

UNITED STATES LEADERSHIP
AGAINST HIV/AIDS, TUBER-
CULOSIS, AND MALARIA ACT OF
2003

The SPEAKER pro tempore. Pursuant to House Resolution 210 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1298.

□ 1058

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) each will control 30 minutes.

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

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

Mr. Chairman, not since the bubonic plague swept across the world in the last millennium killing more than 250 million people has our world confronted such a horrible, unspeakable curse as we are now witnessing with the growing HIV/AIDS pandemic.

In the very short time that we will spend today considering this legislation, thousands of people around the world will die of HIV/AIDS. The number of dead or dying is grotesquely high: 25 million already dead worldwide and growing at the rate of 8,500 every day, with the horror of entire villages populated only by orphans because the adults are dead or dying from AIDS.

I do not mean to demean the work of this House, but so much of what we do is really unimportant and trivial; but not today. Today we have an opportunity, the opportunity to do something significant and of lasting importance. Today we have an obligation, the obligation to do something reflecting our commitment to human solidarity. We have a privilege today, the privilege of doing something truly compassionate.

It is no exaggeration to compare the AIDS pandemic in Africa to the bubonic plague in medieval Europe. This plague took one-third of Europe's entire population, creating political chaos and set the course of civilization back for decades, perhaps centuries. AIDS in Africa is well on its way to doing something terribly similar, and similarly terrible. Tuesday's Wall Street Journal tells us 42 million people are infected with HIV/AIDS, 30 million in sub-Saharan Africa alone.

□ 1100

Today we need to consider H.R. 1298, the United States Leadership Against

HIV/AIDS, Tuberculosis, and Malaria Act of 2003. We would not be here today with this bill, that I think is an excellent one, without the sincere and heartfelt and invaluable assistance of the gentleman from California (Mr. LANTOS), which makes this a truly bipartisan effort.

This legislation authorizes the President's 5-year \$15 billion emergency plan for treatment and prevention of AIDS in those countries already facing crisis. The legislation creates a more responsive, coordinated, and effective approach among the various agencies of the U.S. Government involved in this global fight. The legislation promotes an approach that provides funds for antiretroviral therapy for more than 2 million people living with HIV. It encourages a strategy that extends palliative care for people living with AIDS. It supports efforts to find vaccines for HIV/AIDS and malaria. It emphasizes the need to keep families together with particular focus on the assistance needs of children and young people with HIV. It endorses prevention programs that stress sexual abstinence and monogamy as a first line of defense against the spread of this disease and contributes to multilateral initiatives that leverage the funds of other donor nations.

The HIV/AIDS pandemic is more than a humanitarian crisis. Increasingly, it is a threat to the security of the developed world. Left unchecked, this plague will further rip the fabric of developing societies, pushing fragile governments and economies to the point of collapse. So to those who suggest the U.S. has no stake in this pandemic, let me observe that the specter of failed states across the world certainly is our concern.

Africa is a central concern. Today radical Islam is spreading in several African countries, especially Nigeria. This threatens to undercut democracy and make Nigeria a failed state. It is in our interest to counter this movement by doing what we can to build democracy and a growing economy in Nigeria and elsewhere. The spread of HIV/AIDS frustrates this important mission. We also have a strong interest in seeing the development of professional African militaries, militaries capable of maintaining stability in their country, but also capable of contributing to peacekeeping operations elsewhere in Africa. Yet an examination of the HIV/AIDS rates among the armed forces of key African countries, including Nigeria, South Africa, and Kenya, reveals infection rates between 30 and 40 percent. HIV/AIDS is a national security issue for those countries and for us.

The President's proposal is based on America's deep conviction about the dignity of every human life, and these proposed remedies for the AIDS crisis in Africa recognize that human dignity. In adopting this proposal, we show the world that conviction and compassion go together as we demonstrate that compassion is not a sign

of weakness but of strength. America does not have to take on the African AIDS crisis alone; but as is often the case, American leadership, political or financial, is necessary if our friends around the world are to bear their fair share of the burden. That is what the President's proposal does. It sets a pattern of American leadership that others we believe will follow.

This bill is a compromise, a delicately arrived at, painstakingly negotiated compromise between various factions interested in this legislation; but it hangs together, and it works and it will advance the cause that we so desperately need to support. AIDS is a mortal challenge to our civilization. Let us today be animated by compassion and, yes, vision that always have defined what it means to be an American.

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

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

I rise in strong support of this grand humanitarian legislation, and I urge all of my colleagues to make history today by securing its passage.

Mr. Chairman, we could not have reached this day had it not been for the heroic efforts of the gentleman from Illinois (Mr. HYDE), my distinguished chairman and good friend. His leadership on this issue has been a true profile in courage, and I salute him. I also want to identify myself with his powerful and eloquent opening statement. Our colleagues on the Committee on International Relations, the gentleman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH) on the Republican side, have also been critically instrumental to our success thus far as have many other members of the committee. With the support of every single Democrat and most Republicans on the Committee on International Relations, we have crafted a bipartisan piece of legislation worthy of this body's support.

Mr. Chairman, the \$15 billion authorized in this legislation to combat HIV/AIDS, tuberculosis and malaria worldwide is an enormous sum by any measure. It is five times the amount we considered authorizing for this cause just last year. For those of us who have long called for a real commitment of resources to address the HIV/AIDS crisis, our day has arrived. As impressive as these amounts are, they are no more than the crisis demands. Every day AIDS claims the lives of thousands of innocent men, women, and, yes, children, old and young, sick and able-bodied, destitute and affluent, unemployed and professional, African, Asian, and American. This disease, Mr. Chairman, does not discriminate. It targets us all; and in doing so, it ruins families, decimates communities, and fuels the violence and bloodshed that destroys whole nations. The political, economic, social, and humanitarian impact of this scourge cannot be contained to one region or to one population. It is a

global human challenge that demands a global humanitarian response with the United States in the lead.

The tragic history of this disease has shown that there are no silver bullets. We must use every means at our disposal to defeat it. All legislation builds to a significant extent upon Uganda's success in curbing the spread of AIDS through a combination of abstinence, monogamy, and condom use. In lending his support to this bill earlier this week, President Bush endorsed this three-pronged approach. In the President's words, preventing spread of HIV/AIDS requires a strategy emphasizing abstinence, marital fidelity, as well as condoms. Each element is crucial. Uganda's success in combating HIV/AIDS required not only abstinence and marital fidelity education programs but the distribution of nearly 80 million condoms per year. Countless lives will be lost if we fail to learn this lesson and undermine the balanced approach exquisitely negotiated and embodied in this bill.

Mr. Chairman, in the his State of the Union address earlier this year, the President issued a challenge to Congress to join him in a new global campaign to combat HIV/AIDS. Today we take up the President's challenge and seek to fully fund this bold initiative. An overwhelming vote by the House of Representatives today to pass H.R. 1298 without crippling amendments will bring the President's vision, a vision most of us share, close to reality. The time for words has passed and the time for action has arrived in our struggle against HIV/AIDS. I urge my colleagues to join me today to pass this historic legislation.

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

Mr. HYDE. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Iowa (Mr. LEACH).

Mr. LEACH. Mr. Chairman, I thank the gentleman for yielding me this time.

Perspective is the most important and most difficult thing to apply to issues of the day. If one were to look at the 14th century, clearly the seminal event was the Bubonic plague in which some 20 million people died. Now, as many have died from AIDS as of the plague. Within a decade it will be a multiple of that figure. If sitting on the Moon, one might suggest that the most important public policy issue of our day is dealing with disease control, most particularly AIDS. In a very moral sense, it is probably the deepest philosophical issue of our time. Indeed, the global AIDS epidemic might be considered an epidemic of Biblical proportions.

Everyone in this Congress understands that foreign assistance is controversial, but we are, after all, our brother's keeper and we must be concerned for the global family. We also have to be concerned for our own families. To the degree AIDS is not thwarted abroad, it threatens our own shores.

As a Congress, obviously we have to be concerned with the allocation of the people's resources. This bill is a lot of money, but it is an extraordinarily sparse amount compared with the need; and I think of all the bills we are going to vote on in the near future, this is going to be the most justified financial expense the United States Congress has undertaken.

In conclusion, let me just say we are all indebted to a lot of people from the outside, the President of the United States; the singer, Bono; and then our colleagues, the gentleman from California (Mr. LANTOS), the gentlewoman from California (Ms. LEE), and from a distinct perspective the gentleman from Pennsylvania (Mr. PITTS) for raising concerns of America's faith-based community. But most of all I want to simply express my appreciation for the gentleman from Illinois (Mr. HYDE). This is the most important bill he has ever shepherded through Congress. It is going to be a seminal mark in his career, and we are all in his debt.

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

Before yielding to our distinguished whip, let me also underscore the important contribution to the fight against HIV/AIDS of Bono who has worked with us on all aspects of this problem and whose leadership worldwide is deeply appreciated by all of us concerned with this issue.

Mr. Chairman, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the distinguished Democratic whip, a leader on this and all issues in this body.

Mr. HOYER. Mr. Chairman, I thank my friend for yielding me this time.

I join the gentleman from Iowa (Mr. LEACH) in congratulating the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS), ranking member, as well as the extraordinary work that has been done by the gentlewoman from California (Ms. LEE) as a Member of Congress and before she got to Congress.

□ 1115

Mr. Chairman, the great Dr. Martin Luther King, one of the world's great humanitarians, once said, "We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly."

Today, through this truly historic, bipartisan legislation authorizing \$15 billion over the next 5 years for overseas care, treatment and prevention of AIDS, we recognize that our Nation has a moral obligation and a national security interest in combating the HIV/AIDS pandemic, as well as malaria and tuberculosis.

We ignore the world's increasing interdependence at our own peril, Mr. Chairman. And, frankly, while many of my colleagues have fought for many years to bring needed resources to bear on this problem, their call to arms has not, until now, been fully embraced.

The source scourge of AIDS knows no borders. It does not discriminate. It targets every one of us, infecting some 42 million people around the world, two-thirds of them from Africa.

As my good friend the gentleman from California (Mr. LANTOS), who has worked with the gentleman from Illinois (Chairman HYDE) to bring this legislation to the floor today, stated in the markup of this bill, this health care crisis ruins families, communities and whole nations, fueling violence and bloodshed across borders. It cannot be contained in one region or in one population. And, thus, it is a global challenge that demands a global, humanitarian response with the United States in the lead.

The ranking member, the gentleman from California (Mr. LANTOS), the gentlewoman from California (Ms. LEE), and certainly the gentleman from Illinois (Chairman HYDE), deserve our congratulations, our thanks and admiration for their leadership in crafting this bill's balanced approach to treatment and prevention. It is a real commitment to addressing the HIV/AIDS crisis.

I would hope that amendments to be offered later today that would upset this carefully crafted, balanced piece of legislation, that those amendments would be rejected. In particular, the Pitts amendment would upset the balanced HIV/AIDS prevention approach called for in the bill by requiring that one-third of the prevention funds be used solely for abstinence-only programs. Certainly we are supportive of abstinence, but not to wall it off for sole use resources.

This historic legislation reflects our values, protects our interests, and extends, Mr. Chairman, a handle of hope to millions of vulnerable people across the world.

We need not ask for whom the bell tolls; it tolls for us. This legislation is a response by us to reach out to save lives, to heal, and to make our Nation and our global community more secure.

Mr. HYDE. Mr. Chairman, I am very pleased to yield 5 minutes to the distinguished gentleman from Florida (Mr. WELDON) who, as an original co-sponsor of this legislation, has made an invaluable contribution.

Mr. WELDON of Florida. Mr. Chairman, I rise today in strong support of this legislation, and I want to commend the chairman and ranking member for their open-mindedness in allowing me to be a part of this process.

The bill before us today is a demonstration of the American people extending the hand of compassion and hope to millions of people suffering worldwide from AIDS.

The level of commitment to end HIV/AIDS demonstrated in this bill before us today is long overdue. Previous attempts to address the issue of global HIV/AIDS channeled millions of dollars into unaccountable multilateral efforts

and programs that showed little effectiveness and did little to stem the death toll.

H.R. 1298 reforms the status quo, ensures the most effective use of every dollar and puts new policies in place to help save lives. The bill sets a new course by focusing on real solutions, such as the model provided by Uganda.

The bill requires financial accountability and opens doors to programs that have a history of doing much with little. H.R. 1298 features a strong abstinence education component that has been proven to save lives by eliminating risky sexual behavior.

This is a very important point.

One of the key components of H.R. 1298 is a clear focus on prevention through education. The bill promotes primary prevention by funding activities that help individuals avoid HIV infection. Instead of just working towards reducing the prevalence of HIV/AIDS, this bill seeks to help young people adopt behaviors where the risk of HIV/AIDS can be eliminated. No longer do we just seek to manage the sure death of HIV infection. This bill empowers young people to participate in a future free from the behavioral risks of contracting HIV/AIDS.

The bill distinguishes between true primary prevention efforts, such as abstinence education, from intervention activities that promote condoms under the guise of prevention. The bill distinguishes between prevention services that are appropriate for everyone and preventive intervention that helps a segment of the population engaging in risky behavior. As a physician who previously cared for AIDS patients, I know that encouraging this primary prevention approach will save lives, and save money.

Another key component of the bill is bringing faith-based organizations into full participation with efforts to combat HIV/AIDS. Local churches and faith-based groups promote behavior change to prevent HIV, reduce the stigma associated with HIV infection, and treat those afflicted with the disease and care for orphans.

The Catholic Church alone currently cares for one in four people being treated by HIV/AIDS worldwide. Mission organizations already possess much of the infrastructure, experience, knowledge and compassion necessary to combat AIDS. They also have a history of respecting the culture and values of indigenous communities and peoples so that lasting relationships and change can occur. And faith-based groups are doing this in the most remote areas with the greatest need.

Up until now, resources that could have helped the efforts of churches and faith-based approaches have been soaked up by large international special interests. My missionary friends in Africa tell me about the many hats, T-shirts and conferences that UNAIDS provides to promote condoms and HIV/AIDS awareness. Unfortunately, few real resources are provided to help prevent HIV/AIDS infection.

I am personally aware of faith-based organizations that have been in-country for years, that have the support of the community, that have the support of the government and have brought people of different faiths together around strategies that are culturally and age-appropriate, but yet have been refused resources through USAID and UN-funded programs. Or they have been given a deal to promote condoms or get nothing.

H.R. 1298 will open up new avenues to fund powerful faith-based efforts that save lives in the poorest and most remote places. I strongly encourage all of my colleagues on both sides of the aisle to support this legislation.

Mr. Chairman, I am delighted to be an original cosponsor of the bill, and I again commend the chairman, the ranking member and their staff for crafting what I feel is a very, very good piece of legislation.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 5 minutes to my good friend, the distinguished gentlewoman from California (Ms. LEE), who has brought boundless energy and bold passion to this legislation. She has been the leader on our side on this entire matter.

Ms. LEE. Mr. Chairman. Let me first thank our ranking member, the gentleman from California (Mr. LANTOS), for those very kind and generous remarks, and let me thank the gentleman for his leadership in helping to ensure that our Democrats really saw the goal and understood our mission and helped to work to make sure that this was a bipartisan bill.

I want to thank the gentleman from Illinois (Chairman HYDE) for his leadership, and for, again, I think, setting an example that on issues of common concern and where the survival of the human family is at stake, we all can come together and agree that we should work together.

I also want to thank our staffs, especially Christos on my staff, and Pearl Alice, Peter and the entire committee staff, for their very diligent, competent and dedicated work.

Mr. Chairman, today we really do stand at the crossroads in this global battle gains HIV/AIDS. With an estimated 42 million individuals infected worldwide, the disease has already devastated the African continent, where 30 million people, 30 million, are currently living with AIDS and over 11 million children have been orphaned by this pandemic.

Throughout Africa, AIDS has had a devastating impact, not only on health, but on education, agriculture, the economy, the military, on governments, as people at all levels of society have struggled to cope with this disease.

Even now, the ongoing famine in Sub-Saharan Africa has been aggravated by the AIDS crisis. Food insecurity and malnutrition have contributed to the spread of the virus, and both have sped up the onset of AIDS in HIV-infected individuals.

The Caribbean, which is ranked as the second most affected region behind Africa, is also facing a devastating situation because of AIDS. In Haiti, where over 90 percent of all AIDS cases in the Caribbean are, Haiti has the unfortunate distinction of being the only country outside of Africa with an adult prevalence rate of over 6.5 percent.

Despite the devastation that HIV and AIDS has caused within Africa and the Caribbean, the disease is truly a global killer. Even here at home, in my own district in Alameda County, we have been forced to declare a state of emergency to deal with the AIDS crisis. Now the disease is poised to run rampant through India, China and Russia, where a lack of information is contributing to the spread of the disease among poor and rural populations.

So without a truly global effort to halt the spread of this disease, to provide care and treatment to those who are infected and affected by HIV and AIDS, we will all face a humanitarian disaster, the likes of which the world has never seen before.

But there is hope. We have the know-how to stop the spread of HIV, and we have the drugs to prolong the lives of those infected with AIDS. The challenge is how we translate this know-how and these resources to people living in the developing world.

Yet even in a country as poor as Haiti, there are already programs on the ground that are making a difference with minimal resources, like the Zanmi Lasante Clinic, run by Dr. Paul Farmer and the dedicated people at Partners in Health.

And we also know from the indication of Uganda that when a country unites in the battle against AIDS, through the leadership, through its president, members of the government and civil society, and when everyone really engages in open dialogue about sex and AIDS, the need for abstinence, faithfulness and safe sex through the use of condoms, the HIV/AIDS rate can be reversed. In this case, it came down from 15 percent in 1991 to 5 percent 10 years later. But it took all three strategies. No preference is given to one over the other.

This bill we have before us today really recognizes these possibilities. But, more importantly, it sends a message to the world that the United States will not sit idly by and allow AIDS to wreak havoc on the human family.

By committing \$3 billion a year to fighting global HIV/AIDS and the two largest opportunistic infections that feed off of AIDS, tuberculosis and malaria, we will virtually double our global AIDS budget in the next year.

Several years ago when we won a \$40 million increase in global AIDS spending in 2000 under the leadership of our distinguished minority leader, the gentlewoman from California (Ms. PELOSI), we felt that that was a major victory and a major accomplishment. This legislation now puts those living with

AIDS and those at greatest risk of getting infected ahead of ideological and political differences, and that is why the Pitts amendment does such a disservice to the bill and to those who desperately need our help. This bill attempts to create a comprehensive strategy to deal with the AIDS pandemic. Comprehensive.

Finally, let me just say how important it is that this be new money. The President said that this was new money. We must make sure that this is new money. We face many challenges as this bill moves forward, but we hope that the President will receive the bill on his desk intact and sign it before Memorial Day, as he said he wanted to do.

Mr. Chairman I want to thank again the chairman of our committee and the gentleman from California (Mr. LANTOS) for their leadership, and once again hope that we can pass this bill intact, as it moved out of committee.

Mr. HYDE. Mr. Chairman, I am pleased to yield 3 minutes to the learned gentleman from Wisconsin (Mr. GREEN).

□ 1130

Mr. GREEN of Wisconsin. Mr. Chairman, I thank the gentleman from Illinois (Mr. HYDE) for yielding me this time.

During the course of the debate today, we will hear a lot of numbers, thousands and millions of percentiles. We will have a lot of platitudes. Platitudes are important, numbers are important; but they are just lines on a page.

Let me give my colleagues an image that may help us put this all into perspective. Not so very long ago, I met a missionary who had served in the very area where I taught high school in Africa some 15 years ago, and I asked her what the changes were that she had seen over her time. I thought she would say to me, cell phones, electricity, running water, which we did not have; and she said, no, that is not it. She said, now as you walk down that mud path, you will stop and suddenly say to yourselves, my God, there are no adults here. There are children and there are grandparents, but there is an entire generation missing.

Mr. Chairman, so many here are talking about why we must do this for the sake of the impoverished and the needy around the world, and it is true. I would also suggest we need to pass this legislation for our sake. Two reasons: number one, it makes us more human. Every one of the great faiths in this world calls upon its followers to care for their neighbor. I know my faith does. My faith requires me to take up issues like this. Secondly, it is a matter of national security. If we do not get our arms around this pandemic, this plague, entire regions of the world will be destabilized; and when they are destabilized, we will see openings for radicalism, and where radicalism grows, dangers emerge, dangers to us and our way of life.

So yes, we must do this for the impoverished and the needy around the world, but we do this for us too. We are Americans. It is in our nature. It is the thing that we should do. This is important legislation. It is historic legislation. I commend the chairman. I agree with one of the previous speakers that this will be our most important legislation. It will save lives; it will shape history. I am proud to be part of this.

Mr. LANTOS. Mr. Chairman, before yielding to our next speaker, I want to express my deep appreciation to several members of our staff. Pearl Alice Marsh, David Abramowitz, Peter Yeo, Bob King, and on the staff of the gentlewoman from California (Ms. LEE), Christos Tsentas. They have done an outstanding job in bringing this legislation to the floor.

Mr. Chairman, I am delighted to yield 1 minute to my good friend, the gentleman from New York (Mr. CROWLEY), a distinguished member of the Committee on International Relations and a leader on this issue.

Mr. CROWLEY. Mr. Chairman, I thank the gentleman from California (Mr. LANTOS) for yielding me this time.

