

meeting, in one of the Arab countries, where I will plan to invite the Israelis and the Russians to sit down and have a conversation about how we can jointly pursue missile defense cooperation in the Middle East, with Jews and allies working together, with Americans and Russians.

On Friday of this week, Mr. Speaker, I will travel to New York City, where I will give a major foreign policy speech at the World Russian Forum, and I will tell the leaders of Russia, I will tell the business leaders in Russia, that we want to work together, George Bush wants Russia to be our friend and partner. There is no reason why we cannot achieve that.

I will then come back to Washington and next week will sponsor with the Free Congress Foundation, with Paul Weyrich, a bipartisan conference on the Hill with Russian leaders. The chairman of the International Affairs Committee for the Russian Duma, Dmitri Rogozin, will be here, and he and I and others will come together and talk about cooperation. We will then travel to Moscow and we will have a conference in Moscow on missile defense cooperation. We will work together to find common ground, to build confidence among both countries to move forward together.

We need to put away the arguments and the petty wars of the Cold War era. Relying on mutually assured destruction is not the answer. Working together for peaceful protection of our friends, our allies and our neighbors, is the solution of the 21st century. That is what George Bush outlined for us yesterday. He is on the right track. He did not say we have all the answers, because we do not, but he did say, together, there is nothing we cannot accomplish.

I was a young kid in school when John Kennedy made a very famous speech in 1960. He said "I challenge America to land a man on the moon within this decade." I can tell you, people laughed at him. They thought, this guy is crazy. Here is President Kennedy saying we are going to land on the moon? We cannot even get our planes to fly totally safe in the atmosphere. How are we going to land on the moon? He challenged America to land on the moon, to explore outer space technology.

You know what happened, Mr. Speaker. Nine years later, in July of 1969, we landed the first human being on the moon. It was an historic event that showed that America can accomplish anything.

There are those who will say, there are a few of them, who will say this is not technologically possible. Mr. Speaker, that is hogwash. In fact, to counter those, we have put together a task force of professors. None of the professors we have on this ad hoc committee are working for any contractor. They are all professors.

I am going to be inviting all of my colleagues in Congress to ask those

professors, one at a time or as a group, to come into your offices. They are not doing any contract work with defense contractors. They are not on the Pentagon's payroll. They are from universities, like Texas A&M, like some of our major engineering schools, who understand the physics is achievable.

They will be available as we begin this debate to counter those who will simply try to use their doctorate titles to convince us that somehow we can not accomplish this.

I asked the head of the Boeing program in a hearing last year, a fellow by the name of Dr. Teller, how difficult it was to achieve the result of missile defense for America and its people. He said, "Congressman WELDON, I have been assigned to this all my life." He said managing the Space Station was a tougher challenge than building missile defense.

Together, Republicans and Democrats, allies and our own people, we can create a new world, a safe world, where all of our people can be protected from what happened to those 28 Americans in 1991.

PAKISTAN: DEMOCRACY AND POLITICAL RIGHTS, A STATE OF SHAME

The SPEAKER pro tempore (Mr. CARTER). Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, Mr. Speaker, I come to the House floor today to denounce the Pakistan Ruling Army's dictatorial and wholly unacceptable treatment of nonviolent political activists as they assembled yesterday to demand a return to democracy.

May 1, International Labor Day, has historically been a day when rights of those unrepresented and under-represented have been fought for around the world. The political workers and activists of Pakistan had announced May 1 as their day of peaceful assemblage, asking for return to civilian government. General Musharraf, the chief executive of the country, has completely clamped down on the very basic civilian right of the people to assemble. In his own words, "Once we have said there will be no political activity, there will be no political activity."

General Musharraf has called these protestors and democracy fighters "useless politicians." This reign of terror by the army has to be stopped, Mr. Speaker, and we must denounce it in no uncertain terms.

Mr. Speaker, Pakistan is taking a wrong path. Since the October 1999 coup d'état in Pakistan, the army government has flagrantly violated basic civil rights of the people. The state of the press is severely threatened. Journalists are routinely harassed and their offices ransacked regularly. The constitution has been abolished.

The erstwhile political parties of Pakistan have been demanding a re-

turn to democracy ever since the October 1999 coup d'état by the military. The Musharraf government has outlawed public rallies of any kind ever since President Clinton's visit to the region in March of 2000. In addition, this government has become increasingly hostile and has created a security threat to the United States and the South Asia region by supporting the Taliban and the Osama Bin Laden network logically, figuratively, financially and otherwise.

In the most recent U.S. State Department's annual report on global terrorism, which was released Monday, Secretary of State Colin Powell stated that Pakistan's military government, headed by General Pervez Musharraf, has continued previous Pakistani government support for several groups responsible for attacks on civilians in Kashmir. The report also states that the Harkat ul-Mujahideen, the HUM, a designated foreign terrorist organization, continues to be active in Pakistan without discouragement by the Government of Pakistan.

Mr. Speaker, this Congress and its members, as proponents of democracy, have an overarching moral obligation to show solidarity with each struggle for democracy around the world. Expressing shock, the Pakistan People's Party senior representative Khoohru said, "They," the army, "have totally clamped down. We are trying to march but obviously every place is a jail. The whole city is under siege."

Mr. Speaker, if I could say, we must not let political repression go by unnoticed. We must go on record publicly expressing the strong opposition of the United States Congress to the military coup in Pakistan and call for a civilian democratically elected government to be returned to power in Pakistan.

FIGHTING THE HIV-AID PANDEMIC

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 60 minutes.

Mrs. CLAYTON. Mr. Speaker, I join with my colleagues today to talk about an issue that is causing great human devastation internationally and that continues to be a major health and quality-of-life problem domestically.

The HIV-AIDS pandemic that now we refer to has deeply impacted the African continent, particularly sub-Saharan Africa. Sub-Saharan Africa has been far more severely affected by AIDS than any other part of the world. In 16 countries, all in sub-Saharan Africa, more than one in ten adults is infected with the HIV virus, affecting some 25 million people.

According to the joint United Nations program on HIV and AIDS, three-fourths of all deaths caused by AIDS are in sub-Saharan Africa since the beginning of the epidemic. It is estimated that one-half or more of all 15-year-old children may eventually die of AIDS in

some of the worst affected countries, such as Zambia, South Africa and Botswana, unless, unless, the risk of contracting the disease is sharply reduced.

