

The devastation of vast percentages of populations in African nations will create national security concerns for the United States and other nations within the near future unless we act now to arrest and eradicate this scourge.

Sub-Saharan Africa represents 77 percent of AIDS deaths, 70 percent of HIV-infected people and nearly 70 percent of all new infections and 90 percent of children infected with the virus.

□ 1715

These are truly, truly grim statistics.

We will not begin to change these numbers until we begin to invest as though HIV-AIDS were a profound threat to the public health worldwide and a threat to national security as well. We cannot afford to be penny-wise and pound-foolish. Eight thousand five hundred people die each day from AIDS, more than twice as many as perished on September 11. Another sobering statistic.

I want to thank my colleague, the gentlewoman from California, for her continuous leadership on the complex issues involved with HIV and AIDS. I share her concern that support for another \$1 billion contribution by the United States to the Global Trust Fund is needed. We are obligated to do that. We are morally challenged to do that. We need to do that to support comprehensive prevention and treatment efforts, and, ultimately, to find a cure.

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

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

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

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

HIV/AIDS PANDEMIC

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today with my colleagues to draw attention to the ongoing HIV/AIDS pandemic.

This week, the 16th Annual International AIDS Conference was held in Barcelona, Spain. The conference highlighted the fact that, contrary to previous beliefs, the global AIDS crisis has not peaked and is only getting worse. According to UNAIDS, 40 million people live with HIV/AIDS in the world today; 28.5 million of them are in sub-Saharan Africa. Three million of those infected are children younger than 15. Last year, five million people were newly infected with HIV, and three million died of AIDS.

In Botswana, almost 44 percent of pregnant women visiting clinics in urban areas are HIV

positive. In several countries in West Africa—such as Burkina Faso and Cameroon—the adult prevalence rate surpassed 5 percent, a level that many experts agree precedes a larger scale epidemic. This devastating disease is erasing decades of development and cutting life expectancy by nearly half in the most affected areas.

These statistics are staggering, but they also obscure the human cost of the epidemic. Infected teachers pass away and are unable to transmit knowledge to the next generation. Business owners die and their enterprises die with them. The deaths of trained professionals, such as nurses, civil servants, and lawyers mean that their skills disappear from their country. By 2010, UNAIDS believes that twenty million children in sub-Saharan Africa will have lost at least one of their parents to AIDS. Mr. Speaker, entire societies are being destroyed by this terrible virus.

There are a few—very few—signs of hope. Some countries, such as Uganda, have stemmed the rate of infection and have averted a wider catastrophe. Other countries are finally acknowledging that HIV/AIDS poses a serious risk to their stability and are beginning to remove the stigma associated with the disease. Last week, the government of Nigeria announced that it had ordered free HIV/AIDS test for half a million of its citizens. And programs that seek to prevent the transmission of the virus from mothers to children are proving to be effective and are being implemented on a larger scale.

But Mr. Speaker, there is more that we as the sole superpower can do to stop the spread of this scourge that threatens the stability of many parts of the globe. We can increase assistance for education and prevention efforts and involve more sectors of societies in such prevention campaigns. We can continue to lower the cost of life-saving anti-retroviral drugs so that people in developing countries have the hope of treatment and are more willing to learn their HIV status. We can support the research and development of an effective, practical vaccine for HIV. And we can increase the United States' contributions for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

What we are doing simply is not enough to stem this global massacre. As a world leader, we must step up our efforts and contributions in this global struggle.

GLOBAL AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATERS) is recognized for 5 minutes.

Ms. WATERS. Mr. Speaker, I would like to thank my colleague, Congresswoman BARBARA LEE, for organizing today's Special Orders on Global AIDS.

Over the past 5 days, the 14th International AIDS Conference has been meeting in Barcelona, Spain. The statistics that have been reported at the Conference are devastating. More than one in five adults in seven sub-Saharan African countries are already infected with HIV. In Botswana, Lesotho, Swaziland and Zimbabwe, the rate is one in three.