I want to applaud the gentleman from Illinois (Chairman HYDE) for his work on this bill. I want to voice my strong support for the United States Leadership Against the HIV/AIDS, Malaria, and Tuberculosis Act of 2003. Make no mistake, this bill is a big step in the right direction. This bill means more help for those infected with HIV/AIDS. It means more hope and help for children who are dying from malaria. It means that fewer families will live in fear of tuberculosis.

This bill is a true victory. But we must take the steps to ensure that what this bill stands for, protecting the health of individuals around the world, is also protected. And that is why we must see that this bill is not the end of the debate, but rather a step in the right direction.

The prevention and treatment of these diseases requires funding; but, of course, it requires even more. It requires accurate information, cultural sensitivity, rapid response. It requires real dedication.

Mr. Chairman, \$15 billion over 5 years is real assistance for some of the world's most vulnerable, but only if it is allowed to be spent as those on the ground see fit. This bill can mean real hope for countless people around the world. I only hope that what this bill stands for survives as well.

Mr. HYDE. Mr. Chairman, I am pleased to yield 3 minutes to the gentleman from Michigan (Mr. MCCOTTER).

Mr. MCCOTTER. Mr. Chairman, one of our Nation's seminal principles holds that all human beings have a right to life, liberty, and the pursuit of happiness. Inherent in this principle, in this promise, rests the belief that to truly and fully live, every human heart needs hope.

National borders neither define nor diminish this need. And today, millions

of our fellow human beings throughout the world have no hope, for they suffer under the perceived certainty of an AIDS death sentence. For years they have done so with no hope for relief or reprieve until our Nation brought them this proposal's promising ray of hope.

Due to this historic legislation, millions of ravaged bodies have hearts beating with hope. And thus, it is morally imperative that we pass this historic legislation, continue tending and kindling the sick and sufferings' faint rays of hope and, as Americans, reaffirm and retain our revolutionary role as a herald of hope for all humanity.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1½ minutes to the distinguished gentleman from New Jersey (Mr. PAYNE), the ranking member of the Subcommittee on Africa of the Committee on International Relations, my good friend who has been one of the strongest leaders on this whole issue in the Congress.

Mr. PAYNE. Mr. Chairman, let me express my strong support for this legislation and begin by commending the Bush administration for this initiative of 15 billion new dollars. I would like to also commend the gentleman from Illinois (Mr. HYDE), the chairman of the Committee on International Relations, for standing up to criticism primarily from his own friends. In spite of the criticism, the gentleman from Illinois showed that he still has the competitive drive that he had as an outstanding basketball player, that when the game got close, when it got tough, when it was needed, that last push, he stayed the course; and I would like to certainly commend him for that.

We appreciate the work of the gentleman from California (Mr. LANTOS) and the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH). We have all come together.

But let me just say that I have seen the devastation with my own eyes. Over the 15 years that I have been in Congress, I have spent time during my first year visiting hostels and hospitals where HIV and AIDS patients were dying, and it was a time when many people throughout the world were crying out for help. I was devastated because their voices were not being heard. People were dying all around us.

Voltaire said, "Nothing is as powerful as a dream whose time has come." The dream that we should really fight this devastating disease, the fact that people around the world are being devastated, not because of anything that is abnormal, but because of something that has just entered into this society. And so I hope that we will keep the legislation intact. I am proud to stand here and say that we are doing probably the greatest thing that we have done since I have been in the Congress, as has been mentioned earlier today.

Mr. HYDE. Mr. Chairman, I am pleased to yield 3 minutes to the distinguished gentleman from Delaware (Mr. CASTLE).

Mr. CASTLE. Mr. Chairman, I want to commend the administration as well, as a lot of others have spoken to today. The leadership of this House, and particularly the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), two extraordinary Members who really care about issues such as this.

This is important legislation that will dramatically increase the United States' participation and role in combating HIV and AIDS. The HIV/AIDS scourge is not only an international health threat killing millions and spreading each year, but it is also a major detriment to the economic security and well-being of our Nation and many countries around the world. As we have seen with the current SARS virus, economic partners as close as Canada have been seriously impacted in just a very short time period. While SARS is a new major health risk that experts are working to halt in recent weeks, we must not forget that HIV/AIDS is a killer disease that continues to plague the entire world.

Specifically, the legislation before us today will authorize more than \$15 billion for combating HIV/AIDS globally over the next 5 years. In President Bush's State of the Union address he called for an increase in the U.S. commitment to combat the global AIDS pandemic. I am pleased that today we are debating a holistic approach to combat such a destructive disease. The legislation creates a more responsive, coordinated, and effective approach among the various agencies of the United States Government involved in the war against HIV/AIDS and approves up to \$1 billion for the Global Fund for AIDS, Tuberculosis, and Malaria for fiscal year 2004.

I have seen firsthand the devastation that AIDS has had on the people of Africa, and I firmly believe that the United States and the rest of the developed world must act now to help end the suffering and hardship caused by this terrible disease.

When I visited Zimbabwe, Nigeria, and South Africa several years ago, I saw the overwhelming impact that AIDS was having, not only on those adults afflicted with the disease, but also on thousands of orphans that the disease creates. In some countries, one-fifth to one-third of the children have already been orphaned by the disease. I am pleased that today's measure authorizes the President to establish pilot programs to create and treat orphans and young children.

Through the work of my constituent, Jeff Busch, I have learned about and supported the work of the Safe Blood for Africa Corps. This small, not-for-profit company has the goal of safeguarding the blood supply in sub-Saharan Africa from infectious diseases such as HIV, Hepatitis B, and Hepatitis C.

I have supported their efforts to fund a first-strike program of HIV/AIDS pre-

vention in sub-Saharan Africa that would immediately begin to save between 350,000 and 500,000 lives by utilizing rapid blood testing to provide for the transfusion of safe blood. The President has cited Uganda as the model country for putting together an effective plan to combat HIV/AIDS. Uganda has been very aggressive in their approach, and it is important to note that they first addressed the problem of cleaning the blood supply.

In conclusion, the Bush administration has designated the war on HIV/AIDS in developing countries a top priority, and I strongly believe that this important legislation will push this goal forward. Mr. Chairman, 40 million people are currently infected and 25 million have died of AIDS worldwide, including more than 3 million people last year alone. Now is the time for our Nation to step up and halt this most deadly disease.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1 minute to my good friend, the gentleman from Pennsylvania (Mr. HOEFFEL), a distinguished member of the Committee on International Relations and a strong leader on this and on so many other issues.

Mr. HOEFFEL. Mr. Chairman, I rise in strong support of H.R. 1298. I want to salute the great work of the gentleman from Illinois (Chairman HYDE); the ranking member, the gentleman from California (Mr. LANTOS); and President Bush for coming together to make this \$15 billion commitment over 5 years to help curb the spread of AIDS around the world.

One of the best parts of this bill is its balanced approach that treats equally importantly abstinence, marital fidelity, and the use of condoms to fight the spread of AIDS. I salute that balanced approach, and that is why it is so important to defeat the Pitts amendment and the Smith amendment. The Smith amendment would allow faith-based organizations that can be funded under this bill under the terms of the legislation to actively discourage the use of condoms. That makes no sense, and that destroys the balance that is currently in this legislation. The Pitts amendment would allow a particular amount of funding to go specifically and only for programs that only promote abstinence.

Listen, abstinence works perfectly if it is used perfectly, but it is not. Not everybody abstains. We need to pass this bill as is. It is balanced and it is very good.

Mr. HYDE. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Chairman, our Nation is greatly blessed. We have a responsibility to our fellow man. When rampaging machete mobs began massacring Rwandans, I believed then and I believe now that we should have deployed troops to save them.

I agree with the principles expressed by President Bush in this very Chamber in his State of the Union speech

when he said: "We exercise power without conquest and we sacrifice for the liberty of strangers. Americans are a free people who know that freedom is a right of every person and the future of every nation. The liberty we prize is not America's gift to the world; it is God's gift to all humanity."

Now we face an AIDS crisis in Africa. It is severe. We have the unique opportunity to help save and extend the lives of Africans. However, we must ensure that our efforts to fight AIDS in Africa do not infringe upon their liberty, their freedom, and the right to life of unborn Africans.

The travesty of family planning and population control funding being used to subsidize abortion providers and counseling is not new to Congress. In fact, in 1970, Congressman John Schmitz of California accurately predicted the consequences of providing funding without restrictions.

□ 1145

We know the results of that. He said on that day: "The bill before us today . . . would commit the U.S. Government to the life prevention business at an initial cost of more than a quarter of a billion dollars." As we know, the rise in the cost of the program is under way, with no end in sight. Congressman Schmitz was right. In 1999, Planned Parenthood received \$51 million. Effectively, we are subsidizing abortion services.

Today we are poised to distribute AIDS assistance to those who are currently without hope in Africa. Hopefully, a large portion will go to proven abstinence, medical treatment, and as a last resort, condom distribution.

However, none of the billions for relief in Africa should be used to fund abortions. No United States taxpayer money should fund groups that provide abortion services or counseling. We will save lives by providing humanitarian AIDS relief to Africa. No lives are as innocent as those lives of babies taken by abortion.

We must show compassion for Africans and ensure that the words of Congressman Schmitz when we committed the United States to the life prevention business do not come true with this excellent bill.

Mr. LANTOS. Mr. Chairman, I am very pleased to yield 1 minute to my good friend and distinguished colleague, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding time to me, Mr. Chairman.

Mr. Chairman, I rise in support of the bill and in opposition to the Pitts amendment. Devoting significant resources to the biggest health threat in the world, the global HIV/AIDS pandemic, is an excellent use of taxpayer dollars, as long as we focus on prevention efforts that work.

For example, the people of Uganda have had great success controlling the spread of HIV/AIDS, and they did it with a comprehensive program that did

stress abstinence and fidelity, but also emphasized the importance of using condoms.

The Pitts amendment would move significant dollars away from that proven model by providing \$5 billion to strictly abstinence-only programs. It will push aside proven comprehensive programs in favor of questionable models designed to appease a right-wing constituency.

Let us not miss the opportunity to do good by mispending precious resources on abstinence-only programs. We should not condemn more people to death by AIDS by tying hands with ideology. I urge my colleagues to vote "no" on the Pitts amendment and strongly support H.R. 1298.

Mr. HYDE. Mr. Chairman, I am pleased to yield 3 minutes to the distinguished gentleman from Arizona (Mr. KOLBE).

Mr. KOLBE. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in my capacity as chairman of the Subcommittee on Foreign Operations, Export Financing and Related Programs on the Committee on Appropriations to discuss this bill, H.R. 1298. It is our subcommittee that will be called upon to fund this authorization.

The legislation has three critical elements that are important to the issue of funding: first, the requirement for the President to establish within 9 months a comprehensive 5-year strategy to combat AIDS; second, within the Department of State the establishment of a new coordinator of U.S. activity to combat HIV/AIDS; and, third, providing statutory authority and sufficient authorization for additional United States contributions to the Global Fund to fight AIDS, tuberculosis, and malaria.

There are many other provisions, some of which appear unnecessary to this Member, others of which are clearly contradictory; but I want to address these three core provisions in the time that I have available.

I commend the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), for their work in crafting legislation that could bring much-needed policy coherence and effective management to the outpouring of well-meaning but, frankly, scatter-shot Presidential and congressional initiatives designed to arrest the worldwide HIV/AIDS pandemic.

I would ask the gentleman from Illinois (Chairman HYDE) and the members of the Committee on International Relations to take into consideration several of our subcommittee's concerns as they move this bill toward enactment.

First, as the proposed 5-year strategy will not be in place, at the earliest, until midway through the next fiscal year, the funds appropriated for fiscal year 2004 will have to reflect the strategies and use the delivery systems now in place. For that reason, I would caution against legislating the Uganda

model on a global basis or limiting increased funding to only 14 countries before that strategy is in place or Congress has had an opportunity to review it.

Second, the legislation under consideration today proposes to turn the role of the AIDS coordinator into a de facto agency administrator. I have serious reservations about giving someone who was designated a coordinator within the State Department the authority to make grants, operate in foreign countries, or to, in effect, replace the Global Health Bureau of USAID or the Centers for Disease Control. Why are we creating an entire new Federal bureaucracy to administer the program when one already exists?

I also object to the language which would allow the coordinator to transfer money from prior-year appropriations or to establish a new account in the Treasury for which no funds have been appropriated.

Third, I welcome the flexibility to continue funding for the Global Fund at or above the current level of almost \$350 million. But in all candor, the budget resolution does not permit fiscal 2004 funding anywhere near the \$1 billion authorized by this legislation. Thus, we are only creating false expectations about what our Committee on Appropriations might be able to do this year.

Mr. Chairman, having spent much time over many years on the critical issues addressed by this bill, I am really pleased to see that the Congress is grappling with HIV/AIDS as an international issue. The legislation before us today is a helpful start, but much work remains to be done if we are to have effective implementation of programs to combat HIV/AIDS around the world.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1½ minutes to my good friend, the gentlewoman from New York (Mrs. LOWEY), the distinguished ranking member of the Subcommittee on Foreign Operations, Export Financing and Related Programs.

Mrs. LOWEY. Mr. Chairman, I rise today in support of this bill. I congratulate the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), for their important work. I have always believed that dealing with the AIDS crisis is both a national security priority and a moral imperative for the United States. I am pleased to see that we are authorizing a significant infusion of resources and broad-based commitment.

However, I caution my colleagues that despite strong administration and bipartisan congressional support for this bill, the \$3 billion authorized for the upcoming fiscal year simply does not exist in the bill. The administration's request for 2004 for all global HIV/AIDS, tuberculosis, and malaria programs is about \$1.7 billion, not \$3 billion. While my colleagues and I on the Committee on Appropriations will

try to find the \$1.3 billion necessary to fill the massive funding gap, it will be difficult in an already tight budget.

I would urge the administration to request the funds necessary to fulfill the President's promise. I hope our Republican leadership will make sure we have the resources we need to fully fund this historic initiative.

Mr. Chairman, we have before us today an opportunity to do a great deal of good in the world: to improve the lives of people living with AIDS, to help AIDS orphans survive and thrive, and to prevent millions of those who are most at risk from contracting this horrible virus. Our efforts will have massive implications for the stability and prosperity of whole communities, societies, and regions of the world, a tremendous privilege and an awesome burden.

It is not every day that Members of Congress have the opportunity to jumpstart a process. So let us appropriate the money, let us fulfill the promise, and let us make sure we use it wisely and well.

Mr. LANTOS. Mr. Chairman, I am very pleased to yield 1 minute to my good friend and distinguished colleague, the gentlewoman from Minnesota (Ms. MCCOLLUM), a member of the Committee on International Relations.

Ms. MCCOLLUM. Mr. Chairman, today, while Congress debates this bill, every 15-year-old boy in Botswana is living with a 90 percent, a 90 percent chance of dying from AIDS during his life. AIDS is destroying millions of lives, families, and entire nations in Africa. Congress should and must act now.

America possesses the wealth, the knowledge, the leadership to partner with the people of Africa to save lives, offer dignity to the dying, and provide opportunity to orphans struggling for survival. Our fight against AIDS at home, in Africa, and around the world is both a strategic and humanitarian battle that reflects the greatest strengths and the absolute goodness of the American people.

Standing together, let us pass this bill today and empower the people of Africa to use every means available and necessary to treat and stop the spread of AIDS. Today, the people of America and Africa stand together in our fight against AIDS. I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for their work.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1 minute to my good colleague, the gentlewoman from California (Ms. WATERS), a distinguished Member of this body and a leader on this issue.

Ms. WATERS. Mr. Chairman, I thank the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), for their superb leadership on attacking the HIV/AIDS disaster in Africa.

I take this moment to rise in strong support of H.R. 1298, and to thank my friends and colleagues for the many years of struggle and hard work that has brought us to this point of getting President Bush to support this effort.

Thanks to all of the AIDS activists, the developmental activists. Thanks to the work of the gentlewoman from California (Ms. PELOSI) when she served on the Committee on Appropriations; and the gentlewoman from California (Ms. LEE) for the leadership she has provided; and the gentleman from New Jersey (Mr. PAYNE) and all the other Members of Congress.

Thanks to President Bill Clinton for establishing the Global AIDS Fund we are putting the money in today. Thanks for the trip that he made to Africa, where we all had the opportunity to visit what was going on, the clinics in Uganda and other countries of Africa.

It has been a lot of hard work. I am pleased and delighted that we are here today working in a bipartisan way to put money into this Global Fund, but it did not happen overnight. Again, I thank Members for all the years of work and struggle.

Mr. LANTOS. Mr. Chairman, I am very pleased to yield 1½ minutes to my good friend and distinguished colleague, the gentleman from New York (Mr. ENGEL), a valued member of the Committee on International Relations.

Mr. ENGEL. Mr. Chairman, I thank my friend for yielding time to me.

I want to congratulate the gentleman from California (Mr. LANTOS) and the gentleman from Illinois (Mr. HYDE) and the gentleman from Iowa (Mr. LEACH) for their strong support and leadership on this bill. I particularly want to single out my colleague, the gentlewoman from California (Ms. LEE), who has led a good, long fight for so many years. This is truly something all of us can take pride in. The gentlewoman from California (Ms. LEE) has certainly led the way.

Mr. Chairman, this is a bipartisan, middle-of-the-road bill, a good bill. We should allow no ideological fights in this bill. This is not a fight about abortion; it is a fight about saving lives. The Uganda approach, which has abstinence and marital fidelity and condoms, and we have to have condoms if we are going to fight this battle, is a very well-balanced approach.

Let us look at AIDS. AIDS has killed over 20 million people since the epidemic began. Another 8,000 people die each day, with 68,000,000 deaths predicted by 2020 unless the world takes action. Experts say a strong global response could prevent nearly two-thirds of those new infections, saving tens of millions of lives.

What this bill does is respond to this crisis. It authorizes the bold initiative announced by President Bush. I want to say I was pleased to be in the White House 2 days ago with President Bush when he announced this initiative. This will provide \$15 billion, including

\$10 billion in new money to fight HIV/AIDS in Africa and the Caribbean.

The proposed bill will help prevent 7 million new infections, provide care and support for 10 million HIV-infected individuals and AIDS orphans, and offer antiretroviral therapy for 2 million of those in need.

H.R. 1298 is only an authorization bill. We need to fight in the appropriations process for real resources to match the promises made in H.R. 1298.

Mr. LANTOS. Mr. Chairman, I am delighted to yield 1 minute to my good friend, the gentlewoman from New York (Mrs. MALONEY), a distinguished Member of this body.

Mrs. MALONEY. Mr. Chairman, I thank the gentleman for yielding time to me, and for his leadership.

I rise in strong support of the bill and in opposition to the Pitts amendment. We must remember that HIV/AIDS is preventable. That is why I support the ABC approach to prevention, which encourages a balanced approach to preventing the spread of HIV/AIDS.

While we all believe that abstinence and fidelity are important methods of prevention, a full, balanced, and comprehensive range of options, including condoms, is a more responsible plan of attack; and attack is what we must do. We must attack this rampant epidemic with full force, full funding, and full freedom of information.

I remember when then Ambassador Richard Holbrooke first brought the issue of HIV/AIDS as a national security crisis to the U.N. Security Council. We quickly learned that HIV/AIDS is not only a public health crisis; it is an economic crisis, an international security crisis, and a moral crisis.

□ 1200

In Africa the need and the will to combat the spread of AIDS is there. What is missing is the resources. That is what this bill brings in. No country should struggle to rise out of poverty while fighting a disease that can cut life expectancy by as much as 30 years.

I strongly support this bill and commend the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS), the ranking member, and the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH) for their leadership.

Mr. HYDE. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Indiana (Mr. PENCE) for the purposes of a colloquy.

Mr. PENCE. Mr. Chairman, I want to thank the gentleman for his tireless efforts in crafting this HIV/AIDS relief bill.

I have, as the gentleman knows personally, the utmost respect for him and for his distinguished career and leadership of this committee in particular. I appreciate him granting me this colloquy.

Many of us have learned, Mr. Chairman, that there are a number of foreign countries that actually use abor-

tion as a means of preventing mother to child transmission of HIV/AIDS. It is my hope that the distinguished chairman would today confirm that in carrying out this foreign assistance program, that it is the policy of the United States that abortion is not prevention of or treatment of mother to child transmission of HIV/AIDS.

Mr. HYDE. Mr. Chairman, will the gentleman yield?

Mr. PENCE. I yield to the gentleman from Illinois.

Mr. HYDE. The gentleman is correct. Nothing in this legislation should suggest that it is United States' policy that abortion is a proper and appropriate method for prevention of or treatment of mother to child transmission of HIV/AIDS.

Mr. PENCE. Mr. Chairman, I thank the gentleman.

Mr. LANTOS. Mr. Chairman, I yield 1 minute to my good friend, the gentleman from Ohio (Mr. BROWN), a distinguished member of the Committee on International Relations, our ranking member on the Subcommittee on Health.

Mr. BROWN of Ohio. Mr. Chairman, I thank the gentleman from California (Mr. LANTOS) for his leadership.

The Global Fund to fight AIDS, TB and malaria represents the best tool we have to provide relief on a scale that matters. Some of my colleagues want to eliminate the U.S. commitment to the Global Fund. They will say it is ineffective when it only began disbursing funds in the past year. They will say it is a blow to bureaucracy, when, in fact, it is a model of efficiency in coordination. They will say that evidence shows that it does not work, and then fail to produce any evidence.

The Global Fund stresses accountability. Each proposal is reviewed by 22 physicians and health experts from a variety of nations. Forty percent only of the applications are accepted. Only the best are approved. Each proposal is for 5 years. After 2 years a major audit of the program is done. If it is not effective funding is cut off.

