

I join my colleague, Representative TANCREDO in urging the House to approve this resolution to acknowledge and highlight the efforts of the Arapahoe Rescue Patrol.

Mrs. MINK of Hawaii. Mr. Speaker, I yield back the balance of my time.

Mr. TANCREDO. Mr. Speaker, I have no other requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Colorado (Mr. TANCREDO) that the House suspend the rules and agree to the resolution, H. Res. 456.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

#### WORLD BANK AIDS MARSHALL PLAN TRUST FUND ACT

Mr. LEACH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3519) to provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic, as amended.

The Clerk read as follows:

H.R. 3519

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "World Bank AIDS Marshall Plan Trust Fund Act".

#### SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918–1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS, 1,200,000 are living with the disease; and in one year alone—1999—an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000—roughly 70 percent—of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS, of which 13,700,000—over 80 percent—occurred in Sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United Nations Children's Fund (UNICEF) states "[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response" and that "finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community."

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40—the lowest life expectancy in the world—due to high mortality rates from HIV/AIDS.

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS, some developing nations—such as Uganda, Senegal, and Thailand—have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated "[n]o company and no government can take on the challenge of AIDS alone," and that what is needed is a new approach to public health—combining all available resources, public and private, local and global."

(16) The World Bank, declaring AIDS not just a public health problem but "the foremost and fastest-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(17) The World Bank estimates that for Africa alone \$1,000,000,000 to \$2,300,000,000 annually is needed for prevention in contrast to the approximately \$300,000,000 a year in official assistance currently available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES.—The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world,

through the creation of a trust fund which is designed to—

(1) work with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, donor agencies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, nongovernmental organizations, and recipient countries to combat the spread of HIV/AIDS.

#### TITLE I—NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

##### SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury shall seek to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES.—The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including affordable drugs. Among the activities the trust fund would provide grants for would be programs to promote best practices in prevention, including health education messages that emphasize risk avoidance; measures to ensure a safe blood supply; voluntary HIV/AIDS testing and counseling; measures to stop mother-to-child transmission of HIV/AIDS, including through diagnosis of pregnant women, access to cost-effective treatment and counseling and access to infant formula or other alternatives for infant feeding; and deterrence of gender-based violence and provision of post-exposure prophylaxis to victims of rape and sexual assault. In carrying out these objectives, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY.—In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which—

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE.—

(A) IN GENERAL.—The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund, the Trustee would be responsible for managing the day-to-day operations of the trust fund.

(B) SELECTION OF PROJECTS AND RECIPIENTS.—In consultation with the President and other donors to the trust fund, the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund, standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund. The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(C) TRANSPARENCY OF OPERATIONS.—The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund.

(D) ADVISORY BOARD.—

(i) APPOINTMENT.—The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES.—The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. Once the Advisory Board is established, the Secretary of the Treasury shall ensure that the Trustee provides the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

**TITLE II—UNITED STATES FINANCIAL PARTICIPATION**

**SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.**

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury \$100,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

**TITLE III—REPORTS**

**SEC. 301. REPORTS TO THE CONGRESS.**

(a) ANNUAL REPORTS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund, the goals of the trust fund, the programs, projects, and activities, including any vaccination approaches, supported by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

(b) APPROPRIATE COMMITTEES DEFINED.—In subsection (a), the term “appropriate committees” means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

**TITLE IV—HIV/AIDS PREVENTION AND CARE**

**SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.**

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p—262p-7) is amended by adding at the end the following:

**“SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.**

“The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with Sub-Saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS, including through health care delivery mechanisms which facilitate the distribution of affordable drugs for persons infected with HIV.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Iowa (Mr. LEACH) and the gentleman from New York (Mr. LAFALCE) each will control 20 minutes.

The Chair recognizes the gentleman from Iowa (Mr. LEACH).

Mr. LEACH. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of one of the most important healthcare initiatives in modern times, the creation of a World Bank AIDS Trust Fund.

There are few issues more difficult to discuss in public life than the AIDS issue, but any sense of historical perspective requires that Congress recognize that it is quite likely that no issue in the world is more consequential.

In parts of Africa where the epicenter currently resides, as well as South Asia and the Caribbean where the disease is fast moving, AIDS and the precipitating HIV virus have jumped well beyond the population groups considered most at-risk in America.

Millions of women now have the HIV virus and it is being transferred in the womb to the unborn. Out of a sense of self-preservation for mankind itself, if not simply humanitarian concern for those affected, this disease must be eradicated whatever the cost.

The purposes of H.R. 3519 are straightforward: To prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering and mitigate its effects on economic development and security through a World Bank-administered trust fund that would work with governmental and nongovernmental organizations and leverage United States contributions to

mobilize additional resources from other donors, including the private sector.

The bill before us, which has captured the attention of medical and development professionals working to combat the HIV/AIDS crisis around the world, was passed by the Committee on Banking and Financial Services on March 15 by a strong bipartisan 27-to-4 vote.

The committee has been in regular contact with the administration regarding the development of this legislation, as well as our floor amendment, and I am pleased to inform Members that we received today a statement announcing that the administration strongly supports the passage of H.R. 3519.

At the dawn of the 21st century, the world confronts one of the most serious and urgent public health challenges in the history of mankind. According to the United States Surgeon General, AIDS will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300s and the influenza epidemic of 1918 to 1919, which killed more than 20 million people worldwide.

Already 16.3 million have died from AIDS and more than 33 million are living with this deadly disease. Indeed, the global AIDS epidemic might fairly be described as a disease of biblical proportions.

The statistics in the global AIDS crisis, particularly in sub-Saharan Africa, are stunning. Although it only has 10 percent of the world's population, sub-Saharan Africa accounts for 80 percent of global AIDS deaths and nearly 70 percent of the world's current HIV/AIDS cases. The African continent is also confronted with an unprecedented number of orphaned children from AIDS.

At the committee's March hearing, Mary Fisher, the founder of the Family AIDS Network, who eloquently addressed the Republican Convention in 1992, testified about her recent trip to Africa. She told the committee that what dominates the African landscape is orphans, acres of orphans; orphans raising orphans because there is no one else left to do it. Tough children take to the streets. Weak children die of starvation. Many just sit, docile and sick, a vast human ocean of orphans, mostly infected and doomed.

While Africa is the current epicenter of the disease, it is moving towards Asia and nothing would be a greater mistake than to think that oceans are boundaries capable of containing the spread of diseases of this nature. At this time, for instance, there is an alarming increase in the HIV/AIDS infection rate in the Caribbean and in parts of South and Southeast Asia, as well as the Newly Independent States of the former Soviet Union.