The AIDS pandemic will cause a decline in life expectancy in 51 countries over the next two decades. This demographic effect is without precedent in modern times. Seven coun-

tries in sub-Saharan Africa now have average life expectancies of less than 40 years. By the end of this decade, 11 African countries will have life expectancies of less than 40 years. This is a level they have not experienced since the end of the 1800s. Sub-Saharan countries could lose 25 percent of their labor forces by 2002.

At the Conference, there was overwhelming support for a \$7–10 billion annual commitment to fight global AIDS. This worldwide commitment should begin with a commitment of \$2.5 billion from the United States in fiscal year 2003. Unfortunately, the countries that attended the recent G-8 Summit offered only empty promises of more development assistance for Africa. We need to do more.

On March 12, 2002, I sent a letter to the Chairman and Ranking Member of the House Budget Committee requesting a total of \$2.5 billion in the fiscal year 2003 budget for bilateral and multilateral HIV/AIDS programs. Sixty-eight Members of Congress signed this letter, but our letter was ignored.

I call on this Congress to provide \$2.5 billion for the fight against global AIDS in fiscal year 2003.

U.S. ROLE IN HIV-AIDS

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

Mr. McDERMOTT. Mr. Speaker, I appreciate my colleague, the gentlewoman from California (Ms. LEE) for bringing this issue and for taking the time to take the trip to Barcelona and go to the conference.

One of the striking things this morning was looking at the newspaper clips and finding that the Secretary of Health and Human Services of the United States of America was booed off the stage. When you look at that, you ask yourself, why is it that we, the strongest, the most wealthy, the most advanced, the most scientifically creative country in the world is booed off the stage of an international conference on a world plague?

I think that it is important for us to think about what role we in this country have played. We have not taken our rightful leadership. There has not been an international conference in the United States since this Congress passed the Helms-Burton amendment some years ago, which excluded from this country anybody who has AIDS. If you have AIDS, you are not supposed to be able to get into this country.

Now, the statement we made to the world with that particular amendment from this Congress was that somehow coming in here you are bringing something that is not already here. AIDS is in this country. As we have already heard from previous speakers, like my friend from North Carolina, it is the leading cause of death among young black men in this country, and it is a leading illness among Hispanic women in this country.

We in this country have a problem that we have not dealt with. This Congress has not put money into the kind

of prevention and education programs that we ought to be doing for young people in this country. But that statement of the Helms-Burton amendment said to the world, you have got the problem, do not bring it over here. Clearly, this was not looking at our own position.

Now, the reason that conference in Barcelona was so important is that it is starting to talk about more and more advances of treatment and more and more complicated illnesses being found. There is all kinds of research there, but one must not lose sight of the fact that education and prevention still are the best hope for the world. We can have retroviral therapy, and we want that, and we should push the drug companies, and we should do everything possible, but administering those drugs and monitoring them, and it is as somebody described it, savage therapy. It is tough treatment. It is not an easy regimen. It has only so much effectiveness.

The real thing we have to get is people educated and aware of their own status. That is not expensive. If we would spend the money for the diagnostic tools that we have available and developed in this United States by USAID, we could make it possible for everyone to know their status. So at least they would know whether or not they were passing it on to their partner. But we do not put our money where our mouth is.

We say we want to do things for the world. We go and we make speeches, we put up a little bit of money, and then we double-count it so it looks like more. But the fact is, the United States is not putting up their fair share. Kofi Annan asked for an enormous contribution, said how much would be necessary, and the United States put up a pitiful amount.

Our contribution is something like 0.1 percent of our gross domestic product. The Norwegians, the Swedes, the Danes, the Dutch put up 0.2, 0.3 percent. Why can these little countries do that and we, the country with all the resources in the world, not put the money into the Global AIDS Fund that Kofi Annan has set up, or through our USAID? Or there are many ways in which we could put that money out there, but it requires a commitment.

Now, thanks to the work of people like the gentlewoman from California (Ms. LEE) and the gentlewoman from California (Ms. MILENDER-MCDONALD) and other Members of the Congress, the devastation that is occurring in Africa is now much better understood than it was 10 years ago.

I remember in 1991 having lunch with the President of Zambia, Mr. Kaunda, who said, what will I do with 500,000 orphans? Today, we are dealing with those orphans worldwide. And if we do not do something about it, it will not be 500,000, it will be millions and millions and millions of orphans. We must do more.

