countries. The lack is real, and the brain drain continues. But one reason doctors flee Africa is that they lack the tools of their trade. AIDS funding offers us a chance not only to treat patients and nurture underserved regions, but also to train community health care workers to supervise care, for AIDS and many other diseases, within their own communities. These nurses and neighborhoods. Such training should be undertaken even in places where physicians are abundant, since community-based, closely supervised care represents the standard of care for chronic disease, whether in the First World or the Third. And community health care workers must be compensated for their labor if these programs are to be sustainable.

Fourth, extreme poverty makes it difficult for many patients to comply with antiretroviral treatment. Indeed, poverty is and away the greatest barrier to the scale-up of treatment and prevention programs. Our experience in Haiti and Rwanda has shown us that it is possible to remove many of the social and economic barriers to adherence but only with what are sometimes termed “wrap-around services”: food supplements for the hungry, transportation to clinics, child care, and housing. In many rural regions of Africa, hunger is the major coextensive with patients with AIDS or tuberculosis, and these consumptive diseases cannot be treated effectively without food supplementation. Coordination among initiatives such as the President’s Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the World Food Program of the United Nations can help in the short term; fair-trade agreements and support of African farmers will help in the long run.

Fifth, investments in efforts to combat the global challenges of AIDS and tuberculosis are much more generous than they were five years ago, but funding must be increased and sustained if we are to slow these increasingly complex epidemics. One of the most ominous recent developments is the advent of highly drug-resistant strains of both causative pathogens. “Extensively drug-resistant tuberculosis” has been reported in the United States, Eastern Europe, Asia, South Africa, and elsewhere; in each of these settings, the coexistence of HIV has amplified local epidemics of almost untreatable strains. Drug-resistant malaria is now common worldwide, extensively drug-resistant HIV disease will surely follow, and massive efforts will be needed to treat these diseases ethically and effectively will be needed. We have already learned a great deal about how best to expand access to second-line antituberculous drugs while increasing control over their use; these lessons must be applied in the struggles against AIDS, malaria, and other infectious pathogens.

Finally, there is a need for a renewed basic-science commitment to vaccine development, more reliable diagnostics (the 100-year-old tests widely used to diagnose tuberculosis are neither specific nor sensitive), and new classes of therapeutics. The research-based pharmaceutical industry has a critical role to play in drug development, even if the overall goal is a segmented market, with higher prices in developed countries and generic production with affordable prices in others.

There has been a heartening increase in basic-science investments for tuberculosis and malaria; funding for HIV research at the National Institutes of Health remains robust. Yet the fruits of such research will not arrive in time for those now living with, and dying from, AIDS and tuberculosis. New tools are needed to detect, diagnose, and treat these diseases. Policies of poverty will be added to the stockpile of other potentially lifesaving products that do not reach the poorest people, unless we develop an equity plan to provide them. Right now, our focus must be on improving access to the therapies that are available in high-income countries. The past few years have shown us that we can make these services available to millions, even in the poorest reaches of the globe.

The unglamorous and difficult process of increasing access to prevention and care needs to be our primary focus if we are to move toward the lofty goal of equitably distributed medical services in a world riven by inequality. Without such goals, the slogan “One World, One Hope” will remain nothing more than a dream.

**AMERICA’S OLDEST MAIL ORDER CATALOGUE COMPANY CELEBRATES ITS 150TH ANNIVERSARY**

**HON. BERNARD SANDERS OF VERMONT**

In the House of Representatives

Thursday, September 7, 2006

Mr. SANDERS. Mr. Speaker, Charles F. Orvis founded the Orvis Company in 1856 to sell high quality fly-fishing equipment.

The Orvis Company has been doing exactly that—selling the best in fishing equipment throughout the entire world—ever since. The reel that Charles Orvis developed, a ventilated fly reel, is still the basis of most modern fly reels. In fact, the Orvis Company is the oldest fishing rod manufacturer in the world, selling rods made in Vermont all over the globe. And its catalogue business is older than that of Sears or L.L. Bean, for it has been in existence for over 100 years. Currently, 26 annual catalogues—Orvis mails out over 50 million catalogues a year—help generate the company’s remarkable sales of over $250 million annually.

Orvis has deep, deep roots in Vermont, but it has shown the flexibility to adapt to a growing international market. It has distributors in 25 countries, and sells widely in both England and Japan. Although Orvis has its headquarters in Manchester, Vermont, where its flagship store of 23,000 square feet is also located, Orvis has 30 retail stores throughout the United States and in England. Its network of dealers is truly global, with dealers in not only North and South America, but Europe, Asia, Africa, and Australia.

But Orvis is not just about success in retailing. The company has a deep commitment to preserving the natural environment. Each year Orvis puts 5 percent of its pre-tax profits into conservation projects and, works to multiply its commitments—through matching donations from customers to its forest/wetland and biodiversity projects.

With 150 years of success behind them, we wish the owners and employees at Orvis many more years of success ahead, both in retailing, and in their efforts to preserve our precious natural heritage.

**TRIBUTE TO JOHN BASILONE**

**HON. RODNEY P. FRELINGHUYSEN OF NEW JERSEY**

In the House of Representatives

Thursday, September 7, 2006

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to ask my colleagues to join with me in paying tribute to a man who dedicated his life to the United States Armed Forces. John Basilone, born in 1916, served in the United States Army from 1934 until 1937 and in the United States Marines from 1942 until his death in 1945. Each year, since 1981, the great cities of the Borough of Raritan in Somers-