

VARIOUS BILLS AND RESOLUTIONS

MARKUP

BEFORE THE

COMMITTEE ON FOREIGN AFFAIRS HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

SECOND SESSION

ON

**H. Res. 185, H. Res. 854, H. Res. 865, H. Res. 951,
H. Con. Res. 154, H. Con. Res. 255,
H. Con. Res. 278, H. Con. Res. 290, H.R. 5501
and H.R. 1084**

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VARIOUS BILLS AND RESOLUTIONS

FEBRUARY 27, 2008

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The committee met, pursuant to notice, at 10:35 a.m. in room 2172, Rayburn House Office Building, Hon. Howard L. Berman (acting chairman of the committee) presiding.

Chairman BERMAN. The meeting of the Foreign Affairs Committee will come to order. I am new at this. We are told that there will be votes on the House floor within 15 to 30 minutes, so the plan will be to do some of our preliminary business, deal with some of the issues that we are hoping to get unanimous consent for, and then begin debate on the two legislative items that are before the committee.

First, before we do anything else, I would like to welcome our friend, our colleague, Barbara Lee, back to the committee. It is particularly fitting that she has been placed back on the committee at the time of the Global AIDS Initiative legislation, and she has graciously agreed to serve on the committee until a permanent selection can be made by the Democratic Caucus to fill the vacancy caused by the passing of our dear chairman, Mr. Lantos.

So, Barbara, welcome and thank you for being here.

At our last meeting, we briefly welcomed our newest Republican member, Mr. Wittman of Virginia. I now recognize our ranking member, Ms. Ros-Lehtinen, to formally introduce Mr. Wittman.

Mrs. ROS-LEHTINEN. Thank you so much, Mr. Chairman, and I am pleased to join you in welcoming our newest committee colleague, Congressman Rob Wittman. Last December, the people of the First District of Virginia elected Rob to take the seat of our late colleague and dear friend, Jo Ann Davis, who we all miss.

Rob's election is the latest episode in a distinguished career of public service, spanning more than 20 years. Previously, he served as mayor of Montrose, Virginia, as chairman of the Westmoreland County Board of Supervisors and as a member of the Virginia House of Delegates. Congressman Wittman is also Dr. Wittman, as he holds a Ph.D. in public policy and administration from Virginia Commonwealth University, as well as degrees from the University of North Carolina and Virginia Tech.

Rob and his wife, Catherine, are the parents of two grown children and have recently become grandparents. We look forward to Congressman Wittman's service on our committee, and, as well, he will serve on the Africa and Western Hemisphere Subcommittees. Thank you, Mr. Chairman. Welcome, Rob.

Chairman BERMAN. Thank you, and we all join in the welcome, and, without objection, Mr. McCaul resigns his current subcommittee assignments to the Subcommittee on Africa and Global Health and is assigned to the Subcommittee on the Middle East and South Asia and the Subcommittee on the Western Hemisphere, and Mr. Wittman is assigned to the Subcommittee on Africa and Global Health and the Subcommittee on the Western Hemisphere.

We have a series of noncontroversial bills on the agenda. It is the intention of the chair to consider these measures en bloc and, by unanimous consent, authorize the chair to report certain measures to the whole House and seek consideration of any remaining bills under suspension of the rules. All members are given leave to insert remarks on the measures into the record, should they do so.

[The above-mentioned bills follows:]

110TH CONGRESS
1ST SESSION

H. RES. 185

Expressing the sense of the House of Representatives regarding the creation of refugee populations in the Middle East, North Africa, and the Persian Gulf region as a result of human rights violations.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2007

Mr. NADLER (for himself, Ms. ROS-LEHTINEN, Mr. CROWLEY, and Mr. FERGUSON) submitted the following resolution; which was referred to the Committee on Foreign Affairs

RESOLUTION

Expressing the sense of the House of Representatives regarding the creation of refugee populations in the Middle East, North Africa, and the Persian Gulf region as a result of human rights violations.

Whereas armed conflicts in the Middle East have created refugee populations numbering in the hundreds of thousands and comprised of peoples from many ethnic, religious, and national backgrounds;

Whereas Jews and other ethnic groups have lived mostly as minorities in the Middle East, North Africa, and the Persian Gulf region for more than 2,500 years, more than 1,000 years before the advent of Islam;

Whereas the United States has long voiced its concern about the mistreatment of minorities and the violation of human rights in the Middle East and elsewhere;

Whereas the United States continues to play a pivotal role in seeking an end to the conflict in the Middle East and to promoting a peace that will benefit all the peoples of the region;

Whereas a comprehensive peace in the region will require the resolution of all outstanding issues through bilateral and multilateral negotiations involving all concerned parties;

Whereas approximately 850,000 Jews have been displaced from Arab countries since the declaration of the State of Israel in 1948;

Whereas the United States has demonstrated interest and concern about the mistreatment, violation of rights, forced expulsion, and expropriation of assets of minority populations in general, and in particular, former Jewish refugees displaced from Arab countries as evidenced, inter alia, by—

(1) the Memorandum of Understanding signed by President Jimmy Carter and Israeli Foreign Minister Moshe Dayan on October 4, 1977, which states that “[a] solution of the problem of Arab refugees and Jewish refugees will be discussed in accordance with rules which should be agreed”;

(2) after negotiating the Camp David Accords, the Framework for Peace in the Middle East, the statement by President Jimmy Carter in a press conference on October 27, 1977, that “Palestinians have rights . . . obviously there are Jewish refugees . . . they have the same rights as others do”; and

(3) in an interview after Camp David II in July 2000, at which the issue of Jewish refugees displaced from Arab lands was discussed, the statement by President Clinton that “There will have to be some sort of international fund set up for the refugees. There is, I think, some interest, interestingly enough, on both sides, in also having a fund which compensates the Israelis who were made refugees by the war, which occurred after the birth of the State of Israel. Israel is full of people, Jewish people, who lived in predominantly Arab countries who came to Israel because they were made refugees in their own land.”;

Whereas the international definition of a refugee clearly applies to Jews who fled the persecution of Arab regimes, where a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country” (the 1951 Convention relating to the Status of Refugees);

Whereas on January 29, 1957, the United Nations High Commissioner for Refugees (UNHCR), determined that Jews fleeing from Arab countries were refugees that fell within the mandate of the UNHCR;

Whereas United Nations Security Council Resolution 242 of November 22, 1967, calls for a “just settlement of the refugee problem” without distinction between Palestinian and Jewish refugees, and this is evidenced by—

(1) the Soviet Union’s United Nations delegation attempt to restrict the “just settlement” mentioned in Resolution 242 solely to Palestinian refugees (S/8236, dis-

cussed by the Security Council at its 1382nd meeting of November 22, 1967, notably at paragraph 117, in the words of Ambassador Kouznetsov of the Soviet Union); this attempt failed, signifying the international community's intention of having the resolution address the rights of all Middle East refugees; and

(2) a statement by Justice Arthur Goldberg, the United States' Chief Delegate to the United Nations at that time, who was instrumental in drafting the unanimously adopted Resolution 242, where he has pointed out that "The resolution addresses the objective of 'achieving a just settlement of the refugee problem'. This language presumably refers both to Arab and Jewish refugees, for about an equal number of each abandoned their homes as a result of the several wars.";

Whereas in his opening remarks before the January 28, 1992, organizational meeting for multilateral negotiations on the Middle East in Moscow, United States Secretary of State James Baker made no distinction between Palestinian refugees and Jewish refugees in articulating the mission of the Refugee Working Group, stating that "[t]he refugee group will consider practical ways of improving the lot of people throughout the region who have been displaced from their homes";

Whereas the Roadmap to a Permanent Two-State Solution to the Israeli-Palestinian Conflict, which refers in Phase III to an "agreed, just, fair, and realistic solution to the refugee issue," uses language that is equally applicable to all persons displaced as a result of the conflict in the Middle East;

Whereas Egypt, Jordan, and the Palestinians have affirmed that a comprehensive solution to the Middle East conflict will require a just solution to the plight of all “refugees”;

Whereas the initiative to secure rights and redress for Jewish and other minorities who were forced to flee Arab countries does not conflict with the right of Palestinian refugees to claim redress;

Whereas the international community should be aware of the plight of Jews and other minority groups displaced from countries in the Middle East, North Africa, and the Persian Gulf;

Whereas an international campaign is proceeding in some 40 countries to record the history and legacy of Jewish refugees from Arab countries;

Whereas no just, comprehensive Middle East peace can be reached without addressing the uprooting of centuries-old Jewish communities in the Middle East, North Africa, and the Persian Gulf; and

Whereas it would be inappropriate and unjust for the United States to recognize rights for Palestinian refugees without recognizing equal rights for former Jewish, Christian, and other refugees from Arab countries: Now, therefore, be it

1 *Resolved*, That—

2 (1) for any comprehensive Middle East peace
3 agreement to be credible and enduring, the agree-
4 ment must address and resolve all outstanding
5 issues relating to the legitimate rights of all refugees
6 in the Middle East, including Jews, Christians, and

1 other populations displaced from countries in the re-
2 gion; and

3 (2) the President should instruct the United
4 States Representative to the United Nations and all
5 United States representatives in bilateral and multi-
6 lateral fora to—

7 (A) use the voice, vote, and influence of
8 the United States to ensure that any resolu-
9 tions relating to the issue of Middle East refu-
10 gees, and which include a reference to the re-
11 quired resolution of the Palestinian refugee
12 issue, must also include a similarly explicit ref-
13 erence to the resolution of the issue of Jewish,
14 Christian, and other refugees from Arab coun-
15 tries; and

16 (B) make clear that the United States
17 Government supports the position that, as an
18 integral part of any comprehensive Arab-Israeli
19 peace, the issue of refugees from the Middle
20 East, North Africa, and the Persian Gulf must
21 be resolved in a manner that includes recogni-
22 tion of the legitimate rights of and losses in-
23 curred by all refugees displaced from Arab

9

7

1 countries including Jews, Christians, and other
2 minority groups.

○

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. RES. 185
OFFERED BY MR. Berman

Strike the preamble and insert the following:

Whereas armed conflicts in the Middle East have created refugee populations numbering in the millions and comprised of peoples from many ethnic, religious, and national backgrounds;

Whereas Jews have lived mostly as a minority in the Middle East, North Africa, and the Persian Gulf region for more than 2,500 years;

Whereas the United States has long voiced its concern about the mistreatment of minorities and the violation of human rights in the Middle East and elsewhere;

Whereas the United States continues to play a pivotal role in seeking an end to the Arab-Israeli conflict in the Middle East and to promoting a peace that will benefit all the peoples of the region;

Whereas United States administrations historically have called for a just solution to the Palestinian refugee problem;

Whereas the Palestinian refugee issue has received considerable attention from countries of the world while the issue of Jewish refugees from the Arab and Muslim worlds has received very little attention;

Whereas a comprehensive peace in the region will require the resolution of all outstanding issues through bilateral and multilateral negotiations involving all concerned parties;

Whereas approximately 850,000 Jews have been displaced from Arab countries since the declaration of the State of Israel in 1948;

Whereas the United States has demonstrated interest and concern about the mistreatment, violation of rights, forced expulsion, and expropriation of assets of minority populations in general, and in particular, former Jewish refugees displaced from Arab countries as evidenced, inter alia, by—

(1) the Memorandum of Understanding signed by President Jimmy Carter and Israeli Foreign Minister Moshe Dayan on October 4, 1977, which states that “[a] solution of the problem of Arab refugees and Jewish refugees will be discussed in accordance with rules which should be agreed”;

(2) after negotiating the Camp David Accords, the Framework for Peace in the Middle East, the statement by President Jimmy Carter in a press conference on October 27, 1977, that “Palestinians have rights . . . obviously there are Jewish refugees . . . they have the same rights as others do”; and

(3) in an interview after Camp David II in July 2000, at which the issue of Jewish refugees displaced from Arab lands was discussed, the statement by President Clinton that “There will have to be some sort of international fund set up for the refugees. There is, I think, some interest, interestingly enough, on both sides, in also having a fund which compensates the Israelis who were made refugees by

the war, which occurred after the birth of the State of Israel. Israel is full of people, Jewish people, who lived in predominantly Arab countries who came to Israel because they were made refugees in their own land.”;

Whereas the international definition of a refugee clearly applies to Jews who fled the persecution of Arab regimes, where a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country” (the 1951 Convention relating to the Status of Refugees);

Whereas on January 29, 1957, the United Nations High Commissioner for Refugees (UNHCR), determined that Jews fleeing from Arab countries were refugees that fell within the mandate of the UNHCR;

Whereas United Nations Security Council Resolution 242 of November 22, 1967, calls for a “just settlement of the refugee problem” without distinction between Palestinian and Jewish refugees, and this is evidenced by—

(1) the Soviet Union’s United Nations delegation attempt to restrict the “just settlement” mentioned in Resolution 242 solely to Palestinian refugees (S/8236, discussed by the Security Council at its 1382nd meeting of November 22, 1967, notably at paragraph 117, in the words of Ambassador Kouznetsov of the Soviet Union), but this attempt failed, signifying the international community’s intention of having the resolution address the rights of all Middle East refugees; and

(2) a statement by Justice Arthur Goldberg, the United States' Chief Delegate to the United Nations at that time, who was instrumental in drafting the unanimously adopted Resolution 242, where he has pointed out that "The resolution addresses the objective of 'achieving a just settlement of the refugee problem'. This language presumably refers both to Arab and Jewish refugees, for about an equal number of each abandoned their homes as a result of the several wars.";

Whereas in his opening remarks before the January 28, 1992, organizational meeting for multilateral negotiations on the Middle East in Moscow, United States Secretary of State James Baker made no distinction between Palestinian refugees and Jewish refugees in articulating the mission of the Refugee Working Group, stating that "[t]he refugee group will consider practical ways of improving the lot of people throughout the region who have been displaced from their homes";

Whereas the Roadmap to a Permanent Two-State Solution to the Israeli-Palestinian Conflict, which refers in Phase III to an "agreed, just, fair, and realistic solution to the refugee issue," uses language that is equally applicable to all persons displaced as a result of the conflict in the Middle East;

Whereas Israel's agreements with Egypt, Jordan, and the Palestinians have affirmed that a comprehensive solution to the Arab-Israeli conflict will require a just solution to the plight of all "refugees";

Whereas the initiative to secure rights and redress for Jews who were forced to flee Arab countries does not conflict with the right of Palestinian refugees to claim redress;

Whereas all countries should be aware of the plight of Jews and other minority groups displaced from countries in the Middle East, North Africa, and the Persian Gulf;

Whereas an international campaign is proceeding in some 40 countries to record the history and legacy of Jewish refugees from Arab countries;

Whereas a just, comprehensive Arab-Israeli peace cannot be reached without addressing the uprooting of centuries-old Jewish communities in the Middle East, North Africa, and the Persian Gulf; and

Whereas it would be inappropriate and unjust for the United States to recognize rights for Palestinian refugees without recognizing equal rights for Jewish refugees from Arab countries: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That—

- 1 (1) for any comprehensive Middle East peace
- 2 agreement to be credible and enduring, the agree-
- 3 ment must address and resolve all outstanding
- 4 issues relating to the legitimate rights of all refu-
- 5 gees, including Jews, Christians, and other popu-
- 6 lations, displaced from countries in the Middle East;
- 7 and
- 8 (2) the President should instruct the United
- 9 States Representative to the United Nations and all

1 United States representatives in bilateral and multi-
2 lateral fora to—

3 (A) use the voice, vote, and influence of
4 the United States to ensure that any resolu-
5 tions relating to the issue of Middle East refu-
6 gees, and which include a reference to the re-
7 quired resolution of the Palestinian refugee
8 issue, must also include a similarly explicit ref-
9 erence to the resolution of the issue of Jewish
10 refugees from Arab countries; and

11 (B) make clear that the United States
12 Government supports the position that, as an
13 integral part of any comprehensive Arab-Israeli
14 peace, the issue of refugees from the Middle
15 East, North Africa, and the Persian Gulf must
16 be resolved in a manner that includes recogni-
17 tion of the legitimate rights of and losses in-
18 curred by all refugees displaced from Arab
19 countries, including Jews, Christians, and other
20 groups.

110TH CONGRESS
1ST SESSION

H. RES. 854

Expressing gratitude to all of the member states of the International Commission of the International Tracing Service (ITS) on ratifying the May 2006 Agreement to amend the 1955 Bonn Accords granting open access to vast Holocaust and other World War II related archives located in Bad Arolsen, Germany.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2007

Mr. HASTINGS of Florida (for himself, Mr. WEXLER, Ms. ROS-LEHTINEN, and Mr. KIRK) submitted the following resolution; which was referred to the Committee on Foreign Affairs

RESOLUTION

Expressing gratitude to all of the member states of the International Commission of the International Tracing Service (ITS) on ratifying the May 2006 Agreement to amend the 1955 Bonn Accords granting open access to vast Holocaust and other World War II related archives located in Bad Arolsen, Germany.

Whereas for the past 62 years, until their ultimate release on November 28, 2007, the International Tracing Service (“ITS”) archives located in Bad Arolsen, Germany remained the largest closed Holocaust-era archives in the world;

Whereas while Holocaust survivors and their descendants have had limited access to individual records at Bad Arolsen, reports suggest that they faced long delays, incomplete information, and even unresponsiveness;

Whereas until the archives' recent release, the materials remained inaccessible to researchers and research institutions;

Whereas the 1955 Bonn Accords established an International Commission of 11 member countries (Belgium, France, Germany, Greece, Israel, Italy, Luxembourg, the Netherlands, Poland, the United Kingdom, the United States) responsible for overseeing the administration of the ITS Holocaust archives which contain 17.5 million individual names and 50 million documents;

Whereas the new International Committee of the Red Cross ("ICRC") and the Director of the ITS, who is an ICRC employee, oversee the daily operations of the ITS and report to the Commission at its annual meetings;

Whereas the new International Committee of the Red Cross leadership at the ITS should be commended for their commitment to providing expedited and comprehensive responses to Holocaust survivor requests for information, and for their efforts to complete the digitization of all archives as soon as possible;

Whereas since the inception of the ITS, the German government has financed its operations;

Whereas beginning in the late 1990s, the U.S. Holocaust Memorial Museum ("Holocaust Museum"), Holocaust survivor organizations, and others began exerting pressure on International Commission members to allow unfettered access to the ITS archives;

Whereas following years of delay, in May 2006 in Luxembourg, the International Commission of the ITS agreed upon amendments to the Bonn Accords which would grant researchers access to the archives, would allow each Commission member country to receive a digitized copy of the archives and make the copy available to researchers under their own country's respective archival and privacy laws and practices;

Whereas the first 3 Commission member States to ratify the amendments to the Bonn Accords were the United States, Israel, and Poland, all 3 home to hundreds of thousands of survivors of Nazi brutality;

Whereas the United States Holocaust Memorial Museum has worked to ensure the timely release of the Bad Arolsen archives to survivors, researchers, and the public;

Whereas the United States Department of State engaged in diplomatic efforts with other Commission member nations to provide open access to the archives;

Whereas the United States House of Representatives unanimously passed H. Res. 240 on April 25, 2007 and the United States Senate passed S. Res. 141 on May 1, 2007, urging all member countries of the International Commission of the International Tracing Service ("ITS") who have yet to ratify the May 2006 Amendments to the 1955 Bonn Accords Treaty, to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany;

Whereas on May 15, 2007, the International Commission voted in favor of a United States proposal to allow a transfer of a digital copy of archived materials to any of the 11 member States that have adopted the May 2006

amendments to the Bonn Accords; thereafter, transfer of materials to both the United States Holocaust Memorial Museum and Yad Vashem, the Holocaust Martyrs' and Heroes' Remembrance Authority in Israel was initiated;

Whereas while it is not possible to provide meaningful compensation to Holocaust survivors for the pain, suffering and loss of life they have experienced, it is a moral and justifiable imperative for Holocaust survivors and their families to be offered expedited open access to these archives;

Whereas with respect to the release of the materials, time is of the essence in order for Holocaust researchers to access the archives while Holocaust survivor eyewitnesses to the horrific atrocities of Nazi Germany are still alive;

Whereas opening the historic record is a vital contribution to the world's collective memory and understanding of the Holocaust and to ensure that unchecked anti-Semitism and complete disrespect for the value of human life, including the crimes committed against non-Jewish victims which made such horrors possible, is never again permitted to take hold;

Whereas despite overwhelming international recognition of the unconscionable horrors of the Holocaust and its devastating impact on World Jewry, there has been a sharp increase in global anti-Semitism and Holocaust denial in recent years; and

Whereas it is critical that the international community continue to heed the lessons of the Holocaust, one of the darkest periods in the history of humankind, and take immediate and decisive measures to combat the scourge of anti-Semitism;

1 *Resolved*, That the House of Representatives—

2 (1) commends in the strongest terms all States
3 that worked to expeditiously ratify the amendments
4 to the Bonn Accords to allow for open access to the
5 Holocaust Archives located in Bad Arolsen, Ger-
6 many;

7 (2) congratulates the dedication, commitment,
8 and collaborative efforts of the United States Holo-
9 caust Memorial Museum, the Department of State,
10 and the International Committee of the Red Cross
11 to open the archives;

12 (3) encourages the United States Holocaust
13 Memorial Museum and the International Committee
14 of the Red Cross to act with all possible urgency to
15 create appropriate conditions to ensure survivors,
16 their families, and researchers have direct access to
17 the archives, and are offered effective assistance in
18 navigating and interpreting these archives;

19 (4) remembers and pays tribute to the murder
20 of 6,000,000 innocent Jews and more than
21 5,000,000 other innocent victims during the Holo-
22 caust committed by Nazi perpetrators and their col-
23 laborators; and

- 1 (5) must remain vigilant in combating global
- 2 anti-Semitism, intolerance, and bigotry.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. RES. 854
OFFERED BY MR. Wexler**

Strike the preamble and insert the following:

Whereas for the past 62 years, until their ultimate release on November 28, 2007, the International Tracing Service (“ITS”) archives located in Bad Arolsen, Germany remained the largest closed Holocaust-era archives in the world;

Whereas while Holocaust survivors and their descendants have had limited access to individual records at Bad Arolsen, reports suggest that they faced long delays, incomplete information, and even unresponsiveness;

Whereas until the archives’ recent release, the materials remained inaccessible to researchers and research institutions;

Whereas the 1955 Bonn Accords established an International Commission of 11 member countries (Belgium, France, Germany, Greece, Israel, Italy, Luxembourg, the Netherlands, Poland, the United Kingdom, the United States) responsible for overseeing the administration of the ITS Holocaust archives which contain 17,500,000 individual names and 50,000,000 documents;

Whereas the new International Committee of the Red Cross (“ICRC”) and the Director of the ITS, who is an ICRC employee, oversee the daily operations of the ITS and report to the Commission at its annual meetings;

Whereas the new ICRC leadership at the ITS should be commended for their commitment to providing expedited and comprehensive responses to Holocaust survivor requests for information, and for their efforts to complete the digitization of all archives as soon as possible;

Whereas since the inception of the ITS, the German government has financed its operations;

Whereas beginning in the late 1990s, the U.S. Holocaust Memorial Museum (“Holocaust Museum”), Holocaust survivor organizations, and others began exerting pressure on International Commission members to allow unfettered access to the ITS archives;

Whereas following years of delay, in May 2006 in Luxembourg, the International Commission of the ITS agreed upon amendments to the Bonn Accords which would grant researchers access to the archives and would allow each Commission member country to receive a digitized copy of the archives and make the copy available to researchers under their own country’s respective archival and privacy laws and practices;

Whereas the first 3 Commission member countries to ratify the amendments to the Bonn Accords were the United States, Israel, and Poland, all 3 home to hundreds of thousands of survivors of Nazi brutality;

Whereas the United States Holocaust Memorial Museum has worked to ensure the timely release of the Bad Arolsen archives to survivors, researchers, and the public;

Whereas the United States Department of State engaged in diplomatic efforts with other Commission member countries to provide open access to the archives;

Whereas the United States House of Representatives unanimously passed H. Res. 240 on April 25, 2007 and the United States Senate passed S. Res. 141 on May 1, 2007, urging all member countries of the International Commission of the ITS who have yet to ratify the May 2006 Amendments to the 1955 Bonn Accords Treaty, to expedite the ratification process to allow for open access to the Holocaust archives located at Bad Arolsen, Germany;

Whereas on May 15, 2007, the International Commission voted in favor of a United States proposal to allow a transfer of a digital copy of archived materials to any of the 11 member States that have adopted the May 2006 amendments to the Bonn Accords; thereafter, transfer of materials to both the United States Holocaust Memorial Museum and Yad Vashem, the Holocaust Martyrs' and Heroes' Remembrance Authority in Israel, was initiated;

Whereas while it is not possible to provide meaningful compensation to Holocaust survivors for the pain, suffering and loss of life they have experienced, it is a moral and justifiable imperative for Holocaust survivors and their families to be offered expedited open access to these archives;

Whereas with respect to the release of the materials, time is of the essence in order for Holocaust researchers to access the archives while Holocaust survivor eyewitnesses to the horrific atrocities of Nazi Germany are still alive;

Whereas opening the historic record is a vital contribution to the world's collective memory and understanding of the Holocaust and to ensure that unchecked anti-Semitism and complete disrespect for the value of human life, including the crimes committed against non-Jewish victims

which made such horrors possible, is never again permitted to take hold;

Whereas despite overwhelming international recognition of the unconscionable horrors of the Holocaust and its devastating impact on World Jewry, there has been a sharp increase in global anti-Semitism and Holocaust denial in recent years; and

Whereas it is critical that the international community continue to heed the lessons of the Holocaust, one of the darkest periods in the history of humankind, and take immediate and decisive measures to combat the scourge of anti-Semitism: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That the House of Representatives—

- 1 (1) expresses its appreciation to all countries
- 2 that ratified the amendments to the Bonn Accords
- 3 allowing for open access to the Holocaust Archives
- 4 located in Bad Arolsen, Germany;
- 5 (2) congratulates the dedication, commitment,
- 6 and collaborative efforts of the United States Holocaust Memorial Museum, the Department of State,
- 7 and the International Committee of the Red Cross
- 8 to open the archives;
- 9 (3) encourages the United States Holocaust
- 10 Memorial Museum and the International Committee
- 11

1 of the Red Cross to act with all possible urgency to
2 create appropriate conditions to ensure survivors,
3 their families, and researchers have direct access to
4 the archives, and are offered effective assistance in
5 navigating and interpreting these archives;

6 (4) remembers and pays tribute to the murder
7 of 6,000,000 innocent Jews and more than
8 5,000,000 other innocent victims during the Holo-
9 caust committed by Nazi perpetrators and their col-
10 laborators; and

11 (5) must remain vigilant in combating global
12 anti-Semitism, intolerance, and bigotry.

Amend the title so as to read: “Expressing gratitude to all of the member states of the International Commission of the International Tracing Service on ratifying the May 2006 Agreement to amend the 1955 Bonn Accords granting open access to vast Holocaust and other World War II related archives located in Bad Arolsen, Germany.”

110TH CONGRESS
1ST SESSION

H. RES. 865

Expressing the sense of the House of Representatives that the March 2007 report of the United Nations Office on Drugs and Crime and the International Bank for Reconstruction and Development makes an important contribution to the understanding of the high levels of crime and violence in the Caribbean, and that the United States should work with Caribbean countries to address crime and violence in the region.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 11, 2007

Ms. CLARKE (for herself, Mr. ENGEL, Mr. BURTON of Indiana, Ms. JACKSON-LEE of Texas, Mr. RANGEL, Ms. WATERS, Mr. FORTUÑO, Mr. MEEKS of New York, Mr. PAYNE, Mr. FALEOMAVAEGA, Mr. HARE, Ms. MCCOLLUM of Minnesota, Mr. HASTINGS of Florida, Mr. DOGGETT, Mr. McNULTY, Mr. SIREs, Mr. DAVIS of Illinois, Mr. AL GREEN of Texas, Mr. RUSH, Mr. FATAH, Mrs. CHRISTENSEN, Mr. ARCURI, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. LEE, Mr. TOWNS, Mrs. MALONEY of New York, Mr. ACKERMAN, Ms. WATSON, Ms. LINDA T. SÁNCHEZ of California, Mr. SCOTT of Georgia, Mr. JOHNSON of Georgia, Mr. CROWLEY, and Mr. KLEIN of Florida) submitted the following resolution; which was referred to the Committee on Foreign Affairs

RESOLUTION

Expressing the sense of the House of Representatives that the March 2007 report of the United Nations Office on Drugs and Crime and the International Bank for Reconstruction and Development makes an important contribution to the understanding of the high levels of crime and violence in the Caribbean, and that the United

States should work with Caribbean countries to address crime and violence in the region.

Whereas, in his 2006 New Year's address, then Prime Minister of Jamaica, P.J. Patterson, said, "Without a doubt, the high level of violent crime remains our most troubling and pressing problem.";

Whereas, in opening the Parliament of Trinidad and Tobago in September 2005, President George Maxwell Richards said his country was in crisis due to the escalating crime rate;

Whereas, in March 2007, the United Nations Office on Drugs and Crime (UNODC) and the International Bank for Reconstruction and Development (World Bank) issued a report entitled, "Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean";

Whereas the UNODC and World Bank report presents detailed analyses of crime and violence in the Caribbean region and offers possible policy responses;

Whereas the UNODC and World Bank report draws on input from governments, civil society organizations, and Caribbean experts;

Whereas the UNODC and World Bank offer the following facts about crime in the Caribbean:

(1) the Caribbean region has the highest murder and assault rates in the world, with murder rates at 4 times the level of the United States; and

(2) Trinidad and Tobago doubled its kidnapping rate between 1999 and 2005;

Whereas the UNODC and World Bank report that high crime levels have long term developmental effects on the Caribbean:

- (1) crime cost the Jamaican economy \$12,400,000,000 in Jamaican dollars, 3.7 percent of its gross domestic product, in 2001; and
- (2) reducing the region-wide homicide rate by $\frac{1}{3}$ could over double the rate of economic growth per capita; and

Whereas the UNODC and World Bank report reached the following conclusions:

- (1) Caribbean countries are transit points and not producers of cocaine. Interdiction needs to be complemented by other strategies outside the region: principally demand reduction in consumer countries and eradication and/or alternative development in producer countries;
- (2) expansion of gun ownership and illegal gun trafficking is a dangerous outgrowth of the drug trade. Although reducing gun ownership is difficult, better gun registries, marking, and tracking can help, as can improved gun interdiction in ports. Policies should also focus on limiting the availability of firearms and on providing meaningful alternatives to youth;
- (3) deaths and injuries from youth violence constitute a major threat to public health and social and economic progress across the Caribbean. Youth are disproportionately represented in the ranks of both victims and perpetrators of crime and violence;
- (4) although the average deportee from the United States to the Caribbean is not involved in criminal activity, a minority of deportees may be causing serious problems, both by direct involvement in crime and by pro-

viding a perverse role model for youth. The report recommends that more services be offered to reintegrate deportees, with departing countries contributing to the cost of these programs;

(5) in general, there is an over-reliance on the criminal justice system to reduce crime in the region, but some types of crime, such as organized crime, and drug and firearms trafficking, are generally impervious to prevention initiatives; their control requires an efficient criminal justice system. Urgent priorities for improving the criminal justice system in the region include: the development of management information systems, tracking of justice system performance, monitoring of reform programs, and increased accountability to citizens;

(6) several Caribbean countries are increasingly investing in crime prevention—using approaches such as integrated citizen security programs, crime prevention through environmental design, and a public health approach that focuses on risk factors for violent behaviors;

(7) youth violence is a particularly serious problem in the region, and youth homicide rates in several countries of the region are significantly above the world average. To address issues of youth violence, Caribbean policymakers should invest in programs that have been shown to be successful in careful evaluations such as: (i) early childhood development and mentoring programs; (ii) interventions to keep high risk youth in secondary schools; and (iii) opening schools after hours and on weekends to offer additional activities and training; and

(8) many of the issues facing the Caribbean transcend national boundaries and require a coordinated regional and international response. Demand for drugs emanates from Europe and the United States; deportees

are sent back to the region from the United States, the United Kingdom, and Canada; and many weapons that are trafficked are brought from the United States: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) welcomes the recommendations contained in
3 the March 2007 UNODC and World Bank report,
4 “Crime, Violence, and Development: Trends, Costs,
5 and Policy Options in the Caribbean”;

6 (2) urges the United States Government to con-
7 sider fully and carefully the recommendations in the
8 UNODC and World Bank Report and to take the
9 recommendations into account when developing
10 United States policy toward the region;

11 (3) urges the governments of United States and
12 other drug-consuming countries to increase counter-
13 narcotics assistance to the Caribbean region;

14 (4) urges the United States Government to in-
15 crease coordination on policy development and imple-
16 mentation with Caribbean governments to help com-
17 bat crime and violence in the region;

18 (5) urges the Department of State and the De-
19 partment of Homeland Security to work with Carib-
20 bean governments to mitigate the negative effects of
21 United States deportation policy; and

1 (6) urges governments of Caribbean countries
2 to consider fully and carefully the recommendations
3 in the UNODC and World Bank Report, and to take
4 the recommendations into account, especially regard-
5 ing improvements in their criminal justice systems.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.RES. 865
OFFERED BY MR. ENGEL OF NEW YORK**

Strike all after the resolving clause and insert the following:

1 That the House of Representatives—

2 (1) welcomes the recommendations contained in
3 the March 2007 UNODC and World Bank report,
4 “Crime, Violence, and Development: Trends, Costs,
5 and Policy Options in the Caribbean”;

6 (2) urges the United States Government to con-
7 sider fully and carefully the recommendations in the
8 UNODC and World Bank Report and to take the
9 recommendations into account when developing
10 United States policy toward the current member
11 states of the Caribbean Community (CARICOM)
12 and the Dominican Republic;

13 (3) urges the governments of United States and
14 other drug-consuming countries to increase counter-
15 narcotics assistance to the current member states of
16 CARICOM and the Dominican Republic;

17 (4) urges the United States Government to in-
18 crease coordination on policy development and imple-

1 mentation with the current member states of
2 CARICOM and the Dominican Republic to help
3 combat crime and violence in the region;

4 (5) urges the Department of State and the De-
5 partment of Homeland Security to work with the
6 current member states of CARICOM and the Do-
7 minican Republic to mitigate the negative effects of
8 United States deportation policy;

9 (6) urges the current member states of
10 CARICOM and the Dominican Republic to consider
11 fully and carefully the recommendations in the
12 UNODC and World Bank Report, and to take the
13 recommendations into account, especially regarding
14 improvements in their criminal justice systems; and

15 (7) urges the United States Government to con-
16 sider the impact on the current member states of
17 CARICOM and the Dominican Republic of the pro-
18 posed Merida Initiative to combat drugs, violence,
19 and transnational crime in Mexico and Central
20 America, especially whether a successful plan will
21 drive narco-traffickers from Mexico and Central
22 America to the current member states of CARICOM
23 or the Dominican Republic.

Strike the preamble and insert the following:

Whereas, in his 2006 New Year's address, then Prime Minister of Jamaica, P.J. Patterson, said, "Without a doubt, the high level of violent crime remains our most troubling and pressing problem.";

Whereas, in opening the Parliament of Trinidad and Tobago in September 2005, President George Maxwell Richards said his country was in crisis due to the escalating crime rate;

Whereas, in March 2007, the United Nations Office on Drugs and Crime (UNODC) and the International Bank for Reconstruction and Development (World Bank) issued a report entitled, "Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean";

Whereas the UNODC and World Bank report presents detailed analyses of crime and violence in the Caribbean region and offers possible policy responses;

Whereas the UNODC and World Bank report draws on input from governments, civil society organizations, and Caribbean experts;

Whereas the UNODC and World Bank report that the Caribbean region has the highest murder and assault rates in the world, with murder rates at 4 times the level of the United States;

Whereas the UNODC and World Bank report that high crime levels have long term developmental effects on the Caribbean:

- (1) crime cost the Jamaican economy \$12,400,000,000 in Jamaican dollars, 3.7 percent of its gross domestic product, in 2001; and

(2) reducing the region-wide homicide rate by $\frac{1}{3}$ could over double the rate of economic growth per capita; and

Whereas the UNODC and World Bank report reached the following conclusions:

(1) Caribbean countries are transit points and not producers of cocaine. Interdiction needs to be complemented by other strategies outside the region: principally demand reduction in consumer countries and eradication and/or alternative development in producer countries;

(2) expansion of gun ownership and illegal gun trafficking is a dangerous outgrowth of the drug trade. Although reducing gun ownership is difficult, better gun registries, marking, and tracking can help, as can improved gun interdiction in ports. Policies should also focus on limiting the availability of firearms and on providing meaningful alternatives to youth;

(3) deaths and injuries from youth violence constitute a major threat to public health and social and economic progress across the Caribbean. Youth are disproportionately represented in the ranks of both victims and perpetrators of crime and violence;

(4) although the average deportee from the United States to the Caribbean is not involved in criminal activity, a minority of deportees may be causing serious problems, both by direct involvement in crime and by providing a perverse role model for youth. The report recommends that more services be offered to reintegrate deportees, with deporting countries contributing to the cost of these programs;

(5) some types of crime, such as organized crime and drug and firearms trafficking, are impervious to alternative prevention initiatives and require an efficient criminal justice system, and therefore urgent priorities for improving the criminal justice system in the region include the development of management information systems, tracking of justice system performance, monitoring of reform programs, and increased accountability to citizens;

(6) several Caribbean countries are increasingly investing in crime prevention—using approaches such as integrated citizen security programs, crime prevention through environmental design, and a public health approach that focuses on risk factors for violent behaviors;

(7) youth violence is a particularly serious problem in the region, and youth homicide rates in several countries of the region are significantly above the world average. To address issues of youth violence, Caribbean policymakers should invest in programs that have been shown to be successful in careful evaluations such as: (i) early childhood development and mentoring programs; (ii) interventions to keep high risk youth in secondary schools; and (iii) opening schools after hours and on weekends to offer additional activities and training; and

(8) many of the issues facing the Caribbean transcend national boundaries and require a coordinated regional and international response. Demand for drugs emanates from Europe and the United States; deportees are sent back to the region from the United States, the United Kingdom, and Canada; and many weapons that are trafficked are

brought from the United States: Now, therefore, be it

Amend the title so as to read: “A resolution expressing the sense of the House of Representatives that the March 2007 report of the United Nations Office on Drugs and Crime and the International Bank for Reconstruction and Development makes an important contribution to the understanding of the high levels of crime and violence in the Caribbean, and that the United States should work with the current member states of Caribbean Community and the Dominican Republic to address crime and violence in the region.”.

110TH CONGRESS
2D SESSION

H. RES. 951

Condemning the ongoing Palestinian rocket attacks on Israeli civilians, and
for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 29, 2008

Mr. GARRETT of New Jersey (for himself, Mr. ENGEL, Mr. HENSARLING, and
Ms. BERKLEY) submitted the following resolution; which was referred to
the Committee on Foreign Affairs

RESOLUTION

Condemning the ongoing Palestinian rocket attacks on Israeli
civilians, and for other purposes.

