

integrity, but there are a lot of other issues. The gentleman was mentioning the economy recently. I am concerned about the economy. I am concerned that we need to do something and do it quick to make sure that we have economic growth in this economy. That is why I support the President's proposals, because I think there are two choices: Either you do nothing and hope for the best or you do what the President is suggesting, which is make sure that we incentivize job creation. But the problem is that nothing is getting done over there because there is a small group of people who just refuses to let anything happen because they are going to filibuster on Miguel Estrada. That is unbelievable.

You are absolutely right, sir, where you just said, that is the same group that did not get anything passed for the last couple of years and now in the minority they are even going to the extreme of procedural maneuvers to avoid votes because they do not have the votes, but they are going through procedural maneuvers to avoid even a vote. It is horrible because Miguel Estrada deserves a vote.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair has to remind Members one more time that any kind of characterization of the other body is not in order.

PARLIAMENTARY INQUIRY

Mr. CUNNINGHAM. Can I ask the Chair a question?

The SPEAKER pro tempore. The gentleman from California is recognized.

Mr. CUNNINGHAM. When we are talking about something that is done in the other body, it is very, very difficult to talk about and compare without mentioning the other body, to compare what they are doing in relation to this body.

The SPEAKER pro tempore. The Chair understands the difficulty, but those are indeed the House rules.

Mr. CUNNINGHAM. We will try to be cognizant of that, Mr. Speaker.

Mr. KINGSTON. If I may ask the Speaker, you can make a factual statement about the other body; is that correct?

The SPEAKER pro tempore. The gentleman from Georgia is correct. Members can make certain factual statements about the Senate or its actions, but cannot in any way characterize its action or inaction or the Senate or its Members.

Mr. KINGSTON. I thank the gentleman.

Mr. Speaker, also, how much time do we have left?

The SPEAKER pro tempore. The gentleman has about 30 seconds.

Mr. KINGSTON. I certainly appreciate the Speaker's leadership and patience. Does either the gentleman from Florida or the gentleman from California have any closing remarks?

PARLIAMENTARY INQUIRY

Mr. CUNNINGHAM. I would ask the Chair again, for example, is it okay, a

fact, that then the majority leader of the Senate stopped the flag amendment from coming forward in the other body. Would that be appropriate? That is a fact.

The SPEAKER pro tempore. The rules forbid such a characterization.

Mr. CUNNINGHAM. You are correct. Action was not taken by the majority leader at that time.

The SPEAKER pro tempore. The fact that action was not taken might be stated without characterization.

Mr. KINGSTON. I thank the gentleman from California.

Mr. MARIO DIAZ-BALART of Florida. I thank the gentleman from Georgia for his time.

GLOBAL HIV/AIDS PANDEMIC

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentlewoman from California (Ms. LEE) is recognized for 60 minutes.

Ms. LEE. Mr. Speaker, tonight's Congressional Black Caucus special order on the global HIV/AIDS pandemic is particularly timely given our current discussions on an authorization bill by the House Committee on International Relations. I want to thank the gentleman from Maryland (Mr. CUMMINGS) for his leadership in the Congressional Black Caucus for organizing this very important discussion tonight.

Three weeks ago, during the Congressional Black Caucus' special order celebrating Black History Month, I laid out the history of our caucus' work in the Congress on the global AIDS pandemic. I described how our involvement evolved in 1998 with a proposal put forth by my friend, colleague and a distinguished founding member of the Congressional Black Caucus, Congressman Ron Dellums, calling for an AIDS Marshall Plan. Since that time, support for these proposals has broadened beyond the Congressional Black Caucus to encompass a majority of Members of this Chamber on both sides of the aisle. I am especially proud of the progress that we have made over the years.

For example, under the leadership now of our new leader, the gentlewoman from California (Ms. PELOSI), \$42 million was amended to the fiscal year 2001 foreign operations bill to provide the first real increase in spending for our international AIDS programs. We passed the Global AIDS and Tuberculosis Relief Act of 2000, which was signed into law by President Bill Clinton and which established the framework for the global fund to fight AIDS, TB and malaria.

And last year we came very close to reaching a compromise on H.R. 2069, the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act which is a comprehensive global AIDS bill that passed the House in December of 2001 and which the Senate modified and passed in July of 2002. Yet there is still a tremendous amount of work for us to do, particularly now

that the President has finally decided to support a significant boost in spending for our international AIDS programs.

But what has the President really proposed and how does this proposal translate into action within the fiscal year 2004 budget which we received early last month? The President has said that the goal of his initiative is to prevent 7 million new infections per year and to provide treatment to over 2 million people who are infected with HIV, and to provide care for 10 million HIV-infected individuals and AIDS orphans. But where is the money for this proposal? Certainly it is not contained within the President's recent budget request to the Congress. In fact, the President only requested \$450 million for his initiative in this coming year and a total of \$1.8 billion for the entire international HIV/AIDS, TB and malaria portfolio. This is barely an increase of \$400 million over the fiscal year 2003 budget of \$1.4 billion and is far below the figure of \$2.6 billion that the Congress was targeting for fiscal year 2004. Yet at the State of the Union address, the President described an immediate need for treatment for 4 million individuals infected with AIDS, individuals who, as the President described, have been told by their local hospitals, "You've got AIDS. We can't help you. Go home and die."