Both the House and the Senate supported its creation unanimously. It is transparent. The Global Funds Web site contains downloads of every single country's proposal that is approved.

Fifty million people in the last 25 years have died of malaria, tuberculosis and AIDS, 50 million people. The Global Fund will help history's worst epidemic.

Mr. LANTOS. Mr. Chairman, I yield 1 minute to my good friend, the gentleman from Massachusetts (Mr. OLVER), a distinguished member of the Committee on Appropriations.

Mr. OLVER. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, H.R. 1298 is the best bill the full House has ever considered on the international HIV/AIDS crisis. This bill provides \$1.7 billion in fiscal 2004 to the Global Fund to fight AIDS, tuberculosis, and malaria. Our support for the Global Fund demonstrates

American commitment to the international fight against HIV/AIDS and is vital for gaining funds from other donor countries.

In his State of the Union address President Bush announced his 5-year plan to fight HIV/AIDS but he only allotted \$200 million each year to the Global Fund. This bill greatly increases the U.S. commitment to the Global Fund.

As HIV/AIDS ravages Africa, the Caribbean and now explodes in Asia and the former Soviet Union, clearly no single nation has the ability to prevent the spread of AIDS or to adequately treat its victims. This international disease must be stopped with international and multi-lateral action.

Mr. Speaker, we must support this bill and the Global Fund to fight AIDS, TB, and malaria. It is the least we can do.

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

Mr. Chairman, this is a historic moment in dealing with global humanitarian legislation. What we were doing today on a bipartisan basis will save the lives of tens of millions of innocent people across the globe. We are doing it on a bipartisan basis with the typical generosity and humanitarian instincts of the American people.

This is legislation we must all be proud of. It should pass with an overwhelming majority. We are supportive of the legislation. We are grateful for the President's support and we fully anticipate that lives around the globe will be improved as a result of our efforts.

Mr. Chairman, I yield back the balance of our time.

Mr. HYDE. Mr. Chairman, I yield the balance of our time to the distinguished gentlewoman from Florida (Ms. HARRIS).

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

Ms. HARRIS. Mr. Chairman, I thank the gentleman from Illinois (Mr. HYDE) for yielding me this time.

Mr. Chairman, as our Nation confronts the threats of terrorism, tyranny, and weapons of mass destruction, we must not forget the ethical and practical imperative to fight nature's weapons of mass destruction which manifests themselves in the form of global epidemics, such as AIDS.

President Bush and this Congress have demonstrated extraordinary courage and moral leadership in focussing our Nation's attention on this critical matter of national security. H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, implements the President's visionary proposal to combat AIDS and other infectious diseases in Africa as well as on a global scale. This legislation models programs that have experienced tremendous success throughout the world, most notably a program that has proven effective in Uganda.

Such programs work with within existing cultural dynamics to combat the

existing humanitarian crisis, while promoting the essential long-term societal changes that will stop the spread of these dreadful diseases.

As a freshmen Member of Congress, I am heartened to note the bipartisan support and the healthy debate that has accompanied our consideration of this vital legislation. The speed and effectiveness with which we have joined the fight against the global scourge of AIDS tuberculosis, and malaria shows the American people that we can indeed work together to make the world freer, safer, healthier and more just.

I thank the gentleman from Illinois (Mr. HYDE) for his extraordinary vision and leadership in this momentous bill. I urge the passage of the legislation.

Mr. LARSON of Connecticut. Mr. Chairman, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. While much of our focus over the past two years has been on the eradication of terrorist threats from radical fringe groups and evil dictators, we must not forget the threat posed by a non-human terrorist: HIV/AIDS. More than 42 million people in the world are living with HIV/AIDS. Nearly 30 million of those people live on the continent of Africa and that includes 3 million children under the age of fifteen. As many of us in Congress have worked hard over the years to strengthen HIV/AIDS programs, I was particularly pleased to hear the President acknowledge this threat during his State of the Union address in January. Today Congress has a chance to address this global pandemic.

Specifically, this bill would authorize \$15 billion over five years to fight the HIV/AIDS pandemic, including up to \$1 billion for the Global Fund to Combat HIV/AIDS, Tuberculosis, and Malaria in Fiscal Year 2004. It would also create a five-year comprehensive, integrated, global strategy to strength the U.S. capacity to respond to the HIV/AIDS pandemic. Additionally, an HIV/AIDS Response Coordinator within the Department of State would be created to oversee this plan.

I am particularly pleased by the bipartisan support that this legislation has garnered. I thank the gentleman from Illinois (Mr. HYDE) for introducing this bill and working with both sides of the aisle to bring to the floor today a bill that can be widely supported. Our goal should not be to impose our values on another culture, but to exhibit our values by showing care and compassion for our global neighbors. By supporting programs like the successful Ugandan ABC campaign (which says Abstain; if you can't abstain, Be Faithful; if you can't be faithful, use a Condom) we can effectively address this crisis.

Again, I support this legislation and encourage my colleagues to join me. We have the opportunity today to make a commitment to improve the lives of millions of people and ease the suffering of an entire continent. However, the fight against HIV/AIDS is far from over and we must live up to the commitment we make today by fully funding these programs in the future.

Mr. TOWNS. Mr. Chairman, I support the attempt in this bill to provide basic medical assistance to prevent and treat HIV/AIDS. To understand the importance of this assistance, we must get a firm grasp on the enormity of this problem. AIDS is truly a global killer. The virus

respects no national boundaries, no religious affiliation, no race, no gender, and no age. In Sub-Sahara Africa, the region of the world most severely affected by HIV and AIDS, there are an estimated 25.3 million persons infected with the virus. In 7 African countries, 20 percent of the population is affected. In Botswana, it is estimated that 36 percent of the adult population is infected with HIV.

Other regions of the world have equally alarming statistics. In Asia, the world's most populous continent, 3.5 million people are infected with HIV. Eastern Europe has the most rapid rate of growth in HIV infections. In 20 short months, the number of infected persons in the Russian Federation rose from 10,000 to 70,000. In Latin America, an estimated 1.9 million people are infected with HIV. In the Caribbean, HIV has impacted about 400,000 people.

HIV and AIDS is the leading cause of death in Africa and the fourth leading cause of death worldwide. In the countries most affected in Africa, life expectancy has declined by 10 years and the infant death rates have doubled.

This disease has ravaged families. In the developing world, the loss of one parent can lead to a loss of income, the end of educational opportunities for children and an increase in child labor. The loss of both parents can be devastating. It has been estimated that by 2010 there will be 40 million children in Africa who have been orphaned because of the AIDS virus. That is equivalent to every child living east of the Mississippi River in this country.

I know this is a grim picture, but to paint a rosy scenario would be inappropriate. Compassion and concern are not enough. We must take concrete action, here and now. This epidemic can be stabilized and reversed. We must work effectively with leaders of the world to achieve these outcomes. Africa's tragedy can be reversed and a similar cataclysm can be avoided in other countries. This legislation is a good step forward in addressing this issue. But we must be prepared to take the next step and assist countries impacted by these diseases.

Mr. SCHIFF. Mr. Chairman, I rise in support of this important legislation that will enable us to effectively combat the global scourges of HIV/AIDS, tuberculosis, and malaria. I am grateful for the bipartisan leadership of my colleagues who authored and were original co-sponsors of this bill especially Chairman HYDE, Ranking Member LANTOS, Mr. WELDON, Ms. LEE, and Mr. LEACH.

This legislation enables the United States to take strong leadership role to ameliorate, and, we hope, ultimately to eradicate one of the most devastating diseases that man has ever encountered. We count the victims of HIV/AIDS in the tens and hundreds of millions, worldwide. It is a disease that affects men and women, adults and children. Its impact is most devastating on the poorest, those with the least capacity to deal with the ravages of this disease or to act effectively to prevent its spread. By affecting so many millions across societal cross-sections, this disease presents a humanitarian crisis of unprecedented magnitude. Furthermore, the HIV/AIDS pandemic is a potentially destabilizing force that presents a grave threat to international security.

The African nations have been especially hard hit by the epidemic of HIV/AIDS and

other diseases. Together, HIV/AIDS, tuberculosis, malaria, and related diseases are undermining agriculture production throughout Africa—aggravating disease with hunger.

This bill will address these global problems by authorizing \$15 billion to combat HIV/AIDS, tuberculosis, and malaria, through a comprehensive five-year integrated strategy. This legislation will use these funds effectively by promoting inter-agency coordination, supporting the expansions of public/private partnerships, and using targeted programs that will especially benefit children and families affected by HIV/AIDS.

Of course we must continue to work aggressively to combat the spread of this disease here in the United States and to continue our efforts to research a cure and to aid our own countrymen afflicted with this terrible illness.

I am proud to be a co-sponsor of this vital legislation to attack one of the most significant threats to global health. I am pleased with the bill that the International Relations Committee passed, and I urge my colleagues to support his bill.

Mr. PAUL. Mr. Chairman, as a physician I am particularly concerned about terrible diseases like AIDS. I have great sympathy for those—in increasing numbers—who suffer and die around the world. The question is not whether each and every one of us is concerned or would like to do something about this terrible problem. The question is whether yet another massive government foreign aid program will actually do anything at all to solve the problem. The United States has been sending billions and billions of dollars overseas for decades to do fine-sounding things like “build democracy” and “fight drugs” and “end poverty.” Yet decades later we are told that in every category these things have actually gotten worse rather than better. Our money has disappeared into bank accounts of dictators and salaries for extremely well-paid consultants and U.S. Government employees. Yet we refuse to learn from these mistakes; we are about to make another multi-billion dollar mistake with this bill.

Though I have not been in favor of Federal Government funding of healthcare, if this money is going to be spent why shouldn't it be spent in this country, on American citizens? One legitimate function of government is to protect its citizens and taxpayers. Yet thousands of Americans who have contracted this terrible disease find themselves without any healthcare at all. Thousands of these Americans, as they become ill, are no longer able to work and therefore lose their insurance coverage. Drugs to treat the disease become impossible to afford; those with disease end up along and in misery. I seriously wonder whether negative perceptions of those at risk in this country do not drive this push to send billions abroad rather than address the disease here at home. I believe that if this money is to be spent it should be spent on Americans, regardless of what some may think about those high-risk groups.

Bills like the one we are considering today also force Americans to fund programs and organizations that many find morally objectionable, such as those that distribute condoms and perform abortion. While some amendments we are voting on today admirably seek to address some of these concerns, the fact remains that this bill even if amended unconstitutionally sends U.S. taxpayer money over-

seas and inappropriately engages in social engineering abroad. None of the amendments address the immorality of forcing Americans to fund organizations engaged in family planning, performing abortions, and distributing condoms. As Thomas Jefferson famously said, “To compel a man to furnish funds for the propagation of ideas he disbelieves and abhors is sinful and tyrannical.” That is why I have introduced H.R. 1548, a bill to prohibit any Federal official from expending any Federal funds for any population control or population planning program or any family planning activity. What we are seeing today on the floor just underscores the need to pass H.R. 1548—to end this tyrannical and sinful practice of forcing Americans to pay for programs they believe to be immoral and evil.

Mr. Chairman, at a time when the government is running record deficits, is engaged in an enormously expensive war in Iraq and Afghanistan and elsewhere, and is even cutting veterans benefits, I find it extremely irresponsible that we are discussing sending additional billions overseas in yet another dubious program. Additionally, I am greatly concerned that the billions we are contributing to the “Global Fund” will be going to organizations that support and perform abortions, prostitution, infanticide and other horrors. There is nothing in this bill to prevent this, only faith that the Coordinator will exercise good judgment in these matters. That is simply not sufficient. I strongly oppose this bill and urge my colleagues to do likewise.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in support of H.R. 1298, the “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.” I also rise to applaud the efforts of Mr. HYDE, Mr. LANTOS, Mr. WELDON, Ms. LEE, and Mr. LEACH to get this bill on the floor so that the members of the House of Representatives can do our part to fight the spread of infectious diseases.

I support H.R. 1298, because HIV/AIDS, tuberculosis, and malaria are killing men, women, and children in countries across the globe. And the United States, a country blessed with expert physicians, scientists, corporations, and governmental agencies should take the lead in worldwide efforts to combat the effects of these infectious diseases.

H.R. 1298 contains many provisions that help in the battle to contain the spread of these diseases and to provide assistance to those suffering from HIV/AIDS, TB, and malaria. Among other provisions, H.R. 1298 establishes a five-year global strategy to combat HIV/AIDS, TB, and malaria. It also supports voluntary contributions to the international vaccine funds, establishes pilot programs to place health care professionals in overseas areas and provide assistance for children and families affected by HIV/AIDS.

I, along with several other members of the House of Representatives, have also proposed amendments to supplement the provisions already written into the bill. These provisions will also help combat the spread of HIV/AIDS, TB, and malaria.

As the Chair of the Children's Caucus, I am particularly troubled by the pandemic of HIV/AIDS and the devastating impact this disease has had on children in Africa and worldwide. It has been over 20 years since AIDS was first diagnosed. Since then over 57 million people have been infected, 25 million people have perished, 4 million of which were children.

According to a study by UNAIDS, if the AIDS epidemic in Africa is not controlled, AIDS related deaths will make 40 million children orphaned by the year 2010. Presently, there are more children orphaned in Africa due to parental AIDS deaths than there are children in America's public school system. In Botswana, there are more deaths annually from AIDS than there are childbirths.

I have had the opportunity to see for myself the devastating effect of HIV/AIDS, TB, and malaria on the citizens of African countries. I was a member of one of the first presidential missions to Africa. I have visited Zambia, Uganda, and South Africa and seen the physical and emotional damage caused by infectious diseases. I have supported programs to change personal behaviors like the ABC Program which encourages youths to practice Abstinence, Be faithful, and use Condoms.

Congressional trips to Africa and support of initiatives are positive steps in the fight against aids. However, we can do much more to provide funding, actively participate in developing programs, conduct studies, and disburse medicines to the victims of HIV/AIDS, tuberculosis, and malaria in sub-Saharan Africa.

I reiterate my unwavering support for H.R. 1298. I encourage every member of the House of Representatives to also support H.R. 1298, as well as give serious consideration to the various amendments that have been offered to the bill. We must take swift and decisive action to prevent the further spread of infectious diseases. Each day that we delay the passage of H.R. 1298, thousands of people worldwide will die or be infected with HIV/AIDS, TB, and malaria. I commend Mr. HYDE, Mr. LANTOS, Mr. WELDON, Ms. LEE, and Mr. LEACH's efforts to prevent further infectious disease deaths. I support H.R. 1298, and I urge my colleagues to do the same.

Mrs. CHRISTENSEN. Mr. Chairman, I rise today to urge for the passage of H.R. 1298, and I want to commend my colleagues BARBARA LEE and TOM LANTOS, as well as Chairman HYDE and the entire CBC for getting us to where we are today.

The White House has also come a long way.

And so I am pleased to support this bill, which now provides \$1 billion for the global Fund where it can be leveraged to greater levels of funding through contributions from other sources.

Hopefully as we see its success, the U.S. will increase its contribution to the global Fund where I am convinced we can do the most good.

This bill wisely builds on the program in Uganda, where the three pronged approach of abstinence, being faithful to one partner, and condom use has seen much success.

This is a major victory, not for those of us who have urged this approach but for the people whose lives will be saved.

Lastly, I am very pleased that the Caribbean is included, specifically Haiti and Guyana, but here too, I hope that we can see this funding expanded to other countries in the region, which also bear a heavy burden of HIV and AIDS.

We have come a long way in these two years, and even since the announcement of the \$15 billion in the President's State of the Union Address this year.

Although we can still improve upon this effort, passage of H.R. 1298 will mark a great

step forward in responding to this strong moral imperative. We look forward to working with our colleagues and the White House to continue to match what will surely be growing need, and to do the same for the HIV and AIDS epidemic right here at home.

Mr. NADLER. Mr. Chairman, I rise in strong support of H.R. 1298. This is an excellent bill that will save millions of lives throughout the world. It's an outstanding example of the kind of leadership the United States should be showing on public health issues, and I hope it's just the beginning of our work in this area.

I'm particularly pleased that President Bush has stood up to the extremists in his party who wished to hijack this bill to push their ideological agenda. The radical right wing forces who oppose even the discussion as well as distribution of condoms as part of a balanced approach play a dangerous game with people's lives. Instead of allowing proven strategies to work, there are some who would rather watch a whole continent die than see condoms used. An abstinence-only approach is a death sentence for millions of people.

As I said, however, I applaud President Bush for standing up to these extremists and supporting this balanced bill. When the Traditional Values Coalition and the Family Research Council are opposed to legislation, we must be doing something right.

Mr. Chairman, for too long this nation has stood by and paid closer attention to our wallet than to the millions of people dying of AIDS throughout the world. Up until now, we've been unwilling to spend the money necessary to combat this terrible disease. But today, we are hopefully reversing this trend and beginning a new era of American leadership on this issue.

We've seen incredible devastation throughout the world as a result of AIDS. Millions of children will grow up orphans and entire nations have been unable sustain a healthy workforce, driving them even deeper into poverty. These are tragedies that we can help stop, but it takes money and political will. With this bill today, we take an important step in that direction.

I urge my colleagues to support this legislation and to oppose any amendments that weaken it.

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

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the committee amendment in the nature of a substitute printed in the bill shall be considered as an original bill for the purpose of amendment under the 5-minute rule and shall be considered read.

The text of the committee amendment in the nature of a substitute is as follows:

H.R. 1298

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the "United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003".

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

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

Sec. 5. Authority to consolidate and combine reports.

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.

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. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.

Sec. 305. Report on treatment activities by relevant executive branch agencies.

Subtitle B—Assistance for Children and Families

Sec. 311. Findings.

Sec. 312. Policy and requirements.

Sec. 313. Annual reports on prevention of mother-to-child transmission of the HIV infection.

Sec. 314. Pilot program of assistance for children and families affected by HIV/AIDS.

Sec. 315. Pilot program on family survival partnerships.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) During the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading from the most severely affected regions, sub-Saharan Africa and the Caribbean, to all corners of the world, and leaving an unprecedented path of death and devastation.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 65,000,000 individuals worldwide have been infected with HIV since the epidemic began, more than 25,000,000 of these individuals have lost their lives to the disease, and more than 14,000,000 children have been orphaned by the disease. HIV/AIDS is the fourth-highest cause of death in the world.

(3)(A) At the end of 2002, an estimated 42,000,000 individuals were infected with HIV or living with AIDS, of which more than 75 percent live in Africa or the Caribbean. Of these individuals, more than 3,200,000 were children under the age of fifteen and more than 19,200,000 were women.

(B) Women are four times more vulnerable to infection than are men and are becoming infected at increasingly high rates, in part because many societies do not provide poor women and young girls with the social, legal, and cultural protections against high risk activities that expose them to HIV/AIDS.

(C) Women and children who are refugees or are internally displaced persons are especially vulnerable to sexual exploitation and violence, thereby increasing the possibility of HIV infection.

(4) As the leading cause of death in sub-Saharan Africa, AIDS has killed more than 19,400,000 individuals (more than 3 times the number of

AIDS deaths in the rest of the world) and will claim the lives of one-quarter of the population, mostly adults, in the next decade.

(5) An estimated 2,000,000 individuals in Latin America and the Caribbean and another 7,100,000 individuals in Asia and the Pacific region are infected with HIV or living with AIDS. Infection rates are rising alarmingly in Eastern Europe (especially in the Russian Federation), Central Asia, and China.

(6) HIV/AIDS threatens personal security by affecting the health, lifespan, and productive capacity of the individual and the social cohesion and economic well-being of the family.

(7) HIV/AIDS undermines the economic security of a country and individual businesses in that country by weakening the productivity and longevity of the labor force across a broad array of economic sectors and by reducing the potential for economic growth over the long term.

(8) HIV/AIDS destabilizes communities by striking at the most mobile and educated members of society, many of whom are responsible for security at the local level and governance at the national and subnational levels as well as many teachers, health care personnel, and other community workers vital to community development and the effort to combat HIV/AIDS. In some countries the overwhelming challenges of the HIV/AIDS epidemic are accelerating the outward migration of critically important health care professionals.

(9) HIV/AIDS weakens the defenses of countries severely affected by the HIV/AIDS crisis through high infection rates among members of their military forces and voluntary peacekeeping personnel. According to UNAIDS, in sub-Saharan Africa, many military forces have infection rates as much as five times that of the civilian population.

(10) HIV/AIDS poses a serious security issue for the international community by—

(A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease;

(B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS; and

(C) increasing the vulnerability of local populations to HIV/AIDS in conflict zones from peacekeeping troops with HIV infection rates significantly higher than civilian populations.

(11) The devastation wrought by the HIV/AIDS pandemic is compounded by the prevalence of tuberculosis and malaria, particularly in developing countries where the poorest and most vulnerable members of society, including women, children, and those individuals living with HIV/AIDS, become infected. According to the World Health Organization (WHO), HIV/AIDS, tuberculosis, and malaria accounted for more than 5,700,000 deaths in 2001 and caused debilitating illnesses in millions more.

(12) Together, HIV/AIDS, tuberculosis, malaria and related diseases are undermining agricultural production throughout Africa. According to the United Nations Food and Agricultural Organization, 7,000,000 agricultural workers throughout 25 African countries have died from AIDS since 1985. Countries with poorly developed agricultural systems, which already face chronic food shortages, are the hardest hit, particularly in sub-Saharan Africa, where high HIV prevalence rates are compounding the risk of starvation for an estimated 14,400,000 people.

