americans who are 65 to 70 years of age who continue to work—and who are entitled to that all-American right to maintain a solid and secure living. Why should the federal government "penalize" those well-intentioned individuals by applying an "earnings test" and reducing or delaying their Social Security benefits?

Today, with unemployment at an all-time low, it no longer makes sense to subject seniors to an "earnings test." When used, the "earnings test" has not only reduced Social Security benefits of retirees who continue working but affected the wives and children of beneficiaries as well. Because of the Great Depression, Congress originally created the "earnings test" in 1935 to encourage older Americans to leave the labor force. But things have changed. Older Americans are now making greater and more significant contributions to the workforce than ever before. My district alone has some 42,000 seniors—many whom still make valid contributions to today's workforce.

Mr. Speaker, repealing the "earnings test" for seniors aged 65 to 70 is the first step towards reforming the Social Security system. By eliminating this age-discriminatory "earnings test" we will increase benefit outlays to those seniors to just over \$22-and-a-half billion dollars over the next 10 years. In fact, administration of the "earnings test" tacks an added cost of as much as \$100 to \$150 million on to the taxpayers' bill. Repeal of the test could eliminate that cost. Mr. Speaker, we must effectively help seniors, reduce costs, and reform the system—that is why I give my

full support to H.R. 5. and urge my colleagues to do so.

CIBA SPECIAL CHEMICALS
CORPORATION DUTY SUSPENSION

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. GILMAN. Mr. Speaker, today I am introducing a duty suspension request on behalf of Ciba Specialty Chemicals Corporation of Tarrytown, New York. This company develops and manufactures additives, colors, water treatments and other specialty chemicals in the United States.

This duty suspension is for an algicide registered with the EPA for use in the architectural market. It is also used as a fungicide in the anti-fouling boat paint market and will replace tri-butyl tin oxide (TBTO) whose use will be banned by the International Maritime Organization in the year 2004.

INTRODUCTION OF THE "FEDERAL
PAYDAY LOAN CONSUMER PRO-
TECTION AMENDMENTS OF
2000"—H.R. 3823

HON. JOHN J. LaFALCE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. LaFALCE. Mr. Speaker, I am today introducing the "Federal Payday Loan Consumer Protection Amendments of 2000" (H.R. 3823) to address the problems of high cost "payday" lending. My legislation responds to consumer group studies that reveal how the rapidly expanding payday loan industry seeks to trap thousands of consumers each year in hopeless cycles of perpetual debt.

For some time now, I have been concerned that we are seeing the development of a dual financial services structure in this country—one for middle and upper income individuals that involves traditional regulated and insured financial institutions; a second for lower-income households and people with impaired credit that involves higher cost services from lesser-regulated entities check cashers, pawn shops and other quasi-financial entities.

For these lower-income Americans, traditional banking and credit services either are not affordable or readily available. Other entities have stepped in to take their place. Where these institutions act responsibly, they provide an important service that otherwise might not exist. But too often they are providing services at far higher cost, and at more onerous terms, than the services made available to higher income people. Certainly, I understand the concept of pricing for risk. But there is a clear difference between pricing for risk and simply taking advantage of people in desperate need.

In my mind, payday loans exemplify the worst aspects of the growing disparity between these primary and secondary markets for financial services. Payday loans are high-cost, short term loans that use a borrower's personal check as collateral. These loans are made to cash-strapped consumers without any assessment of ability to repay, other than the

ability to write a post-dated check. Since they are borrowing against their next paychecks, and the debt is due all at once in a lump sum, a large percentage of borrowers can't repay the debt and end up having to roll over the debt again and again, paying exorbitant fees and interest costs for the same borrowed funds.

The cost of a typical payday loan is \$15 to \$17.50 for each \$100 advanced over a two-week period. This translates into comparable annual percentage rates (APR) of 390% to 465% for a two-week loan. If the loan is extended over multiple two-week periods, the finance costs rapidly escalate, often exceeded 2000%. The Illinois Department of Financial Institutions reported last year that the typical payday customer "remains a customer for at least 6 months," averaging over 11 loan extensions. Indiana financial regulators found that only 9% of payday loans are not rolled over and that the average customer typically had ten loan renewals.

