

WORLD BANK AIDS MARSHALL PLAN TRUST FUND ACT

MARCH 28, 2000.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. LEACH, from the Committee on Banking and Financial Services, submitted the following

REPORT

together with

DISSENTING AND ADDITIONAL VIEWS

[To accompany H.R. 3519]

[Including cost estimate of the Congressional Budget Office]

The Committee on Banking and Financial Services, to whom was referred the bill (H.R. 3519) to provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “World Bank AIDS Marshall Plan Trust Fund Act”.

SEC. 2. FINDING AND PURPOSES.

(a) FINDINGS.—The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300’s and the influenza epidemic of 1918–1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS, 1,200,000, are living with the disease; and in

one year alone—1999—an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000—roughly 70 percent—of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS, of which 13,700,000—over 80 percent—occurred in Sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United States Nations Children's Fund (UNICEF) states "[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response" and that "finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community."

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40—the lowest life expectancy in the world—due to high mortality rates from HIV/AIDS.

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS, some developing nations—such as Uganda, Senegal, and Thailand—have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained with that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated "[n]o company and no government can take on the challenge of AIDS along," and that what is needed is a new approach to public health—combining all available resources, public and private, local and global."

(16) The World Bank, declaring AIDS not just a public health problem but "the foremost and fastest-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on the continent.

(17) The World Bank estimates that for Africa along \$1,000,000,000 to \$2,300,000,000 annually is needed for prevention in contrast to the approximately \$300,000,000 a year in official assistance currently available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSE.—The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world, through the creation of a trust fund which is designed to—

(1) work with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, donor agen-

cies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, non-governmental organizations, and recipient countries to combat the spread of HIV/AIDS.

TITLE I—NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury shall seek to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and non-governmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) **PROGRAM OBJECTIVES.**—The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including affordable drugs. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) **PRIORITY.**—In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence, rate, and that have or agree to carry out a national HIV/AIDS program which—

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector.

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policy-making as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) **GOVERNANCE.**—

(A) **IN GENERAL.**—The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund, the Trustee would be responsible for managing the day-to-day operations of the trust fund.

(B) **SELECTION OF PROJECTS AND RECIPIENTS.**—In consultation with the President and other donors to the trust fund, the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund, standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund. The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(C) **TRANSPARENCY OF OPERATIONS.**—The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund.

(D) **ADVISORY BOARD.**—

(i) **APPOINTMENT.**—The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and

distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES.—The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. Once the Advisory Board is established the Secretary of the Treasury shall ensure that the Trustee provides the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

TITLE II—UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury \$200,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III—REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund, the goals of the trust fund, the programs, projects, and activities, including any vaccination approaches, supported by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

(b) APPROPRIATE COMMITTEES DEFINED.—In subsection (a), the term “appropriate committees” means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

TITLE IV—HIV/AIDS PREVENTIONS AND CARE

SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p–262p–7) is amended by adding at the end the following:

“SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

“The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with Sub-saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS, including through health care delivery mechanism which facilitate the distribution of affordable drugs for persons infected with HIV.”.

PURPOSE AND SUMMARY

The purpose of H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, as reported out of the Committee on Banking and Financial Services with an amendment, is to provide increased U.S. support for global efforts to combat HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome). As articulated in section 2(b) of the bill, the specific purposes of the bill are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and mitigate its devastating effects on economic development and security, through a trust fund that

would work with governmental and non-governmental organizations and leverage a U.S. contribution to mobilize additional resources from other donors.

Findings in Section 2(a) of the bill describe the stunning dimensions of the worldwide HIV/AIDS crisis, particularly its disproportionate impact on the nations of sub-Saharan Africa. The bill requires the Secretary of the Treasury to seek to enter into negotiations with the World Bank, its members, and other interested parties to create a trust fund to provide grants to HIV/AIDS affected countries to implement HIV/AIDS prevention, education, treatment and care, and research and development activities. Priority consideration would be given to countries with the highest HIV/AIDS infection rates (or at risk of such rates) and which are committed to national HIV/AIDS programs. The fund would be administered by the World Bank, subject to guidance from the U.S. and other donors on project selection and cost-effective management of the fund. Full and prompt disclosure of the fund's financing and operations would also be required. An advisory board, consisting of international experts appointed by the U.S. and other donors, would provide guidance to the fund.

The bill authorizes an annual U.S. contribution to the trust fund of \$200 million for five years, FY 2001–2005, and requires annual reports on the activities of the fund and their effectiveness in stemming the global spread of HIV/AIDS.

BACKGROUND AND NEED FOR LEGISLATION

According to the U.S. Surgeon General, HIV/AIDS will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918–19 which killed more than 20 million worldwide. Indeed, the global HIV/AIDS epidemic might fairly be described as a disease of Biblical proportion.

Recent statistics in the "AIDS epidemic update: December 1999," prepared by the Joint United Nations Programme on HIV/AIDS (UNAIDS), reveal that 16.3 million people have died from AIDS worldwide and 33.6 million people are living with the deadly disease.