What does the President say to these same people within his budget request? Additionally, the limited focus of the President's plan to just 25 percent of the 48 sub-Saharan countries is really very shortsighted. This kind of policy would neglect millions of individuals who are equally in need of assistance. But the most disconcerting portion of the President's proposal is his level of commitment to the global fund to fight AIDS, TB and malaria. Under the President's proposal, the global fund would receive only \$200 million per year for the next 5 years. Yet at this moment, the fund is nearly bankrupt and has projected that it will require an additional \$6.2 billion through 2004 to meet the increasing number of grant requests that the fund is expecting.

As a point of comparison, we recently approved \$350 million in the fiscal year 2003 budget for the global fund. The AIDS authorization bills that we were working on last year would have provided between \$750 million to \$1 billion in fiscal year 2003. Clearly the congressional commitment to the fund exists. This was a bipartisan effort. It is especially critical that we provide funding now, given the recent election of Health and Human Services Secretary Tommy Thompson as chair of the executive board of the fund, in effect, making him the chief fund-raiser for the global fund.

Despite these issues, I believe there is ample hope that the United States will make a substantive commitment to fighting the global AIDS pandemic. The groundwork that we laid in the last Congress among the original co-sponsors of the House and the Senate

AIDS authorization bills provides us with a real opportunity to jump start our work here in this House.

So far, I have been very encouraged by the efforts of my colleagues on the House Committee on International Relations who are seeking to act quickly on a bipartisan AIDS authorization bill in this Congress. Chairman HYDE, Ranking Member LANTOS and Congressman LEACH, who also was my partner really in the Global AIDS and Tuberculosis Relief Act, have all displayed a commitment to working on a bill that builds upon our previous efforts in the last Congress.

Currently, we are looking at an authorization of \$15 billion over 5 years, \$3 billion per year, that matches the President's request at the State of the Union. The underlying structure of the bill is very similar to a compromise that we were working on at the end of the 107th Congress. I am very optimistic about our progress on this bill and I look forward to our continued dialogue with our colleagues in hopes that we will have a bill for markup in committee very soon.

Mr. Speaker, I yield to the gentleman from Maryland (Mr. CUMMINGS), the chair of our Congressional Black Caucus who has been a great leader on this issue, and so many other issues not only in Maryland but in the United States House of Representatives.

Mr. CUMMINGS. I want to thank the gentlewoman for yielding. I also want to take a moment to thank her for consistently standing up for so many people who cannot stand up for themselves. I also thank her for consistently raising this issue, an issue that so often is put to the side, so often not put on the back burner but placed off the stove.

Mr. Speaker, I rise today to speak on an issue that deeply troubles members of the Congressional Black Caucus as well as many other Members of this Congress, the President's emergency plan for AIDS relief.

Mr. Speaker, the Bush administration's policy on HIV/AIDS and other global diseases affects us all. Infectious diseases know no borders. Because of this, prevention and treatment programs to address particularly dangerous diseases such as HIV/AIDS, tuberculosis and malaria must be swift and adequate. That is why I and other members of the Congressional Black Caucus, AIDS activist groups and the faith-based community wrote a letter to President Bush on December 18, 2002, asking him to announce a presidential initiative to address this vexing problem.

As a global community, we are at a crisis stage with these diseases. Adequate funding for the prevention and treatment of infectious diseases, especially HIV/AIDS, must come before it is too late. As the richest and most scientifically advanced Nation in the world, we have both the power and the responsibility to take the necessary actions to end this epidemic.

Mr. Speaker, today more than 29.4 million Africans are living with HIV. Last year an estimated 2.4 million new infections occurred, while 3.5 million people lost their lives to this disease. This is a problem of epidemic proportions. I can only imagine the pain and suffering of the millions of families, orphaned children and those afflicted with this disease waiting for relief in any form.

□ 1730

The time for action is now. Lives are wasting.

That is why I applaud the President for his budget proposal which would provide \$10 billion over 5 years to combat the AIDS crisis in Africa. This gesture indicates that he recognizes the need to show compassion for this epidemic through increased funding. However, the President also must act quickly if his compassion is to have any significant impact in preventing the needless suffering and death of more victims to this disease.

Mr. Speaker, I say this because the President's plan provides only \$2 billion for 2004. This represents only 380 million in new funding dollars. This funding is insufficient and will not provide access to the necessary medical care and pharmaceuticals for individuals living with HIV and AIDS across the globe. The President's approach of slowly phasing in the funds writes off the lives of millions who need assistance not yesterday but right now.

Mr. Speaker, in Africa it is estimated that more than 4 million people have a sufficiently advanced stage of HIV/AIDS to warrant anti-retroviral treatment. However, currently only 50,000 are receiving that treatment. The importance of the anti-retroviral treatment for people suffering with HIV has been conveyed to the White House by the medical community. It is worth pointing out that the President admirably establishes a goal of providing anti-retroviral treatment to 2 million people infected with HIV. Despite this goal, he has only requested \$450 million for his Global AIDS Initiative. Given this limited allocation and the \$300 minimum yearly cost per person of providing the necessary drug cocktails, it seems that the President has assured himself of falling short of this goal.

Many in the global AIDS community, along with many members of the Congressional Black Caucus, believe that the only way to provide the cocktail to the millions that need it is through purchase of generic drugs. While publicly agreeing to this idea during the WTO negotiations in 2001, the United States has since refused to sign off on the implementing language last December that would have allowed poor countries to import generic drugs. This disconnect between rhetoric and actions need to be corrected. I urge the President to reconsider the United States's policy.

In addition to the lethargic funding of HIV/AIDS treatment, the President's

plan takes away \$50 million from USAID's Infectious Disease program and includes a reduction to our contribution to the Global Fund by \$150 million from the 2003 levels. These reductions are coupled with an insufficient economic commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria, for which President Bush has only designated \$1 billion over the next 5 years.