Whereas more than 4,000 rockets and mortar shells have
been fired at Israel from the Gaza Strip by Hamas and
other terrorist organizations since Israeli forces withdrew
from there in 2005;

Whereas, since January 1, 2008, terrorists have fired more
than 420 rockets and mortar shells into Israel;

Whereas the near-daily rocket fire has been targeted pri-
marily and intentionally at civilian communities in Israel,
such as Sderot and Ashkelon, making life in such areas
agonizing;

Whereas the terrorist rockets have hit homes, buildings, roads, power lines, and other such infrastructure in Israel;

Whereas these rocket attacks have forced Israel to suffer dozens of casualties, hundreds of shock victims, thousands of traumatized children, and severe disruption of daily life;

Whereas military intelligence reports indicate that the rockets used in the attacks on Israel are made in Iran and often smuggled into Gaza through Egypt;

Whereas Haaretz has reported that no fewer than 1,650 rockets and 6,000 bombs, as well as millions of bullets for light weapons and tons of potassium for manufacturing bombs, were smuggled into Gaza through Egypt in 2007 alone; and

Whereas the launching of the rockets by Hamas is made possible largely by technical expertise provided by the Iranian and Syrian Governments: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) condemns, in the strongest possible terms,
3 the ongoing Iranian-enabled rocket attacks on Israeli
4 civilians;

5 (2) supports the sovereign right of the Govern-
6 ment of Israel to defend its territory and stop the
7 rocket attacks on its citizens;

8 (3) recognizes the difficult balance Israel faces
9 as the competing pressures of being the primary
10 supplier of numerous necessities for Palestinian civil-
11 ians, such as fuel, electricity, and medicine, even

1 while rockets are being fired at Israel from Pales-
2 tinian areas;

3 (4) supports Palestinian civilians who reject
4 Hamas and all forms of terrorism, desiring to live in
5 peace with their Israeli neighbors;

6 (5) places responsibility for launching the rock-
7 et attacks on Hamas and other terrorist organiza-
8 tions, such as Islamic Jihad, in Gaza;

9 (6) regards these rocket attacks and the fos-
10 tering of terrorism in the Palestinian territories as
11 direct hindrances to the peace process in the region;

12 (7) recognizes that the rocket attacks against
13 Israel would not be possible without the material
14 support of the Governments of Iran and Syria;

15 (8) calls on all nations, including Egypt, to take
16 affirmative, transparent, verifiable steps to stop the
17 flow of rockets and other terrorism-enabling mate-
18 rials (including human resources) to the Palestinian
19 territories; and

20 (9) reaffirms the strong and unyielding friend-
21 ship between the governments and the people of
22 Israel and the United States.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. RES. 951
OFFERED BY MR. BERMAN OF CALIFORNIA AND
MS. ROS-LEHTINEN OF FLORIDA**

Strike the preamble and insert the following:

Whereas more than 4,000 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations since Israeli forces withdrew from there in 2005;

Whereas, since January 1, 2008, terrorists have fired nearly a thousand rockets and mortar shells into Israel;

Whereas the near-daily rocket fire has been targeted primarily and intentionally at civilian communities in Israel, such as Sderot and Ashkelon, making life in such areas agonizing;

Whereas the terrorist rockets have hit homes, schools, buildings, roads, power lines, and other such infrastructure in Israel;

Whereas these unprovoked rocket and mortar attacks have murdered over a dozen Israelis, inflicted hundreds of casualties, produced thousands of cases of shock and post-traumatic stress, especially among children, and caused severe disruption of daily life;

Whereas these deliberate cross-border rocket and mortar attacks on civilian populations constitute a blatant violation of human rights and international law;

Whereas those responsible for launching rocket attacks against Israel routinely embed their production facilities and launch sites amongst the Palestinian civilian population, utilizing them as human shields;

Whereas intentionally targeting civilian populations and the use of human shields violates international humanitarian and human rights law;

Whereas numerous reports have cited the copious amounts of sophisticated weapons, small arms, and weapons manufacturing materials that have been smuggled into Gaza through Egypt;

Whereas public reports have cited the role of Iran and Syria in providing material support and training to those carrying out rocket and other terrorist attacks from Gaza;

Whereas public reports have referenced the increased flow of ammunition, explosives, and higher-grade weapons into the Gaza Strip as a result of Hamas' breach of the 12-kilometer security fence separating Gaza from Egyptian Sinai on January 23, 2008;

Whereas it was reported that after the breach of the Egyptian-Gaza border, many Palestinian terrorists who had trained in Syria and Iran returned to Gaza; and

Whereas the situation in the Gaza Strip remains a threat to international security and regional stability: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That the House of Representatives—

1 (1) strongly condemns—

2 (A) Hamas, which controls Gaza, and
3 other Palestinian terrorist organizations for the
4 ongoing rocket attacks on Israeli civilians and
5 continued human rights violations;

6 (B) state sponsors of terror, such as Iran
7 and Syria, for enabling Palestinian terrorist or-
8 ganizations to carry out attacks against inno-
9 cent Israeli civilians; and

10 (C) the use of innocent Palestinian civil-
11 ians as human shields by those who carry out
12 rocket and other attacks;

13 (2) supports the sovereign right of the Govern-
14 ment of Israel to defend its territory against attacks;

15 (3) expresses sympathy and support for inno-
16 cent Palestinian civilians who reject all forms of ter-
17 rorism and desire to live in peace with their Israeli
18 neighbors but who continue to be utilized as human
19 shields by terrorist organizations;

20 (4) considers rocket attacks against Israel and
21 the fostering of terrorism in the Palestinian terri-
22 tories as direct and serious impediments to the
23 achievement of Israeli-Palestinian peace;

24 (5) calls on the President to—

1 (A) direct the United States Permanent
2 Representative to the United Nations to intro-
3 duce a resolution within the United Nations Se-
4 curity Council condemning Palestinian rocket
5 and other attacks against innocent Israeli civil-
6 ians; and

7 (B) direct the Secretary of State to raise
8 this issue in all applicable bilateral and inter-
9 national fora;

10 (6) calls on responsible countries and United
11 States allies in the Middle East to officially and pub-
12 licly condemn Palestinian rocket attacks and other
13 terrorist actions against Israel; and

14 (7) reaffirms the strong and unyielding friend-
15 ship between the Governments and the people of
16 Israel and the United States.

Amend the title so as to read: “Condemning the on-going Palestinian rocket attacks on Israeli civilians by Hamas and other Palestinian terrorist organizations, and for other purposes.”.

110TH CONGRESS
1ST SESSION

H. CON. RES. 154

Expressing the sense of Congress that the fatal radiation poisoning of Russian dissident and writer Alexander Litvinenko raises significant concerns about the potential involvement of elements of the Russian Government in Mr. Litvinenko's death and about the security and proliferation of radioactive materials.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2007

Ms. ROS-LEHTINEN submitted the following concurrent resolution; which was referred to the Committee on Foreign Affairs

CONCURRENT RESOLUTION

Expressing the sense of Congress that the fatal radiation poisoning of Russian dissident and writer Alexander Litvinenko raises significant concerns about the potential involvement of elements of the Russian Government in Mr. Litvinenko's death and about the security and proliferation of radioactive materials.

Whereas Russian dissident and writer Alexander Litvinenko, a citizen and resident of Great Britain, suddenly fell ill on November 1, 2006, and died three weeks later in a London hospital;

Whereas British health officials concluded, following an autopsy, that Mr. Litvinenko died of radiation poisoning caused by ingestion of the radioactive element polonium-

210, and British law enforcement officials have announced that they are treating Mr. Litvinenko's death as a murder;

Whereas polonium-210, according to the Health Physics Society, radiates alpha particles that cannot penetrate paper or human skin but, if ingested through eating, drinking, or breathing, are extremely toxic, with the ability to destroy cells, damage vital organs such as the liver, kidneys, and bone marrow, cause cancer, and result in human death;

Whereas according to the Health Physics Society, just one millionth of a gram of polonium-210 can be fatal, an amount invisible to the naked eye;

Whereas 97 percent of the world's legal production of polonium-210 occurs at the Avangard nuclear facility in Russia, and Russia is the world's leading exporter of polonium-210 for commercial purposes;

Whereas polonium-210 is presently neither produced in nor commercially exported to Great Britain;

Whereas polonium-210, being especially dangerous to public health and safety if improperly handled, may attract the attention of terrorists because it can be easily and safely concealed and transported and is not usually detectable by radiation detectors;

Whereas this instance of poisoning by use of polonium-210 could serve as a model for future use of the radioactive element to assassinate individuals, poison and kill large numbers of people, or spread general panic and hysteria amongst the public;

Whereas Mr. Litvinenko was a former agent and official in the Federal Security Service of the Russian Federation

during the period when present Russian President Vladimir Putin ran that agency;

Whereas in 1998 Mr. Litvinenko was fired from the Federal Security Service and subsequently arrested and briefly incarcerated without conviction for a criminal act after publicly accusing high-level officials of the Federal Security Service of crimes that included plotting assassination attempts;

Whereas Mr. Litvinenko fled Russia and successfully sought asylum in Great Britain, becoming a naturalized British citizen in October 2006;

Whereas Mr. Litvinenko, after arriving in Britain, repeatedly accused the Federal Security Service and many of its officers, including now-President Putin, of involvement in organized crime, assassinations, and other illegal activity;

Whereas on November 1, 2006, before falling ill, Mr. Litvinenko reportedly met with three citizens of Russia, including former Federal Security Service agent Andrei Lugovoi;

Whereas the manner in which the polonium-210 was obtained, transported, and used must be fully investigated and revealed in order to reveal any defects or inadequacies in the present safeguard regime for that substance administered by the Russian Government and in order to prevent the unlawful, criminal, or terrorist acquisition or use of polonium-210 in the future;

Whereas the danger posed by polonium-210, as displayed by the discovery, subsequent to Mr. Litvinenko's death, of numerous cases of its exposure to objects and persons who had contact with Mr. Litvinenko and his meal companions, demonstrates the threat that the proliferation

and use of polonium-210 poses to the lives of innocents worldwide, as well as to international security;

Whereas on July 15, 2006, the United States and Russia jointly announced the Global Initiative to Combat Nuclear Terrorism, which “will enhance cooperation ... to combat the global threat of nuclear terrorism ... [including] determined and systematic efforts to improve accounting, control, and physical protection of nuclear material and radioactive substances, as well as security of nuclear facilities; [and] detect and suppress illicit trafficking or other illicit activities involving such materials, especially measures to prevent their acquisition and use by terrorists”;

Whereas on May 22, 2007, British authorities stated that they will seek to prosecute a Russian citizen, Andrei Lugovoi, for the murder of Mr. Litvinenko; and

Whereas the British investigation into Mr. Litvinenko’s murder continues: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of Congress that—

3 (1) the fatal radiation poisoning of Alexander
4 Litvinenko raises significant concerns about the po-
5 tential involvement of elements of the Russian Gov-
6 ernment in Mr. Litvinenko’s death, and about the
7 security and proliferation of radioactive materials;

8 (2) the use of such radioactive materials in
9 such cases demonstrates a threat to the safety and
10 security of the people of the Russian Federation, the

1 United Kingdom, the United States, and other coun-
2 tries; and

3 (3) the President of the United States and the
4 Secretary of State should urge Russian President
5 Vladimir Putin and other officials of the Russian
6 Government to cooperate fully with the British Gov-
7 ernment in its investigation into Mr. Litvinenko's
8 death and to ensure the security of the production,
9 storage, distribution, and export of polonium-210 as
10 a material that may become dangerous to large
11 numbers of people if utilized by terrorists.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. CON. RES. 154
OFFERED BY MS. ROS-LEHTINEN OF FLORIDA**

Strike the preamble and insert the following:

Whereas Russian dissident and writer Alexander Litvinenko, a citizen and resident of Great Britain, suddenly fell ill on November 1, 2006, and died three weeks later in a London hospital;

Whereas British health officials concluded, following an autopsy, that Mr. Litvinenko died of radiation poisoning caused by ingestion of the radioactive element polonium-210, and British law enforcement officials have announced that they are treating Mr. Litvinenko's death as a murder;

Whereas polonium-210, according to the Health Physics Society, radiates alpha particles that cannot penetrate paper or human skin but, if ingested through eating, drinking, or breathing, are extremely toxic, with the ability to destroy cells, damage vital organs such as the liver, kidneys, and bone marrow, cause cancer, and result in human death;

Whereas according to the Health Physics Society, just one millionth of a gram of polonium-210 can be fatal, an amount invisible to the naked eye;

Whereas 97 percent of the world's legal production of polonium-210 occurs at the Avangard nuclear facility in Rus-

sia, and Russia is the world's leading exporter of polonium-210 for commercial purposes;

Whereas polonium-210 is presently neither produced in nor commercially exported to Great Britain;

Whereas polonium-210, being especially dangerous to public health and safety if improperly handled, may attract the attention of terrorists because it can be easily and safely concealed and transported and is not usually detectable by radiation detectors;

Whereas this instance of poisoning by use of polonium-210 could serve as a model for future use of the radioactive element to assassinate individuals, poison and kill large numbers of people, or spread general panic and hysteria amongst the public;

Whereas Mr. Litvinenko was a former agent and official in the Federal Security Service of the Russian Federation during the period when present Russian President Vladimir Putin ran that agency;

Whereas in 1998 Mr. Litvinenko was fired from the Federal Security Service and subsequently arrested and briefly incarcerated without conviction for a criminal act after publicly accusing high-level officials of the Federal Security Service of crimes that included plotting assassination attempts;

Whereas Mr. Litvinenko fled Russia and successfully sought asylum in Great Britain, becoming a naturalized British citizen in October 2006;

Whereas Mr. Litvinenko, after arriving in Britain, repeatedly accused the Federal Security Service and many of its officers, including now-President Putin, of involvement in organized crime, assassinations, and other illegal activity;

Whereas on November 1, 2006, before falling ill, Mr. Litvinenko reportedly met with three citizens of Russia, including former Federal Security Service agent Andrei Lugovoi;

Whereas the manner in which the polonium-210 was obtained, transported, and used must be fully investigated and revealed in order to reveal any defects or inadequacies in the present safeguard regime for that substance administered by the Russian Government and in order to prevent the unlawful, criminal, or terrorist acquisition or use of polonium-210 in the future;

Whereas the danger posed by polonium-210, as displayed by the discovery, subsequent to Mr. Litvinenko's death, of numerous cases of its exposure to objects and persons who had contact with Mr. Litvinenko and his meal companions, demonstrates the threat that the proliferation and use of polonium-210 poses to the lives of innocents worldwide, as well as to international security;

Whereas on July 15, 2006, the United States and Russia jointly announced the Global Initiative to Combat Nuclear Terrorism, which "will enhance cooperation ... to combat the global threat of nuclear terrorism ... [including] determined and systematic efforts to improve accounting, control, and physical protection of nuclear material and radioactive substances, as well as security of nuclear facilities; [and] detect and suppress illicit trafficking or other illicit activities involving such materials, especially measures to prevent their acquisition and use by terrorists";

Whereas Mr. Lugovoi has won immunity from prosecution as a member of the Russian Duma in December 2007 elections allegedly influenced by government electoral manip-

ulation, which provides credence to claims that he has enjoyed official support in obtaining that office and its associated immunity; and

Whereas the British investigation into Mr. Litvinenko's murder continues in an atmosphere of deteriorating relations between the United Kingdom and the Russian Federation due, in part, to a lack of agreement on the further pursuit of that investigation: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That it is the sense of Congress that—

1 (1) the fatal radiation poisoning of Alexander
2 Litvinenko raises significant concerns about the po-
3 tential involvement of elements of the Russian Gov-
4 ernment in Mr. Litvinenko's death, and about the
5 security and proliferation of radioactive materials;

6 (2) the use of such radioactive materials in
7 such cases demonstrates a threat to the safety and
8 security of the people of the Russian Federation, the
9 United Kingdom, the United States, and other coun-
10 tries; and

11 (3) the President of the United States and the
12 Secretary of State should urge Russian President
13 Vladimir Putin and other officials of the Russian
14 Government to cooperate fully with the British Gov-
15 ernment in its investigation into Mr. Litvinenko's

1 death and to ensure the security of the production,
2 storage, distribution, and export of polonium-210 as
3 a material that may become dangerous to large
4 numbers of people if utilized by terrorists.

110TH CONGRESS
1ST SESSION

H. CON. RES. 255

Expressing the sense of Congress regarding the United States commitment to preservation of religious and cultural sites and condemning instances where sites are desecrated.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 13, 2007

Mr. FERGUSON (for himself, Mr. CROWLEY, and Ms. ROS-LEHTINEN) submitted the following concurrent resolution; which was referred to the Committee on Foreign Affairs

CONCURRENT RESOLUTION

Expressing the sense of Congress regarding the United States commitment to preservation of religious and cultural sites and condemning instances where sites are desecrated.

Whereas the Congress is committed to protecting and preserving the cultural heritage of all national, religious, and ethnic groups, including sacred sites of such groups, including cemeteries in the United States and abroad;

Whereas the Holocaust annihilated much of Europe's Jewish population and in many countries, none were left to care for the communal properties that represent a historic culture in the area and constitute an integral part of the Jewish religion;

Whereas the Holocaust and 45 years of atheistic, Communist governments created a critical need that led to the establishment of the United States Commission for the Preservation of America's Heritage Abroad;

Whereas the United States Commission for the Preservation of America's Heritage Abroad is tasked with identifying and reporting on cemeteries, monuments, and historic buildings in Eastern and Central Europe that are associated with the heritage of United States citizens and obtaining assurances from the governments of those regions that the properties will be protected and preserved;

Whereas the United States Commission for the Preservation of America's Heritage Abroad has in effect over 20 bilateral agreements between the United States and foreign governments assuring the protection and preservation of cultural property;

Whereas many properties continue to be endangered and many governments and communities continue to face fundamental and compelling challenges in the preservation of these properties;

Whereas the Congress is outraged that news reports indicate construction continues within the boundaries of the historic Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania.

Whereas cemeteries are sacred sites and are established to remain undisturbed in perpetuity, and the sanctity of a cemetery is determined by the bodies buried therein;

Whereas, while vandalism of headstones or construction of a commercial building on the site disgraces the cemetery, it does not change its status;

Whereas experts within Lithuania and from around the world community believe that the cemetery located in the Snipiskes area of Vilnius, Lithuania, is a Jewish cemetery and is therefore sacred ground;

Whereas the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, is known by scholars in Lithuania and around the world as the first Jewish cemetery in Vilnius and dates back to the 13th century, and it is believed that before the government closed the cemetery in the early 1800s, more than 50,000 Jews were buried there;

Whereas the fact that the Government of Lithuania has allowed construction to take place at the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, and that desecration continues into the 21st century is an affront to the international Jewish community, the American people, and everyone who values religious freedom and ethnic diversity around the world;

Whereas the failure of the Government of Lithuania to protect the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, violates the October 15, 2002, bilateral agreement between Lithuania and the United States on the protection and preservation of certain cultural properties, including cemeteries; and

Whereas specifically, Article 1 of the bilateral agreement states: “[E]ach party will take appropriate steps to protect and preserve the cultural heritage of all national, religious, or ethnic groups that reside or resided in its territory, including victims of genocide during the Second World War. The term ‘cultural heritage’ for purposes of this agreement means . . . cemeteries, and memorials to the dead . . .”: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring), That Congress—*

3 (1) expresses strong support for the work of the
4 United States Commission for the Preservation of
5 America's Heritage Abroad and for the European
6 countries that continue to work to preserve sacred
7 historical sites, despite ongoing challenges;

8 (2) expresses strong sentiments to the Govern-
9 ment of Lithuania that the people of the United
10 States believe the Jewish cemetery located in the
11 Snipiskes area of Vilnius, Lithuania, must not be
12 further desecrated;

13 (3) declares that constructive bilateral relations
14 between Lithuania and the United States are impor-
15 tant to the governments, citizens, and shared agen-
16 das of both countries; and

17 (4) declares that if the Government of Lith-
18 uania fails to immediately stop construction and pro-
19 tect the Jewish cemetery located in the Snipiskes
20 area of Vilnius, Lithuania, it will jeopardize its im-
21 portant relationship with the United States and its
22 standing in the international community.

○

AMENDMENT IN THE NATURE OF A SUBSTITUTE

TO H. CON. RES. 255

OFFERED BY M^r. Wexler

Strike the preamble and insert the following:

Whereas the Congress is committed to protecting and preserving the cultural heritage of all national, religious, and ethnic groups, including sacred sites of such groups, including cemeteries in the United States and abroad;

Whereas the Holocaust annihilated much of Europe's Jewish population and in many countries, none were left to care for the communal properties that represent a historic culture in the area and constitute an integral part of the Jewish religion;

Whereas the Holocaust and 45 years of atheistic, Communist governments created a critical need that led to the establishment of the United States Commission for the Preservation of America's Heritage Abroad;

Whereas the United States Commission for the Preservation of America's Heritage Abroad is tasked with identifying and reporting on cemeteries, monuments, and historic buildings in Eastern and Central Europe that are associated with the heritage of United States citizens and obtaining assurances from the governments of those regions that the properties will be protected and preserved;

Whereas the United States Commission for the Preservation of America's Heritage Abroad has in effect over 20 bilateral agreements between the United States and foreign

governments assuring the protection and preservation of cultural property;

Whereas many properties continue to be endangered and many governments and communities continue to face fundamental and compelling challenges in the preservation of these properties;

Whereas the Congress is outraged that news reports indicate construction continues within the perceived boundaries of the historic Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania;

Whereas cemeteries are sacred sites and are established to remain undisturbed in perpetuity, and the sanctity of a cemetery is determined by the bodies buried therein;

Whereas construction of a commercial building on the site disgraces the cemetery, it does not change its status;

Whereas experts within Lithuania and from around the world community believe that the cemetery located in the Snipiskes area of Vilnius, Lithuania, is a Jewish cemetery and is therefore sacred ground;

Whereas the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, is known by scholars in Lithuania and around the world as the first Jewish cemetery in Vilnius and dates back to the 15th century, and it is believed that before the government closed the cemetery in the early 1800s, more than 50,000 Jews were buried there;

Whereas the fact that the Government of Lithuania has allowed construction to take place within the perceived boundaries of the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, and that desecration continues into the 21st century is an affront to the inter-

national Jewish community, the American people, and everyone who values religious freedom and ethnic diversity around the world;

Whereas the failure of the Government of Lithuania to protect the Jewish cemetery located in the Snipiskes area of Vilnius, Lithuania, violates the October 15, 2002, bilateral agreement between Lithuania and the United States on the protection and preservation of certain cultural properties, including cemeteries; and

Whereas specifically, Article 1 of the bilateral agreement states: “[E]ach party will take appropriate steps to protect and preserve the cultural heritage of all national, religious, or ethnic groups that reside or resided in its territory, including victims of genocide during the Second World War. The term ‘cultural heritage’ for purposes of this agreement means . . . cemeteries, and memorials to the dead . . .”: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That the Congress—

- 1 (1) expresses strong support for the work of the
- 2 United States Commission for the Preservation of
- 3 America’s Heritage Abroad and for the European
- 4 countries that continue to work to preserve sacred
- 5 historical sites, despite ongoing challenges;
- 6 (2) expresses strong sentiments to the Govern-
- 7 ment of Lithuania that the people of the United
- 8 States believe the Jewish cemetery located in the

1 Snipiskes area of Vilnius, Lithuania, must not be
2 desecrated

3 (3) declares that constructive bilateral relations
4 between Lithuania and the United States are impor-
5 tant to the governments, citizens, and shared agen-
6 das of both countries; and

7 (4) urges the Government of Lithuania to im-
8 mediately stop construction and protect the Jewish
9 cemetery located in the Snipiskes area of Vilnius,
10 Lithuania, thereby enhancing Lithuania's relation-
11 ship with the United States.

110TH CONGRESS
1ST SESSION

H. CON. RES. 278

Supporting Taiwan's fourth direct and democratic presidential elections in
March 2008.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 19, 2007

Ms. ROS-LEHTINEN (for herself and Mr. LANTOS) submitted the following
concurrent resolution; which was referred to the Committee on Foreign Affairs

CONCURRENT RESOLUTION

Supporting Taiwan's fourth direct and democratic
presidential elections in March 2008.

Whereas the United States and Taiwan share common ideals
and a clear vision for the 21st century, where freedom
and democracy are the foundations for peace, prosperity,
and progress;

Whereas Taiwan has dramatically improved its record on
human rights and routinely holds free and fair elections
in a multiparty system, as evidenced by Taiwan's first
democratic presidential election in 1996, second in 2000,
and third in 2004;

Whereas the democratic and open presidential elections in
2000 mark the first transfer of power from one party to
another in Taiwan's history;

Whereas Taiwan has demonstrated its unequivocal support for human rights and a commitment to the democratic ideals of freedom of speech, freedom of the press, rule of law, and free and fair elections routinely held in a multiparty system;

Whereas Taiwan is one of the strongest democratic allies of the United States in the Asia-Pacific region;

Whereas it is United States policy to support and strengthen democracy around the world;

Whereas, with its stable democratic system and impressive economic prowess, Taiwan stands apart from many equally young democracies whose freedom and liberty have been severely challenged;

Whereas Taiwan's young democracy faces constant military threat and intimidation from neighboring China; and

Whereas the United States Congress has organized congressional delegations to witness the electoral process in thriving democracies, including elections in Taiwan: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*

2 *concurring*), That it is the sense of the Congress that—

3 (1) the United States Government should reaffirm its unwavering commitment to Taiwan's democracy and security; and

4 (2) international delegations should be encouraged to visit Taiwan for the purpose of witnessing the presidential elections in March 2008.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. CON. RES. 278
OFFERED BY MR. BERMAN OF CALIFORNIA AND
MS. ROS-LEHTINEN OF FLORIDA**

Strike the preamble and insert the following:

Whereas the United States and Taiwan share common ideals and a clear vision for the 21st century, where freedom and democracy are the foundations for peace, prosperity, and progress;

Whereas Taiwan has dramatically improved its record on human rights and routinely holds free and fair elections in a multiparty system, as evidenced by Taiwan's first democratic presidential election in 1996, second in 2000, and third in 2004;

Whereas the democratic and open presidential elections in 2000 mark the first transfer of power from one party to another in Taiwan's history;

Whereas Taiwan has demonstrated its unequivocal support for human rights and a commitment to the democratic ideals of freedom of speech, freedom of the press, rule of law, and free and fair elections routinely held in a multiparty system;

Whereas Taiwan is one of the strongest democratic allies of the United States in the Asia-Pacific region;

Whereas it is United States policy to support and strengthen democracy around the world;

Whereas, with its stable democratic system and impressive economic prowess, Taiwan stands apart from many equally young democracies whose freedom and liberty have been severely challenged; and

Whereas the United States Congress has organized congressional delegations to witness the electoral process in thriving democracies, including elections in Taiwan: Now, therefore, be it

Strike all after the resolving clause and insert the following:

- 1 That it is the sense of the Congress that—
- 2 (1) the United States Government should reaffirm its unwavering commitment to Taiwan's democracy and security; and
- 3
- 4
- 5 (2) international delegations should be encouraged to visit Taiwan for the purpose of witnessing
- 6
- 7 the presidential elections in March 2008.

110TH CONGRESS
2D SESSION

H. CON. RES. 290

Commemorating the 175th anniversary of the special relationship between the United States and the Kingdom of Thailand.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2008

Mr. MANZULLO (for himself, Mr. CROWLEY, Mr. ROHRABACHER, Mr. BURTON of Indiana, Mr. SMITH of New Jersey, Mr. GALLEGLY, Mrs. NAPOLITANO, Mr. PENCE, Mr. FORTUÑO, Ms. WATSON, Mr. CHABOT, Mr. HASTINGS of Florida, Mr. HINOJOSA, Mr. ROYCE, Mr. PAYNE, Mr. CARNAHAN, and Mr. WEXLER) submitted the following concurrent resolution; which was referred to the Committee on Foreign Affairs

CONCURRENT RESOLUTION

Commemorating the 175th anniversary of the special relationship between the United States and the Kingdom of Thailand.

Whereas the United States will celebrate the 175th anniversary of its relationship with the Kingdom of Thailand since the signing of the original Treaty of Amity and Commerce in 1833 during President Andrew Jackson's administration and the reign of King Rama III;

Whereas the Kingdom of Thailand was the United States' first treaty ally in the Asia-Pacific region and remains a steadfast friend with shared values of freedom, democracy, and liberty;

Whereas Thailand was designated as a major non-NATO ally in December 2003, which improved the security of both nations, particularly through joint counterterrorism efforts;

Whereas for more than a quarter century Thailand has been the host country of Cobra Gold, the United States Pacific Command's annual multinational military training exercise designed to ensure regional peace and promote regional security cooperation;

Whereas the United States and Thailand launched joint relief operations in the wake of the tragic 2004 tsunami from Utapao, Thailand, thus strengthening the overall capacity of the forces involved in providing relief and setting the model for effective humanitarian operations throughout the entire region affected by the deadly tsunami;

Whereas Thailand is a key partner of the United States in Southeast Asia and has supported closer relations between the United States and the Association of Southeast Asian Nations ("ASEAN");

Whereas Congress passed H. Con. Res. 409 in 2006 commemorating the 60th Anniversary of the Ascension to the Throne of His Majesty King Bhumibol Adulyadej of Thailand;

Whereas on December 5, 2007, the people of Thailand celebrated the 80th birthday of His Majesty King Bhumibol Adulyadej, the world's longest serving monarch, who is loved and respected by Thai for his lifelong dedication to the social and economic development of the Thai people;

Whereas on December 23, 2007, the Royal Thai Government held nationwide parliamentary elections that are paving the way for a successful return of democracy to Thailand;

Whereas approximately 500,000 Americans of Thai descent are living in the United States and share in the mutual pursuit of the American Dream;

Whereas Thailand is America's 20th largest trading partner with bilateral trade totaling \$30,600,000,000 per year; and

Whereas the bonds of friendship and mutual respect between the United States and Thailand are strong: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring), That the Congress—*

3 (1) commemorates the 175th anniversary of
4 United States and Thailand relations;

5 (2) offers its sincere congratulations to the
6 Kingdom of Thailand and the Thai people for their
7 democratic, free, and fair election;

8 (3) commemorates the 80th birthday of His
9 Majesty King Bhumibol Adulyadej of Thailand and
10 offers its sincere congratulations and best wishes for
11 the continued prosperity of the Kingdom of Thai-
12 land; and

13 (4) looks forward to continued, enduring ties of
14 friendship between the Thai and American people.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H. CON. RES. 290
OFFERED BY MR. MANZULLO OF ILLINOIS**

Strike the preamble and insert the following:

Whereas the United States will celebrate the 175th anniversary of its relationship with the Kingdom of Thailand since the signing of the original Treaty of Amity and Commerce in 1833 during President Andrew Jackson's administration and the reign of King Rama III;

Whereas the Kingdom of Thailand was the United States' first treaty ally in the Asia-Pacific region and remains a steadfast friend with the Thai and American people sharing the values of freedom, democracy, and liberty;

Whereas Thailand was designated as a major non-NATO ally in December 2003, which improved the security of both nations, particularly through joint counterterrorism efforts;

Whereas for more than a quarter century Thailand has been the host country of Cobra Gold, the United States Pacific Command's annual multinational military training exercise designed to ensure regional peace and promote regional security cooperation;

Whereas the United States and Thailand launched joint relief operations in the wake of the tragic 2004 tsunami from Utapao, Thailand, thus strengthening the overall capacity of the forces involved in providing relief and setting the

model for effective humanitarian operations throughout the entire region affected by the deadly tsunami;

Whereas Thailand is a key partner of the United States in Southeast Asia and has supported closer relations between the United States and the Association of Southeast Asian Nations (“ASEAN”);

Whereas Congress passed H. Con. Res. 409 in 2006 commemorating the 60th Anniversary of the Ascension to the Throne of His Majesty King Bhumibol Adulyadej of Thailand;

Whereas on December 5, 2007, the people of Thailand celebrated the 80th birthday of His Majesty King Bhumibol Adulyadej, the world’s longest serving monarch, who is loved and respected by Thai for his lifelong dedication to the social and economic development of the Thai people;

Whereas on December 23, 2007, the Royal Thai Government held nationwide parliamentary elections that should help pave the way for a successful return of stable democracy to Thailand;

Whereas approximately 500,000 Americans of Thai descent are living in the United States and share in the mutual pursuit of the American Dream;

Whereas Thailand is America’s 20th largest trading partner with bilateral trade totaling \$30,600,000,000 per year; and

Whereas the bonds of friendship and mutual respect between the United States and Thailand are strong: Now, therefore, be it

Strike all after the resolving clause and insert the following:

That the Congress—

- 1 (1) commemorates the 175th anniversary of
2 United States and Thailand relations;
- 3 (2) offers its sincere congratulations to the
4 Kingdom of Thailand and the Thai people for their
5 democratic, free, and fair election;
- 6 (3) commemorates the 80th birthday of His
7 Majesty King Bhumibol Adulyadej of Thailand and
8 offers its sincere congratulations and best wishes for
9 the continued prosperity of the Kingdom of Thai-
10 land; and
- 11 (4) looks forward to continued, enduring ties of
12 friendship between the Thai and American people.

Chairman BERMAN. We are going to deal just with the package of resolutions, leaving out the two legislative items, the AIDS, Tuberculosis, and Malaria legislation and H.R. 1084. So that will be not part of this.

Do any members wish to be heard on the resolutions that we are going to consider en bloc?

[No response.]

Chairman BERMAN. If not, then, without objection, the chairman is authorized to seek consideration of the following bills under suspension of the rules, and the amendments to those measures which the members have before them shall be deemed adopted: H. Res. 185, Expressing the sense of the House of Representatives regarding the creation of refugee populations in the Middle East, North Africa, and the Persian Gulf region as a result of human rights violations; H. Res. 854, Expressing the gratitude to all of the member states of the International Commission of the International Tracing Service (ITS) on ratifying the May 2006 Agreement to amend the 1955 Bonn Agreement protocol; H. Res. 865, Expressing the sense of the House of Representatives that the March 2007 Report of the United Nations Office on Drugs and Crime and the World Bank makes an important contribution to the understanding of the high levels of crime and violence in the Caribbean, and for other purposes; H. Res. 951, Condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes; H. Con. Res. 154, Expressing the sense of Congress that the fatal radiation poisoning of Russian dissident and writer Alexander Litvinenko raises significant concerns about the potential involvement of elements of the Russian Government in Mr. Litvinenko's death and about the security and proliferation of radioactive materials; H. Con. Res. 255, Expressing the sense of Congress regarding the United States commitment to preservation of religious and cultural sites and condemning instances where sites are desecrated; H. Con. Res. 278, Supporting Taiwan's fourth direct and democratic Presidential elections in March 2008; and H. Con. Res. 290, Commemorating the 175th anniversary of the special relationship between the United States and the Kingdom of Thailand.

Before seeking unanimous consent, I do want to emphasize that H. Con. Res. 278 is related to the upcoming Presidential election in Taiwan. It should not be construed as taking a position on the referendum regarding Taiwan's membership in the United Nations that the Government of Taiwan plans to hold in conjunction with the Presidential election.

If there is no objection, these measures are approved.

Notwithstanding the fact, and if there is no objection, because we are in the process of Xeroxing as I speak, I would like, at this point, to call up, and so not all members have the proposal in front of them yet—I will call it up. H.R. 5501, the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 for purposes of markup, and I will recognize myself to explain the bill.

[H.R. 5501 follows:]

Howard L. Berman
 (Original Signature of Member)

110TH CONGRESS
 2D SESSION

H. R. 5501

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. BERMAN (for himself and Ms. ROS-LEHTINEN) introduced the following bill; which was referred to the Committee on

A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
 5 “Tom Lantos and Henry J. Hyde United States Global

1 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 2 Reauthorization Act of 2008”.

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

- Sec. 1. Short title and table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. HIV/AIDS Response Coordinator.

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

- Sec. 201. Sense of Congress on public-private partnerships.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Voluntary contributions to international vaccine funds.
- Sec. 204. Program to facilitate availability of microbicides to prevent transmission of HIV and other diseases.
- Sec. 205. Plan to combat HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of host countries.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

- Sec. 301. Assistance to combat HIV/AIDS.
- Sec. 302. Assistance to combat tuberculosis.
- Sec. 303. Assistance to combat malaria.
- Sec. 304. Health care partnerships to combat HIV/AIDS.

Subtitle B—Assistance for Women, Children, and Families

- Sec. 311. Policy and requirements.
- Sec. 312. Annual reports on prevention of mother-to-child transmission of the HIV infection.
- Sec. 313. Strategy to prevent HIV infections among women and youth.
- Sec. 314. Clerical amendment.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

- Sec. 401. Authorization of appropriations.
- Sec. 402. Sense of Congress.
- Sec. 403. Allocation of funds.
- Sec. 404. Prohibition on taxation by foreign governments.

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH
CARE SYSTEMS

Sec. 501. Sustainability and strengthening of health care systems.
Sec. 502. Clerical amendment.

1 **SEC. 2. FINDINGS.**

2 Section 2 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7601) is amended by adding at the end the fol-
5 lowing:

6 “(29) The HIV/AIDS pandemic continues to
7 pose a major threat to the health of the global com-
8 munity, from the most severely-affected regions of
9 sub-Saharan Africa and the Caribbean, to the
10 emerging epidemics of Eastern Europe, Central
11 Asia, South and Southeast Asia, and Latin America.

12 “(30) According to UNAIDS’ 2007 global esti-
13 mates, there are 33.2 million individuals with HIV/
14 AIDS worldwide, including 2.5 million people newly-
15 infected with HIV. Of those infected with HIV, 2.5
16 million are children under 15 who also account for
17 460,000 of the newly-infected individuals.

18 “(31) Sub-Saharan Africa continues to be the
19 region most affected by the HIV/AIDS pandemic.
20 More than 68 percent of adults and nearly 90 per-
21 cent of children with HIV/AIDS live in sub-Saharan
22 Africa, and more than 76 percent of AIDS deaths
23 in 2007 occurred in sub-Saharan Africa.

1 “(32) Although sub-Saharan Africa carries the
2 heaviest disease burden of HIV/AIDS, the HIV/
3 AIDS pandemic continues to affect virtually every
4 world region. While prevalence rates are relatively
5 low in Eastern Europe, Central Asia, South and
6 Southeast Asia, and Latin America, without effective
7 prevention strategies, HIV prevalence rates could
8 rise quickly in these regions.

9 “(33) By world region, according to UNAIDS’
10 2007 global estimates—

11 “(A) in sub-Saharan Africa, there were
12 22.5 million adults and children infected with
13 HIV, up from 20.9 million in 2001, with 1.7
14 million new HIV infections, a 5 percent preva-
15 lence rate, and 1.6 million deaths;

16 “(B) in South and Southeast Asia, there
17 were 4 million adults and children infected with
18 HIV, up from 3.5 million in 2001, with
19 340,000 new HIV infections, a 0.3 percent
20 prevalence rate, and 270,000 deaths;

21 “(C) in East Asia, there were 800,000
22 adults and children infected with HIV, up from
23 420,000 in 2001, with 92,000 new HIV infec-
24 tions, a 0.1 percent prevalence rate, and 32,000
25 deaths;

1 “(D) in Eastern and Central Europe, there
2 were 1.6 million adults and children infected
3 with HIV, up from 630,000 in 2001, with
4 150,000 new HIV infections, a 0.9 percent
5 prevalence rate, and 55,000 deaths; and

6 “(E) in the Caribbean, there were 230,000
7 adults and children infected with HIV, up from
8 190,000 in 2001, with 17,000 new HIV infec-
9 tions, a 1 percent prevalence rate, and 11,000
10 deaths.

11 “(34) Tuberculosis is the number one killer of
12 individuals with HIV/AIDS and is responsible for up
13 to one-half of HIV/AIDS deaths in Africa.

