

us. It is for all of us to know it is important that we as Americans acknowledge this genocide. That is what we are talking about today.

Some 56 years ago, my father entered Dachau concentration camp in Germany with the Seventh Army. He took photographs there that day of those surviving that genocide, those starving people that the American troops fed and liberated.

He remembers the quote from Adolph Hitler when Hitler was cautioned by the German chiefs of staff about his genocidal plans. Of course, as we have heard tonight, Hitler's retort was, "Who remembers the Armenians?"

Well, 86 years ago today, the Ottoman Empire set out on a well-orchestrated campaign to exterminate a race of people. On that day, they began the campaign by focusing on the Armenian religious and political and intellectual leaders that they arrested in Constantinople, and they murdered them.

In the years that followed, Armenians living under Ottoman rule were systematically deprived of their property, their individual rights, and ultimately, of their lives. As we have heard, between 1915 and 1923, the number of deaths was horrific. Some 1.5 million Armenians were murdered and 500,000 were deported from their homeland; and at the end of these 8 years, the Armenian population of Anatolia and western Armenia was virtually eliminated.

Henry Morgenthau, the U.S. ambassador to the Ottoman Empire at the time, characterized this as a death warrant to a whole race. Morgenthau recognized that this campaign was ethnic cleansing. It is unfortunate that the Turkish Government to this day does not recognize this. Willful ignorance of the lessons of history all but ensures that those mistakes can be made again.

In the last Congress, I joined 143 of my colleagues to cosponsor a congressional resolution recognizing the Armenian genocide. The resolution expressly differentiated between the Ottoman Empire and the modern day Republic of Turkey. We understand these are not the same governments.

Unfortunately, despite hard-fought efforts, the resolution was never able to come to the House floor last Congress because of concerns, in my mind concerns without merit, with Turkey's reaction. I believed then, as I do now, that it remains important for the Congress to go on the record.

Beyond affirming the U.S. record on the Armenian genocide, the resolution encouraged awareness and understanding of what genocide is, and this crime against humanity has been compounded to this day by those who refuse to recognize it. The victims and their families, many of whom live in the United States, are owed this recognition. That is why we must have this resolution pass this floor.

In my home State of California, the State Board of Education has incor-

porated the story of Armenian genocide in the social studies curriculum. California is doing the right thing.

As of last September, California law now permits victims of the Armenian genocide and their heirs to use California courts to pursue unpaid insurance claims. The tentative settlement reached between heirs of Armenian genocide victims and New York Life Insurance over claims that New York Life failed to honor are an estimated 2,500 valid insurance claims. That is a good start.

The Armenian genocide is not simply a problem of the past; it has implications for the future. Our actions now will lay the groundwork for addressing genocide whenever it threatens to erupt again.

Many of the survivors of the genocide and their descendants now live, as I say, in the United States, many in California. This 85-year-old tragedy is more than an event in history. By recognizing and learning about the crime against humanity, we can begin to honor the courage of its victims and commemorate the strides made by its survivors.

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HIV AND AIDS PANDEMIC HAS DEVASTATED MANY COUNTRIES IN AFRICA

THE SPEAKER pro tempore (Mr. ROGERS of Michigan). Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, I rise before my colleagues to talk about the HIV and AIDS pandemic. The AIDS pandemic has devastated many countries in Africa, leaving few men and women and children untouched. Sub-Saharan Africa has been far more severely infected by AIDS than any other part of the world. In 16 countries, all in sub-Saharan Africa, more than 1 in 10 adults is affected by the HIV virus.

According to a joint report issued by the United Nations Program on HIV and AIDS, one-half or more of all 15 year-olds will eventually die of AIDS in some of the worst areas affected such as Zambia, South Africa, and Botswana. Over 34 million HIV/AIDS cases are in the world, and 24 million or 70 percent are in Africa.

I recently visited Botswana to see up close the destruction this disease has caused. Approximately 35 percent of Botswana's adult population is affected by HIV. AIDS has cut the life expectancy in Botswana from 71 years to 39, according to Karen Stannecki of the United States Census Bureau during an appearance at an international AIDS conference held in South Africa in July of 2000.

The visit that I made strengthened my conviction to do my part in bringing the awareness to this issue and to work with my colleagues in Congress, national governments, State and local

governments, and activists around the world to do more for the people who have the virus and to do more to stop the spread of the disease.