Mr. Speaker, this funding is woefully inadequate, as the global fund estimates that it needs \$6.2 billion through 2004 to remain operational, \$2.2 billion of which should come from the United States. The United States was instrumental in launching the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria in 2001. This commitment must be maintained in order to provide the necessary money to grant applicants and existing grant programs to combat the disease in 2004.

I am hopeful that with the recent election of Health and Human Services Secretary Tommy Thompson as chairman of the executive board of the Global Fund that the United States will commit itself to an increased financial and political involvement with the fund. I am confident that Secretary Thompson understands the urgency and direness of these horrible diseases, particularly HIV and AIDS, and I am confident that he will serve in the best interest of the fund.

Finally, Mr. Speaker, in addition to the problematic pace of funding of the President's plan, I am particularly disturbed by recent press reports surrounding a February 11 State Department memo indicating that the President will extend the global gag rule to cover all of our bilateral programs. Any extension of the gag rule would be turning a blind eye to the facts and would greatly hinder the effectiveness of global HIV/AIDS programs. While abstinence is one important way to avoid contracting HIV/AIDS, it is more important to fully educate people of their options and provide integrated HIV/AIDS prevention services with family planning programs. Given the high levels of stigma and ostracism that people with AIDS face in much of the world, for prevention programs to be successful, they must be integrated into services that people are accustomed to accessing, including family planning and maternal health services.

Stand-alone HIV/AIDS treatment programs, which the proposed family planning policy may require, will be a significant setback in the integration of prevention and treatment initiatives made to date. In some societies, women who are known to have HIV/AIDS stand to lose more than their lives. Their homes, livelihood, and even their children may be at stake. Thus it is highly unlikely that these women will go to a stand-alone HIV/AIDS clinic where the stigma associated with the disease would deter people from being tested or receiving counseling, prevention supplies, or health care.

Women are key to halting the spread of the HIV/AIDS pandemic, especially in the developing countries of Africa. Fifty percent of those infected worldwide and 58 percent of AIDS victims in sub-Saharan Africa are women. If we are to be effective in our fight against HIV/AIDS, we must ensure that women have access to treatment and support services free of stigma. We must empower them with education and assistance. The global gag rule handicaps this process, and it is poor policy in the fight to eradicate HIV/AIDS.

I welcome the President's commitment to providing billions of dollars to fight the global pandemic of HIV/AIDS and other infectious diseases. However, the only way to truly defeat these diseases is to develop a comprehensive strategy, a plan which focuses on the rapid disbursement of funds to prevent the spread of HIV/AIDS, to treat and support people already infected, and to provide support for those nations who are losing their fight against this deadly disease.

And with that, Mr. Speaker, I thank the gentlewoman for yielding.

Ms. LEE. Mr. Speaker, I want to thank the gentleman from Maryland (Mr. CUMMINGS) for that very eloquent and comprehensive statement and also once again for organizing the Special Order tonight.

I yield to the gentlewoman from Michigan (Ms. KILPATRICK), who serves on the Committee on Appropriations and has been a real advocate for those who have no voice in the funding mechanisms of our United States House of Representatives.

Ms. KILPATRICK. Mr. Speaker, I thank the gentlewoman from California (Ms. LEE) for continuing to be in the forefront of this issue. God loves her for it; and as we work together to build a better world, this is certainly one of the most important issues that we will face in our lifetime.

As a member of the Committee on Appropriations, I am acutely aware, as most of the Members of the Congress are, what a tight budget we have this year and as we move into the next few years as we send our troops off in Afghanistan currently, soon to be Iraq with North Korea another possible war target. It is important, I believe, that as we do all of this, and I want to commend President Bush for making the statement in his State of the Union address, that we will spend more resources to fight HIV and AIDS.

As most everyone knows in the world, the pandemic is spreading. Africa today, India, former Soviet Union, China, and right here in our own country, unprecedented numbers of people being infected with HIV and AIDS. So I am happy to commend President Bush on taking the first step as the leader of the free world to really begin to address the problem.

Is it enough? No, it is not enough. We need to do better. We need to do more, and that is what we are talking about tonight, how we do more. It is not al-

ways money. When you are the leader of the world, you can do a lot of things that can help poor countries and other countries of the world. We can make it possible for generic drugs to be used in poor countries; and as was mentioned earlier, if the United States would step forward and sign an agreement that the World Trade Organization put forth, many of those poor countries could use generic drugs and would be able to treat the hundreds of thousands of people who are infected with HIV and AIDS; and I urge the President to come forward to work with the World Trade Organization to make sure that those pharmaceuticals are available for the poorest of the poor so they may treat themselves, save their families, and protect their children. It is most important, Mr. President; and I hope he will work in that vein.

The gag rule that was mentioned, the gag rule, for those who do not know, is a rule put on some of our appropriations that says any country that teaches family planning may not be a recipient of the funds that have already been appropriated. Many of us think that is wrong. Family planning is just what it is; and many countries in the world, we of the United States and other countries of the world, help people to plan their families so they can live within the means that they have.

By our putting the gag rule on the funds that will come forward for HIV and AIDS, it says that many of the countries will not be able to access those funds. We believe that the funds ought to be available for those countries, the poorest of the poor, who are infected, in this case, with HIV and AIDS; that the family services ought to be integrated. We have already heard that when the services are integrated, more people come and take part in those services and not just be treated with one illness, but may also have tuberculosis, may also have malaria, HIV. So then we are able to treat the entire illnesses of the people, and I hope that the President will reconsider and take the gag rule off his initiative for treating and helping with the AIDS pandemic.

