

COMPACT-IMPACT FUNDING FOR
GUAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Guam (Mr. UNDERWOOD) is recognized during morning hour debates for 5 minutes.

Mr. UNDERWOOD. Mr. Speaker, I rise today to discuss an issue of vital concern to the people of Guam and this concerns Compact-Impact Aid, which is part of the Interior Appropriations bill which will be brought to the floor today.

Compact-Impact Aid is the assistance that is annually given to the people of Guam as compensation for social and educational costs for the unrestricted migration of 3 newly-created independent States in the Central Pacific, the Compact States of the Republic of the Marshalls, the Republic of Palau and the Federated States of Micronesia.

The President's budget for fiscal year 2001 proposes that Guam receive an increase of \$5.42 million for Compact-Impact funding in the Department of Interior's Office of Insular Affairs' budget, which would bring Guam's total to \$10 billion annually. Last year, Guam received a total of \$7.58 million, a 3.5 increase from previous years. From fiscal year 1996 to 1999, Guam received \$4.58 million annually. Annual actual Compact-Impact costs for all of the social and educational costs to the government of Guam as a result of this free and unrestricted migration are actually estimated to be between \$15 million to \$20 million annually.

Unfortunately, this year's Interior Appropriations provides only \$4.58 million to Guam because of budgetary scoring problems that the House Committee on Appropriations had with the way in which the administration had identified the source of funding within the Office of Insular Affairs. This is a very serious issue which hopefully will be resolved in the context also of current renegotiations of these Compacts between the United States and the Federated States of Micronesia and the Republic of the Marshall Islands.

I simply want to emphasize that Compact-Impact Aid has been a Federal responsibility since 1986 which has only recently been addressed for Guam, and 1986 was the year that these Compacts went into effect. I understand that the House Committee on International Relations Subcommittee on Asia and the Pacific will be holding an oversight hearing later on this month, and I certainly hope, and I plan to raise the issues of migration of FAS citizens at this important hearing.

The issue of Compact-Impact Aid is not new. Funding authority for Compact-Impact assistance to Guam stems from the 1986 law which governs the relationship between the United States and these newly-created nations. Sec-

tion 104(3)6 pertains to impact costs and states: "There are hereby authorized to be appropriated for fiscal years beginning after September 30, 1985 such sums as may be necessary to cover the costs, if any incurred, by the State of Hawaii, the territories of Guam and American Samoa, and the Commonwealth of the Northern Mariana Islands resulting from any increased demands placed on educational and social services by immigrants from the Marshall Islands and the Federated States of Micronesia."

Since Guam is clearly the most economically developed island in the central Pacific and because of its geographical proximity, the vast majority of these immigrants come to Guam. Under the Compact Agreement, it also states that "It was not the intent of the Congress to cause any adverse consequences for the U.S. territories and commonwealths or the State of Hawaii."

It also states that if any adverse consequences occur, Congress will act sympathetically and expeditiously to redress these adverse consequences.

We are now in the 15th year of the implementation of these contracts, and while I appreciate all of the sympathy that Congress could perhaps give on this issue, I certainly expect more expeditious action, particularly in the reimbursement of costs that are incurred directly by the taxpayers of Guam.

Guam's unemployment rate is currently over 15 percent, and from mid 1997 to mid 1998, the total of Compact migrants to Guam was over 7,000. This is a population of 140,000, and this exceeds the numbers that are going to Hawaii and other areas.

This is not the same as problems normally referred to in addressing the impact of immigrant issues in the 50 States. The obligation to Guam is clear in the law; the obligation is written into the treaties of free association between these new countries and the United States, and the obligation to the people of Guam is clear. I am hopeful that we will be able to work on this through the process of conferencing, and we are grateful for the fact that this still remains a high priority for the Clinton administration.

STOP TB NOW ACT FOR EFFEC-
TIVE TUBERCULOSIS TREAT-
MENT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, tuberculosis is the greatest infectious killer of adults worldwide. It is the biggest killer of young women, tuberculosis kills 2 million people each year, 1 percent around the world every 15 seconds. Tuberculosis hit an all-time

high in 1999 with 8 million new cases, 95 percent of them in the developing world.

We have a small window of opportunity during which stopping tuberculosis is very cost-effective. The costs of Directly Observed Treatment, Short Course, so-called DOTS, can be as little as \$20, that is \$20 to save a life. If we wait, if we go too slowly, so much drug-resistant TB will emerge that it will cost billions of dollars to control with little guarantee of success. Multi-drug resistant TB is more than 100 times more expensive to cure than nondrug resistant TB.

I have introduced the Stop TB Now Act with the gentlewoman from Maryland (Mrs. MORELLA) in an effort to control tuberculosis. The bill authorizes \$100 million to USAID for tuberculosis control in high incidence countries, mostly using the Directly Observed Treatment, Short Course, so-called DOTS. It calls on USAID to collaborate its efforts with CDC, the World Health Organization, the National Institutes of Health and other organizations with tuberculosis expertise. The measure provides funding for combating Multi-Drug Resistant TB, which is spreading at an alarming rate.

Multi-drug resistant TB has been identified on every continent. According to the World Health Organization, multi-drug resistant tuberculosis ultimately threatens to return TB control to the preantibiotic era where no cure for TB was available. An effective DOTS cure program can prevent the development of multi-drug resistant tuberculosis.

A recent World Health Organization study in India found in areas where effective TB treatment was implemented, the death rate from tuberculosis fell by more than 85 percent. TB accounts for one-third of AIDS deaths worldwide and up to 40 percent of AIDS deaths in Asia and in Africa. Eleven million people are currently affected with TB around the world and with HIV. The good news is that TB treatment is equally effective in HIV positive and HIV negative people. So if we want to improve the health of people with HIV, we must address the issue of tuberculosis.

WHO estimates that one-third of the world's population is infected with the bacteria that causes tuberculosis; two billion, two billion people. An estimated 8 million people develop active tuberculosis each year, and roughly 15 million people in the United States are infected with tuberculosis.

The threat TB poses for Americans derives from the global spread of tuberculosis and the emergence and spread of strains of tuberculosis that are multi-drug resistant.

Up to 50 million people worldwide may be infected with drug-resistant tuberculosis. Incidence is particularly high in selected regions and populations such as Russian prisons where