years ago, after the fall of Constantinople, Bishop Germanos of Patras raised the Greek flag at Agia Lavras, sparking a powerful revolution against the Ottoman oppressors.

Citing the values and priorities that led to the establishment of our own country here in the United States, the Greek commander chief, Petros Mavromichalis, once proclaimed that ''in imitating you, we shall imitate our ancestors and be thought worthy of them if we succeed in resembling you . . . it is for you, citizens of America, to crown this glory.''

Following the triumphs of 1821, Greece continued to prove itself as a loyal ally of the United States and an internationally recognized advocate of democracy. Greece is one of only three nations in the world beyond those of the former British Empire to be allied with the United States in every major international conflict of the 20th century.

From the trenches of World War I to the barren fields of Desert Storm, Greece remains faithful to the implementation and sustainment of democracy. Most recently in the Balkans, Greece has played a steady hand of democracy in the face of regional unrest and instability.

Mr. Speaker, we depend on Greece more than ever today. As conflict spreads in the neighboring former Yugoslav Republic of Macedonia, Greece's role as a stable democracy and key NATO ally becomes more important. All eyes now turn to young leaders in the Mediterranean like Greece's Foreign Minister Papandreou to advise us on the path of peace.

A path to peace. Would that we could have one in Cyprus, divided by a cold war barrier that is as ugly as it is outdated.

We look with hope at the new Bush administration and their role in bringing together the leaders from Ankara, Nicosia, Athens to find peace.

Greece is a special jewel of beauty in the Mediterranean from the ecology of Patmos to the vibrant Rembetiko of the Plaka.

I want to wish a hearty congratulations to the Greek people and pay special regards to one of the leading Greek-Americans of northern Illinois, State Senator Adeline Geo-Karis of Zion, who is one of our true leaders. I am sure she will correct all of my pronunciation in the Greek language.

We wish the Greek people well. To Greece, we say to a free and democratic ally: Cronia polla hellas.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. SCHROCK) is recognized for 5 minutes.

(Mr. SCHROCK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

AIDS PANDEMIC

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentlewoman from California (Ms. LEE) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. LEE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. LEE. Mr. Speaker, tonight I would like to begin by thanking Minority Leader GEPHARDT for allowing tonight's Special Orders to be held to increase the awareness of the AIDS pandemic which is reeking havoc on Africa, the Caribbean, and many other developing nations throughout the world. Africa, however, is the epicenter of this human tragedy.

I rise tonight to express my strong opposition to the lawsuit filed against the South African government by 39 pharmaceutical companies. In 1997, the South African government passed the Medicines Act which would allow the manufacturing and the importation of generic life-saving AIDS medicines. Through this lawsuit, however, the pharmaceuticals would all but halt those opportunities; and this is just downright wrong.

While this suit has been postponed at the request of the pharmaceutical companies, it is slated to be heard by the South African Justice Department in the near future. Should this lawsuit proceed, there is a dangerous potential for life-saving AIDS medicines to be pushed further out of reach for AIDS patients and communities throughout the world and for those who need them the most.

While some pharmaceutical companies have taken steps to lower the costs of these medications, and I applaud their initiatives, life-saving medications still remain far out of reach for millions of people living with AIDS. Ninety percent of the world's 36 million people with HIV face a death sentence, a death sentence because they cannot afford medication because they are poor and because they live in the developing world.

For example, in countries like Zimbabwe and Swaziland, the average life expectancy was 65 to 70 years of age. As a direct impact of AIDS, those rates have decreased to 30 to 35 years of age. This is staggering. In Zimbabwe, it is estimated that one-quarter of all Zimbabweans are infected with HIV. In Botswana, there is a 50 percent chance that teenage girls and boys will contract HIV if a sustained strategy to prevent new HIV infections is not instituted.

In wealthy countries, including the United States, people living with AIDS is treatable. In all of Africa, where more than 70 percent of HIV cases are concentrated and where more than 70 percent of AIDS deaths have already occurred, HIV-infected people face painful, painful death, with no hope of treatment because the essential AIDS medications are just too expensive. They want the drugs but cannot afford the prices set by drug companies.

We must not tolerate the current policy which dictates that life with a manageable illness is possible if one is wealthy or if one has money; however, death from AIDS is certain if one is poor.

The African AIDS crisis has spurred a tremendous public outcry for relief, and AIDS patients are demanding the right to live and demanding the basic human right to affordable treatment.

The South Africa Medicines Act provides the crucial legal clearance required for South Africa to obtain affordable life-extending generic HIV drugs. But the drug companies claim that the South African Medicines Act is criminal and unfairly robs them of their rights to unfettered patent monopoly. But I say that this lawsuit is criminal.

Everyone from international patent experts to the World Health Organization agrees that the South African Medicine Act is perfectly legally sound. While drug companies paralyze the Medicines Act in court, South Africans face preventable deaths.

According to UNAIDS, every day, 6,000, 6,000 more South Africans die from AIDS. The continent of Africa accounts for only 1.3 percent of the global pharmaceutical market in part because the average person lives on less than $300 per year. That is $300 per year, while the average AIDS treatment may cost as much as $15,000 per year.

The multinational pharmaceutical industry is not concerned with African profits. But the drug industry fears the growing awareness on the part of American taxpayers that pills cost pennies to manufacture. The drug industry also fears that the growing awareness that a large percentage of research and development costs are born by United States taxpayers, and the taxpayer-funded inventions are often licensed for a pittance to the world's most profitable industry.

The drug industry fears that this growing awareness will reduce the willingness of United States consumers and public programs to continue to pay the extraordinarily high prices in our own country.

While I call on the United States Congress to stand with the South African government and with people living with AIDS fighting this lawsuit, we must also redouble our efforts in ending this devastating crisis in South Africa, in the Caribbean, everywhere where drug company profiteering keeps essential drugs out of reach of the poor.

We must oppose the lawsuit in South Africa, instead offer concrete support to countries committed to curtailing the AIDS crisis through access to affordable treatment.

□ 1930

We need life-saving action, not litigation, not lawsuits.

HIV-infected persons have a basic right to vital medicines for prevention and treatment of AIDS and must have access to drugs for treatment of opportunistic infections. These are infections related to HIV and AIDS such as tuberculosis, pneumonia, shingles and to anti-retroviral agents.

In this debate, it is extremely important to recognize that access to HIV and AIDS medications is only one part of the solution to our devastating human tragedy in Africa and throughout the word. The United Nations' program on HIV and AIDS estimates that it will cost $3 billion to address HIV prevention in sub-Saharan Africa alone. That is $3 billion in 1 year only.

We need a comprehensive effort to address HIV and AIDS throughout the developing world. While we provide some support for HIV-AIDS education and prevention initiatives, we must increase development and infrastructure building, particularly as it relates to health care delivery systems and long-term health management strategies.

A severe lack of basic health and economic infrastructure does impede our ability to combat the HIV and AIDS crisis in Africa, the Caribbean and throughout the world. Building the bridge between public and private sectors and bringing foreign investors to the table is also central to our strategy in eradicating this disease. These are the crucial elements that are called for in the AIDS Marshall Plan.