(13) Tuberculosis is the cause of death for one out of every three people with AIDS worldwide and is a highly communicable disease. HIV infection is the leading threat to tuberculosis control. Because HIV infection so severely weakens the immune system, individuals with HIV and latent tuberculosis infection have a 100 times greater risk of developing active tuberculosis diseases thereby increasing the risk of spreading

tuberculosis to others. Tuberculosis, in turn, accelerates the onset of AIDS in individuals infected with HIV.

(14) Malaria, the most deadly of all tropical parasitic diseases, has been undergoing a dramatic resurgence in recent years due to increasing resistance of the malaria parasite to inexpensive and effective drugs. At the same time, increasing resistance of mosquitoes to standard insecticides makes control of transmission difficult to achieve. The World Health Organization estimates that between 300,000,000 and 500,000,000 new cases of malaria occur each year, and annual deaths from the disease number between 2,000,000 and 3,000,000. Persons infected with HIV are particularly vulnerable to the malaria parasite. The spread of HIV infection contributes to the difficulties of controlling resurgence of the drug resistant malaria parasite.

(15) HIV/AIDS is first and foremost a health problem. Successful strategies to stem the spread of the HIV/AIDS pandemic will require clinical medical interventions, the strengthening of health care delivery systems and infrastructure, and determined national leadership and increased budgetary allocations for the health sector in countries affected by the epidemic as well as measures to address the social and behavioral causes of the problem and its impact on families, communities, and societal sectors.

(16) Basic interventions to prevent new HIV infections and to bring care and treatment to people living with AIDS, such as voluntary counseling and testing and mother-to-child transmission programs, are achieving meaningful results and are cost-effective. The challenge is to expand these interventions from a pilot program basis to a national basis in a coherent and sustainable manner.

(17) Appropriate treatment of individuals with HIV/AIDS can prolong the lives of such individuals, preserve their families, prevent children from becoming orphans, and increase productivity of such individuals by allowing them to lead active lives and reduce the need for costly hospitalization for treatment of opportunistic infections caused by HIV.

(18) Nongovernmental organizations, including faith-based organizations, with experience in health care and HIV/AIDS counseling, have proven effective in combating the HIV/AIDS pandemic and can be a resource in assisting indigenous organizations in severely affected countries in their efforts to provide treatment and care for individuals infected with HIV/AIDS.

(19) Faith-based organizations are making an important contribution to HIV prevention and AIDS treatment programs around the world. Successful HIV prevention programs in Uganda, Jamaica, and elsewhere have included local churches and faith-based groups in efforts to promote behavior changes to prevent HIV, to reduce stigma associated with HIV infection, to treat those afflicted with the disease, and to care for orphans. The Catholic Church alone currently cares for one in four people being treated for AIDS worldwide. Faith-based organizations possess infrastructure, experience, and knowledge that will be needed to carry out these programs in the future and should be an integral part of United States efforts.

(20)(A) Uganda has experienced the most significant decline in HIV rates of any country in Africa, including a decrease among pregnant women from 20.6 percent in 1991 to 7.9 percent in 2000.

(B) Uganda made this remarkable turnaround because President Yoweri Museveni spoke out early, breaking long-standing cultural taboos, and changed widespread perceptions about the disease. His leadership stands as a model for ways political leaders in Africa and other developing countries can mobilize their nations, including civic organizations, professional associations, religious institutions, business and labor to combat HIV/AIDS.

(C) Uganda's successful AIDS treatment and prevention program is referred to as the ABC model: "Abstain, Be faithful, use Condoms", in order of priority. Jamaica, Zambia, Ethiopia and Senegal have also successfully used the ABC model. Beginning in 1986, Uganda brought about a fundamental change in sexual behavior by developing a low-cost program with the message: "Stop having multiple partners. Be faithful. Teenagers, wait until you are married before you begin sex."

(D) By 1995, 95 percent of Ugandans were reporting either one or zero sexual partners in the past year, and the proportion of sexually active youth declined significantly from the late 1980s to the mid-1990s. The greatest percentage decline in HIV infections and the greatest degree of behavioral change occurred in those 15 to 19 years old. Uganda's success shows that behavior change, through the use of the ABC model, is a very successful way to prevent the spread of HIV.

(21) The magnitude and scope of the HIV/AIDS crisis demands a comprehensive, long-term, international response focused upon addressing the causes, reducing the spread, and ameliorating the consequences of the HIV/AIDS pandemic, including—

(A) prevention and education, care and treatment, basic and applied research, and training of health care workers, particularly at the community and provincial levels, and other community workers and leaders needed to cope with the range of consequences of the HIV/AIDS crisis;

(B) development of health care infrastructure and delivery systems through cooperative and coordinated public efforts and public and private partnerships;

(C) development and implementation of national and community-based multisector strategies that address the impact of HIV/AIDS on the individual, family, community, and nation and increase the participation of at-risk populations in programs designed to encourage behavioral and social change and reduce the stigma associated with HIV/AIDS; and

(D) coordination of efforts between international organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), national governments, and private sector organizations, including faith-based organizations.

(22) The United States has the capacity to lead and enhance the effectiveness of the international community's response by—

(A) providing substantial financial resources, technical expertise, and training, particularly of health care personnel and community workers and leaders;

(B) promoting vaccine and microbicide research and the development of new treatment protocols in the public and commercial pharmaceutical research sectors;

(C) making available pharmaceuticals and diagnostics for HIV/AIDS therapy;

(D) encouraging governments and faith-based and community-based organizations to adopt policies that treat HIV/AIDS as a multisectoral public health problem affecting not only health but other areas such as agriculture, education, the economy, the family and society, and assisting them to develop and implement programs corresponding to these needs;

(E) promoting healthy lifestyles, including abstinence, delaying sexual debut, monogamy, marriage, faithfulness, use of condoms, and avoiding substance abuse; and

(F) encouraging active involvement of the private sector, including businesses, pharmaceutical and biotechnology companies, the medical and scientific communities, charitable foundations, private and voluntary organizations and nongovernmental organizations, faith-based organizations, community-based organizations, and other nonprofit entities.

(23) Prostitution and other sexual victimization are degrading to women and children and it should be the policy of the United States to eradicate such practices. The sex industry, the trafficking of individuals into such industry, and sexual violence are additional causes of and factors in the spread of the HIV/AIDS epidemic. One in nine South Africans is living with AIDS, and sexual violence is rampant, at a victimization rate of one in three women. Meanwhile in Cambodia, as many as 40 percent of prostitutes are infected with HIV and the country has the highest rate of increase of HIV infection in all of Southeast Asia. Victims of coercive sexual encounters do not get to make choices about their sexual activities.

(24) Strong coordination must exist among the various agencies of the United States to ensure effective and efficient use of financial and technical resources within the United States Government with respect to the provision of international HIV/AIDS assistance.

(25) In his address to Congress on January 28, 2003, the President announced the Administration's intention to embark on a five-year emergency plan for AIDS relief, to confront HIV/AIDS with the goals of preventing 7,000,000 new HIV/AIDS infections, treating at least 2,000,000 people with life-extending drugs, and providing humane care for millions of people suffering from HIV/AIDS, and for children orphaned by HIV/AIDS.

(26) In this address to Congress, the President stated the following: "Today, on the continent of Africa, nearly 30,000,000 people have the AIDS virus—including 3,000,000 children under the age of 15. There are whole countries in Africa where more than one-third of the adult population carries the infection. More than 4,000,000 require immediate drug treatment. Yet across that continent, only 50,000 AIDS victims—only 50,000—are receiving the medicine they need."

(27) Furthermore, the President focused on care and treatment of HIV/AIDS in his address to Congress, stating the following: "Because the AIDS diagnosis is considered a death sentence, many do not seek treatment. Almost all who do are turned away. A doctor in rural South Africa describes his frustration. He says, 'We have no medicines. Many hospitals tell people, you've got AIDS, we can't help you. Go home and die.' In an age of miraculous medicines, no person should have to hear those words. AIDS can be prevented. Anti-retroviral drugs can extend life for many years... Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many."

(28) Finally, the President stated that "[w]e have confronted, and will continue to confront, HIV/AIDS in our own country", proposing now that the United States should lead the world in sparing innocent people from a plague of nature, and asking Congress "to commit \$15,000,000,000 over the next five years, including nearly \$10,000,000,000 in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean".

SEC. 3. DEFINITIONS.

In this Act:

(1) AIDS.—The term "AIDS" means the acquired immune deficiency syndrome.

(2) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term "appropriate congressional committees" means the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives.

(3) GLOBAL FUND.—The term "Global Fund" means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria established pursuant to Article 80 of the Swiss Civil Code.

(4) HIV.—The term "HIV" means the human immunodeficiency virus, the pathogen that causes AIDS.

(5) HIV/AIDS.—The term "HIV/AIDS" means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(6) **RELEVANT EXECUTIVE BRANCH AGENCIES.**—The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development, and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or the Foreign Assistance Act of 1961.

SEC. 4. PURPOSE.

The purpose of this Act is to strengthen United States leadership and the effectiveness of the United States response to certain global infectious diseases by—

(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS that encompasses a plan for phased expansion of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

(2) providing increased resources for multilateral efforts to fight HIV/AIDS;

(3) providing increased resources for United States bilateral efforts, particularly for technical assistance and training, to combat HIV/AIDS, tuberculosis, and malaria;

(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

(5) intensifying efforts to support the development of vaccines and treatment for HIV/AIDS, tuberculosis, and malaria.

SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE REPORTS.

With respect to the reports required by this Act to be submitted by the President, to ensure an efficient use of resources, the President may, in his discretion and notwithstanding any other provision of this Act, consolidate or combine any of these reports, except for the report required by section 101 of this Act, so long as the required elements of each report are addressed and reported within a 90-day period from the original deadline date for submission of the report specified in this Act. The President may also enter into contracts with organizations with relevant expertise to develop, originate, or contribute to any of the reports required by this Act to be submitted by the President.

TITLE I—POLICY PLANNING AND COORDINATION

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

(a) **STRATEGY.**—The President shall establish a comprehensive, integrated, five-year strategy to combat global HIV/AIDS that strengthens the capacity of the United States to be an effective leader of the international campaign against HIV/AIDS. Such strategy shall maintain sufficient flexibility and remain responsive to the ever-changing nature of the HIV/AIDS pandemic and shall—

(1) include specific objectives, multisectoral approaches, and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further spread of HIV infections, with a particular focus on the needs of families with children (including the prevention of mother-to-child transmission), women, young people, and children (such as unaccompanied minor children and orphans);

(2) as part of the strategy, implement a tiered approach to direct delivery of care and treatment through a system based on central facilities augmented by expanding circles of local delivery of care and treatment through local systems and capacity;

(3) assign priorities for relevant executive branch agencies;

(4) provide that the reduction of HIV/AIDS behavioral risks shall be a priority of all prevention efforts in terms of funding, educational messages, and activities by promoting abstinence from sexual activity and substance abuse, encouraging monogamy and faithfulness, promoting the effective use of condoms, and eradi-

cating prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children;

(5) improve coordination among relevant executive branch agencies, foreign governments, and international organizations;

(6) project general levels of resources needed to achieve the stated objectives;

(7) expand public-private partnerships and the leveraging of resources; and

(8) maximize United States capabilities in the areas of technical assistance and training and research, including vaccine research.

(b) **REPORT.**—

(1) **IN GENERAL.**—Not later than 270 days after the date of enactment of this Act, the President shall submit to the appropriate congressional committees a report setting forth the strategy described in subsection (a).

(2) **REPORT CONTENTS.**—The report required by paragraph (1) shall include a discussion of the elements described in paragraph (3) and may include a discussion of additional elements relevant to the strategy described in subsection (a). Such discussion may include an explanation as to why a particular element described in paragraph (3) is not relevant to such strategy.

(3) **REPORT ELEMENTS.**—The elements referred to in paragraph (2) are the following:

(A) The objectives, general and specific, of the strategy.

(B) A description of the criteria for determining success of the strategy.

(C) A description of the manner in which the strategy will address the fundamental elements of prevention and education, care, and treatment (including increasing access to pharmaceuticals and to vaccines), the promotion of abstinence, monogamy, avoidance of substance abuse, and use of condoms, research (including incentives for vaccine development and new protocols), training of health care workers, the development of health care infrastructure and delivery systems, and avoidance of substance abuse.

(D) A description of the manner in which the strategy will promote the development and implementation of national and community-based multisectoral strategies and programs, including those designed to enhance leadership capacity particularly at the community level.

(E) A description of the specific strategies developed to meet the unique needs of women, including the empowerment of women in interpersonal situations, young people and children, including those orphaned by HIV/AIDS and those who are victims of the sex trade, rape, sexual abuse, assault, and exploitation.

(F) A description of the programs to be undertaken to maximize United States contributions in the areas of technical assistance, training (particularly of health care workers and community-based leaders in affected sectors), and research, including the promotion of research on vaccines and microbicides.

(G) An identification of the relevant executive branch agencies that will be involved and the assignment of priorities to those agencies.

(H) A description of the role of each relevant executive branch agency and the types of programs that the agency will be undertaking.

(I) A description of the mechanisms that will be utilized to coordinate the efforts of the relevant executive branch agencies, to avoid duplication of efforts, to enhance on-site coordination efforts, and to ensure that each agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

(J) A description of the mechanisms that will be utilized to ensure greater coordination between the United States and foreign governments and international organizations including the Global Fund, UNAIDS, international financial institutions, and private sector organizations.

(K) The level of resources that will be needed on an annual basis and the manner in which

those resources would generally be allocated among the relevant executive branch agencies.

(L) A description of the mechanisms to be established for monitoring and evaluating programs, promoting successful models, and for terminating unsuccessful programs.

(M) A description of the manner in which private, nongovernmental entities will factor into the United States Government-led effort and a description of the type of partnerships that will be created to maximize the capabilities of these private sector entities and to leverage resources.

(N) A description of the ways in which United States leadership will be used to enhance the overall international response to the HIV/AIDS pandemic and particularly to heighten the engagement of the member states of the G-8 and to strengthen key financial and coordination mechanisms such as the Global Fund and UNAIDS.

(O) A description of the manner in which the United States strategy for combating HIV/AIDS relates to and supports other United States assistance strategies in developing countries.

(P) A description of the programs to be carried out under the strategy that are specifically targeted at women and girls to educate them about the spread of HIV/AIDS.

(Q) A description of efforts being made to address the unique needs of families with children with respect to HIV/AIDS, including efforts to preserve the family unit.

(R) An analysis of the emigration of critically important medical and public health personnel, including physicians, nurses, and supervisors from sub-Saharan African countries that are acutely impacted by HIV/AIDS, including a description of the causes, effects, and the impact on the stability of health infrastructures, as well as a summary of incentives and programs that the United States could provide, in concert with other private and public sector partners and international organizations, to stabilize health institutions by encouraging critical personnel to remain in their home countries.

(S) A description of the specific strategies developed to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients.

(T) A description of the specific strategies to ensure that the extraordinary benefit of HIV/AIDS pharmaceuticals (especially antiretrovirals) are not diminished through the illegal counterfeiting of pharmaceuticals and black market sales of such pharmaceuticals.

(U) An analysis of the prevalence of Human Papilloma Virus (HPV) in sub-Saharan Africa and the impact that condom usage has upon the spread of HPV in sub-Saharan Africa.

SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

(a) **ESTABLISHMENT OF POSITION.**—Section 1 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 265(a)) is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) HIV/AIDS RESPONSE COORDINATOR.—

“(1) **IN GENERAL.**—There shall be established within the Department of State in the immediate office of the Secretary of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

“(2) **AUTHORITIES AND DUTIES; DEFINITIONS.**—

“(A) **AUTHORITIES.**—The Coordinator, acting through such nongovernmental organizations (including faith-based and community-based organizations) and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of this section, is authorized—

“(i) to operate internationally to carry out prevention, care, treatment, support, capacity

development, and other activities for combatting HIV/AIDS;

“(ii) to transfer and allocate funds to relevant executive branch agencies; and

“(iii) to provide grants to, and enter into contracts with, nongovernmental organizations (including faith-based and community-based organizations) to carry out the purposes of section.

“(B) DUTIES.—

“(i) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic, including all programs, projects, and activities of the United States Government relating to the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or any amendment made by that Act.

“(ii) SPECIFIC DUTIES.—The duties of the Coordinator shall specifically include the following:

“(I) Ensuring program and policy coordination among the relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring, and evaluation of all such programs.

“(II) Ensuring that each relevant executive branch agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

“(III) Avoiding duplication of effort.

“(IV) Ensuring coordination of relevant executive branch agency activities in the field.

“(V) Pursuing coordination with other countries and international organizations.

“(VI) Resolving policy, program, and funding disputes among the relevant executive branch agencies.

“(VII) Directly approving all activities of the United States (including funding) relating to combatting HIV/AIDS in each of Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, and other countries designated by the President, which other designated countries may include those countries in which the United States is implementing HIV/AIDS programs as of the date of the enactment of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

“(VIII) Establishing due diligence criteria for all recipients of funds section and all activities subject to the coordination and appropriate monitoring, evaluation, and audits carried out by the Coordinator necessary to assess the measurable outcomes of such activities.

“(C) DEFINITIONS.—In this paragraph:

“(i) AIDS.—The term ‘AIDS’ means acquired immune deficiency syndrome.

“(ii) HIV.—The term ‘HIV’ means the human immunodeficiency virus, the pathogen that causes AIDS.

“(iii) HIV/AIDS.—The term ‘HIV/AIDS’ means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

“(iv) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including the Public Health Service), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.”

(b) RESOURCES.—Not later than 90 days after the date of enactment of this Act, the President shall specify the necessary financial and personnel resources, from funds appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, that shall be assigned to and under the direct control of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally to es-

tablish and maintain the duties and supporting activities assigned to the Coordinator by this Act and the amendments made by this Act.

(c) ESTABLISHMENT OF SEPARATE ACCOUNT.—There is established in the general fund of the Treasury a separate account which shall be known as the “Activities to Combat HIV/AIDS Globally Fund” and which shall be administered by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally. There shall be deposited into the Fund all amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, except for amounts appropriated for United States contributions to the Global Fund.

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

SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.

(a) FINDINGS.—Congress makes the following findings:

(1) Innovative partnerships between governments and organizations in the private sector (including foundations, universities, corporations, faith-based and community-based organizations, and other nongovernmental organizations) have proliferated in recent years, particularly in the area of health.

(2) Public-private sector partnerships multiply local and international capacities to strengthen the delivery of health services in developing countries and to accelerate research for vaccines and other pharmaceutical products that are essential to combat infectious diseases decimating the populations of these countries.

(3) These partnerships maximize the unique capabilities of each sector while combining financial and other resources, scientific knowledge, and expertise toward common goals which neither the public nor the private sector can achieve alone.

(4) Sustaining existing public-private partnerships and building new ones are critical to the success of the international community's efforts to combat HIV/AIDS and other infectious diseases around the globe.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the sustenance and promotion of public-private partnerships should be a priority element of the strategy pursued by the United States to combat the HIV/AIDS pandemic and other global health crises; and

(2) the United States should systematically track the evolution of these partnerships and work with others in the public and private sector to profile and build upon those models that are most effective.

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

(a) AUTHORITY FOR UNITED STATES PARTICIPATION.—

(1) UNITED STATES PARTICIPATION.—The United States is hereby authorized to participate in the Global Fund.

(2) PRIVILEGES AND IMMUNITIES.—The Global Fund shall be considered a public international organization for purposes of section 1 of the International Organizations Immunities Act (22 U.S.C. 288).

(b) REPORTS TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the Global Fund, the President shall submit to the appropriate congressional committees a report on the Global Fund, including contributions pledged to, contributions (including donations from the private sector) received by, and projects funded by the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process.

(c) UNITED STATES FINANCIAL PARTICIPATION.—

(1) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be ap-

propriated for bilateral or multilateral HIV/AIDS, tuberculosis, or malaria programs, of the amounts authorized to be appropriated under section 401, there are authorized to be appropriated to the President up to \$1,000,000,000 in the fiscal year 2004, and such sums as may be necessary for the fiscal years 2005–2008, for contributions to the Global Fund.

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

(3) REPROGRAMMING OF FISCAL YEAR 2001 FUNDS.—Funds made available for fiscal year 2001 under section 141 of the Global AIDS and Tuberculosis Relief Act of 2000—

(A) are authorized to remain available until expended; and

(B) shall be transferred to, merged with, and made available for the same purposes as, funds made available for fiscal years 2004 through 2008 under paragraph (1).

(4) LIMITATION.—

(A)(i) At any time during fiscal years 2004 through 2008, no United States contribution to the Global Fund may cause the total amount of United States Government contributions to the Global Fund to exceed 33 percent of the total amount of funds contributed to the Global Fund from all other sources. Contributions to the Global Fund from the International Bank for Reconstruction and Development and the International Monetary Fund shall not be considered in determining compliance with this paragraph.

(ii) If, at any time during any of the fiscal years 2004 through 2008, the President determines that the Global Fund has provided assistance to a country, the government of which the Secretary of State has determined, for purposes of section 6(j)(1) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)), has repeatedly provided support for acts of international terrorism, then the United States shall withhold from its contribution for the next fiscal year an amount equal to the amount expended by the Fund to the government of each such country.

(B) Any amount made available under this subsection that is withheld by reason of subparagraph (A) shall be contributed to the Global Fund as soon as practicable, subject to subparagraph (A), after additional contributions to the Global Fund are made from other sources.

(C)(i) The President may suspend the application of subparagraph (A) with respect to a fiscal year if the President determines that an international health emergency threatens the national security interests of the United States.