As bleak as the global picture is, it nevertheless must be understood that

there are prevention and education strategies that are effective against the spread of HIV/AIDS. Statistics from Uganda and Senegal in Africa and from Thailand and Asia demonstrate the positive impact of strong prevention programs. Encouragingly, those strategies can be applied in other countries as well.

The innovative approach outlined in the World Bank AIDS Marshall Plan Trust Fund Act holds out the promise of catalyzing a much stronger global response to the AIDS epidemic. Implicit in approaches involving Bretton Woods institutions is the possibility of attracting additional contributions from other donors, including, as uniquely authorized in this bill, the private sector.

For a modest \$100 million per year contribution in the table from the United States, we have the prospect of leveraging multibillion dollar contributions from other public and private donors over the next 5 years.

It is my hope that some of the resources made available in this initiative could be applied to ultimately achieving a desperately-needed medical breakthrough in developing an AIDS vaccine, but until the day that such a vaccine is available, the only vaccine we have is what Dr. Peter Piot of UNAIDS calls a social vaccine, that is education and prevention efforts.

H.R. 3519 is directly targeted at maximizing this social vaccine through education and prevention initiatives.

In conclusion, let me stress that America has a particular obligation to do everything within its power to prevent and ultimately eradicate HIV/AIDS, particularly among those most vulnerable, our children both here and abroad.

□ 1715

Mortality may be a part of the human condition, but all of us have an obligation to put an end to those conditions that precipitate premature death, particularly at very young ages.

For the country that leads the world in wealth and research capacity to abdicate its responsibility to confront forth rightly this biblically proportioned humanitarian crisis would be morally derelict.

I am honored to join my colleagues, the gentleman from New York (Mr. LAFALCE) the distinguished gentlewoman from California (Ms. LEE), the gentleman from New York (Mr. GILMAN), the gentleman from Oklahoma (Mr. COBURN), and the gentlewoman from Maryland (Mrs. MORELLA) and so many others in pressing for congressional action in this crisis, and urge my colleagues to give it their support.

Mr. Speaker, I reserve the balance of my time.

Mr. LAFALCE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Missouri (Mr. GEPHARDT), the minority leader.

Mr. GEPHARDT. Mr. Speaker, I rise in strong support of the World Bank AIDS trust fund legislation we are considering today. I commend the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH), the authors of this legislation, for their leadership and hard work in not only calling attention to the magnitude of the HIV/AIDS pandemic, but in developing an important initiative that will help address this horrible problem.

I believe that the global HIV/AIDS crisis is the preeminent moral issue of our time. Yet, most Americans do not know very much about the crisis and the devastation that this disease has caused in Sub-Saharan Africa and other nations and continents around the world. In fact, the future of Africa may well be at risk, and the consequences of the failure to act may condemn future generations to a deadly cycle of poverty and chronic illness.

It is simply impossible to imagine lasting political or social progress in Africa without forcefully addressing the increasing toll that this disease is exacting on her people. Most of us who live in nations with high standards of living cannot become complacent about our success and good fortune, and ignore the millions of fellow human beings whose struggle to achieve political, economic, and social progress is in such jeopardy. We have to significantly increase the efforts we have made to date if we are to succeed in helping other peoples curb the HIV/AIDS pandemic.

So we must increase international funding for vaccine research, for efforts to stop the spread of the HIV virus, and for the care of those already infected. We must also address the crushing debt problem with which too many of the poorest nations in the world are saddled.

I commend the administration for its efforts in these areas, and fully support its budget request, which calls for much needed increases in next year's funding.

Because our response must be multifaceted, the World Bank trust fund that would be established by the Leach-Lee legislation will play a very important part, as well, by bringing together multinational, private sector, and nongovernmental resources to fight HIV/AIDS.

I urge all of my colleagues on both sides of the aisle to support this important initiative. Again, I commend the gentleman from Iowa (Mr. LEACH) and the gentlewoman from California (Ms. LEE) for a job well done.

Mr. LAFALCE. Mr. Speaker, I yield myself such time as I may consume.

Mr. LAFALCE. Mr. Speaker, H.R. 3519 is a bill which can mean life instead of death for millions of people. H.R. 3519 primes a pump of worldwide resources to fight one of mankind's deadliest enemies, AIDS.

The Acquired Immune Defense Syndrome is sweeping our planet. It is striking us without discrimination as to age, gender, income, race, religion, or nationality. Our Surgeon General has estimated that this will soon be the worst plague to strike mankind in all recorded history, worse than the bubonic plague of the 1300s, worse than the worldwide influenza epidemic of the early 1900s; worse than any other illness in the history of the world.

So a broad, a global, a coordinated defense against this scourge must come. It has been unmercifully slow in coming. However, it is coming, and this bill is a very major part of it.

Mr. Speaker, H.R. 3519 is aimed at inclusiveness in the HIV/AIDS battle. Our Treasury Secretary is directed to initiate negotiations within the World Bank, its members, and other interested parties to create a trust fund to receive resources from any entity to combat HIV and AIDS through grants.

The bill as amended today authorizes a U.S. contribution of \$100 million to the AIDS-targeted trust for each fiscal year from 2001 to 2005. We know our contribution will be leveraged many fold by additional contributions from such an open community of donors. A figure of at least \$1 billion per annum is possible.

Secondly, our bill, entitled the "World Bank AIDS Marshall Plan Trust Fund Act," is very flexible. Trust fund resources can be deployed globally. This is not merely a reaction to a crisis in Africa or the growing threat in Eastern Europe. The transborder character of AIDS is fully recognized.

Further, no single line of attack is elevated over another. There will be no priority given a prevention over a cure or a cure over a prevention.

The findings of our Committee on Banking and Financial Services fully demonstrate that we cannot delay. Thousands, tens of thousands, are infected daily. Until AIDS can be brought to heel globally, no matter what the success of steps to stem it domestically might be, the virus will threaten us. Even now it is believed incidence of strains largely found outside the United States, and having different characteristics from our predominant strain B are rising domestically. This bill is a highly productive path for a global counterattack. I urge its unanimous passage.

Mr. LEACH. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from New York (Mr. GILMAN), chairman of the Committee on International Relations.

Mr. GILMAN. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, I am pleased to rise in strong support of H.R. 3519, which addresses the urgent need for global resources by leveraging the U.S. contribution to a World Bank AIDS trust

fund of \$100 million annually over the next 5 years to mobilize potentially more than \$1 billion a year from other governmental and private sector donors for grants to operations working to combat, to eradicate, and to mitigate the impact of the AIDS virus throughout the world.

I want to commend the gentleman from Iowa (Mr. LEACH), the distinguished chairman of our Committee on Banking and Financial Services, and the gentlewoman from Texas (Ms. LEE), for sponsoring this important measure.