14 “(35) The wide extent of drug resistant tuber-
15 culosis, including both multi-drug resistant tuber-
16 culosis (MDR-TB) and extensively drug resistant
17 tuberculosis (XDR-TB), driven by the HIV/AIDS
18 pandemic in sub-Saharan Africa, has hampered both
19 HIV/AIDS and tuberculosis treatment services. The
20 World Health Organization (WHO) has declared the
21 prevalence of tuberculosis to be at emergency levels
22 in sub-Saharan Africa.

23 “(36) Forty percent of the world’s population,
24 mostly poor, live in malarial zones, and malaria,
25 which is highly preventable, kills more than 1 million

1 individuals worldwide each year. Ninety percent of
2 malaria's victims are in sub-Saharan Africa and 70
3 percent of malaria's victims are children under the
4 age of 5. Additionally, hunger and malnutrition kill
5 another 6 million individuals worldwide each year.

6 “(37) Assistance to combat HIV/AIDS must
7 address the nutritional factors associated with the
8 disease in order to be effective and sustainable. The
9 World Food Program estimates that 6.4 million indi-
10 viduals affected by HIV will need nutritional support
11 by 2008.

12 “(38) Women and girls continue to be vulner-
13 able to HIV, in large part, due to gender-based cul-
14 tural norms that leave many women and girls power-
15 less to negotiate social relationships.

16 “(39) Women make up 50 percent of individ-
17 uals infected with HIV worldwide. In sub-Saharan
18 Africa, where the HIV/AIDS epidemic is most se-
19 vere, women make up 57 percent of individuals in-
20 fected with HIV, and 75 percent of young people in-
21 fected with HIV in sub-Saharan Africa are young
22 women ages 15 to 24.

23 “(40) Women and girls are biologically, socially,
24 and economically more vulnerable to HIV infection.
25 Gender disparities in the rate of HIV infection are

1 the result of a number of factors, including the fol-
2 lowing:

3 “(A) Cross-generational sex with older men
4 who are more likely to be infected with HIV,
5 and a lack of choice regarding when and whom
6 to marry, leading to early marriages and high
7 rates of child marriages with older men. About
8 one-half of all adolescent females in sub-Saha-
9 ran Africa and two-thirds of adolescent females
10 in Asia are married by age 18.

11 “(B) Studies show that married women
12 and married and unmarried girls often are un-
13 able or find it difficult to negotiate the fre-
14 quency and timing of sexual intercourse, ensure
15 their partner’s faithfulness, or insist on condom
16 use. Under these circumstances, women often
17 run the risk of being infected by husbands or
18 male partners in societies where men in rela-
19 tionships have more than one partner. Behavior
20 change is particularly important in societies in
21 which this is a common practice.

22 “(C) Because young married women and
23 girls are more likely to have unprotected sex
24 and have more frequent sex than their unmar-
25 ried peers, and women and girls who are faith-

1 ful to their spouses can be placed at risk of
2 HIV/AIDS through a husband's infidelity or
3 prior infection, marriage is not always a guar-
4 antee against HIV infection, although it is a
5 protective factor overall.

6 “(D) Social and economic inequalities
7 based largely on gender limit access for women
8 and girls to education and employment opportu-
9 nities and prevent them from asserting their in-
10 heritance and property rights. For many
11 women, a lack of independent economic means
12 combines with socio-cultural practices to sustain
13 and exacerbate their fear of abandonment, evic-
14 tion, or ostracism from their homes and com-
15 munities and can leave many more women
16 trapped within relationships where they are vul-
17 nerable to HIV infection.

18 “(E) A lack of educational opportunities
19 for women and girls is linked to younger sexual
20 debut, earlier childhood marriage, earlier child-
21 bearing, decreased child survival, worsening nu-
22 trition, and increased risk of HIV infection.

23 “(F) High rates of gender-based violence,
24 rape, and sexual coercion within and outside
25 marriage contribute to high rates of HIV infec-

1 tion. According to the World Health Organiza-
2 tion, between one-sixth and three-quarters of
3 women in various countries and settings have
4 experienced some form of physical or sexual vio-
5 lence since the age of 15 within or outside of
6 marriage. Women who are unable to protect
7 themselves from such violence are often unable
8 to protect themselves from being infected with
9 HIV through forced sexual contact.

10 “(G) Fear of domestic violence and the
11 continuing stigma and discrimination associated
12 with HIV/AIDS prevent many women from ac-
13 cessing information about HIV/AIDS, getting
14 tested, disclosing their HIV status, accessing
15 services to prevent mother-to-child transmission
16 of HIV, or receiving treatment and counseling
17 even when they already know they have been in-
18 fected with HIV.

19 “(H) According to UNAIDS, the vulner-
20 ability of individuals involved in commercial sex
21 acts to HIV infection is heightened by stig-
22 matization and marginalization, limited eco-
23 nomic options, limited access to health, social,
24 and legal services, limited access to information
25 and prevention means, gender-related dif-

1 ferences and inequalities, sexual exploitation
2 and trafficking, harmful or non-protective laws
3 and policies, and exposure to risks associated
4 with commercial sex acts, such as violence, sub-
5 stance abuse, and increased mobility.

6 “(I) Lack of access to basic HIV preven-
7 tion information and education and lack of co-
8 ordination with existing primary health care to
9 reduce stigma and maximize coverage.

10 “(J) Lack of access to currently available
11 female-controlled HIV prevention methods, such
12 as the female condom, and lack of training on
13 proper use of either male or female condoms.

14 “(K) High rates of other sexually trans-
15 mitted infections and complications during
16 pregnancies and childbirth.

17 “(L) An absence of functioning legal
18 frameworks to protect women and girls and,
19 where such frameworks exist, the lack of ac-
20 countable and effective enforcement of such
21 frameworks.

22 “(41) In addition to vulnerabilities to HIV in-
23 fection, women in sub-Saharan Africa face a 1-in-13
24 chance of dying in childbirth compared to a 1-in-16
25 chance in least-developed countries worldwide, a 1-

1 in-60 chance in developing countries, and a 1-in-
2 4,100 chance in developed countries.

3 “(42) Due to these high maternal mortality
4 rates and high HIV prevalence rates in certain coun-
5 tries, special attention is needed in these countries
6 to help HIV-positive women safely deliver healthy
7 babies and save women’s lives.

8 “(43) Unprotected sex within or outside of mar-
9 riage is the single greatest factor in the transmission
10 of HIV worldwide and is responsible for 80 percent
11 of new HIV infections in sub-Saharan Africa.

12 “(44) Multiple randomized controlled trials
13 have established that male circumcision reduces a
14 man’s risk of contracting HIV by 60 percent or
15 more. Twelve acceptability studies have found that
16 in regions of sub-Saharan Africa where circumcision
17 is not traditionally practiced, a majority of men
18 want the procedure. Broader availability of male cir-
19 cumcision services could prevent millions of HIV in-
20 fections not only in men but also in their female
21 partners.

22 “(45)(A) Youth also face particular challenges
23 in receiving services for HIV/AIDS.

24 “(B) Nearly one-half of all orphans who have
25 lost one parent and two-thirds of those who have lost

1 both parents are ages 12 to 17. These orphans are
2 in particular need of services to protect themselves
3 against sexually-transmitted infections, including
4 HIV.

5 “(C) Research indicates that many youth ben-
6 efit from full disclosure of medically accurate, age-
7 appropriate information about abstinence, partner
8 reduction, and condoms. Providing comprehensive
9 information about HIV, including delay of sexual
10 debut and the ABC model: ‘Abstain, Be faithful, use
11 Condoms’, and linking such information to health
12 care can help improve awareness of safe sex prac-
13 tices and address the fact that only 1 in 3 young
14 men and 1 in 5 young women ages 15 to 24 can cor-
15 rectly identify ways to prevent HIV infection.

16 “(D) Surveys indicate that no country has suc-
17 ceeded in fully educating more than one-half of its
18 youth about the prevention and transmission of
19 HIV.

20 “(46) According to the United Nations High
21 Commissioner for Refugees (UNHCR), HIV/AIDS
22 prevalence rates among refugees are generally lower
23 than the HIV/AIDS prevalence rates for their host
24 communities, though perceptions run counter to this
25 fact. However, peacekeeping operations that no

1 longer deploy HIV/AIDS-positive troops still face
2 vulnerabilities to sexual transmission of HIV with
3 HIV-positive individuals in refugee camps. Host
4 countries generally do not provide HIV/AIDS pre-
5 vention, treatment, and care services for refugees.

6 “(47) Continuing progress to reach the millions
7 of impoverished individuals who need voluntary test-
8 ing, counseling, treatment, and care for HIV/AIDS
9 requires increased efforts to strengthen health care
10 delivery systems and infrastructure, rebuild and ex-
11 pand the health care workforce, and strengthen al-
12 lied and support services in countries receiving
13 United States global HIV/AIDS assistance.

14 “(48) While HIV/AIDS poses the greatest
15 health threat of modern times, it also poses the
16 greatest development challenge for developing coun-
17 tries with fragile economies and weak public finan-
18 cial management systems that are ill equipped to
19 shoulder the burden of this disease. International
20 donors will have to play a critical role in providing
21 resources for HIV/AIDS programs far into the fu-
22 ture.

23 “(49) The emerging partnerships between coun-
24 tries most affected by HIV/AIDS and the United
25 States must include stronger coordination between

1 HIV/AIDS programs and other United States for-
2 eign assistance programs, and stronger collaboration
3 with other donors in the areas of economic develop-
4 ment and growth strategies.

5 “(50) The future control of HIV/AIDS de-
6 mands coordination between international organiza-
7 tions such as the Global Fund to Fight AIDS, Tu-
8 berculosis and Malaria, UNAIDS, the World Health
9 Organization (WHO), the World Bank and the
10 International Monetary Fund (IMF), the inter-
11 national donor community, national governments,
12 and private sector organizations, including commu-
13 nity and faith-based organizations.

14 “(51) The future control of HIV/AIDS further
15 requires effective and transparent public finance
16 management systems in developing countries to ad-
17 vance the ability of such countries to manage public
18 revenues and donor funds aimed at combating HIV/
19 AIDS and other diseases.

20 “(52) The HIV/AIDS pandemic contributes to
21 the shortage of health care personnel through loss of
22 life and illness, unsafe working conditions, increased
23 workloads for diminished staff, and resulting stress
24 and burnout, while the shortage of health care per-

1 sonnel undermines efforts to prevent and provide
2 care and treatment for individuals with HIV/AIDS.

3 “(53) The shortage of health care personnel, in-
4 cluding doctors, nurses, pharmacists, counselors, lab-
5 oratory staff, paraprofessionals, trained lay workers,
6 and researchers is one of the leading obstacles to
7 combating HIV/AIDS in sub-Saharan Africa.

8 “(54) Since 2003, important progress has been
9 made in combating HIV/AIDS, yet there is more to
10 be done. The number of new HIV infections is still
11 increasing at an alarming rate. According to the
12 United States National Institute of Allergy and In-
13 fectious Diseases, globally, for every 1 individual put
14 on antiretroviral therapy, 6 individuals are newly in-
15 fected with HIV.

16 “(55) The United States Government continues
17 to be the world’s leader in the fight against HIV/
18 AIDS and the unsurpassed partner with developing
19 countries in their efforts to control this disease.

20 “(56) By September 2007, the United States,
21 through the United States Leadership Against HIV/
22 AIDS, Tuberculosis, and Malaria Act of 2003 (22
23 U.S.C. 7601 et seq.), had provided services to pre-
24 vent mother-to-child-transmission of HIV to women
25 during 10 million pregnancies; provided

1 antiretroviral prophylaxis for women during over
2 827,300 pregnancies; prevented an estimated
3 157,240 HIV infections in infants; cared for over
4 6.6 million individuals, including over 2.7 million or-
5 phans and vulnerable children; supported lifesaving
6 antiretroviral therapies for approximately 1.4 million
7 men, women, and children in sub-Saharan Africa,
8 Asia, and the Carribean; and provided counseling
9 and testing to over 33.7 million men, women, and
10 children in developing countries.

11 “(57) These numbers were achieved because of
12 the commitment of substantial resources and sup-
13 port of the United States Government to our part-
14 ners on the front lines—the dedicated and com-
15 mitted women and men, communities, and nations
16 who are taking control of the HIV/AIDS epidemics
17 in their own countries.”.

18 **SEC. 3. DEFINITIONS.**

19 Section 3(2) of the United States Leadership Against
20 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
21 U.S.C. 7602(2)) is amended by striking “Committee on
22 International Relations” and inserting “Committee on
23 Foreign Affairs”.

1 **SEC. 4. PURPOSE.**

2 Section 4 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7603) is amended to read as follows:

5 **“SEC. 4. PURPOSE.**

6 “The purpose of this Act is to strengthen and en-
7 hance United States global leadership and the effective-
8 ness of the United States response to the HIV/AIDS, tu-
9 berculosis, and malaria pandemics and other related and
10 preventable infectious diseases in developing countries
11 by—

12 “(1) establishing a comprehensive, integrated
13 five-year, global strategy to fight HIV/AIDS, tuber-
14 culosis, and malaria that encompasses a plan for
15 continued expansion and coordination of critical pro-
16 grams and improved coordination among relevant
17 executive branch agencies and between the United
18 States and foreign governments and international
19 organizations;

20 “(2) providing increased resources for United
21 States bilateral efforts to combat HIV/AIDS, tuber-
22 culosis, and malaria, particularly for prevention,
23 treatment, and care (including nutritional support),
24 technical assistance and training, the strengthening
25 of health care systems, health care workforce devel-

1 opment, monitoring and evaluations systems, and
2 operations research;

3 “(3) providing increased resources for multilat-
4 eral efforts to combat HIV/AIDS, tuberculosis, and
5 malaria;

6 “(4) encouraging the expansion of private sec-
7 tor efforts and expanding public-private sector part-
8 nerships to combat HIV/AIDS; and

9 “(5) intensifying efforts to support the develop-
10 ment of vaccines, microbicides, and other prevention
11 technologies and improved diagnostics treatment for
12 HIV/AIDS, tuberculosis, and malaria.”.

13 **TITLE I—POLICY PLANNING AND**
14 **COORDINATION**

15 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-**
16 **YEAR, GLOBAL STRATEGY.**

17 (a) STRATEGY.—Subsection (a) of section 101 of the
18 United States Leadership Against HIV/AIDS, Tuber-
19 culosis, and Malaria Act of 2003 (22 U.S.C. 7611) is
20 amended—

21 (1) in the first sentence of the matter preceding
22 paragraph (1), by striking “to combat” and insert-
23 ing “to develop efforts further to combat”;

24 (2) by amending paragraph (4) to read as fol-
25 lows:

1 “(4) provide that the reduction of HIV/AIDS
2 behavioral risks shall be a priority of all prevention
3 efforts in terms of funding, scientifically-accurate
4 educational services, and activities by—

5 “(A) designing prevention strategies and
6 programs based on sound epidemiological evi-
7 dence, tailored to the unique needs of each
8 country and community, and reaching those
9 populations found to be most at risk for acquir-
10 ing HIV infection;

11 “(B) promoting abstinence from sexual ac-
12 tivity and substance abuse;

13 “(C) encouraging delay of sexual debut,
14 monogamy, fidelity, and partner reduction;

15 “(D) promoting the effective use of male
16 and female condoms;

17 “(E) promoting the use of measures to re-
18 duce the risk of HIV transmission for discord-
19 ant couples (where one individual has HIV/
20 AIDS and the other individual does not have
21 HIV/AIDS or whose status is unknown);

22 “(F) educating men and boys about the
23 risks of procuring sex commercially and about
24 the need to end violent behavior toward women
25 and girls;

1 “(G) promoting the rapid expansion of safe
2 and voluntary male circumcision services;

3 “(H) promoting life skills training and de-
4 velopment for children and youth;

5 “(I) supporting advocacy for child and
6 youth community-based protective social serv-
7 ices;

8 “(J) eradicating trafficking in persons and
9 creating alternatives to prostitution;

10 “(K) promoting cooperation with law en-
11 forcement to prosecute offenders of trafficking,
12 rape, and sexual assault crimes with the goal of
13 eliminating such crimes;

14 “(L) promoting services demonstrated to
15 be effective in reducing the transmission of HIV
16 infection among injection drug users without in-
17 creasing illicit drug use;

18 “(M) promoting policies and programs to
19 end the sexual exploitation of and violence
20 against women and children; and

21 “(N) promoting prevention and treatment
22 services for men who have sex with men;”;

23 (3) by redesignating paragraphs (5) through
24 (10) as paragraphs (6) through (11), respectively;

1 (4) by inserting after paragraph (4) (as amend-
2 ed by paragraph (2) of this subsection) the fol-
3 lowing:

4 “(5) include specific plans for linkage to, and
5 referral systems for nongovernmental organizations
6 that implement multisectoral approaches, including
7 faith-based and community-based organizations,
8 for—

9 “(A) nutrition and food support for indi-
10 viduals with HIV/AIDS and affected commu-
11 nities;

12 “(B) child health services and development
13 programs;

14 “(C) HIV/AIDS prevention and treatment
15 services for injection drug users;

16 “(D) access to HIV/AIDS education and
17 testing in family planning and maternal health
18 programs supported by the United States Gov-
19 ernment; and

20 “(E) medical, social, and legal services for
21 victims of violence;”;

22 (5) by redesignating paragraphs (10) and (11)
23 (as redesignated by paragraph (3) of this sub-
24 section) as paragraphs (11) and (12), respectively;
25 and

1 (6) by inserting after paragraph (9) (as redesignated by paragraph (3) of this subsection) the following:

4 “(10) maximize host country capacities in training and research, particularly operations research;”.

6 (b) REPORT.—Subsection (b) of such section is amended—

8 (1) in paragraph (1), by striking “this Act” and inserting “the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008”; and

12 (2) in paragraph (3)—

13 (A) by amending subparagraph (C) to read as follows:

15 “(C) A description of the manner in which the strategy will address the following:

17 “(i) The fundamental elements of prevention and education, care and treatment, including increasing access to pharmaceuticals, vaccines, and microbicides, as they become available, screening, prophylaxis, and treatment of major opportunistic infections, including tuberculosis, and increasing access to nutrition and food for individuals on antiretroviral therapies.

1 “(ii) The promotion of delay of sexual
2 debut, abstinence, monogamy, fidelity, and
3 partner reduction.

4 “(iii) The promotion of correct and
5 consistent use of male and female condoms
6 and other strategies and skills development
7 to reduce the risk of HIV transmission.

8 “(iv) Increasing voluntary access to
9 safe male circumcision services.

10 “(v) Life-skills training.

11 “(vi) The provision of information and
12 services to encourage young people to delay
13 sexual debut and ensure access to HIV/
14 AIDS prevention information and services.

15 “(vii) Prevention of sexual violence
16 leading to transmission of HIV and assist-
17 ance for victims of violence who are at risk
18 of HIV transmission.

19 “(viii) HIV/AIDS prevention, care,
20 and treatment services for injection drug
21 users.

22 “(ix) Research, including incentives
23 for HIV vaccine development and new pro-
24 tocols.

1 “(x) Advocacy for community-based
2 child and youth protective services.

3 “(xi) Training of health care workers.

4 “(xii) The development of health care
5 infrastructure and delivery systems.

6 “(xiii) Prevention efforts for sub-
7 stance abusers.

8 “(xiv) Prevention, treatment, care,
9 and outreach efforts for men who have sex
10 with men.”;

11 (B) in subparagraph (D), by adding at the
12 end before the period the following: “, including
13 through faith-based and other nongovernmental
14 organizations”;

15 (C) in subparagraph (E), by inserting “ac-
16 cess to HIV/AIDS education and testing in
17 family planning and maternal and child health
18 programs supported by the United States Gov-
19 ernment and” after “the unique needs of
20 women, including”;

21 (D) in subparagraph (F), by inserting
22 “(including by accessing voluntary clinical cir-
23 cumcision services)” after “in their sexual be-
24 havior”;

1 (E) in subparagraph (G), by inserting
2 “and men’s” after “women’s”;

3 (F) by redesignating subparagraphs (M)
4 through (W) as subparagraphs (N) through
5 (X);

6 (G) by inserting after subparagraph (L)
7 the following:

8 “(M) A description of efforts to be under-
9 taken to strengthen the public finance manage-
10 ment systems of selected host countries to en-
11 sure transparent, efficient, and effective man-
12 agement of national and donor financial invest-
13 ments in health.”;

14 (H) in subparagraph (O) (as redesignated
15 by subparagraph (F) of this paragraph), by
16 striking “evaluating programs,” and inserting
17 “evaluating programs to ensure medical accu-
18 racy, operations research,”;

19 (I) in subparagraph (Q) (as redesignated
20 by subparagraph (F) of this paragraph), by in-
21 serting “, strengthen national health care deliv-
22 ery systems, and increase national health work-
23 force capacities,” after “HIV/AIDS pandemic”;

24 (J) in subparagraph (R) (as redesignated
25 by subparagraph (F) of this paragraph), by in-

1 serting at the end before the period the fol-
2 lowing: “, including strategies relating to agri-
3 cultural development, trade and economic
4 growth, and education”;

5 (K) in subparagraph (T) (as redesignated
6 by subparagraph (F) of this paragraph), by in-
7 serting “efforts of intergenerational caregivers
8 and” after “, including”;

9 (L) by redesignating subparagraphs (V)
10 through (X) (as redesignated by subparagraph
11 (F) of this paragraph), as subparagraphs (W)
12 through (Y), respectively;

13 (M) by inserting after subparagraph (U)
14 (as redesignated by subparagraph (F) of this
15 paragraph) the following:

16 “(V) A plan to strengthen and implement
17 health care workforce strategies to enable coun-
18 tries to increase the supply and retention of all
19 cadres of trained professional and paraprofes-
20 sional health care workers by numbers that
21 move toward global health program needs and
22 toward targets established by the World Health
23 Organization, while enabling health systems to
24 expand coverage consistent with national and
25 international targets and goals.”; and

1 (N) by striking subparagraph (Y) (as re-
2 designated by subparagraphs (F) and (L) of
3 this paragraph) and inserting the following:

4 “(Y) A description of the specific strate-
5 gies, developed in coordination with existing
6 health programs, to prevent mother-to-child
7 transmission of HIV, including the extent to
8 which HIV-positive women and men in treat-
9 ment, care, and support programs and HIV-
10 negative women and men are counseled about
11 methods of preventing HIV transmission and
12 the extent to which HIV prevention methods
13 are provided on-site or by referral in treatment,
14 care, and support programs.

15 “(Z) A description of the specific strategies
16 developed to maximize the capacity of health
17 care providers, including faith-based and other
18 nongovernmental organizations, and family
19 planning providers supported by the United
20 States Government to ensure access to nec-
21 essary and comprehensive information about re-
22 ducing sexual transmission of HIV among
23 women, men, and young people, including strat-
24 egies to ensure HIV/AIDS prevention training
25 for such providers.

1 “(AA) A strategy to work with inter-
2 national and host country partners toward uni-
3 versal access to HIV/AIDS prevention, treat-
4 ment, and care programs.”.

5 (c) STRATEGIC PLAN FOR PROGRAM MONITORING,
6 OPERATIONS RESEARCH, AND IMPACT EVALUATION RE-
7 SEARCH.—

8 (1) IN GENERAL.—Not later than 1 year after
9 the date of the enactment of this Act, the Coordi-
10 nator of United States Government Activities to
11 Combat HIV/AIDS Globally shall develop a 5-year
12 strategic plan for program monitoring, operations
13 research, and impact evaluation research of United
14 States HIV/AIDS, tuberculosis, and malaria pro-
15 grams.

16 (2) ELEMENTS OF PLAN.—The strategic plan
17 developed under this subsection shall include—

18 (A) the amount of funding provided for
19 program monitoring, operations research, and
20 impact evaluation research under sections
21 104A, 104B, and 104C of the Foreign Assist-
22 ance Act of 1961 (22 U.S.C. 2151b–2, 2151b–
23 3, and 2151b–4) and the United States Leader-
24 ship Against HIV/AIDS, Tuberculosis, and Ma-

1 laria Act of 2003 (22 U.S.C. 7601 et seq.)
2 available through fiscal year 2009;

3 (B) strategies to—

4 (i) improve the efficiency, effective-
5 ness, quality, and accessibility of services
6 provided under the provisions of law de-
7 scribed in subparagraph (A);

8 (ii) establish the cost-effectiveness of
9 program models;

10 (iii) ensure the transparency and ac-
11 countability of services provided under the
12 provisions of law described in subpara-
13 graph (A);

14 (iv) disseminate and promote the utili-
15 zation of evaluation findings, lessons, and
16 best practices in services provided under
17 the provisions of law described in subpara-
18 graph (A); and

19 (v) encourage and evaluate innovative
20 service models and strategies to optimize
21 the delivery of care, treatment, and preven-
22 tion programs financed by the United
23 States Government;

24 (C) priorities for program monitoring, op-
25 erations research, and impact evaluation re-

1 search and a time line for completion of activi-
2 ties associated with such priorities; and

3 (D) other information that the Coordinator
4 determines to be necessary.

5 (3) CONSULTATION.—In developing the stra-
6 tegic plan under this subsection and implementing,
7 disseminating, and promoting the use of program
8 monitoring, operations research, and impact evalua-
9 tion research, the Coordinator shall consult with rep-
10 resentatives of relevant executive branch agencies,
11 other appropriate executive branch agencies, multi-
12 lateral institutions involved in providing HIV/AIDS
13 assistance, nongovernmental organizations involved
14 in implementing HIV/AIDS programs, and the gov-
15 ernments of host countries.

16 (4) DEFINITIONS.—In this subsection—

17 (A) the terms “program monitoring”, “op-
18 erations research”, and “impact evaluation re-
19 search”, have the meanings given such terms in
20 section 104A(d)(4)(B) of the Foreign Assist-
21 ance Act of 1961 (as added by section
22 301(a)(4)(C) of this Act); and

23 (B) the term “relevant executive branch
24 agencies” has the meaning given the term in
25 section 3 of the United States Leadership

3 SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

7 (1) in subparagraph (A)—

(B) in clause (iii), by inserting “and host country finance, health, and other relevant ministries” after “community-based organizations”); and

17 (A) by striking subclauses (IV) and (V)
18 and inserting the following:

1 Centers for Disease Control and Pre-
2 vention, the National Institutes of
3 Health, and the Health Resources and
4 Services Administration), the Depart-
5 ment of Labor, the Department of
6 Agriculture, the Millennium Challenge
7 Corporation, the Department of De-
8 fense, and the Office of the Coordi-
9 nator of United States Government
10 Activities to Combat Malaria Globally,
11 for the purposes of coordination of ac-
12 tivities relating to HIV/AIDS. The
13 interagency working group shall—

14 “(aa) meet regularly to re-
15 view progress in host countries
16 toward HIV/AIDS prevention,
17 treatment, and care objectives;

18 “(bb) participate in the
19 process of identifying countries in
20 need of increased assistance
21 based on the epidemiology of
22 HIV/AIDS in those countries;
23 and

24 “(cc) review policies that
25 may be obstacles to reaching ob-

1 jectives set forth for HIV/AIDS
2 prevention, treatment, and care.

3 “(V) Coordinating overall United
4 States HIV/AIDS policy and pro-
5 grams with efforts led by host coun-
6 tries and with the assistance provided
7 by other relevant bilateral and multi-
8 lateral aid agencies and other donor
9 institutions to achieve
10 complementarity with other programs
11 aimed at improving child and mater-
12 nal health, and food security, pro-
13 moting education, and strengthening
14 health care systems.”;

15 (B) by redesignating subclauses (VII) and
16 (VIII) as subclauses (IX) and (X), respectively;

17 (C) by inserting after subclause (VI) the
18 following:

19 “(VII) Holding annual consulta-
20 tions with host country nongovern-
21 mental organizations providing serv-
22 ices to improve health, and advocating
23 on behalf of the individuals with HIV/
24 AIDS and those at particular risk of
25 contracting HIV/AIDS.

1 “(VIII) Ensuring, through inter-
2 agency and international coordination,
3 that United States HIV/AIDS pro-
4 grams are coordinated with and com-
5plementary to the delivery of related
6 global health, food security, and edu-
7 cation services, including—

8 “(aa) maternal and child
9 health care;

10 “(bb) services for other ne-
11glected and easily preventable
12 and treatable infectious diseases,
13 such as tuberculosis;

14 “(cc) treatment and care
15 services for injection drug users;
16 and

17 “(dd) programs and services
18 to improve legal, social, and eco-
19 nomic status of women and
20 girls.”;

21 (D) in subelause (IX) (as redesignated by
22 subparagraph (B) of this paragraph)—

23 (i) by inserting “Vietnam, Antigua
24 and Barbuda, the Bahamas, Barbados,
25 Belize, Dominica, Grenada, Jamaica,

1 Montserrat, Saint Kitts and Nevis, Saint
2 Vincent and the Grenadines, Saint Lucia,
3 Suriname, Trinidad and Tobago, the Do-
4 minican Republic” after “Zambia,”;

5 (ii) by adding at the end before the
6 period the following: “and other countries
7 in which the United States is implementing
8 HIV/AIDS programs”; and

9 (iii) by adding at the end the fol-
10 lowing: “In designating countries under
11 this subclause, the President shall give pri-
12 ority to those countries in which there is a
13 high prevalence of HIV/AIDS and coun-
14 tries with large populations that have a
15 concentrated HIV/AIDS epidemic.”;

16 (E) by redesignating subclause (X) (as re-
17 designated by subparagraph (B) of this para-
18 graph) as subclause (XII);

19 (F) by inserting after subclause (IX) (as
20 redesignated by subparagraph (B) and amended
21 by subparagraph (D) of this paragraph) the fol-
22 lowing:

23 “(X) Working, in partnership with
24 host countries in which the HIV/AIDS epi-
25 demic is prevalent among injection drug

1 users, to establish, as a national priority,
2 national HIV/AIDS prevention programs,
3 including education, and services dem-
4 onstrated to be effective in reducing the
5 transmission of HIV infection among injec-
6 tion drug users without increasing drug
7 use.

8 “(XI) Working, in partnership with
9 host countries in which the HIV/AIDS epi-
10 demic is prevalent among individuals in-
11 volved in commercial sex acts, to establish,
12 as a national priority, national prevention
13 programs, including education, voluntary
14 testing, and counseling, and referral sys-
15 tems that link HIV/AIDS programs with
16 programs to eradicate trafficking in per-
17 sons and create alternatives to prostitu-
18 tion.”;

19 (G) in subclause (XII) (as redesignated by
20 subparagraphs (B) and (E) of this paragraph),
21 by striking “funds section” and inserting
22 “funds appropriated pursuant to the authoriza-
23 tion of appropriations under section 401 of the
24 United States Leadership Against HIV/AIDS,

1 Tuberculosis, and Malaria Act of 2003 for HIV/
2 AIDS assistance”; and

3 (H) by adding at the end the following:

4 “(XIII) Publicizing updated drug
5 pricing data to inform pharmaceutical
6 procurement partners’ purchasing de-
7 cisions.

8 “(XIV) Working in partnership
9 with host countries in which the HIV/
10 AIDS epidemic is prevalent among
11 men who have sex with men, to estab-
12 lish, as a national priority, national
13 HIV/AIDS prevention programs, in-
14 cluding education and services dem-
15 onstrated to be effective in reducing
16 the transmission of HIV among men
17 who have sex with men.”.

1 **TITLE II—SUPPORT FOR MULTI-**
2 **LATERAL FUNDS, PROGRAMS,**
3 **AND PUBLIC-PRIVATE PART-**
4 **NERSHIPS**

5 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
6 **NERSHIPS.**

7 Section 201(a) of the United States Leadership
8 Against HIV/AIDS, Tuberculosis, and Malaria Act of
9 2003 (22 U.S.C. 7621(a)) is amended—

10 (1) in paragraph (2), by striking “infectious
11 diseases” and inserting “easily preventable and
12 treatable infectious diseases”; and

13 (2) in paragraph (4), by striking “infectious
14 diseases” and inserting “easily preventable and
15 treatable infectious diseases”.

16 **SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT**
17 **AIDS, TUBERCULOSIS AND MALARIA.**

18 (a) FINDINGS.—Subsection (a) of section 202 of the
19 United States Leadership Against HIV/AIDS, Tuber-
20 culosis, and Malaria Act of 2003 (22 U.S.C. 7622) is
21 amended—

22 (1) by redesignating paragraphs (1) through
23 (3) as paragraphs (7) through (9), respectively; and

1 (2) by inserting before paragraph (7) (as redes-
2 ignated by paragraph (1) of this subsection) the fol-
3 lowing:

4 “(1) The Global Fund to Fight AIDS, Tuber-
5 culosis and Malaria is the multilateral component of
6 this Act, extending United States efforts to a total
7 of 136 countries around the world.

8 “(2) Created in 2002, the Global Fund has
9 played a leading role in the fight against HIV/AIDS,
10 tuberculosis, and malaria around the world and has
11 grown into an organization that currently provides
12 nearly a quarter of all international financing to
13 combat HIV/AIDS and two-thirds of all inter-
14 national financing to combat tuberculosis and ma-
15 laria.

16 “(3) By 2010, it is estimated that the demand
17 for funding by the Global Fund will grow in size to
18 between \$6 and \$8 billion annually, requiring signifi-
19 cant contributions from donors around the world, in-
20 cluding at least \$2 billion annually from the United
21 States.

22 “(4) The Global Fund is an innovative financ-
23 ing mechanism to combat HIV/AIDS, tuberculosis,
24 and malaria, and has made progress in many areas.

1 “(5) The United States Government is the larg-
2 est supporter of the Global Fund, both in terms of
3 resources and technical support.

4 “(6) The United States made the initial con-
5 tribution to the Global Fund and is fully committed
6 to its success.”.

7 (b) UNITED STATES FINANCIAL PARTICIPATION.—

8 (1) AUTHORIZATION OF APPROPRIATIONS.—

9 Subsection (d)(1) of such section is amended—

10 (A) by striking “\$1,000,000,000” and in-
11 serting “\$2,000,000,000”;

12 (B) by striking “for the period of fiscal
13 year 2004 beginning on January 1, 2004,” and
14 inserting “for each of the fiscal years 2009 and
15 2010,”; and

16 (C) by striking “the fiscal years 2005–
17 2008” and inserting “each of the fiscal years
18 2011 through 2013”.

19 (2) LIMITATION.—Subsection (d)(4) of such
20 section is amended—

21 (A) in subparagraph (A)—

22 (i) in clause (i), by striking “fiscal
23 years 2004 through 2008” and inserting
24 “fiscal years 2009 through 2013”;

41

1 (ii) in clause (ii), by striking “fiscal
2 years 2004 through 2008” and inserting
3 “fiscal years 2009 through 2013”; and

4 (iii) in clause (vi)—

5 (I) by striking “for the purposes”
6 and inserting “For the purposes”;

7 (II) by striking “fiscal years
8 2004 through 2008” and inserting
9 “fiscal years 2009 through 2013”;
10 and

11 (III) by striking “fiscal year
12 2004” and inserting “fiscal year
13 2009”;

14 (B) in subparagraph (B)(iv)—

15 (i) by striking “fiscal years 2004
16 through 2008” and inserting “fiscal years
17 2009 through 2013”; and

18 (ii) by adding at the end before the
19 period the following: “, unless such amount
20 is made available for more than one fiscal
21 year, in which case such amount is author-
22 ized to be made available for such purposes
23 after December 31 of the fiscal year fol-
24 lowing the fiscal year in which such funds
25 first became available.”; and

1 (C) in subparagraph (C)(ii) by striking
2 “Committee on International Relations” and in-
3 serting “Committee on Foreign Affairs”.

4 (3) STATEMENT OF POLICY.—The following
5 shall be the policy of the United States:

6 (A) Support for the Global Fund to Fight
7 AIDS, Tuberculosis and Malaria should be
8 based upon achievement of the following bench-
9 marks related to transparency and account-
10 ability:

11 (i) As recommended by the Govern-
12 ment Accountability Office, the Fund Sec-
13 retariat has established standardized ex-
14 pectations for the performance of Local
15 Fund Agents (LFAs), is undertaking a
16 systematic assessment of the performance
17 of LFAs, and is making available for pub-
18 lic review, according to the Fund Board’s
19 policies and practices on disclosure of in-
20 formation, a regular collection and analysis
21 of performance data of Fund grants, which
22 shall cover both Principal Recipients and
23 sub-recipients.

24 (ii) A well-staffed, independent Office
25 of the Inspector General reports directly to

1 the Board and is responsible for regular,
2 publicly published audits of both financial
3 and programmatic and reporting aspects of
4 the Fund, its grantees, and LFAs.

5 (iii) The Fund Secretariat has estab-
6 lished and is reporting publicly on stand-
7 ard indicators for all program areas.

8 (iv) The Fund Secretariat has estab-
9 lished a database that tracks all subrecipi-
10 ents and the amounts of funds disbursed
11 to each, as well as the distribution of re-
12 sources, by grant and Principal Recipient,
13 for prevention, care, treatment, the pur-
14 chases of drugs and commodities, and
15 other purposes.

16 (v) The Fund Board has established a
17 penalty to offset tariffs imposed by na-
18 tional governments on all goods and serv-
19 ices provided by the Fund.

20 (vi) The Fund Board has successfully
21 terminated its Administrative Services
22 Agreement with the World Health Organi-
23 zation and completed the Fund Secretar-
24 iat's transition to a fully independent sta-
25 tus under the Headquarters Agreement the

1 Fund has established with the Government
2 of Switzerland.

3 (B) Support for the Global Fund to Fight
4 AIDS, Tuberculosis and Malaria should be
5 based upon achievement of the following bench-
6 marks related to the founding principles of the
7 Fund:

8 (i) The Fund must maintain its status
9 as a financing institution.

10 (ii) The Fund must remain focused on
11 programs directly related to HIV/AIDS,
12 malaria, and tuberculosis.

13 (iii) The Fund must maintain its
14 Comprehensive Funding Policy, which re-
15 quires confirmed pledges to cover the full
16 amount of new grants before the Board
17 approves them.

18 (iv) The Fund must maintain and
19 make progress on sustaining its multisecc-
20 toral approach, through Country Coordi-
21 nating Mechanisms (CCMs) and in the im-
22 plementation of grants, as reflected in per-
23 cent and resources allocated to different
24 sectors, including governments, civil soci-

1 ety, and faith- and community-based orga-
2 nizations.

3 (4) SENSE OF CONGRESS.—Congress—

4 (A) notes that section 625 of Public Law
5 110–161 establishes a requirement to withhold
6 20 percent of funds appropriated for the Global
7 Fund if the Global Fund fails to meet certain
8 benchmarks; and

9 (B) will continue to review the implementa-
10 tion of the benchmarks to ensure accountability
11 and transparency of the Global Fund.

12 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
13 **NATIONAL VACCINE FUNDS.**

14 (a) VACCINE FUND.—Subsection (k) of section 302
15 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222)
16 is amended by striking “fiscal years 2004 through 2008”
17 and inserting “fiscal years 2009 through 2013”.

18 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
19 Subsection (l) of such section is amended by striking “fis-
20 cal years 2004 through 2008” and inserting “fiscal years
21 2009 through 2013”.

22 (c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—
23 Subsection (m) of such section is amended by striking
24 “fiscal years 2004 through 2008” and inserting “fiscal
25 years 2009 through 2013”.