U.S. PIRG recently calculated the cost of borrowing \$200 from three widely available credit sources: a cash advance on a high-rate credit card, a loan under a typical state small loan interest cap of 35% and a typical payday loan. Over the period of a single month, the total charges for a payday loan, at \$70, were 8 times higher than the nearest alternative, \$8.41 for the credit card advance. Over three months, charges for the payday loan, at \$210, were nearly 18 times higher than the closest alternative, the \$12.10 paid for the high rate small loan.

Unfortunately, an accurate assessment of these costs is rarely provided to payday loan customers. The Truth in Lending Act (TILA) requires creditors to provide customers with complete and accurate estimates of credit costs, including comparable APR figures that permit comparison with other credit alternatives. Congress intended that TILA disclosure requirements apply very broadly to all forms of credit, including short-term payday loans. The fact that payday lenders continue to resist making accurate cost disclosures, with repeated unsuccessful challenges of TILA's application in court, indicates to me that their intent of deceiving people into borrowing at rates far higher than necessary and far higher than most can afford.

The fact that payday lenders can threaten to cash a borrower's check, or even threaten criminal prosecution for intentional writing of a bad check, leaves borrowers with few options but to roll over the debt or default on other debts to pay off the payday loan. Because payday loans by definition leave the borrower unable to repay all their debts, the use of postdated checks becomes an effective tool in forcing borrowers to pay the payday lender first. Industry sources openly acknowledge that "the potential for future (bad check) charges and/or loss of check-writing privileges" clearly motivates borrowers to pay off payday loans first, while defaulting on other obligations.

Unfortunately, most payday lenders are not federally regulated entities, and regulation of small loan interest rates has traditionally fallen within State jurisdiction. A large number of states, including my home state of New York, have in place small loan rate caps, usury ceiling or other restrictions to prohibit payday loans or limit their worst abuses. But these states are now under significant pressure from

the rapidly expanding payday lending industry. In 19 states, the payday loan industry has carved out special exemptions from state interest caps or enacted specific payday loan "regulatory" statutes that are written to benefit the industry, not consumers.

In states where the industry's lobbying tactics have failed, payday lenders either try to disguise these transactions, calling them service fees or sale-leaseback transactions, or they have set up special arrangements to conduct payday lending as affiliates or agents of nationally chartered banks and thrifts. This permits a payday lender to, essentially, "lease" the federal preemption authority accorded national banks by the Supreme Court's 1978 *Marquette* decision in order to circumvent otherwise applicable state interest rate restrictions.

The recent entry of insured national banks into payday lending is extremely troubling to me. I do not think institutions that benefit from a public charter, access to the federal payment system and federal deposit insurance should engage in lending that does not properly assess borrowers' ability to repay, that encourages writing of bad checks on accounts with other institutions, that seeks to trap borrowers in perpetual debt, that encourages default on obligations with other lenders, or that facilitates violations of state lending law. These are unacceptable activities for insured federal institutions that threaten the safety and soundness not only of the institution, but the entire banking system. Moreover, federal institutions have an obligation under the Community Reinvestment Act to serve all consumers in their surrounding community, not seek to exploit the most disadvantaged.

I believe Congress has a two-fold responsibility in this area. First, we must continue to address the inadequacies of the financial marketplace that fuel the growth of payday lending and other abusive practices. We have helped to make credit union services available to more people in financially underserved communities in the 1998 Credit Union Membership Access Act. The Treasury Department has recently implemented a Congressional mandate to make low-cost electronic transfer accounts available to all unbanked federal beneficiaries. And President Clinton has requested funding to implement new initiatives to make affordable "first account" banking services available to low-income households.

Second, we need to act decisively to restrict the abusive practices of payday lenders. At a minimum, we must keep federally regulated and insured institutions out of the business of payday lending, both to promote safe and sound banking practices and to eliminate the national bank "loophole" that permits payday lenders to circumvent state lending laws. But we need to much more—we must end the "indirect" involvement of insured institutions in payday lending by the fact that checks and other withdrawal on their accounts are being used by others as the basis for making and enforcing payday loan transaction. We also must make explicitly clear the fact that Truth in Lending Act disclosures and protections apply, and have always applied, to all payday loans.

The legislation I am introducing today will make four important changes in current law with regard to payday loans. First, it prohibits all federally insured banks and thrifts from engaging directly, or indirectly through other

lenders, in any form of payday lending. Second, it makes explicit Congress' intent that Truth in Lending Act protections apply to payday loan transactions, by specifically listing payday loans within TILA's definition of credit and providing a uniform federal definition of what constitutes a payday loan to eliminate future ambiguity.