We can also relax and expand the rules for HiPC countries, the highly indebted poor countries of Africa. They cannot partake of this initiative because we need to expand who can participate. It would mean that some of those countries would have to match the dollars in some instances; but many have told me, and the president of Uganda, one of leaders in the world in treating and reducing the HIV pandemic, that they are ready, willing, and able to work with this country, but they need help. They need our leaders to free them up so that they can access and treat more people. From the generic drugs, making those available, that is one way we can help. Sometimes it is not always the money. Is the money enough? No, it is not. But we as the leaders of the world can do other things that will assist in those poor countries.

AIDS, HIV, tuberculosis, malaria, as a member of the Committee on Appropriations Subcommittee on Foreign Operations, Export Financing and Related Programs, we fund those lines for countries all over the world. Why then in this initiative must we take money from the programs that are working well, the malaria, the tuberculosis program? We do not want to subtract money from those to give to HIV. We want to make it a partner with our HIV dollars, not to rob Peter to pay Paul, but to make that as one pot of money so we can treat all of those and put the dollars in that are necessary.

Is the money enough? No, it is not. But it is not always the money. There are other things that we can do to help. We can help by making it possible for some of the countries to be able to cancel their debt. In some instances 30, 40, 50 percent of the revenue of a country is used to cancel the debt. At a time when resources are low, at a time when countries are poor, we as leaders of the free world need to find a way that we can make arrangements to cancel some of that debt so those resources can be used to treat their own people in their own country.

And I tell the President if he would stand up and make that a fact, work out some arrangements so some of the debt can be cancelled, those dollars then could be put back in those countries to treat the pandemic so we do not have to always use U.S. dollars. There is a way to address the problem. Is the money enough? No, it is not. But it is not always the money. Many times it is leadership.

I want to commend President Bush for what he has already done, but I want him to know, and this Congress to know, there is much more that we can do. Make the generic drugs available, help with canceling the debt that the countries have, make sure that we get rid of and eliminate the gag rule that is not making it possible for some people to access the money.

□ 1745

In United States today, Africa, India, China and several other countries of the world, this is a real pandemic. Our role and our rule ought to be as responsible leaders in this community, leaders of the world, all 535 of us. What else can we do to relieve the illnesses, to break it down so that so many children will not be orphaned, so that so many families will not be left with nothing?

There are things we can do, and it is not always the money. I contend that if we just did three of the things I mentioned today, cancelling the debt, the use of generic drugs, as well as making sure the gag rule does not stifle and eliminate those who need treatment, it would help. Is the money enough? No, it is not.

But let us stand up and work together, Mr. President, with you. We are ready, we are willing and we are able. We just count on you to lead our country in this pandemic crisis that we see.

HIV and AIDS is not going away. Family planning is a necessity. We need to work to integrate the services so that our families can be strong, so that our children can grow and live and have an intact family, and that we move forward as a United Nations of all of God's people.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. BISHOP of Utah). The Chair would remind Members that remarks should be addressed to the Chair and not to others, such as the President.

Ms. LEE. Mr. Speaker, I would like to thank the gentlewoman from Michigan for that very profound statement, for really highlighting the global dimensions of this pandemic and for continuing to be our eyes and ears on the Committee on Appropriations and ensuring that our resources are prioritized in a way that they are effective in addressing this pandemic.

Mr. Speaker, I yield to the gentlewoman from California (Ms. WATSON), a former ambassador, an individual who has chaired a senate health committee for many, many years in California, and one who serves now on the Committee on International Relations and has taken the lead on many HIV/AIDS initiatives, not just since she came to Congress, but throughout her career.

Ms. WATSON. Mr. Speaker, I rise today to express concern with the President's \$15 billion over 5 years proposal on HIV/AIDS funding for Africa. I commend the gentlewoman from California (Ms. LEE), the CBC and my Congressional colleagues who have worked selflessly to address this important global health issue.

My question is, are we going to see the results that we need, given the proposed funding levels? HIV/AIDS knows no continental boundary, no religious belief, no government ideology, no sexual orientation, and, most significantly, HIV/AIDS is color-blind. HIV/AIDS does exploit those people who are information-deprived and the financially challenged.

In our global community, many countries suffer from a lack of information and resources. On the continent of Africa, the HIV/AIDS epidemic has reached catastrophic proportions. There were 2.4 million new infections last year, and 3.5 million deaths. With over 29.4 million Africans living with HIV, it would be foolish to turn a blind eye and wish the problem away or to think that the global HIV/AIDS pandemic does not affect the United States.

Mr. Speaker, despite the size of the President's commitment to fighting HIV/AIDS, \$15 billion over 5 years, \$10 billion of which would be new funds, I stand disappointed by the size of his current budget request. HIV/AIDS funding has only been theoretically increased in the FY 2004 budget and many key programs will be underfunded. By providing over \$2 billion for the coming year, of which \$285 million is for research, and back-loading the

bulk of the funding, the President's approach of slowly phasing in the funds will write off the lives of millions who need assistance now.

Based on a budget analysis of this FY 2004 request, \$1.71 billion, compared with the FY 2003 omnibus bill of \$1.363 billion, the President is barely providing \$380 million in additional funding this year. Mr. Speaker, this is a typical use of rhetoric that this administration utilizes too well. Congress must address this important global issue with the proper funding.

The President is taking away nearly \$15 million from USAID's Infectious Disease Program and is reducing our contribution to the global fund by \$150 million from the FY 2003 levels. This kind of accounting is unacceptable and should not be included as part of the President's pledge for \$10 billion in new money. How can this administration tell Congress and America that we will fight the HIV/AIDS pandemic with \$15 billion, and, at the same time, cut contributions to two major global programs?

