

108TH CONGRESS
1ST SESSION

H. R. 1857

To authorize assistance to combat the growing HIV/AIDS problem in countries in sub-Saharan Africa and the Caribbean.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2003

Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on International Relations

A BILL

To authorize assistance to combat the growing HIV/AIDS problem in countries in sub-Saharan Africa and the Caribbean.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Humanitarian Assist-
5 ance to Combat HIV/AIDS in sub-Saharan Africa and the
6 Caribbean and National Security Act of 2003”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

9 (1) The National Security Strategy of the
10 United States, dated September 17, 2002, states:

1 “[I]n Africa, promise and opportunity sit side-by-
2 side with disease, war and desperate poverty. This
3 threatens both a core value of the United States pre-
4 serving human dignity and our strategic priority
5 combating global terror. American interests and
6 American principles, therefore, lead in the same di-
7 rection: we will work with others for an African con-
8 tinent that lives in liberty, peace, and growing pros-
9 perity.”.

10 (2) On March 19, 2002, the Director of Central
11 Intelligence testified before Congress that “[T]he
12 chronic problems of sub-Saharan Africa make it, too,
13 fertile ground for direct and indirect threats to
14 United States interests. Governments without ac-
15 countability and natural disasters have left Africa
16 with the highest concentration of human misery in
17 the world.”.

18 (3) Sub-Saharan Africa has been far more se-
19 verely affected by HIV/AIDS than any other part of
20 the world. In fact, AIDS has surpassed malaria as
21 the leading cause of death in sub-Saharan Africa,
22 and it kills many times more people than Africa’s
23 armed conflicts.

24 (4) Africa, where an estimated 3,500,000 peo-
25 ple were newly infected with HIV in 2002, has ap-

1 proximately 10 percent of the world's population but
2 more than 70 percent of the worldwide total of peo-
3 ple infected with HIV.

4 (5) In November 2002, the Joint United Na-
5 tions Programme on HIV/AIDS (UNAIDS) reported
6 that in 2002, 29,400,000 people were living with
7 HIV/AIDS in sub-Saharan Africa, an increase from
8 28,500,000 people in 2001.

9 (6) At the end of 2001, an estimated
10 21,500,000 Africans had lost their lives to AIDS, in-
11 cluding an estimated 2,200,000 individuals who died
12 in that year. UNAIDS estimates that by 2020, an
13 additional 55,000,000 Africans will lose their lives to
14 the epidemic.

15 (7) The HIV/AIDS epidemic in Africa is having
16 a much greater impact on children than is the case
17 in other parts of the world.

18 (8) According to UNAIDS, more than 600,000
19 African infants become infected with HIV each year
20 through mother-to-child transmission, either at birth
21 or through breast-feeding. These children have short
22 life expectancies, and the number currently alive
23 may be about 1,000,000 children.

24 (9) In 2001, an estimated 11,000,000 children
25 who became orphans by AIDS were living in Africa.

1 (10) Because of the stigma attached to AIDS,
2 children who become orphans by AIDS are at high
3 risk for being malnourished, abused, and denied an
4 education.

5 (11) According to UNAIDS, women make up
6 an estimated 58 percent of the HIV-positive adult
7 population in sub-Saharan Africa, as compared to
8 50 percent of the HIV-positive adult population
9 worldwide.

10 (12) Young women are particularly at risk. In
11 2001, an estimated 6 to 11 percent of African
12 women aged 15 to 24 were HIV-positive, compared
13 to 3 to 6 percent of young men.

14 (13)(A) The HIV-infection rate among adults is
15 approximately 8.8 percent in Africa, compared with
16 1.2 percent worldwide. The HIV/AIDS epidemic in
17 sub-Saharan Africa is a major component of this Af-
18 rican crisis.

19 (B) In 7 sub-Saharan African countries, 20
20 percent or more of the adult population is infected
21 with HIV, and the rate has reached 38.8 percent in
22 Botswana.

23 (C) Moreover, in Cameroon, a West African
24 country, the adult HIV-infection rate has increased
25 from 4.7 percent in 1996 to 11.8 percent in 2001.

1 (D) In Nigeria, with a population that exceeds
2 125,000,000, an estimated 5.8 percent of adults
3 were HIV-positive in 2001, and infection rates in
4 some areas of Nigeria have reached levels seen in
5 neighboring Cameroon.

6 (14) Nongovernmental organizations working in
7 Africa, donor governments, and African governments
8 have responded to the HIV/AIDS epidemic primarily
9 by attempting to reduce the number of new HIV in-
10 fections, and to some degree, by trying to ameliorate
11 the damage done by AIDS to families, societies, and
12 economies.

13 (15)(A) A 1999 United Nations study found
14 that community-based organizations, sometimes with
15 the support of nongovernmental organizations, have
16 emerged to supply additional labor, home care for
17 the sick, house repair, and other services to AIDS-
18 afflicted families.

19 (B) Programs and projects aimed at combating
20 the epidemic typically provide information on how
21 HIV is spread, and on how it can be avoided,
22 through the media, posters, lectures, and skits.
23 AIDS awareness programs can be found in many
24 African schools and increasingly in the workplace,
25 where employers are recognizing their interest in re-

1 ducing the HIV-infection rate among their employ-
2 ees.

3 (16) Public-private partnerships have also be-
4 come an important vehicle for responding to the
5 HIV/AIDS pandemic in Africa.

6 (17)(A) The United States Agency for Inter-
7 national Development estimates that in fiscal year
8 2000, all donors and lending agencies, together with
9 African governments, spent approximately
10 \$500,000,000 in combating HIV/AIDS, but donors
11 have committed to increasing this amount.