Of the 34 million HIV-AIDS cases in the world, 24 million, or 70 percent, are in Africa. In Zambia, 20 percent of the adult population is infected with HIV-AIDS. As a result of HIV-AIDS virus, 650,000 children may have been orphaned, and 99,000 Zambians died in 1999.

Zambia is centrally located among the sub-Saharan Africa nations, bordered by eight different countries. There is a growing effort to develop international disease-prevention intervention in Zambia because of its location and its diverse African culture and language group. I am encouraged that Duke University Medical School, along with other pioneers, including the University of Alabama, are developing an HIV-AIDS intervention program in Zambia.

Not only in Africa, but around the world, including Russia, China and India, the HIV pandemic continues to grow. There were 5.3 million new HIV infections worldwide during the year 2000, and 3 million people died as a result of AIDS, more annual deaths than ever before.

I recently visited Botswana to see up close the destruction this disease has caused. Approximately 35 percent of Botswana's adult population is infected with HIV. AIDS has cut the life expectancy in Botswana by nearly 30 years. It has resulted in the death of so many people who otherwise would be in the prime of their life.

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The visit strengthened my conviction to do my part in bringing awareness to this institution, and to work with my colleagues in Congress, the national government, States, the local government, health and human rights activists around the world, to do more for the people who have the virus and to do more to prevent the spread of the disease.

We need to establish a partnership. We have heard of the African saying, "It takes a village to raise a child." It will take a global village to adequately address the AIDS pandemic.

While sub-Saharan Africa is disproportionately affected by the virus, it is by no means limited to Africa. As stated earlier, this truly is a global epidemic that has moved to be a pandemic.

I was encouraged by the government of Botswana's response to the crisis in that country. This is truly an issue that remains a top priority with the President of that country. The government of Botswana has formed partnerships in an effort to help its citizens with the treatment and prevention of HIV-AIDS.

The government is in partnership with the Bill and Melinda Gates Foundation to help set up youth centers that offer youth counseling services,

and with the Ted Turner Foundation to provide programs and services to urban youth.

They are also in the planning stage of partnering with the Gates Foundation and Merck to also bring about needed resources and medical care to fight the crisis. There still, however, is a great need to establish the health care infrastructure with trained health care providers to administer the medication or vaccine if this partnership is to have great impact.

Soon after I returned from Botswana, I sponsored an HIV/AIDS round table discussion in my district that consisted of public health officials, community activists, HIV-AIDS case management, community health providers, and individuals suffering from HIV/AIDS. This round table was sponsored because my district in eastern North Carolina has an increased incidence of HIV. Eastern North Carolina accounts for 30 percent of the State HIV disease reported recently, while only accounting for 12 percent of the North Carolina population. In my district, there are far more female HIV/AIDS cases as compared to the State average, and African Americans make up 87 percent of the new disease reported in my district. Clearly, this is an issue that is affecting us both domestically and internationally.

I will stop now and yield to my colleague, the gentleman from Illinois (Mr. RUSH), who also had an opportunity to visit Africa. He has been very active on the issue of AIDS. I am glad he is joining me in this special order.

Mr. RUSH. Mr. Speaker, I thank the gentlewoman for yielding to me.

Mr. Speaker, first of all, I want to commend my colleague, the gentlewoman from North Carolina, for this special order. It certainly shows her sensitivity, her commitment, and it shows that she is indeed the type of person who, throughout her tenure in the Congress and since I have known her, has taken the lead on issues that affect not only the citizens of this Nation but citizens all across the world. I commend her for this special order.

Mr. Speaker, it is with great pride that I stand before this Chamber today to congratulate the South African people on their victory to obtain access to anti-AIDS drugs and other medicines at lower costs. AIDS activists, the South African government, and international organizations deserve a round of applause for their efforts.

Also, I want to thank the 39 pharmaceutical companies for placing humanitarian concerns over profits by dropping their suit against the South African law and government.

However, before we celebrate this victory in the war against HIV-AIDS, we must pause and take stock of how far we still have to go. HIV-AIDS is truly a ruthless enemy of humanity. More than 25 million Africans are now living with HIV, and last year alone, 2.4 million Africans died from the HIV/AIDS disease.

HIV/AIDS shows no sign of relenting. It is estimated that each day 16,000 more people become infected. Mr. Speaker, to put this tragedy into context, many companies in South Africa are forced to hire two employees for every single available position because mortality rates are so high.

Even with the substantial discounts in the drug prices that the South African law garners, antiretroviral drugs will still cost around \$300 per year. Also, many regions of Africa do not have the resources necessary to distribute or administer these complicated medications.

Rather, it must be made clear that these drugs, while desperately needed, treat HIV/AIDS and do not halt the spread of the disease. We must make prevention a priority if we are to win the war against HIV/AIDS. This includes seeking a vaccine, distributing drugs that prevent transmission of AIDS from mother to child, and intensive educational efforts on how HIV/AIDS is contracted.

Most importantly, more must be done to empower and assist women in poor countries. Women in poor countries now are the fastest-growing HIV-positive population.

I want to commend the administration for its focus on the international fight against HIV/AIDS. The collaboration between Secretary of State Colin Powell and Health and Human Services Secretary Tommy Thompson to create a Marshall Plan to cope with the international HIV/AIDS crisis is, indeed, commendable.

However, just like any other infectious disease outbreak, HIV/AIDS knows no border or countries. While we must focus on the international spread of HIV/AIDS, as my colleague indicated earlier, we cannot forsake efforts domestically.

The President's budget takes a step backwards in the fight against HIV/AIDS domestically by freezing the Ryan White AIDS program funding. If we are to win the war against HIV/AIDS, we must expand our efforts, both domestically and abroad. Only then can we have a victory against this awesome enemy.

Mrs. CLAYTON. Mr. Speaker, I want to thank the gentleman from Illinois for his thoughtful statement. He is right to commend the government of South Africa, as well as the pharmaceutical companies, in their withdrawing and the successful conclusion of the case that was against South Africa, because indeed, South Africa did not need that suit, and the people could not afford that.

I also think it is a victory for the pharmaceutical companies that they saw the value of withdrawing the suit and trying to find ways of reducing the cost of their drugs, and understood the plight, that people were trying to import affordable drugs because they did not have the money. But even as they reduce it, there will be millions of people who just do not have enough money.

So the gentleman is absolutely right in that. I want to applaud the gentleman for saying that we must make prevention, prevention, the key in our fight against AIDS. There is no cure for AIDS, but there is prevention from getting HIV. We can prevent that. There are ways to do that. We need to find ways to do it.