Soon after I returned from Botswana, I sponsored an HIV/AIDS roundtable discussion in my district that consists of public health officials, community activists, HIV/AIDS case managers, community health providers, doctors, individuals suffering from HIV/AIDS. I sponsored this roundtable because my district in eastern North Carolina has a high incidence of HIV/AIDS.

Eastern North Carolina, which includes more than my district, all on the south side of 95 North, the Interstate, about 25 counties indeed have 30 percent of the State's HIV disease. That only represents, by the way, only 20 percent of our population. Clearly this is an issue that is affecting us both domestically as well as internationally.

Given the loss of lives AIDS has caused, the destruction of entire communities, the long-term impact of economic growth, we must step up our effort to fight the devastating disease. With children dying at the age of 15 and the life expectancy in most of Africa of 45 years for children born in some countries, something must be done. Indeed, children being born in these countries cannot expect to live long. There is very little future.

To ignore the problem is to our own peril, but to know the impact of AIDS and then to ignore it is to our own shame.

I applaud the pharmaceutical companies for dropping the lawsuit to prevent South Africa from importing cheaper anti-AIDS drugs and medicines. Now we must increase efforts to provide affordable anti-AIDS drugs to all who need them. I challenge the pharmaceutical industry, countries worldwide, and the United States government to engage in a collected effort to get the necessary drugs to people infected with HIV/AIDS.

Mr. Speaker, I include for the RECORD two publications on this issue, one from The New York Times and the other from The Washington Post, as follows:

[From the New York Times, Apr. 21, 2001]
DESPITE LEGAL VICTORY, SOUTH AFRICA
HESITATES ON AIDS DRUGS
(By Rachel L. Swarns)

JOHANNESBURG, April 20.—With the Champagne consumed and the celebration over, advocates for AIDS patients today turned their attention from the South African government's legal victory over the drug industry and looked to the future.

With sinking hearts, many concluded that the next big barrier to expanding access to AIDS drugs might well be the government itself.

The drug industry conceded South Africa's right to import cheaper brand-name medicines, but the governing African National Congress was not aggressively charting the way forward.

Instead, in its online newspaper, the party was ticking off countless reasons why the country should think twice about providing lifesaving AIDS cocktails.

In this, the ruling party was echoing the health minister, Dr. Manto Tshabalala-Msimang, who dashed the hopes of her allies on Thursday when she made it clear that providing AIDS drugs was not a government priority, even though the drug industry had just dropped its objections to a law that allows South Africa to import brand-name drugs at the lowest prices available.

When pressed about her plans for treating the nation's 4.7 million people infected with H.I.V., Dr. Tshabalala-Msimang insisted that the government was already offering adequate care without costly AIDS drugs.

Mark Heywood, a lawyer who helped organize the street protests that applied pressure on the drug industry to drop its lawsuit against South Africa, said today that the minister's remarks felt "like a stab in the back." And her comments and those from the A.N.C. have revived concerns about the government's commitment to providing the medicines in a country with more people infected with H.I.V. than any other.

This morning, Mr. Heywood and other advocates for AIDS patients gathered to consider a new campaign to pressure drug companies to lower prices of AIDS drugs in the private sector. But they also decided to focus on the government, and to turn up the heat if necessary, to persuade health officials to work harder to bring the AIDS drugs readily available in the West to the poor in South Africa.

"Our work on the court case shows our willingness to enter into partnership, but we will not shirk from very difficult engagements with the government," Mr. Heywood said. "Yesterday was an important and empowering victory. But we're measuring success by bringing real medicines to real people."

On Thursday, 39 drug companies agreed to drop a lawsuit intended to block a law that would expand access to cheaper medicines. Among other things, it would allow the government to buy brand-name drugs that advocates say are sold more cheaply in India and Brazil than in South Africa.

But the law, which will take effect in several months, is unlikely to expand access significantly. The drugs are still expensive for South Africa, and the health care system here, particularly in rural areas, is still largely unprepared to administer such complicated medicines and to monitor patients.

Advocates for AIDS patients acknowledge those obstacles. Still, many had hoped to hear a sense of urgency from the government about addressing them.

Other African countries that are poorer than South Africa and that have even weaker health systems have already moved ahead with pilot programs that provide anti-retrovirals at a low cost. The countries include Ivory Coast, Uganda and Senegal.