Third, it amends current law to prohibit uninsured lenders from making any payday loan using a personal check or other written or electronic debit authorization on an account with an insured institution. Finally, the bill increases civil penalties under the Truth in Lending Act to provide a stronger deterrent to discourage abusive practices.

Mr. Speaker, Congress has spent a great deal of time in recent years creating a new, more flexible financial services structure that permits financial institutions to take full advantage of evolving technologies and changing market opportunities. Our challenge in future years will be to assure the benefits of these new structure will be equally available in all communities and to all consumers. I consider the "Federal Payday Loan Consumer Protection Amendments of 2000" a first step toward meeting this challenge. I urge its prompt consideration and adoption.

INTRODUCTION OF THE GLOBAL HEALTH ACT OF 2000

HON. JOSEPH CROWLEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 2, 2000

Mr. CROWLEY. Mr. Speaker, today I am introducing legislation to address an issue that is receiving much needed attention by the international community and the U.S. government. That issue is global health.

In August of 1999, my constituents were shocked to learn that an outbreak of West Nile-Like Encephalitis had surfaced for the first time in the Western hemisphere in the heart of my district in Queens and the Bronx.

This outbreak was a wake up call for every American. It illustrates that the global community has truly become the local community. As demonstrated by West Nile-Like Encephalitis, HIV/AIDS and tuberculosis, a disease respects no borders. An outbreak in Africa, Europe, Asia or South America can travel to U.S. shores within days.

No longer can diseases occurring in far off lands be ignored. They pose a direct threat to the national security of our great country and must be addressed by the U.S. government, this Congress and the international community as a whole. Diseases can not be seized by Customs and they do not apply at the U.S. Embassy for a visa. The only way to stop them is to target them at the source.

To address this growing danger, I have been joined by 22 of my colleagues in introducing bipartisan legislation to increase the U.S. commitment to global health by one billion dollars over Fiscal Year 2000 appropriated levels. With these additional funds, our commitment to global health will be authorized at 2.19 billion dollars.

Mr. Speaker, I would like to thank the co-sponsors of the Global Health Act of 2000, Representatives CONNIE MORELLA, NANCY PELOSI, AMO HOUGHTON, NITA LOWEY, JIM

GREENWOOD, BERNIE SANDERS, CHARLIE RANGEL, CARRIE MEEK, LOUISE MCINTOSH SLAUGHTER, BOBBY RUSH, MAURICE HINCHEY, WILLIAM DELAHUNT, TONY HALL, CAROLYN MALONEY, ROSA DELAURO, SHERROD BROWN, LYNN WOOLSEY, BARNEY FRANK, ROBERT WEXLER, SHEILA JACKSON-LEE, JIM MCGOVERN, and JIM McDERMOTT. These cosponsors represent a broad cross section of the House; Democrats and Republicans, members of the Women's Caucus, the Progressive Caucus, the Black Caucus, Appropriators and Authorizers, who have recognized the need and importance of an increased commitment to global health. I ask that a copy of the Global Health Act be printed in RECORD following my remarks.

The cosponsors of the Global Health Act have realized that an investment in global health today will benefit the health of our own citizens and be highly cost effective. They realize, Mr. Speaker, that its pay now, or pay dearly later.

We are joined in this effort by over 100 national organizations committed to global health, such as the Global Health Council, Save the Children, the Salvation Army World Services and the Global AIDS Action Network, and the list is growing every day.

Mr. Speaker, I have included a broad list of health organizations, faith based groups and development NGO's that support this legislation and ask that it be entered into the record.

Mr. Speaker, you may ask, what does the Global Health Act do?

The Global Health Act provides an additional \$475 million to prevent, control and combat infectious diseases such as HIV/AIDS and malaria. It authorizes an additional \$325 million in critical funding to help child and family survival through nutrition and health advice for pregnant women and mothers, along with programs for child survival and infant care, such as immunizations.

Finally, the GHA includes key funding provisions to increase the U.S. commitment to international family planning by authorizing an additional \$200 million for programs such as contraceptive use, spacing of children and proper care and nutrition during pregnancy.

According to a 1993 World Bank report, a basic health care package can be delivered to developing nations at a low cost of \$13–\$15 per person annually. This figure includes all immunizations, curative health care for children and adults, particularly cures for infectious diseases, reproductive health needs, education and treatment of sexually transmitted diseases. In other words, basic health services can be provided to the 2 billion people currently living in poverty at a cost \$30 billion each year.