(ii) The President shall notify the Committee on International Relations of the House of Representatives and the Committee on Foreign Relations of the Senate not less than 5 days before making a determination under clause (i) with respect to the application of subparagraph (A)(i) and shall include in the notification—

(I) a justification as to why increased United States Government contributions to the Global Fund is preferable to increased United States assistance to combat HIV/AIDS, tuberculosis, and malaria on a bilateral basis; and

(II) an explanation as to why other government donors to the Global Fund are unable to provide adequate contributions to the Fund.

(d) INTERAGENCY TECHNICAL REVIEW PANEL.—

(1) ESTABLISHMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally, established in section 1(f)(1) of the State Department Basic Authorities Act of 1956 (as added by section 102(a) of this Act), shall establish in the executive branch an interagency technical review panel.

(2) DUTIES.—The interagency technical review panel shall serve as a “shadow” panel to the Global Fund by—

(A) periodically reviewing all proposals received by the Global Fund; and

(B) providing guidance to the United States persons who are representatives on the panels, committees, and boards of the Global Fund, on

the technical efficacy, suitability, and appropriateness of the proposals, and ensuring that such persons are fully informed of technical inadequacies or other aspects of the proposals that are inconsistent with the purposes of this or any other Act relating to the provision of foreign assistance in the area of AIDS.

(3) **MEMBERSHIP.**—The interagency technical review panel shall consist of qualified medical and development experts who are officers or employees of the Department of Health and Human Services, the Department of State, and the United States Agency for International Development.

(4) **CHAIR.**—The Coordinator referred to in paragraph (1) shall chair the interagency technical review panel.

(e) **MONITORING BY COMPTROLLER GENERAL.**—

(1) **MONITORING.**—The Comptroller General shall monitor and evaluate projects funded by the Global Fund.

(2) **REPORT.**—The Comptroller General shall on a biennial basis shall prepare and submit to the appropriate congressional committees a report that contains the results of the monitoring and evaluation described in paragraph (1) for the preceding 2-year period.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

(a) **VACCINE FUND.**—Section 302(k) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

(1) by striking “\$50,000,000 for each of the fiscal years 2001 and 2002” and inserting “such sums as may be necessary for each of the fiscal years 2004 through 2008”; and

(2) by striking “Global Alliance for Vaccines and Immunizations” and inserting “Vaccine Fund”.

(b) **INTERNATIONAL AIDS VACCINE INITIATIVE.**—Section 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(l)) is amended by striking “\$10,000,000 for each of the fiscal years 2001 and 2002” and inserting “such sums as may be necessary for each of the fiscal years 2004 through 2008”.

(c) **SUPPORT FOR THE DEVELOPMENT OF MALARIA VACCINE.**—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by adding at the end the following new subsection:

“(m) In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available for United States contributions to malaria vaccine development programs, including the Malaria Vaccine Initiative of the Program for Appropriate Technologies in Health (PATH).”.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) **AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.**—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) in section 104(c) (22 U.S.C. 2151b(c)), by striking paragraphs (4) through (7); and

(2) by inserting after section 104 the following new section:

“SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

“(a) **FINDING.**—Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries is a major global health, national security, development, and humanitarian crisis.

“(b) **POLICY.**—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, treatment, and control of HIV/AIDS. The United States and other developed countries should provide assistance to countries in sub-Saharan Africa, the Caribbean, and other countries and areas to control this crisis through HIV/AIDS

prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including strategies to protect women and prevent mother-to-child transmission of the HIV infection.

“(c) **AUTHORIZATION.**—

“(1) **IN GENERAL.**—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

“(2) **ROLE OF NGOS.**—It is the sense of Congress that the President should provide an appropriate level of assistance under paragraph (1) through nongovernmental organizations (including faith-based and community-based organizations) in countries in sub-Saharan Africa, the Caribbean, and other countries and areas affected by the HIV/AIDS pandemic.

“(3) **COORDINATION OF ASSISTANCE EFFORTS.**—The President shall coordinate the provision of assistance under paragraph (1) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, national, state, and local governments of foreign countries, appropriate governmental and nongovernmental organizations, and relevant executive branch agencies.

“(d) **ACTIVITIES SUPPORTED.**—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

“(1) **PREVENTION.**—Prevention of HIV/AIDS through activities including—

“(A) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, and where appropriate, use of condoms;

“(B) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs that focus on helping individuals avoid infection of HIV/AIDS, implemented through nongovernmental organizations, including faith-based and community-based organizations, particularly those organizations that utilize both professionals and volunteers with appropriate skills, experience, and community presence;

“(C) assistance for the purpose of providing voluntary testing and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling);

“(D) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such transmission and access to infant formula and other alternatives for infant feeding;

“(E) assistance to ensure a safe blood supply and sterile medical equipment; and

“(F) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection.

“(2) **TREATMENT.**—The treatment and care of individuals with HIV/AIDS, including—

“(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including

clinical training for indigenous organizations and health care providers;

“(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations; and

“(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharmaceuticals and therapies for the treatment of opportunistic infections, nutritional support, and other treatment modalities.

“(3) **PREVENTATIVE INTERVENTION EDUCATION AND TECHNOLOGIES.**—(A) With particular emphasis on specific populations that represent a particularly high risk of contracting or spreading HIV/AIDS, including those exploited through the sex trade, victims of rape and sexual assault, individuals already infected with HIV/AIDS, and in cases of occupational exposure of health care workers, assistance with efforts to reduce the risk of HIV/AIDS infection including post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

“(B) Bulk purchases of available test kits, condoms, and, when proven effective, microbicides that are intended to reduce the risk of HIV/AIDS transmission and for appropriate program support for the introduction and distribution of these commodities, as well as education and training on the use of the technologies.

“(4) **MONITORING.**—The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

“(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

“(B) appropriate evaluation and surveillance activities;

“(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals (especially antiretrovirals) and ensure that drug resistance is not compromising the benefits of such pharmaceuticals; and

“(D) monitoring to ensure appropriate law enforcement officials are working to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals.

“(5) **PHARMACEUTICALS.**—

“(A) **PROCUREMENT.**—The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

“(B) **MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.**—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

“(C) **DISTRIBUTION.**—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

“(6) **RELATED ACTIVITIES.**—The conduct of related activities, including—

“(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

“(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including

training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions; and

“(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world.

“(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRIVATE PARTNERSHIPS.—The establishment and operation of public-private partnership entities within countries in sub-Saharan Africa, the Caribbean, and other countries affected by the HIV/AIDS pandemic that are dedicated to supporting the national strategy of such countries regarding the prevention, treatment, and monitoring of HIV/AIDS. Each such public-private partnership should—

“(A) support the development, implementation, and management of comprehensive HIV/AIDS plans in support of the national HIV/AIDS strategy;

“(B) operate at all times in a manner that emphasizes efficiency, accountability, and results-driven programs;

“(C) engage both local and foreign development partners and donors, including businesses, government agencies, academic institutions, nongovernmental organizations, foundations, multilateral development agencies, and faith-based organizations, to assist the country in coordinating and implementing HIV/AIDS prevention, treatment, and monitoring programs in accordance with its national HIV/AIDS strategy;

“(D) provide technical assistance, consultant services, financial planning, monitoring and evaluation, and research in support of the national HIV/AIDS strategy; and

“(E) establish local human resource capacities for the national HIV/AIDS strategy through the transfer of medical, managerial, leadership, and technical skills.

“(e) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than January 31 of each year, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives a report on the implementation of this section for the prior fiscal year.

“(2) REPORT ELEMENTS.—Each report shall include—

“(A) a description of efforts made by each relevant executive branch agency to implement the policies set forth in this section, section 104B, and section 104C;

“(B) a description of the programs established pursuant to such sections; and

“(C) a detailed assessment of the impact of programs established pursuant to such sections, including—

“(i) the effectiveness of such programs in reducing the spread of the HIV infection, particularly in women and girls, in reducing mother-to-child transmission of the HIV infection, and in reducing mortality rates from HIV/AIDS; and

“(ii) the number of patients currently receiving treatment for AIDS in each country that receives assistance under this Act.

“(iii) the progress made toward improving health care delivery systems (including the training of adequate numbers of staff) and infrastructure to ensure increased access to care and treatment;

“(iv) with respect to tuberculosis, the increase in the number of people treated and the increase in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes; and

“(v) with respect to malaria, the increase in the number of people treated and the increase in number of malaria patients cured through each program, project, or activity receiving United States foreign assistance for malaria control purposes.

“(f) FUNDING LIMITATION.—Of the funds made available to carry out this section in any fiscal

year, not more than 7 percent may be used for the administrative expenses of the United States Agency for International Development in support of activities described in section 104(c), this section, section 104B, and section 104C. Such amount shall be in addition to other amounts otherwise available for such purposes.

“(g) DEFINITIONS.—In this section:

“(1) AIDS.—The term ‘AIDS’ means acquired immune deficiency syndrome.

“(2) HIV.—The term ‘HIV’ means the human immunodeficiency virus, the pathogen that causes AIDS.

“(3) HIV/AIDS.—The term ‘HIV/AIDS’ means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

“(4) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including its agencies and offices), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.”.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104A of the Foreign Assistance Act of 1961, as added by subsection (a).

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

(3) ALLOCATION OF FUNDS.—Of the amount authorized to be appropriated by paragraph (1) for the fiscal years 2004 through 2008, such sums as may be necessary are authorized to be appropriated to carry out section 104A(d)(4) of the Foreign Assistance Act of 1961 (as added by subsection (a)), relating to the procurement and distribution of HIV/AIDS pharmaceuticals.

(c) RELATIONSHIP TO ASSISTANCE PROGRAMS TO ENHANCE NUTRITION.—In recognition of the fact that malnutrition may hasten the progression of HIV to AIDS and may exacerbate the decline among AIDS patients leading to a shorter life span, the Administrator of the United States Agency for International Development shall, as appropriate—

(1) integrate nutrition programs with HIV/AIDS activities, generally;

(2) provide, as a component of an antiretroviral therapy program, support for food and nutrition to individuals infected with and affected by HIV/AIDS; and

(3) provide support for food and nutrition for children affected by HIV/AIDS and to communities and households caring for children affected by HIV/AIDS.

(d) ELIGIBILITY FOR ASSISTANCE.—An organization that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961 (as added by subsection (a)) or under any other provision of this Act (or any amendment made by this Act) to prevent, treat, or monitor HIV/AIDS shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combating HIV/AIDS.

(e) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(f) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section 301 of this Act, is further amended by inserting after section 104A the following new section:

“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

“(a) FINDINGS.—Congress makes the following findings:

“(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

“(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy, including DOTS-Plus to address multidrug resistant tuberculosis, and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB and the Global Alliance for TB Drug Development.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.

“(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

“(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

“(e) PRIORITY TO DOTS COVERAGE.—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multidrug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multidrug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.

“(f) DEFINITIONS.—In this section:

“(1) DOTS.—The term ‘DOTS’ or ‘Directly Observed Treatment Short-course’ means the World Health Organization-recommended strategy for treating tuberculosis.

“(2) DOTS-PLUS.—The term ‘DOTS-Plus’ means a comprehensive tuberculosis management strategy that is built upon and works as a

supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

“(3) GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.—The term ‘Global Alliance for Tuberculosis Drug Development’ means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

“(4) GLOBAL TUBERCULOSIS DRUG FACILITY.—The term ‘Global Tuberculosis Drug Facility (GDF)’ means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

“(5) STOP TUBERCULOSIS PARTNERSHIP.—The term ‘Stop Tuberculosis Partnership’ means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and nongovernmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.”

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104B of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c)(7) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(7)) (as in effect immediately before the date of enactment of this Act) shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections 301 and 302 of this Act, is further amended by inserting after section 104B the following new section:

“SEC. 104C. ASSISTANCE TO COMBAT MALARIA.

“(a) FINDING.—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, and cure of malaria.

“(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria.

“(d) COORDINATION.—In carrying out this section, the President shall coordinate with the

World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.”

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for fiscal years 2004 through 2008 to carry out section 104C of the Foreign Assistance Act of 1961, as added by subsection (a), including for the development of anti-malarial pharmaceuticals by the Medicines for Malaria Venture.

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

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) (as in effect immediately before the date of enactment of this Act) and made available for the control of malaria shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).

(c) CONFORMING AMENDMENT.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph (3) the following:

“(4) RELATIONSHIP TO OTHER LAWS.—Assistance made available under this subsection and sections 104A, 104B, and 104C, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 634A of this Act, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108-7).”

SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF HEALTH CARE PROFESSIONALS IN OVERSEAS AREAS SEVERELY AFFECTED BY HIV/AIDS, TUBERCULOSIS, AND MALARIA.

(a) IN GENERAL.—The President should establish a program to demonstrate the feasibility of facilitating the service of United States health care professionals in those areas of sub-Saharan Africa and other parts of the world severely affected by HIV/AIDS, tuberculosis, and malaria.

(b) REQUIREMENTS.—Participants in the program shall—

(1) provide basic health care services for those infected and affected by HIV/AIDS, tuberculosis, and malaria in the area in which they are serving;

(2) provide on-the-job training to medical and other personnel in the area in which they are serving to strengthen the basic health care system of the affected countries;

(3) provide health care educational training for residents of the area in which they are serving;

(4) serve for a period of up to three years; and

(5) meet the eligibility requirements in subsection (d).

(c) ELIGIBILITY REQUIREMENTS.—To be eligible to participate in the program, a candidate shall—

(1) be a national of the United States who is a trained health care professional and who meets the educational and licensure requirements necessary to be such a professional such as a physician, nurse, physician assistant, nurse practitioner, pharmacist, other type of health care professional, or other individual determined to be appropriate by the President; or

(2) be a retired commissioned officer of the Public Health Service Corps.

(d) RECRUITMENT.—The President shall ensure that information on the program is widely distributed, including the distribution of information to schools for health professionals, hospitals, clinics, and nongovernmental organizations working in the areas of international health and aid.

(e) PLACEMENT OF PARTICIPANTS.—

(1) IN GENERAL.—To the maximum extent practicable, participants in the program shall serve in the poorest areas of the affected countries, where health care needs are likely to be the greatest. The decision on the placement of a participant should be made in consultation with relevant officials of the affected country at both the national and local level as well as with local community leaders and organizations.

(2) COORDINATION.—Placement of participants in the program shall be coordinated with the United States Agency for International Development in countries in which that Agency is conducting HIV/AIDS, tuberculosis, or malaria programs. Overall coordination of placement of participants in the program shall be made by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally (as described in section 1(f) of the State Department Basic Authorities Act of 1956 (as added by section 102(a) of this Act)).

(f) INCENTIVES.—The President may offer such incentives as the President determines to be necessary to encourage individuals to participate in the program, such as partial payment of principal, interest, and related expenses on government and commercial loans for educational expenses relating to professional health training and, where possible, deferment of repayments on such loans, the provision of retirement benefits that would otherwise be jeopardized by participation in the program, and other incentives.

(g) REPORT.—Not later than 18 months after the date of enactment of this Act, the President shall submit to the appropriate congressional committees a report on steps taken to establish the program, including—

(1) the process of recruitment, including the venues for recruitment, the number of candidates recruited, the incentives offered, if any, and the cost of those incentives;

(2) the process, including the criteria used, for the selection of participants;

(3) the number of participants placed, the countries in which they were placed, and why those countries were selected; and

(4) the potential for expansion of the program.

(h) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

SEC. 305. REPORT ON TREATMENT ACTIVITIES BY RELEVANT EXECUTIVE BRANCH AGENCIES.

(a) IN GENERAL.—Not later than 15 months after the date of enactment of this Act, the President shall submit to appropriate congressional committees a report on the programs and activities of the relevant executive branch agencies that are directed to the treatment of individuals in foreign countries infected with HIV or living with AIDS.

(b) **REPORT ELEMENTS.**—The report shall include—

(1) a description of the activities of relevant executive branch agencies with respect to—

(A) the treatment of opportunistic infections;

(B) the use of antiretrovirals;

(C) the status of research into successful treatment protocols for individuals in the developing world;

(D) technical assistance and training of local health care workers (in countries affected by the pandemic) to administer antiretrovirals, manage side effects, and monitor patients' viral loads and immune status;

(E) the status of strategies to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients; and

(F) the status of appropriate law enforcement officials working to ensure that HIV/AIDS pharmaceutical treatment is not diminished through illegal counterfeiting and black market sales of such pharmaceuticals;

(2) information on existing pilot projects, including a discussion of why a given population was selected, the number of people treated, the cost of treatment, the mechanisms established to ensure that treatment is being administered effectively and safely, and plans for scaling up pilot projects (including projected timelines and required resources); and

(3) an explanation of how those activities relate to efforts to prevent the transmission of the HIV infection.

Subtitle B—Assistance for Children and Families

SEC. 311. FINDINGS.

Congress makes the following findings:

(1) Approximately 2,000 children around the world are infected each day with HIV through mother-to-child transmission. Transmission can occur during pregnancy, labor, and delivery or through breast feeding. Over ninety percent of these cases are in developing nations with little or no access to public health facilities.

(2) Mother-to-child transmission is largely preventable with the proper application of pharmaceuticals, therapies, and other public health interventions.

(3) The drug nevirapine reduces mother-to-child transmission by nearly 50 percent. Universal availability of this drug could prevent up to 400,000 infections per year and dramatically reduce the number of AIDS-related deaths.

(4) At the United Nations Special Session on HIV/AIDS in June 2001, the United States committed to the specific goals with respect to the prevention of mother-to-child transmission, including the goals of reducing the proportion of infants infected with HIV by 20 percent by the year 2005 and by 50 percent by the year 2010, as specified in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at the Special Session.

(5) Several United States Government agencies including the United States Agency for International Development and the Centers for Disease Control are already supporting programs to prevent mother-to-child transmission in resource-poor nations and have the capacity to expand these programs rapidly by working closely with foreign governments and non-governmental organizations.

(6) Efforts to prevent mother-to-child transmission can provide the basis for a broader response that includes care and treatment of mothers, fathers, and other family members who are infected with HIV or living with AIDS.

(7) HIV/AIDS has devastated the lives of countless children and families across the globe. Since the epidemic began, an estimated 13,200,000 children under the age of 15 have been orphaned by AIDS, that is they have lost their mother or both parents to the disease. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that this number will double by the year 2010.

(8) HIV/AIDS also targets young people between the ages of 15 to 24, particularly young women, many of whom carry the burden of caring for family members living with HIV/AIDS. An estimated 10,300,000 young people are now living with HIV/AIDS. One-half of all new infections are occurring among this age group.

SEC. 312. POLICY AND REQUIREMENTS.

(a) **POLICY.**—The United States Government's response to the global HIV/AIDS pandemic should place high priority on the prevention of mother-to-child transmission, the care and treatment of family members and caregivers, and the care of children orphaned by AIDS. To the maximum extent possible, the United States Government should seek to leverage its funds by seeking matching contributions from the private sector, other national governments, and international organizations.

(b) **REQUIREMENTS.**—The 5-year United States Government strategy required by section 101 of this Act shall—

(1) provide for meeting or exceeding the goal to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010;

(2) include programs to make available testing and treatment to HIV-positive women and their family members, including drug treatment and therapies to prevent mother-to-child transmission; and

(3) expand programs designed to care for children orphaned by AIDS.

SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

(a) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, and annually thereafter for a period of five years, the President shall submit to appropriate congressional committees a report on the activities of relevant executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

(b) **REPORT ELEMENTS.**—Each report shall include—

(1) a statement of whether or not all relevant executive branch agencies have met the goal described in section 312(b)(1); and

(2) a description of efforts made by the relevant executive branch agencies to expand those activities, including—

(A) information on the number of sites supported for the prevention of mother-to-child transmission of the HIV infection;

(B) the specific activities supported;

(C) the number of women tested and counseled; and

(D) the number of women receiving preventative drug therapies.

(c) **REPORTING PERIOD DEFINED.**—In this section, the term "reporting period" means, in the case of the initial report, the period since the date of enactment of this Act and, in the case of any subsequent report, the period since the date of submission of the most recent report.

SEC. 314. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS.

(a) **IN GENERAL.**—The President, acting through the United States Agency for International Development, should establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries.

(b) **PROGRAM REQUIREMENTS.**—The program shall—

(1) build upon and be integrated into programs administered as of the date of enactment of this Act by the relevant executive branch agencies for children affected by HIV/AIDS;

(2) work in conjunction with indigenous community-based programs and activities, particularly those that offer proven services for children;

(3) reduce the stigma of HIV/AIDS to encourage vulnerable children infected with HIV or living with AIDS and their family members and caregivers to avail themselves of voluntary counseling and testing, and related programs, including treatments;

(4) provide, in conjunction with other relevant executive branch agencies, the range of services for the care and treatment, including the provision of antiretrovirals and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS;

(5) provide nutritional support and food security, and the improvement of overall family health;

(6) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and

(7) provide appropriate counseling and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

(c) **REPORT.**—Not later than 18 months after the date of enactment of this Act, the President should submit a report on the implementation of this section to the appropriate congressional committees.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

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

SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PARTNERSHIPS.

(a) **PURPOSE.**—The purpose of this section is to authorize the President to establish a program, through a public-private partnership, for the provision of medical care and support services to HIV positive parents and their children identified through existing programs to prevent mother-to-child transmission of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries.