12 (B) On July 23, 2000, leaders at the G-8 world
13 economic summit in Okinawa, Japan, pledged to re-
14 duce the number of young people infected with the
15 HIV virus by 25 percent.

16 (18) The World Health Organization estimates
17 that a pledge by the G-8 countries to combat ma-
18 laria and tuberculosis, and reduce the HIV virus in
19 Africa by 25 percent, would cost at least
20 \$5,000,000,000 per year for 5 years. The World
21 Bank launched its Multi-Country HIV/AIDS Pro-
22 gram (MAP) for Africa in September 2000, and a
23 World Bank official said in October 2002 that to
24 date, \$1,000,000,000 had been committed.

1 (19) On December 9, 2001, Peter Piot, Execu-
2 tive Director of UNAIDS, told an international
3 AIDS conference in Burkina Faso that assistance to
4 fight HIV/AIDS in sub-Saharan Africa should be in-
5 creased “many-fold”, and that the region requires
6 \$5,000,000,000 per year to confront the HIV/AIDS
7 pandemic.

8 (20) While the AIDS epidemic in Caribbean
9 countries does not compare to the severity of the
10 epidemic in Africa, there are an estimated 420,000
11 people living with AIDS in Caribbean countries.
12 Moreover, the HIV/AIDS adult prevalence rate in
13 several countries in the Caribbean is among the
14 highest outside of sub-Saharan Africa.

15 (21) Caribbean countries with the highest prev-
16 alence of HIV infection rates are Haiti and the Ba-
17 hamas, with adult HIV infection rates at more than
18 4 percent. Overall, an estimated 1 out of 50 people
19 in Caribbean countries is infected with HIV. Haiti
20 and the Dominican Republic, with a combined
21 340,000 adults and children living with HIV/AIDS,
22 account for approximately 87 percent of the infected
23 population of Caribbean countries. As noted by the
24 United States Agency for International Develop-
25 ment, Haiti’s poverty, civil conflict, and unstable

1 governance have contributed to the rapid spread of
2 AIDS. In some urban areas of Haiti, HIV infection
3 rates are at more than 10 percent of the population.

4 (22) In Caribbean countries, access to treat-
5 ment and care is non-existent for many infected with
6 HIV. Nevertheless, many projects demonstrate that
7 even in severely impoverished countries with little
8 health infrastructure, there can be sustained treat-
9 ment for people with HIV/AIDS.

10 **SEC. 3. SENSE OF CONGRESS.**

11 It is the sense of Congress that—

12 (1) effectively addressing the HIV/AIDS prob-
13 lem in countries in sub-Saharan Africa and the Car-
14ibbean is a moral issue of the greatest magnitude
15 and is in the national security interest of the United
16 States; and

17 (2) the President should enter into direct talks
18 with the governments of other member countries of
19 the G-8 and member countries of the European
20 Union to increase the amount of financial support to
21 combat the HIV/AIDS pandemic in sub-Saharan Af-
22rica and the Caribbean.

1 **SEC. 4. GRANTS TO COMBAT HIV/AIDS IN SUB-SAHARAN AF-**
2 **RICA AND CARIBBEAN COUNTRIES.**

3 The Administrator of the United States Agency for
4 International Development is authorized to award grants
5 to nongovernmental organizations for the prevention,
6 treatment, and control of HIV/AIDS in countries in sub-
7 Saharan Africa and Caribbean countries, including by ex-
8 panding activities to prevent the mother-to-child trans-
9 mission of HIV by providing treatment, medical care, and
10 support services to HIV-infected parents and their chil-
11 dren. In carrying out the preceding sentence, it is the
12 sense of Congress that the Secretary of Health and
13 Human Services, acting through the Director of the Cen-
14 ters for Disease Control and Prevention, should provide
15 appropriate medical and technical expertise to the Admin-
16 istrator and recipient governments.

17 **SEC. 5. APPOINTMENT OF HEALTH OFFICERS TO UNITED**
18 **STATES EMBASSIES IN SUB-SAHARAN AFRICA**
19 **AND THE CARIBBEAN.**

20 The Secretary of State, in conjunction with the Sec-
21 retary of Health and Human Services, is authorized to ap-
22 point to the country team in each United States embassy
23 in sub-Saharan Africa and the Caribbean a health officer
24 to advise the United States Ambassador and assist in co-
25 ordination of the effort to combat HIV/AIDS with local
26 governments.

1 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

2 (a) IN GENERAL.—There are authorized to be appro-
3 priated to carry out this Act \$500,000,000 for each of
4 the fiscal years 2004 through 2008.

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

8 **SEC. 7. DEFINITIONS.**

9 In this Act:

10 (1) AIDS.—The term “AIDS” means acquired
11 immune deficiency syndrome.

12 (2) CARIBBEAN COUNTRIES.—The term “Carib-
13 bean countries” means the countries described in
14 section 212(b) of the Caribbean Basin Economic Re-
15 covery Act (19 U.S.C. 2702(b)).

16 (3) HIV.—The term “HIV” means the human
17 immunodeficiency virus, the pathogen that causes
18 AIDS.

19 (4) HIV/AIDS.—The term “HIV/AIDS” means, with
20 respect to an individual, an individual who is infected with
21 HIV or living with AIDS.

22 (5) COUNTRIES IN SUB-SAHARAN AFRICA.—The
23 term “countries in sub-Saharan Africa” has the
24 meaning given such term in section 107 of the Afri-
25 can Growth and Opportunity Act (19 U.S.C. 3706).

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