In this context, an investment of an additional \$1 billion of global health by the United States—the world's richest nation—is a sound investment. The United States can serve as a catalyst to increase the commitment of other donor nations, foundations, and corporations to increase their contributions to further global health.

Mr. Speaker, make no mistake, this funding is urgently needed.

Over 10 million children under the age of five die each year in developing nations from preventable causes.

More than 150 million married women in developing nations still want to space or limit childbearing, but do not have access to modern contraceptives.

Nearly 600,000 women die each year from complications of pregnancy and childbirth, and another 18 million women suffer pregnancy-related health programs that can be permanently disabling.

Thirteen million people die annually from infectious diseases, most of which are preventable or curable.

HIV/AIDS has become the world's leading infectious disease threat with over 16,000 new infections daily of which 7,000 of these are young people between the ages 10–24.

The 21st century faces an estimated 33.5 million people around the world who are infected with HIV/AIDS. The spread of HIV/AIDS can be prevented with an urgent and necessary investment. We must stand at the forefront of tackling this disease, in order to secure the health and prosperity of our future generations.

Currently, India is the epicenter for HIV/AIDS as it leads the world in newly infected people. Last year, the continent of Africa experienced the death of over 2 million people, which is equivalent of four funerals per minute.

We can and must do better.

Mr. Speaker, I am pleased to say that the President, in his Fiscal Year 2001 budget request, has asked for additional funding for family planning and HIV/AIDS. Unfortunately, child survival's funding remained level, and maternal health had no request at all.

I am encouraged, however, by the Administration's statements on the U.S., commitment to global health. In his State of the Union address, the President called for a concerted international action to combat infectious diseases in developing countries. Vice President Gore recently told the UN Security Council that the Administration's FY 2001 budget will include a proposed \$50 million contribution to the vaccine purchase fund of the Global Alliance for Vaccines and Immunization. This week, appearing before the UN Economic and Social Council, Ambassador Holbrooke, along with other members of the Security Council, reported on the increased security concerns of HIV/AIDS and other infectious diseases.

Mr. Speaker, the time to turn these words into actions is now and I believe the Global Health Act provides the means.

Although other legislative proposals target specific diseases and seek to create new programs to help promote global health, the Global Health Act of 2000 represents a comprehensive, balanced approach that builds upon proven, existing programs.

For example, the Global Health Act of 2000 would provide a total of \$500 million for the prevention, care, and treatment of HIV/AIDS in FY 2001 through existing programs. This legislation uniquely addresses the issue of health infrastructure—allowing for vaccines, drugs, and medical devices to be delivered to those who need them most.

Additionally, the legislation emphasizes the interconnectedness of global health by calling for increased funding for child survival, woman's health and nutrition, reducing unintended pregnancies, and combating the spread of other infectious diseases. It also calls for increased coordination between the different government agencies administering health programs.

With the resources provided under the Global Health Act and the assistance of other nations, we can make a profound difference in the health and well-being of millions of the

world's poorest citizens and protect our own national security as well.

Mr. Speaker, I urge my colleagues to support this important legislation.

H.R. —

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global Health Act of 2000".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) More than 10,000,000 children under 5 years of age die each year in developing nations from preventable causes, and more than ½ of these deaths are due to 5 conditions; pneumonia, diarrhea, malaria, malnutrition, and measles.

(2) Despite progress in making family planning services available, more than 150,000,000 married women in developing nations will still want to space or limit child bearing, but do not have access to modern contraceptives.

(3) According to the World Health Organization, nearly 600,000 women die each year from complications of pregnancy and childbirth, and another 18,000,000 women suffer pregnancy-related health problems that can be permanently disabling.

(4) According to the World Health Organization, 13,000,000 people die annually from infectious diseases, most of which are preventable or curable, and 6 diseases account for 90 percent of these deaths; pneumonia, diarrhea diseases, measles, tuberculosis, malaria, and HIV/AIDS.

(5) HIV/AIDS has become the world's leading infectious disease threat, with 34,000,000 people infected worldwide, and more than 16,000 new infectious daily, of which 7,000 cases occur in people between the ages of 10 and 24.

SEC. 3. ASSISTANCE TO IMPROVE GLOBAL HEALTH.