Mr. Speaker, I would like to thank my predecessor, Congressman Ron Dellums, for his clarity on this issue and his vision in determining a comprehensive response, and for beating the drug in every village, in every community and on every continent.

This bridge must be built swiftly, otherwise our efforts will be for naught. The AIDS Marshall Plan and the World Bank AIDS trust fund provide a road map that leads to that bridge.

Finally, heavily affected HIV and AIDS countries must receive complete multilateral and bilateral debt cancellation this year so they can respond to this crisis effectively. AIDS is decimating the continent of Africa and leaving behind millions of orphans in its wake. By 2010, there will be more AIDS orphans in Africa than there are children in America's public schools. This is truly mind boggling.

We cannot sacrifice this generation of children on the altar of indifference. The AIDS epidemic has cut life expectancy by 25 years in some countries. It is a crisis of biblical proportions in Africa and puts the very survival of the continent at stake.

This is not only a humanitarian crisis, it is a looming economic, political and social catastrophe. It is a national security threat. We must continue to raise awareness about the global crisis and this deadly disease and escalate our efforts to find solutions. HIV-AIDS is not a Democratic or Republican issue. It is a disease that threatens the entire human family.

Mr. Speaker, this Congress must continue its bipartisan efforts as we began last year under the strong leadership of the gentleman from Iowa (Mr. LEACH) and my colleagues in the Black Caucus and the Congressional Progressive Caucus.

Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who chairs the Congressional Black Caucus' Health Brain Trust. She is a physician from the Virgin Islands, a region of our world where the epidemic is second in its hardest hit numbers in terms of infection rates.

Mrs. CHRISTENSEN. Mr. Speaker, this issue of the HIV and AIDS pandemic is one that needs to be on the forefront of our agenda every day. I want to use this time to publicly applaud my colleague, the gentlewoman from California (Ms. LEE), for reserving this hour to focus on this issue on the floor of the House, and for her hard work and all of the leadership she has given to the issue of international AIDS.

This Special Order is timely. On the one hand it is timely because of the unfortunate and misguided South Africa case, and on the other hand because of the recent commendable responses by several pharmaceutical companies to the pandemic and the need to make treatment accessible.

Because it does not get much focus, Mr. Speaker, let me use this opportunity to interject some information about my region, the Caribbean. Although many of my colleagues do not recognize it, one of the regions hardest hit by the epidemic is the Caribbean where the HIV infection rates are among the highest in the world, with an adult prevalence rate of 2.3 percent, second only to that of sub-Saharan Africa.

Official estimates show that as of December 2000, there were reported 390,000 persons living with HIV or AIDS in the Caribbean. However, because there are reporting barriers, the real number is estimated to be closer to 600,000. In the English-speaking Caribbean, AIDS is the leading cause of death among men between the ages of 15 and 44; 35 percent of HIV-positive adults are women. A child is either born HIV positive or is infected through breast milk every day in the English-speaking Caribbean.

In my own district in the U.S. Virgin Islands, there is a cumulative total of 380 persons living with AIDS reported since we began tracking HIV and AIDS. That seemingly small number becomes much larger when you put it against our small population of 110,000 people, bringing the Virgin Islands into the top 10 of U.S. States and territories in terms of incidence of AIDS.

Our neighbor, Puerto Rico, ranks among the top five in incidence of AIDS among U.S. States and territories. Major challenges exist in the fight against HIV and AIDS in the Caribbean, not unlike those in Africa and our communities of color here at home.

Yesterday I was visited by representatives of the Global Network of People living with AIDS, which is a network by and for people with HIV-AIDS in Africa, Asia Pacific, Latin America, Europe, North America and the Caribbean. With them were representatives of the Caribbean Regional Network of people living with AIDS.

I am always impressed by the commitment, despite severe odds, and the tireless work of these organizations, as well as others, and all of the work that they are doing to stem the tide of this terrible pandemic around the world. I applaud them, and with them I also applaud the many community, faith-based, and advocacy organizations that are on the front lines of the pandemic here in the United States where the epidemic in African American communities bears many resemblances to the global one.

It is on all of these shores that the battle must be fought; and the CBC will continue to be an integral part of it, because whether here or elsewhere, the persons affected are disproportionately people of African descent. And while prevention must be the bulwark of our efforts, we must do all that is possible to make treatment available to those infected regardless of where they live, how they live, and their or their government's ability to pay.

That is why we are here this evening, to call attention, one, to the need to continue the process begun last year with the passage of the Marshall Plan for Africa, and the creation of the trust fund. Now we must fully fund our share and encourage our international partners, both public and private, to contribute to create a trust fund that will be large enough to make a difference.

The provision of effective drugs must be a part of the equation. We hear too many reasons why folks say drugs do not have to be made readily available to the countries that are being devastated in sub-Saharan Africa. They tell us, well, the infrastructure is not in place. Some say there is no way to ensure that the drugs will reach those in need. Others complain that the magnitude of the epidemic is such that we will never be able to provide medicine in the volume needed. I cannot say strongly enough that these excuses are completely unacceptable and unsupportable, as is the lawsuit referred to by my colleague, the gentlewoman from California (Ms. LEE).

Our humanity demands we respond on all levels to reduce any barrier to life that this epidemic creates. In doing so we will also be able to address the other obstacles, treating other diseases, such as malaria, sleeping sickness, and the others that also take a mighty toll. Mr. Speaker, we must care about human lives lost. We must care about the effect of those losses on the ability of these countries to grow, to stabilize and to take their place on the

world's stage. If nothing else, we must care about the orphaned children to whom parental love and nurturing have been lost forever.

But more than care, we must do something about it. So I also applaud the companies that have stepped up the efforts to make life-saving drugs available, especially those who have recognized the need to allow some drugs to be provided in their generic form, as Bristol Myers Squibb has done in the one instance. This is the kind of example, Mr. Speaker, that we hope others will understand, accept the need for, and follow.

As one of the companies' spokespersons has been quoted as saying last week, this is not about profits. It should not be about profits. It is about poverty and devastating disease. The nature of this pandemic demands that business as usual and even profits be put aside and that every sector respond fully. If we can rise to the occasion demanded by this pandemic everywhere, including in our own communities of color here at home, not only will we bring this pandemic under control, we will significantly improve the health of people and communities beyond this one disease and far into the future.

Mr. Speaker, I thank the gentlewoman for yielding to me, and I yield back to her.

Ms. LEE. Mr. Speaker, I thank the gentlewoman for her statement and also for her major contributions in bringing her medical expertise and her commitment to the body politic here in the United States Congress.

Now, I would like to yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY), a real leader on consumer issues, on banking issues, and on women's health issues. She has been very focused in terms of her commitment to access to medicines and to treatment for those living with HIV and AIDS.

Ms. SCHAKOWSKY. Mr. Speaker, I am proud to join today with the gentlewoman from California and other distinguished Members who are concerned about the scourge of AIDS and HIV in sub-Saharan Africa and around the globe.

I am glad we decided to work on this issue from the outset of the 107th Congress. Much discussion but, even more, action needs to occur in the next 2 years if we are serious about combatting the spread of HIV-AIDS and if we want to aggressively work to provide relief to those who are already suffering from this terrible disease.