I also agree with the gentleman, we cannot go backwards domestically in our fight. The budget that the administration, the Bush administration, has put forward certainly does not support his commitment to be very strong on AIDS. I applaud him, too, in terms of making AIDS an issue internationally, but also the budget needs to reflect and be supportive of that.

Again, I thank the gentleman for his leadership.

Mr. RUSH. I just want to say to my colleague, she is an inspiration in terms of the type of leadership she provides on this issue. As the gentlewoman knows, I also had the privilege of visiting Africa over this last month and was able to see firsthand the situation.

Mrs. CLAYTON. What are some of the countries the gentleman went to?

Mr. RUSH. We went to South Africa, Kenya, Nigeria, and North Africa; a North African country, Tunisia. But in South Africa, it was driven home most graphically the effects of this problem of HIV/AIDS and how it affects the children. A lot of folk do not realize that in South Africa, one of every three public school teachers is affected with AIDS. That means that the future of South Africa is definitely threatened by this dreaded disease.

Mrs. CLAYTON. That is an interesting observation. I was reading something on the United Nations report. Poverty and HIV are related. AIDS is not a disease of poverty, but they become intertwined and connected because having AIDS moves one to the point where poverty will be the case.

In fact, they said in this report that actually the more mobile, the more intelligent, and more educated person, those who had great access to move around and resources to facilitate that, they were the ones getting the AIDS. So the teachers comment would be right in line with that statement. That is the future of that continent.

Mr. RUSH. Really, one of the most salient examples is right here in this Nation. When HIV/AIDS first became known, it was not poor people who had it, it was educated people who were ignorant of not only the disease, but how to prevent the disease.

Therefore, I agree, it is not a disease that strikes just those who are poor, it is those who are ignorant in terms of how the disease is contracted and those who have very little means to combat the disease, and also those who are unaware how to prevent the disease. It is a disease of ignorance more so than a disease of poverty.

Part of what we have to do in our community, for the gentlewoman's rec-

ommendations, comments, and statements, we have to educate people about how to prevent the disease of HIV/AIDS, and how to conduct themselves in a manner that will not allow them to fall victim to the disease.

Mrs. CLAYTON. I do not know in the gentleman's area, but I am looking at health statistics and I am seeing an increase in sexually-transmitted diseases domestically. We see syphilis, other transmissible disease, things we thought were long cured or no longer existing. This is emerging again. Again, there is just a lack of vigilance in health standards or in protected hygiene, and in protected sex of adults, as well.

Now, we are seeing not necessarily that one causes the other, but the vulnerability that one puts oneself in and one's body when they have a sexually-transmitted disease, it breaks down the immunity so the likelihood that one would be susceptible to HIV/AIDS is increased greatly.

So we are having to almost educate people we thought knew these things and remind them that that is here. Certainly we have an education and prevention challenge, also, internationally.

The gentleman is absolutely right, I think prevention is indeed the answer. That is why it makes it so troubling that the Ryan White funds are being reduced or flattened, because that is the outreach. We can prevent, we cannot cure. I think we ought to invest in research, and I commend that, but we do not have to do it either/or, we can do both. Why spend so much money in trying to treat a disease that we cannot cure when we have also the option to prevent the disease?

So we need to take care of those who are affected, but we certainly need to be wise and prudent in investing in prevention. I thank the gentleman for emphasizing that part.

Mr. RUSH. I just want to add that in my district and in my State, sexually-transmitted diseases are also on the rise. I certainly share the gentlewoman's comments. Syphilis, gonorrhea, all those diseases that we thought had been abolished, eliminated, they are on the rise, and primarily because information is not getting out to the people. Information is not getting out to them in the way that they communicate. There is no popular ad campaign dealing with this issue.

We can see advertisements all across the television and the radio about every other thing except how to prevent HIV/AIDS. This is a real serious epidemic, pandemic, as the gentlewoman indicated, across the world, but it is an epidemic, and almost a pandemic in certain communities here in this Nation.

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And the awareness is not there. The commitment is not there.

I believe that the President needs to be reminded that he is sending two dif-

ferent types of messages here. They are contradictory. If the Secretary of HHS and the Secretary of State are developing a Marshall Plan for AIDS internationally, and at the same time he is withdrawing resources, vitally needed resources, dollars from the Ryan White program here in America, well, then, that sends a contradictory message. And he has to be clear. We need one voice, one approach to dealing not only with AIDS internationally but also to deal with the epidemic of AIDS right here at home.

Again, I want to thank my colleague for her outstanding leadership on this particular issue.

Mrs. CLAYTON. Well, I want to thank the gentleman for his leadership, because I know he has been very active in his community. I know a wonderful AIDS initiative the gentleman has in Chicago, the coordinated effort with all the medical schools working. I think it is probably one of the finest there is in the country in terms of that effort. So I thank the gentleman for his leadership.

We have been joined, Mr. Speaker, by the gentlewoman from California (Ms. MILLENDER-MCDONALD), who is very, very much engaged in this and has been engaged in it for a number of years. Her particular emphasis recently has also been with respect to women, but I know she is interested in all of it. I thank her for joining us.

Ms. MILLENDER-MCDONALD. I thank the gentlewoman from North Carolina, especially for her leadership on this. I can say unequivocally, though, that every member of the Congressional Black Caucus has made this a centerpiece, a priority, in this Congress as well as Congresses before and Congresses to come, because this is a very critical issue. And it is so timely today given that just last Saturday I had my fifth annual Minority Women and Children's AIDS Walk.

Mrs. CLAYTON. We did not give the gentlewoman any peanuts this year. I usually give her peanuts every year to make sure they have energy when they make this great march.

Ms. MILLENDER-MCDONALD. Yes, the gentlewoman did give me peanuts. I had them from North Carolina. They were there, and we had them in the stuffed bags along with those from Alabama and Georgia.

But the one thing that we are happy to say is that that has now presented us proceeds of over \$600,000 that we are giving to different health facilities to treat persons, especially women and children, with this very deadly disease.

It was years ago that someone told me about this disease; and I thought, well, I am in the State legislature, trying to pass laws, and I really do not have time for this. But it was not until that next year or so that someone brought me the facts, brought me the data; and that is when I said, no, that is not their problem, it is our problem and, more importantly, it is my problem to look at.

We know that HIV/AIDS continues to devastate women throughout the world, and nowhere is it more overwhelming than on the African continent. As news reports tell us daily, AIDS in Africa has reached crisis proportions. In fact, it is a pandemic. Two-thirds of the world's 33 million AIDS-infected victims live on the African continent. Tragically, the epicenter of this disease is among African women, with profound effects on their children. More than nine-tenths of 8 million children were orphaned by AIDS last year, and those kids were in Africa.