Mr. Speaker, the AIDS pandemic may soon become the most deadly infectious disease in modern times, eclipsing the influenza epidemic earlier this century that caused some 20 million deaths worldwide.

Recent estimates place the AIDS death toll at over 16 million people and rising. Over 33 million people are living with this disease, and most of these infected live in the developing world. Therefore, until this terrible disease is eradicated, our efforts to promote economic development and democratic practices are going to be impeded as the meager resources of these infected developing societies are drained by this terrible scourge.

Sub-Saharan Africa has been particularly hard hit. This bill encourages prompt action in that region of the world. However, no area of the world has been spared the ravages of this deadly disease. It is rapidly spreading today in Asia and throughout the Pacific Rim at an alarming pace.

As this disease continues to spread, the international health economic and security implications are very serious and require the unique leadership of our Nation. The Committee on International Relations will be holding hearings soon to identify ways in addition to this measure in which our Nation can effectively combat AIDS and other infectious diseases that are not only a human tragedy of immeasurable proportions, but also pose a threat to the health and well-being of the American people.

In our own State of New York, the spread of the West Nile virus epidemic last year is a testament to the need to remain vigilant about the global threads of AIDS and all other infectious diseases.

Accordingly, Mr. Speaker, I urge my colleagues to join in strong support of H.R. 3519 so that our Nation can lead the world community in seeking more private and public contributions to combat the deadly AIDS virus. Not only is it in our national interest to do so, but it is the right thing to do so.

Mr. LAFALCE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. LEE), the principal co-author of this bill.

Ms. LEE. Mr. Speaker, I rise today to express strong support for the World

Bank AIDS Marshall Plan Trust Fund Act, H.R. 3519.

First, I would like to thank the gentleman from Iowa (Chairman LEACH) for his wisdom and commitment to ensure that Congress is on the right side of history and that we address this pandemic in a bipartisan fashion.

Also, I would like to thank my colleagues, the gentleman from Missouri (Mr. GEPHARDT), the minority leader, the ranking member, the gentleman from New York (Mr. LAFALCE), the gentleman from New York (Chairman GILMAN), and the Congressional Black Caucus, especially the gentlewoman from California (Ms. WATERS) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), for demonstrating leadership in moving this issue forward in the spirit of bipartisanship and cooperation.

Finally, I also would like to acknowledge the contributions of my predecessor and dear friend, Mr. Ron Dellums, for remaining committed to the fight as a public citizen, and raising consciousness throughout the world regarding this pandemic.

The World Health Organization has proclaimed that HIV/AIDS is the world's deadliest disease. It has ravaged Sub-Saharan Africa, claiming 13.7 million lives. Today, 23.3 million adults and children are living with HIV and AIDS. AIDS is decimating the continent and leaving behind millions of orphans in its wake. By the year 2010, the number of orphans in Africa will equal the number of children in America's public schools.

An estimated 6,000 people die in Africa every day due to AIDS. Since I introduced my original bill last August, H.R. 2765, of which most provisions are retained in this bill, 1.8 million people have perished. The survival of a continent is at stake.

This is not only a humanitarian crisis, it is an emerging economic catastrophe. Teachers are disappearing from classrooms. Skilled workers are vanishing from production plants.

Over the past year, our Nation's moral compass has pointed us in the direction that guides us now to address the AIDS crisis globally and most profoundly in Africa. However, I remind Members again that the AIDS crisis in Africa is only the epicenter. The Caribbean, Asia, India, Latin America, and the Balkans are only ticking time bombs. In our own country, people of color are being disproportionately hit by HIV and AIDS.

The Clinton administration has rightfully recognized AIDS as a national security threat and has issued an executive order to provide access to HIV/AIDS pharmaceuticals and medical technologies. This is a step in the right direction. The President has also issued a statement of administration policy in support of the World Bank AIDS Marshall Plan Trust Fund Act.

Mr. Speaker, I include for the RECORD the Statement of Administration Policy issued by the Executive Office of the President.

The document referred to is as follows:

STATEMENT OF ADMINISTRATION POLICY  
H.R. 3519—WORLD BANK AIDS MARSHALL PLAN  
TRUST FUND ACT

The Administration strongly supports the passage of H.R. 3519, which would increase international efforts to combat the global spread of HIV/AIDS, and agrees with its sponsors that there is a critical need for new sources of funding in order to combat this growing pandemic effectively. The President's FY 2001 Budget requests a \$100 million increase for HIV/AIDS prevention, treatment, and related activities, bringing the total HIV/AIDS funding (exclusive of research) in FY 2001 to \$342 million. The current U.S. efforts to combat global HIV/AIDS are by far the largest among bilateral and multilateral donors. In addition, the Administration has proposed a \$50 million contribution to the Global Alliance for Vaccines and Immunization (GAVI) and new tax credits to help spur the development and distribution of vaccines for HIV/AIDS and other diseases that result in millions of deaths every year in the developing world.

The Administration believes that H.R. 3519 takes an important step towards our common objective of increasing the international effort to combat this pandemic. We believe that additional flexibility in negotiating the exact structure of the multilateral funding mechanism will ensure that this mechanism will best meet the objectives of other donors and the requirements of recipient countries and organizations, and therefore will maximize our ability to increase other donor participation. The Administration looks forward to working with the Congress to address this goal. We also note that H.R. 3519 raises constitutional concerns regarding the President's exclusive authority in foreign affairs to represent, and negotiate on behalf of, the United States.

The Administration remains fully committed to other high priority international initiatives and to the funding levels proposed in the President's Budget for HIV/AIDS programs and other critical components of our existing international affairs budget request. A new multilateral funding mechanism will take time to become operational and effective, and therefore the passage of the President's FY 2001 Budget for HIV/AIDS programs is imperative and will result in immediate assistance in the fight against global HIV/AIDS.

Mr. Speaker, AIDS, like all diseases, knows no boundaries. There is no guarantee that the scale of the problem on one continent can be contained in that region. In fact, it is just the opposite.

□ 1730

So I want to leave on one thought. An old Swaziland proverb says, "There is a poisonous snake in our house. If we do not get it out, it will kill us all."

Left unaddressed, AIDS will wipe out Africa. Today, as the world watches, Congress must step up to the plate and hit a home run. Vote yes for final passage of H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act.

Mr. LEACH. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Maryland (Mrs. MORELLA), a great friend.

Mrs. MORELLA. Mr. Speaker, I thank the gentleman from Iowa for yielding me this time.