Those of us here tonight are familiar with the staggering statistics. However, I believe that at least some of them need to be repeated time and again until necessary results are achieved. Since the HIV-AIDS pandemic began, it has claimed 21.8 million lives. Over 17 million men, women and children have died due to AIDS in sub-Saharan Africa alone. Over 36 million people are infected with the HIV virus today. Over 25 million of them live in sub-Saharan Africa. By 2010, approximately 40 million children worldwide will have lost one or both of their parents to HIV-AIDS.

If there is anyone who thinks it does not affect them, let me just point out that one of the side effects of HIV-AIDS has been the development of drug-resistant TB, tuberculosis. One does not have to engage in IV drug use or unprotected sex to get drug-resistant TB. Just sit next to someone on an airplane who coughs on you, and then you have it. So all of us are at risk.

I find it unspeakably offensive that 39 pharmaceutical companies filed suit against South Africa in order to prevent that country from implementing aggressive strategies to make life-saving drugs available and affordable.

□ 1945

I would say that that lawsuit needs to be immediately dropped. As the world's leader, the United States must set the moral example for other nations to follow.

We have to think about this. We are facing a worldwide pandemic that has the potential of eclipsing all plagues of the past, all wars, can destabilize nations and continents and the world, and has been declared a security risk by the United Nations Security Council. The very idea that profits and patents and intellectual property rights would be placed up here while the health of the people of this planet is placed down here is unimaginable. This is a time in history that requires the people of the world to sit down at a table and together to develop the strategies that will end this threat.

I welcome the news that the Bush administration will honor the policies implemented by the Clinton administration on the subject of the access to drugs in developing countries, or at least in sub-Saharan Africa. However, I believe that there is more that can and must be done. President Bush should use existing authority to give the World Health Organization the right to use HIV/AIDS patents where the United States Government has rights to those inventions.

Great progress has been made in developing products to treat HIV and AIDS, and many of those products were developed with taxpayer funding. These publicly financed products should be accessible and affordable to consumers both in the United States and in other countries. Along with the gentleman from Illinois (Mr. JACKSON), the gentlewoman from California (Ms. WATERS) and the gentlewoman from California (Ms. LEE), I wrote to President Clinton on this subject last year and intend to raise this issue again with President Bush.

A recent Washington Post editorial stated, ''The administration should lead an international effort to clarify poor countries' right to fight emergencies with generic drugs, and it should declare its sympathy for the South African government in the pending case.'' The editorial went on to say that Robert Zoellick, the U.S. Trade Representative, should come out publicly and declare this administration's support for the Clinton administration's executive order on pharmaceuticals for sub-Saharan Africa.

The Congress and the administration need to work together to form a budget that includes increased HIV/AIDS funding for numerous programs. We also have a number of legislative initiatives that deserve action.

We need full funding for the World Bank AIDS Trust Fund legislation sponsored by the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH). With this bill, which is a public-private partnership dedicated to fighting HIV/AIDS and developing vaccines, we have the ability to leverage more than $1 billion in U.S. contributions. This bill was authorized for 2 years and funded for this year, and we need to make sure it is included in our appropriations priorities this year.

I want to thank the gentlewoman from California (Ms. WATERS) for her work and for reintroducing the HIV/AIDS Medicines for Poor Countries Act, of which I am an original cosponsor, and which would make it illegal for the United States Government to use the TRIPS agreement, the World Trade Organization agreement, to challenge another country's efforts to make HIV/AIDS drugs available at lower prices. The bill would also prohibit any agency of the U.S. Government from using Federal funds to seek to revoke any law or policy of a developing country that promotes access to HIV/AIDS medicines. Finally, the bill would require the U.S. to urge the World Trade Organization to exempt developing countries from the application of provisions of the TRIPS agreement that restrict their ability to make HIV/AIDS medicines available to their populations at affordable prices.

The Congress, President Bush and his Trade Representative have a responsibility to South Africa and to the rest of the world. It should be the policy of this administration and this Congress to denounce efforts that limit access to lifesaving drugs and to attack the AIDS crisis to the fullest extent. Anything less would be unconscionable.

Ms. LEE. I thank the gentlewoman from Illinois for a very clear, very passionate statement and for her consistent work on behalf of all humanity.

Mr. Speaker, I yield to the gentlewoman from California (Ms. WATERS), a sponsor of the Affordable HIV/AIDS Medicines for Poor Countries Act. I also want to make sure that we recognize her tonight for actually leading the Congressional Black Caucus' effort in our initiatives on the whole HIV/AIDS pandemic on a global basis, a strong supporter of the AIDS Marshall Plan, and a leader in our debt relief efforts.

Ms. WATERS. Mr. Speaker, I would like to thank the gentlewoman from

California (Ms. LEE) for organizing this effort tonight to address this critical issue of the global HIV/AIDS pandemic. I would like to also thank all of my colleagues who have extended their day to be here this evening to help draw additional attention to this issue.

The HIV/AIDS pandemic is having a severe impact on many developing countries, especially those in sub-Saharan Africa. Approximately 17 million Africans have died of AIDS, including 2.4 million who lost their lives in the year 2000 and an estimated 25 million people in sub-Saharan Africa are living with HIV. In South Africa alone, over 4 million people are living with HIV. That is almost 10 percent of the country's population.

In 1997, the South African government passed a law to make HIV/AIDS drugs more affordable and available for its people. This law allows the importation of commercial drugs from sources other than the manufacturers, a practice called parallel importing, and authorizes the South African government to license local companies to manufacture generic drugs, a practice called compulsory licensing.

International pharmaceutical companies opposed this law, and no less than 39 pharmaceutical companies sued the South African government to block its implementation. Hearings on this lawsuit are scheduled to resume in April. Two of the largest companies participating in the lawsuit, Merck and Bristol-Myers Squibb, have recently cut the prices they charge African countries for their AIDS drugs, but their prices remain well beyond the reach of the people of South Africa.

I urge all 39 pharmaceutical companies to drop this case before the trial resumes next month. It is absolutely unconscionable that some of the world's wealthiest corporations are trying to prevent an African country from manufacturing or purchasing lifesaving medicines. These are the very same corporations that have steadfastly refused to make HIV/AIDS medicines available to impoverished people in sub-Saharan Africa at reasonable prices. It is time to let African countries take care of their people.

The Agreement on Trade-Related Aspects of Intellectual Property Rights, known as TRIPS, is one of the international agreements enforced by the World Trade Organization, commonly referred to as WTO. The TRIPS agreement allows pharmaceutical companies to use their patents to prevent poor countries from producing and distributing affordable HIV/AIDS medicines. As a result of the TRIPS agreement and pressure from the pharmaceutical companies, many people in developing countries have been denied lifesaving HIV/AIDS medicines because they simply cannot afford to pay the prices these companies demand.

On March 7, 2001, I introduced H.R. 933, the Affordable HIV/AIDS Medicines for Poor Countries Act. This bill would allow developing countries faced with an HIV/AIDS crisis to enact legislation to expand the availability and affordability of HIV/AIDS medicines without worrying about whether the U.S. Government, the WTO or the multinational pharmaceutical companies will challenge their laws. This bill has over 35 cosponsors; and, of course, I urge all of my colleagues to join me and support H.R. 933.