Among all regions of the world, sub-Saharan Africa has been hardest hit by the disease. Although it has only 10 percent of the world's population, it accounts for 80 percent of global AIDS deaths and nearly 70 percent of the world's current HIV/AIDS cases. According to Dr. James Sherry of UNAIDS, these numbers have outpaced all projections. He cited 1991 projections by the World Health Organization (WHO) that an estimated 9 million would be infected and 5 million dead from AIDS in Africa by 1999. Instead, current estimates are double to triple those numbers.

Millions of children have died or been orphaned. Director Sandra Thurman of the White House Office of National AIDS Policy testified at the Committee's March 8, 2000, hearing that, "In Africa, an entire generation of children is in jeopardy." She reported that in several sub-Saharan African countries, an estimated one-fifth to one-third of all children have already been orphaned by the disease and that the worst is yet to come. She cited projections that some 40 million children will lose one or both parents to AIDS within the

next 10 years. The United Nations Children's Fund (UNICEF), in its 1999 annual report, called the number of orphans, particularly in Africa, "nothing less than an emergency" requiring "urgent action from the international community." Ms. Mary Fisher, founder and chair of the Family AIDS Network, testified at the hearing about her own visit to Africa, observing that:

But what dominates the African landscape is orphans. Acres of orphans—orphans raising orphans, because there is no one else left to do it. Tough children take to the streets. Weak children die of starvation. Many just sit, docile and sick, a vast, human ocean of orphans, mostly infected and doomed.

U.S. Ambassador to the United Nations Richard C. Holbrooke described the findings of a December 1999 mission to Africa during which his delegation saw first hand, "the terrible costs reaped by AIDS—from the thousands of orphans in Lusaka, Zambia who were forced to live in a bus depot, many of whom were already infected with HIV; to the six pregnant women in Windhoek Namibia, all of whom were infected with AIDS and who had to meet with our delegation secretly because of the stigmatization associated with the disease."

The Committee also heard compelling testimony from Ambassador Mary M. Kanya of Swaziland regarding the impact of HIV/AIDS on her country. Although Swaziland is the size of New Jersey and has just under a million people, it has an HIV infection rate of 22 percent. Eighty percent of in-patient beds in major hospitals are reportedly occupied by HIV/AIDS cases. And she warned that as children drop out of school to fend for dying parents or simply to fend for themselves, the number of street children will increase. The crisis in Swaziland led the King to declare HIV/AIDS a national disaster a year ago.

Africa's disproportionately high incidence of HIV/AIDS may be due to several factors. The pervasive lack of basic health infrastructure—clinics, medical personnel, etc.—in many countries is stymieing efforts to provide HIV/AIDS testing, counseling, and treatment. A reluctance on the part of some national governments to openly address the issue—in part because of cultural taboos—is also a critical factor in the lack of national prevention programs.

As staggering as the public health statistics are, experts increasingly note that the HIV/AIDS epidemic is no longer singularly a health issue; it has become a major issue for economic development. Assessments by World Bank officials call HIV/AIDS "the foremost and fastest-growing threat to development" in Africa. An unclassified January 2000 National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases, particularly HIV/AIDS, are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations. The economic cost of the disease is illustrated by two studies: a Namibian study which concluded that AIDS cost the country nearly 8% of GDP in 1996, and a study of Kenya which projected GDP in 2005 would be 14.5% lower than it would be without AIDS.

According to Director Thurman, professionals—including civil servants, engineers, teachers, and others—have been particularly hard hit in sub-Saharan Africa. The impact of the disease on the working age population is also illustrated by data from a 1999 U.S. Census Bureau report, showing that average life expectancy in Botswana, Zimbabwe, Swaziland, Malawi, and Zambia has decreased from approximately age 65 to approximately age 40—the lowest life expectancy in the world.

In terms of net global costs from AIDS, the NIE cites estimates by the Global AIDS Policy Coalition at Harvard University suggesting that by this year—2000—the cumulative direct and indirect costs of AIDS are likely to have exceeded \$500 billion.

HIV/AIDS poses a threat to global security as well. According to the January 2000 NIE, HIV/AIDS prevalence rates in selected sub-Saharan militaries range from 10–60 percent. For example, the prevalence rates in the militaries of Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and in Tanzania at 15 to 30 percent. The disease can also affect security in less direct ways. Treasury Undersecretary Timothy F. Geithner told the committee in his testimony that the national economic distress and political instability accompanying significant human losses can undercut the world economy and regional stability. Ambassador Holbrooke also noted that HIV/AIDS is a security issue, pointing out that the UN Security Council for the first time in its history of 4,086 meetings held a session January 10, 2000, to address a health issue as a security threat.