Botswana, a relatively wealthy African country, hopes to provide the medicines to all of its citizens who need them by the end of the year.

Many people here hoped South Africa would be next. AIDS activists want the government to consider financing plans, to start training nurses and doctors and upgrading local hospitals and to put together a national treatment plan.

Other activists are pressuring the government to apply for special permission to import cheap generic versions of the patented AIDS drugs, which would finally bring the "cocktails" within reach.

But the government is clearly reluctant to take the preliminary steps to get those drugs to the dying.

Some suspect this reluctance may come from President Thabo Mbeki, who has publicly questioned the safety of the drugs and whether H.I.V. causes the disease. After

being assailed here and abroad for his stance, Mr. Mbeki withdrew from the AIDS debate last year.

And in recent months, the government has taken positive steps, announcing a pilot program to distribute anti-retrovirals to pregnant women to prevent transmission to newborn; accepting a drug company donation to treat opportunistic infections; and developing guidelines for the proper use of anti-retrovirals in the private sector.

But Dr. Thabalala-Msimang emphasized that programs to provide anti-retrovirals for adults were not coming anytime soon.

"For the moment, the best advice is to treat opportunistic infections," she said on Thursday. She added that such treatment, along with improved diet and counseling, would "allow people with H.I.V. to manage their lives and participate adequately."

"We are indeed treating people who are H.I.V. positive," Dr. Thabalala-Msimang continued, in response to repeated questions about when anti-retroviral programs might be available. "It is not correct to say that just because we do not provide anti-retrovirals that we are not treating people."

[From the Washington Post, Apr. 23, 2001]

GLOBAL AIDS STRATEGY MAY PROVE ELUSIVE; MORE FUNDS AVAILABLE, BUT CONSENSUS LACKING

(By Karen DeYoung)

After a string of victories in the long battle for lower-priced AIDS drugs in poor countries, health care experts, AIDS activists and major donors are facing what might be an even tougher challenge—agreeing on a unified strategy to fight the pandemic.

"Now is when the hard part starts," said Johnathan Quick, head of the essential medicines division of the Geneva-based World Health Organization.

One debate among health experts and activists concerns whether to concentrate new resources on sophisticated treatment—even at newly reduced prices—to improve and prolong the lives of those in advanced stages of the disease, or on AIDS prevention, less expensive treatment of AIDS-related diseases and basic health programs aimed at stopping the disease's spread. More than 36 million people worldwide, the vast majority of them in sub-Saharan Africa, are infected with the human immunodeficiency virus (HIV), which causes AIDS.

Resolving this and other differences has taken on new urgency as donors have indicated willingness to provide substantial new funds for a global AIDS campaign. Uneasy about a lack of coordination, some donors, led by Britain's Department for International Development, this month issued what some described as an ultimatum to UNAIDS—the consortium of U.N. agencies and the World Bank that oversees international AIDS efforts.

"They told us they want something put on the table," said a senior representative of a UNAIDS member. "They challenged us to have a common view."

At a meeting in London today, members of UNAIDS are scheduled to present a broad proposal for an international AIDS trust fund administered by both contributing and recipient countries. Participating in the meeting will be delegates from the United States, Britain and other members of the Group of 8; the Scandinavian countries and the Netherlands; and major private donors, including the Gates Foundation. Questions about how to spend the money would be decided by a joint governing committee formed of donors and aid recipients.

Getting various organizations and countries in line for a common approach has not been easy. The United Nations was thrown

into an uproar late last month when Carol Bellamy, executive director of the U.N. Children's Fund, declared in a New York Times op-ed article that "UNICEF is prepared to step forward as the lead United Nations agency in the procurement of anti-retroviral drugs on behalf of individual countries."

That offer, reportedly not cleared with U.N. Secretary General Kofi Annan, upset WHO Director General Gro Harlem Brundtland, who saw it as a premature policy proposal, as well as a public challenge to WHO's primacy on AIDS. U.N. agencies in charge of development and population, among others, voiced disapproval, even as they, too, clamored to claim a share of money that is not yet available.

"They are sort of like sharks when there's blood in the water," said one close observer of the U.N. process. "There is money in the air."

Apart from the United Nations, others have proposed uses for new funding. Early this month, Harvard economist Jeffrey Sachs proposed establishment of a massive global AIDS fund to purchase anti-retroviral drugs for Africa. AIDS activists criticized the proposal, which would involve patent-holding pharmaceutical companies, for not favoring generic producers who have offered even cheaper prices.