So when we ask ourselves, what can we do? Simply go around and have an outreach program, an education program on this devastation. No one needs to wait for groups like mine, the AIDS walk, or anyone else. Simply just go to your churches and your organizations and your schools encouraging folks to remain abstinent, because we cannot continue to see the devastation that is affecting our children and this deadly disease that is permeating communities of color.

I have a bill that is called the Mother-to-Child Transmission bill which speaks of the drug therapy Nevirapine. Because if that drug is given to the mother, the child will not come out of the womb of the mother with this deadly disease. And programs like that new and inexpensive drug treatment that help prevent mother-to-child transmission need to be employed in Africa. This is what I am concentrating on at this point, trying to see whether we can get pharmaceutical companies to invest in Nevirapine on the continent of Africa. And not only that but in India, China, Eastern Europe and Central America. All of those areas we have found now have a very alarming percentage of women and children who have been affected and contracted this deadly disease.

Governments, corporations, non-governmental organizations must coordinate their strengths and their projects in addressing major problem areas, including the critical absence of adequate infrastructure throughout the continent. I heard the gentlewoman from North Carolina (Mrs. CLAYTON) speak about that just a moment ago, because there has to be the infrastructure to deal and to help those who have been afflicted with this deadly disease. Ofttimes those who are in villages and tribes and other places do not have the adequate infrastructure. It is very important that we have and we look for funding to expand and to bring about the infrastructure that is needed, especially in Africa and in India.

Local capacity must be developed through education of the masses, the search for a vaccine must be accelerated, and access to medicine must be expanded as well. I again call on this administration to include \$150 million in its fiscal year 2002 budget for the World Bank AIDS Trust Fund.

I was told just a month ago, and now in looking at the budget, that the Ryan

White Act program has been cut. We can ill afford to do that. We must try to find some methodology by which we can include funds for this dreadful deadly disease. The President has spoken in very sensitive and very caring terms about persons afflicted with HIV/AIDS. We are asking now that we have that so that we can expand the outreach, expand the medicine, the therapy, and expand the education for this deadly disease.

The landmark public-private partnership that was authored under the Global AIDS and Tuberculosis Relief Act of 2000 is designed to leverage contributions with additional resources from the international donor community as well as from the private sector. We all know that money alone, though, Mr. Speaker, will not solve this problem; but it is a vital part of the solution. These funds are necessary to implement HIV/AIDS best practices in countries hardest hit by HIV/AIDS.

While the HIV/AIDS disease continues to devastate humanity and the human element, and finding a cure seems far into the future, we cannot afford to give up. I will continue to fight and devote my time and energy to finding solutions to the myriad difficulties surrounding the treatment and fight against AIDS. I call on all of my colleagues to support local and international efforts to fight this deadly disease at home and abroad.

Again, my colleague, the gentlewoman from North Carolina (Mrs. CLAYTON), I thank so much for her tenacity, for her leadership and for her ongoing support of all of the efforts we have put on this floor through legislation to try to find a cure for this.

Mrs. CLAYTON. Well, I thank the gentlewoman for her leadership and for her statement; and I also thank her for bringing us up to date on her successful tradition and raising funds to combat and bring awareness to the whole issue of HIV/AIDS. And the gentlewoman is right to bring the attention to women and how it disproportionately affects women, not only in this country but in Africa.

I think the gentlewoman is also right to bring the attention that we need to have more funds in order to do the work. We have been very fortunate in this country in the sense that it has not spread as fast, but because we have had efforts like those of the gentlewoman and others across the country, and because this Congress has been committed to it too. So we certainly do not want to go back. We are moving in the right direction to try to find both the appropriate care and medication, but we also want to try to provide prevention in all the communities. And to the extent that we pull that out, we will lose so much in that battle.

Ms. MILLENDER-MCDONALD. And may I please add that women now over 50 we are finding by data, mostly African American women, are contracting this HIV/AIDS. And it is so devastating because they are fearful of disclosure,

because their ministers will find out and family members. And it is a very hard thing when we talk with the women who are over 50 who have now contracted this. So it is not just the young women, the young men; it is the older women as well.

So we do have quite a battle, but I know with the help of the gentlewoman from North Carolina, and the help of this Congress, which the gentlewoman is right, there is not a Member who has not been sensitive to this issue, we will continue to do both.

Mrs. CLAYTON. We are simply trying to raise their sensitivity with this. I just think people of good conscience cannot look at the epidemic and turn away. If you do, it says just volumes about where you are, not where you are.

Ms. MILLENDER-MCDONALD. Like you said, I tried to put my head in the sand, but that head was lifted rather quickly when I saw the data that was presented to me. So I do not think anyone can really shy away from it.

Mrs. CLAYTON. Again, I want to thank the gentlewoman for her contribution.

Mr. Speaker, given the loss of lives AIDS has caused internationally, the destruction of entire communities, and the long-term impact of economic growth, we should strengthen our commitment and effort to fight the devastating disease. With children dying at the age of 15 or younger, with the life expectancy of only 45 years for children born in many countries now in the latter part of the 1900s and 2000 in Africa, clearly this is a human tragedy, an epidemic unknown to mankind and current civilization. To ignore the problem is to our peril. To know the impact of AIDS and to ignore it is indeed to our shame.

Secretary Colin Powell has stated that HIV/AIDS is a national-international security issue that the Bush administration plans to address, and I applaud them for that effort. I also applaud the pharmaceutical industry for dropping its lawsuit. We heard one of our colleagues talking about that earlier, the gentleman from Illinois (Mr. RUSH), and to prevent the South African Government from importing cheaper anti-AIDS drugs and other medicines to respond to those who have the virus. Now we must increase the effort to provide affordable, and the emphasis is on affordable for Africa and affordable for those living in developing countries, affordable anti-AIDS drugs to all who need them.

I challenge the pharmaceutical industry, countries worldwide, and the United States to engage in a collective effort to make available affordable necessary drugs to people affected by HIV and AIDS. It is important to form these partnerships, because even if cheaper drugs are purchased by countries, they still are out of reach for far too many. According to a recent Washington Post article entitled "A War Chest to Fight AIDS," dramatic reductions in price for anti-retroviral drugs

are key to treatment; but the cost would be now \$400 or \$500 per person, some 10,000, which is a great reduction, but there are many people, many people that do not make \$400 per year and could not afford that.