The epidemic, as horrific as it is in sub-Saharan Africa, is far from confined to that region. The NIE cites UNAIDS epidemiologists who warn that Asia alone is likely to outstrip sub-Saharan Africa in the absolute number of HIV carriers by 2010. Current UNAIDS estimates show some 6 million HIV/AIDS cases in South and Southeast Asia, a rate of HIV infection in the Caribbean second only to sub-Saharan Africa, and a doubling of HIV infections in just two years in the former Soviet Union.

Clearly the United States has a strong national interest in combating the global HIV/AIDS crisis. Infectious diseases, like HIV/AIDS, know no borders. Although HIV/AIDS was first identified in the U.S. in 1983, scientists believe it originated in sub-Saharan Africa. The number of Americans travelling abroad—often to countries posing a high risk of infectious diseases of all kinds—has increased significantly. In fact, more than 57 million Americans traveled abroad in 1998, more than double the number a decade earlier. Travel and commerce will remain key factors in the spread of infectious diseases like HIV/AIDS.

Despite the grim statistics on the global HIV/AIDS epidemic, there is reason for hope. Several nations—including Uganda and Senegal in Africa and Thailand in Asia—have implemented national HIV/AIDS programs that have curtailed the incidence of infection in their own populations. Dr. James Sherry of UNAIDS told the Committee that, “We are far from powerless against this epidemic. We have solid experience with what works . . .” Another witness, Dr. Gary Slutkin, argued that the successes of Uganda could be replicated elsewhere. He testified that, “There was nothing that was facilitated or supported in Uganda that could not have

happened in the majority of the remaining countries currently overwhelmed by the AIDS epidemic.”

In the area of mother-to-child transmission, Dr. Catherine Wilfert testified about a joint U.S./Uganda study of a promising new and affordable drug treatment—nevirapine—that could reduce mother to child transmission of HIV by 47 percent. Dr. Thomas Welty, a medical epidemiologist with the Cameroon Baptist Convention Health Board, submitted written testimony on a pilot study of the same drug in Cameroon. A study published in the March 1, 2000, issue of the *Journal of the American Medical Association* (JAMA) also demonstrates that avoidance of breast-feeding can significantly decrease the risk of mother-to-child transmission of HIV/AIDS for infants not already infected before or during birth. The data on the above programs as well as other research suggests that effective programs worthy of consideration in curbing the risk of mother-to-child transmission include testing, counseling, treatment, and making feeding supplies available to HIV-infected mothers who choose not to continue breast-feeding.

Broad multilateral planning efforts to combat HIV/AIDS in Africa are underway as well. UN agencies, African and other national governments, international donors and private organizations are nearing completion of an action plan for AIDS in Africa called, the “International Partnership against HIV/AIDS in Africa.”

Despite these promising developments, resources to support these initiatives are not keeping pace. According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control it. The World Bank recently estimated that \$1 billion to \$2.3 billion is needed annually for prevention in Africa alone. That figure is far in excess of approximately \$350 million that international donors are estimated to be providing for the region. While U.S. assistance has accounted for roughly half of that, significantly greater resources are needed.

The legislation before the Committee—H.R. 3519—seeks to address the urgent need for global AIDS resources by leveraging a U.S. contribution of \$200 million a year over the next five years to mobilize potentially more than a billion dollars a year from other governmental and private sector donors.

In addition to its role as one of six co-sponsoring members of UNAIDS, along with UNICEF and the World Health Organization, the World Bank has launched its own strategy to combat HIV/AIDS in Africa, declaring it a top priority for the Bank in the region. Its role as an international financial institution and its commitment to combating HIV/AIDS make the Bank a logical vehicle for expanded multilateral financing.

The trust fund approach, as proposed in H.R. 3519, has ample precedent at the World Bank and allows donors to target resources to specific problems. Such trust funds are highly flexible financial arrangements between the Bank and one or more donors under which the donor(s) entrust the Bank to administer funds for specific development-related activities. The objectives and policies of the trust fund are established by the donor(s). The trust fund policy objectives should, however, be in harmony with international

development priorities and the Bank's country assistance strategies. The trust fund envisioned in the bill will ensure that the U.S. and other donors will be able to establish policies for the fund and its activities, and to require full transparency of all of its financing and operations.

By utilizing the trust fund mechanism, the Committee is emphasizing a multilateral, burden-sharing approach to the global AIDS crisis. Using the World Bank also sends an important signal to affected countries. As Undersecretary Geithner said, "Health issues are not usually considered the province of Finance Ministries, but they should be." As such, H.R. 3519 helps to underscore the necessity for this issue to be dealt with at the highest levels of government.

HEARINGS

H.R. 3519, the World Bank AIDS Prevention Trust Fund Act, was introduced on January 24, 2000, by Chairman James A. Leach (R-IA), and has 25 cosponsors.