Lip service will not stop the virus. Lip service will not save people that are suffering and dying. Lip service will not provide a plastic bubble that keeps HIV/AIDS out of the United States.

Mr. Speaker, directly after the tragic events of 9/11, President Bush asked for \$40 billion to fund homeland security and emergency relief efforts. Congress moved quickly in a bipartisan manner to address our national security needs.

HIV/AIDS funding is just as critical to our national security. National health is the cornerstone of our society. We have the money and are willing to use it when American ideals of life, liberty and the pursuit of happiness are challenged.

I can think of no greater danger to the quality of American life than the very real threat that AIDS poses to undermining nation states around the world.

Mr. Speaker, the only way to truly defeat HIV/AIDS is to develop a comprehensive strategy that utilizes the strengths of bilateral and multilateral institutions. The plan must also focus on the rapid disbursement of funds to prevent the spread of HIV/AIDS and to treat those individuals who are both infected and affected by the pandemic.

I urge the President and all my colleagues to front-load the increases in global HIV/AIDS funding so that we can truly make a difference and confront the greatest health challenge of our time.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman from California for her participation and for that very eloquent and very clear statement. I thank her for her commitment to health care issues in general.

Mr. Speaker, I would like now to yield to the gentleman on the other side of the aisle, my colleague from California (Mr. CUNNINGHAM). I mentioned earlier that this has been a bi-

partisan effort in establishing the global AIDS fund. We passed on a bipartisan basis the Global AIDS and Tuberculosis Relief Act of 2000 with the gentleman from Iowa (Mr. LEACH), and I think we see progress when we work together. So I am delighted my colleague would like to speak this evening.

Mr. CUNNINGHAM. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, sometimes we talk about millions and billions of dollars and we lose the faces that are connected with AIDS. I want to just put a face on AIDS and a small victory.

Being on the Subcommittee on Labor, Health and Human Services and Education, we quite often go out to the National Institutes of Health in Bethesda. There I met a young African American. He walked up to me and says, "Congressman, I have AIDS." He said, "Every day I wake up and the only thing I think about is dying."

He said this was so, until a medical research breakthrough that has a procedure where he goes through hell about every 6 months, but it extends his life. What it is called is hope. This young man now, with some hope, has gone out and bought a home, where he would not before. He has bought stocks. He did not before.

I would say that I am a fiscal conservative. Speaker Gingrich used to talk about diabetes, that if we could stop amputations and blindness, think of the money we would save, let alone the quality of life. Well, I would say that if we could better people's lives, stop the hospital visitations and AIDS, think of the money that will be saved for health care to provide those dollars for more and more people.

I thank the gentlewoman. I would also challenge the Black Caucus. We did the first prostate cancer town hall meeting in Washington, D.C. I also sit on that committee. It was very successful, with Mayor Williams. We are going to have another one in the spring.

The highest rate of prostate cancer is among African Americans, and the highest rate is in Washington D.C. We are going to have another one this spring, and I would invite the caucus to work with us and with Mayor Williams this spring when we are going to do that.

Ms. LEE. Mr. Speaker, I thank my colleague from California for that very poignant statement and also for putting a face on what we are talking about today. Yes, it is hope that we all need, but it is resources also that provide that hope.

Mr. Speaker, I would now like to ask the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) to come forward. She is a medical doctor, and with the Congressional Black Caucus in terms of her leadership on the Health Brain Trust, has been working on a variety of health care issues as they relate to the disparities we see within the African American communities,

and one of those is prostate cancer. I am sure the gentlewoman, as I yield to her, would like to comment on that.

Ms. CHRISTENSEN. Mr. Speaker, I thank my colleague for yielding. We will take the gentleman up on that offer. The gentleman and I co-chaired a briefing here on the Hill back a few years ago. It was a pleasure to join the gentleman then, and we look forward to joining him in the spring.

Mr. Speaker, when the President first announced the \$15 billion in his State of the Union address, yes, we were very surprised. It sounded almost too good to be true. But we knew that at least our voices had been heard. The caucus and faith-based groups around the country, with the AIDS community, had long been calling on our President to provide the funding needed for global AIDS, and we thought initially that perhaps our requests and our pleas had been answered.

But it was almost too good to be true. And I know the next day I joined the gentlewoman from California (Ms. LEE) and the gentlewoman from California (Ms. WATERS) and others at a press conference, where we said, yes, we appreciate the fact that the President was reaching out and did appear to be responding, but we had many questions about what the \$15 billion really meant.

At that time I asked several questions: What might have been some of the restrictions placed on that money? Where would it have come from? Was this new money or was it going to be taken from other important programs? And today, as I stand here, I can tell you that there are restrictions, and, yes, it did come from other important programs, and that very little of it was really new money. Not only that, but the money is coming over a long period of time. The public health effort that we need now demands an infusion of a large amount of funding now.

As I said, the CBC has been pushing for more funding on this issue for many, many, many years. Currently there are 29.4 million infected people, with 3.5 million Africans were newly infected just last year.

□ 1800

There were 3.5 million new infections. Despite the President's commitment to fighting HIV/AIDS at \$15 billion over 5 years, \$10 billion of which may or may not be new funds, we are really disappointed by the size of the budget request for 2004. Based on a budget analysis of this fiscal year 2004 budget request compared with the fiscal year 2003 omnibus bill, the President is barely providing \$380 million in additional funding this year. Rather, as I said, the administration is taking away nearly \$80 million from the USAID infectious disease program, and reducing our contributions to the Global Fund by \$200 million from projected fiscal year 2003 levels.