The United States must respond to this need by allocating more dollars than proposed by the Bush administration in their current budget. So I want to challenge them to really put more monies in there.

I am greatly encouraged about the recent news that the world's richest countries are close to committing billions of dollars a year to fight against AIDS and other infectious diseases in parts of Africa, Asia, and the Caribbean where they have reached pandemic proportions. The World Bank and the United Nations would be involved in setting up a global trust fund to help countries suffering from the HIV and AIDS pandemic. Again, the United States must be a vital part of this effort and the trust fund.

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A global trust fund, coupled with efforts introduced by the gentlewoman from California (Ms. WATERS) and the gentlewoman from California (Ms. LEE), that would provide debt relief for these countries suffering greatest from HIV-AIDS, this indeed would help relieve that burden. More than 6,000 people die every day in African nations from AIDS, yet their governments lack sufficient financial resources to help them or to relieve the suffering.

In addition to the burden of repaying the debt often incurred by unaccountable government officials, these countries also must pay user fees and interest for these medications. These conditions require action by this Congress. The legislation introduced by my colleagues and myself is extremely important and has bipartisan support. It means economic relief for those countries.

There needs to be a comprehensive partnership waging a global campaign to prevent HIV and care for AIDS-affected patients. We are reminded of the complicated world surrounding global AIDS.

In developing countries like Africa, AIDS is one of several burdens or conditions that must be endured. In Africa, often AIDS is in the midst of severe poverty, inadequate food, severe poverty, and lack of housing; therefore, the effect of AIDS has been and continues to make these problems worse. It has posed the greatest threat to the very generation of young people who are the most productive and are poised to take Africa into a brighter future economically.

Those countries most affected by AIDS are oftentimes the same ones suffering from hunger and food insecurity. Nutrition and HIV operate in tandem at the level of both the individual and the community. For many individuals, nutrition deficiency probably makes people more susceptible to disease and

infection. At the social level, food insecurity is a major cause for vulnerability to HIV.

Reduced agriculture production is also one of the impacts of HIV. Therefore, the legislation, H.Con.Res. 102, Hunger to Harvest Resolution, A Decade of Concern for Africa, which has been introduced in the House by the gentleman from Iowa (Mr. LEACH) and the gentleman from New Jersey (Mr. PAYNE), I am also a cosponsor, should be supported. This legislation will combat AIDS, provide education for all children, strengthen farming and small business, promote peace and good government. This legislation has a proposed commitment of \$1 billion.

The President and Congress must keep this as a top priority. The pharmaceutical companies must be urged to provide needed drugs to Africa at substantially reduced prices and may want to consider making that as a donation. Drugs should be made available not only to populations that can afford it, but also the populations who desperately need it. This is a declaration that no country has to fight this battle alone, and no nation should stand by without offering help.

I am pleased to be joined by my colleague, the gentlewoman from Texas (Ms. JACKSON-LEE) who has been a strong fighter and provides valuable leadership.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I was pleased to join the gentlewoman from North Carolina (Mrs. CLAYTON) in our recent trip to Botswana. Your leadership was evident there as we both listened to the briefings and visited sites where the persons who had full-blown AIDS were being cared for. We noted that they were in great need of hospital personnel, certainly more beds, but the individuals that were working were certainly working with a spirit that they were willing to fight the good fight.

I think that is the spirit under which we come to the floor today, because I am sure as we debate and speak to this issue on the floor of the House, maybe Americans who may be much more informed about HIV-AIDS and HIV the infection, and then full-blown AIDS, might think that we are speaking too frequently and too often and all is well; and they know this is a disease, but it will not happen to them.

I believe that it is important that the administration realize that the momentum that had been created, not in a partisan manner but in a bipartisan manner under the leadership of the past President, President Clinton, and Sandy Thurman whom we all worked with at the White House office. Her task was not easy, working with Members of Congress who had different perspectives, and then Congress working with several perspectives, but we finally came to the point of being able to focus, I think, about a year or two ago, \$100 million on the AIDS issue. And then, of course, we came forward with a bill by the gentleman from Iowa (Mr.

LEACH) and the gentlewoman from California (Ms. LEE) which had to do with the Marshall Plan. We joined the gentlewoman from California (Ms. WATERS) on debt relief, and now we are moving forward with legislation that both of us are cosponsoring.

We have been on an journey. Even as we discuss the African Growth and Opportunity Act, some two sessions ago, or maybe the beginning of the 106th Congress, there were several amendments to that trade bill. We had indicated that we would not let that trade bill move through the Congress without acknowledging if multinationals benefited from doing trade with Africa, that they needed to also engage in the issues of survival, and that was to put money aside. One of our pharmaceuticals did just that, put money aside to provide assistance.

But I think there are some key elements that we need to focus on, and I would like to share with you these elements even though we may have already had this come to our attention. This is a plague. It is a pandemic. I note my comments on my remarks say "biblical proportions" because we think of the flood and we understand what that means. It has claimed 17 million lives in recent decades, and unlike the Black Plague in the 14th century in Europe, the means to control AIDS are known. We know prevention, and so we understand that.

We are gratified that there has been some compromise on the lawsuit in South Africa, and we hope as South Africa begins to work steadily in its effort to fight the devastation in South Africa, we all accept that poverty is not good to help people get better. We do know that HIV is a virus that infects you and that it can result in full-blown AIDS.

On the other side of full-blown AIDS there is the question of survival, how long and what kind of medication is available to you.

So I think the focus should be to encourage the administration to say it will not work and we will not be successful if we start and stop. If we undermine the funding and the efforts that have been made to provide sub-Saharan Africa and other parts of Africa with the infrastructure that they need, the prescription drugs that they need, the medical personnel, support system that they need, then we are going to regress.

I would like to speak to the fact that it is not just giving money to the continent, it is also looking at their problems. Botswana is a good example. They are a small country and they are trying to work against this tide. They have about a 39 percent infected population, yet the president is very sensitive to it. He speaks about it. He takes this to the national bully pulpit, and his constituencies are working very hard. His medical director or health director is working very hard. His physicians, his nurses are working very hard.

What they said to me when I went to one of their sites, infrastructure is important. In order to get the drugs from the airport, they need good roads. In order to be able to monitor those who need to take the drugs, they need medical personnel.

So our appropriations process should look at how we can constructively collaborate, the World Health Organization, USAID, United Nations, and how we get the right kind of funding and we do not want to see the funding undermined and diminished. In particular, we will see all of the progress that we have made clearly go back to point zero.