(b) **GRANTS.**—

(1) **IN GENERAL.**—The President is authorized to establish a program for the award of grants to eligible administrative organizations to enable such organizations to award subgrants to eligible entities to expand activities to prevent the mother-to-child transmission of HIV by providing medical care and support services to HIV infected parents and their children.

(2) **USE OF FUNDS.**—Amounts provided under a grant awarded under paragraph (1) shall be used—

(A) to award subgrants to eligible entities to enable such entities to carry out activities described in subsection (c);

(B) for administrative support and subgrant management;

(C) for administrative data collection and reporting concerning grant activities;

(D) for the monitoring and evaluation of grant activities;

(E) for training and technical assistance for subgrantees; and

(F) to promote sustainability.

(c) **SUBGRANTS.**—

(1) **IN GENERAL.**—An organization awarded a grant under subsection (b) shall use amounts received under the grant to award subgrants to eligible entities.

(2) **ELIGIBILITY.**—To be eligible to receive a subgrant under paragraph (1), an entity shall—

(A) be a local health organization, an international organization, or a partnership of such organizations; and

(B) demonstrate to the awarding organization that such entity—

(i) is currently administering a proven intervention to prevent mother-to-child transmission

of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, as determined by the President;

(ii) has demonstrated support for the proposed program from relevant government entities; and
(iii) is able to provide HIV care, including antiretroviral treatment when medically indicated, to HIV positive women, men, and children with the support of the project funding.

(3) LOCAL HEALTH AND INTERNATIONAL ORGANIZATIONS.—For purposes of paragraph (2)(A)—

(A) the term “local health organization” means a public sector health system, nongovernmental organization, institution of higher education, community-based organization, or non-profit health system that provides directly, or has a clear link with a provider for the indirect provision of, primary health care services; and
(B) the term “international organization” means—

(i) a nonprofit international entity;
(ii) an international charitable institution;
(iii) a private voluntary international entity;

or
(iv) a multilateral institution.

(4) PRIORITY REQUIREMENT.—In awarding subgrants under this subsection, the organization shall give priority to eligible applicants that are currently administering a program of proven intervention to HIV positive individuals to prevent mother-to-child transmission in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, and who are currently administering a program to HIV positive women, men, and children to provide life-long care in family-centered care programs using non-Federal funds.

(5) SELECTION OF SUBGRANT RECIPIENTS.—In awarding subgrants under this subsection, the organization should—

(A) consider applicants from a range of health care settings, program approaches, and geographic locations; and

(B) if appropriate, award not less than 1 grant to an applicant to fund a national system of health care delivery to HIV positive families.

(6) USE OF SUBGRANT FUNDS.—An eligible entity awarded a subgrant under this subsection shall use subgrant funds to expand activities to prevent mother-to-child transmission of HIV by providing medical treatment and care and support services to parents and their children, which may include—

(A) providing treatment and therapy, when medically indicated, to HIV-infected women, their children, and families;

(B) the hiring and training of local personnel, including physicians, nurses, other health care providers, counselors, social workers, outreach personnel, laboratory technicians, data managers, and administrative support personnel;

(C) paying laboratory costs, including costs related to necessary equipment and diagnostic testing and monitoring (including rapid testing), complete blood counts, standard chemistries, and liver function testing for infants, children, and parents, and costs related to the purchase of necessary laboratory equipment;

(D) purchasing pharmaceuticals for HIV-related conditions, including antiretroviral therapies;

(E) funding support services, including adherence and psychosocial support services;

(F) operational support activities; and

(G) conducting community outreach and capacity building activities, including activities to raise the awareness of individuals of the program carried out by the subgrantee, other communications activities in support of the program, local advisory board functions, and transportation necessary to ensure program participation.

(d) REPORTS.—The President shall require that each organization awarded a grant under subsection (b)(1) to submit an annual report that includes—

(1) the progress of programs funded under this section;

(2) the benchmarks of success of programs funded under this section; and

(3) recommendations of how best to proceed with the programs funded under this section upon the expiration of funding under subsection (e).

(e) FUNDING.—There are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

(f) LIMITATION ON ADMINISTRATIVE EXPENSES.—An organization shall ensure that not more than 7 percent of the amount of a grant received under this section by the organization is used for administrative expenses.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the President to carry out this Act and the amendments made by this Act \$3,000,000,000 for each of the fiscal years 2004 through 2008.

(b) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations in subsection (a) are authorized to remain available until expended.

(c) AVAILABILITY OF AUTHORIZATIONS.—Authorizations of appropriations under subsection (a) shall remain available until the appropriations are made.

SEC. 402. SENSE OF CONGRESS.

(a) INCREASE IN HIV/AIDS ANTIRETROVIRAL TREATMENT.—It is a sense of the Congress that an urgent priority of United States assistance programs to fight HIV/AIDS should be the rapid increase in distribution of antiretroviral treatment so that—

(1) by the end of fiscal year 2004, at least 500,000 individuals with HIV/AIDS are receiving antiretroviral treatment through United States assistance programs;

(2) by the end of fiscal year 2005, at least 1,000,000 such individuals are receiving such treatment; and

(3) by the end of fiscal year 2006, at least 2,000,000 such individuals are receiving such treatment.

(b) EFFECTIVE DISTRIBUTION OF HIV/AIDS FUNDS.—It is the sense of Congress that, of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, an effective distribution of such amounts would be—

(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;

(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS;

(3) 20 percent of such amounts for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act); and

(4) 10 percent of such amounts for orphans and vulnerable children.

SEC. 403. ALLOCATION OF FUNDS.

For fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be expended for related care.

The CHAIRMAN. No amendment to the committee amendment is in order except those printed in House Report 108-80. Each amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be de-

batable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

It is now in order to consider amendment No. 1 printed in House Report 108-80.

AMENDMENT NO. 1 OFFERED BY MR. TAUZIN
Mr. TAUZIN. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. TAUZIN:
Page 2, in the table of contents at section 1(b), after the item relating to section 305, insert the following:

Sec. 306. Strategies to improve injection safety.
Sec. 307. Study on illegal diversions of prescription drugs.

Page 20, line 19, insert “and reduce duplication” after “improve coordination”.

Page 20, line 25, strike “resources; and” and insert “resources;”.

Page 21, line 3, strike “research.” and insert “research;”.

Page 21, after line 3, insert the following:

(9) establish priorities for the distribution of resources based on factors such as the size and demographics of the population with HIV/AIDS, tuberculosis, and malaria and the needs of that population and the existing infrastructure or funding levels that may exist to cure, treat, and prevent HIV/AIDS, tuberculosis, and malaria; and

(10) include initiatives describing how the President will maximize the leverage of private sector dollars in reduction and treatment of HIV/AIDS, tuberculosis, and malaria.

Page 26, after line 13, insert the following:
(c) STUDY; DISTRIBUTION OF RESOURCES.—

(1) STUDY.—Not later than 3 years after the date of the enactment of this Act, the Institute of Medicine shall publish findings comparing the success rates of the various programs and methods used under the strategy described in subsection (a) to reduce, prevent, and treat HIV/AIDS, tuberculosis, and malaria.

(2) DISTRIBUTION OF RESOURCES.—In prioritizing the distribution of resources under the strategy described in subsection (a), the President shall consider the findings published by the Institute of Medicine under this subsection.

Page 34, line 21, strike “in the fiscal year 2004” and insert “for the period of fiscal year 2004 beginning on January 1, 2004”.

Page 36, after line 13, insert the following:

(iii) If at any time the President determines that the expenses of the Governing, Administrative, and Advisory Bodies (including the Partnership Forum, the Foundation Board, the Secretariat, and the Technical Review Board) of the Global Fund exceed 10 percent of the total expenditures of the Fund for any 2-year period, the United States shall withhold from its contribution for the next fiscal year an amount equal to the average annual amount expended by the Fund for such 2-year period for the expenses of the Governing, Administrative, and Advisory Bodies in excess of 10 percent of the total expenditures of the Fund.

(iv) The President may waive the application of clause (iii) if the President determines that extraordinary circumstances warrant such a waiver. No waiver under this clause may be for any period that exceeds 1 year.

Page 36, line 14, strike “(B) Any amount made available under this subsection that is

withheld by reason of subparagraph (A)" and insert "(B)(i) Any amount made available under this subsection that is withheld by reason of subparagraph (A)(i)".

Page 36, after line 19, insert the following:

(i) Any amount made available under this subsection that is withheld by reason of subparagraph (A)(iii) shall be transferred to the Activities to Combat HIV/AIDS Globally Fund and shall remain available under the same terms and conditions as funds appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance.

Page 39, after line 9, insert the following:

(f) PROVISION OF INFORMATION TO CONGRESS.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall make available to the Congress the following documents within 30 days of a request by the Congress for such documents:

(1) All financial and accounting statements for the Global Fund and the Activities to Combat HIV/AIDS Globally Fund, including administrative and grantee statements.

(2) Reports provided to the Global Fund and the Activities to Combat HIV/AIDS Globally Fund by organizations contracted to audit recipients of funds.

(3) Project proposals submitted by applicants for funding from the Global Fund and the Activities to Combat HIV/AIDS Globally Fund, but which were not funded.

(4) Progress reports submitted to the Global Fund and the Activities to Combat HIV/AIDS Globally Fund by grantees.

Page 69, after line 3, insert the following:

SEC. 306. STRATEGIES TO IMPROVE INJECTION SAFETY.

Section 307 of the Public Health Service Act (42 U.S.C. 2421) is amended by adding at the end the following:

"(d) In carrying out immunization programs and other programs in developing countries for the prevention, treatment, and control of infectious diseases, including HIV/AIDS, tuberculosis, and malaria, the Director of the Centers for Disease Control and Prevention, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, the National Institutes of Health, national and local government, and other organizations, such as the World Health Organization and the United Nations Children's Fund, shall develop and implement effective strategies to improve injection safety, including eliminating unnecessary injections, promoting sterile injection practices and technologies, strengthening the procedures for proper needle and syringe disposal, and improving the education and information provided to the public and to health professionals."

SEC. 307. STUDY ON ILLEGAL DIVERSIONS OF PRESCRIPTION DRUGS.

Not later than 180 days after enactment of this Act, the Secretary of Health and Human Services, in coordination with other agencies, shall submit a report to the Congress that includes the following:

(1) A thorough accounting of evidence indicating illegal diversion into the United States of prescription drugs donated or sold for humanitarian efforts, and an estimate of the extent of such diversion.

(2) Recommendations to increase the administrative and enforcement powers of the United States to identify, monitor, and prevent the illegal diversion into the United States of prescription drugs donated or sold for humanitarian efforts.

(3) Recommendations and guidelines to advise and provide technical assistance to developing countries on how to implement a program that minimizes diversion into the United States of prescription drugs donated or sold for humanitarian efforts.

The CHAIRMAN. Pursuant to House Resolution 210 the gentleman from Louisiana (Mr. TAUZIN) and a Member opposed each will control 10 minutes.

Does the gentleman from California (Mr. LANTOS) claim the time in opposition?

Mr. LANTOS. Mr. Chairman, I rise to claim the time in opposition.

The CHAIRMAN. Is there objection to the request of the gentleman from California?

There was no objection.

The CHAIRMAN. The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

Mr. TAUZIN. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, I rise today to urge all Members of the House to support the passage of the Tauzin-Brown amendment to H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I want to commend my colleague from the Committee on Energy and Commerce, the gentleman from Ohio (Mr. BROWN) for his assistance and support and advocacy of this amendment.

First, the Tauzin-Brown amendment strengthens H.R. 1298 by adding additional accountability measures to ensure that our fight against HIV/AIDS and TB and malaria has a greater chance of success. That is what we all want.

Our amendment establishes priorities to be followed by the global AIDS coordinator for the distribution of resources based on factors such as size and demographics of specific nations to ensure that the countries who need assistance the most receive it first.

Next, our amendment utilizes an independent third party to examine the success of strategies implemented by the global AIDS coordinator. The Institutes of Medicine, the IOM, will be responsible for examining the achievements of the programs funded by the global AIDS coordinator and then comparing the success rates of various methods that have been used by the coordinator.

Second, the Tauzin-Brown amendment also strengthens the existing authority and the accountability measures in H.R. 1298. Our amendment specifically states that if at any point administrative expenses within the Global Fund exceed 10 percent of total expenditures of the fund for any 2-year period, then the U.S. will withhold an equal amount from its contribution the following year. This is to ensure that this fund does not get gobbled up in bureaucrats and administrative expenses. We believe this is fair and, at the same time, will ensure that the Global Fund remains fiscally responsible to its purpose. That is, getting dollars in to actually combat AIDS, malaria, and tuberculosis in the world.

These two accountability measures represent provisions ensure our approach to this problem is not only morally responsible, it is fiscally responsible as well.

Finally, the amendment requires that the HIV/AIDS coordinator make available to Congress basic information on the Global Fund. Specifically, the coordinator is required to submit to Congress a detailed report outlining all financial and accounting statements, copies of the reports provided to the Global Fund by organizations contracted to audit recipients, and project proposals submitted by applicants and grantees. In the past we have had great difficulty getting this information from the Global Fund. We are confident the coordinator will do a wonderful job in delivering this information to Congress. I urge my colleagues to support the Tauzin-Brown amendment.

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

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

Mr. Chairman, I want to thank my good friend from Louisiana (Mr. TAUZIN) and my good friend from Ohio (Mr. BROWN) for their thoughtful contribution to our legislation. Their amendment includes a number of complex initiatives, many of which reflect improvements to the bill. For example, I believe that the amendment's efforts to explicitly prioritize U.S. programs authorized by this Act to countries based on the size and demographics of the HIV/AIDS populations and the needs of those populations is a wise measure.

I am concerned about several other provisions in the amendment. For example, the limitation on administrative expenditures of the Global Fund is well meaning, but when the fund may be going through a massive expansion of operations, there may be a need for some significant investments to make sure that the Global Fund can properly administer its programs.

I was pleased that the sponsors added a waiver, and I believe that the President should consider the actual operations of the fund as he applies this provision.

Finally, Mr. Chairman, I remain concerned regarding the provision requiring numerous reports to be provided to Congress within 30 days of the request. I am uncertain whether any Member could make this request or whether it must be a relevant committee or by resolution. Moreover, my experience with international organizations is that some of the documents may be considered confidential, such as unfunded proposals, and it may not be possible to get these documents within the time frame provided in the amendments. Nevertheless, Mr. Chairman, I am prepared to accept the amendment, and I look forward to working with the sponsors to clarify and further refine these provisions.

Mr. Chairman, I ask unanimous consent to yield the balance of my time to my friend, the gentleman from Ohio (Mr. BROWN) for the purposes of controlling time.

The CHAIRMAN. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BROWN of Ohio. Mr. Chairman, I yield myself 5 minutes.

Mr. Chairman, I rise in support of the Tauzin-Brown amendment. I thank the gentleman from Louisiana (Mr. TAUZIN) for his good faith and bipartisan work in drafting this amendment, especially his staff, Patrick Ronan, for his hard work and others on his staff.

The Committee on Energy and Commerce has jurisdiction over agencies that play a pivotal role in successful efforts to reduce the spread of HIV/AIDS, TB, and malaria in our country and worldwide. Some of the world's most promising research and best treatment on these diseases are carried out by agencies within the Department of Health and Human Services. CDC provides technical and scientific support for international agencies like USAID as well as national infectious disease programs in developing countries, in addition to the work that NIH and other agencies do.

Secretary Thompson is the newly appointed chairman of the Global Fund to fight AIDS, TB, and malaria, the best tool this world has to fight three diseases that kill 6 million people every year. The success of this bipartisan Global AIDS Initiative depends on collaboration of the world's most important and best resources. One of the reasons why the Global Fund is such a critical component of the U.S. Global AIDS Initiative and a crucial part of the bill we are considering today, is it recognizes the need to fight tuberculosis, a lesser known infectious disease that has been around longer and kills 2 million people a year, including 1,100 people every day in the country of India.

□ 1215

TB infects one-third of the world's population. Two million people carry the TB bacteria, and it is the leading killer of young women and people with HIV worldwide.

HIV and TB form a lethal combination, each speeding the other's progress. HIV promotes rapid progression of primary TB infection to active disease. It is the most powerful known risk factor for reactivation of latent TB infection to active disease. Most HIV patients, in fact, will actually die of TB before they succumb to AIDS. The intersection of AIDS and TB is like the perfect storm.

The Global Fund is a public-private partnership which draws contributions from governments, from private corporations, from faith-based organizations and foundations. The Global Fund has shown signs that it works. Government entities, in coordination with nongovernment organizations, submit 5-year plans. Each plan is unique to each country, not a one-size-fits-all that comes from Washington or Geneva or any other country. The Global Fund recognizes cultural differences. What works in Christian Uru-guay may not work the same in Muslim Bangladesh.

No overriding, international political agenda is attached to the Global Fund's assistance. No litmus test, only a judgment by the Global Fund, in collaboration with local citizens and health workers of what works best for each country. The Global Fund demands results, quantifiable results. The money supports activities, including access to health care services, purchasing of drugs, training of personnel, and training of community workers. If a country fails or an NGO fails to show results within 2 years, the money is cut off.

About 60 percent of the Global Fund's money goes to HIV/AIDS, about 20 to TB, about 20 to malaria. Fighting these diseases together, which the Global Fund does, is a cost-effective approach. For example, the infrastructure created in the treatment of TB, having health workers in place who sit with patients every day for about 6 months, has been proven, that infrastructure, to help in the treatment of HIV/AIDS, of malaria and other public health issues.

If we can fully commit to the Global Fund, and fully commit means at least \$1 billion every year, 2 million patients will be treated for TB, a half million AIDS orphans will receive support, and 16 million new malaria nets will be distributed over the next few years.

Access to these lifesaving treatments means children will not be pulled out of school to work or to care for a sick parent. It means an HIV-positive father in the developing world has a few more years of life to provide for his family. It means children with TB, otherwise facing a virtual death sentence, will live.

What AIDS and TB experts know, but policymakers consistently underestimate, is that preventing and treating HIV/AIDS without preventing and treating TB is a virtual death sentence for the developing world. If HIV does not kill you, TB might or malaria might. The Global Fund is the best tool in the world to address all three of these infectious diseases together.

Our investment in the Global Fund, rather than a unilateral or bilateral U.S.-waged effort, will help leverage support from other countries. Funneling U.S. dollars through U.S. programs alone will do nothing to promote a united global front against these killers. If we put in money to the Global Fund, so will other nations and so will major philanthropists.

In a short time, the Global Fund has shown it is capable of tremendous progress. In just two rounds of grants, the fund has approved 160 proposals in 94 low-income countries. With significant U.S. funding the fund will continue to support countries committed to addressing the epidemic killing their people. Without U.S. leadership, it will be a fund in name only. AIDS, TB, and malaria would remain a virtual death sentence in the developing world.

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

Mr. TAUZIN. Mr. Chairman, I am honored to yield 1 minute to the distinguished gentleman from Illinois (Mr. HYDE), the chairman of the Committee on International Relations.

Mr. HYDE. Mr. Chairman, I am pleased to say we are very pleased with this amendment. We are happy to accept it. It adds to the bill, and so I will not repeat what the other people have already said in outlining its terms. But it is a good amendment, and we hope everyone accepts it.

Mr. TAUZIN. Mr. Chairman, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Chairman, I yield 2½ minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Chairman, I thank the gentleman from Ohio (Mr. BROWN) for yielding me this time and for his leadership. Also I want to thank the gentleman from Louisiana (Mr. TAUZIN) for this amendment, and with the cautions which our ranking member laid out, I rise in support of this amendment.

I would like to just briefly mention the history and our debate here in Congress with regard to the background of this Global Fund. The idea for the Global Fund really started back somewhere around 1998 and 1999, when my friend and former colleague, Congressman Ron Dellums, had the vision and the foresight for an AIDS Marshall Plan in Africa. Refined under the leadership of our good friend, the gentleman from Iowa (Mr. LEACH), who was then Chair of the Committee on Banking and Financial Services, we introduced the World Bank AIDS Trust Fund, and this fund became the basis for the Global Fund. This fund was signed into law in, I believe it was August of 2000, under the Global AIDS and Tuberculosis Relief Act of 2000, signed by President Bill Clinton.

I cite this history because I think it is important for us to remember how important this fund is and that we fully debated this fund, and on a bipartisan basis voted it out and it was signed into law. So I think this amendment really strengthens the fund and its accountability.

The United Nations, in I believe it was June 2001, picked up the idea of the fund, and Secretary General Kofi Annan made an impassioned plea for the creation of a Global Fund to fight AIDS, TB, and malaria, which again moved forward the World Bank AIDS Trust Fund, in terms of the foundation, the parameters and the guidelines. So this fund was established in 2002 and really has made significant strides in over just a year of operation. Not only has it created a novel approach to grant-making and approval-processing, but it has also made really a very determined commitment to maintain as lean an operation as possible in order to focus its activities on getting money out to those in need.

The current system that the fund has set up provides several layers of accountability. On a country level, the

proposals are gathered and voted upon by an advisory body that represent government, civil society, the private sector, faith-based groups, and non-governmental organizations. Proposals that are submitted to the Global Fund then undergo a technical review from an independent body composed of leading global health experts. And now our own Secretary of Health and Human Services Tommy Thompson is leading this effort.

So I believe this amendment will help further strengthen the Global Fund system of accountability, and I encourage Members to vote for its inclusion. And also, with regard to the comments of the gentleman from California (Mr. LANTOS), I hope we can move forward, as he has so eloquently outlined, and fix what he thinks needs to be fixed in it.