It would be indefensible for the WTO, which is dominated by the world's richest multinational companies, to deny poor people in the world's poorest countries simple life-prolonging medicines. It would also be indefensible for the United States to support pharmaceutical companies' efforts to prevent poor countries from making AIDS medicines available to their people.

Mr. Speaker, I would like to close by saying, many of us spent a considerable amount of our time working to dismantle apartheid in South Africa. Many of us were involved at the State level in tremendous divestment of our pension funds from companies that were doing business in South Africa. Some of my colleagues who were here in Congress, I think, led by Congressman Ron Dellums, produced the sanctions bill on South Africa and basically helped to draw attention to what was going on there around the world. We were leaders and we helped to galvanize the world community on the atrocities of South Africa.

Mr. Speaker, we did not do that work to simply stand by and watch all of these people who suffered for so many years, who fought and died for the right just to live in their country, who fought and died for the right to vote, who fought and died to release political prisoners from prison, we did not do all of that work, joining with this world effort, to stand by and watch 39 pharmaceutical companies try and enforce their intellectual property right and then, after they are confronted by the world activist community, say, ''Okay, we're going to reduce the price of drugs, but the court case remains open.''

Mr. Speaker, we will once again join hands around the world, and just as we fought and we won on the issue of apartheid in South Africa, just as we fought for the release of Nelson Mandela and all of the political prisoners, just as we fought for the right for the ANC to determine the direction of the people of South Africa, we will fight to make sure that people in South Africa and other parts of sub-Saharan Africa and people in other developing nations are not denied the right to simply live because pharmaceutical companies, protecting their intellectual property rights, their patent rights, will not allow them to have access to the medicines they need to live.

I would like to send a signal and a warning to the pharmaceuticals: You cannot get away with tokenism, knowing it is not enough to reduce the price of drugs when still the price that you have reduced it to is not low enough. They still cannot afford it. We want you to get out of the way.

We have seen what can be done in India. We have seen what can be done in Brazil. We are watching them as they deal with HIV/AIDS, as they put together wonderful programs to provide their people with the medicine that they need, reducing the caseloads, helping to prevent HIV and AIDS. We see what can be done if people have access to the basic medicines that they need.

So we will engage one more time in the same kind of battle that we engaged in to get rid of apartheid on this issue. We do not care how powerful the pharmaceuticals are. We do not care how many campaign contributions have been made. We do not care what claims they have with the WTO. We will fight, and we will win. We will win because this is an issue of life and death and morality. This is an issue where the people will not be denied.

So, Mr. Speaker, I close this evening by saying once again, I thank the gentlewoman from California (Ms. LEE) and all my colleagues who have decided that they are going to take time in their legislative priorities and put this at the top of their priorities. They are doing this, we are doing this, because we believe in the right for human beings to live when we know we have the medicines and the assistance and the resources to help them live rather than die. It is a fight and a struggle we do not wish to be engaged in if we did not have to be. But I think, based on what we have seen, we have been left with no choice; and we will engage in that struggle.

□ 2000

Ms. LEE. I would like to thank the gentlewoman for that very eloquent statement, and also for putting this in a historical context for us and reminding us that we have waged war before on a very ruthless system, and we won, and it is important that we do keep hope alive, because we will win this battle also.

Mr. Speaker, let me now yield to the gentleman from Chicago, Illinois (Mr. DAVIS), an individual whose life has been committed to social, economic and political justice. He is an individual who constantly speaks the truth on behalf of a variety of issues here in Congress.

Mr. DAVIS of Illinois. I thank the gentlewoman very much. I want to thank the gentlewoman from California (Ms. LEE) not only for yielding but certainly for organizing this special order and for the tremendous work she has done on behalf of all people who are seeking truth and justice, not only in South Africa but throughout the world.

Mr. Speaker, I rise to join in this discussion with my colleagues, a discussion concerning an epidemic that is negatively impacting the lives of millions of people throughout the world.

Across the Atlantic, millions of Africans are battling with an epidemic that

has ravaged the human capital infrastructure, leaving homes and communities barren. The dreams and hopes of millions of people have been deferred as men, women and children engage in a losing battle with the silent but powerful enemy that is sweeping and dismantling Africa at an alarming rate.

It is without question that the HIV–AIDS crisis has rocked Africa. And, yes, I cringe when I hear that 36 million people are infected with the HIV virus today, while 25 million people live in Sub-Saharan Africa alone.

This deleterious enemy has no compassion and strikes without prejudice. HIV–AIDS will have a devastating impact on the fruit of Africa's future, the children. It is estimated that by the year 2010, 35 million children will be infected with HIV–AIDS. Moreover, in the same year approximately 40 million children will have lost one or both of their parents to HIV–AIDS.

I hasten to mention several socioeconomic problems linked to the spread of HIV–AIDS. Millions of children will be left orphaned; industry will suffer due to the decline of a healthy workforce; we will see the sharp decrease of young adult and middle age populations, which will reduce consumption and halt local economies; we will see the fiscal ruin of poor countries attempting to bear the exorbitant health service delivery costs. Furthermore, communities and homes will be left divided due to the destruction and devastation caused by HIV–AIDS.

In North America and in other countries of wealth, HIV–AIDS is being somewhat controlled. Through collaboration, the road for a brighter tomorrow is chartered. Because we place a priority in stopping this disease in more wealthy countries, citizens have benefitted directly from innovative research and best practices. They have better access to affordable medication, and their quality of life has been greatly enhanced.

Yet this is not the case for Africa. In all of Africa, where more than 80 percent of HIV cases are concentrated and where more than 70 percent of AIDS deaths have already occurred, HIV-infected people face painful death with no hope of treatment because critical AIDS medications are too expensive.

We must unite and work on a solution that provides affordable treatment and needed drugs to treat every African man, woman and child.

The huge discrepancy in the delivery of health services in rich and poor countries begs the question, are we truly serious about assisting our brothers and sisters in Africa? If we are serious about finding solutions to this epidemic, then I charge us to commit ourselves to fighting for the humanity of our African brothers and sisters, at whatever the cost. We must provide life-saving drugs at reasonable cost. We must support funding for innovative research in finding a cure. We must support the regulation of affordable drugs for all Africans infected by this deadly disease. We must support the development of a comprehensive HIV–AIDS policy for Africa.

As a civil society, we ourselves must unite to confront this dilemma head on, to defeat this plague which has us anxious and on the run. It is time for us to stop running and begin to act. That time is now.

I want to thank the gentlewoman from California (Ms. LEE) again for not only yielding but for providing this opportunity to discuss such an important issue.

Ms. LEE. Mr. Speaker, I thank the gentleman from Illinois for his very powerful statement, and also for providing a road map in terms of what we need to do.

Mr. Speaker, I yield to the gentlewoman from North Carolina (Mrs. CLAYTON), who has been a leader and is a leader on a variety of issues here in this Congress and at home in North Carolina. Specifically, she is working very diligently on the HIV–AIDS crisis in rural communities, and she always reminds us that rural communities have the same types of diseases and same types of disparities that urban communities have to deal with, and oftentimes in greater numbers.

(Mrs. CLAYTON asked and was given permission to revise and extend her remarks.)