As I spoke to an infected person who had been infected for 5 or 6 years, living with AIDS, he said it was a great leap from when he was infected to now. Now his whole family knows of his condition. They are accepting and educated about it, and they are preventing it from spreading. This is the kind of information that can be enhanced by the resources that we need.

I indicated this was a pandemic. Since the beginning of this, over 80 percent of all AIDS deaths have occurred in sub-Saharan Africa. By the end of 2000, there were an estimated 25.3 million people in sub-Saharan Africa living with HIV/AIDS, 70 percent of the total number of adults and 80 percent of the total number of children infected, worldwide.

I do not want this to be seen as a condemnation of the continent. It is a wonderful continent. It is a continent that is seeking after technology. It is seeking after education and building schools. I believe the gentlewoman from North Carolina was excited about the opportunities for rural America in collaborating in agriculture. It is a continent that is alive.

Frankly, I think we should view this as the potential dynamic of the world. As I traveled to India with the President, I believe last session, there was talk of its moving to India. There is talk of its moving to China. Those are huge population centers.

Mr. Speaker, I rise to join my democratic colleague Representative EVA CLAYTON from North Carolina in expressing our concerns about the ravages of HIV/AIDS both abroad and in our own country. The African continent has been particularly hard hit by this deadly disease. For this reason I am in favor of any effort by this body to increase access to HIV/AIDS treatment and education throughout the world, but especially on the continent of Africa.

HIV/AIDS has been declared the world's deadliest disease by the World Health Organization. HIV/AIDS has become a plague on the Continent of Africa of biblical proportions by claiming over 17 million lives in recent decades. Unlike the Black Plague in 14th century Europe, which took half as many lives, the means to control AIDS are known. I, too, rejoice in the good news that the pharmaceutical companies have withdrawn their lawsuit in South Africa so that the South African government can provide affordable HIV/AIDS drugs to those in need. However, most African and other foreign governments make no more than

a modest level of effort to address the spread of the disease. For these reasons, I have and will continue to support additional funding for medication to be made available to the millions of poor around the world to fight the growing death toll attributed to HIV/AIDS.

This crisis is having a direct impact on the future viability of many sub-Saharan African communities. I recently witnessed the effects of HIV/AIDS while I was traveling with Congresswoman CLAYTON and other congressional members in Botswana. This disease deprives nations of parents, workers, and teachers, destabilizing the social and economic framework of the nation.

The impact of the HIV/AIDS epidemic on sub-Saharan Africa has been especially severe. Since the beginning of the epidemic, over 80 percent of all AIDS deaths have occurred in sub-Saharan Africa. By the end of 2000, there were an estimated 25.3 million people in sub-Saharan Africa living with HIV/AIDS—70 percent of the total number of adults and 80 percent of the total number of children infected worldwide. 3.8 million people were newly infected in this region in 2000 alone. There, over five thousand AIDS-related funerals occur per day.

According to the UNAIDS Update report on HIV/AIDS infection rates, in many countries up to 35 percent of all adults are infected with the disease. Nearly 4.2 million of South Africa's 45 million people are infected with the virus, more than in any other country. The report also estimates that half of today's teenage population in parts of Africa will perish from HIV/AIDS. The most vulnerable group being affected by HIV/AIDS are the women of Africa; their infection rate is far greater than males. In sub-Saharan Africa, 55 percent of all adults living with HIV are women, and this rate is expected to continue to rise in countries where poverty, poor health systems and limited resources for prevention and care are present. What fuels the spread of this disease? Ignorance, misinformation, unsafe cultural practices, apathetic leadership and neglect by nations who have the resources to fight the disease.

At least by the early 1990s, the world knew the size of the coming catastrophe in Africa and had the means available to slow its progression. Estimates from the World Health Organization in 1990 and 1991 projected a case-load, and eventual death toll, in the tens of millions by 2000.

Less than 20 years after doctors first described its symptoms, HIV has infected 57.9 million people. So far, nearly 22 million have died; this is roughly the population along the Amtrak route from New York to Washington, DC.

Pharmaceutical corporation Bristol-Myers has pledged \$115 million towards fighting this epidemic in sub-Saharan Africa. However, this effort will only benefit just a few of the millions of victims of HIV/AIDS in Africa. We must do more.

I offer that the drug manufacturers and the Congressional Black Caucus should be on the same side in this effort. It is only a matter of funding, and this Administration can take the lead in gathering from the global community of wealthier nations. Congress and drug manufacturers should make leading this effort a top priority. We could see an end to unnecessary deaths and suffering by the close of this year if we make the commitment to do so today.

The cost of HIV/AIDS treatment for those living in the third world is estimated to be

about \$10,000 a year. It is estimated that even if treatment costs were reduced to only \$1,000 a year it would still be far too expensive for Third World countries.

Drug therapies that have significantly extended the lives of people living with HIV/AIDS in the United States and other developed countries could cost between \$4,000 and \$20,000 per person per year in sub-Saharan Africa.

In the United States, where the treatment has become standard, the AIDS-related mortality rate fell 75 percent in three years.

The therapies, which use various combinations of antiviral drugs that emerged in Western countries five years ago have transformed the health and future of AIDS patients who took them.

Since that time the gap in medical care between rich and poor countries has grown tremendously—our nation along with others should be ashamed at this condition.

I would like to commend Congresswoman CLAYTON for her efforts to offer a clear perspective on the HIV/AIDS epidemic both internationally and domestically.

Now, more than ever, the leadership of the United States is needed in order to avert a tragedy on the Continent of Africa. Therefore, I implore my fellow colleagues of the House to commit the desperately needed funds for this critical area.

Many people have asked why this is important to the United States. Aside from the humanitarian perspective, HIV/AIDS has become a threat to our national security. HIV/AIDS undermines democracy and progress in many African nations and the developing world. Left to its own course HIV/AIDS will lead to political instability and may result in civil wars, which may affect the global balance of power as well as economic viability of many African nations. In many of these instances, our military service personnel may be pressed into service in order to defend American interest in any attempt to bring stability to those nations that decline into civil strife because of the ravages of HIV/AIDS. HIV/AIDS, like any epidemic, cannot be contained in any specific geographical area. It does not discriminate between rich and poor nations. Unfortunately, when this dreaded disease came to our shores, many believed that it was a calamity only for homosexuals and drug users. But AIDS knows no boundaries. With globalization, we also must be conscious of the potential for AIDS and other infectious diseases to be carried across borders.