Mr. Speaker, I certainly want to salute and commend the gentleman from Iowa (Chairman LEACH) and the gentlewoman from California (Ms. LEE) for introducing this very important legislation, the World Bank AIDS Marshall Plan Trust Fund Act, and to the leadership for scheduling it for consideration today. This legislation would provide \$500 million over 5 years for HIV and AIDS treatment, prevention, and research, beginning in Africa.

Over the past several months, an incredible amount of attention has been directed to the devastating plight Africans are facing due to the AIDS crisis. More than 11 million Africans have died from AIDS. This represents more than 70 percent of AIDS deaths worldwide.

The spread of AIDS in Africa has increased economic instability, is causing serious food and agricultural destabilization and will result in a severe drop in life expectancy rates.

Thirteen million children have lost one or both of their parents to AIDS, and life expectancy is expected to plummet from 59 years to 45 years between 2005 and 2010.

This bill directs the U.S. Government to seek the establishment of a new AIDS Prevention Trust Fund at the World Bank. The bill authorizes U.S. contributions of \$100 million a year for 5 years in the hopes of leveraging that contribution to obtain contributions from other governments as well as private sector companies to reach \$1 billion a year. The proceeds of the trust fund would support AIDS education, prevention, treatment, and vaccine development efforts in the world's poorest countries, particularly in sub-Saharan Africa.

The United States is uniquely positioned to lead the world in the prevention and eradication of HIV and AIDS. H.R. 3519 responds to this crisis.

Again, I thank the gentleman from Iowa (Chairman LEACH) and the gentlewoman from California (Ms. LEE) for introducing this legislation. I certainly urge support by this House of this legislation.

Mr. LAFALCE. Mr. Speaker, I yield 3½ minutes to the distinguished gentlewoman from California (Ms. WATERS), ranking member of the Subcommittee on Domestic and International Monetary Policy, the subcommittee with jurisdiction over the World Bank, and one of the chief promoters of this legislation.

Ms. WATERS. Mr. Speaker, I would like to thank the gentleman from New York (Mr. LAFALCE) for the time that he has allocated to me today.

Mr. Speaker, I rise to express my support for H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, and I would like to commend the gentlewoman from California (Ms. LEE) for her leadership on this critical issue.

H.R. 3519 was passed by the Committee on Banking and Financial Services on March 15 by a bipartisan majority. This regulation would direct the Secretary of the Treasury to enter into negotiations with the World Bank for the creation of a World Bank AIDS Trust Fund to provide grants to support HIV/AIDS treatment and prevention programs in the countries of sub-Saharan Africa and other less developed countries. I am proud to be a co-sponsor of this bill.

However, I must say I am deeply dismayed that the funding authorized by this bill is only half of what had been approved by the Committee on Banking and Financial Services. During the Committee on Banking and Financial Services's consideration of H.R. 3519, I offered an amendment to the bill that increased the amount of funds authorized to be appropriated for payment to the World Bank AIDS Trust Fund from \$100 million to \$200 million per year.

Although my amendment was passed by the Committee on Banking and Financial Services, the leadership, the Republican leadership, reduced the funding back to only \$100 million before bringing the bill to the floor today without any discussion with those of us who worked so hard to double that amount. This undemocratic reduction was done without a unanimous-consent request, without a rule from the Committee on Rules, without any opportunity for the Members of the House to debate it.

Given the magnitude of HIV/AIDS epidemic in sub-Saharan Africa, this reduction of funding is dangerously unwise. In sub-Saharan Africa, there are over 5,000 AIDS-related funerals every day. Since the beginning of the HIV/AIDS epidemic, over 80 percent of all AIDS deaths have occurred in sub-Saharan Africa. By the end of 1999, there were an estimated 23.3 million people in sub-Saharan Africa living with HIV/AIDS. This is 70 percent of the total number of HIV-infected people worldwide.

The National Intelligence Council of the Central Intelligence Agency, the CIA, released a report in January of this year on the threat of HIV/AIDS and other infectious diseases to our national security.

According to this report, "Some of the hardest hit countries in sub-Saharan Africa, and possibly later in South and Southeast Asia, will face a demographic upheaval as HIV/AIDS and associated diseases reduce human life expectancy by as much as 30 years and kill as many as a quarter of their populations over a decade or less, producing a huge orphan cohort. Nearly 42 mil-

lion children in 27 countries will lose one or both parents to AIDS by 2010; 19 of the hardest hit countries will be in sub-Saharan Africa."

Despite the urgency of this epidemic, Congress has not demonstrated a willingness to commit the resources necessary to stop the spread of this devastating disease.

I am thankful for this \$100 million. It should be more. I know that the gentleman from Iowa (Mr. LEACH) worked very hard on this. To tell my colleagues the truth, because he is so fair all the time, I was a little bit disappointed that this had happened without any discussion, without my knowing and others knowing, who had worked so hard to increase it, that it would come to the floor in this manner.

All we have is \$100 million. We do not have the \$200 million. Certainly we are not going to turn it down. I support it. I hope we can do better in the future.

Mr. LEACH. Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from Oklahoma (Mr. COBURN) who has quite constructively added some language on best practices techniques from his medical background for this bill. I am very appreciative.

Mr. COBURN. Mr. Speaker, I thank the gentleman from Iowa for yielding me this time. I thank the committee for the manner in which they worked with us.

For \$4 a baby, we can prevent HIV infection in Africa, \$4. That is all it takes, one dose of nevirapine, and the pregnant woman who has HIV for her child not to become infected. That is the minimal that we can do.

This bill brings forward the first of many challenges that the world is going to face in terms of HIV. About 3 months ago, I met with directors, AIDS directors of 21 African countries and visited with them about what they were doing. My hope is, as we pass this bill and we assess the success that I know that is going to take place in Africa, because we have already seen major changes in two countries, Uganda and Senegal, my hope is that, as we vote for this, that we will apply the same common sense to the AIDS epidemic in America.

See, the same women, African-American women are being unduly hit by this disease. The same children, African-American children in America are five times more likely to contract this disease than a white child. An Hispanic child is three times more likely to contract this disease.

So as we vote to help Africa in this dreaded disease, and this will be great help, it will make a tremendous difference, we will have not ever spent \$100 million more effectively than the money that is going to be authorized in this program, please look at how we handle HIV in this country, and let us not let another baby get infected in

this country, the wealthiest country in the world. Let us not allow people to continue to be ignorant about HIV and this infection.

I thank the gentleman from Iowa (Mr. LEACH), chairman, and the gentleman from New York (Mr. LAFALCE), ranking member, for this bill. It has my wholehearted endorsement.

Mr. LAFALCE. Mr. Speaker, I yield 2 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Speaker, I rise today in support of H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act. I want to commend the bill's prime sponsors, the gentleman from Iowa (Mr. LEACH), chairman of the Committee on Banking and Financial Services, and the gentlewoman from California (Ms. LEE) for their efforts in bringing this important and vitally needed bill to the floor today.