1 (d) RESEARCH AND DEVELOPMENT OF A TUBER-
2 CULOSIS VACCINE.—Such section is further amended by
3 adding at the end the following:

4 “(n) In addition to amounts otherwise available under
5 this section, there are authorized to be appropriated to
6 the President such sums as may be necessary for each of
7 the fiscal years 2009 through 2013 to be available for
8 United States contributions to research and development
9 of a tuberculosis vaccine.”.

10 **SEC. 204. PROGRAM TO FACILITATE AVAILABILITY OF**
11 **MICROBICIDES TO PREVENT TRANSMISSION**
12 **OF HIV AND OTHER DISEASES.**

13 (a) STATEMENT OF POLICY.—Congress recognizes
14 the need and urgency to expand the range of interventions
15 for preventing the transmission of human immuno-
16 deficiency virus (HIV), including nonvaccine prevention
17 methods that can be controlled by women.

18 (b) PROGRAM AUTHORIZED.—The Administrator of
19 the United States Agency for International Development,
20 in coordination with the Coordinator of United States
21 Government Activities to Combat HIV/AIDS Globally,
22 shall develop and implement a program to facilitate wide-
23 scale availability of microbicides that prevent the trans-
24 mission of HIV after such microbicides are proven safe
25 and effective.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—Of the
2 amounts authorized to be appropriated under section 401
3 of the United States Leadership Against HIV/AIDS, Tu-
4 berculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for
5 HIV/AIDS assistance, there are authorized to be appro-
6 priated to the President such sums as may be necessary
7 for each of the fiscal years 2009 through 2013 to carry
8 out this section.

9 **SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND**
10 **MALARIA BY STRENGTHENING HEALTH POLI-**
11 **CIES AND HEALTH SYSTEMS OF HOST COUN-**
12 **TRIES.**

13 (a) IN GENERAL.—Title II of the United States
14 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
15 Act of 2003 (22 U.S.C. 7621 et seq.) is amended by add-
16 ing at the end the following:

17 **“SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS,**
18 **AND MALARIA BY STRENGTHENING HEALTH**
19 **POLICIES AND HEALTH SYSTEMS OF HOST**
20 **COUNTRIES.**

21 “(a) FINDINGS.—Congress makes the following find-
22 ings:

23 “(1) One of the most significant barriers to
24 achieving universal access to HIV/AIDS treatment
25 and prevention in developing countries is the lack of

1 health infrastructure, particularly in sub-Saharan
2 Africa.

3 “(2) In addition to HIV/AIDS programs, other
4 treatable and preventable infectious diseases could
5 be treated concurrently and easily if health care de-
6 livery systems in developing countries were signifi-
7 cantly improved.

8 “(3) More public investment in basic primary
9 health care should be a priority in public spending
10 in developing countries.

11 “(b) STATEMENT OF POLICY.—It shall be the policy
12 of the United States Government—

13 “(1) to invest appropriate resources authorized
14 under this Act and the amendments made by this
15 Act to carry out activities to strengthen HIV/AIDS
16 health policies and health systems and provide work-
17 force training and capacity-building consistent with
18 the goals and objectives of this Act and the amend-
19 ments made by this Act; and

20 “(2) to support the development of a sound pol-
21 icy environment in host countries to increase the
22 ability of such countries to maximize utilization of
23 health care resources from donor countries, deliver
24 services to the people of such host countries in an
25 effective and efficient manner, and reduce barriers

1 that prevent recipients of services from achieving
2 maximum benefit from such services.

3 “(c) PLAN REQUIRED.—The Coordinator of United
4 States Government Activities to Combat HIV/AIDS Glob-
5 ally, in collaboration with the Administrator of the United
6 States Agency for International Development, shall de-
7 velop and implement a plan to combat HIV/AIDS by
8 strengthening health policies and health systems of host
9 countries as part of the United States Agency for Inter-
10 national Development’s ‘Health Systems 2020’ project.

11 “(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE
12 MANAGEMENT SYSTEMS.—

13 “(1) IN GENERAL.—The Secretary of the
14 Treasury, acting through the head of the Office of
15 Technical Assistance, is authorized to provide assist-
16 ance for advisors and host country finance, health,
17 and other relevant ministries to improve the effec-
18 tiveness of public finance management systems in
19 host countries to enable such countries to receive
20 funding to carry out programs to combat HIV/
21 AIDS, tuberculosis, and malaria and to manage
22 such programs.

23 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
24 the amounts authorized to be appropriated under
25 section 401 for HIV/AIDS assistance, there are au-

1 thorized to be appropriated to the Secretary of the
2 Treasury such sums as may be necessary for each
3 of the fiscal years 2009 through 2013 to carry out
4 this subsection.”.

5 (b) CLERICAL AMENDMENT.—The table of contents
6 for the United States Leadership Against HIV/AIDS, Tu-
7 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
8 is amended by inserting after the item relating to section
9 203 the following:

 “Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and
 health systems of host countries.”.

10 **TITLE III—BILATERAL EFFORTS**
11 **Subtitle A—General Assistance and**
12 **Programs**

13 **SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.**

14 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
15 ACT OF 1961.—

16 (1) FINDING.—Subsection (a) of section 104A
17 of the Foreign Assistance Act of 1961 (22 U.S.C.
18 2151b–2) is amended by inserting “, South and
19 Southeast Asia, Central and Eastern Europe” after
20 “the Caribbean”.

21 (2) POLICY.—Subsection (b) of such section is
22 amended—

23 (A) in the first sentence—

1 (i) by striking “It is a major” and in-
2 serting the following:

3 “(1) GENERAL POLICY.—It is a major”;

4 (ii) by striking “control” and insert-
5 ing “care”; and

6 (iii) by adding at the end before the
7 period the following: “and to fulfill United
8 States commitments to move toward the
9 goal of universal access to prevention,
10 treatment, and care of HIV/AIDS”;

11 (B) by adding at the end the following:

12 “The United States and other developed coun-
13 tries should provide assistance for the preven-
14 tion, treatment, and care of HIV/AIDS to coun-
15 tries in sub-Saharan Africa, the Caribbean,
16 South and Southeast Asia and Central and
17 Eastern Europe, addressing both generalized
18 epidemics and epidemics concentrated among
19 populations at high risk of infection.”; and

20 (C) by further adding at the end the fol-
21 lowing:

22 “(2) SPECIFIC POLICY.—It is therefore the pol-
23 icy of the United States, by 2013, to—

24 “(A) prevent 12,000,000 new HIV infec-
25 tions worldwide;

1 “(B) support treatment of at least
2 3,000,000 individuals with HIV/AIDS with the
3 goal of treating 450,000 children;

4 “(C) provide care for 12,000,000 individ-
5 uals affected by HIV/AIDS, including
6 5,000,000 orphans and vulnerable children in
7 communities affected by HIV/AIDS, including
8 orphans with HIV/AIDS; and

9 “(D) train at least 140,000 new health
10 care professionals and workers for HIV/AIDS
11 prevention, treatment and care.”.

12 (3) AUTHORIZATION.—Subsection (c) of such
13 section is amended—

14 (A) in paragraph (1)—

15 (i) by inserting “, South and South-
16 east Asia, Central and Eastern Europe”
17 after “the Caribbean”; and

18 (ii) by adding at the end before the
19 period the following: “, and particularly
20 with respect to refugee populations in such
21 countries and areas”;

22 (B) in paragraph (2)—

23 (i) by inserting “, South and South-
24 east Asia, Central and Eastern Europe”
25 after “the Caribbean”; and

1 (ii) by adding at the end before the
2 period the following: “, and particularly
3 with respect to refugee populations in such
4 countries and areas”;

5 (C) by redesignating paragraph (3) as
6 paragraph (4);

7 (D) by inserting after paragraph (2) the
8 following:

9 “(3) ROLE OF PUBLIC HEALTH CARE DELIVERY
10 SYSTEMS.—It is the sense of Congress that—

11 “(A) the President should provide an ap-
12 propriate level of assistance under paragraph
13 (1) to help strengthen public health care deliv-
14 ery systems financed by host countries; and

15 “(B) the President, acting through the Co-
16 ordinator of United States Government Activi-
17 ties to Combat HIV/AIDS Globally, should sup-
18 port the development of a policy framework in
19 such host countries for the long-term sustain-
20 ability of HIV/AIDS prevention, treatment, and
21 care programs, and for strengthening health
22 care delivery systems and increasing health
23 workforces through recruitment, training, and
24 policies that allows the devolution of clinical re-
25 sponsibilities to increase the work force able to

1 deliver prevention, treatment, and care services,
2 as necessary, with clearly identified objectives
3 and reporting strategies for such services.”;

4 (E) in paragraph (4) (as redesignated by
5 subparagraph (C) of this paragraph), by strik-
6 ing “foreign countries” and inserting “host
7 countries and donor countries”; and

8 (F) by adding at the end the following:

9 “(5) SENSE OF CONGRESS.—

10 “(A) IN GENERAL.—It is the sense of Con-
11 gress that the Coordinator of United States
12 Government Activities to Combat HIV/AIDS
13 Globally and the heads of relevant executive
14 branch agencies (as such term is defined in sec-
15 tion 3 of the United States Leadership Against
16 HIV/AIDS, Tuberculosis, and Malaria Act of
17 2003) should operate in a manner consistent
18 with the ‘Three Ones’ goals of UNAIDS.

19 “(B) ‘THREE ONES’ GOALS OF UNAIDS DE-
20 FINED.—In this paragraph, the term “‘Three
21 Ones” goals of UNAIDS’ means—

22 “(i) the goal of one agreed HIV/AIDS
23 action framework that provides the basis
24 for coordinating the work of all partners in
25 host countries;

1 “(ii) the goal of one national HIV/
2 AIDS coordinating authority, with a
3 broad-based multisectoral mandate; and

4 “(iii) the goal of one agreed country-
5 level data-collection, monitoring, and eval-
6 uation system.”.

7 (4) ACTIVITIES SUPPORTED.—

8 (A) PREVENTION.—Subsection (d)(1) of
9 such section is amended—

10 (i) in subparagraph (A)—

11 (I) by inserting “efforts by faith-
12 based and other nongovernmental or-
13 ganizations and” after “infection, in-
14 cluding”;

15 (II) by inserting “, including ac-
16 cess to such programs and efforts in
17 family planning programs supported
18 by the United States Government,”
19 after “health programs”; and

20 (III) by inserting “male and fe-
21 male” before “condoms”;

22 (ii) in subparagraph (B)—

23 (I) by inserting “relevant and”
24 after “culturally”;

1 (II) by inserting “and programs”
2 after “those organizations”; and
3 (III) by inserting “, level of sci-
4 entific and fact-based knowledge”
5 after “experience”;
6 (iii) in subparagraph (D), by inserting
7 “and nonjudgmental approaches” after
8 “protections”;
9 (iv) by amending subparagraph (E) to
10 read as follows:
11 “(E) assistance to achieve the target of
12 reaching 80 percent of pregnant women for pre-
13 vention and treatment of mother-to-child trans-
14 mission of HIV in countries in which the
15 United States is implementing HIV/AIDS pro-
16 grams by 2013, as described in section
17 312(b)(1) of the United States Leadership
18 Against HIV/AIDS, Tuberculosis, and Malaria
19 Act of 2003, and to promote infant feeding op-
20 tions that meet the criteria described in the
21 World Health Organization’s Global Strategy
22 for Infant and Young Child Feeding;”;
23 (v) in subparagraph (G)—
24 (I) by adding at the end before
25 the semicolon the following: “, includ-

1 ing education and services dem-
2 onstrated to be effective in reducing
3 the transmission of HIV infection
4 without increasing illicit drug use”;
5 and

6 (II) by striking “and” at the end;
7 (vi) in subparagraph (H), by striking
8 the period at the end and inserting “; and”
9 ; and

10 (vii) by adding at the end the fol-
11 lowing:

12 “(I)(i) assistance for counseling, testing,
13 treatment, care, and support programs for pre-
14 vention of re-infection of individuals with HIV/
15 AIDS;

16 “(ii) counseling to prevent sexual trans-
17 mission of HIV, including skill development for
18 practicing abstinence, reducing the number of
19 sexual partners, and providing information on
20 correct and consistent use of male and female
21 condoms;

22 “(iii) assistance to provide male and female
23 condoms;

24 “(iv) diagnosis and treatment of other sex-
25 ually-transmitted infections;

1 “(v) strategies to address the stigma and
2 discrimination that impede HIV/AIDS preven-
3 tion efforts; and

4 “(vi) assistance to facilitate widespread ac-
5 cess to microbicides for HIV prevention, as safe
6 and effective products become available, includ-
7 ing financial and technical support for cul-
8 turally appropriate introductory programs, pro-
9 curement, distribution, logistics management,
10 program delivery, acceptability studies, provider
11 training, demand generation, and post-introduc-
12 tion monitoring; and

13 “(J) assistance for HIV/AIDS education
14 targeted to reach and prevent the spread of
15 HIV among men who have sex with men.”.

16 (B) TREATMENT.—Subsection (d)(2) of
17 such section is amended—

18 (i) in subparagraph (B), by striking “;
19 and” at the end and inserting a semicolon;

20 (ii) in subparagraph (C), by striking
21 the period at the end and inserting a semi-
22 colon; and

23 (iii) by adding at the end the fol-
24 lowing:

1 “(D) assistance specifically to address bar-
2 riers that might limit the start of and adher-
3 ence to treatment services, especially in rural
4 areas, through such measures as mobile and de-
5 centralized distribution of treatment services,
6 and where feasible and necessary, direct link-
7 ages with nutrition and income security pro-
8 grams, referrals to services for victims of vio-
9 lence, support groups for individuals with HIV/
10 AIDS, and efforts to combat stigma and dis-
11 crimination against all such individuals;

12 “(E) assistance to support comprehensive
13 HIV/AIDS treatment (including free prophylaxis
14 and treatment for common HIV/AIDS-re-
15 lated opportunistic infections) for at least one-
16 third of individuals with HIV/AIDS in the poor-
17 est countries worldwide who are in clinical need
18 of antiretroviral treatment; and

19 “(F) assistance to improve access to psy-
20 chosocial support systems and other necessary
21 services for youth who are infected with HIV to
22 ensure the start of and adherence to treatment
23 services.”.

24 (C) MONITORING.—Subsection (d)(4) of
25 such section is amended—

- 1 (i) by striking “The monitoring” and
2 inserting the following:
3 “(A) IN GENERAL.—The monitoring”;
4 (ii) by inserting “and paragraph (8)”
5 after “paragraphs (1) through (3)”;
6 (iii) by redesignating subparagraphs
7 (A) through (D) as clauses (i) through
8 (iv), respectively;
9 (iv) in clause (iii) (as redesignated by
10 clause (iii) of this subparagraph), by strik-
11 ing “and” at the end;
12 (v) in clause (iv) (as redesignated by
13 clause (iii) of this subparagraph), by strik-
14 ing the period at the end and inserting “;
15 and” and
16 (vi) by adding at the end the fol-
17 lowing:
18 “(v) carrying out and expanding pro-
19 gram monitoring, impact evaluation re-
20 search, and operations research (including
21 research and evaluations of gender-respon-
22 sive interventions, disaggregated by age
23 and sex, in order to identify and replicate
24 effective models, develop gender indicators
25 to measure both outcomes and impacts of

1 interventions, especially interventions de-
2 signed to reduce gender inequalities, and
3 collect lessons learned for dissemination
4 among different countries) in order to—

5 “(I) improve the coverage, effi-
6 ciency, effectiveness, quality and ac-
7 cessibility of services provided under
8 this section;

9 “(II) establish the cost-effective-
10 ness of program models;

11 “(III) assess the population-level
12 impact of programs, projects, and ac-
13 tivities implemented;

14 “(IV) ensure the transparency
15 and accountability of services provided
16 under this section;

17 “(V) disseminate and promote
18 the utilization of evaluation findings,
19 lessons, and best practices in the im-
20 plementation of programs, projects,
21 and activities supported under this
22 section; and

23 “(VI) encourage and evaluate in-
24 novative service models and strategies

1 to optimize functionality of programs,
2 projects, and activities.”; and

3 (vii) by further adding at the end the
4 following:

5 “(B) DEFINITIONS.—For purposes of sub-
6 paragraph (A)(v)—

7 “(i) the term ‘impact evaluation re-
8 search’ means the application of research
9 methods and statistical analysis to meas-
10 ure the extent to which a change in a pop-
11 ulation-based outcome can be attributed to
12 a program, project, or activity as opposed
13 to other factors in the environment;

14 “(ii) the term ‘program monitoring’
15 means the collection, analysis, and use of
16 routine data with respect to a program,
17 project, or activity to determine how well
18 the program, project, or activity is carried
19 out and at what cost; and

20 “(iii) the term ‘operations research’
21 means the application of social science re-
22 search methods and statistical analysis to
23 judge, compare, and improve policy out-
24 comes and outcomes of a program, project,
25 or activity, from the earliest stages of de-

1 fining and designing the program, project,
2 or activity through the development and
3 implementation of the program, project, or
4 activity.”.

5 (D) PHARMACEUTICALS.—Subsection
6 (d)(5) of such section is amended—

7 (i) by redesignating subparagraph (C)
8 as subparagraph (D); and

9 (ii) by inserting after subparagraph
10 (B) the following:

11 “(C) MECHANISMS TO ENSURE COST-EF-
12 FECTIVE DRUG PURCHASING.—Mechanisms to
13 ensure that pharmaceuticals, including
14 antiretrovirals and medicines to treat opportu-
15 nistic infections, are purchased at the lowest pos-
16 sible price at which such pharmaceuticals may
17 be obtained in sufficient quantity on the world
18 market.”.

19 (E) REFERRAL SYSTEMS AND COORDINA-
20 TION WITH OTHER ASSISTANCE PROGRAMS.—

21 (i) FINDING.—The effectiveness of all
22 HIV/AIDS prevention, treatment, and care
23 programs and the survival of individuals
24 with HIV/AIDS would be enhanced by en-
25 suring that such individuals are referred to

1 appropriate support programs, including
2 education, income generation, HIV/AIDS
3 support group and food and nutrition pro-
4 grams, and by providing assistance directly
5 to such programs to the extent such pro-
6 grams would further the purposes of ex-
7 panding access to and the success of HIV/
8 AIDS prevention, treatment, and care.

9 (ii) AMENDMENT.—Subsection (d) of
10 such section is further amended by adding
11 at the end the following:

12 “(8) REFERRAL SYSTEMS AND COORDINATION
13 WITH OTHER ASSISTANCE PROGRAMS.—

14 “(A) REFERRAL SYSTEMS.—Assistance to
15 ensure that a continuum of care is available to
16 individuals participating in HIV/AIDS preven-
17 tion, treatment, and care programs through the
18 development of referral systems for such indi-
19 viduals to community-based programs that,
20 where practicable, are co-located with such
21 HIV/AIDS programs, and that provide support
22 activities for such individuals, including HIV/
23 AIDS treatment adherence, HIV/AIDS support
24 groups, food and nutrition support, maternal
25 health services, substance abuse prevention and

1 treatment services, income-generation pro-
2 grams, legal services, and other program sup-
3 port.

4 “(B) COORDINATION WITH OTHER ASSIST-
5 ANCE PROGRAMS.—

6 “(i)(I) Assistance to integrate HIV/AIDS
7 testing with testing for other easily detectable
8 and treatable infectious diseases, such as ma-
9 laria, tuberculosis, and respiratory infections,
10 and to provide treatment if possible or referral
11 to appropriate treatment programs.

12 “(II) Assistance to provide, whenever pos-
13 sible, as a component of HIV/AIDS prevention,
14 treatment, and care services, and co-treatment
15 of curable diseases, such as other sexually
16 transmitted diseases.

17 “(III) Assistance and other activities to en-
18 sure, through interagency and international co-
19 ordination, that United States global HIV/
20 AIDS programs are integrated and complemen-
21 tary to delivering related health services.

22 “(ii) Assistance to support schools and re-
23 lated programs for children and youth that in-
24 crease the effectiveness of programs described
25 in this subsection by providing the infrastruc-

1 ture, teachers, and other support to such pro-
2 grams.

3 “(iii) Assistance and other activities to
4 provide access to HIV/AIDS prevention, treat-
5 ment, and care programs in family planning
6 and maternal and child health programs sup-
7 ported by the United States Government.

8 “(iv) Assistance to United States and host
9 country nonprofit development organizations
10 that directly support livelihood initiatives in
11 HIV/AIDS-affected countries that provide op-
12 portunities for direct lending to microentre-
13 preneurs by United States citizens or opportu-
14 nities for United States citizens to purchase
15 livestock and plants for families to provide nu-
16 trition and generate income for individual
17 households and communities.

18 “(v) Assistance to coordinate and provide
19 linkages between HIV/AIDS prevention, treat-
20 ment, and care programs with efforts to im-
21 prove the economic and legal status of women
22 and girls.

23 “(vi) Technical assistance coordinated
24 across implementing agencies, offered on a reg-
25 ular basis, and made available upon request, for

1 faith-based and community-based organizations,
2 especially indigenous organizations and new
3 partners who do not have extensive experience
4 managing United States foreign assistance pro-
5 grams, including for training and logistical sup-
6 port to establish financial mechanisms to track
7 program receipts and expenditures and data
8 management systems to ensure data quality
9 and strengthen reporting.

10 “(vii) In accordance with the World Health
11 Organization’s Interim Policy on TB/HIV Ac-
12 tivities (2004), assistance to individuals with or
13 symptomatic of tuberculosis, and assistance to
14 implement the following:

15 “(I) Provide opt-out HIV/AIDS coun-
16 seling and testing and appropriate referral
17 for treatment and care to individuals with
18 or symptomatic of tuberculosis, and work
19 with host countries to ensure that such in-
20 dividuals in host countries are provided
21 such services.

22 “(II) Ensure, in coordination with
23 host countries, that individuals with HIV/
24 AIDS receive tuberculosis screening and
25 other appropriate treatment.

1 “(III) Provide increased funding for
2 HIV/AIDS and tuberculosis activities, by
3 increasing total resources for such activi-
4 ties, including lab strengthening and infec-
5 tion control.

6 “(IV) Improve the management and
7 dissemination of knowledge gained from
8 HIV/AIDS and tuberculosis activities to
9 increase the replication of best practices.”.

10 (5) ANNUAL REPORT.—Subsection (e) of such
11 section is amended—

12 (A) in paragraph (1), by striking “Com-
13 mittee on International Relations” and insert-
14 ing “Committee on Foreign Affairs”;

15 (B) in paragraph (2)—

16 (i) in subparagraph (B), by striking
17 “and” at the end;

18 (ii) in subparagraph (C)—

19 (I) in the matter preceding clause
20 (i), by striking “including” and insert-
21 ing “including—”;

22 (II) by striking clauses (i) and
23 (ii) and inserting the following:

24 “(i)(I) the effectiveness of such pro-
25 grams in reducing the transmission of

1 HIV, particularly in women and girls, in
2 reducing mother-to-child transmission of
3 HIV, including through drug treatment
4 and therapies, either directly or by refer-
5 ral, and in reducing mortality rates from
6 HIV/AIDS, including through drug treat-
7 ment, and addiction therapies;

8 “(II) a description of strategies, goals,
9 programs, and interventions to address the
10 specific needs and vulnerabilities of young
11 women and young men; the progress to-
12 ward expanding access among young
13 women and young men to evidence-based,
14 comprehensive HIV/AIDS health care serv-
15 ices and HIV prevention and sexuality and
16 abstinence education programs at the indi-
17 vidual, community, and national levels; and
18 clear targets for integrating adolescents
19 who are orphans, including adolescents
20 who are infected with HIV, into programs
21 for orphans and vulnerable children; and

22 “(III) the amount of United States
23 funding provided under the authorities of
24 this Act to procure drugs for HIV/AIDS
25 programs in countries described in section

1 1(f)(2)(B)(IX) of the State Department
2 Basic Authorities Act of 1956 (22 U.S.C.
3 2651a(f)(2)(B)(VIII)), including a detailed
4 description of anti-retroviral drugs pro-
5 cured, including—

6 “(aa) the total amount expended
7 for each generic and name brand
8 drug;

9 “(bb) the price paid per unit of
10 each drug; and

11 “(cc) the vendor from which each
12 drug was purchased; and

13 “(ii) the progress made toward im-
14 proving health care delivery systems (in-
15 cluding the training of adequate numbers
16 of health care professionals) and infra-
17 structure to ensure increased access to
18 care and treatment, including a description
19 of progress toward—

20 “(I)(aa) the training and reten-
21 tion of adequate numbers of health
22 care professionals in order to meet a
23 nationally-determined ratio of doctors,
24 nurses, and midwives to patients,
25 based on the target of the 2.3 per-

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1 thousand ratio established by the
2 World Health Organization (WHO);

3 “(bb) increases in the number of
4 other health care professions, such as
5 pharmacists and lab technicians, as
6 necessary; and

7 “(cc) the improvement of infra-
8 structure needed to ensure universal
9 access to HIV/AIDS prevention, treat-
10 ment, and care by 2015;

11 “(II) national health care work-
12 force strategy benchmarks, as re-
13 quired by section 202(d)(5)(B) of the
14 United States Leadership Against
15 HIV/AIDS, Tuberculosis, and Malaria
16 Act of 2003, United States contribu-
17 tions to developing and implementing
18 the benchmarks, and main challenges
19 to implementing the benchmarks;

20 “(III) ensuring, to the extent
21 practicable, that health care workers
22 providing services under this Act have
23 safe working conditions and are re-
24 ceiving health care services, including
25 services relating to HIV/AIDS;

1 “(IV) activities to strengthen
2 health care systems in order to over-
3 come obstacles and barriers to the
4 provision of HIV/AIDS, tuberculosis,
5 and malaria services;

6 “(V) improving integration and
7 coordination of HIV/AIDS programs
8 with related health care services and
9 supporting the capacity of health care
10 programs to refer individuals to com-
11 munity-based services; and

12 “(VI) strengthening procurement
13 and supply chain management sys-
14 tems of host countries;”;

15 (III) in clause (iii), by adding at
16 the end before the semicolon the fol-
17 lowing: “, including the percentage of
18 such United States foreign assistance
19 provided for diagnosis and treatment
20 of individuals with tuberculosis in
21 countries with the highest burden of
22 tuberculosis, as determined by the
23 World Health Organization (WHO)”;

73

1 (IV) in clause (iv), by striking
2 the period at the end and inserting a
3 semicolon; and

4 (iii) by adding at the end the fol-
5 lowing:

6 “(D) a description of efforts to integrate
7 HIV/AIDS and tuberculosis prevention, treat-
8 ment, and care programs, including—

9 “(i) the number and percentage of
10 HIV-infected individuals receiving HIV/
11 AIDS treatment or care services who are
12 also receiving screening and subsequent
13 treatment for tuberculosis;

14 “(ii) the number and percentage of in-
15 dividuals with tuberculosis who are receiv-
16 ing HIV/AIDS counseling and testing, and
17 appropriate referral to HIV/AIDS services;

18 “(iii) the number and location of lab-
19 oratories with the capacity to perform tu-
20 berculosis culture tests and tuberculosis
21 drug susceptibility tests;

22 “(iv) the number and location of lab-
23 oratories with the capacity to perform ap-
24 propriate tests for multi-drug resistant tu-

1 berculosis (MDR–TB) and extensively drug
2 resistant tuberculosis (XDR–TB); and

3 “(v) the number of HIV-infected indi-
4 viduals suspected of having tuberculosis
5 who are provided tuberculosis culture diag-
6 nosis or tuberculosis drug susceptibility
7 testing;

8 “(E) a description of coordination efforts
9 with relevant executive branch agencies (as such
10 term is defined in section 3 of the United
11 States Leadership Against HIV/AIDS, Tuber-
12 culosis, and Malaria Act of 2003) and at the
13 global level in the effort to link HIV/AIDS serv-
14 ices with non-HIV/AIDS services;

15 “(F) a description of programs serving
16 women and girls, including—

17 “(i) a description of HIV/AIDS pre-
18 vention programs that address the
19 vulnerabilities of girls and women to HIV/
20 AIDS; and

21 “(ii) information on the number of in-
22 dividuals served by programs aimed at re-
23 ducing the vulnerabilities of women and
24 girls to HIV/AIDS;

1 “(G) a description of the specific strategies
2 funded to ensure the reduction of HIV infection
3 among injection drug users, and the number of
4 injection drug users, by country, reached by
5 such strategies, including medication-assisted
6 drug treatment for individuals with HIV or at
7 risk of HIV, and HIV prevention programs
8 demonstrated to be effective in reducing HIV
9 transmission without increasing drug use; and

10 “(H) a detailed description of monitoring,
11 impact evaluation research, and operations re-
12 search of programs, projects, and activities car-
13 ried out pursuant to subsection (d)(4)(A)(v).”;
14 and

15 (C) by adding at the end the following:

16 “(3) PUBLIC AVAILABILITY.—The Coordinator
17 of United States Government Activities to Combat
18 HIV/AIDS Globally shall make publicly available on
19 the Internet website of the Office of the Coordinator
20 the information contained in paragraph (2)(H) of
21 each report and, in addition, the individual evalua-
22 tions and other reports that were the basis of such
23 information, including lessons learned and collected
24 in such evaluations and reports.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—Sub-
2 section (b) of section 301 of the United States Leadership
3 Against HIV/AIDS, Tuberculosis, and Malaria Act of
4 2003 (22 U.S.C. 7631) is amended—

5 (1) in paragraph (1), by striking “fiscal years
6 2004 through 2008” and inserting “fiscal years
7 2009 through 2013”; and

8 (2) in paragraph (3), by striking “fiscal years
9 2004 through 2008” and inserting “fiscal years
10 2009 through 2013”.

11 (c) FOOD SECURITY AND NUTRITION SUPPORT.—
12 Subsection (c) of such section is amended to read as fol-
13 lows:

14 “(c) FOOD SECURITY AND NUTRITION SUPPORT.—

15 “(1) FINDINGS.—Congress finds the following:

16 “(A) The United States provides more
17 than 60 percent of all food assistance world-
18 wide.

19 “(B) According to the United Nations
20 World Food Program and other United Nations
21 agencies, food insecurity of individuals with
22 HIV/AIDS is a major problem in countries with
23 large populations of such individuals, particu-
24 larly in sub-Saharan African countries.

1 “(C) Individuals infected with HIV have
2 higher nutritional requirements than individuals
3 who are not infected with HIV, particularly
4 with respect to the need for protein. Also, there
5 is evidence to suggest that the full benefit of
6 therapy to treat HIV/AIDS may not be
7 achieved in individuals who are malnourished,
8 particularly in pregnant and lactating women.

9 “(2) SENSE OF CONGRESS.—It is the sense of
10 Congress that—

11 “(A) malnutrition, especially for individ-
12 uals with HIV/AIDS, is a clinical health issue
13 with wider nutrition, health, and social implica-
14 tions for such individuals, their families, and
15 their communities that must be addressed by
16 United States HIV/AIDS prevention, treat-
17 ment, and care programs;

18 “(B) food security and nutrition directly
19 impact an individual’s vulnerability to HIV in-
20 fection, the progression of HIV to AIDS, an in-
21 dividual’s ability to begin an antiretroviral
22 medication treatment regimen, the efficacy of
23 an antiretroviral medication treatment regimen
24 once an individual begins such a regimen, and

1 the ability of communities to effectively cope
2 with the HIV/AIDS epidemic and its impacts;

3 “(C) international guidelines established by
4 the World Health Organization (WHO) should
5 serve as the reference standard for HIV/AIDS
6 food and nutrition activities supported by this
7 Act and the amendments made by this Act;

8 “(D) the Coordinator of United States
9 Government Activities to Combat HIV/AIDS
10 Globally and the Administrator of the United
11 States Agency for International Development
12 should make it a priority to work together and
13 with other United States Government agencies,
14 donors, and multilateral institutions to increase
15 the integration of food and nutrition support
16 and livelihood activities into HIV/AIDS preven-
17 tion, treatment, and care activities funded by
18 the United States and other governments and
19 organizations;

20 “(E) for purposes of determining which in-
21 dividuals infected with HIV should be provided
22 with nutrition and food support—

23 “(i) children with moderate or severe
24 malnutrition, according to WHO stand-

1 ards, shall be given priority for such nutri-
2 tion and food support; and

3 “(ii) adults with a body mass index
4 (BMI) of 18.5 or less, or at the prevailing
5 WHO-approved measurement for BMI,
6 should be considered ‘malnourished’ and
7 should be given priority for such nutrition
8 and food support;

9 “(F) programs funded by the United
10 States should include therapeutic and supple-
11 mentary feeding, food, and nutrition support
12 and should include strong links to development
13 programs that provide support for livelihoods;
14 and

15 “(G) the inability of individuals with HIV/
16 AIDS to access food for themselves or their
17 families should not be allowed to impair or
18 erode the therapeutic status of such individuals
19 with respect to HIV/AIDS or related co-
20 morbidities.

21 “(3) STATEMENT OF POLICY.—It is the policy
22 of the United States to—

23 “(A) address the food and nutrition needs
24 of individuals with HIV/AIDS and affected in-

1 individuals, including orphans and vulnerable
2 children;

3 “(B) fully integrate food and nutrition
4 support into HIV/AIDS prevention, treatment,
5 and care programs carried out under this Act
6 and the amendments made by this Act;

7 “(C) ensure, to the extent practicable,
8 that—

9 “(i) HIV/AIDS prevention, treatment,
10 and care providers and health care workers
11 are adequately trained so that such pro-
12 viders and workers can provide accurate
13 and informed information regarding food
14 and nutrition support to individuals en-
15 rolled in treatment and care programs and
16 individuals affected by HIV/AIDS; and

17 “(ii) individuals with HIV/AIDS who,
18 with their households, are identified as
19 food insecure are provided with adequate
20 food and nutrition support; and

21 “(D) effectively link food and nutrition
22 support provided under this Act and the
23 amendments made by this Act to individuals
24 with HIV/AIDS, their households, and their
25 communities, to other food security and liveli-

hood programs funded by the United States
and other donors and multilateral agencies.

“(4) INTEGRATION OF FOOD SECURITY AND
NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION,
TREATMENT, AND CARE ACTIVITIES.—

6 “(A) REQUIREMENTS RELATING TO GLOB-
7 AL AIDS COORDINATOR.—Consistent with the
8 statement of policy described in paragraph (3),
9 the Coordinator of United States Government
10 Activities to Combat HIV/AIDS Globally
11 shall—

12 “(i) ensure, to the extent practicable,
13 that—

“(I) an assessment, using validated criteria, of the food security and nutritional status of each individual enrolled in antiretroviral medication treatment programs supported with funds authorized under this Act or any amendment made by this Act is carried out; and

22 “(II) appropriate nutritional
23 counseling is provided to each indi-
24 vidual described in subclause (I);

1 “(ii) coordinate with the Adminis-
2 trator of the United States Agency for
3 International Development, the Secretary
4 of Agriculture, and the heads of other rel-
5 evant executive branch agencies to—

6 “(I) ensure, to the extent prac-
7 ticable, that, in communities in which
8 a significant proportion of individuals
9 with HIV/AIDS are in need of food
10 and nutrition support, a status and
11 needs assessment for such support
12 employing validated criteria is con-
13 ducted and a plan to provide such
14 support is developed and implemented;

15 “(II) improve and enhance co-
16 ordination between food security and
17 livelihood programs for individuals in-
18 fected with HIV in host countries and
19 food security and livelihood programs
20 that may already exist in such coun-
21 tries;

22 “(III) establish effective linkages
23 between the health and agricultural
24 development and livelihoods sectors in
25 order to enhance food security; and

1 “(IV) ensure, by providing in-
2 creased resources if necessary, effec-
3 tive coordination between activities
4 authorized under this Act and the
5 amendments made by this Act and ac-
6 tivities carried out under other provi-
7 sions of the Foreign Assistance Act of
8 1961 when establishing new HIV/
9 AIDS treatment sites;

10 “(iii) develop effective, validated indi-
11 cators that measure outcomes of nutrition
12 and food security interventions carried out
13 under this section and use such indicators
14 to monitor and evaluate the effectiveness
15 of such interventions; and

16 “(iv) evaluate the role of and, to the
17 extent appropriate, support and expand
18 partnerships and linkages between United
19 States postsecondary educational institu-
20 tions with postsecondary educational insti-
21 tutions in host countries in order to pro-
22 vide training and build indigenous human
23 and institutional capacity and expertise to
24 respond to HIV/AIDS, and to improve ca-
25 pacity to address nutrition, food security,

1 “(C) REPORT.—Not later than October 31,
2 2010, and annually thereafter, the Coordinator
3 of United States Government Activities to Com-
4 bat HIV/AIDS Globally, in consultation with
5 the Administrator of the United States Agency
6 for International Development, shall submit to
7 the appropriate congressional committees a re-
8 port on the implementation of this subsection
9 for the prior fiscal year. The report shall in-
10 clude a description of—

11 “(i) the effectiveness of interventions
12 carried out to improve the nutritional sta-
13 tus of individuals with HIV/AIDS;

14 “(ii) the amount of funds provided for
15 food and nutrition support for individuals
16 with HIV/AIDS and affected individuals in
17 the prior fiscal year and the projected
18 amount of funds to be provided for such
19 purpose for next fiscal year; and

20 “(iii) a strategy for improving the
21 linkage between assistance provided with
22 funds authorized under this subsection and
23 food security and livelihood programs
24 under other provisions of law as well as ac-

1 tivities funded by other donors and multi-
2 lateral organizations.

3 “(D) AUTHORIZATION OF APPROPRIA-
4 TIONS.—Of the amounts authorized to be ap-
5 propriated under section 401 for HIV/AIDS as-
6 sistance, there are authorized to be appro-
7 priated to the President such sums as may be
8 necessary for each of the fiscal years 2009
9 through 2013 to carry out this subsection.”.

10 (d) ELIGIBILITY FOR ASSISTANCE.—Subsection (d)
11 of such section is amended to read as follows:

12 “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-
13 tion, including a faith-based organization, that is other-
14 wise eligible to receive assistance under section 104A of
15 the Foreign Assistance Act of 1961 (as added by sub-
16 section (a)) or under any other provision of this Act (or
17 any amendment made by this Act or the Tom Lantos and
18 Henry J. Hyde Global Leadership Against HIV/AIDS,
19 Tuberculosis, and Malaria Reauthorization Act of 2008)
20 to prevent, treat, or monitor HIV/AIDS—

21 “(1) shall not be required, as a condition of re-
22 ceiving the assistance, to endorse or utilize a multi-
23 sectoral approach to combating HIV/AIDS, or to en-
24 dorse, utilize, make a referral to, become integrated
25 with or otherwise participate in any program or ac-

1 tivity to which the organization has a religious or
2 moral objection; and

3 “(2) shall not be discriminated against in the
4 solicitation or issuance of grants, contracts, or coop-
5 erative agreements under such provisions of law for
6 refusing to do so.”.

7 (e) SENSE OF CONGRESS.—Such section is further
8 amended by striking subsection (g).

9 (f) REPORT.—

10 (1) IN GENERAL.—Not later than 270 days
11 after the date of the enactment of this Act, the Co-
12 ordinator of United States Government Activities to
13 Combat HIV/AIDS Globally shall submit to the ap-
14 propriate congressional committees a report identi-
15 fying a target for the number of additional health
16 professionals and workers needed in host countries
17 to provide HIV/AIDS prevention, treatment, and
18 care and the training needs of such health profes-
19 sionals and workers. The target should reflect avail-
20 able data and should identify the need for United
21 States Government contributions to meet the target.