Also, when we look at the President's commitment to the Global Fund to

Fight AIDS, Tuberculosis, and Malaria, for which he has only designated \$1 billion over the next 5 years, or \$200 million per year, the Global Fund is a public-private partnership. It is an efficient, accountable, results-oriented mechanism for responding to these three killer diseases: AIDS, TB, and malaria. It is an innovative fund, and it operates under a technically rigorous and efficient process.

Just last week, I read that I think it was Malawi had requested some funds, and those funds were not released because certain requirements had not been met. I think the Government of Malawi wanted to put the funds in a general account, so the funds were not released until Malawi made the alterations in their plans. That demonstrates the kind of oversight that the Global Fund does have and why it is so important, because of the way in which this funding is provided to the countries through a coordinated partnership coming from within that country, a community-based approach that knows where those funds are needed and can best apply those funds to the problem. This is the best place that the funds should be provided; and as I said, they should be provided up front.

I also said at the time that I would have felt a lot more confident in the \$15 billion if I had also heard that the U.N. population funds had been released; because, again, I had a lot of concern about where these funds actually going to be available. Later on, the President did say that he was going to take on some measures that would release these funds; but again, we read that they are going to be tied to whether abortion counseling is given.

In many countries that need these funds, countries where HIV/AIDS is rampant, these are sometimes the only or the first line of defense for women, particularly, but men also, in terms of protecting themselves and getting the kind of information and counseling that they need to prevent HIV and AIDS.

We had what we thought might have been good news just a couple of weeks ago about a vaccine, but we are very far off from a vaccine today. So prevention remains the best way to address this disease, and the U.N. population funds do provide that kind of prevention. We need to release those funds.

We heard our colleague, the gentlewoman from Michigan (Ms. KILPATRICK), talk about the Mexico City language, the gag rule. These funds are needed. They are part of the process. We need to have them released.

I also said at that time that I would have felt more confidence in the announcement of the funding if there had also been a concurrent announcement that the United States was going to support the release of the funds for Haiti.

Haiti is one of those countries that is in the first round of the Global Trust Fund funding, the awards. But if they do not have the infrastructure in place,

if they do not have the concurrent funding to have the health care infrastructure in place, those funds will not be able to be as effective as they would be otherwise. So in the absence of all of the other measures that need to be in place, the commitment, despite the pronouncement of \$15 billion for global HIV and AIDS, still does not live up to the promise that we heard in late January during the President's State of the Union address.

So I would call on the President and call on my colleagues to urge our President and to urge this administration to provide the level of funding; and I believe it should be somewhere in the area of, is it \$2 billion each year? And because the fund is now underfunded and will probably run out of funds after the second round, really, a country such as ours should be able to provide even more than this, since we have not funded it to our total amount over the last couple of years.

Certainly \$2.2 billion should come from our country. It will encourage other countries to increase their contributions to this fund. It is just not right for us to offer this promise of a global trust fund to allow them to give to three or four countries in the first round and several countries in the second round, and then to find that the funds have run out.

Already, the Caribbean countries have been asked to cut back on their projected requests. They have had to cut that in half. We heard when we were in Barcelona that if we continue to address this pandemic with dribs and drabs of funding, with the same lack of commitment that we have seen over the past 20 years, that the numbers will double and quadruple, hundreds of thousands of people will become infected, and we will experience many more deaths, not only overseas but here at home, as well.

So again, I am calling on the President and asking our colleagues for their support in providing the kind of funding that is needed to fight this global AIDS pandemic.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for her very comprehensive statement. I would like to commend her for her leadership with the Congressional Black Caucus in terms of sharing in our health brain trust. Just today we held a health brain trust with regard to the country of Haiti, and I am delighted that the gentlewoman raised Haiti in her presentation.

Haiti is the most impoverished country in the Western Hemisphere. Ninety percent of all HIV and AIDS infections in the Caribbean are in Haiti. Over 300,000 people are infected and have been identified, and deaths from HIV and AIDS have left over 163,000 children orphans, so it is so important that we encourage the administration to release the funds that the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) mentioned in terms of the International Development Bank.

Mr. Speaker, I yield to the gentleman from New York (Mr. OWENS), my colleague and a real leader on behalf of our children and on behalf of the Caribbean, on behalf of those suffering and living with HIV and AIDS. I thank the gentleman for his participation this evening.

Mr. OWENS. Mr. Speaker, I thank the gentlewoman for yielding to me. I would like to thank the chairman of the caucus, the gentleman from Maryland (Mr. CUMMINGS), as well as the gentlewoman from California (Ms. LEE), for sponsoring this Special Order on AIDS. It is focused on AIDS help for Africa, but we cannot really separate AIDS in Africa from the pandemic that is sweeping over the whole world.

We do not hear much talk about AIDS in India, but I assure the Members that it is a big problem there. It is a nation with a billion people and very densely populated, and in a few years their problem will be far greater than Africa's.

We do not hear much about AIDS in China. They have kept it a secret, even from themselves, to the point it has gotten out of hand; and we are going to hear far more, again with a nation of more than a billion people. It is a pandemic sweeping the world.

I stood up and applauded, along with the rest of my colleagues, when President Bush announced a special initiative on AIDS, \$15 billion worth of resources behind that initiative, during his State of the Union address. We stood up and applauded.