On March 8, 2000, the Committee held a hearing on H.R. 3519. Testifying at the hearing were: the Honorable John F. Kerry, United States Senator; the Honorable Amo Houghton, United States Representative; the Honorable Richard C. Holbrooke, United States Ambassador to the United Nations; the Honorable Sandra L. Thurman, Director of the White House Office of National AIDS Policy; the Honorable Timothy F. Geithner, Undersecretary, U.S. Department of Treasury; Ms. Mary Fisher, Founder and Chair of the Family AIDS Network; Ms. Mpule Kwelagobe, Miss Universe 1999; Her Excellency Mary M. Kanya, Ambassador from the Kingdom of Swaziland; Dr. James Sherry, Director of Program Development and Coordination at UNAIDS; Dr. Gary Slutkin, Professor of International Health at the University of Illinois School of Public Health and Formerly Chief of Prevention of the WHO Global Programme on AIDS; Dr. Catherine Wilfert, Scientific Director of the Elizabeth Glaser Pediatric AIDS Foundation; and former Member of Congress Ronald Dellums, President of Healthcare International Management Company and Chairman of the Constituency for Africa. Written testimony was provided by the Honorable Richard A. Gephardt, Minority Leader of the U.S. House of Representatives; Dr. Thomas K. Welty, Medical Epidemiologist, Cameroon Baptist Convention Health Board; Mr. Kenneth Weg, Vice Chairman of the Bristol-Myers Squibb Company; actor Danny Glover; and the Ford Motor Company.

COMMITTEE CONSIDERATION AND VOTES

On March 15, 2000, the full Committee met in open session to mark up H.R. 3519. The Committee called up a Manager's Amendment as original text for purposes of amendment. The Manager's Amendment, developed in close coordination with Ranking Member John LaFalce and Committee member Barbara Lee, herself the author of the AIDS Marshall Plan Fund for Africa Act (H.R. 2765), clarified that Trust Fund operations would be tightly coordinated with the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, and other agencies and donors in order to maximize its catalytic impact; that

the Trust Fund's purpose is to maximally leverage U.S. financial commitments in order to mobilize additional resources from other donors, the private sector, NGOS, and recipient countries; that the Trust Fund would only provide grant assistance, and not loans; that in providing grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rates, or are at risk of having a high HIV/AIDS prevalence rates, and that have shown a strong governmental commitment to combating HIV/AIDS, by developing partnerships with the private sector, communities, NGOS, and people infected or affected by HIV; that Trust Fund operations would be fully and promptly disclosed to the public; that the Trust Fund would receive advice from a distinguished international Advisory Board; and that accountability to Congress and the public would be strengthened by requiring annual reports on the trust fund, its goals, programs, projects, and activities, and the effectiveness of such activities in reducing the worldwide spread of AIDS.

During the markup, several amendments were offered. Ms. Schakowsky offered an amendment to clarify that HIV/AIDS programs funded by grants should be "affordable" and that funds for research and development could include affordable drugs. The amendment was adopted on a voice vote.

An amendment was offered by Ms. Waters to authorize the trust fund to provide technical assistance to grant recipients and to include in the "priority" provisions governments that may not yet have national HIV/AIDS programs but have agreed to implement such programs. The amendment was adopted by voice vote after agreement was reached that the technical assistance could be provided by way of grants for such purposes since the fund would be expected to have little staff.

Another amendment was offered by Ms. Waters to double the authorization level for a U.S. contribution to the World Bank trust fund in Section 201 from \$100 million a year for five years to \$200 million a year for five years. Opponents indicated sympathy for Ms. Water's views but expressed concern that such a high level of spending might derail the bill and make it more difficult to bring it to the House Floor. The amendment was adopted by a vote of 13 to 12.

YEAS	NAYS
Mr. LaFalce	Mr. Leach
Mr. Frank	Mrs. Roukema
Ms. Waters	Mr. Bereuter
Mrs. Maloney	Mr. Lazio
Mr. Bentsen	Mr. Royce
Mr. Maloney	Mr. Metcalf
Mr. Sherman	Mr. Barr
Mr. Meeks, G.	Mrs. Kelly
Ms. Lee	Dr. Paul
Ms. Schakowsky	Mr. Sweeney
Mr. Moore	Mrs. Biggert
Mrs. Jones	Mr. Terry
Mr. Capuano	

An amendment offered by Mr. LaFalce and Ms. Waters to require the Secretary of the Treasury to direct the U.S. Executive Director to the World Bank to use his or her voice and vote to promote the availability of affordable HIV/AIDS drugs was also adopted by voice vote.

The Manager's Amendment, as amended, was adopted by a voice vote. Subsequently, H.R. 3519, as amended, was ordered reported by a vote of 27-4.

YEAS	NAYS
Mr. Leach	Mr. Metcalf
Mr. Bereuter	Mr. Barr
Mr. Lazio	Dr. Paul
Mr. King	Mr. Riley
Mrs. Kelly	
Mrs. Biggert	
Mr. LaFalce	
Mr. Frank	
Ms. Waters	
Mr. Sanders	
Mrs. Maloney	
Mr. Gutierrez	
Ms. Velazquez	
Mr. Watt	
Mr. Ackerman	
Mr. Bentsen	
Mr. Maloney	
Ms. Carson	
Mr. Sherman	
Mr. Sandlin	
Mr. Meeks, G.	
Ms. Lee	
Mr. Inslee	
Ms. Schakowsky	
Mr. Moore	
Mrs. Jones	
Mr. Capuano	

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT FINDINGS

In compliance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Reform.