The World Health Organization estimates that 36.1 million children and adults worldwide are living with HIV and/or AIDS. We must work to bring this tragic situation under control using all means at our disposal as a nation, which includes acting in a leadership capacity to encourage other nations to join in an effort to address this mammoth health crisis.

I would ask my colleagues not to continue to bury their minds under useless words, but to apply our collective resources to find solutions to the problem of HIV/AIDS in Africa.

Mrs. CLAYTON. Mr. Speaker, the gentlewoman is absolutely right. It is in Russia, China and India, as you indicated, so it is worldwide. In fact, there are 33 million people who have died of it, 33 million; 24 million of them were in Africa. But HIV/AIDS is in Russia, China, India and other parts of Asia.

This is something, if we fail to contain it where it is most severe, you are right, we will regret that later.

Ms. JACKSON-LEE of Texas. That is why your special order this evening and this discussion is very important. I am hoping that people will not get tired of listening to how they can protect themselves and how they can help by indicating to their Members of Congress and indicating to the administration that this is a health problem of such proportion that any slow-up would be devastating.

I do want to acknowledge that we have had some success with our corporations. I know that Bristol-Myers had put aside \$115 million towards fighting the epidemic, but we need more of that along with the public complement, if you will, the public dollars. You can maximize them or match with private dollars, but they also send a signal about the fact that we are committed to the war.

We did some of that when we went to the United Nations when, in actuality, the U.N. Security Council declared HIV/AIDS as a security risk for all of those very prominent world countries that are sitting around the U.N. Security Council. They were convinced that as their military personnel travels from place to place, if there is infection, the potential of the military becoming infected there and bringing it back home was enormous.

I think if we can think along those lines, we begin not to be isolated about this issue. I know that when we were in Botswana, one of the doctors said if the number of people that were dying in sub-Saharan Africa were moved, it would be comparable to the United States, it would be almost like 13,000 persons a day dying in America.

So the challenge that we have is to not frighten people into inaction. The challenge that we have to the President, although he has mandated a 4 percent across-the-board cut, which I think is going to be very difficult, and that is why there is a lot of debate about this \$1.5 million tax cut, I hear \$1.2 trillion, it is certainly something that troubles me, because I believe in giving the people back a return on their investment certainly.

□ 2015

I for one was for a straight out \$60 billion tax cut this year, give it to people and infuse the economy, but I am really uncertain about whether we do have a \$5 trillion surplus, and what is going to happen in this war against HIV/AIDS. I just want to steer back to personal experience and that is in my congressional district. I do not know if we have spoken about our own personal experiences, but I think we should.

Mrs. CLAYTON. I did mention a little bit about the incidence increasing in my district. I live in a rural district, as the gentlewoman knows. She has been to my district. Sometimes in a rural area, we do not think what happens to cities happens to a rural area,

like crime. We get crime, too. But surprisingly for a number of reasons, it has not been reported or people were not reporting themselves and all of a sudden the incidence is going up.

In fact, we represent, in eastern North Carolina, a little more than my district, though, I represent about 30 percent of all the new HIV reported. We represent only 12 percent of the population in my district. So the disproportion of the increase has been that people are lax, they do not have the information, they are not taking the precaution, and also there is not this kind of sophisticated infrastructure both in community and education and medical to bring the awareness.

We are now forming this partnership in the community to bring to the attention that in our local area, we do not have a pandemic, I am not trying to scare, as you say, people to things that are not there, but we are alarming them of what things are there and the potential. And people are coming forward to say what their conditions are, how they are struggling, either they do not have homes or once they know they have AIDS sometimes their family puts them out. There are all kinds of human tragedies and stories we hear.

We have a cultural issue to look on, we have an education issue and an awareness issue. The gentlewoman is absolutely right. We have to focus on our local area as well.

Ms. JACKSON-LEE of Texas. I think it is important that we have this discussion as it relates to our local areas. I was about to mention the fact that I had the United States Surgeon General in my district the entire day this past Monday, April 30. We started about 7:30 in the morning and went straight through to different health areas, different health facilities and different issues until about 5 o'clock.

A part of our day was spent in focusing on the question of HIV/AIDS in Houston. In the 18th Congressional District, in particular my district, showed that 53 percent of the new AIDS cases were African Americans; and I have the highest number of those. This is not a condemnation. I hope we will step away from condemning because there are a variety of sources of contacting this disease, but the one thing that we knew was important, we focused on, and I know that might be what you are focusing on, is education and prevention and getting people tested.

I was very delighted that one of my constituents, a Mr. Ernie Jackson, put forward a very, very powerful presentation on how we were collaborating with various community groups and various concerts, if you will, rallies to encourage people to come and be tested. We were up into the thousands. We are going to continue. I might compliment one of our famous gospel singers, Yolanda Adams, did a gospel concert. The tickets were given away free, and the persons were to be tested. But really what it shows is that we will have to be creative.

Some of this we can do with just elbow grease, some of this we can do with private sector contributions or collaboration. The church or faith-based community, we are trying to get them involved and engaged, but we cannot afford to do this without Ryan White treatment dollars for the whole population here in the United States, now I am over into the United States, that will continue treating problems, without the public hospital system where many of these people go because they are uninsured or underinsured.

Nor can we do this without the support of the funds that have been helping our various health agencies, in counseling money, prevention money and education money. And then let me just say and complement as I close, that we certainly cannot do this if we do not keep the Foreign Ops or the funding either under HHS or Foreign Ops that in particular goes to helping fight the pandemic internationally. It is crucial.

I hope that we are not sounding like, forgive me for saying this, a broken record. I hope that this is not taken as "we have heard this before." I really do. Because I think both of us saw this firsthand. We heard those numbers. We were startled; were we not?

Mrs. CLAYTON. We were very startled.

Mrs. JACKSON-LEE of Texas. They clearly are not because people are not trying to overcome.

Mrs. CLAYTON. I think we are all sensitive when we raise a flag and say this is a problem, that people will want to reject us because indeed we are repeating. But we have to do what we have to do to get them to know. I am confident that when people understand the seriousness of it, they will respond appropriately. I am hopeful that the education and prevention will get people aware enough to take some things in their own hands.

I have also been startled by the increase of sexually transferred disease, which we thought had been abolished almost. That has been increasing. Again that is something people can take responsibility for and control. Education is a key in that. We need to get our churches involved. As you said, the condemnation needs to be put in perspective of educating people to take responsibility now that they know they need to do these things.