Two days later, Microsoft founder Bill Gates called a news conference to warn that the treatment emphasis risked undermining prevention efforts. Gates's family foundation has given hundreds of millions of dollars to the international fight against AIDS—the most of any single donor.

After years of being shamed by international pressure, the major pharmaceutical companies are now offering the three-drug anti-retroviral AIDS "cocktail" to some poor countries for less than a tenth of the developed world's \$10,000 per patient per year starting price. Patent-busting generic producers have offered even lower prices.

Nongovernmental activists riding high after humbling the pharmaceutical industry on the price issue are calling on African governments to immediately start positioning themselves to provide the drugs. They point to Brazil, whose government produces its own anti-retrovirals and distributes them for free.

"I think the big decisions are not with the co-opted northern bureaucrats," said James Love of the Washington-based Consumer Project on Technology, a Ralph Nader-affiliated group that analyzes drug pricing. Love, who along with other activists advocates bypassing the big companies and going straight into import and production of generic drugs, called on African governments to "have the guts" to move forward with new authorizing laws.

But some have warned that such a strategy is ultimately counterproductive. They point out that Africa has neither the health infrastructure nor the personnel to support widespread use of the complicated treatment regime. There are currently 14 anti-retroviral drugs, patented by a handful of major companies, used in various combinations to compose the three-drug cocktail. New drugs will be needed as existing compounds become less effective, and many companies are involved in the search for a vaccine.

The companies have argued that generic producers do not pay for research and development, and unless the world trade system can guarantee that future patents will be protected, research funds will be diminished.

Many Africans say they don't want to be pushed. "We wouldn't like any further delay" in caring for South Africa's more than 4 million HIV-infected people, Foreign Minister Nkosazana Dlamini-Zuma said last week as the major pharmaceutical companies withdrew from a three-year lawsuit to

prevent her government from authorizing import and production of generic drugs. "But regulations have to be done before any laws can be implemented. We'll do what we can, not because of pressure, but because we think it's right."

Other African seemed caught between their desire to get to the front of the line for new funding and early resentment of the expected new onslaught of advice and dictates from developed countries. "A Ugandan colleague told me that the biggest epidemic lately is the epidemic of initiatives," one European aid official said.

The proposal that was to be outlined today in London leaves open the question of how much should be spent on drugs. UNAIDS has estimated that a minimum of \$3 billion a year is needed to establish basic HIV prevention and non-anti-retroviral treatment in sub-Saharan Africa alone. Adding the anti-retroviral drugs, even at bargain-basement prices, would bring that total to about \$10 billion.

International contributions currently total less than \$1 billion a year. According to a General Accounting Office report released last month, Africa expenditures in the fight against HIV/AIDS in fiscal 2000 by the U.S. Agency for International Development—the largest national donor—totaled \$114 million. The GAO report noted that amount "translated into per capita expenditures for 23 sub-Saharan African countries" ranging from \$0.78 in Zambia to \$0.03 in the Democratic Republic of Congo.

In its budget resolution passed this month, the Senate voted to increase total international AIDS spending to \$1 billion over the next two years, although President Bush's budget proposes only a small fraction of that amount.

The European Union, as well as its individual members, and Japan have said they are prepared to provide major new funds.

But nobody believes that \$10 billion is a realistic expectation for the near or middle term, and choices will have to be made.

"The exclusive focus on the issue of patent rights and prices of drugs really has overridden the much more fundamental question of how you actually get these services out and how you blunt the epidemic itself," said one international health official who asked not to be identified. "If all of these resources go to treating the terminally ill, then we can in fact see this process turn into one that's really negative for the development of effective prevention programs.

"It's so politically incorrect to say, but we may have to sit by and just see these millions of [already infected] people die," he said, acknowledging that this was an option that would be considered unacceptable in the developed world. "Very few public health professionals are willing to take on the wrath of AIDS activists by saying that. But a whole lot of them talk about this in private."

Mr. Speaker, I mentioned the life expectancy of some in Africa of 45. To continue to watch this disease shorten the lives of most people, again, is a challenge to us morally; and it is to our peril if we do not understand the implication it has, not only on global trade, but also in national security.