I would like to keep applauding. I would like to say to our colleagues, let us throw a positive spotlight on this and hope that by continuing to applaud and continuing to hold it up, it will be done and done right; that we will make some corrections on some of the problems we have heard enunciated tonight with the way in which it is being done, in robbing Peter to pay Paul, and a number of other things we have heard behind the scenes about certain people who do not agree with the President, and they are determined to sabotage it in the various agencies. We hope that will not happen.

We hope this represents an example of the better angels in American foreign policy, the better angels of American leadership. Those angels have come forward time and time again, and they have always not only benefited the people that we helped, but they have benefited us.

The better angels sometimes appear in terms of a military force. They went off to Europe to fight fascism, and the boys who died on the beachheads of Normandy and other places there were fighting first of all to get invaders out of a foreign land and to save Europe from fascism, but it certainly was also to save the rest of the world from fascism.

During the aftermath of that war, World War II, we launched a Marshall Plan, a Marshall Plan which I think cost \$20 billion in the currency of that

time, \$20 billion to help save the European countries from economic hardship and starvation, which would have led them into the bottomless pit of Communism. It was one of the best programs in terms of expenditures of money. We got more for our money through the Marshall Plan than from any other program that we had launched to contain Communism.

We fought a war in Korea, we fought a war in Vietnam, always to stop the tide of Communism; but we paid billions and billions of dollars more, and we paid in lives. The Marshall Plan, which was a nonviolent plan, a plan using the economic might of America to go to the aid of people of Europe, was effective in stopping Communism in Europe. So we have reaped benefits from the better angels policies that we have put forward.

Here is a chance to do it again. The pandemic is sweeping the world. We are helping to save ourselves. I speak as a Congressman from a district which is at the epicenter of the North American AIDS epidemic. The epidemic in North America, the epicenter is in Brooklyn; it is in Brooklyn in part of my district, an area called Brownsville and Fort Green, east New York, east Flatbush. There is a heavy Caribbean population in part of that area, and a large Haitian population in part of that area, so these things are not so foreign to us. Haiti is not that far away and the Caribbean is not that far away.

We need to think in one other dimension, that is, that microbes are the most powerful force in the world, the most powerful living forces in the world. If Members have not read some of those books about microbes, how numerous they are and how they continue to multiply and change and mutate, then Members ought to become conversant with that.

Microbes, the germs that create the AIDS problem, are constantly changing and mutating. If we do not move, as one of our speakers has said, if we continue the dribs and drabs and do not move in as rapid a way as possible with all the available resources that we can muster, we may have a situation where the microbes mutating will end us up with something far more dangerous than we have now.

AIDS is very complicated. One has to have intimate contact with a person to get AIDS from a person. There is nothing to say that the mutations will not take place and we will have some creatures flying in the air. The process of the way microbes mutate and viruses develop and so forth is such that it is not inconceivable that we could have a much worse problem affecting, or with the capacity to impact, much larger numbers of people.

So when we help the people of Africa and anywhere else struggling under this problem at this particular point, we are also helping ourselves. We need to understand that. We are helping ourselves when we use our resources in this way to guarantee some kind of

better quality of life, some kind of opportunity for people to be able to cope with it. With the help of outside forces from the high-tech world and the modernized, industrialized nations, maybe they will have a chance to get a grip or handle on it and be able to cope.

These same countries are the places where Osama bin Laden and all the other terrorist leaders of the world will be recruiting people as they sink deeper into despair, as we have more and more orphan children. We have wars raging right now in many parts of the world, and children soldiers. Children soldiers are the backbone of those wars. So we cannot separate out the effort to stamp out AIDS from the other problems of the world. We can help ourselves a great deal if we listen to the better angels of our nature. If we use our resources to help people, we will end up helping ourselves a great deal. I think that is to be remembered as we go forward.

Let us support the President and urge him to make certain that the problems that have been identified here are ironed out as rapidly as possible. Let us make sure that our credibility is not questioned because of something we are proposing that we are not delivering. Let us get all of our colleagues on board to try to stamp out this scourge that affects the whole Earth and could easily come home and affect large numbers of our own people.

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Ms. LEE. Mr. Speaker, I want to thank the gentleman from New York (Mr. OWENS) for his participation and for reminding us that really Africa is just the tip of the iceberg, and this is a global pandemic.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentlewoman and I thank her very much for the ability to share this afternoon.

Mr. Speaker, I think it is important just to note to the public that is listening and to our colleagues that are a part of this debate is that the real crux is that this is a crisis of such magnitude that the fact that \$5 billion is old money and not new money, causes us to desire the administration to re-investigate their commitment to global AIDS and increase the funding.

I think it is important to note, Mr. Speaker, that over the next 5 years, 40 million children in Africa will be orphaned by way of losing 1 or 2 parents to HIV/AIDS. It is clear that the Caribbean and India and China are facing the same kind of crisis. It is also clear that President Mbeki of South Africa has made it very clear that you cannot fight HIV/AIDS without fighting TB and malaria. And we only are getting \$1 million over the next 5 years for TB and malaria when the Global Fund needs \$6.2 billion to operate.

It is extremely appropriate that Tommy Thompson, now the Chair of the Global Fund will look at these

problems and acknowledge that we have got to do better. The other thing is, I think it is very difficult to be able to tell other countries when they are speaking the language of family planning that they can not get funding for HIV/AIDS, part of family planning is to save lives of women who may be infected with HIV/AIDS.

Truly we have a crisis, and I believe having gone to Africa in the first presidential trip in the term of the administration of President Clinton when we went and traveled to countries like Zambia, South Africa and Botswana, we saw what Africa could do. Now we know that they can do a lot with generic drugs. Distribution questions can be answered. I would simply say, Mr. Speaker, that it is imperative that we fight this battle together, link arms together to ensure that we do not orphan any more children around the world.