Mr. TAUZIN. Mr. Chairman, I yield 2 minutes to the gentleman from the great State of Michigan (Mr. UPTON), the distinguished chairman of the Subcommittee on Telecommunications and the Internet.

Mr. UPTON. Mr. Chairman, I rise for many reasons in support of this amendment. One of the main reasons that I rise in support of this amendment is because of language that I was able to get inserted as part of it, and I thank my chairman, the gentleman from Louisiana (Mr. TAUZIN), and the gentleman from Ohio (Mr. BROWN) for accepting this language so we did not need a separate amendment but make this as part of a comprehensive amendment.

Part of this amendment reads, the language I was able to insert, says this: "In carrying out immunization programs and other programs in developing countries for the prevention, treatment, and control of infectious diseases, including HIV/AIDS, TB, and malaria, the director of the CDC and Prevention, in coordination with the coordinator of the U.S. Government to combat AIDS globally, the National Institutes of Health, national and local government, and other organizations such as the World Health Organization, and the United Nations Children's Fund, shall development and implement effective strategies to improve injection safety, including eliminating unnecessary injections."

Now, why is this important? A couple of years ago I participated in a bipartisan lunch here in the Capitol, and they talked about many villages in Africa that are really led by children because there are no more adults there. It became quite clear that for many of these injections they used syringes that were used over and over and over again. As a consequence, if one person had HIV/AIDS in that community, they all got it. They all died. They all got this terrible disease.

In fact, we know from data provided by the Safe Injection Global Network, an organization affiliated with the WHO, that unsafe injection practices in developing countries cause 8 to 16 million hepatitis B infections, 2 to almost

5 million Hepatitis C infections, and the original 1976 Ebola epidemic in Zaire was traced to the reuse of three syringes.

This language that was included will prevent that. I look forward to its adoption, and I again compliment the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Ohio (Mr. BROWN) for including the language.

Mr. BROWN of Ohio. Mr. Chairman, I thank the gentleman from Michigan (Mr. UPTON) for his comments, and I yield the balance of my time to the gentleman from Minnesota (Mr. GUTKNECHT).

The CHAIRMAN. The gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 30 seconds.

Mr. GUTKNECHT. Mr. Chairman, with 30 seconds, I will be very brief.

Mr. Chairman, there is a term "illegal diversion" used twice in section 307. I just want to make clear that the authors have the intent to keep us from reimporting drugs that are being donated for AIDS in central Africa; that this will not be used to block what we may do in the future in terms of allowing Americans to have access to drugs from other countries.

Mr. TAUZIN. Mr. Chairman, will the gentleman yield?

Mr. GUTKNECHT. I yield to the gentleman from Louisiana.

Mr. TAUZIN. Mr. Chairman, the intent of the language is to study the question of the illegal diversion of drugs for improper purposes, that is, for resale and that sort of thing. We describe the purposes within that amendment. So the gentleman is accurate in his statement.

Mr. Chairman, I yield myself such time as I may consume.

I simply wanted to thank the gentleman from Ohio (Mr. BROWN) and the members of the Committee on Energy and Commerce who worked on this amendment, as I said, to help coordinate the fine work done by the chairman and the gentleman from California (Mr. LANTOS) on this underlying bill. This is an excellent piece of legislation. I hope we have improved it.

I will commit to the gentleman from California (Mr. LANTOS) that we will continue to work with him to clarify the concerns he has. We do not want to create those problems. We are simply trying to add more accountability, not less; and more clarity, less confusion.

Finally, let me point out to the gentleman from Ohio (Mr. BROWN) that it has obviously come to our committee's attention that a great deal of work is going on domestically by a number of pharmaceutical companies in testing, et cetera, in attempts to find some sort of vaccine to combat HIV/AIDS and some of these other diseases, particularly HIV/AIDS. And when and if that discovery is made, as we all hope it is, we will be back on the floor with legislation to establish some sort of national framework for us to utilize that scientific breakthrough, when and if it does occur, in a way that humanely ad-

ministers that kind of a hope and expectation of cure and prevention to all Americans without regard to the Americans' capabilities or financial capabilities to take advantage of it.

We will have to think that through, how do we make sure everybody gets to take advantage of those scientific breakthroughs when they occur. We have done some preliminary work on it; and I invite my colleague from Ohio, and others, to stay in touch with us as we move forward. As we see these breakthroughs coming, we will want to talk with the gentleman and others on the committee to see if we cannot advance legislation to make sure that every American has the advantage of those breakthroughs when they occur.

Mr. BROWN of Ohio. Mr. Chairman, will the gentleman yield?

Mr. TAUZIN. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. Mr. Chairman, I appreciate the efforts of the gentleman from Louisiana (Mr. TAUZIN) and appreciate his offer. And I think the work we are doing with the gentleman from Illinois (Mr. HYDE), the gentleman from Louisiana (Mr. TAUZIN), the gentleman from California (Mr. LANTOS), the gentleman from California (Ms. LEE), and the gentleman from Iowa (Mr. LEACH) today is outstanding, especially because with the Global Fund and with all of these efforts we can address all of these diseases, encourage philanthropists and other governments to contribute and make a difference in people's lives.

Mr. TAUZIN. Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Chairman, I thank the chairman and the ranking member on our subcommittee, and I rise in support of the legislation.

Mr. Chairman, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

The global devastation caused by these three diseases cannot be understood. The HIV/AIDS pandemic has killed more than 25 million of the 65 million individuals affected by this disease worldwide.

More than 14 million children have been orphaned because of this awful disease.

Tuberculosis, the leading killer of individuals with HIV/AIDS, is an equally serious threat. An estimated 2 billion persons—one third of the world's population—are infected with the bacteria that cause TB, and approximately 2 million persons die each year from TB.

This isn't just a problem overseas—after years of decline in the United States, the number of reported TB cases increased 20 percent during 1985–1992.

It is particularly problematic in my home State of Texas. According to the Centers for Disease Control and Prevention, we rank 5th in the country in TB case rates.

With approximately 264 million persons crossing the United States-Mexico border northbound annually, and 23 percent of all

U.S. foreign-born tuberculosis, TB, patients in the United States originating from Mexico, the implications are clear—we have to act on a global level if we are going to win the battle against this killer.

That is why I am pleased to support H.R. 1298, important legislation which will provide \$3 billion annually for global AIDS, TB and malaria in 2004–2008.

The legislation provides up to \$1 billion specifically for the Global Fund to Fight AIDS, TB and Malaria in 2004—a key multilateral mechanism for expanding prevention and treatment.

This bill also allows the U.S. share of total contributions to the Global Fund of up to 33 percent, which solidifies our commitment to eradicating these diseases worldwide.

This legislation is carefully crafted, bipartisan, and will be truly effective in our efforts to combat HIV/AIDS, Tuberculosis and Malaria.

I urge my colleagues to support this bill, and oppose any efforts to weaken or amend it.

Mr. TAUZIN. Mr. Chairman, I yield myself such time as I may consume, and let me again offer my sincere thanks to the chairman and to the gentleman from California (Mr. LANTOS) for accepting this legislation and urge adoption of it.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. All time on this amendment has expired. The question is on the amendment offered by the gentleman from Louisiana (Mr. TAUZIN).

The amendment was agreed to.

The CHAIRMAN. It is now in order to consider amendment No. 2 printed in House Report 108–80.

AMENDMENT NO. 2 OFFERED BY MR. CROWLEY

Mr. CROWLEY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. CROWLEY:
Page 22, after line 22, insert the following (and redesignate subsequent paragraphs accordingly):

(F) a description of the specific strategies developed to encourage men to be responsible in their sexual behavior, child rearing and to respect women including the reduction of sexual violence and coercion;

(G) a description of the specific strategies developed to increase women's access to employment opportunities, income, productive resources, and microfinance programs;

Page 43, line 10, after "sexual partnering," insert "reducing sexual violence and coercion, including child marriage, widow inheritance, and polygamy,".

Page 43, after line 21, insert the following (and redesignate subsequent paragraphs accordingly):

(C) assistance for the purpose of encouraging men to be responsible in their sexual behavior, child rearing, and to respect women;

Page 44, line 7, strike "and" at the end.

Page 44, line 10, strike the period at the end and insert "and".

Page 44, after line 10, insert the following:

(G) assistance for the purpose of increasing women's access to employment opportunities, income, productive resources, and microfinance programs, where appropriate.

The CHAIRMAN. Pursuant to House Resolution 210, the gentleman from

New York (Mr. CROWLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Chairman, I yield myself 2 minutes.

Mr. Chairman, I rise in support of my amendment on preventing women's vulnerability. The social empowerment of women and girls is critical to reducing the spread of HIV worldwide. Today, heterosexual sex is the primary factor in HIV transmission worldwide.

□ 1230

Women and girls now make up more than 50 percent of those infected with HIV worldwide and more than 58 percent of those in sub-Saharan Africa. Women and girls often are not able to control when and with whom they have sex, or to influence the behavior of their partners. In fact, each year millions of monogamous married women are infected by their husbands or their partners.

Irrefutable evidence now links a range of discriminatory practices that violate the fundamental human rights of women and girls and lead to high rates of HIV infection. These include, but are not limited to, sexual violence and coercion, child marriage, widow inheritance in which male relatives of the deceased gain sexual access to the widow, polygamy, and the practice in which men engage in sex with virgins as a "cure" for HIV-AIDS.

During a visit to Malawi, I personally saw some of the horrific realities confronting women and girls today. I know many of us have heard the awful stories of babies raped in South Africa to cure themselves of AIDS. U.S. programs must work at every level to change the beliefs that support these life-threatening traditions and behaviors.

My amendment would begin to address this appalling problem and require a curriculum of gender equity in HIV/AIDS training, so that adolescent boys and men learn to respect women and not just view them as sex partners.

While men and boys learn about HIV/AIDS prevention, including abstinence, being faithful and using condoms, ABC as it is called, they also learn what we call the big R, respect, respect for girls and women as their co-equals.

This is a great bill. My amendment can make it better by adding this curriculum to HIV/AIDS prevention education programs under the Global Fund. I urge passage of the Crowley amendment.

Mr. LANTOS. Mr. Chairman, will the gentleman yield?

Mr. CROWLEY. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I strongly support this amendment introduced by the gentleman from New York (Mr. CROWLEY).

There is no question that the HIV/AIDS pandemic is disproportionately affecting women and compounding the

egregious inequalities poor women live with all over the world. It is absolutely necessary that we deal with both genders if we are to reduce the impact of this disease on women's life and offer them opportunities to live with respect and dignity, free from sexual violence and coercion.

The Crowley amendment requires that we include in the 5-year strategy a plan to make sure that men take responsibility for their sexual behavior and that they do respect women. It will also increase opportunities for women seeking access to employment. I urge Members to support this amendment.

Mr. CROWLEY. Mr. Chairman, I reserve the balance of my time.

Mr. HYDE. Mr. Chairman, I claim the time in opposition; however, I do not oppose the amendment.

The CHAIRMAN pro tempore (Mr. SWEENEY). Without objection, the gentleman from Illinois (Mr. HYDE) is recognized for 5 minutes.

There was no objection.

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

This is a good amendment, a thoughtful amendment. It adds to the bill, so we are pleased to accept this amendment.

Mr. Chairman, I yield back the balance of my time.

Mr. CROWLEY. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Mr. Chairman, I rise in strong support of the Crowley amendment, and I commend my colleague for his leadership on this important issue.

The amendment addresses one of the core issues driving HIV/AIDS infection rates in the hardest hit countries: The disproportionate vulnerability of women to contracting HIV.

The facts speak for themselves, women and adolescent girls make up more than 50 percent of those infected with HIV worldwide, more than 58 percent of those infected in sub-Saharan Africa. The reasons for this are clear, gender violence and sexual coercion make it difficult, and even impossible, for women to say no to sex with an infected person. Widespread poverty has turned many younger women to having sex with older men in return for the food and shelter their families cannot provide. Poverty, as well, is a factor in the prevalence of early marriage, subjecting adolescent girls to marriages with unfaithful partners who often bring HIV home.

The Crowley amendment would provide a solution requiring U.S. programs to prevent HIV/AIDS to work toward empowering women to negotiate their sexual activity, and working with men to understand and respect women's rights. I urge adoption of this amendment.

Mr. CROWLEY. Mr. Chairman, I yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Chairman, I thank the gentleman from New York (Mr. CROWLEY) for yielding me this time, and

thank the gentleman for this amendment. It is very important to this bill. I thank the gentleman from Illinois (Chairman HYDE) for accepting the amendment.

The empowerment of women is critical in developing an AIDS strategy that is effective. In many parts of the developing world, women are still treated as second-class citizens. They lack basic protections of civil rights laws in their own country, and oftentimes are left at a disadvantage when it comes to accessing resources, owning land and in their general relationships to men.

The Crowley amendment would fix this by encouraging men to develop a healthy relationship that treats women with respect. That is so important as we address this pandemic. In addition, it supports the development of specific strategies to increase women's access to employment, land and financial resources like microfinance programs that, in many instances, have encouraged women to set up their own small businesses and avoid having to turn to a life of prostitution in order to make ends meet.

I urge Members to thank the gentleman from New York (Mr. CROWLEY) for his wisdom in moving forward with this amendment. I thank the gentleman from Illinois (Mr. HYDE) for accepting this very important amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from New York (Mr. CROWLEY).

The amendment was agreed to.

The CHAIRMAN pro tempore. It is now in order to consider amendment No. 3 printed in House Report 108-80.

AMENDMENT NO. 3 OFFERED BY MRS. BIGGERT

Mrs. BIGGERT. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mrs. BIGGERT: Page 33, after line 20, insert the following: (a) FINDINGS.—The Congress finds as follows:

(1) The establishment of the Global Fund in January 2002 is consistent with the general principles for an international AIDS trust fund first outlined by the Congress in the Global AIDS and Tuberculosis Relief Act of 2000 (Public Law 106-264).

(2) Section 2, Article 5 of the bylaws of the Global Fund provides for the International Bank for Reconstruction and Development to serve as the initial collection trustee for the Global Fund.

(3) The trustee agreement signed between the Global Fund and the International Bank for Reconstruction and Development narrows the range of duties to include receiving and investing funds from donors, disbursing the funds upon the instruction of the Global Fund, reporting on trust fund resources to donors and the Global Fund, and providing an annual external audit report to the Global Fund.

Page 33, line 20, strike "(a)" and insert "(b)".

Page 34, line 5, strike "(b)" and insert "(c)".

Page 34, line 14, strike "(c)" and insert "(d)".

Page 37, line 18, strike "(d)" and insert "(e)".

Page 38, line 25, strike "(e)" and insert "(f)".

Page 39, after line 9, insert the following: (g) SENSE OF THE CONGRESS REGARDING ENCOURAGEMENT OF PRIVATE CONTRIBUTIONS TO THE GLOBAL FUND.—It is the sense of the Congress that the President should—

(1) conduct an outreach campaign that is designed to—

(A) inform the public of the existence of— (i) the Global Fund; and

(ii) any entity that will accept private contributions intended for use by the Global Fund; and

(B) encourage private contributions to the Global Fund; and

(2) encourage private contributions intended for use by the Global Fund by—

(A) establishing and operating an Internet website, and publishing information about the website; and

(B) making public service announcements on radio and television.

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentlewoman from Illinois (Mrs. BIGGERT) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, first of all, let me thank the gentleman from Illinois (Mr. HYDE) for all of his work on this necessary initiative. I also applaud the bipartisan manner in which he and the ranking member, the gentleman from California (Mr. LANTOS), have completed this difficult task.

In addition, the gentleman from Iowa (Mr. LEACH) and the gentlewoman from California (Ms. LEE) should be commended for the groundwork that they laid with their previous efforts in creating a World Bank/AIDS Trust Fund.

This amendment does two things: First, it states that the World Bank, or the IBID, the International Bank for Reconstruction and Development, is the trustee for contributions made by sovereign nations. This makes the underlying bill consistent with both the charter of the Global Fund and with legislation previously passed and signed into law concerning the global fight against HIV/AIDS. This amendment in no way restricts the movement of the trustee role to any other financial institution if the board of the Global Fund deems it necessary some time down the road.

Second, it expresses the sense of Congress that we wish to encourage individuals and private entities to make contributions to the Global Fund. The President, in his State of the Union address, specifically requested that \$1 billion of emergency relief for AIDS go towards the Global AIDS Fund over a 5-year period. The Hyde bill has authorized \$1 billion in the first year alone and more money to be authorized in subsequent years, if necessary.

While we all agree that government contributions on a multilateral level

should be the main source of funding for the Global Fund, we also must agree that individual and private entity donations should not be discounted, discouraged, or dismissed. They should be encouraged. Governments alone cannot concur this enemy. There is so much more that individual citizens and charitable foundations can and will do if we give them the avenue, the information and the opportunity.

To illustrate my point, we are all aware of the \$100 million contribution made by two very well known and generous Americans from the Bill and Melinda Gates Foundation. This single contribution from an American-based foundation is roughly half the amount that was pledged by the governments of Italy and Japan combined to this Global Fund.

The amendment seeks to encourage and enable other foundations and generous individuals, even those who might be thinking more in the neighborhood of a \$10 or \$100 contribution to contribute to the Global AIDS Fund to combat the HIV/AIDS pandemic. These funds promote expansion of public-private partnerships.

Mr. HYDE. Mr. Chairman, will the gentlewoman yield?

Mrs. BIGGERT. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, we certainly accept the amendment. It is an excellent addition to the bill, and congratulate the gentlewoman from Illinois (Mrs. BIGGERT).

Mr. LANTOS. Mr. Chairman, will the gentlewoman yield?

Mrs. BIGGERT. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, we are in complete agreement with the gentlewoman on the value of the Global Fund and on the importance of private contributions to the fund. Contributions from the Gates Foundation and others significantly enhance the functioning of the fund, and we agree that the President should do even more to encourage private donations here.

I am not aware of any objections to the gentlewoman's amendment on this side of the aisle. We would be pleased to accept it. I commend the gentlewoman from Illinois (Mrs. BIGGERT) for her important initiative.

Ms. LEE. Mr. Chairman, will the gentlewoman yield?

Mrs. BIGGERT. I yield to the gentlewoman from California.

Ms. LEE. Mr. Chairman, I want to thank the gentlewoman from Illinois (Mrs. BIGGERT) for this amendment. I think it strengthens the bill. It strengthens the fund.

One point I would like to make about the Global Fund which has been mentioned is the leveraging ability of the fund. \$1 billion could leverage up to \$4 to \$5 billion. It has been estimated that \$9 to \$10 billion is needed just to begin to scratch the surface on this pandemic. The importance of the fund cannot be overstated, and I thank the gentlewoman for this amendment. Now

that Secretary Tommy Thompson is chair of the executive board, both sides should feel confident that he will move forward. And once we insist that our side put \$1 billion in, at least we know that should lead to \$4 to \$5 billion immediately. I offer my support of the amendment.

Mrs. BIGGERT. Mr. Chairman, I thank the gentlewoman from California (Ms. LEE) and thank the chairman and the ranking member for their support of this amendment. I urge its passage.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore. The question is on amendment offered by the gentlewoman from Illinois (Mrs. BIGGERT).

The amendment was agreed to.

The CHAIRMAN pro tempore. It is now in order to consider amendment No. 4 printed in House Report 108-80.

AMENDMENT NO. 4 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. STEARNS: Page 36, after line 13, insert the following: (iii) If, at any time during any of the fiscal years 2004 through 2008, the President determines that the salary of any individual employed by the Global Fund exceeds the salary of the Vice President of the United States (as determined under section 104 of title 3, United States Code) for that fiscal year, then the United States shall withhold from its contribution for the next fiscal year an amount equal to the aggregate amount by which the salary of each such individual exceeds the salary of the Vice President of the United States.

Page 36, line 14, strike "(B)" and insert "(B)(i)".

Page 36, beginning on each of lines 15 and 17, strike "subparagraph (A)" and insert "subparagraph (A)(i)".

Page 36, after line 19, insert the following:

(ii) Any amount made available under this subsection that is withheld by reason of clause (ii) or (iii) of subparagraph (A) is authorized to be made available to carry out section 104A of the Foreign Assistance Act of 1961 (as added by section 301 of this Act). Amounts made available under the preceding sentence are in addition to amounts appropriated pursuant to the authorization of appropriations under section 401 of this Act for HIV/AIDS assistance.

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from Florida (Mr. STEARNS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I appreciate the opportunity to offer this simple amendment. It will ensure that the money that the United States spends, which is taxpayers' money, to address the AIDS crisis will be spent treating patients rather than spent in bureaucratic, administrative costs.

It requires that at the Global Fund, individual salaries may not exceed the

salary of the Vice President of the United States. The criteria that I came up with, being the Vice President's salary, is because in the Homeland Security Act, we specified that no Federal employee may earn a salary in excess of the vice presidential salary. So that is the criteria I used. I think it is pretty simple, and back in our districts, \$192,000 is a lot of money.

Given that the Global Fund's mission is to help people dying from AIDS and prevent others from getting and eventually dying from AIDS, it would seem reasonable that administrative costs should be held to a minimum so that every dollar that taxpayers spend overseas will move to the patients and to the people who need it. As long as the U.S. Government is the largest single contributor to the fund, it is appropriate that we place this modest restriction on the salaries. We do it for our Federal employees here in the United States, why not do it in the Global Fund. With hundreds of millions of dollars at risk, it is the responsibility of all of us to ensure that dollars are spent wisely. Mr. Chairman, I think the amendment is pretty simple. I could point out a lot more.

Mr. HYDE. Mr. Chairman, will the gentleman yield?