22 (2) DEFINITION.—In this subsection, the term
23 “appropriate congressional committees” has the
24 meaning given the term in section 3 of the United

1 States Leadership Against HIV/AIDS, Tuberculosis,
2 and Malaria Act of 2003 (22 U.S.C. 7602).

3 **SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.**

4 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
5 ACT OF 1961.—

6 (1) FINDINGS.—Subsection (a) of section 104B
7 of the Foreign Assistance Act of 1961 (22 U.S.C.
8 2151b–3) is amended by striking paragraphs (1)
9 and (2) and inserting the following:

10 “(1) Tuberculosis is one of the greatest infec-
11 tious causes of death of adults worldwide, killing 1.6
12 million individuals per year—one person every 20
13 seconds.

14 “(2) Tuberculosis is the leading infectious cause
15 of death among individuals who are infected with
16 HIV due to their weakened immune systems, and it
17 is estimated that one-third of such individuals have
18 tuberculosis. Tuberculosis is also a leading killer of
19 women of reproductive age.

20 “(3) Driven by the HIV/AIDS pandemic, inci-
21 dence rates of tuberculosis in sub-Saharan Africa
22 have more than doubled on average since 1990. The
23 problem is so pervasive that in August 2005, African
24 health ministers and the World Health Organization

1 (WHO) declared tuberculosis to be an emergency in
2 sub-Saharan Africa.

3 “(4)(A) The wide extent of drug resistance, in-
4 cluding both multi-drug resistant tuberculosis
5 (MDR-TB) and extensively drug resistant tuber-
6 culosis (XDR-TB), represents both a critical chal-
7 lenge to the global control of tuberculosis and a seri-
8 ous worldwide public health threat.

9 “(B) XDR-TB, which is a form of MDR-TB
10 with additional resistance to multiple second-line
11 anti-tuberculosis drugs, is associated with worst
12 treatment outcomes of any form of tuberculosis.

13 “(C) XDR-TB is converging with the HIV/
14 AIDS epidemic, undermining gains in HIV/AIDS
15 prevention and treatment programs and requires ur-
16 gent interventions.

17 “(D) Drug resistance surveillance reports have
18 confirmed the serious scale and spread of tuber-
19 culosis, with XDR-TB strains confirmed on six con-
20 tinents.

21 “(E) Demonstrating the lethality of XDR-TB,
22 an initial outbreak in Tugela Ferry, South Africa, in
23 2006 killed 52 of 53 patients with hundreds more
24 cases reported since that time.

1 “(F) Of the world’s regions, sub-Saharan Afri-
2 ca, faces the greatest gap in capacity to prevent,
3 treat, and care for individuals with XDR-TB.”.

4 (2) POLICY.—Subsection (b) of such section is
5 amended to read as follows:

6 “(b) POLICY.—It is a major objective of the foreign
7 assistance program of the United States to control tuber-
8 culosis. In all countries in which the Government of the
9 United States has established development programs, par-
10 ticularly in countries with the highest burden of tuber-
11 culosis and other countries with high rates of tuberculosis,
12 the United States Government should prioritize the
13 achievement of the following goals by not later than De-
14 cember 31, 2015:

15 “(1) Reduce by one-half the tuberculosis death
16 and disease burden from the 1990 baseline.

17 “(2) Sustain or exceed the detection of at least
18 70 percent of sputum smear-positive cases of tuber-
19 culosis and the cure of at least 85 percent of such
20 cases detected.”.

21 (3) ACTIVITIES SUPPORTED.—Such section is
22 further amended—

23 (A) by redesignating subsections (d)
24 through (f) as subsections (e) through (g); and

1 (B) by inserting after subsection (c) the
2 following:

3 “(d) ACTIVITIES SUPPORTED.—Assistance provided
4 under subsection (c) shall, to the maximum extent prac-
5 ticable, be used to carry out the following activities:

6 “(1) Provide diagnostic counseling and testing
7 to individuals with HIV/AIDS for tuberculosis (in-
8 cluding a culture diagnosis to rule out multi-drug re-
9 sistant tuberculosis (MDR–TB) and extensively drug
10 resistant tuberculosis (XDR–TB) and provide HIV/
11 AIDS voluntary counseling and testing to individuals
12 with any form of tuberculosis.

13 “(2) Provide tuberculosis treatment to individ-
14 uals receiving treatment and care for HIV/AIDS
15 who have active tuberculosis and provide prophylactic
16 treatment to individuals with HIV/AIDS who
17 also have a latent tuberculosis infection.

18 “(3) Link individuals with both HIV/AIDS and
19 tuberculosis to HIV/AIDS treatment and care serv-
20 ices, including antiretroviral therapy and
21 cotrimoxazole therapy.

22 “(4) Ensure that health care workers trained to
23 diagnose, treat, and provide care for HIV/AIDS are
24 also trained to diagnose, treat, and provide care for
25 individuals with both HIV/AIDS and tuberculosis.

1 “(5) Ensure that individuals with active pul-
2 monary tuberculosis are provided a culture diag-
3 nosis, including drug susceptibility testing to rule
4 out multi-drug resistant tuberculosis (MDR-TB)
5 and extensively drug resistant tuberculosis (XDR-
6 TB) in areas with high prevalence of tuberculosis
7 drug resistance.”.

8 (4) PRIORITY TO STOP TB STRATEGY.—Sub-
9 section (f) of such section (as redesignated by para-
10 graph (3) of this subsection) is amended—

11 (A) by amending the heading to read as
12 follows: “PRIORITY TO STOP TB STRATEGY”;

13 (B) in the first sentence, by striking “In
14 furnishing” and all that follows through “, in-
15 cluding funding” and inserting the following:

16 “(1) PRIORITY.—In furnishing assistance under
17 subsection (c), the President shall give priority to—

18 “(A) activities described in the Stop TB
19 Strategy, including expansion and enhancement
20 of Directly Observed Treatment Short-course
21 (DOTS) coverage, treatment for individuals in-
22 fected with both tuberculosis and HIV and
23 treatment for individuals with multi-drug resist-
24 ant tuberculosis (MDR-TB), strengthening of
25 health systems, use of the International Stand-

1 ards for Tuberculosis Care by all care pro-
2 viders, empowering individuals with tuber-
3 culosis, and enabling and promoting research to
4 develop new diagnostics, drugs, and vaccines,
5 and program-based operational research relat-
6 ing to tuberculosis; and

7 “(B) funding”; and

8 (C) in the second sentence—

9 (i) by striking “In order to” and all
10 that follows through “not less than” and
11 inserting the following:

12 “(2) AVAILABILITY OF AMOUNTS.—In order to
13 meet the requirements of paragraph (1), the
14 President—

15 “(A) shall ensure that not less than”;

16 (ii) by striking “for Directly Observed
17 Treatment Short-course (DOTS) coverage
18 and treatment of multi-drug resistant tu-
19 berculosis using DOTS-Plus,” and insert-
20 ing “to implement the Stop TB Strategy;
21 and”; and

22 (iii) by striking “including” and all
23 that follows and inserting the following:

24 “(B) should ensure that not less than
25 \$15,000,000 of the amount made available to

1 carry out this section for a fiscal year is used
2 to make a contribution to the Global Tubercu-
3 culosis Drug Facility.”.

4 (5) ASSISTANCE FOR WHO AND THE STOP TU-
5 BERCULOSIS PARTNERSHIP.—Such section is further
6 amended—

7 (A) by redesignating subsection (g) (as re-
8 designated by paragraph (3) of this subsection)
9 as subsection (h) ; and

10 (B) by inserting after subsection (f) (as re-
11 designated by paragraph (4) and amended by
12 paragraph (5) of this subsection) the following
13 new subsection:

14 “(g) ASSISTANCE FOR WHO AND THE STOP TUBER-
15 CULOSIS PARTNERSHIP.—In carrying out this section, the
16 President, acting through the Administrator of the United
17 States Agency for International Development, is author-
18 ized to provide increased resources to the World Health
19 Organization (WHO) and the Stop Tuberculosis Partner-
20 ship to improve the capacity of countries with high rates
21 of tuberculosis and other affected countries to implement
22 the Stop TB Strategy and specific strategies related to
23 addressing extensively drug resistant tuberculosis (XDR-
24 TB).”.

1 (6) DEFINITIONS.—Subsection (h) of such sec-
2 tion (as redesignated by paragraph (5)(A) of this
3 subsection) is amended—

4 (A) in paragraph (1), by adding at the end
5 before the period the following: “, including low
6 cost and effective diagnosis and evaluation of
7 treatment regimes, vaccines, and monitoring of
8 tuberculosis, as well as a reliable drug supply,
9 and a management strategy for public health
10 systems, with health system strengthening, pro-
11 motion of the use of the International Stand-
12 ards for Tuberculosis Care by all care pro-
13 viders, bacteriology under an external quality
14 assessment framework, short-course chemo-
15 therapy, and sound reporting and recording sys-
16 tems”; and

17 (B) by adding after paragraph (5) the fol-
18 lowing new paragraph:

19 “(6) STOP TB STRATEGY.—The term ‘Stop TB
20 Strategy’ means the six-point strategy to reduce tu-
21 berculosis developed by the World Health Organiza-
22 tion. The strategy is described in the Global Plan to
23 Stop TB 2007–2016: Actions for Life, a comprehen-
24 sive plan developed by the Stop Tuberculosis Part-
25 nership that sets out the actions necessary to

1 achieve the millennium development goal of cutting
2 tuberculosis deaths and disease burden in half by
3 2016.”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
5 302(b) of the United States Leadership Against HIV/
6 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
7 7632(b)) is amended—

8 (1) in paragraph (1), by striking “such sums as
9 may be necessary for each of the fiscal years 2004
10 through 2008” and inserting “\$4,000,000,000 for
11 fiscal years 2009 through 2013”; and

12 (2) in paragraph (3), by striking “fiscal years
13 2004 through 2008” and inserting “fiscal years
14 2009 through 2013”.

15 **SEC. 303. ASSISTANCE TO COMBAT MALARIA.**

16 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT
17 OF 1961.—Section 104C(b) of the Foreign Assistance Act
18 of 1961 (22 U.S.C. 21516–4(b)) is amended by striking
19 “control, and cure” and inserting “treatment, and care”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 303(b) of the United States Leadership Against HIV/
22 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
23 7633(b)) is amended—

24 (1) in paragraph (1), by striking “such sums as
25 may be necessary for fiscal years 2004 through

1 2008” and inserting “\$5,000,000,000 for fiscal
2 years 2009 through 2013”; and

3 (2) in paragraph (3), by striking “fiscal years
4 2004 through 2008” and inserting “fiscal years
5 2009 through 2013”.

6 (c) DEVELOPMENT OF A COMPREHENSIVE FIVE-
7 YEAR STRATEGY.—Section 303 of the United States
8 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
9 Act of 2003 (22 U.S.C. 7633) is amended by adding at
10 the end the following:

11 “(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-
12 YEAR STRATEGY.—The President shall establish a com-
13 prehensive, five-year strategy to combat global malaria
14 that strengthens the capacity of the United States to be
15 an effective leader of international efforts to reduce the
16 global malaria disease burden. Such strategy shall main-
17 tain sufficient flexibility and remain responsive to the
18 ever-changing nature of the global malaria challenge and
19 shall—

20 “(1) include specific objectives, multisectoral
21 approaches and strategies to treat and provide care
22 to individuals infected with malaria, to prevent the
23 further spread of malaria;

1 “(2) describe how this strategy would con-
2 tribute to the United States’ overall global health
3 and development goals;

4 “(3) clearly explain how proposed activities to
5 combat malaria will be coordinated with other
6 United States global health activities, including the
7 five-year global HIV/AIDS and tuberculosis strate-
8 gies developed pursuant to section 101 of this Act;

9 “(4) expand public-private partnerships and
10 leveraging of resources to combat malaria, including
11 private sector resources;

12 “(5) coordinate among relevant executive
13 branch agencies providing assistance to combat ma-
14 laria in order to maximize human and financial re-
15 sources and reduce unnecessary duplication among
16 such agencies and other donors;

17 “(6) maximize United States capabilities in the
18 areas of technical assistance, training, and research,
19 including vaccine research, to combat malaria; and

20 “(7) establish priorities and selection criteria
21 for the distribution of resources to combat malaria
22 based on factors such as the size and demographics
23 of the population with malaria, the needs of that
24 population, the host countries’ existing infrastruc-
25 ture, and the host countries’ ability to complement

1 United States efforts with strategies outlined in na-
2 tional malaria control plans.

3 “(e) MALARIA RESPONSE COORDINATOR.—

4 “(1) IN GENERAL.—There should be established
5 within the United States Agency for International
6 Development a Coordinator of United States Gov-
7 ernment Activities to Combat Malaria Globally, who
8 should be appointed by the President.

9 “(2) AUTHORITIES.—The Coordinator, acting
10 through such nongovernmental organizations and
11 relevant executive branch agencies as may be nec-
12 essary and appropriate to effect the purposes of sec-
13 tion 104C of the Foreign Assistance Act of 1961 (22
14 U.S.C. 2151b–4), is authorized—

15 “(A) to operate internationally to carry out
16 prevention, treatment, care, support, capacity
17 development of health systems, and other activi-
18 ties for combating malaria;

19 “(B) to transfer and allocate funds to rel-
20 evant executive branch agencies;

21 “(C) to provide grants to, and enter into
22 contracts with, nongovernmental organizations
23 to carry out the purposes of such section 104C;

24 “(D) to enter into contracts and transfer
25 and allocate funds to international organiza-

1 tions to carry out the purposes of such section
2 104C; and

3 “(E) to coordinate with a public-private
4 partnership to discover and develop effective
5 new antimalarial drugs, including drugs for
6 multi-drug resistant malaria and malaria in
7 pregnant women.

8 “(3) DUTIES.—

9 “(A) IN GENERAL.—The Coordinator shall
10 have primary responsibility for the oversight
11 and coordination of all resources and global
12 United States government activities to combat
13 malaria.

14 “(B) SPECIFIC DUTIES.—The Coordinator
15 shall—

16 “(i) facilitate program and policy co-
17 ordination among relevant executive
18 branch agencies and nongovernmental or-
19 ganizations, including auditing, monitoring
20 and evaluation of such programs;

21 “(ii) ensure that each relevant execu-
22 tive branch agency has sufficient resources
23 to execute programs in areas in which the
24 agency has the greatest expertise, technical
25 capability, and potential for success;

1 “(iii) coordinate with the Office of the
2 Coordinator of United States Government
3 Activities to Combat HIV/AIDS Globally
4 and equivalent managers of other relevant
5 executive branch agencies that are imple-
6 menting global health programs to develop
7 and implement program plans, country-
8 level interactions, and recipient administra-
9 tive requirements in countries in which
10 more than one program operates;

11 “(iv) coordinate relevant executive
12 branch agency activities in the field, in-
13 cluding coordination of planning, imple-
14 mentation, and evaluation of malaria pro-
15 grams with HIV/AIDS programs in coun-
16 tries in which both programs are being
17 carried out;

18 “(v) pursue coordinate program im-
19 plementation with host governments, other
20 donors, and the private sector; and

21 “(vi) establish due diligence criteria
22 for all recipients of funds appropriated
23 pursuant to the authorizations of appro-
24 priations under section 401 for malaria as-
25 sistance.

1 “(f) ASSISTANCE TO WHO.—In carrying out this sec-
2 tion, the President is authorized to make a United States
3 contribution to the Roll Back Malaria Partnership and the
4 World Health Organization (WHO) to improve the capac-
5 ity of countries with high rates of malaria and other af-
6 fected countries to implement comprehensive malaria con-
7 trol programs.

8 “(g) ANNUAL REPORT.—

9 “(1) IN GENERAL.—Not later than 270 days
10 after the date of the enactment of the Tom Lantos
11 and Henry J. Hyde Global Leadership Against HIV/
12 AIDS, Tuberculosis, and Malaria Reauthorization
13 Act of 2008, and annually thereafter, the President
14 shall transmit to the appropriate congressional com-
15 mittees a report on United States assistance for the
16 prevention, treatment, control, and elimination of
17 malaria.

18 “(2) MATTERS TO BE INCLUDED.—The report
19 required under paragraph (1) shall include a de-
20 scription of—

21 “(A) the countries and activities to which
22 malaria assistance has been allocated;

23 “(B) the number of people reached
24 through malaria assistance programs;

1 “(C) the percentage and number of chil-
2 dren and mothers reached through malaria as-
3 sistance programs;

4 “(D) research efforts to develop new tools
5 to combat malaria, including drugs and vac-
6 cines;

7 “(E) collaboration with the World Health
8 Organization (WHO), the Global Fund to Fight
9 AIDS, Tuberculosis and Malaria, other donor
10 governments, and relevant executive branch
11 agencies to combat malaria;

12 “(F) quantified impact of United States
13 assistance on childhood morbidity and mor-
14 tality;

15 “(G) the number of children who received
16 immunizations through malaria assistance pro-
17 grams; and

18 “(H) the number of women receiving ante-
19 natal care through malaria assistance pro-
20 grams.”.

21 **SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
22 **AIDS.**

23 (a) IN GENERAL.—Title III of the United States
24 Leadership Against HIV/AIDS, Tuberculosis, and Malaria

1 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by strik-
2 ing section 304 and inserting the following:

3 **“SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
4 **AIDS.**

5 “(a) SENSE OF CONGRESS.—It is the sense of Con-
6 gress that the use of health care partnerships that link
7 United States and host country health care institutions
8 create opportunities for sharing of knowledge and exper-
9 tise among individuals with significant experience in
10 health-related fields and build local capacity to combat
11 HIV/AIDS and increase scientific understanding of the
12 progression of HIV/AIDS and the HIV/AIDS epidemic.

13 “(b) AUTHORITY TO FACILITATE HEALTH CARE
14 PARTNERSHIPS TO COMBAT HIV/AIDS.—The President,
15 acting through the Coordinator of United States Govern-
16 ment Activities to Combat HIV/AIDS Globally, shall fa-
17 cilitate the development of health care partnerships de-
18 scribed in subsection (a) by—

19 “(1) supporting short- and long-term institu-
20 tional partnerships, including partnerships that build
21 capacity in ministries of health, central- and district-
22 level health agencies, medical facilities, health edu-
23 cation and training institutions, academic centers,
24 and faith- and community-based organizations in-

1 volved in prevention, treatment, and care of HIV/
2 AIDS;

3 “(2) supporting the development of consultation
4 services using appropriate technologies, including on-
5 line courses, DVDs, telecommunications services,
6 and other technologies to eliminate the barriers that
7 prevent host country professionals from accessing
8 high quality health care services information, par-
9 ticularly providers located in rural areas;

10 “(3) supporting the placements of highly quali-
11 fied individuals to strengthen human and organiza-
12 tional capacity through the use of health care profes-
13 sionals to facilitate skills transfer, building local ca-
14 pacity, and to expand rapidly the pool of providers,
15 managers, and other health care staff delivering
16 HIV/AIDS services in host countries; and

17 “(4) meeting individual country needs and,
18 where possible, insisting on the implementation of a
19 national strategic plan, by providing training and
20 mentoring to strengthen human and organizational
21 capacity among local health care service organiza-
22 tions.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—Of the
24 amounts authorized to be appropriated under section 401
25 for HIV/AIDS assistance, there are authorized to be ap-

1 appropriated to the President such sums as may be nec-
2 essary for each of the fiscal years 2009 through 2013 to
3 carry out this section.”.

4 (b) CLERICAL AMENDMENT.—The table of contents
5 for the United States Leadership Against HIV/AIDS, Tu-
6 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
7 is amended by striking the item relating to section 304
8 and inserting the following new item:

“Sec. 304. Health care partnerships to combat HIV/AIDS.”.

9 **Subtitle B—Assistance for Women,**
10 **Children, and Families**

11 **SEC. 311. POLICY AND REQUIREMENTS.**

12 (a) POLICY.—Subsection (a) of section 312 of the
13 United States Leadership Against HIV/AIDS, Tuber-
14 culosis, and Malaria Act of 2003 (22 U.S.C. 7652) is
15 amended—

16 (1) in the first sentence, by striking “The
17 United States Government’s” and inserting the fol-
18 lowing:

19 “(1) IN GENERAL.—The United States”; and

20 (2) by adding at the end the following:

21 “(2) COLLABORATION.—The United States
22 should work in collaboration with governments, do-
23 nors, the private sector, nongovernmental organiza-
24 tions, and other key stakeholders to carry out the
25 policy described in paragraph (1).”.

1 (b) REQUIREMENTS.—Subsection (b) of such section
2 is amended to read as follows:

3 “(b) REQUIREMENTS.—The 5-year United States
4 strategy required by section 101 of this Act shall—

5 “(1) establish a target for prevention and treat-
6 ment of mother-to-child transmission of HIV that by
7 2013 will reach at least 80 percent of pregnant
8 women in those countries most affected by HIV/
9 AIDS;

10 “(2) establish a target requiring that by 2013
11 up to 15 percent of individuals receiving care and up
12 to 15 percent of individuals receiving treatment
13 under this Act and the amendments made by this
14 Act are children;

15 “(3) integrate care and treatment with preven-
16 tion of mother-to-child transmission of HIV pro-
17 grams in order to improve outcomes for HIV-af-
18 fected women and families as soon as is feasible,
19 consistent with the national government policies of
20 countries in which programs under this Act are ad-
21 ministered, and including support for strategies to
22 ensure successful follow-up and continuity of care;

23 “(4) expand programs designed to care for chil-
24 dren orphaned by HIV/AIDS;

1 “(5) develop a timeline for expanding access to
2 more effective regimes to prevent mother-to-child
3 transmission of HIV, consistent with the national
4 government policies of countries in which programs
5 under this Act are administered and the goal of
6 achieving universal use of such regimens as soon as
7 possible;

8 “(6) ensure that women receiving voluntary
9 contraceptive counseling, services, or commodities in
10 programs supported by the United States Govern-
11 ment have access to the full range of HIV/AIDS
12 services; and

13 “(7) ensure that women in prevention of moth-
14 er-to-child transmission of HIV programs are pro-
15 vided with appropriate maternal and child services,
16 either directly or by referral.”.

17 **SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
18 **TO-CHILD TRANSMISSION OF THE HIV INFECTION.**
19 **TION.**

20 Section 313(a) of the United States Leadership
21 Against HIV/AIDS, Tuberculosis, and Malaria Act of
22 2003 (22 U.S.C. 7653(a)) is amended by striking “5
23 years” and inserting “10 years”.

1 **SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
2 **WOMEN AND YOUTH.**

3 (a) IN GENERAL.—Title III of the United States
4 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
5 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by add-
6 ing at the end the following:

7 **“SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
8 **WOMEN AND YOUTH.**

9 “(a) STATEMENT OF POLICY.—In order to meet the
10 United States Government’s goal of preventing
11 12,000,000 new HIV infections worldwide, it shall be the
12 policy of the United States to pursue a global HIV/AIDS
13 prevention strategy that emphasizes the immediate and
14 ongoing needs of women and youth and addresses the fac-
15 tors that lead to gender disparities in the rate of HIV in-
16 fection.

17 “(b) STRATEGY.—

18 “(1) IN GENERAL.—The President shall formu-
19 late a comprehensive, integrated, and culturally-ap-
20 propriate global HIV/AIDS prevention strategy that,
21 to the extent epidemiologically appropriate, address-
22 es the vulnerabilities of women and youth to HIV in-
23 fection and seeks to reduce the factors that lead to
24 gender disparities in the rate of HIV infection.

25 “(2) ELEMENTS.—The strategy required under
26 paragraph (1) shall include specific goals and tar-

1 gets under the 5-year strategy outlined in section
2 101 and shall include comprehensive HIV/AIDS pre-
3 vention education at the individual and national level
4 including the ABC ('Abstain, Be faithful, use
5 Condoms') model as a means to reduce HIV infec-
6 tions and shall include the following:

7 “(A) Specific goals under the five-year
8 strategy outlined in section 101.

9 “(B) Empowering women and youth to
10 avoid cross-generational sex and to decide when
11 and whom to marry in order to reduce the inci-
12 dence of early or child marriage.

13 “(C) Dramatically increasing access to cur-
14 rently available female-controlled prevention
15 methods and including investments in training
16 to increase the effective and consistent use of
17 both male and female condoms.

18 “(D) Accelerating the de-stigmatization of
19 HIV/AIDS among women and youth as a major
20 risk factor for the transmission of HIV.

21 “(E) Addressing and preventing post-trau-
22 matic and psycho-social consequences and pro-
23 viding post-exposure prophylaxis to victims of
24 gender-based violence and rape against women
25 and youth through appropriate medical, social,

1 educational, and legal assistance and through
2 prosecutions and legal penalties to address such
3 violence.

4 “(F) Promoting changes in male attitudes
5 and behavior that respect the human rights of
6 women and youth and that support and foster
7 gender equality.

8 “(G) Supporting the development of micro-
9 enterprise initiatives, job training programs,
10 and other such efforts to assist women in devel-
11 oping and retaining independent economic
12 means.

13 “(H) Supporting universal basic education
14 and expanded educational opportunities for
15 women and youth.

16 “(I) Protecting the property and inherit-
17 ance rights of women.

18 “(J) Coordinating inclusion of HIV/AIDS
19 prevention information and education services
20 and programs for individuals with HIV/AIDS
21 with existing health care services targeted to
22 women and youth, such as ensuring access to
23 HIV/AIDS education and testing in family
24 planning programs supported by the United
25 States Government and programs to reduce

1 mother-to-child transmission of HIV, and ex-
2 panding the reach of such HIV/AIDS health
3 services.

4 “(K) Promoting gender equality by sup-
5 porting the development of nongovernmental or-
6 ganizations, including faith-based and commu-
7 nity-based organizations, that support the needs
8 of women and utilizing such organizations that
9 are already empowering women and youth at
10 the community level.

11 “(L) Encouraging the creation and effec-
12 tive enforcement of legal frameworks that guar-
13 antee women equal rights and equal protection
14 under the law.

15 “(M) Encouraging the participation and
16 involvement of women in drafting, coordinating,
17 and implementing the national HIV/AIDS stra-
18 tegic plans of their countries.

19 “(N) Responding to other economic and
20 social factors that increase the vulnerability of
21 women and youth to HIV infection.

22 “(3) TRANSMISSION TO CONGRESS AND PUBLIC
23 AVAILABILITY.—Not later than 180 days after the
24 date of the enactment of the Tom Lantos and Henry
25 J. Hyde Global Leadership Against HIV/AIDS, Tu-

1 berculosis, and Malaria Reauthorization Act of
2 2008, the President shall transmit to the appro-
3 priate congressional committees and make available
4 to the public the strategy required under paragraph
5 (1).

6 “(c) COORDINATION.—In formulating and imple-
7 menting the strategy required under subsection (b), the
8 President shall ensure that the United States coordinates
9 its overall HIV/AIDS policy and programs with the na-
10 tional governments of the countries for which the United
11 States provides assistance to combat HIV/AIDS and, to
12 the extent practicable, with international organizations,
13 other donor countries, and indigenous organizations, in-
14 cluding faith-based and community-based organizations
15 specifically for the purposes of ensuring gender equality
16 and promoting respect of the human rights of women that
17 impact their susceptibility to HIV/AIDS, improving wom-
18 en’s health, and expanding education for women and
19 youth, and organizations, including faith-based and other
20 nonprofit organizations, providing services to and advo-
21 cating on behalf of individuals with HIV/AIDS and indi-
22 viduals affected by HIV/AIDS.

23 “(d) GUIDANCE.—

24 “(1) IN GENERAL.—The President shall provide
25 clear guidance to field missions of the United States

1 Government in countries for which the United States
2 provides assistance to combat HIV/AIDS, based on
3 the strategy required under subsection (b).

4 “(2) TRANSMISSION TO CONGRESS AND PUBLIC
5 AVAILABILITY.—The President shall transmit to the
6 appropriate congressional committees and make
7 available to the public a description of the guidance
8 required under paragraph (1).

9 “(e) REPORT.—

10 “(1) IN GENERAL.—Not later than 1 year after
11 the date of the enactment of the Tom Lantos and
12 Henry J. Hyde Global Leadership Against HIV/
13 AIDS, Tuberculosis, and Malaria Reauthorization
14 Act of 2008, and annually thereafter as part of the
15 annual report required under section 104A(e) of the
16 Foreign Assistance Act of 1961 (22 U.S.C. 2151b-
17 2(e)), the President shall transmit to the appro-
18 priate congressional committees and make available
19 to the public a report on the implementation of this
20 section for the prior fiscal year.

21 “(2) MATTERS TO BE INCLUDED.—The report
22 required under paragraph (1) shall include the fol-
23 lowing:

1 “(A) A description of the prevention pro-
2 grams designed to address the vulnerabilities of
3 women and youth to HIV/AIDS.

4 “(B) A list of nongovernmental organiza-
5 tions in each country that receive assistance
6 from the United States to carry out HIV pre-
7 vention activities, including the amount and the
8 source of funding received.”.

9 (b) CLERICAL AMENDMENT.—The table of contents
10 for the United States Leadership Against HIV/AIDS, Tu-
11 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
12 is amended by inserting after the item relating to section
13 315 the following:

 “Sec. 316. Strategy to prevent HIV infections among women and youth.”.

14 **SEC. 314. CLERICAL AMENDMENT.**

15 The table of contents for the United States Leader-
16 ship Against HIV/AIDS, Tuberculosis, and Malaria Act
17 of 2003 (22 U.S.C. 7601 note) is amended by striking
18 the item relating to subtitle B of title III and inserting
19 the following:

 “Subtitle B—Assistance for Women, Children, and Families”.

1 **TITLE IV—AUTHORIZATION OF**
2 **APPROPRIATIONS**

3 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

4 Section 401(a) of the United States Leadership
5 Against HIV/AIDS, Tuberculosis, and Malaria Act of
6 2003 (22 U.S.C. 7671(a)) is amended—

7 (1) by striking “\$3,000,000,000” and inserting
8 “\$10,000,000,000”; and

9 (2) by striking “fiscal years 2004 through
10 2008” and inserting “fiscal years 2009 through
11 2013”.

12 **SEC. 402. SENSE OF CONGRESS.**

13 Section 402(b) of the United States Leadership
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of
15 2003 (22 U.S.C. 7672) is amended—

16 (1) by striking paragraph (1);

17 (2) by redesignating paragraphs (2) through
18 (4) as paragraphs (1) through (3), respectively; and

19 (3) in paragraph (2) (as redesignated by para-
20 graph (2) of this section), by striking “, of which”
21 and all that follows through “programs”.

22 **SEC. 403. ALLOCATION OF FUNDS.**

23 (a) HIV/AIDS PREVENTION ACTIVITIES.—Sub-
24 section (a) of section 403 of the United States Leadership

1 Against HIV/AIDS, Tuberculosis, and Malaria Act of
2 2003 (22 U.S.C. 7673) is amended to read as follows:

3 “(a) HIV/AIDS PREVENTION ACTIVITIES.—

4 “(1) IN GENERAL.—For each of the fiscal years
5 2009 through 2013, not less than 20 percent of the
6 amounts appropriated pursuant to the authorization
7 of appropriations under section 401 for HIV/AIDS
8 assistance for each such fiscal year shall be ex-
9 pended for HIV/AIDS prevention activities con-
10 sistent with section 104A(d) of the Foreign Assist-
11 ance Act of 1961.

12 “(2) BALANCED FUNDING REQUIREMENT.—(A)

13 The Coordinator of United States Government Ac-
14 tivities to Combat HIV/AIDS Globally shall provide
15 balanced funding for prevention activities for sexual
16 transmission of HIV/AIDS and shall ensure that be-
17 havioral change programs, including abstinence,
18 delay of sexual debut, monogamy, fidelity and part-
19 ner reduction, are implemented and funded in a
20 meaningful and equitable way in the strategy for
21 each host country based on objective epidemiological
22 evidence as to the source of infections and in con-
23 sultation with the government of each host country
24 involved in HIV/AIDS prevention activities.

1 “(B) In fulfilling the requirement under sub-
2 paragraph (A), the Coordinator shall establish a
3 HIV sexual transmission prevention strategy gov-
4 erning the expenditure of funds authorized by the
5 Act used to prevent the sexual transmission of HIV
6 in any host country with a generalized epidemic. In
7 each such host country, if this strategy provides less
8 than 50 percent of such funds for behavioral change
9 programs, including abstinence, delay of sexual
10 debut, monogamy, fidelity, and partner reduction,
11 the Coordinator shall, within 30 days of the issuance
12 of this strategy, report to the appropriate congres-
13 sional committees on the justification for this deci-
14 sion.

15 “(C) Programs and activities that implement or
16 purchase new prevention technologies or modalities
17 such as medical male circumcision, pre-exposure pro-
18 phylaxis, or microbicides and programs and activities
19 that provide counseling and testing for HIV or pre-
20 vent mother-to-child prevention of HIV shall not be
21 included in determining compliance with this para-
22 graph.

23 “(3) REPORT.—Not later than 1 year after the
24 date of the enactment of the Tom Lantos and Henry
25 J. Hyde Global Leadership Against HIV/AIDS, Tu-

(b) ORPHANS AND VULNERABLE CHILDREN.—Sub-
section (b) of such section is amended by striking “fiscal
years 2006 through 2008” and inserting “fiscal years
2009 through 2013”.

13 SEC. 404. PROHIBITION ON TAXATION BY FOREIGN GOV-
14 ERNMENTS.

1 of State shall expeditiously seek to negotiate amendments
2 to existing bilateral agreements, as necessary, to conform
3 with this requirement.

4 (b) DE MINIMUS EXCEPTION.—Foreign taxes of a de
5 minimus nature shall not be subject to the provisions of
6 subsection (a).

7 (c) REPROGRAMMING OF FUNDS.—Funds withheld
8 from obligation for each country or entity pursuant to sub-
9 section (a) shall be reprogrammed for assistance to coun-
10 tries which do not assess taxes on United States assistance
11 or which have an effective arrangement that is providing
12 substantial reimbursement of such taxes.

13 (d) DETERMINATIONS.—

14 (1) IN GENERAL.—The provisions of this sec-
15 tion shall not apply to any country or entity the Sec-
16 retary of State determines—

17 (A) does not assess taxes on United States
18 assistance or which has an effective arrange-
19 ment that is providing substantial reimburse-
20 ment of such taxes; or

21 (B) the foreign policy interests of the
22 United States outweigh the policy of this sec-
23 tion to ensure that United States assistance is
24 not subject to taxation.

1 (2) CONSULTATION.—The Secretary of State
2 shall consult with the Committees on Foreign Af-
3 fairs and Appropriations at least 15 days prior to
4 exercising the authority of this subsection with re-
5 gard to any country or entity.

6 (e) IMPLEMENTATION.—The Secretary of State shall
7 issue rules, regulations, or policy guidance, as appropriate,
8 to implement the prohibition against the taxation of assist-
9 ance contained in this section.

10 (f) DEFINITIONS.—As used in this section—

11 (1) the terms “taxes” and “taxation” refer to
12 value added taxes and customs duties imposed on
13 commodities financed with United States assistance
14 for programs for which funds are authorized by this
15 Act; and

16 (2) the term “bilateral agreement” refers to a
17 framework bilateral agreement between the Govern-
18 ment of the United States and the government of
19 the country receiving assistance that describes the
20 privileges and immunities applicable to United
21 States foreign assistance for such country generally,
22 or an individual agreement between the Government
23 of the United States and such government that de-
24 scribes, among other things, the treatment for tax

1 purposes that will be accorded the United States as-
2 sistence provided under that agreement.

3 **TITLE V—SUSTAINABILITY AND**
4 **STRENGTHENING OF HEALTH**
5 **CARE SYSTEMS**

6 **SEC. 501. SUSTAINABILITY AND STRENGTHENING OF**
7 **HEALTH CARE SYSTEMS.**

8 The United States Leadership Against HIV/AIDS,
9 Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601
10 et seq.) is amended by adding at the end the following:

11 **“TITLE VI—SUSTAINABILITY AND**
12 **STRENGTHENING OF HEALTH**
13 **CARE SYSTEMS**

14 **“SEC. 601. FINDINGS.**

15 “Congress makes the following findings:

16 “(1) The shortage of health personnel, includ-
17 ing doctors, nurses, pharmacists, counselors, labora-
18 tory staff, and paraprofessionals, is one of the lead-
19 ing obstacles to fighting HIV/AIDS in sub-Saharan
20 Africa.

21 “(2) The HIV/AIDS pandemic aggravates the
22 shortage of health workers through loss of life and
23 illness among medical staff, unsafe working condi-
24 tions for medical personnel, and increased workloads
25 for diminished staff, while the shortage of health

1 personnel undermines efforts to prevent and provide
2 care and treatment for individuals with HIV/AIDS.

3 “(3) Failure to address the shortage of health
4 care professionals and paraprofessionals, and the
5 factors forcing such individuals to leave sub-Saharan
6 Africa, will undermine the objectives of United
7 States development policy and will subvert opportu-
8 nities to achieve internationally-recognized goals for
9 the prevention, treatment, and care of HIV/AIDS
10 and other diseases, the reduction of child and mater-
11 nal mortality, and for economic growth and develop-
12 ment in sub-Saharan Africa.

13 **“SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES**
14 **AND OTHER POLICIES.**

15 “(a) NATIONAL HEALTH WORKFORCE STRATE-
16 GIES.—

17 “(1) STATEMENT OF POLICY.—It shall be the
18 policy of the United States Government to support
19 countries receiving United States assistance to com-
20 bat HIV/AIDS, tuberculosis, and malaria, and other
21 health programs in developing, strengthening, and
22 implementing 5-year health workforce strategies.

23 “(2) TECHNICAL AND FINANCIAL ASSIST-
24 ANCE.—The Administrator of the United States
25 Agency for International Development, in coordina-

tion with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, is authorized to provide technical and financial assistance to countries described in paragraph (1) to enable such countries, in conjunction with other funding sources, to develop, strengthen, and implement health workforce strategies.

“(3) ACTIVITIES SUPPORTED.—Assistance provided under paragraph (2) shall, to the maximum extent practicable, be used to carry out the following:

“(A) Activities to promote an inclusive process that includes nongovernmental organizations and individuals with HIV/AIDS in developing health workforce strategies.

“(B) Activities to achieve and sustain a health workforce sufficient in numbers, skill, and capacity to meet United States and host-country international health commitments, including the Millennium Development Goals and universal access to HIV/AIDS prevention, treatment, and care. In particular, such health workforce strategies should include plans for progress toward achieving the minimum ratio of health professionals required to achieve these

1 goals by 2015, estimated by the World Health
2 Organization to require at least 2.3 doctors,
3 nurses, and midwives per 1,000 population, and
4 additional health workers such as pharmacists
5 and lab technicians.

6 “(C) Activities to ensure that health work-
7 force strategies are aimed at creating appro-
8 priate distribution of health workers and
9 prioritizing activities required to ensure rural,
10 marginalized, and other underserved popu-
11 lations are able to access skilled and equipped
12 health workers.

13 “(D) Activities to expand the capacity of
14 public and private medical, nursing, pharma-
15 ceutical, and other health training institutions.

16 “(b) POSITIVE BROADER HEALTH IMPACT.—It shall
17 be the policy of the United States to ensure to expand
18 the capacity of the health workforce engaged in HIV/AIDS
19 programming in ways that contribute to, and do not de-
20 tract from, the capacity of countries to meet other health
21 needs, particularly child survival and maternal health.

22 “(c) SAFETY FOR HEALTH WORKERS.—It is the
23 sense of Congress that the United States should ensure
24 that all health workers participating in programs that re-
25 ceive assistance under this Act and the amendments made

1 by this Act have the proper training to create safe and
2 sanitary working conditions in accordance with universal
3 precautions and other forms of infection prevention and
4 control.