You and I both are interested in the whole issue of teenage pregnancy, this is related. If indeed we do not involve our young people very early in the whole issue of abstinence and telling them about a far more productive life and giving them some opportunities to expand their life beyond being in an environment that is conducive to destructive behavior. In addition to that, we also have to be honest about the whole sexual education and protecting young people and giving them information that empowers them to know the consequences of their behavior. When they do that, again I have confidence,

people will take information and use it for their advantage and become empowered because of it.

Information is power. We ought to spread the good news that there are things you can do. You can prevent it. Prevention is a key. In fact, the United Nations report says that as bad as the statistics are, this is someone addressing the United Nations, all the African heads, we are encouraged because there are practices we know that will work. They cited Brazil. They cited Uganda. They cited some other areas where they are beginning to be part of a fabric of showing that you can cut down the incidence of HIV. No cure for AIDS but you can cut down the incidence of HIV.

Those are the kinds of things we want to bring awareness to. The partnership, the gentlewoman and I were struck, I know I was impressed by the partnership that had been formed in Botswana with the President of Botswana taking the lead and serving as the chair of that program. Yet although those resources were on the table, you are correct. We need the infrastructure. That is what we are working toward.

Ms. JACKSON-LEE of Texas. I am not sure whether or not the word is getting out of the great work that is being done in Botswana. Certainly Uganda should be cited. I just briefly want to add that we need to include in our discussion malaria and tuberculosis. I was very gratified in the meeting I had in my district. A number of us have signed a list, if you will, to organize, to see how more resources can get into these American districts, these urban districts to help these communities. I think we should not step away from the resources that are needed nationally.

Mrs. CLAYTON. I am glad the gentlewoman mentioned malaria as well as the tuberculosis, because there is data that shows that if a person has HIV and also contracts tuberculosis, that pulls the immunity down further and the likelihood of dying is increased. So you increase the chance of the person not living long with HIV but in fact causing the death. Malaria is another of those infectious diseases. There are treatments for malaria and there is prevention for tuberculosis. That, we can prevent. It does not cost a lot of money. There are vaccines and things we can do. We are hopeful that our colleagues and others who we know care about this issue will help. I am also encouraged by the present administration. Colin Powell has reaffirmed that this is a national security issue and that AIDS is going to be on their radar. We just want to make sure that the money will be there to support it.

GENERAL LEAVE

Ms. CLAYTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore (Mr. CANTOR). Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Mrs. MORELLA. Mr. Speaker, I want to thank my good friend and colleague Congresswoman EVA CLAYTON for arranging this special order on AIDS in Africa. We are becoming more and more aware that—as CNN reported, the African AIDS epidemic is “the worst health calamity since the Middle Ages and one likely to be the worse ever.”

Statistics of the economic, social and personal devastation of the disease in sub-Saharan Africa are staggering.

23.3 million of the 33.6 million people with AIDS worldwide reside in Africa.

3.8 million of the 5.6 million new HIV infections in 2000 occurred in Africa.

African residents accounted for 85 percent of all AIDS-related deaths in 2000.

10 million of the 1.3 million children orphaned by AIDS live in Africa.

Life expectancy in Africa is expected to plummet from 59 years to 45 years between 2005 and 2010.

Many experts attribute the spread of the virus to a number of factors, including poverty, ignorance, costly treatments, lack of sex education and unsafe sexual practices. Some blame the transient nature of the workforce. Many men, needing to leave their families to drive trucks, work in mines or on construction projects, engage in sex with commercial sex workers of whom an estimated 90 percent are HIV positive. In addition many men go untested and unknowingly spread the virus.

Many of those infected cannot afford the potent combination of HIV treatment available in Western countries. In some countries only 40 percent of the hospitals in some capital cities have access to basic drugs.

While efforts are continuing to find an AIDS vaccine, many experts fear that some African countries hardest hit by the epidemic lack the basic infrastructure to deliver the vaccine to those most in need.

More than 25 percent of working-aged adults are estimated to carry the virus. Countries have lost 10 to 20 years of life expectancy due to this disease.

80 percent of those dying from AIDS were between ages 20 and 50, the bulk of the African workforce.

40 million children will be orphaned by the disease by 2010. Many of these children will be forced to drop out of school to care for a dying parent or take care of younger children.

Children themselves are being infected with the disease many through maternal-fetal transmission. While drugs like AZT have been proven effective in reducing the risk of an HIV positive mother infecting her newborn child, those drugs are too costly for most nations.

However, today unprecedented opportunities exist to improve health around the world. The private sector, led by the Gates foundation, has provided additional resources for health programs in developing countries.

Last weekend, members of the World Bank, the International Monetary Fund and the Group of Seven met in Washington and articulated the fact that HIV/AIDS is no longer just a health problem but a global health development problem, threatening to reverse many of the development gains made over the past half-century. What came out of these meetings

was an agreement that what is needed is a war chest and a war strategy against HIV/AIDS.

Money alone will not solve the problem—but it is a critical part of the solution. Total global support for HIV/AIDS in developing countries last year was under \$1 billion, less than a third of the estimated need in Africa alone. For FY 2001 Congress provided \$315 million to USAID for global HIV/AIDS, a \$115 million increase over the previous year. USAID was instructed to provide \$10 million for the International AIDS Vaccine Initiative; \$15 million for research on microbicides and up to \$20 million for the International AIDS Trust Fund at the World Bank. However, our forward progress must continue. The creation of new drugs and vaccines cannot stand alone and we must also continue to invest in the development of public health infrastructure. It is estimated that it will take as much as \$6 billion to address the pandemic.

The United States is uniquely positioned to lead the world in the prevention and eradication of HIV/AIDS. Some believe that the year 2000 was a turning point in the international response to the epidemic. We can be encouraged by this trend; however, we must not become complacent. We must continue to provide the drugs, and the care to lessen the pain and the suffering of millions of men, women and children throughout the world who are infected with HIV.

The Global Health Act of 2001 which I strongly support will provide an additional \$275 million or HIV/AIDS, an additional \$225 million for child survival, an additional \$200 million for infectious diseases, an additional \$200 million for international family planning services and an additional \$100 million for maternal health.

Mr. Speaker, the Global Health Act in conjunction with a global AIDS trust fund must be our goal. Confronting AIDS in Africa as well as the rest of the world is one of the most important international humanitarian battles we face today.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 8 o'clock and 25 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 2338

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DREIER) at 11 o'clock and 38 minutes p.m.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair, which will be approximately 7 a.m.

Accordingly (at 11 o'clock and 39 minutes p.m.), the House stood in recess subject to the call of the Chair, at approximately 7 a.m.