I want to particularly recognize and thank the gentlewoman from California (Ms. LEE) for her leadership in fighting HIV and AIDS in people of color globally and on all fronts.

Mr. Speaker, the enormity of the deadly impact of AIDS on the people and countries of Africa has been at crisis proportions for a long time and has long called us to act.

Since the onset of the epidemic, more than 11 million Africans have died from AIDS, representing more than 70 percent of AIDS death world wide. Although we have made small steps in the recent past today, we begin to respond more appropriately.

In addition to this measure, I applaud President Clinton for his recognition of AIDS as a national security threat and a doubling of his budget request to prevent the spread of HIV around the world.

The bill before us today will bolster this effort, and that of private pharmaceutical companies such as Glaxo-Wellcome, Bristol Myers-Squibb, Boehringer Ingelheim, Hoffman-LaRoche, and Merck & Co., and others who have also pledged to join this effort by helping to ensure that the Federal Government commits to addressing this issue over the next several years.

Out of compassion for our fellow human beings, and in recognition of our compelling economic and humanitarian interests in combatting infectious disease in developing countries around the world, although it falls short of what we had hoped for, I urge my colleagues to support passage of this bill.

Mr. LAFALCE. Mr. Speaker, I yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I very much thank the gentleman from New York for yielding me this time and for his work on this bill. I especially appreciate the work of the gentleman from Iowa (Chairman LEACH) who

worked so productively, and the gentlewoman from California (Ms. LEE) for whom this has been a priority issue for a long time.

H.R. 3519 has important breakthrough potential to level substantial funding from those who have it to those who do not. The spectrum of urgent needs in Africa from prevention to treatment and research is exhausting to even contemplate. This is why the President has indicated that AIDS worldwide is a national security issue. History, I think, will reveal him to be prescient in his understanding of the implications of the developed Nations in failing to move more rapidly. The Vice President has said the same thing when he made a historic appearance before the UN Security Council.

In this country, we have our own AIDS epidemic of major and tragic proportions in the minority communities. But this epidemic pales beside the plague in Africa that sees 11 million men women and children exposed and become HIV positive every single day. It is decimating an entire generation right at the time when Africa is in the throes of Nation building with democracy finally taking hold in many countries when one needs young educated people most. This funding hastens the time when urgently needed fundings can go directly to where they are most needed.

I congratulate the gentleman from Iowa (Mr. LEACH) and the gentlewoman from California (Ms. LEE) for moving us ahead on this urgent issue.

Mr. LAFALCE. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Ohio (Mrs. JONES), a member of the Committee on Banking and Financial Services, who has worked very hard on this, too.

Mrs. JONES of Ohio. Mr. Speaker, AIDS is a very important and security issue in our country and across the world. I thank the gentleman from Iowa (Chairman LEACH) and the gentlewoman from California (Ms. LEE), my ranking member, for proceeding on the issue of a Marshall Plan for Africa.

The epidemic and devastating effects of AIDS have impacted our country greater than the deaths attributed to war. The United Nations reported that while war and conflict took about 200,000 people in 1998, AIDS and HIV took about 2.2 million.

I recall, in fact, having had an opportunity to go to an Africa Today conference in Seattle. At that Seattle conference, an epidemiologist testified that there were grandparents in Africa taking care of as many as 25 to 30 of their grandchildren because their children have been devastated by the disease of AIDS.

□ 1745

The United Nations took up the security issue on the issue of AIDS this year when seven of the great leaders

from the continent of Africa were there to talk to the United Nations.

I am pleased that my colleagues have supported and presented this issue, and I rise in support of H.R. 3519 and thank my ranking member for the opportunity to be heard.

Mr. LAFALCE. Mr. Speaker, how much time is remaining on each side?

The SPEAKER pro tempore (Mr. PEASE). The gentleman from New York (Mr. LAFALCE) has 2½ minutes remaining, and the gentleman from Iowa (Mr. LEACH) has 6¼ minutes remaining.

Mr. LAFALCE. Mr. Speaker, may I ask if the gentleman from Iowa would be willing to share some of his time.

Mr. LEACH. Mr. Speaker, I would like to reserve 3 minutes for myself, but I would be happy to recognize someone on the other side.

The SPEAKER pro tempore. The Chair will be pleased to recognize whomever the gentleman yields to, and for how much time?

Mr. LAFALCE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD).

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentleman from New York (Mr. LAFALCE), the ranking member, for his leadership on this issue, and really thank my dear friend and colleague, the gentlewoman from California (Ms. LEE), for her tenacity and her leadership in pushing until this bill came to this floor.

It is so incredibly important that we support this piece of legislation. We have recognized by the statistics that have been presented to us all today how devastating it is in areas of Africa; in fact, all over Africa. It is really seen as a pandemic, and I urge my colleagues, everyone in this House, to support this.

As the cochair of the International HIV/AIDS, I have also seen this devastation now rising in places of India, Central America, Eastern Europe and other places, and we recognize that this disease is seamless. It has no borders. It has no respect for age, ethnicity or anything else. So I urge all my colleagues to look at this bill, vote the bill out, and make sure that we are addressing the most egregious disease that has ever hit the face of this country and the world.

In a bill that I had, Mr. Speaker, I had certain components as prevention, education, and making sure that research as to vaccine was a part of this bill. I am happy that that was inserted into the bill and I urge support.

Mr. Speaker, we cannot speak enough on a bill of this magnitude, on an issue of this magnitude. I am happy that the administration is supporting it, and I urge all my colleagues to support this bill.

Mr. Speaker, AIDS is potentially the greatest health catastrophe to humankind. It knows no borders and strikes individuals regardless of age, race, gender, national origin, or social

class. More than 16,000,000 men, women and children have died of AIDS. More than 33,600,000 people are living with HIV, and nearly all of them will die of AIDS-related complications within the next two decades. UNAIDS estimated that there were 5,600,000 newly-infected people with HIV in 1999, including an estimated 2,300,000 women and approximately 570,000 children.

Ninety-five percent of people worldwide living with HIV live in the world's poorest countries. With poor health systems, weak economies, poverty, and limited access to resources, the epidemic will grow even more over the next quarter century without immediate intervention.

There also are potential security implications in poor countries where the increase in HIV-infected military personnel is gradually weakening the capacity of militaries to defend their nations, maintain civil order, and deploy peacekeepers. Child soldiers and girl 'wives', some also HIV-infected, are a byproduct of a dwindling pool of adult recruits. Sustained education, prevention, and treatment programs for military personnel.