5 “(d) HEALTH CARE FOR HEALTH WORKERS.—The
6 Coordinator of United States Government Activities to
7 Combat HIV/AIDS Globally shall ensure that comprehen-
8 sive and confidential health services shall be provided to
9 all health workers participating in programs that receive
10 assistance under this Act and the amendments made by
11 this Act, including—

12 “(1) testing and counseling for all such employ-
13 ees;

14 “(2) providing HIV/AIDS treatment to HIV-
15 positive employees; and

16 “(3) taking measures to reduce HIV-related
17 stigma in the workplace.

18 “(e) TRAINING AND COMPENSATION FINANCE.—
19 Where the Coordinator determines such financial support
20 is essential to fulfill the purposes of this Act, the Coordi-
21 nator shall finance training and provide compensation or
22 other benefits for health workers in order to enhance re-
23 cruitment and retention of such workers.

1 **“SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM**
2 **LIMITS SOUGHT BY INTERNATIONAL FINAN-**
3 **CIAL INSTITUTIONS.**

4 “(a) COORDINATION WITHIN THE UNITED STATES
5 GOVERNMENT.—The Coordinator of United States Gov-
6 ernment Activities to Combat HIV/AIDS Globally shall
7 work with the Secretary of the Treasury to reform Inter-
8 national Monetary Fund macroeconomic and fiscal policies
9 that result in limitations on national and donor invest-
10 ments in health.

11 “(b) POSITION OF THE UNITED STATES AT THE
12 IMF.—The Secretary of the Treasury shall instruct the
13 United States Executive Director at the International
14 Monetary Fund to use the voice, vote, and influence of
15 the United States to oppose any loan, project, agreement,
16 memorandum, instrument, plan, or other program of the
17 International Monetary Fund that does not exempt in-
18 creased government spending on health care from national
19 budget caps or restraints, hiring or wage bill ceilings, or
20 other limits sought by any international financial institu-
21 tion.

22 **“SEC. 604. PUBLIC-SECTOR PROCUREMENT, DRUG REG-**
23 **ISTRATION, AND SUPPLY CHAIN MANAGE-**
24 **MENT SYSTEMS.**

25 “(a) IN GENERAL.—The Coordinator of United
26 States Government Activities to Combat AIDS Globally

1 shall work with the Partnership for Supply Chain Manage-
2 ment Systems, host countries, and nongovernmental orga-
3 nizations to develop effective, reliable host country-owned
4 and operated public-sector procurement and supply chain
5 management systems, including regional distribution, with
6 ongoing technical assistance and sustained support to en-
7 sure the function of such systems, as well as the function
8 of existing non-public sector supply chains, including those
9 operated by faith-based and other humanitarian organiza-
10 tions that procure and distribute medical supplies.

11 “(b) AVAILABILITY OF EQUIPMENT AND SUP-
12 PLIES.—The public-sector procurement and supply chain
13 management systems developed pursuant to subsection (a)
14 should ensure that adequate laboratory equipment and
15 supplies commonly needed to fight HIV/AIDS, including
16 diagnostic tests for CD4 and viral load counts, x-ray ma-
17 chines, mobile and facility-based rapid HIV test kits and
18 other necessary assays, reagents and basic supplies such
19 as sterile syringes and gloves, are available and distributed
20 in a manner that is accessible to urban and rural popu-
21 lations.

22 “(c) DRUG REGISTRATION.—The Coordinator shall
23 work with host country partners and development partners
24 to support efficient and effective drug approval and reg-

1 istration systems that allow expeditious access to safe and
2 effective drugs, including antiretroviral drugs.

3 “(d) REPORT.—The Coordinator shall submit to the
4 appropriate congressional committees an annual report on
5 the implementation of this section, including progress to-
6 ward specific benchmarks established by the Partnership
7 for Supply Chain Management Systems, and the projec-
8 tion of when host countries can fully sustain their own
9 procurement and supply chain management and distribu-
10 tion systems at a scale necessary for national primary
11 health needs.

12 **“SEC. 605. AUTHORIZATION OF APPROPRIATIONS.**

13 “(a) IN GENERAL.—Of the amounts authorized to be
14 appropriated under section 401 for HIV/AIDS assistance,
15 there are authorized to be appropriated to the President
16 such sums as may be necessary for each of the fiscal years
17 2009 through 2013 to carry out this title.

18 “(b) AVAILABILITY.—Amounts appropriated pursu-
19 ant to the authorization of appropriations under sub-
20 section (a) are authorized to remain available until ex-
21 pended.”.

22 **SEC. 502. CLERICAL AMENDMENT.**

23 The table of contents for the United States Leader-
24 ship Against HIV/AIDS, Tuberculosis, and Malaria Act

1 of 2003 (22 U.S.C. 7601 note) is amended by inserting
2 after the items relating to title V the following:

“TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH
CARE SYSTEMS

“Sec. 601. Findings.

“Sec. 602. National health workforce strategies and other policies.

“Sec. 603. Exemption of investments in health from limits sought by international financial institutions.

“Sec. 604. Public-sector procurement, drug registration, and supply chain management systems.

“Sec. 605. Authorization of appropriations.”.

Chairman BERMAN. Five years ago, President Bush displayed extraordinary leadership in proposing that the United States spend \$15 billion over 5 years to combat the HIV/AIDS epidemic. Republicans and Democrats have many differences over foreign policy, but, on this issue, we can all agree, and I believe the overwhelming majority of the international community agrees, that it was the right thing to do.

This committee, then under the control of our Republican colleagues, responded to the President's call by approving the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act. This ground-breaking legislation reflected a broad, bipartisan commitment to respond with compassion to those dying of AIDS, to dramatically boost our efforts to stop the spread of the HIV virus, and to get life-saving drugs immediately to those who could be saved.

The carefully negotiated compromise bill, a tribute to the leadership of our late good friends and former chairmen, Henry Hyde and Tom Lantos, enjoyed overwhelming bipartisan support in the full House and was signed into law by President Bush.

As a direct result of the committee's work, as well as so many others, our nation is now providing life-saving drugs to nearly 1.5 million men, women, and children. We have supported care for nearly 7 million people, including 2.7 million orphans and vulnerable children, and prevented an estimated 150,000 infant infections.

Most importantly, the landmark legislation approved by this committee helped to ensure that HIV/AIDS is no longer the certain death sentence it was just 5 short years ago. Hospital corridors that were jammed with AIDS patients waiting to die now brim with hope as life-saving drugs are dispensed.

The legislation, which originated in this committee, has firmly established the United States as the leading provider in the world of HIV/AIDS assistance for prevention, treatment, and care.

We are here today to consider legislation to reauthorize this vitally important statute and to reaffirm our commitment to the programs and policies established 5 years ago.

The 2003 legislation worked well, but it now must be modified to reflect the changing nature of the HIV/AIDS crisis.

We also have 5 years of experience under our belts. We know what works and what does not. The law we passed in 2003 was designed to deal with the emergency phase of the global HIV/AIDS crisis. The new legislation now will move our programs toward sustainability. Host governments must have the ability to plan, direct, and manage the programs already set into place.

The 2003 legislation authorized \$15 billion over 5 years. In response to the desperate need for life-saving medicine and new healthcare workers in nations hit hard by HIV/AIDS, the bill before us authorizes \$50 billion over 5 years.

The 2003 law relied upon the healthcare workforce already in place in the developing world. The new legislation invests funds in strengthening HIV-related healthcare delivery systems and building health workforce capacities.

The 2003 law focused on creating new programs to tackle the HIV/AIDS crisis. The reauthorization bill builds stronger linkages between the Global HIV/AIDS Initiative and existing programs de-

signed to alleviate hunger, improve healthcare, and bolster schools, an approach endorsed by the President's Global AIDS Coordinator in a report issued just a few short weeks ago.

The 2003 law gave inadequate attention to the needs of women and girls. The new legislation remedies this situation by strengthening prevention and treatment programs aimed at this extremely vulnerable population. Over the past few weeks, we on the committee have discussed various concerns regarding the draft we provided last month to our Republican colleagues in the administration. In particular, certain terminology and the requirement that one-third of all HIV/AIDS-prevention funding be spent on abstinence and fidelity programs has been a key feature of our debate, as well as the funding levels and certain limitations in the 2003 Act.

I am happy to report to the committee that, late last night, Ms. Ros-Lehtinen and I reached agreement with the White House on the bill before the committee today. This bipartisan agreement will greatly facilitate congressional consideration of the vitally important legislation, and I hope and expect that it will be signed into law by President Bush this session of Congress.

The compromise before us today authorizes \$50 billion for 5 years for HIV/AIDS, tuberculosis, and malaria. It ensures that HIV/AIDS programs are linked to and integrated with other relevant development programs, such as nutrition, and allows HIV/AIDS testing and counseling to be provided in the U.S. Bilateral Family Planning program. It eliminates the one-third, abstinence-only earmark but requires a balanced approach to HIV/AIDS sexual transmission prevention programs, and a report regarding this approach in countries where the epidemic has become generalized, if we deviate from that balanced approach.

It provides for certain benchmarks to improve the transparency and accountability of the Global Fund and makes sure that additional emphasis is placed on women and girls who face the scourge of HIV/AIDS.

The bill is not perfect, but no compromise ever is. However, this agreement between Ms. Ros-Lehtinen, the White House, and the committee majority is in the best spirit of the great leaders of this committee who guided the 2003 Act into law: Chairman Lantos and Chairman Hyde. It is appropriate and fitting that this legislation is named for them.

So, 20 million innocent men, women, and children, we must remember, have perished from HIV/AIDS. Twenty million. Forty million around the globe are HIV positive. Each and every day, another 6,000 people become infected with HIV. We have a moral imperative to act, and to act decisively.

I urge all of my colleagues to join in supporting this important legislation. I want to particularly thank some key staff members who played a role in putting together the language that constitutes the compromise—on the Democratic staff, under the direction of Bob King: Peter Yeo, Doug Campbell, David Abramowitz, Pearl Alice Marsh, Kristen Wells, and Connie Torngara. On the Republican side: Yleem Poblete, Mark Gage, Sheri Rickert, Mary Noonan, and Mark Synnes, the legislative counsel.

I now recognize the ranking member to explain her views on the legislation.

Mrs. ROS-LEHTINEN. Thank you so much, Mr. Chairman. First of all, let me express my gratitude to you and to your staff for the good-faith efforts in reaching this carefully crafted agreement. We have had to make extremely difficult choices to arrive at this bipartisan product.

In a compromise, as you pointed out, Mr. Chairman, no one gets everything they seek, but the legislation before us today preserves the integrity of the 2003 Act and addresses critical concerns and core values important to both sides of the aisle. Many of us in the room concluded that a collapse of the political consensus on this issue would do irreparable damage to what is, arguably, the most successful U.S. foreign-assistance program of the last half century.

It is gratifying that we were able to reach an agreement that honors the work and the legacy of our two former chairmen, Henry Hyde and Tom Lantos, who would both be enormously proud of this agreement.

House passage of this landmark legislation in 2003 ranks as one of the greatest achievements of this committee, as I said, in the last 25 years, and it has already saved countless lives and will, undoubtedly, save countless more.

According to the Office of the Global AIDS Coordinator, the results of our efforts are greater than even its authors dared to imagine. More than 1.4 million people infected with HIV are now being treated with the necessary drugs to fight the virus. PEPFAR has supported HIV testing and counseling for 30 million people and cared for nearly 6.7 million, including more than 2.7 million orphans and vulnerable children infected and affected by HIV. We are on our way to achieving the 5-year goal of preventing the infection of 7 million people.

Last year, the President announced that he would seek to reauthorize the PEPFAR program and substantially increase the American commitment to fight this disease. All of us share the goal of reducing the impact of this pandemic. This is a personal issue for me, a professional and moral obligation.

Miami-Dade County, which falls within the district I represent, ranks first, sadly, in the State of Florida in the number of AIDS cases. Roughly 19 percent of the state total for those living with HIV reside in Miami-Dade County, which is why I am so gratified by the agreement that continues this committee's history of consensus and bipartisanship on the HIV/AIDS issue.

While we would have preferred to keep current law, the consensus proposal ensures the continuation of America's commitment to a balanced approach to preventing the HIV infection, taking into account the varying circumstances in each of the affected countries, as well as their cultural sensitivities.

African Government officials and nongovernmental organizations have repeatedly and publicly stated their gratitude that PEPFAR has finally provided resources for prevention strategies that focus on the ABC approach and that respects local values in indigenous countries and cultures.

Maureen Mwanawasa, the wife of the President of Zambia, said it best last year when she suggested, "There are several ways in

which we can reach young people. One of the effective ways is abstinence. It brings back dignity and self-responsibility to young people because they know their bodies are not supposed to be abused, and they should learn to say no.”

The compromise requires the AIDS coordinator to provide balanced funding for the prevention activities for sexual transmission of HIV/AIDS and ensures that the abstinence and faithfulness programs are implemented and funded in a meaningful and equitable way.

The agreement before us keeps faith with the core principles at the heart of the compromise bill enacted in the year 2003. PEPFAR funds can be, and, in fact, are, used to support HIV/AIDS prevention, voluntary testing, and counseling and treatment programs at clinics which provide other services, such as family planning. This is in keeping with the current practice. However, the agreement before us helps ensure that HIV/AIDS funding is not used to support family planning programs.

The bipartisan agreement also maintains the existing certification requirements that any group or organization receiving PEPFAR funds have a policy explicitly opposing prostitution and sex trafficking.

USAID has implemented this prohibition by requiring that any group that receives funding sign a pledge affirming its opposition to prostitution and sex trafficking.

Let me be clear, Mr. Chairman: Neither current law nor the pledge itself prevents organizations from working with prostitutes or other high-risk groups. The agreements reached in the last few days and hours also strengthen the important conscience clause by ensuring that service providers are not required to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral obligation.

U.S. contributions to the Global Fund will also be subject to more stringent oversight by requiring that the fund meet greater transparency and accountability benchmarks. The legislation also requires a prohibition on taxation of our assistance by foreign governments. It mandates that 14 Caribbean countries will be added to the existing list of countries in which the Global HIV Coordinator is given explicit, statutory authority over HIV/AIDS programs.

Finally, Mr. Chairman, as a fitting tribute to the two former chairmen of our committee, who played such a pivotal role in creating this program, this legislation is redesignated as the Tom Lantos and Henry Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2008.

I commend the chairman for his efforts to bring about this compromise, and I trust that he will use every opportunity to protect the careful balance that we have struck in this legislation as we move to the House floor, and I urge my colleagues to vote for this legislation and resist efforts to undermine the compromise. Thank you so much, Mr. Chairman.

Chairman BERMAN. Well, thank you, Mrs. Ros-Lehtinen, and the committee will be in recess, and we will hope that the 17-Minute Rule will not be applied very strictly.

[Whereupon, at 10:55 a.m., a short recess was taken.]

Chairman BERMAN. The committee will come to order. We are back in session. The bill, H.R. 5501, is open for amendments. Are there any amendments? Is there anybody who wants to move to strike the last word?

Ms. LEE. Mr. Chairman, can I move to strike the last word?

Mr. PAYNE. I move to strike the last word.

Chairman BERMAN. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PAYNE. Thank you, Mr. Chairman. I am very pleased to be a co-sponsor of H.R. 5501, the Global HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008.

In the 5 years since Congress passed the original legislation authorizing the President's Emergency Plan for AIDS Relief, or PEPFAR, as it is known, it has become an historic program. The word "PEPFAR" is known all over Africa. It is known in a positive sense. It is known as a program that is supported by the people of the United States of America and by the political leadership of the President of this country and both political parties.

The program will be remembered as one of the most significant achievements of the Bush administration's two terms in office, in my opinion. Prior to PEPFAR, the United States did not support any type of AIDS-treatment programs abroad.

Initially, the administration started slow, with one of its representatives saying that treatment was not feasible in Africa because they had a difficult time telling time. We have gone a long way since that ridiculous statement was made, and the President of the United States certainly did not buy it.

So, therefore, now, because he was willing to study the issue and concentrate on it, we will find that over 800,000 people are receiving antiviral medications in PEPFAR's 15 focus countries. Twelve of those countries are in sub-Saharan Africa.

As a matter of fact, I had the opportunity to talk to the President personally yesterday about the PEPFAR program and indicated that we were coming up for reauthorization, and he strongly supported the effort that we are making, and I would like to also thank the White House for their strong support, working with the minority, so that we could move this forward.

However, even though we have made praiseworthy progress, it is still not enough, in my opinion. Only 28 percent of Africans needing antiretrovirals are receiving them. Shockingly, over 85 percent of African children who need ARVs are going without them. A mere 11 percent of HIV-positive women who need drugs to prevent mother-to-child transmission of HIV during childbirth are getting them.

In light of these troubling facts, we have to take steps to transform this program from an emergency response to a sustainable program. To do that, we are going to have to expand PEPFAR so that it is more than a series of medical interventions. We must integrate food and nutrition services into the HIV care and treatment program so that people will adhere to the ARV regimens. I am pleased that the committee incorporated the provisions of a bill I introduced in December 2007, H.R. 4914, into the legislation in order to ensure that nutritional needs of HIV/AIDS patients are addressed.

It is important that we build and strengthen the health systems in Africa, the region of the world's worst-hit HIV and AIDS problem. Title V of this bill will address that concern.

We have got to give our aid mission the flexibility on the ground to do prevention, care, and treatment programs tailored to the characteristics of the epidemic in the country in which they are operating. The bill does that by eliminating cumbersome earmarks that the Government Accountability Office and Institutes of Medicine have said are unhelpful.

As you know, the G-8 Summit will be held in Tokyo this July. The Japanese prime minister has stated that one area of focus will be health, and he has called for global cooperation on that sector. I hope that we can get this bill passed and signed into law in short order so that we can have our President go to Tokyo with something concrete to put on the table to show what the American people are doing and challenge the other G-8 countries to step up to the plate, and I think that we will see a tremendous turnaround in the whole question of the fight to combat AIDS, tuberculosis, and malaria.

Mr. Chairman, let me commend you and the cooperation of the ranking member, Mrs. Ileana Ros-Lehtinen, for putting this strong legislation together, and you all went above and beyond the call of duty to meet the concerns of colleagues on both sides of the aisle, and I really commend you for taking on a very difficult task, as you just assumed the chairmanship, but, in the memory of Congressman Hyde and our late chairman, Congressman Lantos, I think that this is the right step in the right direction with all of us compromising, to some degree, our personal positions in order to move this bill forward. Thank you very much.

Chairman BERMAN. I thank the gentleman. I want to echo his comments regarding the positive role played by the White House in our efforts to reach a bipartisan agreement.

Because there is now a voting quorum here, I will deviate from the agenda for one moment to ask for unanimous consent that the amendment in the nature of a substitute, which the members have in front of them, to H.R. 1084, the Reconstruction and Stabilization Civilian Management Act of 2008, by Mr. Farr and others. It is deemed to be adopted, and the bill is reported favorably to the House of Representatives. Without objection, so ordered.

For what purpose does the gentleman from New Jersey seek recognition?

[H.R. 1084 and the amendment of Chairman Berman follows:]

110TH CONGRESS
1ST SESSION

H. R. 1084

To amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 to build operational readiness in civilian agencies, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 15, 2007

Mr. FARR (for himself and Mr. SAXTON) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 to build operational readiness in civilian agencies, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Reconstruction and
5 Stabilization Civilian Management Act of 2007”.

6 **SEC. 2. FINDING; PURPOSE.**

7 (a) FINDING.—Congress finds that the resources of
8 the Armed Forces have been burdened by having to under-

1 take stabilization and reconstruction tasks in the Balkans,
2 Afghanistan, Iraq, and other countries of the world that
3 could have been performed by civilians, which has resulted
4 in lengthy deployments for members of the Armed Forces.

5 (b) PURPOSE.—The purpose of this Act is to provide
6 for the continued development, as a core mission of the
7 Department of State and the United States Agency for
8 International Development, of an effective expert civilian
9 response capability to carry out reconstruction and sta-
10 bilization activities in a country or region that is at risk
11 of, in, or is in transition from, conflict or civil strife.

12 **SEC. 3. DEFINITIONS.**

13 In this Act:

14 (1) ADMINISTRATOR.—The term “Adminis-
15 trator” means the Administrator of the United
16 States Agency for International Development.

17 (2) APPROPRIATE CONGRESSIONAL COMMIT-
18 TEES.—The term “appropriate congressional com-
19 mittees” means the Committee on Foreign Affairs of
20 the House of Representatives and the Committee on
21 Foreign Relations of the Senate.

22 (3) DEPARTMENT.—Except as otherwise pro-
23 vided in this Act, the term “Department” means the
24 Department of State.

1 (4) EXECUTIVE AGENCY.—The term “Executive
2 agency” has the meaning given that term in section
3 105 of title 5, United States Code.

4 (5) SECRETARY.—The term “Secretary” means
5 the Secretary of State.

6 **SEC. 4. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

8 (1) the civilian element of United States joint
9 civilian-military operations should be strengthened in
10 order to enhance the execution of current and future
11 reconstruction and stabilization activities in foreign
12 countries or regions that are at risk of, in, or are
13 in transition from, conflict or civil strife;

14 (2) the capability of civilian agencies of the
15 United States Government to carry out reconstruc-
16 tion and stabilization activities in such countries or
17 regions should also be enhanced through a new rapid
18 response corps of civilian experts supported by the
19 establishment of a new system of planning, organiza-
20 tion, personnel policies, education and training, and
21 the provision of adequate resources;

22 (3) the international community, including non-
23 governmental organizations, and the United Nations
24 and its specialized agencies, should be further en-
25 couraged to participate in planning and organizing

1 reconstruction and stabilization activities in such
2 countries or regions;

3 (4) the executive branch has taken a number of
4 steps to strengthen civilian capability, including the
5 establishment in the Department of the Office of the
6 Coordinator for Reconstruction and Stabilization,
7 the Presidential designation of the Secretary as the
8 interagency coordinator and leader of reconstruction
9 and stabilization efforts, and Department of Defense
10 directives to the military to support the Office of the
11 Coordinator Reconstruction and Stabilization and to
12 work closely with counterparts in the Department of
13 State and other civilian agencies to develop and en-
14 hance personnel, training, planning, and analysis;

15 (5) the Secretary and the Administrator should
16 work with the Secretary of Defense to augment ex-
17 isting personnel exchange programs among the De-
18 partment, the United States Agency for Inter-
19 national Development, and the Department of De-
20 fense, including the regional commands and the
21 Joint Staff, to enhance the stabilization and recon-
22 struction skills of military and civilian personnel and
23 their ability to undertake joint operations; and

24 (6) the heads of other executive agencies should
25 establish personnel exchange programs that are de-

1 signed to enhance the stabilization and reconstruc-
2 tion skills of military and civilian personnel.

3 **SEC. 5. AUTHORITY TO PROVIDE ASSISTANCE FOR RECON-**
4 **STRUCTION AND STABILIZATION CRISES.**

5 Chapter 1 of part III of the Foreign Assistance Act
6 of 1961 (22 U.S.C. 2351 et seq.) is amended by inserting
7 after section 617 the following new section:

8 **“SEC. 618. ASSISTANCE FOR A RECONSTRUCTION AND STA-**
9 **BILIZATION CRISIS.**

10 “(a) **AUTHORITY.**—If the President determines that
11 it is important to the security interests of the United
12 States for United States civilian agencies or non-Federal
13 employees to assist in stabilizing and reconstructing a
14 country or region that is at risk of, in, or is in transition
15 from, conflict or civil strife, the President may, in accord-
16 ance with the provisions set forth in section 614(a)(3),
17 notwithstanding any other provision of law, and on such
18 terms and conditions as the President may determine, fur-
19 nish assistance to respond to the crisis.

20 “(b) **SPECIAL AUTHORITIES.**—In furtherance of a de-
21 termination made under subsection (a), the President may
22 exercise the authorities contained in sections 552(c)(2)
23 and 610 without regard to the percentage and aggregate
24 dollar limitations contained in such sections.

25 “(c) **AUTHORIZATION OF FUNDING.**—

1 “(1) INITIAL AUTHORIZATION.—There is au-
2 thorized to be appropriated, without fiscal year limi-
3 tation, \$75,000,000 to provide assistance authorized
4 in subsection (a) and, to the extent authorized under
5 paragraph (2), for the purpose described in such
6 paragraph.

7 “(2) AVAILABILITY OF FUNDS FOR RESPONSE
8 READINESS CORPS.—Of the amount authorized to be
9 appropriated pursuant to paragraph (1),
10 \$25,000,000 may be made available for fiscal year
11 2008 for expenses related to the development, train-
12 ing, and operations of the Response Readiness Corps
13 established under section 62(c) of the State Depart-
14 ment Basic Authorities Act of 1956. The availability
15 of such funds shall not be subject to a determination
16 by the President under subsection (a).

17 “(3) REPLENISHMENT.—There is authorized to
18 be appropriated each fiscal year such sums as may
19 be necessary to replenish funds expended as pro-
20 vided under paragraph (1). Funds authorized to be
21 appropriated under this paragraph shall be available
22 without fiscal year limitation for the same purpose
23 and under the same conditions as are provided
24 under paragraph (1).”.

1 **SEC. 6. OFFICE OF THE COORDINATOR FOR RECONSTRUC-**
2 **TION AND STABILIZATION.**

3 Title I of the State Department Basic Authorities Act
4 of 1956 (22 U.S.C. 2651 et seq.) is amended by adding
5 at the end the following new section:

6 **“SEC. 62. RECONSTRUCTION AND STABILIZATION.**

7 “(a) OFFICE OF THE COORDINATOR FOR RECON-
8 STRUCTION AND STABILIZATION.—

9 “(1) ESTABLISHMENT.—There is established
10 within the Department of State the Office of the Co-
11 ordinator for Reconstruction and Stabilization.

12 “(2) COORDINATOR FOR RECONSTRUCTION AND
13 STABILIZATION.—The head of the Office shall be the
14 Coordinator for Reconstruction and Stabilization,
15 who shall be appointed by the President, by and
16 with the advice and consent of the Senate. The Co-
17 ordinator shall report directly to the Secretary.

18 “(3) FUNCTIONS.—The functions of the Office
19 of the Coordinator for Reconstruction and Stabiliza-
20 tion shall include the following:

21 “(A) Monitoring, in coordination with rel-
22 evant bureaus within the Department of State,
23 political and economic instability worldwide to
24 anticipate the need for mobilizing United States
25 and international assistance for the stabilization
26 and reconstruction of countries or regions that

1 are at risk of, in, or are in transition from, con-
2 flict or civil strife.

3 “(B) Assessing the various types of sta-
4 bilization and reconstruction crises that could
5 occur and cataloging and monitoring the non-
6 military resources and capabilities of Executive
7 agencies (as that term is defined in section 105
8 of title 5, United States Code) that are avail-
9 able to address such crises.

10 “(C) Planning to address requirements,
11 such as demobilization, disarmament, rebuilding
12 of civil society, policing, human rights moni-
13 toring, and public information, that commonly
14 arise in stabilization and reconstruction crises.

15 “(D) Coordinating with relevant Executive
16 agencies to develop interagency contingency
17 plans to mobilize and deploy civilian personnel
18 to address the various types of such crises.

19 “(E) Entering into appropriate arrange-
20 ments with other Executive agencies to carry
21 out activities under this section and the Recon-
22 struction and Stabilization Civilian Manage-
23 ment Act of 2007.

24 “(F) Identifying personnel in State and
25 local governments and in the private sector who

1 are available to participate in the Response
2 Readiness Corps or the Response Readiness Re-
3 serve established under subsection (c) or to oth-
4 erwise participate in or contribute to stabiliza-
5 tion and reconstruction activities.

6 “(G) Taking steps to ensure that training
7 and education of civilian personnel to perform
8 such stabilization and reconstruction activities
9 is adequate and, as appropriate, includes secu-
10 rity training that involves exercises and simula-
11 tions with the Armed Forces, including the re-
12 gional commands.

13 “(H) Sharing information and coordi-
14 nating plans for stabilization and reconstruction
15 activities, as appropriate, with the United Na-
16 tions and its specialized agencies, the North At-
17 lantic Treaty Organization, nongovernmental
18 organizations, and other foreign national and
19 international organizations.

20 “(I) Coordinating plans and procedures for
21 joint civilian-military operations with respect to
22 stabilization and reconstruction activities.

23 “(J) Maintaining the capacity to field on
24 short notice an evaluation team to undertake
25 on-site needs assessment.

1 “(b) RESPONSE TO STABILIZATION AND RECON-
2 STRUCTION CRISIS.—If the President makes a determina-
3 tion regarding a stabilization and reconstruction crisis
4 under section 618 of the Foreign Assistance Act of 1961,
5 the President may designate the Coordinator, or such
6 other individual as the President may determine appro-
7 priate, as the coordinator of the United States response.
8 The individual so designated, or, in the event the Presi-
9 dent does not make such a designation, the Coordinator
10 for Reconstruction and Stabilization, shall—

11 “(1) assess the immediate and long-term need
12 for resources and civilian personnel to respond to the
13 crisis;

14 “(2) identify and mobilize non-military re-
15 sources to respond to the crisis; and

16 “(3) coordinate the activities of the other indi-
17 viduals or management team, if any, designated by
18 the President to manage the United States re-
19 sponse.”.

20 **SEC. 7. RESPONSE READINESS CORPS.**

21 (a) IN GENERAL.—Section 62 of the State Depart-
22 ment Basic Authorities Act of 1956 (as added by section
23 6) is amended by adding at the end the following new sub-
24 section:

25 “(c) RESPONSE READINESS CORPS.—

1 “(1) RESPONSE READINESS ACTIVE DUTY PER-
2 SONNEL.—

3 “(A) ESTABLISHMENT AND PURPOSE.—

4 The Secretary, in consultation with the Admin-
5 istrator of the United States Agency for Inter-
6 national Development, is authorized to establish
7 a Response Readiness Corps (hereafter referred
8 to in this section as the ‘Corps’) to provide as-
9 sistance in support of stabilization and recon-
10 struction activities in foreign countries or re-
11 gions that are at risk of, in, or are in transition
12 from, conflict or civil strife.

13 “(B) COMPOSITION.—The Secretary and
14 Administrator shall coordinate in the recruit-
15 ment, hiring, and training of—

16 “(i) up to 250 personnel to serve in
17 the active duty Corps; and

18 “(ii) such other personnel as the Sec-
19 retary, in consultation with the Adminis-
20 trator, may designate as members of the
21 Corps from among employees of the De-
22 partment and the United States Agency
23 for International Development.

24 “(C) TRAINING.—The Secretary is author-
25 ized to train the members of the Corps to per-

1 form services necessary to carry out the pur-
2 pose of the Corps under subparagraph (A).

3 “(D) COMPENSATION.—Members of the
4 Corps hired under subparagraph (B)(i) shall be
5 compensated in accordance with the appropriate
6 salary class for the Foreign Service, as set forth
7 in sections 402 and 403 of the Foreign Service
8 Act of 1980 (22 U.S.C. 3962 and 22 U.S.C.
9 3963), or in accordance with the relevant au-
10 thority under sections 3101 and 3392 of title 5,
11 United States Code.

12 “(2) RESPONSE READINESS RESERVE DUTY
13 PERSONNEL.—

14 “(A) ESTABLISHMENT AND PURPOSE.—
15 The Secretary, in consultation with the heads of
16 other relevant Executive agencies, is authorized
17 to establish and maintain a roster of personnel
18 who are trained and available as needed to per-
19 form services necessary to carry out the pur-
20 pose of the Corps under paragraph (1)(A). The
21 personnel listed on the roster shall constitute a
22 reserve component of the Response Readiness
23 Corps.

24 “(B) FEDERAL EMPLOYEES.—The Re-
25 sponse Readiness reserve component may in-

1 clude employees of the Department, including
2 employees of the United States Agency for
3 International Development, employees of any
4 other Executive agency, and employees from the
5 legislative and judicial branches who—

6 “(i) have the training and skills nec-
7 essary to enable them to contribute to sta-
8 bilization and reconstruction activities; and

9 “(ii) have volunteered for deployment
10 to carry out stabilization and reconstruc-
11 tion activities.

12 “(C) NON-FEDERAL PERSONNEL.—The
13 Response Readiness reserve component should
14 also include not fewer than 500 personnel, who
15 may include retired employees of the Federal
16 Government, contractor personnel, nongovern-
17 mental organization personnel, and State and
18 local government employees, who—

19 “(i) have the training and skills nec-
20 essary to enable them to contribute to sta-
21 bilization and reconstruction activities; and

22 “(ii) have volunteered to carry out
23 stabilization and reconstruction activities.

24 “(3) USE OF RESPONSE READINESS CORPS.—

1 “(A) RESPONSE READINESS ACTIVE DUTY
2 COMPONENT.—The members of the active duty
3 Corps are authorized to be available—

4 “(i) if responding in support of sta-
5 bilization and reconstruction activities pur-
6 suant to a determination by the President
7 regarding a stabilization and reconstruc-
8 tion crisis under section 618 of the For-
9 eign Assistance Act of 1961, for deploy-
10 ment in support of such activities; and

11 “(ii) if not responding as described in
12 clause (i), for assignment in the United
13 States, United States diplomatic missions,
14 and United States Agency for Inter-
15 national Development missions.

16 “(B) RESPONSE READINESS RESERVE
17 COMPONENT.—The Secretary may deploy mem-
18 bers of the reserve component under paragraph
19 (2) in support of stabilization and reconstruc-
20 tion activities in a foreign country or region if
21 the President makes a determination regarding
22 a stabilization and reconstruction crisis under
23 section 618 of the Foreign Assistance Act of
24 1961.”.

1 (b) EMPLOYMENT AUTHORITY.—The full-time per-
2 sonnel authorized to be employed in the Response Readiness
3 Corps under section 62(c)(1)(B)(i) of the State Department
4 Basic Authorities Act of 1956 (as added by subsection (a)) shall be in addition to any other full-time per-
5 sonnel of the Department or the United States Agency for
6 International Development authorized to be employed
7 under any other provision of law.

8 (c) REPORT.—Not later than 180 days after the date
9 of the enactment of this Act, the Secretary shall submit
10 to the appropriate congressional committees a report on
11 the status of efforts to establish the Response Readiness
12 Corps under this section. The report shall include rec-
13 ommendations for any legislation necessary to implement
14 subsection (c) of section 62 of the State Department Basic
15 Authorities Act of 1956, as added by subsection (a).

16 **SEC. 8. STABILIZATION AND RECONSTRUCTION TRAINING**
17 **AND EDUCATION.**

18 Section 701 of the Foreign Service Act of 1980 (22
19 U.S.C. 4021) is amended—

20 (1) by redesignating subsection (g) as sub-
21 section (h); and

22 (2) by inserting after subsection (f) the fol-
23 lowing new subsection:
24

1 “(g) STABILIZATION AND RECONSTRUCTION CUR-
2 RICULUM.—

3 “(1) ESTABLISHMENT AND MISSION.—The Sec-
4 retary, in cooperation with the Secretary of Defense
5 and the Secretaries of the Army and Navy, is au-
6 thorized to establish a stabilization and reconstruc-
7 tion curriculum for use in programs of the Foreign
8 Service Institute, the Center for Stabilization and
9 Reconstruction Studies at the Naval Postgraduate
10 School, the National Defense University, and the
11 United States Army War College.

12 “(2) CURRICULUM CONTENT.—The curriculum
13 referred to in paragraph (1) should include the fol-
14 lowing:

15 “(A) An overview of the global security en-
16 vironment, including an assessment of
17 transnational threats and an analysis of United
18 States policy options to address such threats.

19 “(B) A review of lessons learned from pre-
20 vious United States and international experi-
21 ences in stabilization and reconstruction activi-
22 ties.

23 “(C) An overview of the relevant respon-
24 sibilities, capabilities, and limitations of various
25 Executive agencies (as that term is defined in

1 section 105 of title 5, United States Code) and
2 the interactions among them.

3 “(D) A discussion of the international re-
4 sources available to address stabilization and
5 reconstruction requirements, including re-
6 sources of the United Nations and its special-
7 ized agencies, nongovernmental organizations,
8 private and voluntary organizations, and foreign
9 governments, together with an examination of
10 the successes and failures experienced by the
11 United States in working with such entities.

12 “(E) A study of the United States inter-
13 agency system.

14 “(F) Foreign language and cultural aware-
15 ness training.

16 “(G) Training and simulation exercises for
17 joint civilian-military emergency response oper-
18 ations.

19 “(H) Security awareness training.

20 “(3) EXISTING TRAINING AND EDUCATION PRO-
21 GRAMS.—The Secretary shall ensure that personnel
22 of the Department make use of the relevant existing
23 training and education programs offered within the
24 Government, such as those at the Center for Sta-
25 bilization and Reconstruction Studies at the Naval

1 Postgraduate School and the Interagency Training,
2 Education, and After Action Review Program at the
3 National Defense University.”.

4 **SEC. 9. SERVICE RELATED TO STABILIZATION AND RECON-**
5 **STRUCTION.**

6 (a) PROMOTION PURPOSES.—Service in stabilization
7 and reconstruction activities overseas, membership in the
8 Response Readiness Corps under section 62(c) of the
9 State Department Basic Authorities Act of 1956 (as
10 added by section 7), and education and training in the
11 stabilization and reconstruction curriculum established
12 under section 701(g) of the Foreign Service Act of 1980
13 (as added by section 8) shall be considered among the fa-
14 vorable factors for the promotion of employees of Execu-
15 tive agencies.

16 (b) PERSONNEL TRAINING AND PROMOTION.—The
17 Secretary and the Administrator shall take steps to ensure
18 that, not later than three years after the date of the enact-
19 ment of this Act, at least ten percent of the employees
20 of the Department and of the United States Agency for
21 International Development in the United States are mem-
22 bers of the Response Readiness Corps or are trained in
23 the activities of, or identified for potential deployment in
24 support of, the Response Readiness Corps. The Secretary

1 shall provide such training as needed to Ambassadors and
2 Deputy Chiefs of Mission.

3 (c) OTHER INCENTIVES AND BENEFITS.—The Sec-
4 retary and the Administrator may establish and admin-
5 ister a system of awards and other incentives and benefits
6 to confer appropriate recognition of and reward any indi-
7 vidual who is assigned, detailed, or deployed to carry out
8 stabilization or reconstruction activities in accordance with
9 this Act.

10 **SEC. 10. AUTHORITIES RELATED TO PERSONNEL.**

11 (a) CONTRACTING AUTHORITY.—

12 (1) IN GENERAL.—The Secretary, or the Ad-
13 ministrator with the concurrence of the Secretary,
14 may enter into contracts to procure the services of
15 nationals of the United States (as defined in section
16 101(a)(22) of the Immigration and Nationality Act
17 (8 U.S.C. 1101(a)(22)) or aliens authorized to be
18 employed in the United States as personal services
19 contractors for the purpose of carrying out this Act,
20 without regard to civil service or classification laws,
21 for service in the Office of the Coordinator for Re-
22 construction and Stabilization or for service in for-
23 eign countries to assist in stabilizing and recon-
24 structing a country or region that is at risk of, in,
25 or is in transition from, conflict or civil strife.

1 (2) NOT EMPLOYEES.—Individuals performing
2 services under contracts described in paragraph (1)
3 shall not by virtue of performing such services be
4 considered to be employees of the United States
5 Government for purposes of any law administered by
6 the Office of Personnel Management (except that
7 the Secretary or Administrator may determine the
8 applicability to such individuals of any law adminis-
9 tered by the Secretary or Administrator concerning
10 the performance of such services by such individ-
11 uals).