South African government also now has an opportunity and also a challenge. They must respond to the victory of the pharmaceutical companies withdrawing their lawsuit by seeking medications for the 4.3 million people. They cannot stand by and do nothing.

In the United States, people have been living longer with HIV virus and

with AIDS. While not a cure for AIDS, certainly the drugs have allowed many American citizens and citizens living in developing countries to live longer. These drugs are out of reach to most in Africa. Until we find a cure for AIDS, treatment must be affordable and accessible. Treatment can prolong life, indeed give substantially more quality of life. In the United States, we now have AIDS-related treatments and that has added to the mortality.

Mr. Speaker, I urge my colleagues to act on this.

TRIBUTE TO WEST POINT CADET JOHN HEINMILLER

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

Mr. RAMSTAD. Mr. Speaker, the people of Eden Prairie, Minnesota are in mourning today as they grieve the loss of a favorite son, West Point Cadet John Heinmiller.

There are no words to adequately convey our sympathy to Cadet Heinmiller's family. Our hearts and prayers go out to John's father John, his mother Julie, and younger brothers and sister Joe, Jimmy and Sue, on Cadet Heinmiller's tragic death early Sunday in Garrison, New York.

John's loving family and countless friends are in shock over the passing of this remarkable young man who "left an indelible mark on friends, coaches and teachers," to quote from today's front page article in the Star Tribune.

Mr. Speaker, John's death is not only a great tragedy for his wonderful family, but also a great tragedy for Eden Prairie High School and the United States Military Academy. John was loved and respected by everyone who knew him. Of the several hundred service academy nominations that I have made over the past decade, John truly stands out for his remarkable personal qualities.

John was not only a star in hockey, football and the classroom, John was a star in the way he conducted his life. As I said, when I nominated John to West Point: "John Heinmiller is destined for success at the Military Academy and beyond because he has it all: highly intelligent, a great student athlete, personally charming, a quick wit and, most importantly, integrity and character that we need in our future leaders."

It is not easy to stand out, Mr. Speaker, the way John Heinmiller did at a high school renowned for its athletics with more than 3,000 students. An honors student, John was so highly respected for his leadership qualities that his teammates at Eden Prairie High School voted him senior captain of both his football and hockey teams. He also earned his school's highest athletic honor the Scott Ryski Award.

As his Eden Prairie High School football coach Mike Grant put it best, "John was a good football player, but

above that, he was an outstanding person. This is a devastating loss to our school, our community and our city. This is a kid who would have been leading our country someday."

Eden Prairie's boys' hockey coach, Lee Smith, also coached John and said, "He was also the kind of person that if you spent 2 minutes around, you would see dedication, love, charisma and energy. John was one of the greatest role models who has ever gone through our high school."

At West Point, John was a freshman hockey player and was called up to play with the varsity this past season. From all reports by West Point officials and coaches, John had already distinguished himself and was headed for great success.

Above all, Mr. Speaker, John Heinmiller loved his family very dearly. His younger brothers and sister were his best friends. As John's dad told me yesterday, "His mother and I could not have asked for a better son in every way."

Mr. Speaker, my prayer today is that Cadet John Heinmiller's legacy will inspire all of us to greater heights. We thank God for the way John lived his life and the wonderful role model he was. We are also grateful to John for his service to country at West Point.

May John Heinmiller's spirit continue to live in each of us and may God bless his family and friends.

ARMENIAN GENOCIDE

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

Ms. WOOLSEY. Mr. Speaker, I rise this evening to once again reflect on the atrocities suffered by the Armenian people at the hands of the Ottoman Turks 86 years ago.

Little did anyone know that, on this very day, April 24, 1915, that day would forever signify the beginning of a Turkish campaign to eliminate the Armenian people from the face of this Earth.

Over the following 8 years, 1.5 million Armenians perished. Hundreds of Armenian religious, political, and intellectual leaders were massacred. More than 500,000 were exiled from their homes. Armenian civilization, one of the oldest civilizations, virtually ceased to exist.

Sadly, little attention is paid to this tragic episode of 20th century history. But that is why I join my colleagues, as I have each year since I was elected to Congress, to remember one of the most tragic events that humankind has ever witnessed.

But, unfortunately, as time wears on, so much of it has faded into memory, and people begin to forget what occurred during that horrific time. Even worse, as time passes, and people are distracted from the atrocities, naysayers and revisionists have the opportunity to change this generation's understanding of the Armenian genocide.