Mrs. CLAYTON. Mr. Speaker, I want to thank the gentlewoman from California (Ms. LEE), who not only has organized this special order to allow us to express our concern and passion and outrage that we are putting profit over saving lives, but for her tireless and continuous leadership in this area. I am looking forward to the gentlewoman showing us how to make sure we do things in rural America as well.

The gentlewoman has asked us to concentrate on the whole issue of the AIDS epidemic in Africa. The AIDS epidemic has devastated many countries in Africa, leaving few men, women and children untouched. Sub-Saharan Africa has been far more severely affected by AIDS than any other part of the world. In 16 countries, all, all in Sub-Saharan Africa, more than one in 10 adults is affected by the HIV virus. That is one out of 10.

According to a joint report issued by the Joint United Nations Report on HIV and AIDS, one-half, in fact maybe more than one-half, of all children, 15-year-olds, will either die from AIDS or be affected by it. We cannot accept that as normal.

I want to quote from a recent article in the paper that says this:

> The question of how to provide affordable AIDS medicine to impoverished people is plaguing governments throughout sub-Saharan Africa, where 25.3 million of 36.1 million people with HIV live, according to United Nations estimates. In neighboring Botswana, where 36 percent of adults are infected with the HIV virus, which causes AIDS, the government announced today it hoped to provide antiretroviral medication by the year's end to all who need it.

However, Botswana does not know how they will afford it.

> Botswana has the highest rate of HIV infection in the world, but the country's entire population of 1.6 million is less than the number of HIV patients here.

Their entire population. We need to understand that this is not insignificant. This is a very, very serious problem.

Secretary Colin Powell has indicated that AIDS is a national security problem and an economic problem. I hope this remains a concern of the administration. But, more than that, I hope this translates into real, meaningful policy action that will make a difference in treating those in Africa.

Given the loss of lives that AIDS has caused, the devastation of entire communities and the long-term impact of economic growth, we must step up our effort to fight this devastating disease. With children dying at the age of 15 and with a life expectancy of no more than 45 years for a child born in many of these countries, what should be done should never be a question of other than to save lives. The moral right to save lives outweighs any profit consideration. Saving lives is far more important than protecting the profit rights of the individual companies. We need to accelerate the efforts to increase AIDS awareness in all of these countries as well, particularly in Africa and particularly in rural Africa as well.

In a recent Washington Post story, it was said that information came to a local community some 20 years after the epidemic started, and that information could have saved hundreds and thousands of lives. To demonstrate how slowly information moved, that same article said that it took 3 years for critical information to move from a devastated health center just 3 miles down a paved road. By then, 30 percent of the entire town's population was suffering from HIV, and they need not have had that happen. We have to work to ensure that stories like this are no longer the norm.

Everyone, including governments in Africa, the United States and other governments around the world, must assist in this effort. More support should be given to volunteer counseling, testing and treatment. These programs enable African men and women, not only in terms of prevention but also to learn of their HIV status.

In the United States, people have lived much longer and in improved health with HIV because we indeed have had drug treatment that has increased the quality of life. These drug treatments, however, are too costly and not accessible for most people living in Africa. Until we find a cure, this treatment must be made not only for those of us who live in a developed country but those who live in Africa as well.

Treatment can prolong life, it can add to the quality of life, and, significantly, it can improve the family's opportunity to participate in that. In fact, AIDS-related mortality in this country has fallen by 75 percent because, in the last 3 years, because we

have had added to the treatment, so the mortality of AIDS has decreased.

But that is not the case in Africa. In just a 3-year period there are news articles indicating it is growing faster. In fact, children are being orphaned at an increased rate. Many of these orphan children will end up dying because they, too, are infected by AIDS, of which their parents have died. This is unacceptable to society in the 21st century. It is unacceptable morally. We cannot accept this as being a civil society.

There is a treatment called HAART which is highly effective. This therapy has indeed been found by a Congressional Research Service Report to save victims of AIDS. We should indeed make that available.

The President and Congress must keep this issue on the top of the agenda and find assistance, but, most importantly, the pharmaceutical companies must be urged to provide needed drugs to Africa at a substantially reduced rate. We indeed celebrate and applaud those who have reduced rates. But that is not enough. Drug companies, particularly pharmaceutical companies with these treatments, are compelled to act morally now, not later. Indeed, it is not the moral thing to enter into a lawsuit to protect your property rights while individuals are dying. Indeed, we call on these companies indeed to drop that lawsuit.

The responsibility for treating and hopefully ending the AIDS epidemic is on the shoulders of us all. It is also on the shoulders of the people in Africa, and we ask that they recognize, all of the governments, that they indeed have a problem.

Again, Mr. Speaker, I am delighted that the gentlewoman has allowed us to speak on this issue.

Let me just say that Africa is indeed suffering from the scourge of this, but I would be remiss in not saying that where the rest of the Nation indeed is getting hold of this problem and indeed moving in the right direction, that five States, including my State, North Carolina, as well as South Carolina, Georgia, Mississippi and Alabama, are indeed going in the wrong direction.

□ 2015

These are 5 States that are exceeding the States in other areas. Indeed, poor areas in North Carolina are increasing in the incidence of tuberculosis, as well as AIDS. So I want to work in my State on these emergencies, and I want to urge our citizens and our pharmaceutical companies to respond to the well-documented urgency of millions of people who are dying daily from the scourge of this disease in Africa.

Mr. Speaker, I thank the gentlewoman for allowing me to participate.

HIV AND AIDS STATISTICS, NOVEMBER 2000

	GLOBAL [1]
People newly infected with HIV/AIDS in 1999	5.4 million
Adults	4.7 million
Women	2.3 million
Children younger than 15	620,000
Number of people living with HIV/AIDS	34.3 million
Adults	33.0 million
Women	15.7 million
Children younger than 15	1.3 million
AIDS deaths in 1999:	2.8 million
Adults	2.3 million
Women	1.2 million
Children younger than 15	500,000
Total number of AIDS deaths since the beginning of the epidemic.	18.8 million
Adults	15.0 million
Women	7.7 million
Children younger than 15	3.8 million
	USA [2]
Reported total AIDS cases in the U.S. through 1999	733,374
By gender:	
Male	(82%)
Female	(18%)
By race/ethnicity:	
Children younger than 13	(1%)
Whites	(43%)
Blacks	(37%)
Latino/a	(18%)
Asian/Pacific Islander	(<1%)
By method of exposure:	
Men who have sex with men	(47%)
Injection drug users	(25%)
Heterosexual exposure	(10%)
Blood or blood product infection	(2%)
Reported total AIDS deaths in the U.S. through 1999	430,441

[1] Sources: UNAIDS HIV/AIDS Report on the Global HIV/AIDS Epidemic—June 2000.

[2] Sources: CDC ''HIV/AIDS Surveillance Report'' Vol. 11, No. 2; National Vital Statistics Reports, Vol. 48 No. 11, July 24, 2000.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman from North Carolina for her very comprehensive statement and for reminding us that this is a global pandemic. We did declare in Alameda County a state of emergency as it relates to the HIV/AIDS pandemic in our own area in Northern California. I also thank the gentlewoman for reminding the administration of their commitment to address this as a priority.