12 (b) EXPERTS AND CONSULTANTS.—The Secretary
13 and the Administrator may, to the extent necessary to ob-
14 tain services without delay, employ experts and consult-
15 ants under section 3109 of title 5, United States Code,
16 for the purpose of carrying out this Act, without requiring
17 compliance with any otherwise applicable requirements for
18 that employment as the Secretary or Administrator may
19 determine, except that such employment shall be termi-
20 nated after 60 days if by that time the applicable require-
21 ments are not complied with.

22 (c) AUTHORITY TO ACCEPT AND ASSIGN DETAILS.—
23 The Secretary is authorized to accept details or assign-
24 ments of employees of Executive agencies, members of the
25 uniformed services (as defined in section 2101 of title 5,

1 United States Code), and employees of State or local gov-
2 ernments on a reimbursable or nonreimbursable basis for
3 the purpose of carrying out this Act. The assignment of
4 an employee of a State or local government under this sub-
5 section shall be consistent with subchapter VI of chapter
6 33 of title 5, United States Code.

7 (d) DUAL COMPENSATION WAIVER FOR ANNUITANTS
8 UNDER CIVIL SERVICE RETIREMENT SYSTEM AND FED-
9 ERAL EMPLOYEES' RETIREMENT SYSTEM.—Notwith-
10 standing sections 8344(i) and 8468(f) of title 5, United
11 States Code, the Secretary or the head of another Execu-
12 tive agency, as authorized by the Secretary, may waive the
13 application of subsections (a) through (h) of section 8344
14 and subsections (a) through (e) of section 8468 with re-
15 spect to annuitants under the Civil Service Retirement
16 System or the Federal Employees' Retirement System who
17 are assigned, detailed, or deployed to assist in stabilizing
18 and reconstructing a country or region that is at risk of,
19 in, or is in transition from, conflict or civil strife during
20 the period of their reemployment.

21 (e) INCREASE IN PREMIUM PAY CAP.—The Sec-
22 retary, or the head of another Executive agency as author-
23 ized by the Secretary, may compensate an employee de-
24 tailed, assigned, or deployed to assist in stabilizing and
25 reconstructing a country or region that is at risk of, in,

1 or is in transition from, conflict or civil strife, without re-
2 gard to the limitations on premium pay set forth in section
3 5547 of title 5, United States Code, to the extent that
4 the aggregate of the basic pay and premium pay of such
5 employee for a year does not exceed the annual rate pay-
6 able for level II of the Executive Schedule.

7 (f) EXTENSION OF CERTAIN FOREIGN SERVICE BEN-
8 EFITS.—The Secretary, or the head of another Executive
9 agency as authorized by the Secretary, may extend to any
10 individuals assigned, detailed, or deployed to carry out sta-
11 bilization and reconstruction activities in accordance with
12 this Act, the benefits or privileges set forth in sections
13 412, 413, 704, and 901 of the Foreign Service Act of 1980
14 (22 U.S.C. 3972, 22 U.S.C. 3973, 22 U.S.C. 4024, and
15 22 U.S.C. 4081) to the same extent and manner that such
16 benefits and privileges are extended to members of the
17 Foreign Service.

18 (g) COMPENSATORY TIME.—Notwithstanding any
19 other provision of law, the Secretary may, subject to the
20 consent of an individual who is assigned, detailed, or de-
21 ployed to carry out stabilization and reconstruction activi-
22 ties in accordance with this Act, grant such individual
23 compensatory time off for an equal amount of time spent
24 in regularly or irregularly scheduled overtime work. Credit
25 for compensatory time off earned shall not form the basis

1 for any additional compensation. Any such compensatory
2 time not used within 26 pay periods shall be forfeited.

3 (h) ACCEPTANCE OF VOLUNTEER SERVICES.—

4 (1) IN GENERAL.—The Secretary may accept
5 volunteer services for the purpose of carrying out
6 this Act without regard to section 1342 of title 31,
7 United States Code.

8 (2) TYPES OF VOLUNTEERS.—Donors of volun-
9 teer services accepted for purposes of this section
10 may include—

11 (A) advisors;

12 (B) experts;

13 (C) consultants; and

14 (D) persons performing services in any
15 other capacity determined appropriate by the
16 Secretary.

17 (3) SUPERVISION.—The Secretary shall—

18 (A) ensure that each individual performing
19 volunteer services accepted under this sub-
20 section is notified of the scope of the volunteer
21 services accepted;

22 (B) supervise the volunteer to the same ex-
23 tent as employees receiving compensation for
24 similar services; and

1 (C) ensure that the volunteer has appro-
2 priate credentials or is otherwise qualified to
3 perform in each capacity for which the volun-
4 teer's services are accepted.

5 (4) APPLICABILITY OF LAW RELATING TO FED-
6 ERAL GOVERNMENT EMPLOYEES.—An individual
7 providing volunteer services accepted under this sec-
8 tion shall not be considered an employee of the Fed-
9 eral Government in the performance of those serv-
10 ices, except for the purposes of the following provi-
11 sions of law:

12 (A) Chapter 81 of title 5, United States
13 Code, relating to compensation for work-related
14 injuries.

15 (B) Chapter 11 of title 18, United States
16 Code, relating to conflicts of interest.

17 (5) APPLICABILITY OF LAW RELATING TO VOL-
18 UNTEER LIABILITY PROTECTION.—

19 (A) IN GENERAL.—A person providing vol-
20 unteer services accepted under this section shall
21 be deemed to be a volunteer of a nonprofit or-
22 ganization or governmental entity, with respect
23 to the accepted services, for purposes of the
24 Volunteer Protection Act of 1997 (42 U.S.C.
25 14501 et seq.).

1 (B) INAPPLICABILITY OF EXCEPTIONS TO
2 VOLUNTEER LIABILITY PROTECTION.—Section
3 4(d) of such Act (42 U.S.C. 14503(d)) shall not
4 apply with respect to the liability of a person
5 with respect to services of such person that are
6 accepted under this section.

7 (i) AUTHORITY FOR OUTSIDE ADVISORS.—

8 (1) IN GENERAL.—The Secretary may establish
9 temporary advisory commissions composed of indi-
10 viduals with appropriate expertise to facilitate the
11 carrying out of this Act.

12 (2) INAPPLICABILITY OF FACA.—The require-
13 ments of the Federal Advisory Committee Act (5
14 U.S.C. App.) shall not apply to the activities of a
15 commission established under this subsection.

16 **SEC. 11. AUTHORIZATION OF APPROPRIATIONS.**

17 There is authorized to be appropriated \$80,000,000
18 for fiscal year 2008 for personnel, education and training,
19 equipment, and travel costs for purposes of carrying out
20 this Act and the amendments made by this Act.

○

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 1084
OFFERED BY MR. BERMAN OF CALIFORNIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Reconstruction and
3 Stabilization Civilian Management Act of 2008”.

4 SEC. 2. FINDINGS.

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

6 (1) In June 2004, the Office of the Coordinator
7 for Reconstruction and Stabilization (referred to as
8 the “Coordinator”) was established in the Depart-
9 ment of State with the mandate to lead, coordinate,
10 and institutionalize United States Government civil-
11 ian capacity to prevent or prepare for post-conflict
12 situations and help reconstruct and stabilize a coun-
13 try or region that is at risk of, in, or is in transition
14 from, conflict or civil strife.

15 (2) In December 2005, the Coordinator’s man-
16 date was reaffirmed by the National Security Presi-
17 dential Directive 44, which instructed the Secretary
18 of State, and at the Secretary’s direction, the Coor-

1 dinator, to coordinate and lead integrated United
2 States Government efforts, involving all United
3 States departments and agencies with relevant capa-
4 bilities, to prepare, plan for, and conduct reconstruc-
5 tion and stabilization operations.

6 (3) National Security Presidential Directive 44
7 assigns to the Secretary, with the Coordinator's as-
8 sistance, the lead role to develop reconstruction and
9 stabilization strategies, ensure civilian interagency
10 program and policy coordination, coordinate inter-
11 agency processes to identify countries at risk of in-
12 stability, provide decision-makers with detailed op-
13 tions for an integrated United States Government
14 response in connection with reconstruction and sta-
15 bilization operations, and carry out a wide range of
16 other actions, including the development of a civilian
17 surge capacity to meet reconstruction and stabiliza-
18 tion emergencies. The Secretary and the Coordinator
19 are also charged with coordinating with the Depart-
20 ment of Defense on reconstruction and stabilization
21 responses, and integrating planning and imple-
22 menting procedures.

23 (4) The Department of Defense issued Direc-
24 tive 3000.05, which establishes that stability oper-
25 ations are a core United States military mission that

1 the Department of Defense must be prepared to con-
2 duct and support, provides guidance on stability op-
3 erations that will evolve over time, and assigns re-
4 sponsibilities within the Department of Defense for
5 planning, training, and preparing to conduct and
6 support stability operations.

7 **SEC. 3. DEFINITIONS.**

8 In this Act:

9 (1) ADMINISTRATOR.—The term “Adminis-
10 trator” means the Administrator of the United
11 States Agency for International Development.

12 (2) AGENCY.—The term “agency” means any
13 entity included in chapter 1 of title 5, United States
14 Code.

15 (3) APPROPRIATE CONGRESSIONAL COMMIT-
16 TEES.—The term “appropriate congressional com-
17 mittees” means the Committee on Foreign Affairs of
18 the House of Representatives and the Committee on
19 Foreign Relations of the Senate.

20 (4) DEPARTMENT.—Except as otherwise pro-
21 vided in this Act, the term “Department” means the
22 Department of State.

23 (5) PERSONNEL.—The term “personnel” means
24 individuals serving in any service described in sec-

1 tion 2101 of title 5, United States Code, other than
2 in the legislative or judicial branch.

3 (6) SECRETARY.—The term “Secretary” means
4 the Secretary of State.

5 **SEC. 4. AUTHORITY TO PROVIDE ASSISTANCE FOR RECON-**
6 **STRUCTION AND STABILIZATION CRISES.**

7 Chapter 1 of part III of the Foreign Assistance Act
8 of 1961 (22 U.S.C. 2351 et seq.) is amended by inserting
9 after section 617 the following new section:

10 **“SEC. 618. ASSISTANCE FOR A RECONSTRUCTION AND STA-**
11 **BILIZATION CRISIS.**

12 “(a) ASSISTANCE.—

13 “(1) IN GENERAL.—If the President determines
14 that it is in the national security interests of the
15 United States for United States civilian agencies or
16 non-Federal employees to assist in reconstructing
17 and stabilizing a country or region that is at risk of,
18 in, or is in transition from, conflict or civil strife, the
19 President may, in accordance with the provisions set
20 forth in section 614(a)(3), subject to paragraph (2)
21 of this subsection but notwithstanding any other
22 provision of law, and on such terms and conditions
23 as the President may determine, furnish assistance
24 to such country or region for reconstruction or sta-
25 bilization using funds under paragraph (3).

1 “(2) PRE-NOTIFICATION REQUIREMENT.—The
2 President may not furnish assistance pursuant para-
3 graph (1) until five days (excepting Saturdays, Sun-
4 days, and legal public holidays) after the require-
5 ments under section 614(a)(3) of this Act are car-
6 ried out.

7 “(3) FUNDS.—The funds referred to in para-
8 graph (1) are funds made available under any other
9 provision of law and under other provisions of this
10 Act, and transferred or reprogrammed for purposes
11 of this section, and such transfer or reprogramming
12 shall be subject to the procedures applicable to a no-
13 tification under section 634A of this Act.

14 “(b) LIMITATION.—The authority contained in this
15 section may be exercised only during fiscal years 2008,
16 2009, and 2010, except that the authority may not be ex-
17 ercised to furnish more than \$100,000,000 in any such
18 fiscal year.”.

19 **SEC. 5. RECONSTRUCTION AND STABILIZATION.**

20 Title I of the State Department Basic Authorities Act
21 of 1956 (22 U.S.C. 2651a et seq.) is amended by adding
22 at the end the following new section:

23 **“SEC. 62. RECONSTRUCTION AND STABILIZATION.**

24 “(a) OFFICE OF THE COORDINATOR FOR RECON-
25 STRUCTION AND STABILIZATION.—

1 “(1) ESTABLISHMENT.—There is established
2 within the Department of State the Office of the Co-
3 ordinator for Reconstruction and Stabilization.

4 “(2) COORDINATOR FOR RECONSTRUCTION AND
5 STABILIZATION.—The head of the Office shall be the
6 Coordinator for Reconstruction and Stabilization,
7 who shall be appointed by the President, by and
8 with the advice and consent of the Senate. The Co-
9 ordinator shall report directly to the Secretary.

10 “(3) FUNCTIONS.—The functions of the Office
11 of the Coordinator for Reconstruction and Stabiliza-
12 tion shall include the following:

13 “(A) Monitoring, in coordination with rel-
14 evant bureaus and offices of the Department of
15 State and the United States Agency for Inter-
16 national Development (USAID), political and
17 economic instability worldwide to anticipate the
18 need for mobilizing United States and inter-
19 national assistance for the reconstruction and
20 stabilization of a country or region that is at
21 risk of, in, or are in transition from, conflict or
22 civil strife.

23 “(B) Assessing the various types of recon-
24 struction and stabilization crises that could
25 occur and cataloging and monitoring the non-

1 military resources and capabilities of agencies
2 (as such term is defined in section 3 of the Re-
3 construction and Stabilization Civilian Manage-
4 ment Act of 2008) that are available to address
5 such crises.

6 “(C) Planning, in conjunction with
7 USAID, to address requirements, such as de-
8 mobilization, disarmament, rebuilding of civil
9 society, policing, human rights monitoring, and
10 public information, that commonly arise in re-
11 construction and stabilization crises.

12 “(D) Coordinating with relevant agencies
13 to develop interagency contingency plans and
14 procedures to mobilize and deploy civilian per-
15 sonnel and conduct reconstruction and stabiliza-
16 tion operations to address the various types of
17 such crises.

18 “(E) Entering into appropriate arrange-
19 ments with agencies to carry out activities
20 under this section and the Reconstruction and
21 Stabilization Civilian Management Act of 2008.

22 “(F) Identifying personnel in State and
23 local governments and in the private sector who
24 are available to participate in the Civilian Re-
25 serve Corps established under subsection (b) or

1 to otherwise participate in or contribute to re-
2 construction and stabilization activities.

3 “(G) Taking steps to ensure that training
4 and education of civilian personnel to perform
5 such reconstruction and stabilization activities
6 is adequate and is carried out, as appropriate,
7 with other agencies involved with stabilization
8 operations.

9 “(H) Taking steps to ensure that plans for
10 United States reconstruction and stabilization
11 operations are coordinated with and com-
12plementary to reconstruction and stabilization
13 activities of other governments and inter-
14 national and nongovernmental organizations, to
15 improve effectiveness and avoid duplication.

16 “(I) Maintaining the capacity to field on
17 short notice an evaluation team consisting of
18 personnel from all relevant agencies to under-
19 take on-site needs assessment.

20 “(b) RESPONSE READINESS CORPS.—

21 “(1) RESPONSE READINESS CORPS.—The Sec-
22 retary, in consultation with the Administrator of the
23 United States Agency for International Development
24 and the heads of other appropriate agencies of the
25 United States Government, may establish and main-

1 tain a Response Readiness Corps (referred to in this
2 section as the ‘Corps’) to provide assistance in sup-
3 port of reconstruction and stabilization operations in
4 countries or regions that are at risk of, in, or are
5 in transition from, conflict or civil strife. The Corps
6 shall be composed of active and standby components
7 consisting of United States Government personnel,
8 including employees of the Department of State, the
9 United States Agency for International Develop-
10 ment, and other agencies who are recruited and
11 trained (and employed in the case of the active com-
12 ponent) to provide such assistance when deployed to
13 do so by the Secretary to support the purposes of
14 this Act.

15 “(2) CIVILIAN RESERVE CORPS.—The Sec-
16 retary, in consultation with the Administrator of the
17 United States Agency for International Develop-
18 ment, may establish a Civilian Reserve Corps for
19 which purpose the Secretary is authorized to employ
20 and train individuals who have the skills necessary
21 for carrying out reconstruction and stabilization ac-
22 tivities, and who have volunteered for that purpose.
23 The Secretary may deploy members of the Civilian
24 Reserve Corps pursuant to a determination by the

1 President under section 618 of the Foreign Assist-
2 ance Act of 1961.

3 “(3) MITIGATION OF DOMESTIC IMPACT.—The
4 establishment and deployment of any Civilian Re-
5 serve Corps shall be undertaken in a manner that
6 will avoid substantively impairing the capacity and
7 readiness of any State and local governments from
8 which Civilian Reserve Corps personnel may be
9 drawn.

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to the Secretary of State
12 such sums as may be necessary for fiscal years 2007
13 through 2010 for the Office and to support, educate, train,
14 maintain, and deploy a Response Readiness Corps and a
15 Civilian Reserve Corps.

16 “(d) EXISTING TRAINING AND EDUCATION PRO-
17 GRAMS.—The Secretary shall ensure that personnel of the
18 Department, and, in coordination with the Administrator
19 of USAID, that personnel of USAID, make use of the rel-
20 evant existing training and education programs offered
21 within the Government, such as those at the Center for
22 Stabilization and Reconstruction Studies at the Naval
23 Postgraduate School and the Interagency Training, Edu-
24 cation, and After Action Review Program at the National
25 Defense University.”.

1 SEC. 6. AUTHORITIES RELATED TO PERSONNEL.

2 (a) EXTENSION OF CERTAIN FOREIGN SERVICE
3 BENEFITS.—The Secretary, or the head of any agency
4 with respect to personnel of that agency, may extend to
5 any individuals assigned, detailed, or deployed to carry out
6 reconstruction and stabilization activities pursuant to sec-
7 tion 62 of the State Department Basic Authorities Act
8 of 1956 (as added by section 5 of this Act), the benefits
9 or privileges set forth in sections 413, 704, and 901 of
10 the Foreign Service Act of 1980 (22 U.S.C. 3973, 22
11 U.S.C. 4024, and 22 U.S.C. 4081) to the same extent and
12 manner that such benefits and privileges are extended to
13 members of the Foreign Service.

14 (b) AUTHORITY REGARDING DETAILS.—The Sec-
15 retary is authorized to accept details or assignments of
16 any personnel, and any employee of a State or local gov-
17 ernment, on a reimbursable or nonreimbursable basis for
18 the purpose of carrying out this Act, and the head of any
19 agency is authorized to detail or assign personnel of such
20 agency on a reimbursable or nonreimbursable basis to the
21 Department of State for purposes of section 62 of the
22 State Department Basic Authorities Act of 1956, as added
23 by section 5 of this Act.

24 SEC. 7. RECONSTRUCTION AND STABILIZATION STRATEGY.

25 (a) IN GENERAL.—The Secretary of State, in con-
26 sultation with the Administrator of the United States

1 Agency for International Development, shall develop an
2 interagency strategy to respond to reconstruction and sta-
3 bilization operations.

4 (b) CONTENTS.—The strategy required under sub-
5 section (a) shall include the following:

6 (1) Identification of and efforts to improve the
7 skills sets needed to respond to and support recon-
8 struction and stabilization operations in countries or
9 regions that are at risk of, in, or are in transition
10 from, conflict or civil strife.

11 (2) Identification of specific agencies that can
12 adequately satisfy the skills sets referred to in para-
13 graph (1).

14 (3) Efforts to increase training of Federal civil-
15 ian personnel to carry out reconstruction and sta-
16 bilization activities.

17 (4) Efforts to develop a database of proven and
18 best practices based on previous reconstruction and
19 stabilization operations.

20 (5) A plan to coordinate the activities of agen-
21 cies involved in reconstruction and stabilization oper-
22 ations.

23 **SEC. 8. ANNUAL REPORTS TO CONGRESS.**

24 Not later than 180 days after the date of the enact-
25 ment of this Act and annually for each of the five years

1 thereafter, the Secretary of State shall submit to the ap-
2 propriate congressional committees a report on the imple-
3 mentation of this Act. The report shall include detailed
4 information on the following:

5 (1) Any steps taken to establish a Response
6 Readiness Corps and a Civilian Reserve Corps, pur-
7 suant to section 62 of the State Department Basic
8 Authorities Act of 1956 (as added by section 5 of
9 this Act).

10 (2) The structure, operations, and cost of the
11 Response Readiness Corps and the Civilian Reserve
12 Corps, if established.

13 (3) How the Response Readiness Corps and the
14 Civilian Reserve Corps coordinate, interact, and
15 work with other United States foreign assistance
16 programs.

17 (4) An assessment of the impact that deploy-
18 ment of the Civilian Reserve Corps, if any, has had
19 on the capacity and readiness of any domestic agen-
20 cies or State and local governments from which Ci-
21 vilian Reserve Corps personnel are drawn.

22 (5) The reconstruction and stabilization strat-
23 egy required by section 7 and any annual updates to
24 that strategy.

1 (6) Recommendations to improve implementa-
2 tion of subsection (b) of section 62 of the State De-
3 partment Basic Authorities Act of 1956, including
4 measures to enhance the recruitment and retention
5 of an effective Civilian Reserve Corps.

6 (7) A description of anticipated costs associated
7 with the development, annual sustainment, and de-
8 ployment of the Civilian Reserve Corps.

Mr. SMITH OF NEW JERSEY. I would like to strike the last word, Mr. Chairman.

Chairman BERMAN. The gentleman is recognized for 5 minutes. He played a major role in all of these efforts from back in 2003 to now.

Mr. SMITH OF NEW JERSEY. I thank my good friend for yielding. First of all, I want to commend the chairman and the ranking member, Ileana Ros-Lehtinen, for the yeoman's work, as well as my own staff, Sheri Rickert, in particular, in working diligently to try to find a bipartisan consensus.

As you know, Mr. Chairman, in 2003, President Bush, Mr. Hyde, Mr. Lantos, and several of us on this committee carefully crafted a remarkable, historic, bipartisan law to combat the HIV/AIDS pandemic, as well as malaria and tuberculosis.

Chairman Hyde was both eloquent and compelling describing the pandemic as being "analogous to the bubonic plague that devastated Europe and the world in the mid-14th century."

When the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 left this committee for the floor, the vote was 37 to 8. The House approved it 375 to 41, a 9 to 1 margin, and I am happy to say that the 2003 PEPFAR consensus, despite a rocky start, and while the legislation was not perfect or all that I would like it to be, has survived.

The bill before us today establishes as U.S. policy that, by 2013, we want to prevent 12 million new HIV infections worldwide, support treatment for at least 3 million individuals with HIV/AIDS, with a goal of targeting and treating some 450,000 children, provide care for 12 million individuals affected by HIV/AIDS, including 5 million orphans and vulnerable children in communities affected by HIV/AIDS, and orphans with HIV/AIDS, and to train, at least, 140,000 health professionals and workers for prevention, treatment, and care.

As we all know, the \$15 billion, 5-year authorization pumped money into evidence-based strategies such as Uganda's highly successful ABC model and drug interventions to mitigate mother-to-child transmissions. As a direct result of that, some 150,000 infant infections have been avoided, and, for the first time ever, huge resources were dedicated to providing anti-retroviral drugs, ARVs, to significantly slow the progression of the disease.

As we all saw with the President's most recent trip, he was heralded and absolutely feted in Africa. I have found this on each and every one of my trips to Africa—that the expression of gratitude, first, to the President and then to the Congress—this huge effort has not gone unnoticed. People are alive today. People have escaped this devastating disease simply because of very, very finely tuned legislation that has made the difference.

I do want to make it very clear that some of the more egregious provisions that were in earlier drafts have been eliminated, and I hope that we have gotten the language right. The chairman and the staff have said that a good-faith effort will be made to ensure that the concerns that many of us on this side of the aisle have had have been eliminated.

I am glad that the whole focus of the bill, originally, which would have been toward enriching the abortion industry, has been done away with.

I believe in transparency. This is an HIV/AIDS bill, and there is no abortion agenda whatsoever, and, if there is, again, I think we will work to fix that as we go along, but those references have been taken out.

The prostitution-antitrafficking pledge has been retained, and that has proven to be of enormous benefit. I remember when Mr. Berman asked me the question during markup in 2003, Does this antiprostitution, antisex-trafficking pledge preclude treatment to those men and women who are caught in the hell hole of prostitution or sex trafficking? And I said, "Absolutely not."

The OGAC guidance has made it very clear, we do not want NGOs that support sex trafficking or prostitution, in other words, the best friends of the pimps and the degraders of women, to be getting this money. But for the victims, OGAC has also made it very clear that support has gone right to prostitutes and helped these men and women. Our hope always is that they will be rescued out of that life of degradation.

The conscience clause, as well, has not only been retained, but I think it has been made stronger, and I thank the staffs on both sides for their work on that. On the AB requirement, I think it is very important to point out that when Mr. Pitts offered the abstinence-be-faithful, dedicating 33 percent of prevention funding to that where the virus is transferred through sexual activity that was new and novel.

While I would have liked it to have been retained, I think the language that is in this bill, which has been very carefully crafted and based on very hard evidence, that, in a generalized epidemic, like we have throughout all of sub-Saharan Africa, not a concentrated one like we have in places like Bangkok or in San Francisco, for example, the evidence clearly shows, clearly shows, that changing behavior is the key to ending this pandemic.

We will not change behavior if we just disseminate condoms like cotton candy to people who are in a generalized epidemic. It has not worked. The evidence on the ground clearly shows it. But, still, condoms are very much a part of this program, but I think it is done in a very balanced and a very equitable way. My hope is that whoever the next OGAC coordinator will be, and maybe if John McCain wins, it will continue to be Mark Dybul, who I think has done an exemplary job, the evidence now on the ground which clearly shows that if you want to end this, abstinence and being faithful is the key.

Look at Botswana, Mr. Chairman, and the Washington Post article last year; much of the evidence coming out of those countries that have failed to embrace abstinence and being faithful, have seen their epidemics, at least, remain the same, if not get worse as a direct result.

So this language seeks to put a floor of 50 percent for the monies that would be spent on abstinence and faithful programming. If this floor is not met for any given country, the OGAC director would have to give us a rationale as to why that was not the most

advisable way to go and why the percentage requirement was not met.

So I think this is a very good, bipartisan bill. Fifty billion dollars is an enormous amount of money, but we are facing, as Hyde said so eloquently, the Black Death, the bubonic plague that devastated Europe and much of the world, and I think you need resources commensurate with the task, and I do think this will help to end, hopefully end, certainly for many individuals, will prevent this horrific tragedy from coming to their doorstep, and I thank you, Mr. Chairman.

Chairman BERMAN. Thank you for your comments. The gentlelady from California, our newest member, but, along with Mr. Payne, one of the key people in putting together with Chairman Lantos on our side the original legislation and very involved in this as well. I recognize her for 5 minutes.

Ms. LEE. Thank you, Mr. Chairman. Thank you very much, and let me just say what a pleasure it is for me to be here today and rejoin the committee that I served on for 8 years. I want to thank you for your leadership, and I want to thank also Mr. Payne, whose subcommittee I served on, for his steady hand in so many issues that we are addressing that relate to our foreign policy. And it is especially poignant for me to be back here, as my first day, as we take up this legislation reauthorizing PEPFAR, and, as you said earlier, I was one of the original co-authors of PEPFAR back in 2003.

It is an issue that I have worked on for many, many years and had the privilege to work very closely with Chairman Lantos and Chairman Hyde over the years.

So I am very saddened that they are no longer with us to witness this today. I know that they would have been very pleased with the bill that we have put together, and, Mr. Chairman, I, again, especially want to thank you and our ranking member, Ros-Lehtinen, and all of our staff, and I want to thank my staff, Chris Osentos, and all of the Democratic and Republican staff for this bill because I know it is more than just a bill for them; it is a mission, and it is about their life's work. So I have to thank them very much for that.

I know that Chairman Lantos very much wanted to have a bipartisan compromise on this bill, and, in many ways, I think that this is a testament to his legacy that we can all come together and negotiate this bill. We spoke very often about this.

We have to give on a few issues, just as our colleagues on the other side of the aisle had to give on a few issues, but what is important is that this is a compromise, and that is what this is about. Of course, I would have liked to have seen Mexico City language repealed, but, of course, we could not do that in this bill.

So, in the end, I think we do have a good bill. We agreed on \$50 billion over the next 5 years for HIV and AIDS, TB, and malaria. We agreed on the need to, as Mr. Payne said earlier, to expand linkages to other core health and development programs like Food and Nutrition, Family Planning and Maternal Health, and Education Initiatives, and we did incorporate provisions of my bill, the Pathway Act, H.R. 1713, and also the Africa Health Capacity and Investment Act, H.R. 3812 in this bill so that we could build on

health capacity, train and retain new health workers, strengthen healthcare systems, and provide women with the tools that they need to address this pandemic in a way that is devastating their lives each and every day.

Many of us have had the opportunity to visit Africa, and, let me tell you, we have seen these programs working, and they are benefiting individuals—women, children, men—and we have seen this over and over again. But also we listened, over the last 5 years, to what changes needed to be made that would make their efforts more effective and more successful, and I am pleased to say that this bill incorporates many of those recommendations.

It will fundamentally help our program move to what it was 5 years ago, an emergency, which it still is an emergency, but we have to have the sustainable components to make this work overall and to make this become truly effective in the interests of what people need throughout the world.

So, as I said earlier, while we had to give up on several things that were important to me and to many members on this side, I believe that the compromise that we have is worth it.

I can tell you that the relevant funding programs, hopefully, we will be able to fund. It is very good, I think, to work with the appropriators and the authorizers on this effort, and I hope that we can meet the \$50 billion. I know, certainly, I am going to do my job to make sure that we try to get to that. It is very important that we meet this \$50 billion goal.

So I think, in the next 5 years, we will be able to prevent 12 million new HIV infections, we will be able, as the bill calls for, to support treatment for at least 3 million people, with a goal of 450,000 children on treatment. We will be able to care for 12 million people affected with HIV and AIDS, including 5 million orphans and vulnerable children in communities affected by HIV/AIDS.

Though we may not be able to do everything we need to and want to do in this bill, I think this is a major, major step forward, and, Mr. Berman and Mrs. Ros-Lehtinen, I have to thank you and Congressman Payne again and this committee for such a fine bill, and, in Chairman Lantos's and Chairman Hyde's memory, let us do the right thing. Let us honor their legacy, and I salute both of them for their commitment to address the greatest humanitarian crisis of our time. Thank you again.

Chairman BERMAN. Thank you. The time of the gentlelady has expired.

For what purpose does the gentleman from Indiana seek recognition?

Mr. BURTON. To strike the last word.

Chairman BERMAN. The gentleman is recognized for 5 minutes.

Mr. BURTON. First of all, I was a senior Republican on Africa for 10 years on this committee, and, along with Congressman Payne, I have been very concerned about an awful a lot of the problems over there. I think this is a pretty good bill. I am glad it is named after our former chairmen, Tom Lantos and Henry Hyde. I think they would be very happy with it.

The only problem I have with the bill is the agencies involved and the people involved in Africa have not been able to absorb the \$15 billion that was authorized before. They have not been able to

use that, and now we are authorizing \$50 billion, and my big question is, can they absorb it? And if they cannot, why are we authorizing \$50 billion? It does not make any sense.

Obviously, we want to help. Obviously, we want to stop the plague of AIDS and tuberculosis, and I am for it 100 percent, but when you cannot absorb \$15 billion, and you are going to throw another \$50 billion at it, it just does not make sense to me.

So I would like for somebody to answer why we are upping that. Just 1 second. I know everybody is anxious to answer this question. That is great. But I would just like to know, you know, realistically, how this money is going to be disseminated and how it is going to be used, and I will yield to my colleague from New Jersey.

Mr. SMITH OF NEW JERSEY. I thank my friend for yielding.

In the early days of the PEPFAR program, there was an absorption problem because it was ramping up, and, thankfully, because there has been so much coordination by the OGAC office, the Office of the Global AIDS Coordinator, and working in concert with countries that have caught the vision that if their programs, leveraged with other monies, could take off, they could stop this pandemic.

One of the criticisms in the early years was that the authorization levels were not being hit or met by the appropriation levels. That has changed. It has changed because the capacity has grown almost exponentially and almost overnight. So I think we are on a glide slope to not only using the money but the gaps and the need for additional PEPFAR countries, for example, to grow the 15 countries.

We have with us today a friend, Mr. Puela, who is a Congressman from Kinshasa. D.R. Congo is not a PEPFAR country. It ought to be. So there are other countries that could grow the list, and more people would be saved.

So you are right. It was not in the early days, but now it is.

Mr. BURTON. Well, I thank the gentleman for his answer. I am not sure it completely answers the question, but I will just let this go, and I yield back the balance—well, I will yield to Mr. Payne real quick.

Mr. PAYNE. Thank you, Mr. Burton.

Chairman BERMAN. I will give unanimous consent to the gentleman for purposes of yielding for 2 additional minutes.

Mr. PAYNE. I will not need that much time. I just want to acknowledge that Mr. Burton and I did work together on many, many issues, and, as Congressman Smith said, early on, there were problems moving things forward.

For your information, we have actually expended more than was authorized, \$4 billion more, so it was \$19 billion that was expended once the system began moving.

Secondly, as my ranking member indicated, there will be additional countries. You know, it was restricted to 15 countries. It will be expanded to several other African countries and a number of countries in the Caribbean where it is a silent killer because much attention has not been given to the Caribbean, and I know you are interested in the Western Hemisphere. Now, some of those countries that you have worked so hard for on the Western Hemisphere will be able to qualify, so there will be the capacity to absorb the funds. Thank you very much.

Chairman BERMAN. Will the gentleman yield further?

Mr. BURTON. I would be happy to yield to the chairman.

Chairman BERMAN. On the issue you raise, this issue of capacity is critically important, and there are two capacities: our capacity and the recipient country's capacity. This is an authorization, not an appropriation. There can be a glide path up that, because each year unappropriated parts of the authorization roll over to the next year. What we saw, as Mr. Payne pointed out, was ramping up as capacity increased.

So your point about capacity is right, but the authorization gives the flexibility to make a judgment on capacity in the context of knowing that when it is done right, every single dollar here saves lives. I do not know of any other legislation we have been involved in where the relationship between effective expenditure of funds and lives being saved is more directly related.

The time of the gentleman has expired. Who else? The gentlelady from California and then the gentlelady from Texas.

Ms. WATSON. Thank you so much, Mr. Chairman. Maybe I can help extend the response, striking the last word, the question that was asked by Representative Burton.

This Global AIDS Reauthorization Bill is a major step toward realizing the full potential impact of PEPFAR, and I want to thank Barbara Lee and the former two chairs of this committee. You know, we are fulfilling a great legacy of those two very sensitive and well-informed chairs.

This program is the largest international public health initiative of any country, and the American people have invested billions of dollars in 5 years to save millions of lives. We continue to be committed to that goal, but the massive investment of funds in the poorest countries to prevent the disease, to treat those living with HIV/AIDS, and to care for innocent children orphaned by the disease requires an investment in programs, such as Food and Nutrition, Healthcare Delivery Systems, and Workforce Capacity Building to sustain the program into the future.

So a lot of that infrastructure has to be set up before they can absorb the dollars that we offer. Not only do we need to increase the number of preventive transmission; we also need to ensure that individuals on ARVs have nutrition and food. We need to make sure a doctor, a nurse, and a nutritionist are adequately trained and available to bring our life-saving programs to the people, and we need to ensure the laboratories, clinics, and supplies are available in a systematic and uninterrupted way, and that infrastructure has to be in place first.

Ethically, we also have to be cognizant of the significance of this program in a new era of development, as the President has also stated. To that end, the linkage programs are critical elements toward the goal of sustainability of the programs by the host country.

In this context, "sustainability" means not only pursuing our core mission of preventing, treating, and caring for individuals affected by HIV/AIDS; it also means helping build healthcare, finance, training, and delivery systems that host countries can manage on their own in the not-too-distant future.

The linkage programs to food and nutrition, healthcare, delivery systems, and education constitute what President Bush stated in

his fourth annual PEPFAR Report to Congress: "One element of a new era in development," and he goes on to say, "The United States is changing the paradigm for development, rejecting the flawed, donor-recipient mentality and replacing it with an ethic of partnership, whereby poor African countries take ownership of their programs," and the linkage programs in this bill are sound and on the right track.

So, in trying to absorb the dollars, we need to build that infrastructure, and I do appreciate that inquiry so that we can explain what has to be included. Thank you, Mr. Chairman. I yield back.

Chairman BERMAN. Thank you. The chair notes about four members have sought recognition. Over and above that, the chair reminds members they can insert their remarks. We do not want to lose a reporting quorum.

For what purpose does the gentleman from California, Mr. Rohrabacher, seek recognition?

Mr. ROHRABACHER. I would like to address the body in opposition to this legislation.

Chairman BERMAN. The gentleman is recognized for 5 minutes.

Mr. ROHRABACHER. You know, I have been here 20 years, and this is probably the most insane thing that I have witnessed in my 20 years. This is benevolence and generosity gone wild, beyond anybody's imagination.

When our constituents understand that we are going to take \$50 billion, we are approving \$50 billion, to send to Africa to help them cope with diseases that basically can be controlled through changing certain behavior patterns or legalizing, for example, the use of DDT, which would help end the malaria problem there, but, instead, we are going to spend \$50 billion.

We cannot take care of our own veterans. We have people here; we cannot take care of their health needs, and we are going to approve spending \$50 billion to Africa. This is not the plague. This is not something that is being spread uncontrollably. There are patterns of lifestyle that can change that can prevent this type of suffering, and, instead, we are going to take money out of the pockets of our own people.

I do not know about any of you, but I know families that are in crisis right now because of healthcare costs. We are letting them dangle. I can tell you, right now in my own family, we are facing a big problem with a family member that is not insured. I will tell you, to spend \$50 billion to send it to Africa in a situation like this is a sin against our own people.

Yes, it would be nice to help everybody in the world, and if we approve a \$50 billion expenditure right now, that is what we are telling our constituents. We would rather spend that \$50 billion taking care of anything else in the world rather than trying to take care of the needs of our own people. Our veterans need this help. Our families need this help. There are poor people in this country who need that help.

Fifty billion dollars? This is absurd, and, again, I have been here for 20 years. This is the most insane thing that I have ever witnessed, and there is a lack of courage in this body, too, for people to step up and say this because they are afraid to be called racist, or they want to portray themselves as so benevolent that we are

just going to give away this money and take care of these poor people overseas. Well, we have got people at home that need to be taken care of.

So I would suggest that this \$50 billion expenditure that we would be approving today is not in the interest of the American people. Let me put this in one context. We are being told right now, we do not have the money to rebuild Afghanistan. This is a country in which we have a debt to the people, who gave their blood for us in the Cold War, but also we know, if we do not rebuild Afghanistan, it is vital to our national security.

We do not even have money to do that, and we are talking about spending \$50 billion in Africa for limited results, basically results that could be achieved through changes of behavior and also, as I say, legalizing DDT, which has caused the malaria epidemic, to begin with.

So I would suggest to my colleagues that we look very deeply into our hearts and try to find out what the motives are here. Rather than trying to look benevolent, we should be taking care of our people at home. Thank you very much.

Chairman BERMAN. The time of the gentleman has expired. The gentleman from New York; for what purpose do you seek recognition?

Mr. ACKERMAN. I seek to strike the last word.

I am very sorry about your sick relative who does not have healthcare insurance. We are trying to provide universal healthcare insurance to help you with that.