Alongside H.R. 3519, I authored this session H.R. 4140, "The International HIV/AIDS Partnership Prevention Act of 2000" that addresses the global HIV/AIDS challenge in all world regions. From Africa, Asia, the Caribbean, Latin America, Eastern and Central Europe and Russia, we must pull together world resources including our own to combat this disease.

Let me close by underscoring the human rights elements to this crisis. In our expedience to overtake this disease and bring education, prevention, and treatment to those infected with HIV/AIDS, we must not overlook their basic human rights.

I hope when this bill comes to Conference Committee that we will assure women, children and men around the world that we care for their human rights as well as their physical well being. I am reminded of the early days of the epidemic here in America when we had to grapple with broad social policy issues like privacy and discrimination.

I hope, Mr. Speaker, that when this House passes HIV/AIDS legislation, we will require that any government or organization can receive funds only if the government or organization, as the case may be, certifies that its laws, policies, and practices, as appropriate, do not punish or deny services to victims based on age, ancestry, color, disability, gender, national origin, race, religion, sexual orientation, and political status.

If we add this clause to our legislation, we not only will bring physical care and treatment to persons with HIV/AIDS but will also guarantee respect for their human and civil rights.

Mr. Speaker, I am pleased that this bill reflects so many of the issues I raised in H.R. 4140. I hope that this Congress will pass a global HIV/AIDS bill and we will move one step forward toward conquering this disease.

Mr. LEACH. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I thank the distinguished chairman of the Committee on Banking and Financial Services for yielding me this time, and for

his leadership on this very, very important issue. I am very pleased to join him and the distinguished ranking member, the gentleman from New York (Mr. LAFALCE), and thank them for bringing this to the floor.

I want to join them and others in commending my colleague, the gentlewoman from California (Ms. LEE), for her tremendous and relentless leadership on this issue.

Mr. Speaker, we all know the statistics, and they are staggering. George Bernard Shaw once said, "The sign of a truly intelligent person is that he or she is swayed by statistics." And these statistics, as I say, are not only swaying, they are staggering.

I think it would be interesting for our colleagues to know why this bill is so important and the wisdom of it. And I particularly want to commend the gentleman from Iowa (Mr. LEACH) for his work on the World Bank Trust Fund aspect of this. So our colleagues know, \$100 million a year over 5 years, largely focused on prevention, counseling, testing, treatment and care. They all must be increased dramatically. But the need for education, counseling, and testing is severe. Because of all the numbers we have heard about AIDS in Africa, my understanding is that 95 percent of those who are HIV infected, without the full-blown cases of AIDS, 95 percent of those people do not know that they are HIV infected.

So prevention, prevention, prevention is what we must do. We must prevent people from getting this and prevent them, therefore, from spreading it when they do not even know in 95 percent of the cases that they have it.

The funding provided by the World Bank AIDS Trust Fund will help the nations of sub-Saharan Africa move forward on all of these fronts while strengthening their capacity to provide HIV/AIDS treatments and other health care services that are vital for survival of the millions of Africans who are living with HIV/AIDS.

I support this legislation and commend the gentlewoman from California (Ms. LEE), the gentleman from Iowa (Mr. LEACH) and the gentleman from New York (Mr. LAFALCE), the three L's, for their hard work on this effort. It is a matter of life and death. Their leadership is to be respected by all of us and their legislation to be supported.

Mr. LAFALCE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, when we hear the two words "bubonic plague," we think, very often, of the worst plague that man has known. But that is wrong. That was in the 1300s, but it is not the worst.

When we think of the major plagues of this century and of all time, we think too of the world-wide influenza epidemic that in 2 years killed over 20 million people. That is far more than

were killed in World War I and World War II. And yet AIDS is worse than either of those two.

AIDS is a disease of biblical proportions. It requires an immediate response. It requires at the very least the passage of this bill.

Mr. LEACH. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, this is principally a humanitarian issue. Secondly, but accurately, as the President has suggested, it is a national security threat. Tertiarily, it is an economic challenge. According to the Global AIDS Policy Coalition at Harvard, AIDS has already cost the world GDP in excess of \$500 billion.

I raise this cost issue because frequently, in legislative bodies, we have to consider cost-benefit analysis. It is clear that the cost to eradicate and cure this disease is less than the cost of the disease itself in GDP terms. More importantly, it is far more costly in terms of lost minds and lost souls.

Mr. Speaker, this is the first significant new step emanating from Congress to deal with this disease. The gentlewoman from California (Ms. WATERS) has valid concerns about how much we are dedicating to it. Hopefully, this step can be built upon in the future.

In conclusion, I would like to thank the gentlewoman from California (Ms. LEE) and her dedication to this cause. I would also like to thank her predecessor, Ron Dellums, who, as a private citizen, is devoting his life to this challenge. I would be remiss if I also did not thank our staff, Cindy Fogleman, Jamie McCormick, Gary Parker, Jeanne Roslanowick, and Dick Peterson.

Finally, I would suggest that the Congressional leadership is to be congratulated. The gentleman from Missouri (Mr. GEPHARDT), the minority leader, has made this a seminal part of his concerns in this Congress. My own leadership, the Speaker, the gentleman from Illinois (Mr. HASTER), and the majority leader, the gentleman from Texas (Mr. ARMEY), have allowed this bill to come to the floor despite what many consider to have very controversial implications.

I believe, though, despite the controversy, this body is obligated to act, and act in a humanitarian way, and so I urge as strong a vote as possible on this initiative.

Ms. SCHAKOWSKY. Mr. Speaker, I want to express my continuing support for H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, is sponsored by the chairman of the Committee on Banking and Financial Services and the gentlewoman from California. I am very proud to be a cosponsor of that bill.

If enacted, H.R. 3519 would create a worldwide trust fund that is administered by the World Bank and funded by governments, the private sector, and international organizations. Nations would be able to receive grants from

the trust fund to address the HIV/AIDS crisis. The bill would direct the United States to contribute \$100 million a year to the fund for 5 years, the hope being that U.S. contributions would help leverage contributions from others in the private sector and the international community. I must say that, while I am happy this bill seems to have the support necessary for passage, I am extremely disappointed that the amount of annual U.S. contributions to the fund under this bill will be \$100 million instead of \$200 million, the amount approved by the House Banking Committee.

Although the passage of this bill would be a significant victory in the battle against HIV/AIDS, it is a small drop in a very big bucket. It is estimated that about \$10 billion would be needed over the next 5 years, just to fight AIDS in Africa. We must do much more if we want to seriously address the HIV/AIDS epidemic that is killing millions of people worldwide, and the United States has to lead the way. It is in our own best interests to do so, because HIV/AIDS knows no borders and, because it threatens the stability of the world, even more than conventional warfare.