CONSTITUTIONAL AUTHORITY

In compliance with clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Constitutional Authority for Con-

gress to enact this legislation is derived from Article I, section 8, clause 1 (relating to the general welfare of the United States); Article I, section 8, clause 3 (relating to Congressional power to regulate commerce); Article I, section 8, clause 5 (relating to the power “to coin money” and “regulate the value thereof”); Article I, section 8, clause 18 (relating to making all laws necessary and proper for carrying into execution powers vested by the Constitution in the government of the United States).

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, please see the attached Congressional Budget Office cost estimate.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

CONGRESSIONAL ACCOUNTABILITY ACT

The reporting requirement under section 102(b)(3) of the Congressional Accountability Act (P.L. 104–1) is inapplicable because this legislation does not relate to terms and conditions of employment or access to public services or accommodations.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE AND UNFUNDED
MANDATES ANALYSIS

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, March 22, 2000.

Hon. JAMES A. LEACH,
*Chairman, Committee on Banking and Financial Services, House of
Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Joseph C. Whitehill.

Sincerely,

BARRY B. ANDERSON
(For Dan L. Crippen, Director).

Enclosure.

H.R. 3519—World Bank AIDS Marshall Plan Trust Fund Act

Summary: H.R. 3519 would authorize the Secretary of the Treasury to negotiate with the World Bank and other donor countries to create a new trust fund within the bank. The trust fund would provide grants to countries eligible to borrow from the bank to help them deal with the HIV/AIDS epidemic. The bill would authorize the appropriation of \$200 million a year over the 2001–2005 period for contributions to the fund. Based on experience with other facilities administered by the bank, CBO estimates that appropriation of the authorized amounts would result in additional outlays of

\$338 million over the next five years. Because H.R. 3519 would not affect direct spending or receipts, pay-as-you-go procedures would not apply.

H.R. 3519 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 3519 is shown in the following table. The costs of this legislation fall within budget function 150 (international affairs).

	By fiscal year, in millions of dollars					
	2000	2001	2002	2003	2004	2005
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization level	0	200	200	200	200	200
Estimated outlays	0	0	12	62	112	152

For purposes of this estimate, CBO assumes the enactment of H.R. 3519 and subsequent appropriation of the authorized amounts. Based on experience with other facilities operated by multilateral development banks, CBO estimates that it will take the bank and donor community more than one year to organize the operations of the trust fund and to begin making grants. CBO assumes that project selection and subsequent grants would augment lending by the bank, thus limiting administrative overhead. We also assume that the appropriated amounts would be provided to the trust fund as a letter of credit that would be drawn upon as needed to finance the grants, thus spreading outlays over a number of years. Using those assumptions, CBO estimates that approximately one-third of the authorized amounts would be disbursed over the next five years. CBO also estimates that the costs of negotiations and reporting requirements would be negligible.

Pay-as-you-go considerations: None.

Intergovernmental and private-sector impact: H.R. 3519 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

Estimate prepared by: Federal costs: Joseph C. Whitehill; impact on State, local, and tribal governments: Leo Lex; impact on the private sector: Patrice Gordon.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

This section cites the short title of the bill as the “World Bank AIDS Marshall Plan Trust Fund Act”.

Section 2. Findings and purposes

Subsection (a) of this section articulates several Congressional findings of fact including that the HIV/AIDS epidemic will soon become the worst epidemic in recorded history; that 33.6 million peo-

ple are living with AIDS, of which 95 percent are in the developing world; that 3.6 million children 14 and under have died of AIDS and that 1.2 million are living with it; that sub-Saharan Africa which has only 10 percent of the world's population has had more than 80 percent of AIDS deaths and has nearly 70 percent of current cases; that an entire generation of children in Africa is in jeopardy with nearly 40 million expected to be orphaned by 2010; that UNICEF has declared the number of orphans in Africa an emergency; that the U.S. Census Bureau is reporting significant declines in life expectancy in several African nations; that a recent National Intelligence Estimate says the economic costs of infectious diseases, especially HIV/AIDS, could cut GDP by as much as 20 percent in some sub-Saharan nations by 2010; that HIV infection rates in certain African nations are 15 to 60 percent; that the epidemic is threatening other regions including Asia, the Caribbean, and the former Soviet Union; that some countries have effectively implemented HIV/AIDS programs; that AIDS has no boundaries; that the disease is spreading three times faster than funding to control it; that the UN Secretary General says the problem cannot be handled by any one country; that the World Bank says HIV/AIDS is the fastest growing threat to economic development in Africa and that \$1 billion to \$2.3 billion is needed annually for prevention in that region alone; and U.S. support for HIV/AIDS research, education, and containment will have benefits for American and their families who are affected by or susceptible to this disease.