Let me close by saying, Mr. Speaker, by saying this is a problem right in our own back yard. And I ask HHS to make sure that the minority fund for minorities that are fighting HIV/AIDS in our respective communities get to those minority agencies here in America. Because I hear over and over again, wherever I go, that those funds designated by the Congressional Black Caucus are not getting to those inner-city agencies and nonprofits to fight HIV/AIDS rights in our backyard. This is an issue for the President. The Global AIDS Fund is an issue for the President and the administration, and I hope that we can collectively work together because we should be committed to saving lives.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman for her statement and for her leadership and for her patience on this special order.

Let me yield to the gentlewoman from the District of Columbia (Ms. NORTON), and I want to thank her also for her participation and her leadership this evening.

Ms. NORTON. Mr. Speaker, quickly, I want to thank the gentlewoman for her sustained leadership on this issue.

I want to focus on one issue and that is the failure to use multilateralism when it comes to AIDS policy. The unilateral approach we see here that we do not have a global approach to AIDS any more than we have the kind of global approach we need to war and to terrorism. In both, lives are at stake. The Global AIDS Fund is applauded all over the world because it is a low cost administered fund with great accountability, philanthropists serve on it. And what have we done?

It is not clear whether we are setting up a new fund, a new entity. What is clear is we are giving only a billion dollars rather than the more than \$2 billion that should go to that fund, so where is the rest of our money going to? Why are not we using this multilateral approach which would get the most bang for our dollar?

I think the reason is we do not want to play by the same rules that the rest

of the world is playing by. We want the global gag rule and the way to make sure we get a global gag rule is to pull our money out and deal with our money ourselves. That is a tragedy to take the gag rule and apply it to AIDS treatment.

Imagine in Africa what AIDS means. It means a terrible stigma that you cannot get treatment in the same place that you get family planning is going to mean that many people will not get treatment at all. We want unilateralism here to do what we tried to do with the Asian countries when we were recently discussing HIV prevention. We tried to delete the mention even of condoms there. We are trying to unilaterally impose our approach, an approach that we have imposed in our country, but democratically you can do that here, we are trying to impose that on the world. That is why we were seeing unilateralism here even as we have even unilateralism in much foreign policy since this President came into office. Lives are at risk. I ask that we go global when it comes to AIDS. I thank the gentlewoman for yielding.

Ms. LEE. Mr. Speaker, I thank the gentlewoman from the District of Columbia for her participation and for her leadership.

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 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.

EMERGENCY PLAN FOR AIDS RELIEF IN AFRICA

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

Ms. WATERS. Mr. Speaker, AIDS activists and interesting, caring legislators and others have been working on this AIDS issue for the past 20 years. President Bush did not get active on this issue over the past 2 years, but he has come to the table now to talk about emergency plan for AIDS relief in Africa. And according to the administration, this proposal will provide \$15 billion for global HIV/AIDS programs over the next 5 years, including \$10 billion in brand new money.

Now, we have to take a very close look at this here proposal. A closer look at the President's budget for fiscal year 2004 indicates that it may not be a pure \$15 billion that will be spent over the next 5 years.

One would think that \$15 billion over 5 years would amount to \$3 billion per year. However, the administration's budget for global AIDS programs for

fiscal year 2004 is only \$2 billion. An increase of just half a billion over the fiscal year 2003 level. Administration officials have indicated that they plan to phase in the proposed funding over the next 5 years. Phasing in funds is particularly troublesome in the case of the AIDS epidemic. Every year, another 3 million people die of AIDS, another 5 million become infected with HIV. How many people will we have to have die before we have an emergency plan, a real emergency plan that is triggered immediately?

The President promised that his proposed emergency plan for AIDS relief would provide \$10 billion in new money for global AIDS programs. When we look at this and upon close attention, it becomes very clear that the administration is transferring money from other development assistance accounts in order to fund this new proposal. The President's budget for fiscal year 2004 severely underfunds one of the Federal government's most important development assistance accounts, the Child Survival and Health Account.

Funding for this account was cut by \$470 million, relative to the fiscal year 2003 level. Indeed, when you combine the President's proposed increase of half a billion dollars for global AIDS programs with his proposed cuts of almost half a billion dollars in the Child Survival and Health Account, the total funding for the two programs is virtually identical to fiscal year 2000 funding. Cutting funds for Child Survival and Health in order to fund AIDS relief is no way to improve global health.

Another problem with the proposal in this plan for AIDS relief is that it virtually eliminates funding for the global fund to fight AIDS, tuberculosis and malaria. The global fund encourages developing countries to combine the efforts of government agencies, non-governmental organizations and civil society into a comprehensive strategy to fight epidemics in a manner appropriate for local needs and conditions. The global fund also allows donors to pool their resources so that developing countries do not have to deal with as many funding agencies.

Now, the President's proposal of \$15 billion over 5 years for global AIDS program includes only \$1 billion for the Global Fund. The President's budget provides only \$200 million for the global fund in fiscal year 2004 and presumably \$200 million per year over the next 5 years.

This will drastically reduce the Global Fund's activities which received \$400 million from the United States this year alone. The President is apparently determined to ensure that his \$15 billion emergency plan for AIDS relief will be implemented almost exclusively by the United States government agencies, Jeffrey Sacks, the Chairman of the World Health Organization's Commission on Macroeconomics and Health evaluated the President's proposal and concluded, "The U.S., as it is wont these days, has decided to go it alone."