AIDS is claiming more lives than all the armed conflicts in the last century combined. Twelve million men, women, and children in Africa have already died of AIDS. Today in Africa, 5,500 people are buried daily because of AIDS, and that number is expected to more than double. AIDS is the leading cause of death in Africa, but also, and this is very important, among young adult African-American men in the United States as well. It is our problem.

There is no doubt this bill is a necessary move in the right direction. Again, I commend my colleagues for their tireless efforts on this issue, and I urge all members to vote in support of H.R. 3519.

Mr. BENTSEN. Mr. Speaker, I strongly support this legislation, of which I am a co-sponsor. I also want to recognize and honor the original sponsor of this legislation, Chairman JIM LEACH of the House Banking Committee for his leadership in bringing this important issue to the floor today and for that of our colleague Representative BARBARA LEE, who has been the main champion of this critical issue. Working with the Chairman on the House Banking Committee, we were able to approve this bi-partisan legislation out of the full committee in March by a vote of 27 to 4.

Under this bill, the U.S. Treasury Department will negotiate with the World Bank and its members to establish a trust fund to solicit contributions from governments, the private sector and other non-governmental organizations to provide grants to address the global HIV/AIDS epidemic. The grants provided by the trust fund would support measures to implement and establish effective HIV/AIDS prevention measures as well as fund new research and development activities in the countries hardest hit by the epidemic. Participating countries with the highest rates of HIV/AIDS infection rates would receive priority under this legislation, and must agree to implement national strategies to combat HIV/AIDS. For payment to the World Bank HIV/AIDS trust fund, the bill authorizes \$100 million in each year from Fiscal Year 2001 through 2005 for a total of \$500 million over five years.

Almost 34 million people live with HIV/AIDS, of which about 95 percent live in the developing world. Approximately 16.3 million people have died of HIV/AIDS, with over 80 percent of those deaths occurring in sub-Saharan Africa, which accounts for only 10 percent of the world population. Worldwide, about 5.6 million new infections will occur this year, with an estimated 3.8 million in sub-Saharan Africa—3.8 million people will contract HIV. Every day, 11,000 additional people are infected—1 every 8 seconds. All told, over 34 million people in Africa—double the population of the State of Texas—have been infected with HIV since the epidemic began, and an estimated 13.7 million Africans have lost their lives to AIDS, including 2.2 million who died in 1998.

Each day, AIDS kills 5,500 men, women, and children. By 2005, if policies do not change, the daily death toll will not be 5,500, it will be 13,000—double what it is now—with nearly 5 million AIDS deaths that year alone, according to the White House Office of AIDS Policy. AIDS has surpassed malaria as the leading cause of death in Africa, and it kills many times more people on that continent than war. The overall rate of infection among adults is about 8 percent, compared with a 1.1-percent infection rate worldwide. In some countries of southern Africa, 20 to 30 percent of the adults are infected. AIDS has cut life expectancy by 4 years in Nigeria, 18 years in Kenya, and 26 years in Zimbabwe. AIDS is swelling infant and child mortality rates, reversing the declines that had been occurring in many countries during the 1970s and 1980s. Over 30 percent of all children born to HIV-infected mothers in sub-Saharan Africa will themselves become HIV infected.

There are many explanations for why this epidemic is sweeping across sub-Saharan Africa. Certainly the region's poverty, which has deprived much of Africa from effective systems of health information, health education and health care, bears much of the blame. Sub-Saharan Africa becoming the only region in the world in which women are infected with HIV at a higher rate than men, may also play a role. HIV/AIDS is becoming a major woman's issue. AIDS has largely impacted the heterosexual community in Africa, and it has established itself in such a way that it sweeps across and wipes out entire villages. Because of the region's poverty, all too often treatment of AIDS sufferers with medicines that can result in long-term survival has not been widely used in Africa.

Despite these sobering statistics, there is a bit of good news. Uganda is making significant headway with regard to prevention. Since 1992, the Ugandan government's very frank and high-profile public education efforts have helped to reduce the incidence of HIV infection by more than 15 percent. Thanks to recent medical research, there are now effective drugs that combat HIV/AIDS. For example, some recent pilot projects have had success in reducing mother-to-child transmission by administering the anti-HIV drug AZT, or a less expensive medicine, Nevirapine, during birth and early childhood.

New studies indicate that Nevirapine can reduce the risk of mother-to-child transmission by as much as 80 percent. NVP is given just once to the mother during labor, once to the

child within 3 days of birth. Taking three or four pills can mean that a child is prevented from being born with HIV. In fact, for \$4 a tablet this drug regime has created an unprecedented opportunity for international cooperation in the fight against AIDS. Currently, however, less than 1 percent of HIV-infected pregnant women have access to interventions to reduce mother-to-child transmission. Administered in a treatment regimen known as HAART—highly active antiretroviral therapy—antiretroviral drugs can allow people living with AIDS to live a largely normal life and use of the drugs can lead to long-term survival rather than early death. Such treatment is proven highly effective in developed countries, including our very own.

But despite these positive signs, there are many fronts on which there has been very little progress. Virtually no one has access to drugs to treat the disease. Prevention is unquestionably the most important element of the equation, but treatment cannot be ignored. Poverty should not be a death sentence—not when the infectious disease that is destroying African society can be treated.

Even beyond the human tragedy, there are vast economic costs to this epidemic. AIDS affects the most productive segment of society. It is turning the future leaders of the region into a generation of orphans. The United States and the other industrialized nations of the world have the power to make these life-savings drugs more affordable and accessible to Africans. If the U.S. and other G-7 nations fail to engage and address this crisis now, I fear we will be forced to address it in more costly terms, both economic and militarily in the future. We turn our backs on Africa, truly, at our own long-term risk.

I urge my colleagues to join with me in supporting this critical legislation to address the global HIV/AIDS epidemic.

Ms. KILPATRICK. Mr. Speaker, I support H.R. 3519 and commend my colleagues, Mr. LEACH of Iowa and Ms. LEE of California, for their initiative in crafting this piece of legislation.

Some 50 million people in developing nations are infected with the HIV virus. Sub-Saharan Africa, a region which I have had the privilege to visit more than once, has been far more affected by AIDS than any other part of the world. According to one report, 23 million adults and children are infected with HIV in that part of the world. They have about 10 percent of the world's population, and 70 percent of the world's HIV-infected people. In the African continent, 13.7 million people have already lost their lives to AIDS, and we shall surely see those numbers increase dramatically unless we step up our efforts to combat this worldwide epidemic.