Subsection (b) declares the purposes of the Act to prevent the spread of HIV/AIDS and promote its eradication, to prevent human suffering, and to mitigate the disease's impact on development, stability, and security in the developing world through the creation of a trust fund to: (1) work with governments at all levels and the private sector to intensify action against the disease and to support field work in affected countries to help develop AIDS vaccines; and (2) leverage U.S. contributions in order to mobilize additional resources from other governmental and private sector donors.

Title I. Negotiations for the Creation of a World Bank Aids Trust Fund

Section 101. Trust fund to assist in HIV/AIDS prevention, care and treatment, and eradication

Section 101 requires the Secretary of the Treasury to seek to enter into negotiations with the World Bank, its members, and other interested parties, to create a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and non-governmental entities. Trust fund proceeds would be used to address the HIV/AIDS epidemic in affected countries by providing grants for local capacity building to implement effective HIV/AIDS prevention, education, treatment and care, and reserve and development activities. The trust fund is to coordinate its activities with other governments, international organizations, and private sector groups. Funding priority is to be given to nations with the highest HIV infection rates (or at risk of having high rates) and which have (or are committed to having) national HIV/

AIDS programs characterized by top level government commitment and multiple partnerships with those affected by the disease, religious and community leaders, health professionals, and other entities.

The trust fund is to be administered by the World Bank, as “trustee,” subject to policy guidance from the United States and other donors. The trustee, in consultation with the President and other donors, will establish criteria regarding selection of projects, qualifications of recipients, and rules for cost-effective management. Grants are not to be extended for the purpose of project development associated with bilateral or multilateral development bank loans. The trustee is to ensure full and prompt public disclosure of the finances and operations of the trust fund.

The President of the United States and representatives of other donors to the trust fund are to establish an advisory board of international experts to provide guidance to the trust fund on projects to be supported.

Title II. United States Financial Participation

Section 201. Limitations on authorization of appropriations

This section provides that in addition to other funds authorized for AIDS or economic development programs, there are authorized to be appropriated \$200 million each year for five years (fiscal years 2001 to 2005) for payment to the trust fund.

Title III. Reports

Section 3. Reports to the Congress

The Secretary of the Treasury is required to submit annual reports to appropriate committees of Congress on the trust fund, its goals, programs, projects, and activities, including any vaccination approaches, and the effectiveness of such programs in reducing the worldwide spread of AIDS.

Title IV. HIV/AIDS Prevention and Care

Section 401. Strengthening local capacity in sub-Saharan Africa to implement HIV/AIDS prevention and care programs.

This section amends the International Financial Institutions Act to require the Secretary of the Treasury to instruct the U.S. Executive Director at the World Bank to use the voice and vote of the United States to encourage the Bank to work with sub-Saharan African countries to modify existing Bank projects and develop new projects to build local capacity to manage and implement HIV/AIDS prevention and care programs, including through health care delivery mechanisms which facilitate the distribution of affordable drugs.

The Committee notes that the availability of affordable drugs—even drugs which have been donated free-of-charge—will be of little utility to those suffering from HIV/AIDS if the health systems and infrastructure necessary to distribute and administer such medications is lacking. For example, according to experts, in order for antiretroviral drug therapies to be used effectively against HIV/AIDS in Africa, there must be functioning health systems, trained

health professionals, access to testing and early diagnosis, counseling on adherence to the medication's regime, and regular monitoring. According to the International Federation of Pharmaceutical Manufacturers Associations, inappropriate use of powerful anti-retroviral drugs "can and has resulted in strains of HIV developing which are resistant to all known treatments, making our search for a cure even more difficult."

DISSENTING VIEWS

While the AIDS epidemic is a real problem and should be addressed, we are concerned that the approach in this bill will make a bad situation worse. HR 3519, the World Bank AIDS Prevention Trust Fund Act, duplicates existing programs, is costly, will very likely be counter-productive and comes at a most inopportune time.

The bill would establish a World Bank program to duplicate the efforts of existing bilateral and multilateral programs through the US Agency for International Development and the United Nations, for example. USAID has had an AIDS program for Africa since 1986. The United States appropriates \$200 million a year for AIDS-related foreign aid (of which \$104 million goes for programs in Africa). In addition, the United States funds United Nations programs that spend hundreds of millions of dollars annually. All money diverted to fund a new, duplicative bureaucracy is money that could have been used for AIDS prevention or treatment programs.

The new program will prove to be very costly. The \$2 billion appropriation over the next five years spends the budget surplus that is needed to shore up the Social Security Trust Fund and return some of the hard-earned money back to the taxpayers.

Despite the best intentions of the supporters of the legislation, the World Bank AIDS Prevention Trust Fund will most likely only exacerbate the problem: Because aid money is fungible, it pays for foreign and civil wars and feeds corruption. HIV infection rates are high among soldiers in Africa who are a common route of transmission. In addition, the World Bank lent Russia \$100 million, part of a package of more than \$750 million, despite the Chechen military crisis; replied Grigory Yavlinsky, leader of a liberal reformist party, "It's senseless to give money to Russia until corruption has been reduced" (Financial Times, Dec. 29, 1999).