Mr. Speaker, I now yield to the gentlewoman from Texas (Ms. JACKSON-LEE), who serves on the Committee on the Judiciary. I have had the privilege to benefit from her insights in our travels to Africa, looking at the devastation caused by this pandemic as it relates to orphans and children, also as it relates to women and economic development in Nigeria.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentlewoman for her leadership and the opportunity to join her on this important Special Order that is seeking to put, again, on the national horizon the question of HIV/AIDS and its international impact. Let me thank the gentlewoman very much for her leadership on the Marshall Plan of the 106th Congress; and of course, we want to see it funded again this year.

I do not know if we realize the deep sphere, the piercing of the heart of what HIV/AIDS has done internationally. In our travels in visiting South Africa, we came upon an area in Soweto where, as we entered the area, we were told of a woman who had just been stoned to death because of her willingness to stand up and admit that she was HIV infected. These are the kinds of cultural differences that bar information from getting to large segments of the population in Africa.

Although I would say that I am gratified by the progress that has been made, it is clearly a necessity that we speak about this issue today and that we encourage and work with and make a strong request to the Congress and to the White House to put this as one of its number one priorities.

Let me also emphasize that this weekend I was able to participate in a community partners conference on HIV/AIDS in the 18th Congressional District in Houston. Over 500 people were present there who obviously were concerned about domestic AIDS, a variety of minority groups from all over the country who have helped sponsor this particular conference; and they too were as concerned about the international impact as they were concerned about the national impact.

As my colleague well knows, we were together at the United Nations when Vice President Gore spoke to this issue, with the support of Kofi Annan and the former United States ambassador to the U.N. It was clear that the members of the Security Council were recognizing that this is a devastating plague. So I believe that it is of necessity that we acknowledge it, we acknowledge the fact that HIV/AIDS has been declared the world's deadliest disease by the World Health Organization. It is expected to grow in intensity in India, Southeast Asia, and in China.

Mr. Speaker, HIV/AIDS has become a plague on the continent of Africa of biblical proportions by claiming over 18 million lives in recent decades. This crisis is having a direct impact on the future viability of many sub-Saharan countries. For this reason, I am delighted this evening to again emphasize the importance of how we can bring about a cure or bring about a diminishing of this terrible impact.

We need additional funding for medication to be made available to the millions of poor around the world, to fight the growing death toll attributable to HIV/AIDS. 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, and by the end of 1999 there were an estimated 23.3 million people in sub-Saharan Africa living with HIV/AIDS. That is 70 percent of the total HIV-infected people worldwide.

In sub-Saharan Africa there are over 5,000 AIDS-related funerals per day. That is why when we passed the African Growth and Opportunity Act, a trade bill and, of course, many went to the floor of the House and said, what relevance does a trade bill have to do with Africa now, when, in fact, they are dying of HIV/AIDS. But it was important, and I offered amendments, to focus the corporate community on providing resources. I am sorry to say that we are not yet there with enough resources to help in the devastating pandemic that is going on and the resources needed to provide the medication.

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 caseload and eventual death toll in the tens of millions by 2000. Yet, we did not act. And now is the time that we must establish the fact of a crisis not only of mind and action, but of heart.

Less than 20 years after doctors first described the symptoms, HIV has infected 53 million people. So far, 19 million have died, roughly the population along the Amtrak route from New York to Washington, D.C. We have pharmaceutical companies who have offered to provide charitable dollars to help; but I believe we need important action, and that is why I am a cosponsor of the Affordable HIV/AIDS Medicines for Poor Countries Act of 2001. It is important that pharmaceuticals begin in a massive way to allow generic drugs to go into sub-Saharan Africa to be able to confront this problem. It is only a matter of funding, and we need the administration and its White House Office on AIDS policy to begin to develop this kind of strategy and work with the pharmaceuticals to now go to the next step and be able to develop these generic drugs.

The administration and Congress can work together, along with the Congressional Black Caucus and many other caucuses that are concerned about this issue. This effort should be led by drug manufacturers and the Congress. It should be 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. It is estimated 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 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. We can do this. The treatment of HIV/AIDS involves three drugs that, taken in combination, can prolong the life of an AIDS patient significantly, the cocktail. In the United States we have seen a 75 percent decline in the amount of mortality in the last 3 years.

The therapies which use various combinations of anti-viral drugs emerged in Western countries 5 years ago, transforming 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. We have a crisis, Mr. Speaker, and we can do something about it. Of the estimated 36 million people living with HIV, more than 25 million are in sub-Saharan Africa.

Nearly 42 million of South Africa's 45 million people are infected with the virus, more than any other country. What I would say, Mr. Speaker, is that the UNAID update report released last week on HIV/AIDS infection rates reports that in many countries, up to 35 percent of all adults are infected with the disease. The report also estimates that half of today's teenage population in parts of Africa will perish from HIV/AIDS, and the most vulnerable group are women in Africa. Fifty-five percent of all adults living with HIV are women. I believe we can do something about this, and I thank the gentlewoman from California (Ms. LEE) and her visit to the South African conference in Durban, South Africa, in bringing back the information.

This is a time now for us to be concerned about our babies, the babies of the world, the babies in sub-Saharan Africa, the women of the world, the men of the world, families of the world. It is time now that we stand and join in with the World Health Organization, this administration, the Congress, many of our progressive caucuses, including the Congressional Black Caucus, Mr. Speaker, and provide a resolution and a solution to the devastation and death.

Mr. Speaker, I rise to join my democratic colleague, Representative BARBARA LEE from California, in expressing our concerns regarding the ravages of HIV/AIDS on the continent of Africa. For this reason I am in favor of any effort by this body to increase access to HIV/AIDS treatment and education throughout the developing 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 18 million lives in recent decades. Unlike the black death in 14th century Europe, which took half as many lives, the means of controlling AIDS were known.

This crisis is having a direct impact on the future viability of many sub-Saharan African communities. For this reason, I am joining Congresswoman LEE of California in support of 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.

The impact of the HIV/AIDS epidemic on sub-Saharan Africa has been especially severe. Since the beginning of the epidemic, over 80% of all AIDS deaths have occurred in sub-Saharan Africa. By the end of 1999, there were an estimated 23.3 million people in sub-Saharan Africa living with HIV/AIDS. That is 70% of the total number of HIV-infected people worldwide. In sub-Saharan Africa, there are over five thousand AIDS-related funerals per day.

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 caseload, and eventual death toll, in the tens of millions by 2000.

Less than 20 years after doctors first described its symptoms; HIV has infected 53 million people. So far, 19 million have died, roughly the population along the Amtrak route from New York to Washington, DC.

Recently a drug company announced an initiative to offer a limit of $100 million in charitable contributions of medicines to fight AIDS in Africa.

I would offer that the drug manufactures and the Congressional Black Caucus should be on the same side in this effort. It is only a matter of funding, which this Administration could take the lead in gathering from the global community of wealthier nations. This effort should be lead by drug manufactures and the Congress as a top priority. We could see an end to unnecessary deaths and sufferings 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 cost were reduced to only $1,000 a year it would still be far too expensive for Third World countries.

Drug therapies that have 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.

The treatment of HIV/AIDS involves three drugs that taken in combination can prolong the life of an AIDS patient significantly.

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 emerged in Western countries five years ago, transforming 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 other should be ashamed at this condition.