(a) EMPHASIS ON DISEASE SURVEILLANCE AND PREVENTION AND RESPONSE TO DISEASE OUTBREAKS.— Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following:

"(4) Congress recognizes the growing threat that infectious diseases and other global health problems pose to Americans and people everywhere. Accordingly, activities supported under this subsection shall include activities to improve the capacity of developing nations to conduct disease surveillance and prevention programs and to respond promptly and effectively to disease outbreaks."

(b) INCREASE IN FY 2001 USAID ASSISTANCE.—

(1) AUTHORIZATION OF APPROPRIATIONS.— To carry out the purposes of section 104 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b) for fiscal year 2001, there is authorized to be appropriated, in addition to funds otherwise available for such purposes, the following amounts for the following purposes:

(A) The amount equal to the aggregate of amounts made available for fiscal year 2000 to carry out that section with respect to the health and survival of children, the health and nutrition of pregnant women and mothers, voluntary family planning, combating HIV/AIDS, and the prevention and control of infectious diseases other than HIV/AIDS, to be used for such purposes of fiscal year 2001.

(B) \$1,000,000,000, to be available in accordance with paragraph (2).

(2) ALLOCATION OF FUNDS.— Of the amount authorized to be appropriated in paragraph (1)(B)—

(A) \$225,000,000 should be available for the health and survival of children;

(B) \$100,000,000 should be available for the health and nutrition of pregnant women and mothers;

(C) \$200,000,000 should be available for voluntary family planning;

(D) \$275,000,000 should be available for combating HIV/AIDS; and

(E) \$200,000,000 should be available for the prevention and control of infectious diseases other than HIV/AIDS.

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

(C) COORDINATION AMONG FEDERAL DEPARTMENTS AND AGENCIES.— It is the sense of Congress that the President, acting through the Administrator of the United States Agency for International Development, should coordinate with the Centers for Disease Control and Prevention, the National Institutes of Health, the Department of State, the Department of Health and Human Services, the Department of Defense, and other appropriate Federal departments and agencies to ensure that United States funds made available for the purposes described in paragraph (1) are utilized effectively.