The World Bank aided the Sharif government in Pakistan in a partisan investigation of corruption of the regime's political enemies. The Bank recently set up a \$50 million "leveraged insurance facility for trade and investment" program in Kazakhstan to compensate foreign companies that suffer lost revenues as a result of corruption, legal changes or political instability. The program mirrors one in the former Soviet bloc where World Bank and IMF funds are well known to feed the corruption that it now aims to "insure" against and investigate.

Aid money stifles local movements toward democracy and better domestic government by channeling money through existing (often well-entrenched) governments that created the policies conducive to the poverty and lack of education that facilitated the spread of AIDS. The success or failure of AIDS prevention depends on local will as the success in Senegal demonstrates. According to James Wolfensohn, president of the World Bank, Latin America is no bet-

ter off now after two decades of IMF/World Bank reforms: the gap between rich and poor was the worst in the world, 80% of the region's 30 million indigenous live in poverty, and 40 million more people live below the poverty line now than 20 years ago (Financial Times Feb 4, 2000). There is no reason to believe that the World Bank's record preventing AIDS will be any more successful than its poverty reduction programs.

The Congressionally-mandated International Financial Institution Advisory Commission recently issued its report mapping out a blueprint of substantive, constructive reforms for the Bretton Woods institutions. Ideally, Congress would pass HR 1147, the Bretton Woods Sunset Act, in order to force a badly needed debate about the role of the Bretton Woods institutions.

One member of the commission, Adam Lerrick, formerly head of product development at Credit Suisse First Boston, outlined a critique of the World Bank in a December 1999 Euromoney article, "Has the World Bank Lost its way?" In the article, he points out that only eleven countries (including the Communist regime in China, the kleptocracy in Russia, the world's longest-serving one-party "democracy" Mexico, and the brutal Suharto dictatorship in Indonesia) received 70% of World Bank resources between 1993 and 1999 with 145 other nations fighting for the remaining 30%. Those privileged eleven had ready access to private capital: World Bank resources amounted to only one percent and private sector resources 99% of resources received over the same period. "The Bank's own research shows that flows under these [current lending] conditions are not beneficial and may even be counter-productive," he explained.

For the reasons outlined above, we believe that the World Bank is not the preferred institution to address successfully the AIDS prevention question and that any funding for World Bank AIDS prevention programs should result from a re-orientation of its existing resources.

RON PAUL.
BOB BARR.

ADDITIONAL VIEWS

It is important to note that AIDS is a global issue. What happens overseas always affects what happens in the U.S. It is in America's national interest to ensure that we do all we can to assist all countries in addressing HIV/AIDS, not only because of the potential for a tremendous loss of life, but for economic, political and security reasons.

Globally, about 2.6 million people worldwide will die of AIDS this year, the most of any year since the epidemic began, according to a report by the United Nations AIDS program. About 16.3 million people have already died of AIDS since 1981. In addition, about 5.6 million new infections with the human immunodeficiency virus (HIV) will occur this year, raising the number of people currently living with the disease to about 33.6 million, with more than 23 million of those individuals being in sub-Saharan Africa. More than 1.3 million individuals living with HIV and AIDS are in Latin America and some 360,000 are in the Caribbean. It is estimated that some 920,000 individuals living with HIV and AIDS are in North America.

Some 300,000 American are infected with HIV and do not know it since they have never been tested for HIV infection. Sadly, my own city of San Antonio has experienced over 3,704 cases of people with AIDS. 53% of these people have died. This means that over 1,950 people in San Antonio have died from this disease. Of the reported cases of AIDS in San Antonio, 48% are in the Hispanic community, 39% are White and 11% are Black. The majority of San Antonio's population is of Hispanic origin and maintains close ties to Mexico and other countries in Central and South America. Many return to visit, to work and live, and then return to the United States. Many of my constituents are very interested in reuniting with their families, bring family members to the U.S. to visit or become U.S. citizens.

AIDS has affected Hispanics in San Antonio more than in most other communities around the country. One thing we can all do is to continue to educate our friends and relatives about AIDS, not only as to its causes but also on its impact on our local, national and global community. We can also push for increased funds for research and treatment of this deadly disease.

Our efforts targeting African Americans here in the United States, and our efforts to address AIDS in Africa and elsewhere are to be commended and expanded. We must do more for those most in need, and we must do more to prevent HIV from becoming a problem in those areas where it has not yet established itself. To do any less is to allow a disease that we can prevent. And we must begin now to look at how we address AIDS in Latin America so that we can prevent it from becoming the next epicenter of the epidemic. Public health practices have shown that it is most more ef-

fective to prevent an illness than to treat an illness. Clearly, what we do now in our efforts to address HIV will affect the quality of our lives tomorrow.