Now we are faced with a situation where the world's largest drug companies have begun a court challenge of South Africa's efforts to buy cheap, generic substitutes for patented AIDS medicines.

Of the estimate d36 million people living with HIV more than 25 million are in sub-Saharan Africa. Nearly 4.2 million of South Africa's 45 million people are infected with the virus, more than in any other country.

According to the UNAIDS Update report released last week on HIV/AIDS infection rates in many countries up to 35% of all adults are infected with the disease. 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 is the women of Africa; their infection rate is far greater than males. About fifty-five 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 or any disease is, misinformation, cultural practices, passivity on the part of leaders, neglect on the part of those nations with resources that if engaged would make a difference in the fight to win out over the disease.

I would like to commend Congresswoman LEE for her efforts to offer a clear perspective on the HIV/AIDS epidemic in Africa. She recently returned from Durban, South Africa, after participating in AIDS 2000, which was the 13th International AIDS conference.

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 seriously reconsider the level of funding that has been appropriated for this critical area.

Many people have asked why this is important to the United States. I reiterate that aside from the humanitarian perspective, the CIA has issued a report that declares HIV/AIDS 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 powers 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 nation's that decline into civil strife because of the ravages of HIV/AIDS. HIV/AIDS like any plague cannot be contained in any specific geographical area it will roll across borders of the rich and poor nations alike. Unfortunately, when this dreaded disease came to our shores many felt that it was a calamity for gay people, drug users 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 34.5 million children and adults in Africa 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.

Ms. LEE. Mr. Speaker, I want to thank my colleague from Texas for taking time out of her very busy schedule and making a major contribution to this Special Order tonight.

In closing, Mr. Speaker, let me just say, I think we have heard tonight from many of my colleagues who are indicating that they believe, as I do, that this lawsuit should be dropped and it should be dropped immediately. We have made some progress in the fight against this pandemic, but we certainly do not need any more obstacles to making sure that people begin to receive medication so that they can live.

I thank my colleagues, once again, for joining us this evening.

Ms. MILLENDER-McDONALD. Mr. Speaker, 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. 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 the eight million children orphaned by AIDS last year were in Africa. What can any of us do?

New and inexpensive drug treatments that help prevent mother-to-child transmission need to be employed in Africa. Governments, corporations and non-governmental organizations must coordinate strengths and cooperate in addressing major problem areas, including the critical absence of adequate infrastructure throughout the continent. Local capacity must be developed through education of the masses, and scientific knowledge needs to be improved.

I call upon the Administration to include $150 million in its FY2002 budget for the World Bank AIDS Trust Fund. This landmark public/private partnership, authorized 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. 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 finding a cure seems far into the future, we cannot afford to give up. I will continue to devote my time and energy to finding solutions to the myriad difficulties surrounding the treatment and fight against AIDS.

Ms. PELOSI. Mr. Speaker, I commend Congresswoman BARBARA LEE for organizing today's Special Order and for her leadership in the fight against the global AIDS pandemic. Rep. LEE's work was instrumental in the establishment and funding of the World Bank Trust Fund. With her unrelenting advocacy, over the course of the past year, the world has finally, albeit belatedly, started taking notice of the global AIDS pandemic and the havoc it is creating in the developing world. I join her today in calling for a stronger U.S., international, and multilateral commitment to combat global HIV/AIDS, which is the world's most deadly infectious disease ever.

The social, economic, security and human costs of this crisis are devastating entire nations. Increased funding for global AIDS programs must be provided as part of a renewed commitment to a comprehensive and adequately funded development assistance strategy addressing the new challenges facing the developing world as a result of HIV/AIDS.

The United States must take the lead. Our investment in the fight against the global AIDS pandemic not only has a direct impact, but it also leverages significant funds from other countries and multilateral institutions. Non-governmental organizations working to fight global AIDS believe that the U.S. funding for global AIDS programs should be doubled this year, to a total across all U.S. agencies and programs of $464.5 million. Just to put this number in perspective, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that $3 billion is needed annually for Africa alone to provide minimal care, anti-viral drugs, and HIV prevention. Estimates of costs for an effective response to the epidemic worldwide start at $7 billion annually.

In FY 2001, Congress and the Administration significantly expanded funding for global HIV/AIDS efforts with the LIFE (Leadership and Investment in Fighting an Epidemic) initiative. The Foreign Operations Appropriations Subcommittee, on which I have served as the Ranking Democrat, succeeded in our effort to dramatically increase funding for global AIDS at the United States Agency for International Development. Programs which last year received $190 million for international prevention, care, and education efforts, including programs to prevent mother-to-child transmission and address the needs of the growing population of AIDS orphans, will receive $315 million in the current fiscal year.

So much more needs to be done.

Comprehensive prevention efforts have turned around HIV epidemics in Uganda and Thailand, and averted an epidemic in Senegal. We know that prevention and education programs work. The United States must now demonstrate leadership in providing needed funding so that effective programs can be expanded and replicated.

We must also invest in the efforts to develop a vaccine. Vaccines are our best hope to bring this epidemic under control, and we must do all we can to facilitate cooperation between the public and private sectors in order to bring together the necessary resources and expertise.

Unfortunately, these challenges are only the beginning. India already has more infected people than any other nation, over 3.5 million. Experts are predicting that without significant efforts to treat those with HIV and prevent new infections the number of people living with HIV/AIDS in India could surpass the combined number of cases in all African countries within two decades. Asia already accounts for one out of every four infections worldwide. The Newly Independent States in the former Soviet Union are also seeing significant increases in their HIV infection rates. There has been a six-fold increase in the number of HIV infections in Eastern Europe and Central Asia in the last four years.

Developing nations will be unable to turn the tide on this epidemic if even the most basic health care is unavailable or out of reach for most of their citizens. Yet despite such scarcity, community-based organizations in villages are doing much with little. People must be educated about HIV and how to prevent its spread. Increased testing and counseling opportunities are desperately needed. Basic care and treatment that can be delivered in homes or makeshift clinics is essential. And the need for support for the growing number of children orphaned by AIDS looms large.

Access to affordable drugs is a critical piece of the fight against global AIDS in the developing world. In January, I joined with 28 Members of Congress in writing President Bush urging this Administration to continue the Clinton Administration's Executive Order promoting Access to HIV/AIDS Pharmaceuticals and Medical Technologies. We must take every possible action to ensure that people with HIV/AIDS around the world have access to life-saving drugs.

The fight ahead of us against the global AIDS pandemic is a long one. We have no choice but to engage in the fight and to prevail. I look forward to working with Congresswoman LEE and others here and in the NGO community to promote U.S. leadership in the fight against global AIDS.

Ms. SCHAKOWSKY. Mr. Speaker, I am proud to join today with the gentlewoman from California (Ms. LEE) and other distinguished members who are concerned about the scourge of HIV and AIDS in sub-Saharan Africa and around the globe. I am glad we have decided to work on this issue from the outset of the 107th Congress. There is a lot of discussion and even more action that needs to occur in the next two years if we are serious about combating the spread of HIV/AIDS and if we want to aggressively work to provide relief to those who are already suffering from this terrible disease.

Those of us here tonight are familiar with the staggering statistics. However, I believe that at least some of them need to be repeated time and again until necessary results are achieved.