An epidemic of such Biblical proportions is too overwhelming for just a handful of countries to attack. The AIDS epidemic requires the active involvement of our multilateral institutions, and that is precisely the objective of H.R. 3519. This bill establishes a World Bank Trust Fund to provide international grants to combat the spread of HIV/AIDS. The grants would provide significant levels of funding for HIV/AIDS treatment, prevention and research in developing countries.

Recently, the House and Senate sent to the President the African Trade and Opportunity

Act. This bill will open new economic opportunities for the continent, provide African countries with greater access to U.S. markets and consequently attract greater foreign investment. Africa needs these investments and market access opportunities to lift up its economy. However, it will never reach the road of economic prosperity as long as the HIV/AIDS epidemic continues to subjugate the African people. Until a cure is found, all other issues are of secondary importance.

President Clinton and his administration want to increase resources to fight AIDS abroad in fiscal year 2001. The World Bank AIDS Marshall Plan Trust Fund Act will help to ensure that the federal government will continue to address this issue over the next several years. The resources supplied by these efforts will go toward distributing medications which can prolong the life of HIV-infected people and improve their quality of life. This is significant when one considers that many African countries have national annual medical budgets of as little as \$6 per person. This bill will help these countries set up treatment, prevention and education programs. In return the benefiting countries must agree to implement a national HIV/AIDS program and undertake a commitment to work with multiple partners including those affected by the disease, religious and community leaders, health professionals and other entities.

The bill authorizes \$100 million in each of the following five fiscal years through fiscal year 2005. These funds would be authorized in addition to any other funds authorized for multilateral or bilateral programs related to HIV/AIDS or economic development. As a Member of the Appropriations Committee, I want to assure the sponsors of this legislation that I will work with them to obtain a fair share of funding in this year's appropriations cycle.

I join those who urge my colleagues to support this bill. This is timely legislation, and it deserves the approval of this chamber.

Mr. CASTLE. Mr. Speaker, I am in support of the World Bank AIDS Marshall Plan Trust Fund Act, H.R. 3519. I have seen first hand the devastation that AIDS has had on Africa, and I firmly believe that the United States and the rest of the developed world must act now to end the suffering and hardship caused by this terrible disease.

I cannot overstate my strong belief that H.R. 3519 is desperately needed legislation, and I am proud to be a cosponsor. Quite simply, passing this bill is the right thing to do. When I recently visited Zimbabwe, Nigeria, and South Africa, I was overwhelmed by the impact that AIDS was having, not only on those inflicted with the disease, but also on the thousands of orphans that the disease creates. In some countries, one-fifth to one-third of the children have already been orphaned by the disease.

The AIDS epidemic presents us with an unprecedented humanitarian challenge. The numbers for Africa are numbing—more than 23 million adults and children currently infected with the virus and, to date, almost 14 million AIDS-related deaths. Infection rates in some countries are in the 20 to 26 percent range.

In light of these statistics, the U.S. Surgeon General warns that AIDS will soon surpass the

bubonic plague as the worst epidemic of infectious disease in recorded history. Of the 33.6 million AIDS cases worldwide, 70 percent are in Africa. While I can cite these statistics, it is impossible to find any words to describe the magnitude of the human suffering and what amounts to be the potential destruction of an entire continent, not to mention the harm to those countries beyond Africa's borders.

H.R. 3519's call for an international response to the AIDS crisis in Africa is a reasonable step towards making sure that the people who need our help get it. While the United States alone cannot solve the AIDS crisis, it can provide leadership. Only the coordinated response of the developed world provides hope. In this regard, I was especially pleased to see last week that five of the world's leading pharmaceutical companies have agreed to drastically reduce the price that they charge in the world's poor countries.

However, it is important to understand that the United States and the developed world will never be able to effectively deal with the pandemic without the cooperation of the governments in the countries affected. Of all of the provisions in H.R. 3519, one of its most important provisions is the one that establishes the priority for making trust fund grants. In directing funds to programs in countries at the most risk, the law will factor in a government's level of commitment to combating the AIDS epidemic in determining whether a program should receive trust fund money.

As we have seen in countries such as Uganda and Senegal, active political support at the highest levels of government is essential to making sure the limited funds are not wasted. On this point, I emphasize with what I can only describe as total bewilderment the failure of some African leaders to face the AIDS epidemic. While we can provide financial support, the leadership and will to fight the epidemic must come from within Africa.

Funds are too scarce and the magnitude of what we are facing too great to invest in programs that are destined to fail because they lack the necessary internal support.

In closing, I want to thank Chairman LEACH and Congressman LAFALCE for their leadership on this bill. It is desperately needed, and I urge my colleagues to vote for it.

Mr. NADLER. Mr. Speaker, I strongly support H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund. I am proud to be a cosponsor of this important bipartisan legislation, which would address one of the greatest crises facing the world today, the tremendous spread of AIDS in Africa.

The AIDS epidemic has ravaged the nations of Africa, with over 23 million people estimated to be living with AIDS today in sub-Saharan Africa alone. Most heartbreaking is the effect this disease has had on the children of that continent. Roughly 8 million children in Africa are orphaned due to AIDS today and this number is expected to reach nearly 40 million in ten years.

The World Bank Trust Fund would harness the power of the world's public and private sectors to combat this devastating situation. This public-private partnership is a great example of the role the United States can play as an international leader in public health. This bill demonstrates that we have the resources

and the bill to help those who are suffering with this terrible disease.

Along with the recent steps taken by the Clinton Administration and several major pharmaceutical companies to ensure that affordable treatments are available in Africa, this bill would go a long way toward finally eradicating the spread of AIDS in Africa and bring some relief to a much beleaguered part of the world.

I applaud the efforts of all of those who have worked hard on this bill and I urge my colleagues to support it.

Mr. LEACH. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Iowa (Mr. LEACH) that the House suspend the rules and pass the bill, H.R. 3519, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. LEACH. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 3519, the bill just passed.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Iowa?

There was no objection.

#### MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate agreed to the report of the committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 434) "An Act to authorize a new trade and investment policy for sub-Saharan Africa."

#### EXPRESSING THE SENSE OF THE HOUSE OF REPRESENTATIVES REGARDING THE NATION'S LAW ENFORCEMENT OFFICERS

Mr. CHABOT. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 501) expressing the sense of the House of Representatives regarding the Nation's law enforcement officers.

The Clerk read as follows:

#### H. RES. 501

Whereas the Nation's law enforcement officers preserve and protect the safety and well-being of all the citizens of this country;

Whereas approximately 740,000 men and women risk their personal safety every day to fight crime and to safeguard our citizens;

Whereas peace officers are on the front line in the Nation's schools and on the Nation's streets, preserving children's right to learn in schools that are free of violence and citizens' right to safe communities;