America is a great and powerful and wealthy nation, and the gentleman is right. We do not seem to be doing well at helping people abroad and taking care of our own people domestically, but some of us think that we are good enough and smart enough to be able to walk and chew gum at the same time, and we are going to try to remedy that soon.

I have been here 25 years, and I think this is a darned good idea. But I would like to spend a minute just addressing our colleague from New Jersey, whose passion and sense of humanity I appreciate and admire above all. I would just like to say, in regard to some of his remarks, that there are those of us who would allow for birth control and who would encourage, under certain conditions, sex that is not supposed to lead to procreative ends, the use of condoms, who, although having those positions, are not the best friends of pimps and do not encourage prostitution and are violently opposed, if I could use that word, to the degradation of women.

Even soldiers who are opposed to war are encouraged to wear helmets. I yield back my time.

Chairman BERMAN. The time of the gentleman has expired.

The gentleman from Arizona, Mr. Flake, seeks recognition.

Mr. FLAKE. I thank the gentleman for yielding.

Chairman BERMAN. He is recognized for 5 minutes.

Mr. FLAKE. Thank you. I just want to talk a little about the process here. This has to be troubling, the process that we went through, or did not go through, to get where we are today.

I have had an issue, if you can call it that, with the lack of process we have had in this institution for a number of years under Re-

publicans, under Democrats, where we do far too little authorizing, far too much appropriating, far too little oversight.

This committee does not have a lot of jurisdiction over things to authorize. Here, we have it, \$50 billion worth, and we have a markup here where no amendments can even be offered. We were handed a product, just minutes ago, just minutes ago, when the markup had already started, where we get a look at the bill for the first time. I do not know of one member who was involved in the negotiation last night. If any member was, please raise your hand. One.

I think we, in this committee, would like to feel that we are something more than potted plants, that this process ought to afford us an opportunity to actually see what is the purpose—maybe there is, maybe there is not—to ramp up from 15 to \$50 billion. All I know is that we are running a deficit and that every new dollar we spend is a dollar that is borrowed, a dollar that our kids and grand kids will have to pay back.

That, I would think, justifies, at least, a hearing. The last hearing held on this subject was September 2007, and it was not with regard to money or an increase or asked for an increase of money. At that point, the program was \$15 billion.

The last hearing before that, April 2007. We have not held a hearing since. We have held no hearings that I know of about the increased level of funding sought, and yet we are ramping up from \$15–50 billion without even a proper markup. This is not a proper markup. We were told that no amendments would be allowed or offered, that statements might be made, but they will be more congratulatory statements on a job well done on a process finished that we really never started. This is no way to run a business or a Congress or anything of that sort.

So let me just speak up and say, and maybe the other side of the aisle got more consultation on this than we did, but we, in this committee, I think, try to believe that we take our responsibilities seriously, and when we do not even have a proper markup on a bill that increases funding from \$15–50 billion.

Now, you can say, “It is just authorization,” and I hear that all of the time, and that, unfortunately, is how we have treated it over the last number of years. You just provide a big number, and then the Appropriations Committee decides, you know, where to fill in there and see how much money we have. That is not real authorization.

Like it or not, we have policy discussions in this Congress when we prioritize funding. That is what we are all about, and when we just throw out a big number like this, without any real discussion of what is needed, why it is needed, then we have not done our job here.

So I would say that this is premature, to say the least. To bring this to the committee today and expect to shoot it onto the floor, where there will likely be very little discussion there either.

So I just want to register my opposition, to say nothing of the number. I have been very pleased, frankly, with the way the program has been run in Africa, more pleased than I thought I would be. I have a tie to the continent. I have spent 3 years of my life living in Africa. I love the continent. I am glad that we are doing

things to help. I am not instinctively opposed to spending money this way, but we should have a process here that does justice to this institution and to its members, and this is not it. I yield back.

Chairman BERMAN. The time of the gentleman has expired.

The gentlelady from Texas, Ms. Sheila Jackson Lee is recognized for 5 minutes.

Ms. JACKSON LEE. I want to say to my good friend from Arizona, I am delighted with his passion and, particularly, the commitment that he has to Africa because I believe, as we proceed in the discussion of this legislation, he will have the opportunity to celebrate, as we are celebrating, the idea of the bipartisan support that this legislation is generating.

I think, if he looks at it closely, he will see that it represents success, it represents response, and it represents the future. Some would say that all things work together for good, and it is wonderful to have seen the work of our late chairman, Lantos, and the former chair, Hyde, work together for good. We miss them, and we celebrate this legislation in their name and in their legacy.

We are, likewise, grateful for the perseverance that Chairman Payne showed as the subcommittee chair, consistently fighting for the recognition of the devastation that was occurring on the continent, joined by his colleague, Ranking Member Smith from New Jersey, who, likewise, had a sense of passion for people who are hurting.

We are now moving forward with Chairman Berman and Ranking Member Ros-Lehtinen, and we thank them for their understanding of this important step forward. And the question of capacity really is answered. Capacity comes from commitment, and when you see the capacity question being raised, you have to ask about the commitment question.

Our commitment of \$50 billion causes nations yet unnamed to build capacity. Nongovernmental organizations have grown, such as those who have grown in countries already existing. The Gates Foundation has emerged, over the last few years, as a major participant on the continent. The Clinton Foundation has merged as a major participant. The Baylor College of Medicine that I happen to represent in Houston, Texas, is developing pediatric AIDS clinics across America, having visited one in Leotho and seeing others grow extensively.

Commitment and capacity go together. So when we place on the ground \$50 billion, what we are doing is giving an opportunity for capacity, which answers the concerns of my colleagues.

Now, I am saddened that we do not have the Mexico language, but I believe that the work still goes forward, and I am glad that, on this day, our colleague has returned, Congresswoman Barbara Lee, because we traveled together in the 1990s to Zambia, South Africa, and Zimbabwe, where we saw some of the most stark examples of the frightening aspect of no treatment, no response.

What stays in my mind, even today, is walking into a hut and seeing a 4-year-old tend to his dying grandfather, laying there with tuberculosis and HIV/AIDS, no one else remaining in the family, and this 4-year-old was nurse, doctor, nurturer, food preparer, all of these things together, and I can say to you that we have come a very long way.

So I am grateful that H.R. 5501 is moving forward: Global HIV/AIDS and Tuberculosis and Malaria. The President, tomorrow, will brief us on his trip to Africa, and I want to join with my colleague, Congressman Payne, to congratulate him on that work and to note that this moved, under his administration, in a bipartisan way.

I am grateful to the chairman of this committee for working with my office to include important language in this legislation. My language, in Section 301 of this bill, regards food, security, and nutrition as important. It states that it is the sense of Congress that, for purposes of determining which individuals infected with HIV/AIDS should be provided with nutrition and food support, we prioritize children.

Children with moderate or severe malnutrition, according to WHO standards, shall be given priority for such nutrition and food support, and adults with a body mass index, BMI, of 18.5 or less or at the prevailing WHO-approved measurement for BMI, should be considered malnourished and should be given priority for such nutrition and food support.

As the chair of the Congressional Children's Caucus, I believe that this language is crucial, and I am grateful for its inclusion, for HIV-infected children have been underrepresented among beneficiaries of PEPFAR-supported programs. I know that the number has been cited as 450,000, but of those infected with HIV, 2.5 million are children under 15, who also account for 460,000 newly infected individuals, and even these large numbers are deceiving, as children die more quickly from age than do adults.

Chairman BERMAN. The time—

Ms. JACKSON LEE. Might I conclude my remarks by simply saying, Mr. Chairman, that UNICEF supports the idea of moving more aggressively with children, and the fact that we are attacking both tuberculosis, malaria, and HIV/AIDS is a testament to the commitment and the need for the \$50 billion.

I ask, Mr. Chairman, that my total statement is put into the record—

Chairman BERMAN. Without objection.

Ms. JACKSON LEE [continuing]. And that we begin to address this murderous disease, and we do it now. I yield back.

[The prepared statement of Ms. Jackson Lee follows:]

PREPARED STATEMENT OF THE HONORABLE SHEILA JACKSON LEE, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF TEXAS

Mr. Chairman, I would like to state my strong support for H.R. 5501, The Global HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. I believe that the legislation we are considering today makes vital improvements to what is already a groundbreaking program. I would like to thank you for your ongoing attention to this issue, and for bringing this legislation before the Committee today. I would also like to thank the Ranking Member, and my colleagues across the aisle, for working toward a compromise, to develop legislation of which we can all be proud. The next step of our work should be to make this a sustainable program.

I would also like to thank the Chairman of the Committee for working with me to include important language in this legislation. My language, in Section 301 of this bill, regards food security and nutrition. This section states that it is the sense of Congress that "for the purposes of determining which individuals infected with HIV should be provided with nutrition and food support—

- (i) children with moderate or severe malnutrition, according to WHO standards, shall be given priority for such nutrition and food support; and

(ii) adults with a body mass index (BMI) of 18.5 or less, or at the prevailing WHO—approved measurement for BMI, should be considered ‘malnourished’ and should be given priority for such nutrition and food support;”

Mr. Chairman, as Chair of the Congressional Children’s Caucus, I believe that this language is crucial, and I thank you for including it in the text of the bill. HIV-infected children have been underrepresented among beneficiaries of PEPFAR-supported programs. As this legislation cites in the findings section, “of those infected with HIV, 2.5 million are children under 15 who also account for 460,000 of the newly-infected individuals.” And even these large numbers are deceiving, as children die much quicker from AIDS than do adults. Unicef reports that every minute, a child dies from an AIDS-related illness, and only 1 child in 20 who needs HIV treatment receives it. I am pleased to see this language, which focuses attention on the plight of these children, and makes serving their needs a priority.

As this Committee is aware, it is estimated that HIV/AIDS, tuberculosis (TB), and malaria together kill more than 6 million people each year. In January 2003, President Bush announced the President’s Emergency Plan for AIDS Relief, or PEPFAR. As its name implies, PEPFAR was envisioned as an emergency response; the bill before us today represents a crucial first step in the process of transitioning to a sustainable program to address these global epidemics.

Seventeen years after the first cases were diagnosed, AIDS remains the most relentless and indiscriminate killer of our time, with 39.5 million people worldwide now living with HIV or AIDS. Despite pouring billions and billions of private and federal dollars into drug research and development to treat and “manage” infections, HIV strains persist as a global health threat by virtue of their complex life cycle and mutation rates. 24.7 million of those infected, or about 63%, live in Sub-Saharan Africa, a region with just 11% of the world’s population. 61% of those infected in this region are women. Though Africa, and even more specifically African women, bears the brunt of the AIDS pandemic, Americans should be reminded that HIV/AIDS does not discriminate, with well over a million people in our own country currently living with HIV or AIDS.

Tragically, 6% of the 39.5 million people currently infected with HIV/AIDS are children under 15 years of age. In 2006, the virus killed 380,000 children (13% of all HIV/AIDS deaths), and 90% of all children living with HIV reside in sub-Saharan Africa. According to UNAIDS statistics from 2005, 1,500 children worldwide became newly infected with HIV every single day, due largely to inadequate access to drugs that prevent the transmission of HIV from mother to child. Only 8% of pregnant women in low- and middle-income countries were offered services to prevent HIV transmission to their newborns.

Mr. Chairman, HIV/AIDS continues to represent a serious and large-scale challenge throughout much of the world. It goes far beyond a simple health problem, and it hinders attempts to foster economic development and political stability. As we reauthorize PEPFAR, I believe it is crucial that we emphasize the long-term sustainability of our HIV efforts, and that we integrate AIDS prevention and treatment within our larger-scale development initiatives. I believe that the legislation before us today makes groundbreaking strides toward moving the Global HIV/AIDS program beyond emergency implementation and toward sustainability. It dramatically boosts HIV/AIDS programming related to women and girls, strengthens health systems in countries hardest-hit by the HIV virus, increases U.S. contributions to the Global Fund, and authorizes HIV/AIDS programs to include linkages to food, nutrition, education, and health care programs.

Though we have drugs that are effective in managing infections and reducing mortality by slowing the progression to AIDS in an individual, they do little to reduce disease prevalence and prevent new infections. For this reason, there is growing consensus among health experts that we must put greater emphasis on prevention programs, which are perhaps the most critical aspect of any initiative to combat global HIV/AIDS. Even as increasing numbers of people have access to antiretroviral drugs (ARVs), an estimated 5.1 million people who needed treatment did not receive it in 2006. In sub-Saharan Africa, the percentage of individuals needing treatment who actually received it rose substantially, from 2% in 2003 to 28% in 2006. This growth is impressive, and represents a significant step forward, but it also means that 72% of sub-Saharan Africans requiring treatment did not receive it.

Mr. Chairman, despite our concerted efforts, we continue to face a serious and persistent health threat. I believe that it is imperative that we ensure that American taxpayer dollars are used to greatest effect, not to bolster ideology. This legislation makes important strides forward by removing elements of the original authorization that speak more to ideology than actual conditions in the field. Under the

current law, 1/3 of all prevention funds under PEPFAR must be used on abstinence-only education neglect the real needs of populations both in America and abroad. These stipulations hurt the ability of PEPFAR to adapt its activities in accordance with local HIV transmission patterns, and they impair efforts to coordinate with national health plans. Though AIDS is clearly a global problem, it does not affect every nation equally or in the same manner.

Mr. Chairman, I am extremely pleased that the legislation we are considering today removes these restrictive provisions, allowing PEPFAR to better address the requirements of each country, making more efficient and effective use of taxpayer dollars in serving the millions affected by this disease. According to studies by both the Government Accountability Office and the National Academy of Science's Institute of Medicine, the abstinence-only earmark has forced a reduction in mother-to-child transmission programs, reduced prevention efforts with high-risk groups, and undermined efforts to implement ABC prevention programs.

Under the provisions of today's compromise legislation, the Administration will be directed to promote a "balanced" prevention program in target countries. This will include all elements of the Abstinence, Faithfulness, and Condoms (ABC) approach to HIV prevention. The legislation will require that the Administration report to Congress if behavioral change programs do not receive 50% of funds devoted to the prevention of sexual transmission of HIV in countries in which there is a generalized epidemic. I believe this language is extremely important, as it not only recognizes that HIV is transmitted in other ways (besides sexual activity), but it also acknowledges that the epidemic is not the same in every country. By requiring a report, rather than earmarking the expenditure of funds, this legislation provides guidance while still affording organizations working in the field the flexibility to respond to nuanced circumstances.

I am proud to be part of this Democratic Congress, which will produce legislation reauthorizing a Global HIV/AIDS program driven by facts, rather than ideology. The removal of the abstinence-only earmark will make this reauthorization legislation stronger than the original 2003 legislation that it will replace, and I strongly urge my colleagues to oppose any amendment that might attempt to reinstate it.

In addition, I believe it is crucial that we dedicate greater attention to strengthening local health infrastructure. Health experts have expressed concern that the high amount of spending directed toward HIV/AIDS initiatives has drawn health workers away from public health facilities and other important programs. This merely compounds a chronic shortage of qualified health workers, which, according to WHO's 2006 World Health Report, is the single most important health issue facing countries today. This need is felt particularly sharply in Southeast Asia and sub-Saharan Africa.

Many health experts also continue to advocate greater integration between PEPFAR and other health programs, including those focused on nutrition, maternal and child health, and other infectious diseases. These experts note that HIV is intricately linked to these other areas of concern; for example, malnutrition and lack of food may heighten exposure to HIV, raise the likelihood of engaging in risky behavior, increase susceptibility to infection, and complicate efforts to provide antiretroviral (ARV) medication. Further, an HIV epidemic will likely worsen food insecurity, by depleting the agricultural workforce. I believe it is necessary, to ensure maximum effectiveness, that we integrate PEPFAR with other aspects of our international health outreach and development programs. The legislation before us today does that.

Mr. Chairman, while I recognize the importance of compromise and I am glad we were able to reach an accord with our colleagues on the other side of the aisle, I am disappointed that the compromise text does not include a repeal of the language, known as the pledge requirement, requiring that all funding recipients to "have a policy explicitly opposing prostitution and sex trafficking."

Mr. Chairman, the removal of the prostitution pledge was a critical facet of the bill we are considering today. The pledge currently restricts recipients' privately funded HIV prevention programs. No funds may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. Funding recipients must refrain from speech or conduct that is inconsistent with the government's views on prostitution, even when they use private funds. Organizations must refrain from some effective HIV prevention strategies, for fear that the government will view it as "pro-prostitution." A repeal of the prostitution pledge language would leave in place language ensuring that US government funds may not be used to "promote or advocate the legalization or practice of prostitution and sex trafficking."

Mr. Chairman, the prostitution pledge undermines prevention efforts targeting one of the populations most vulnerable to HIV transmission. Because high-risk pop-

ulations such as sex workers are extremely marginalized, it is crucial that any intervention promotes a level of trust between sex workers and service providers. Failure to provide sex workers with information and services that will help them protect themselves and their partners from HIV transmission and other sexually-transmitted diseases also puts the broader community at risk. I am disappointed that this legislation does not remove this vague and counterproductive requirement.

Mr. Chairman, if we are to turn the tide of turmoil and tragedy that HIV/AIDS causes to millions around the world, and hundreds of thousands right here in our backyard, it is imperative that we continue to fund and expand medical research and education and outreach programs. However, the only cure we currently have for HIV/AIDS is prevention. While we must continue efforts to develop advanced treatment options, it is crucial that those efforts are accompanied by dramatic increases in public health education and prevention measures. Investments in education, research and outreach programs continue to be a crucial part of tackling and eliminating this devastating disease.

As Americans, we have a strong history, through science and innovation, of detecting, conquering and defeating many illnesses. We must and we will continue to fight HIV/AIDS until the battle is won.

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

Chairman BERMAN. The time of the gentlelady has expired, and the gentleman from Indiana; for what purpose do you seek recognition?

Mr. PENCE. I move to strike the last word.

Chairman BERMAN. The gentleman is recognized for 5 minutes.

Mr. PENCE. Thank you, Mr. Chairman, and allow me to, under unfortunate circumstances, offer my public congratulations to your matriculation to the chairmanship of this committee.

I think I like the product of your first big swing at the chairmanship and the spirit with which you approached this very difficult issue, and I appreciate the opportunity to address it. I also want to express my appreciation for our ranking member, Mrs. Ros-Lehtinen, who stepped into the gap on recent weeks on this issue and may well have prevented an outcome in this committee that could well have jeopardized an extraordinarily important humanitarian effort by the American people.

I rise in cautious support of H.R. 5501. I say "cautious" only for the reason that I am not that fast of a reader. I want to identify myself with some of the concerns expressed by my colleague from Arizona, that a \$50 billion legislation affecting 5 years of United States policy on the continent of Africa was more than breakfast reading, but, from what I know, it seems that the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 has reached a thoughtful and bipartisan agreement that will convey American resources in a manner that is consistent with American values to confront the pandemic of HIV/AIDS in Africa, and I am anxious to support that effort within those boundaries.

HIV/AIDS, as a pandemic, has infected more than 60 million people worldwide. It has killed more than 25 million people in its wake. It has orphaned 14 million children, and, today, nearly 70 percent of the people in the world who are afflicted with HIV/AIDS reside in Africa. Within that continent, it is heartbreaking to think that there are whole countries where more than one-third of the adult population is infected.

Back in January 2003, I was pleased to see President Bush propose the Emergency Plan for AIDS Relief as "a work of mercy beyond all current international efforts to help the people of Africa."

Despite my stingy fiscal conservatism, I was pleased to support this legislation because the American people have a heart bigger than their wallet, and seeing the crisis on the continent of Africa, the American people, I believe, expressed through their President and through this Congress, desperately wanted us to respond.

But it was important that we respond in a way that respected their values and respected the traditional and historic limitations on the use of foreign aid on the world stage.

So I am cautiously optimistic that we have reached an acceptable compromise in this reauthorization today. It appears that we have found a way to preserve the original intent and mission of PEPFAR without opening this funding up to organizations and practices that may Americans find morally objectionable.

As I said in recent weeks, Mr. Chairman, it appeared that it would be possible, or it was potential, at least, that this critical humanitarian legislation could be jeopardized by entering into the divisive issue of funding abortion providers worldwide, and I commend you, Mr. Chairman, and the ranking member for finding a way to set aside those arguments and reauthorize the program with a significant expansion in funding but without having to ask millions of American taxpayers to set aside their deep concern for the use of their tax dollars in a way that is inconsistent with their values.

I especially am moved this morning, particularly in the wake of the tragic, recent loss of our colleague and former chairman, Tom Lantos, and last year's passing of former Chairman Henry Hyde, to see that a piece of legislation that I believe is so reflective of the core of both men. Both men were deeply committed to humanitarian causes and to confronting injustice in the world, including the injustice and the ravages of disease. But I will say, gently and respectfully, that it appears to me, at this point, we have also crafted legislation that honors Mr. Hyde's deep commitment to respecting the pro-life views of millions of Americans and the administration of foreign aid.

So, with that, I lend my support. I am anxious to continue to monitor the legislation as it moves to the floor and moves through conference. I want to express my gratitude to the leadership of this committee on both sides of the aisle and yield back.

Chairman BERMAN. The time of the gentleman has expired.

The chair is informed that, within 5 to 8 minutes, there will be a call for votes. It is my fervent hope that we can finish the work on this bill before we recess and thereby be able to adjourn. So I ask the four gentleman who have sought recognition and have not yet been recognized to remember that 5 minutes is an authorization, not an appropriation.

The gentleman from American Samoa, Mr. Faleomavaega.

Mr. FALEOMAVAEGA. Mr. Chairman, I move to strike the last word.

Chairman BERMAN. The gentleman is recognized for 5 minutes.

Mr. FALEOMAVAEGA. In support of your efforts and Ranking Member Ros-Lehtinen's, certainly my colleague, the chairman of our Subcommittee on Africa, Mr. Payne, and our colleague who also has rejoined our committee, Ms. Barbara Lee, for their hard work

and working together with our previous chairmen, Mr. Lantos and Mr. Hyde, in bringing this legislation.

Mr. Chairman, I just want to say, I would rather spend \$50 billion to help save lives than killing other people in the world, as we have seen on how we have been appropriating our funding in other areas. But I would like to give time now to my good friend, the gentleman from New Jersey, Mr. Payne.

Mr. PAYNE. Thank you very much. I just have one or two quick comments. I, too, want to acknowledge the work of Ms. Lee on this original legislation, and I am happy to have her back and would like to also commend Mr. Wittman, who is a new member of our committee, and actually came to the first meeting, a hearing on Kenya, which was very important and very encouraging because he was the only member on his side there, so I am glad they appointed you.

Let me just quickly say that I heard Mr. Flake, and I appreciate Mr. Pence's comments, very thoughtful. As I have talked to the President personally, about three or four times, about this, and it is something that he is really committed to, and he really feels very strongly about it, and I do not think that he would concur with this if he felt it was a wasteful program, unable to be funded. He, too, is a fiscal conservative, you know.

Let me just say this. Mr. Flake mentioned, how could we do this? You know, this includes Caribbean countries now, three or four of them. We will increase the countries in Africa, as I mentioned. It will deal with tuberculosis, and, you know, we had this American, Andrew Speaker, who left Atlanta, went around the world, and came back with this MDR-TB.

Now, if we are going to contain these terrific, horrific diseases, we need to work on them wherever they may be, and I think it is a national security program for the United States of America to work on trying to eliminate some of these dread diseases. Also, I just want to mention that we spent about \$20 billion in Egypt and Jordan in 5 years, more or less. They did an opinion poll of the United States in Egypt and Jordan, where 90 percent of the Jordanians and Egyptians disapproved of America after the \$20 billion.

In Africa, where we have spent just trickles of money, not that money buys you favor, but over 85 percent of Africans in sub-Saharan Africa have a positive view of the United States of America that will help in combating terrorism so cells will not develop in that. We are not doing this so that we get a high favorable in Africa, but it just happens to be the fact: 90 percent unfavorable in Egypt and Jordan; 90 percent favorable in sub-Saharan Africa.

So I think that, for once, in recent times, we are really getting tremendous return on our investment, not only in lives of people who need it so dearly but in fostering democracy across the world. Thank you. I yield back.

Chairman BERMAN. I thank the gentleman.

The gentleman from Nebraska, Mr. Fortenberry.

Mr. FORTENBERRY. Thank you, Mr. Chairman, for the recognition. I move to strike the last word.

Chairman BERMAN. The gentleman is recognized for up to 5 minutes.

Mr. FORTENBERRY. Mr. Chairman, I sit here with a very, very heavy heart. For a long time, I have participated in subcommittee hearings on this topic. I am very proud to be a member of the Africa and Global Health Subcommittee, and I very much appreciate the work and the leadership of Mr. Payne on that committee and his partnership with me on a variety of initiatives, and I really did look forward to potentially supporting a bill that provides the most critical support for our vulnerable brothers and sisters throughout the world.

Given the conversations today at this hearing, it looks like there has been movement and compromises on some of the most delicate policy issues in the underlying legislation.

However, Mr. Chairman, I received this bill as it was literally still warm off the presses, after the hearing began, and I really do not want to get in the habit of authorizing \$50 billion without having a chance to read the bill.

The original piece of legislation was \$15 billion. The President, in his State of the Union, called for \$30 billion, if I recall correctly. Fine. Now we are at 50, based upon something that happened last night, as well as the policy considerations that were deliberated.

It would be irresponsible, on my part, to support this at the current time without a thorough review. I could not explain that to Nebraskans back home who sent me here. I may very well vote for this on the House floor, but it will be after a reasonable vetting of its context and its content. Thank you, Mr. Chairman. I yield back.

Chairman BERMAN. I thank the gentleman. But the \$50 billion authorization draft has been circulated for about a month. There have been a number of changes that came not quite in the time sequence I would have liked for members to have had a chance to absorb them, but the authorization level has been out there for quite a while.

The gentleman from Missouri, Mr. Carnahan, seeks recognition.

Mr. CARNAHAN. Thank you, Mr. Chairman.

Chairman BERMAN. The gentleman is recognized for 5 minutes.

Mr. CARNAHAN. I move to strike the last word.

I just want to say that I am not in the habit of complimenting the President, but he has stuck by this proposal. He pledged to double the funding that was there. This meets and exceeds the President's pledge, in doubling the funding, of that \$50 billion, \$9 billion for TB and malaria. So I think this is an important milestone in terms of substance and the way we really fight this global pandemic.

The bill actually states in its findings that the HIV/AIDS pandemic continues to pose a major threat to the health of the global community: 33.2 million individuals with HIV/AIDS worldwide, and of those with HIV, 2.5 million are children.

This is truly one of the defining issues of our time, and I think, as a people, for us to stand up, make a statement, but also to really work to eradicate the suffering that goes along with this disease and its continued spread.

This also honors the legacy of Chairman Lantos and Chairman Hyde. I have to add my congratulations for the leadership of our chairman, ranking member, the gentlemen from New Jersey,

Payne and Smith, and Congresswoman Lee for their leadership on this issue.

In terms of the timing and how much we have had time to review this, all of us could have had more time to do that, but, frankly, oftentimes we are called upon to work with our leadership. This was done in the greatest sense of leadership from this committee and done so in the greatest sense of bipartisanship.

This is not a new program. We have seen its success, but we have also seen how it can be improved, and I just want to say, I think the balanced approach set out in this will serve this program well and the people that depend on it most, and I will close on that.

Chairman BERMAN. The time of the gentleman has expired.

Our last speaker on the subject is Mr. McCaul, the gentleman of Texas. He is not here?

A reporting quorum of 25 is present. The chairman is prepared to receive a motion.

Mr. PAYNE. I move the favorable recommendation of H.R. 5501 to the House.

Chairman BERMAN. The question occurs on the motion by the gentleman to report H.R. 5501 favorably to the House. All in favor, say aye. Aye.

[A chorus of ayes.]

Chairman BERMAN. All opposed, say no.

[A chorus of noes.]

Chairman BERMAN. The ayes have it, and the motion is adopted. The committee is adjourned. Thank you very much.

[Whereupon, at 12:16 p.m., the committee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE HEARING RECORD

PREPARED STATEMENT OF THE HONORABLE ELIOT L. ENGEL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK, AND CHAIRMAN, SUBCOMMITTEE ON THE WESTERN HEMISPHERE

IN SUPPORT OF H.RES. 951—CONDEMNING PALESTINIAN ROCKET ATTACKS ON ISRAEL

Mr. Chairman, I rise in support of H.Res. 951 which condemns the Palestinian rocket attacks on civilians in southern Israel. I ask my colleagues: When are these horrendous, unprovoked attacks going to stop?

Earlier today a student at Sapir College in Sderot was killed and one other person wounded by shrapnel after a Kassam rocket fired from the Gaza Strip hit the western Negev campus. The rocket that struck the college's parking lot was one of a barrage of six fired late Wednesday afternoon, two of which landed in Sderot. According to the Jerusalem Post newspaper, a total of 22 Kassam rockets were launched at southern Israel Wednesday afternoon from the Gaza Strip. I ask unanimous consent that this article be included in the record.

In fact, more than 4,000 rockets and mortars have been fired at Israel from Gaza since Israel withdrew in 2005.

These terrorist attacks simply continue the pattern of indiscriminate attacks on innocent men, women, and children which has been strategy of Hamas and other Palestinian terrorist groups for decades. They represent a blatant violation of human rights and international law by intentionally targeting civilian populations and using human shields to hide the rockets.

I am even further concerned by the source of these weapons of terror. Published reports indicate that Iran and Syria have provided material support and training to those carrying out the rocket attacks.

The world stood with the United States after the terrorist attacks of 9/11, and we must strongly support our friend and ally, Israel, at this time. The people of Israel must know that we will stand shoulder to shoulder with them as they seek to defend themselves against the terror.

H.Res. 951 takes a firm stand against the Palestinian rockets attacks and condemns Hamas and other Palestinian terrorist organizations for these terrorist attacks. It holds Syria and Iran responsible for their roles enabling the terrorist organizations behind this indiscriminate violence. Finally, it urges the United States government to work at the United Nations and with our friends and allies to officially and publicly condemn the Palestinian rocket and other terrorist attacks against Israel.

Once again, we saw in Israel today another civilian brutally murdered by Palestinian rocket attacks from Gaza into Israel. This terrorism must end, and I urge my colleagues to support H.Res. 951.

ARTICLE TO BE INCLUDED IN THE RECORD:

ISRAELI KILLED BY KASSAM HIT ON SAPIR COLLEGE IN SDEROT

AP and jpost.com staff, THE JERUSALEM POST
Feb. 27, 2008

A student at Sapir College in Sderot was killed and one other person wounded by shrapnel after a Kassam rocket fired from the Gaza Strip hit the western Negev campus.

At least five other people were reported in shock. Army Radio reported that everyone present on the college campus was being shepherded into sheltered areas.

The rocket that struck the college's parking lot was one of a barrage of six fired late Wednesday afternoon, two of which landed in Sderot. One rocket hit and caused severe damage to a residential building in the city's Neveh Eshkol neighborhood. No one was wounded.

A total of 22 Kassam rockets were launched at southern Israel Wednesday afternoon from the Gaza Strip.

Earlier, a barrage of 11 rockets slammed into Sderot, sending four people into shock. One hit a factory cafeteria shortly after some 100 workers had left the room. The building sustained serious damage.

Earlier, an IAF air strike targeting a minivan in southern Gaza killed five Hamas gunmen, including a senior rocket engineer and a regional rocket squad commander, the group said.

Two other gunmen were wounded in the attack, Hamas said, as the vehicle drove on Gaza's coastal road near Khan Yunis, on its way to a Hamas training base.

Minutes after the first explosion, another missile struck a car nearby. Witnesses said the gunmen had abandoned that vehicle for the minivan shortly before the strike. There were no casualties in the second attack.

The IDF confirmed the attack, saying it had been conducted in cooperation with the Shin Bet (Israel Security Agency) and was targeting gunmen. It gave no further details.

Meanwhile in the West Bank, a Palestinian fugitive was killed, another was critically wounded and two others were lightly wounded when special police forces fired at them in Nablus.

Security forces said they had fired at five Tanzim operatives after they tried to escape arrest. The four who were wounded were evacuated to hospital by the forces, while the fifth was arrested. The army said the group was planning an attack against Israeli targets, Israel Radio reported.

In an earlier incident, Palestinian sources in the Gaza Strip claimed that an Islamic Jihad operative was killed by the IAF Tuesday overnight. According to the report, the man was killed when aircraft fired at a group of Islamic Jihad men at an observation post.

The army denied involvement, saying a man had approached the Gaza-Israel border fence late Wednesday and that soldiers had seen an explosion, likely caused by explosives he was carrying.

Two other men were reportedly injured in that incident.

The army said it had arrested 17 Palestinian fugitives in the West Bank Tuesday overnight. The suspects were being interrogated by security forces. Soldiers also confiscated three Molotov cocktails from Palestinians near Jericho.

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PREPARED STATEMENT OF THE HONORABLE DONALD A. MANZULLO, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. Chairman, 2008 is an important year in the bilateral relationship between the United States of America and the Kingdom of Thailand. This year, we celebrate the 175th anniversary of the signing of the Treaty of Amity and Commerce, which established relations between our two countries. H. Con. Res 290 celebrates the long tradition between the American people and the people of Thailand.

I also want to recognize my good friend from New York, Mr. Joe Crowley, for his support and leadership on this resolution. We also worked together on awarding Burma's Aung Sang Suu Kyi the Congressional Medal of Freedom. Mr. Crowley and his staff have made tremendous contributions on promoting freedom, democracy, and human rights in Asia.

The U.S.-Thai alliance is one of the most important relationships in the Asia-Pacific region. It is a relationship that has weathered the test of time and circumstance. Thailand has stood strong in supporting America's efforts to combat terrorism, narcotics trafficking, and transnational crime. In fact in 2003, Asia's most notorious terrorist, the Al-Qaeda-linked terrorist named Hambali, was arrested as a result of this close cooperation. Without a stalwart ally like Thailand, I can honestly say that our security and relations in Southeast Asia would not be as robust as they are today.

Mr. Chairman, let us not forget the pain and suffering of the Thai people as a result of the terrible Indian Ocean tsunami in 2004. America's assistance in the wake of that tragedy has endeared us a large portion of the Thai populace. Our proactive response in Thailand later became a model on which America's humanitarian assistance throughout the entire affected region was based. Thailand did not forget the generosity of the American people. When Hurricane Katrina devastated

the Gulf Coast in 2005, the King of Thailand and the Princess of Thailand donated, on behalf of the Thai people, 15 tons of rice, 14 tons of canned food, and 5.8 tons of blankets to help the American people.

Finally Mr. Chairman, on December 23, 2007, Thailand held a nationwide parliamentary election that was judged as free and fair by international observers. Since then an elected government has taken office and is governing through the consent of the people. Accordingly, the State Department has certified Thailand's full return to democracy. So, I am happy to author this resolution recognizing our relationship.

Reaching the 175th anniversary of any relationship is a true milestone. I urge my colleagues to support this resolution.

PREPARED STATEMENT OF THE HONORABLE GENE GREEN, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF TEXAS

Mr. Chairman, thank you for holding this markup on the Global HIV/AIDS Reauthorization Act.

This is an important bill, and I look forward to moving this bill quickly to the President's desk.

I am particularly interested in how this bill will address our fight against tuberculosis.

I have worked with a number of my colleagues, including Mr. Engel of this committee, to ensure necessary attention and resources are given to combat these diseases both internationally and domestically.

Over 1.6 million people die from Tuberculosis each year, and since it is a highly contagious, airborne disease, there is no way to stop this disease from spreading person to person, country to country, and continent to continent.

However, there is hope now, because this bill will devote resources to the research and development of a Tuberculosis vaccine.

This is great news not only for the millions of people suffering from TB internationally, but also for those suffering right here in the United States.

TB is the number one infectious killer among people living with HIV/AIDS, and accounts for up to half of the HIV/AIDS deaths in some parts of Africa.

When this reauthorization bill is implemented, organizations and governments should work to address Tuberculosis more systematically or else much of the work that this great legislation is doing will be undone.

Finally, Mr. Chairman, I was happy to see that this bill will encourage public-private partnerships in combating these diseases.

The Baylor Pediatric AIDS Initiative has been working in Africa for several years, and the government should work with this and similar programs to leverage the expertise that they can provide.

Thank you, Mr. Chairman, for holding this markup.

PREPARED STATEMENT OF THE HONORABLE LUIS G. FORTUÑO, A REPRESENTATIVE IN
CONGRESS FROM PUERTO RICO

Thank you Chairman Berman and Ranking Member Ros-Lehtinen.

I would like to commend you both on your leadership in holding this markup today. We are charged with the reauthorization of critically important legislation. The PEPFAR program, which is a testament to the American people's generosity of spirit, has achieved remarkable success. Because of PEPFAR, millions of sick and vulnerable people beyond our borders have received essential HIV/AIDS education, treatment and care. There are men in Nairobi, women in Hanoi, and children in Port-au-Prince who are alive today because PEPFAR exists. That knowledge should give us great pride. It should also fill us with a sense of humility, born of the understanding that we have helped create something larger than ourselves. I am gratified that the bill we consider today—appropriately named after two beloved chairmen of this Committee who were devoted to the cause of combating HIV/AIDS—preserves the careful compromises that gave life to this life-giving program.

As we move forward with the reauthorization process, I would like to raise an issue that I know is of great concern to all of us, namely the HIV/AIDS pandemic that is ravaging the Caribbean. As the representative of the nearly 4 million U.S. citizens residing in Puerto Rico, I am particularly aware that the people of the Caribbean have always been good friends and neighbors to the United States. We share a unique and resilient bond. The sons and daughters of the Caribbean who have ventured north to our shores have profoundly enriched the life of this Nation.

Mr. Chairman: As you know, I introduced H.R. 848, a bipartisan bill, which calls for a increase in funding to the broader Caribbean region to help it combat the HIV/AIDS pandemic.

Mr. Chairman: as the compromise bill correctly observes, along with sub-Saharan Africa, the Caribbean is the most severely-affected region in the world. There were 230,000 adults and children living with HIV in 2007; 17,000 new HIV infections; a 1 percent prevalence rate, and 11,000 AIDS-related deaths. Statistics like this can have a mind-numbing effect. We must remember that behind each of these numbers lies a tragic story of human suffering.

As Congresswoman Christensen, Congresswoman Clarke, and I noted in a letter we circulated last month regarding H.R. 848, current spending by the United States to combat HIV/AIDS in the Caribbean region is not adequate to address the problem. Setting aside funding to Haiti and Guyana, which are PEPFAR focus countries, U.S. HIV/AIDS assistance to the Caribbean has generally remained stagnant since 2003. This state of affairs is neither sensible nor just.

The leadership of the Committee recently received several letters in support of H.R. 848, two of which deserve particular mention. The first is from the current health ministers in eleven Caribbean nations. The second is from PANCAP, an organization established by the heads of government in the Caribbean Community to coordinate and strengthen efforts to address HIV/AIDS in the region. Both letters underscore the urgency of the HIV/AIDS crisis in the Caribbean and both respectfully request that the region be targeted for increased funding to combat the pandemic.

Mr. Chairman and Madam Ranking Member: I want to express my delight that the language of H.R. 848 has been included in the compromise bill. I know that the people of the Caribbean, particularly those afflicted with HIV/AIDS, are profoundly grateful for your recognition of their struggle and your commitment to help them overcome it. Adopting a regional approach to fighting HIV/AIDS in the Caribbean, as the compromise bill does, is both the right thing and the smart thing to do.

Thank you very much, Mr. Chairman and Madam Ranking Member.