HIV AND AIDS IN AFRICA

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

Mr. PAYNE. Mr. Speaker, let me begin by commending the gentlewoman from California (Ms. LEE) for the outstanding work that she has done in her tireless efforts to bring to the attention of America, the Congress, and the world the need for us to do much more as relates to the HIV and AIDS pandemic; and also the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), a physician, who also has been spearheading this. Let me commend them for attending the 14th International Conference on AIDS where the question of HIV and AIDS, of course, was the center of discussion.

It has been indicated that AIDS will kill at least 68 million people by 2020 unless rich nations invest far more in global prevention, says a report that was released last week. It is now clear to me that we have only seen the beginning of the worst epidemic in human history, says Peter Piot, Director of the joint United Nations program for HIV and AIDS, UNAIDS. He said that the disease will not only destabilize Africa but it will affect economic and political stability worldwide, particularly when the epidemic begins to peak in the most populated countries, such as China, India, and Russia.

The UNAIDS update, released ahead of the planned meeting that started on July 7 in Barcelona, indicates the number will grow to 40 million people worldwide, there has been a jump of 6 million cases, new cases, in 2 years, and that the infection rate continues to steadily rise in India, China, Russia, and Eastern Europe.

So we have a very, very serious situation. This terrorism is far more deadly than anything we could ever imagine. As we have indicated, the numbers are staggering, and AIDS is ripping through every continent destroying everything in its path. But let me concentrate a bit on Africa.

Botswana is currently experiencing the worst of the pandemic, with over 30 percent of its population affected. South Africa has also been hard hit. It is estimated that one out of three adults are infected. We have seen, to date, with President Mbeki, that there currently is really no national agenda to deal with the problem. We have seen statistics from Zimbabwe which say that 35 percent of that population has been infected with HIV and AIDS.

In many instances, the largest number of victims are from the public service sector: teachers, civil servants. So we can imagine what that will mean for most of the developed world when we are losing the leaders in those countries, with 14 percent of the teachers in South Africa infected. The rate is expected to increase to 30 percent in 10 years. So we have a very, very serious problem.

What we need to do, though, is to increase the amount of funds that are available. On the eve of the G8 meeting, President Bush announced a new initiative to address the pandemic through a pledge of an additional \$500 million over 3 years to help prevent mother-to-child transmission in parts of Africa and the Caribbean. As little as a single dose of medication to mother and child at birth is reported to prevent transmission 50 percent of the time.

While this is a positive step, it does not address the problem itself. The disease many times is transmitted through sexual activity, but this initiative focuses on the least politically sensitive aspect of care and treatment. U.S. AIDS programs, through the Agency for International Development, focus on education and do not offer treatment. Fewer than 2 percent of the people living with AIDS in sub-Saharan Africa have access to antiretroviral drugs that are saving lives and improving the quality of life for those who are fortunate enough to receive them.

So focusing primarily on the innocent newborns, Bush's pledge leaves out women and children and communities and families. So I urge that we push and stress that the U.S. House of Representatives step up to the plate and offer additional funding.

BARCELONA CONFERENCE ON HIV-AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Mrs. JONES) is recognized for 5 minutes.

Mrs. JONES of Ohio. Mr. Speaker, I stand here, along with my colleagues, to commend the gentlewoman from California (Ms. LEE) for her leadership on the issue of the AIDS pandemic internationally. My colleague already read the declaration from the Barcelona conference. I am going to read the whereas clauses, because I think they set forth specifically the status of this AIDS pandemic internationally.

"Whereas every single day AIDS claims 8,500 lives, or the equivalent of three World Trade Center disasters daily;

Whereas by December 2001, 40 million people were living with HIV-AIDS, and by 2005 an estimated 100 million will be infected;

Whereas more than 40 million children, most of them in developing nations, will be orphaned by AIDS by 2010;

Whereas the World Health Organization this year has stated that the antiretroviral treatment is medically essential and has issued specific treatment guidelines, monitoring standards, and regimen recommendations;

Whereas those on treatment represent less than 2 percent of all those infected with HIV because such treatment is almost completely unavailable in developing nations;