Mr. STEARNS. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, we are prepared to accept the amendment.

Mr. STEARNS. Mr. Chairman, I thank the gentleman.

Mr. LANTOS. Mr. Chairman, will the gentleman yield?

Mr. STEARNS. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, we expect the Global Fund to recruit and hire the most competent and competitive international experts to manage this very complex organization.

□ 1245

I feel strongly that exorbitant executive salaries would only go to undermine the credibility of the organization. There are lots of skeptics who oppose the Global Fund and wish it to fail. These naysayers are looking for any means to discredit the work of the Global Fund. It is very important that the Global Fund salaries should be realistic and competitive and attract the most competent professionals in the world, but they should not be set at levels that would undermine the credibility of the good work that we hope to accomplish.

I urge my colleagues to support my friend's amendment.

Mr. Chairman, I yield back the balance of my time.

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

I just will conclude by saying we all want this bill to save lives. That is why we are here. But I think we must have some kind of strict accountability with this organization sanctioned by the world to meet this dire need, and I thank the gentleman from California

(Mr. LANTOS) and the gentleman from Illinois (Mr. HYDE), distinguished chairman and ranking member. I appreciate their support. We must have confidence that these organizations are using American taxpayers' dollars wisely.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore (Mr. SWEENEY). The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The question was taken; and the Chairman pro tempore announced that the ayes appeared to have it.

Mr. STEARNS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN pro tempore. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Florida (Mr. STEARNS) will be postponed.

It is now in order to consider amendment No. 5 printed in House Report 108-80.

AMENDMENT NO. 5 OFFERED BY MR. BALLANCE

Mr. BALLANCE. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 5 offered by Mr. BALLANCE:

Page 55, after line 10, insert the following:

(g) SENSE OF CONGRESS RELATING TO FOOD ASSISTANCE FOR INDIVIDUALS LIVING WITH HIV/AIDS.—

(1) FINDINGS.—Congress finds the following:

(A) The United States provides more than 60 percent of all food assistance worldwide.

(B) According to the United Nations World Food Program and other United Nations agencies, food insecurity of individuals infected or living with HIV/AIDS is a major problem in countries with large populations of such individuals, particularly in African countries.

(C) Although the United States is willing to provide food assistance to these countries in need, a few of the countries object to part or all of the assistance because of fears of benign genetic modifications to the foods.

(D) Healthy and nutritious foods for individuals infected or living with HIV/AIDS are an important complement to HIV/AIDS medicines for such individuals.

(E) Individuals infected with HIV have higher nutritional requirements than individuals who are not infected with HIV, particularly with respect to the need for protein. Also, there is evidence to suggest that the full benefit of therapy to treat HIV/AIDS may not be achieved in individuals who are malnourished, particularly in pregnant and lactating women.

(2) SENSE OF CONGRESS.—It is therefore the sense of Congress that United States food assistance should be accepted by countries with large populations of individuals infected or living with HIV/AIDS, particularly African countries, in order to help feed such individuals.

Page 69, line 19, strike "The drug nevirapine reduces" and insert "Certain antiretroviral drugs reduce".

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from North Carolina (Mr. BALLANCE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. BALLANCE).

Mr. BALLANCE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I am thankful for this opportunity to offer this amendment to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I would like to commend the efforts of my friends and colleagues on both sides of the aisle. I thank the gentleman from Illinois (Chairman HYDE) and the gentleman from California (Mr. LANTOS), ranking member, for their leadership; but I also want to take a moment to point my finger at the honorable gentlewoman from California (Ms. LEE), our good friend and long-time leader in this effort who has stood tall on this issue for so many years, and I would like to take the opportunity to commend our President for getting involved in this issue.

I have been in this Congress now for about 4 months, and there have not been many issues that have touched me. This one has. So I have come today to add my voice on behalf of a growing problem compounding the HIV/AIDS crisis in many African nations. America stands ready to help provide food assistance to our brothers and sisters in Africa suffering from this devastating disease, HIV/AIDS. We already provide more than 60 percent of all food aid around the world, and yet some parts of the world question the quality of our foods on the basis of unscientific concerns. Thus it is that some nations object to our food aid; and one I would point out, Zambia, has completely rejected our help.

Mr. Chairman, I am concerned that America may not be doing enough to educate foreign countries about genetically modified foods. Many poor nations lack infrastructure to determine if food is safe. With images on television of epidemics like Mad Cow Disease, many African leaders are very hesitant to go on the findings of food safety inspections and research services of another nation.

With many countries in Africa dealing with HIV/AIDS, their leaders are hesitant to introduce any item into the food supply that they suspect might further complicate health problems. Without adequate information, it is no wonder many of these countries have come to different conclusions about food products they allow into their country.

Mr. Chairman, if we asked most HIV/AIDS victims in Africa what they need most, I would venture to say that they will tell us that they need food. More than any medication, providing proper nutrition to regions without adequate food can prolong lives. The most at risk in this debilitating crisis are women and children. The links between malnutrition and AIDS deaths is undeniable. Malnutrition accelerates the progression from HIV to AIDS and leaves those with HIV/AIDS vulnerable to opportunistic infections that often are fatal.

The devastation that this disease causes in Africa, the hundreds of thousands of orphans, the decimated communities and the economic damage can be alleviated with a combined program of medical aid and good nutrition.

Food is much less expensive than antiretroviral drugs, and good nutrition can prolong the lives of AIDS victims for many years and sometimes decades. According to the recently published Demographic Health Survey and the 2000 Census of Population and Housing by the United Nations, children born between 1970 and 1975 in Zambia could expect to live 47.2 years. That same study now has shown that their life expectancy has decreased to 40.5 years.

Unfounded fears should not hold up food aid. This amendment I believe will go a long way to alleviate those concerns, and I would urge my colleagues to adopt this amendment.

Mr. LANTOS. Mr. Chairman, will the gentleman yield?

Mr. BALLANCE. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I strongly support the amendment introduced by the gentleman from North Carolina (Mr. BALLANCE), and I want to commend him for his initiative. We think this is a significant improvement to the underlying bill. We have no objections, and we strongly support it.

Mr. HYDE. Mr. Chairman, will the gentleman yield?

Mr. BALLANCE. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, I am delighted to associate myself with the remarks of the distinguished gentleman from California (Mr. LANTOS). This is an excellent amendment, and I urge all our colleagues to support it.

Mr. BALLANCE. Mr. Chairman, reclaiming my time, one other thing I wanted to say which was not in my prepared remarks was we grow a lot of corn in North Carolina.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from North Carolina (Mr. BALLANCE).

The amendment was agreed to.

The CHAIRMAN pro tempore. It is now in order to consider amendment No. 6 printed in House Report 108-80.

It is now in order to consider amendment No. 7 printed in House report 108-80.

AMENDMENT NO. 7 OFFERED BY MR. LANTOS

Mr. LANTOS. Mr. Chairman, I offer an amendment as the designee of the gentlewoman from California (Ms. MILLENDER-MCDONALD).

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 7 offered by Mr. LANTOS:

Page 74, after line 10, insert the following (and redesignate subsequent paragraphs accordingly):

(4) ensure the importance of inheritance rights of women, particularly women in Afri-

can countries, due to the exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households as a result of the HIV/AIDS pandemic;

Page 75, line 4, add at the end the following new sentence: "Such report should include a description of activities undertaken to carry out subsection (b)(4)."

Page 75, line 11, add at the end the following new sentence: "A significant percentage of the amount appropriated pursuant to the authorization of appropriations under the preceding sentence for a fiscal year should be made available to carry out subsection (b)(4)."

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from California (Mr. LANTOS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California (Mr. LANTOS).

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

Mr. Chairman, the amendment offered by the gentlewoman from California (Ms. MILLENDER-MCDONALD), my good friend and colleague, deals with a very important issue. The HIV/AIDS pandemic has had a frightening impact on women, particularly in Africa where 55 percent of all HIV/AIDS victims are women. Unequal inheritance rights all over the world, but particularly in Africa, favor men over women. Poor women are abandoned because of their HIV/AIDS status, widowed by the premature death of a husband, or left as orphans by the death of parents. Left with nothing but their desperation, these women and girls are exploited by sex traffickers, pimps, and abusive employers.

Mr. Chairman, it is crucial that programs funded by this emergency program include the promotion and protection of women's inheritance rights, but we should not stop there. Women's equal rights across the board are absolutely essential to overcoming the poverty that underpins the seeming hopelessness of this disease.

Mr. Chairman, I urge all of my colleagues to support this amendment.

Mr. HYDE. Mr. Chairman, will the gentleman yield?

Mr. LANTOS. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, I thank the gentleman for yielding. I am pleased to say that the majority accepts the amendment. It is an excellent addition to what I think is an excellent bill. So we are pleased to accept it.

Ms. MILLENDER-MCDONALD. Mr. Chairman, I want to take this time to thank Chairman HYDE and Ranking Member LANTOS for being the driving force behind such an important bill, H.R. 1298, United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. This bill embodies true leadership on the part of the United States, dramatically increasing the U.S. participation in addressing the pandemic that is ravaging whole regions and millions upon millions of people. This unprecedented bill acknowledges our moral responsibility to address the pandemic that has already resulted in the deaths of millions. I am so proud to be a part of this legislation, this distinguished body and this country.

The bill as reported out of the International Relations Committee contains a provision of mine included in the Committee markup which my good friend, Congresswoman NAPOLITANO, offered for me as a member of that Committee. While much attention is being paid to preventing mother-to-child transmission (MTCT) of HIV/AIDS, we must turn to addressing the needs and rights of that child to grow up with parents, so that millions more are not orphaned before he or she can even walk. My language gives priority preference for federal funds to groups that are currently administering a program with non-federal funds to: prevent mother-to-child transmission; and provide life-long care and treatment in family-centered programs so that children do not grow up as orphans.

This would benefit programs such as the MTCT-Plus Initiative, which is supported by United Nations Secretary General Kofi Annan and the First Ladies of Africa, and which has \$50 million in funding from several private philanthropic foundations including the Bill and Melinda Gates, the William and Flora Hewlett, the Robert Wood Johnson and other foundations. Such family-survival programs are critical to address the issues of millions of children orphaned by HIV/AIDS on a scale unrivaled in history. In sub-Saharan Africa, family and societal structures are breaking down because of the deaths of a generation of parents. The number of children in the developing world who have been orphaned by the AIDS pandemic will nearly double from 13.4 million to 25.4 million by the end of this decade. Today, 5.5 million children in Africa have lost both parents and in most cases, at least one of them to AIDS, and that number will rise to 7.9 million by 2010. Older women are also profoundly affected since the responsibility for caring for and supporting grandchildren orphaned by AIDS infected parents often falls on the shoulders of the elderly.

Thank you again, Chairman HYDE and Ranking Member LANTOS, for agreeing to include my amendment in the bill as reported, and to Congresswoman NAPOLITANO for agreeing to offer my amendment during the Committee markup.

Mr. Chairman, my amendment today concerns Section 314 which calls for a pilot program of assistance for children and families affected by HIV/AIDS. My amendment requires that pilot program to ensure the importance of inheritance rights of women, particularly women in African countries are included in this program. The relationship of the denial of inheritance rights for women, increased HIV/AIDS infection in women and the resulting exponential growth in the numbers of young widows, orphaned girls, and grandmothers becoming heads of households needs to be further studied and documented. My amendment does just that.

My amendment is necessary because a majority of those infected by HIV/AIDS in Africa are women of all classes, ethnic groups, and levels of education. Women with AIDS are condemned to an early death when their homes, lands, and other property are taken. They not only lose assets they could use for medical care, but also the shelter they need to endure this disease.

The failure to ensure equal property and inheritance rights upon separation or divorce discourages women from leaving violent marriages. HIV risk is especially high for women

in situations of domestic violence, which often involves coercive sex, diminished ability to negotiate with partners for safer sex, and impede women from seeking health information and treatment.

In some places, widows are forced to undergo sexual practices such as "wife inheritance" or ritual "cleansing" in order to keep their property. "Wife inheritance" occurs when a male relative of the dead husband takes over the widow as a wife, often in a polygamous environment. "Cleansing" usually involves sex with a social outcast who is paid by the dead husband's family, supposedly to cleanse the women of her dead husband's evil spirits. In both of these rituals, safe sex is seldom practiced and often forced. Such women are at increased risk of contracting and spreading HIV.

For example, there are areas in Kenya where the wife inheritance and cleansing practices have created an alarmingly high rate of HIV/AIDS infection. Fully 22 percent of the population between ages 15 and 49 in the Nyanza province are infected, and 35 percent of ante-natal women in one district within that province are infected. Girls and young women in the Nyanza province are infected at six times the rate of their male counterparts.

The underlying bill calls for the President to report on this pilot program, as described under Section 314(c). My amendment calls for that report to include in it a description of activities undertaken to ensure that the inheritance rights of women as just described are part of this program.

Finally, in the last Congress, Rep. Eva Clayton and I introduced H. Con. Res. 421, recognizing the importance of inheritance rights of women in Africa, and its relationship to the HIV/AIDS pandemic. I have also chaired two briefings on this issue. Our resolution was very strongly supported by this body. It had 90 original cosponsors with bipartisan support. My amendment today to the underlying bill includes the crux of H. Con. Res. 421.

Thank you so much and I hope you support my amendment to H.R. 1298.

Mr. LANTOS. Mr. Chairman, we have no further requests for time, and we yield back the balance of our time.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from California (Mr. LANTOS).

The amendment was agreed to.

□ 1300

The CHAIRMAN pro tempore (Mr. SWEENEY). It is now in order to consider Amendment No. 8 printed in House Report 108-80, as modified by the order of the House of earlier today.

AMENDMENT NO. 8 OFFERED BY MS. MCCOLLUM

Ms. MCCOLLUM. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 8 offered by Ms. MCCOLLUM:

Page 83, line 14, strike "For" and insert "(a) THERAPEUTIC MEDICAL CARE.—For".

Page 83, after line 22, add the following new subsection:

(b) ORPHANS AND VULNERABLE CHILDREN.—For fiscal years 2006 through 2008, not less than 10 percent of the amounts appropriated pursuant to the authorization of appropria-

tions under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for assistance for orphans and vulnerable children affected by HIV/AIDS, of which such amount at least 50 percent shall be provided through non-profit, nongovernmental organizations, including faith-based organizations, that implement programs on the community level.

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from Minnesota (Ms. MCCOLLUM) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Minnesota (Ms. MCCOLLUM).

Ms. MCCOLLUM. Mr. Chairman, I yield myself of such time as I may consume.

Mr. Chairman, I want to begin by thanking once again the gentleman from Illinois (Chairman HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), for their hard work on this critical legislation. President Bush should also be congratulated for his leadership on this important legislation. This bill is a huge step forward in our global leadership to respond to the AIDS pandemic.

The gentleman from Illinois (Chairman HYDE) and the gentleman from California (Mr. LANTOS) have recognized AIDS orphans and vulnerable children and have included them in this historic bill expressing the sense of Congress that they receive a portion of funding. Nonetheless, I believe we can and we must do more to ensure that some of our planet's most vulnerable children are protected.

The amendment I am offering today would ensure that 10 percent of the appropriated funds in this bill be expended for HIV—AIDS assistance for millions of orphans and vulnerable children affected by AIDS.

As we prepare to authorize this groundbreaking legislation, I urge my colleagues to join me in committing this funding for children who are being left behind to survive on their own as a result of the AIDS pandemic.

This funding will go far in providing the most basic health, education and economic needs to millions of children throughout the work of community and faith-based groups, as well as NGOs and host country governments.

Today there are more than 12 million children, 12 million children in Africa, that have lost one or both parents to HIV—AIDS. By the year 2005, there will be more than 20 million AIDS orphans around the world.

Children in Africa are suffering the loss of parents, extended family members, teachers, health care providers and peers. Every community affected by AIDS is being robbed of a generation of adults in their most productive years, leaving behind children to be raised by relatives, left on their own in households headed by other children, or, even worse, to be totally left alone to forage in rural villages and on the streets of cities across the continent of Africa.

The scope and complexity of the challenges facing children affected by AIDS cannot be overstated. Children become responsible for their own survival while providing care for dying parents. They are forced to abandon school and face the stigma and isolation far too frequently associated with AIDS. Tragically, orphan children who are the most vulnerable are often forced into labor, sexual exploitation, and the hopelessness of a life of mere survival.

This amendment can help transform the future of communities filled with AIDS orphans by committing to reinvest into communities that have faith-based organizations and other groups that are committed to working with orphans. We are ensuring by doing this that an entire generation of children in Africa will not be lost.

We have the responsibility today to make a firm commitment to ensure that the resources in this bill go to provide the most basic needs of every child; food, shelter, safety, medicine, education, and, most importantly of all, hope for the future.

I urge my colleagues to join me today in supporting the millions of children orphaned by AIDS. I respectfully ask my colleagues to support this amendment and to make a strong commitment to the millions of AIDS orphans and vulnerable children who desperately need our help today.

Mr. HYDE. Mr. Chairman, will the gentlewoman yield?

Ms. MCCOLLUM. I yield to the gentleman from Illinois.

Mr. HYDE. Mr. Chairman, the children and orphans who are affected by this scourge could have no better champion than the gentlewoman from Minnesota, and we are very pleased to accept her excellent amendment.

Mr. LANTOS. Mr. Chairman, will the gentlewoman yield?

Ms. MCCOLLUM. I yield to the gentleman from California.

Mr. LANTOS. Mr. Chairman, I want to congratulate and commend my friend from Minnesota for offering this most important amendment, which dramatically improves the underlying bill. On this side we are proud and pleased to accept her amendment.

Ms. MCCOLLUM. Mr. Chairman, reclaiming my time, I am very honored to have this amendment accepted, and I thank both my mentors for their help in preparing this amendment.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentlewoman from Minnesota (Ms. MCCOLLUM).

The amendment was agreed to.

Mr. HYDE. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. GREEN of Wisconsin) having assumed the chair, Mr. SWEENEY, Chairman pro tempore of the Committee of the Whole

House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, had come to no resolution thereon.

MAKING IN ORDER CONSIDERATION OF AMENDMENT NO. 6 OUT OF SEQUENCE DURING FURTHER CONSIDERATION OF H.R. 1298, UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

Mr. SMITH of Michigan. Mr. Speaker, I ask unanimous consent that Amendment No. 6 in House Report 108-80 be considered out of sequence in the Committee of the Whole.

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

There was no objection.

UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

The SPEAKER pro tempore. Pursuant to House Resolution 210 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 1298.

□ 1306

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, with Mr. SWEENEY (Chairman pro tempore) in the chair.

The Clerk read the title of the bill.

The CHAIRMAN pro tempore. When the Committee of the Whole rose earlier today, Amendment No. 8 printed in House Report 108-80 offered by the gentlewoman from Minnesota (Ms. MCCOLLUM) had been disposed of.

Under the recent order of the House, it is now in order to consider Amendment No. 6 printed in House Report 108-80.

AMENDMENT NO. 6 OFFERED BY MR. SMITH OF MICHIGAN

Mr. SMITH of Michigan. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 6 offered by Mr. SMITH of Michigan:

Page 81, beginning on line 22, strike "\$30,000,000 for each of the fiscal years 2004 through 2008" and insert "\$2,000,000,000 for fiscal year 2004, \$2,500,000,000 for fiscal year 2005,

\$3,000,000,000 for fiscal year 2006, \$3,500,000,000 for fiscal year 2007, and \$4,000,000,000 for fiscal year 2008".

The CHAIRMAN pro tempore. Pursuant to House Resolution 210, the gentleman from Michigan (Mr. SMITH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan (Mr. SMITH).

Mr. SMITH of Michigan. Mr. Chairman, I yield myself 2 minutes.

Mr. Chairman, this amendment brings back the level of funding for the first year to the level recommended by the President, the amount of \$2 billion, which is the amount that is also in our budget resolution.

The third reason is I would like to document and persuade to my colleagues, expert witnesses from Africa that are suggesting that it is going to be much more effective to start gradually and then increase the spending over the year.

My amendment does not decrease the total 5 year commitment of \$15 billion, but, rather, is consistent with what the President has requested, starting at \$2 billion and then growing each year.

I would like to read a letter from a former United States ambassador to several of those African countries.

"As the son of a medical missionary to Africa, a career State Department diplomat with over 28 years of service, mainly in Africa, and as the former United States Ambassador to Rwanda and Mali, I am well aware of the problems making foreign aid genuinely benefit the populations it was intended to impact. Throughout my career, I have been involved in rural health initiatives in Africa, and while there is great need to meet the challenge of AIDS in Africa, front-loading a program might well do more harm than good. There is great risk in squandering precious funds when expenditures are made without adequate controls or accountability. We also risk forcing our big-ticket solutions on Africans who may need more modest help in finding local solutions and building up their own capacity to deal with the challenge in the early year.

"Accordingly, I support the original emergency plan for AIDS relief proposed by the President that would launch this new initiative to \$2 billion in '04 and steadily escalate spending over 5 years."

Again, because we can maximize this money over the 5-year period, because it would be consistent with the President and the budget resolution, I hope Members support the amendment.

Mr. LANTOS. Mr. Chairman, I claim the time in opposition to this amendment.

The CHAIRMAN pro tempore. The gentleman from California (Mr. LANTOS) is recognized for 5 minutes.

Mr. LANTOS. Mr. Chairman, I am delighted to yield such time as he may consume to my distinguished friend the gentleman from California (Mr. HYDE).

Mr. HYDE. Mr. Chairman, I thank the distinguished gentleman from California for yielding me time.