We must fight the complacency that is threatening our efforts to address HIV and AIDS in the U.S. and worldwide. Yes, new drug combination therapies have prolonged the lives of many Americans who have access to them, who can afford them, and who can tolerate them. Unfortunately, not all have access or can afford them. Imagine how difficult it will be for those in countries outside the U.S. whose average health care expenditures are less than a few hundred dollars a year to pay for drugs which can cost up to \$14,000 a year in the United States. Unfortunately, many of our leaders are still afraid to discuss HIV/AIDS in public. This silence is also evident in many Latin American countries where AIDS is just starting to take hold. This silence only leads to continued denial that AIDS is affecting Latinos, and it will only lead to additional infections and deaths. By not publicly discussing HIV/AIDS, we send a message to our community that AIDS is not an issue of concern to us or that it is taboo. The number of cases, new infections, and deaths in our community have shown that our silence has been deadly.

The Congressional Hispanic Caucus, of which I am a member, is proud of its role in securing additional funding and in providing leadership in this area. But we have a long way to go. We need the Hispanic community, especially our Hispanic leaders both here in the U.S. and in other countries, to expand their efforts. The Congressional Hispanic Caucus believes that health issues that disproportionately affect Latinos must be addressed openly and publicly. The Caucus understands the importance of public leadership in addressing HIV/AIDS as a means to educate the public of the impact that HIV/AIDS is having on the Latino community both here and internationally.

I submit these comments to honor those from the Hispanic and other communities who have lost their lives to this dreaded disease and to remind the House, the country and the world that AIDS is indeed threatening the lives of a wide variety of people.

CHARLES A. GONZALEZ.

ADDITIONAL VIEWS

I am pleased with the leadership and commitment demonstrated by both Chairman Leach and Ranking Member LaFalce have shown in addressing the AIDS crisis in Africa. I believe that the diligence of the hearing and mark up on H.R. 3519, the World Bank AIDS Prevention Trust Fund Act, represents the necessary response to the urgency of the AIDS crisis in Africa. The World Bank AIDS Marshall Plan Trust Fund Act represents the most effective, bipartisan strategy possible to push this issue to the national forefront.

As we work to establish partnerships and relationships with African countries, whether as healthcare experts, business people, activists or policy makers, it is imperative that we unite to focus both attention and resources on the global emergency of HIV/AIDS, which wreaks havoc in developing countries, most tragically in Sub-Saharan Africa.

Because the AIDS virus is insidious in nature, and prevention demands a multi-faceted approach, I have advocated for policies that will aggressively fight HIV/AIDS both domestically and internationally.

Last April, I participated in a Presidential Delegation to Southern Africa to examine the growing crisis of African Children orphaned by AIDS. These children now total 7.8 million and are estimated to reach 40 million by 2010. The 1999 UNICEF report states that “the number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response from the international community.”

The orphan crisis alone, reinforces our moral imperative to address this pandemic. HIV/AIDS in Africa has created an economic crisis, crippling Africa’s workforce in many areas and creating even greater economic instability where poverty is ever-present. For example, some companies are now hiring two employees for each skilled job, assuming that one will die from AIDS. Successful and sustainable economic partnerships with African nations cannot be created, these include initiatives that are vital to many businesses in the Bay Area.

HIV/AIDS also poses serious national security concerns not only to the continent of Africa, but the worldwide. Perhaps the most stunning example is the National Intelligence Estimate which indicates that militias in Angola and the Democratic Republic of the Congo show HIV prevalence rates of 40–60%.

The United States must take the lead in developing an immediate and sustained response to this crisis in Africa and globally. The World Bank AIDS Marshall Plan Trust Fund Act should serve as a replicable model for addressing this crisis on a local, national or regional level.

Despite the grim statistics on the spread of HIV/AIDS, we know that countries like Uganda, Senegal and Thailand have implemented prevention programs that have substantially curbed the rate of infection. AIDS experts have identified strategies that would make a difference in regions where AIDS cases continue to escalate.

So, our message is clear: today we must press forward with our commitment to fight the war against HIV/AIDS and to stem the tide of death.

AIDS, like all diseases, knows no boundaries. There is no guarantee that the scale of the problem in one continent can be contained within that region.

It is estimated that 6000 people die of AIDS each day in Africa. Since I introduced the AIDS Marshall Plan last August, nearly 1.3 million people have died.

Everyday, evidence that justifies our actions mounts. Evidence showing how we can marshal our support and resources to help fight this war, save lives and prevent the spread of HIV becomes clearer.

The question has arisen, why Africa, why now? As it is most simply put, the house is burning down and there are people who are alive still inside. We have to get them out by any means necessary. In this time of unprecedented surpluses, I believe that we have the capacity and we should provide even more support to fight AIDS in Africa and throughout the world. Congress must pass legislation to address the AIDS pandemic in Africa.

I commend the Chairman and Ranking Member for their leadership and challenge my colleagues to join in this historic and monumental effort.

Thank you.

BARBARA LEE.