GLOBAL HEALTH ACT SUPPORTERS AS OF 2-29-00

1. Abt Associates, Inc., Bethesda, MD
2. Advocates for Youth, Washington, DC
3. AIDS Treatment News, San Francisco, CA
4. AIDS Vaccine Advocacy Coalition, Washington, DC
5. Alan Guttmacher Institute, Washington, DC
6. Alliance Lanka, Sri Lanka
7. American Association for World Health, Washington, DC
8. American Association of Dental Schools, Washington, DC
9. American Association of University Women, Washington, DC
10. American International Health Alliance, Washington, DC
11. American Medical Women's Association, Washington, DC
12. American Public Health Association, Washington, DC
13. American Public Health Laboratories, Washington, DC
14. American Society of Tropical Medicine and Hygiene, Washington, DC
15. Asia Pacific Network of People Living with HIV/AIDS, Singapore
16. Asian & Pacific Islander Wellness Center, San Francisco, CA
17. Association for Professionals in Infection Control and Epidemiology, Washington, DC
18. Association of Academic Health Centers, Washington, DC
19. Association of Reproductive Health Professionals, Washington, DC
20. Association of Schools of Public Health, Washington, DC
21. AVSC International, New York, NY
22. Catholics for Free Choice, Washington, DC
23. Center for Health and Gender Equity (CHANGE), Takoma Park, MD
24. Center for Reproductive Law and Policy, New York, NY
25. Centre for Development and Population Activities, Washington, DC
26. Child Health and Development Centre, Uganda
27. Childreach, US Member of PLAN International, Warwick, RI
28. CIDA-AIDS Project, Ghana
29. Community Working Group on Health—Training and Research Support Centre, Zimbabwe
30. Concern America, Santa Ana, CA
31. CONRAD Program, Arlington, VA
32. Department of Pediatrics & Child Health, Faculty of Medicine, University of Natal, South Africa
33. Dutch AIDS Coordination Bureau, The Netherlands
34. Eighteenth International AIDS Conference, Durban, South Africa
35. Esperanca, Phoenix, AZ
36. Family Health International, Research Triangle Park, NC
37. Female Health Company, Chicago, IL
38. Female Health Foundation, Chicago, IL
39. Fighting Drug Abuse in Kenya
40. Foundation for Compassionate America Samaritans, Cincinnati, OH
41. Francois-Xavier Bagnoud US Foundation, New York, NY
42. Freedom from Hunger, Davis, CA
43. Global AIDS Action Network, Washington, DC
44. Global Alliance for Africa, Chicago, IL
45. Global Health Connection, Columbus, OH
46. Global Health Council Washington, DC
47. Global Network of People Living with HIV/AIDS, The Netherlands
48. Heartland Alliance for Human Needs & Human Rights, Chicago, IL
49. Helen Keller Worldwide, New York, NY
50. Human Rights Campaign, Washington, DC
51. Humanitas Foundation, Chicago, IL
52. Institucion Internacional Para la Salud y el Desarrollo (ISDAE), Spain
53. Instituto Nacional de Salud Publica, Cuernavaca, Mexico
54. International Association of Physicians in AIDS Care, Chicago, IL
55. International Center for Research on Women, Washington, DC
56. International Community of Women Living with HIV/AIDS (ICW), United Kingdom
57. International Council of AIDS Service Organizations (ICASO)
58. International Eye Foundation, Bethesda, MD
59. International Women's Health Coalition, New York, NY
60. John Snow, Inc., Boston, MA
61. Just Like Me Program, Orlando, FL
62. Loma Linda University, School of Public Health, Loma Linda, CA
63. Management Sciences for Health, Boston, MA
64. Medical Service Corporation International, Arlington, VA
65. Migrant Clinicians Network, Austin, TX
66. Minnesota International Health Volunteers, Minneapolis, MN
67. Multidisciplinary African Women's Health Network (MAWHN), Ghana
68. National Abortion and Reproductive Rights League, Washington, DC
69. National AIDS Fund, Washington, DC
70. National Center for Health Education, New York, NY
71. National Family Planning and Reproductive Health Association, Washington, DC
72. National Latina/o Lesbian, Gay, Bisexual & Transgender Organization, Washington, DC
73. National Minority AIDS Council, Washington, DC
74. Pacific Institute for Women's Health, Los Angeles, CA
75. Pathfinder International, Watertown, MA
76. Pearl S. Buck International, Perkasie, PA
77. Physicians for Social Responsibility, Washington, DC
78. Planned Parenthood Federation of America, Washington, DC
79. Population Action International, Washington, DC
80. Population Institute, Washington, DC
81. Positive Life in Delhi, India
82. Program for Appropriate Technology in Health, Seattle, WA
83. Project Concern International, San Diego, CA
84. Project HOPE, Millwood, VA
85. Project Inform, San Francisco, CA
86. Project Troubador, Salisbury, CT
87. Salvation Army World Services, Arlington, VA
88. SatelLife, Watertown, MA
89. Save the Children Federation, Westport, CT
90. Shrada Dhanvantari Charitable Hospital, India
91. Southern Colorado AIDS Project, Colorado Springs, CO
92. Strategies for Hope, United Kingdom
93. Sub-Saharan Relief Fund, Washington, DC
94. Swiss Red Cross, Ghana
95. Thailand Business Coalition on AIDS
96. The Microbicides Alliance, Arlington, VA
97. The Seraphim foundation, Arlington, VA
98. Uganda Youth Anti-AIDS Association
99. The United Methodist Church—General Board of Church and Society, Washington, DC
100. University of Michigan Population Fellows Program, Ann Arbor, MI
101. U.S. Committee for UNFPA, New York, NY
102. U.S. Fund for UNICEF, New York, NY
103. VISIONS Worldwide, Boston, MA
104. Women's Health Institute, Boston, MA
105. World Neighbors, Oklahoma City, OK
106. Zero Population Growth, Washington, DC

HOUSE OF REPRESENTATIVES

March 1, 2000.

Pursuant to Clause 4 of the rule XXII of the rules of the House of Representatives, the following sponsors are hereby added to the Global Health Act of 2000.

- Constance A. Morella, Nancy Pelosi, Amo Houghton, Nita M. Lowey, James C. Greenwood, Bernard Sanders, Charles B. Rangel, Carrie P. Meek, Louise McIntosh Slaughter, Bobby L. Rush, Maurice D. Hinchey, William D. Delahunt, Tony P. Hall, Carolyn B. Maloney, Rosa L. DeLauro, Sherrod Brown, Lynn C. Woolsey, Borney Frank, Robert Wexler, Sheila Jackson Lee, Jim McDermott, and James P. McGovern