Since the HIV/AIDS pandemic began, it has claimed 21,800,000 lives.

Over 17,000,000 men, women, and children, have died due to AIDS in sub-Saharan Africa alone.

Over 36,000,000 people are infected with the HIV virus today. Over 25,000,000 live in sub-Saharan Africa.

By 2010, approximately 40,000,000 children worldwide will have lost one or both of their parents to HIV/AIDS.

One does not have to look far to come across scores of figures like those I just mentioned. And, as daunting a picture as the numbers paint for us, there are in fact many things that can be done right now to advance the struggle to prevent others from being infected and to help extend the lives of those who are already suffering.

The numerous drug companies that have filed suit against South Africa in order to prevent that country from implementing aggressive strategies to make life-saving drugs available and affordable immediately should be dropped. I am appalled by the drug industry's thirst for profit and willful neglect of the AIDS pandemic in Africa. These companies have to stop putting profits before people. And, as the world's leader, the United States must set the moral example for other nation's to follow.

I welcome news that the Bush Administration will honor the policies implemented by the Clinton Administration on this subject. However, I believe that there is more that can and must be done. President Bush should use existing authority to give the World Health Organization (WHO) the right to use HIV/AIDS patents where the United States government has rights to those inventions. Great progress has been made in developing products to treat HIV and AIDS, and many of those products were developed with taxpayer funding. These publicly-financed products should be accessible and affordable to consumers both in the United States and in other countries. Along with Representatives JACKSON, WATERS, and LEE, I wrote to President Clinton on this subject last year and intend to raise this issue again with President Bush.

A recent Washington Post editorial stated,

> The Administration should lead an international effort to clarify poor countries' right to fight emergencies with generic drugs, and it should declare its sympathy for the South African government in the pending case.

The editorial went on to say that Robert Zoellick, the U.S. Trade Representative should come out publicly and declare this Administration's support for the Clinton Administration's Executive Order on pharmaceuticals for sub-Saharan Africa.

The Congress and the Administration need to work together to form a budget that includes increased HIV/AIDS funding for numerous programs. We also have a number of legislative initiatives that deserve action.

We need full funding for the World Bank AIDS Trust Fund—legislation sponsored by Congresswoman LEE and Congressman LEACH. With this bill, which is a public private partnership dedicated to fighting HIV/AIDS and developing vaccines, we have the ability to leverage more than a $1 billion U.S. contribution. This bill was authorized for two years and funded for this year and we need to make sure it is included in our appropriations priorities this year.

I want to thank Congresswoman WATERS for her work and for reintroducing the HIV/AIDS Medicines for Poor Countries Act, which I am an original cosponsor of, and which would make it illegal for the U.S. government to use the TRIPS agreement to challenge another countries efforts to make HIV/AIDS drugs available at lower prices. The bill would also prohibit any agency of the U.S. government from using federal bills to seek to revoke any law or policy of a developing country that promotes access to HIV/AIDS medicines. Finally, the bill would require the U.S. to urge the World Trade Organization (WTO) to exempt developing countries from the application of provisions of the TRIPS agreement that restrict their ability to make HIV/AIDS medicines available to their populations at affordable prices.

The Congress, President Bush, and his Trade Representative have a responsibility to South Africa and to the rest of the world. It should be the policy of this Administration and this Congress to denounce efforts that limit access to life savings drugs and to attack the AIDS crisis to the fullest extent. Anything less would be unconscionable.

VIOLENCE AGAINST WOMEN

The SPEAKER pro tempore (Mr. GRAVES). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to offer comment on a source of poor women's health that is one hundred percent preventable—injuries and deaths caused by domestic violence. The injuries, mental and emotional conditions of women and their children who are the witnesses or victims of domestic violence could be prevented, but there is a lack of resolve on the part of Congress to make this a top priority.

The dynamics of domestic violence are all encompassing and usually starts as emotional abuse that evolves into physical abuse that can result in serious injury or death on not only women, but also the children living in that home.

As a result, the federal government has moved to establish Violence Against Women and training programs that serve the young victims of domestic violence who either experience or witness violence.

It is alarming to note that according to the National Coalition Against Domestic Violence, between 50 and 70 percent of men who abuse their female partners also abuse their children. Moreover, at least 3.3 to 10 million American children annually witness assaults by one parent against another. Consequently, the children of domestic violence are at a high risk of anxiety and depression and often experience delayed learning skills.

Mr. Speaker, domestic violence affects women of all cultures, races, occupations, and income levels. Ninety-two percent of reported domestic violence incidents involve violence against females.

Although domestic violence effects women across all racial and economic lines, a high percentage of these victims are women of color. African American women account for 16 percent of the women who have been physically abused by a husband or partner in the last five years. African American women were the victims in more than 53 percent of the violent deaths that occurred in 1997. This is why we must continue to fund programs like the Violence Against Women Grants that also fund projects to encourage arrests of the perpetrators of these most dreadful crimes.

I am joining my colleagues of the Women's Caucus to express concern about the plight of women's health in our nation, but to also include in that debate the negative health effects of domestic violence on our nation's women.

Mr. Speaker, I would also like to bring awareness to the specific problems within my state of Texas. In Texas, there were 175,725 incidents of family violence in 1998. An estimated 824,790 women were physically abused in Texas in 1998. Of all of the women killed in 1997, 35 percent were murdered by their intimate male partners. In 1998, 110 women were murdered by their partners.

A new member of my staff is an advocate against and survivor of domestic violence and she offers this message to those who seek to remedy this situation. On March 18, 1990, she made the difficult decision to end her marriage of fourteen years, which was plagued by marital abuse. From her experience she has committed her life to advocating for and assisting women in crisis. ''Women often do not want the relationship to end, they want the violence to stop!'' Instead of seeing women as helpless victims they are in fact courageous survivors who work hard to preserve their families. The women of which I speak was the organizer of the City of Houston's first Candlelight Vigil in observance of Domestic Violence Awareness Month. She was asked by Vice President Al Gore at a White House ceremony, unveiling postage stamps with the National Domestic Violence Hotline number on the cover, to tell her story.

An example how important federal efforts in this area are demonstrated by the impact that VAWA grants have had on services in the local community. In Houston, we have the Houston Area Women's Center which operates a domestic violence hotline, a shelter for battered women and counseling for violence survivors. The center provides all of its services for free.

Furthermore, this center maintains an invaluable website that allows anyone to access information about domestic violence resources and support networks.

Over 34,000 women in Houston called for counseling services in 1997 for family violence. This counseling included services for women with children and teenagers who have also survived violence. The shelter housed 1,062 women and children and assisted close to 2,000 with other forms of services.

The Texas Council on Family Violence has used VAWA funds for several projects as well. These include the National Domestic Violence Hotline, Technical Assistance and Model Policies and Procedures Project, the Texas Domestic Violence Needs Assessment Project and the Domestic Violence Rural Education Project.

Unfortunately, the STOP Grant funding for the Texas Council on Family Violence has decreased within the last 2 years from $8 million in 1999 to $8.5 million in 2000. Because the funding level for the Violence Against Women Grants has remained at the same level as fiscal year 2000, it is imperative that we increase funding so that these vital programs will be