

things you can do. You can prevent it. Prevention is a key. In fact, the United Nations report says that as bad as the statistics are, this is someone addressing the United Nations, all the African heads, we are encouraged because there are practices we know that will work. They cited Brazil. They cited Uganda. They cited some other areas where they are beginning to be part of a fabric of showing that you can cut down the incidence of HIV. No cure for AIDS but you can cut down the incidence of HIV.

Those are the kinds of things we want to bring awareness to. The partnership, the gentlewoman and I were struck, I know I was impressed by the partnership that had been formed in Botswana with the President of Botswana taking the lead and serving as the chair of that program. Yet although those resources were on the table, you are correct. We need the infrastructure. That is what we are working toward.

Ms. JACKSON-LEE of Texas. I am not sure whether or not the word is getting out of the great work that is being done in Botswana. Certainly Uganda should be cited. I just briefly want to add that we need to include in our discussion malaria and tuberculosis. I was very gratified in the meeting I had in my district. A number of us have signed a list, if you will, to organize, to see how more resources can get into these American districts, these urban districts to help these communities. I think we should not step away from the resources that are needed nationally.

Mrs. CLAYTON. I am glad the gentlewoman mentioned malaria as well as the tuberculosis, because there is data that shows that if a person has HIV and also contracts tuberculosis, that pulls the immunity down further and the likelihood of dying is increased. So you increase the chance of the person not living long with HIV but in fact causing the death. Malaria is another of those infectious diseases. There are treatments for malaria and there is prevention for tuberculosis. That, we can prevent. It does not cost a lot of money. There are vaccines and things we can do. We are hopeful that our colleagues and others who we know care about this issue will help. I am also encouraged by the present administration. Colin Powell has reaffirmed that this is a national security issue and that AIDS is going to be on their radar. We just want to make sure that the money will be there to support it.

GENERAL LEAVE

Ms. CLAYTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore (Mr. CANTOR). Is there objection to the re-

quest of the gentlewoman from North Carolina?

There was no objection.

Mrs. MORELLA. Mr. Speaker, I want to thank my good friend and colleague Congresswoman EVA CLAYTON for arranging this special order on AIDS in Africa. We are becoming more and more aware that—as CNN reported, the African AIDS epidemic is “the worst health calamity since the Middle Ages and one likely to be the worse ever.”

Statistics of the economic, social and personal devastation of the disease in sub-Saharan Africa are staggering.

23.3 million of the 33.6 million people with AIDS worldwide reside in Africa.

3.8 million of the 5.6 million new HIV infections in 2000 occurred in Africa.

African residents accounted for 85 percent of all AIDS-related deaths in 2000.

10 million of the 1.3 million children orphaned by AIDS live in Africa.

Life expectancy in Africa is expected to plummet from 59 years to 45 years between 2005 and 2010.

Many experts attribute the spread of the virus to a number of factors, including poverty, ignorance, costly treatments, lack of sex education and unsafe sexual practices. Some blame the transient nature of the workforce. Many men, needing to leave their families to drive trucks, work in mines or on construction projects, engage in sex with commercial sex workers of whom an estimated 90 percent are HIV positive. In addition many men go untested and unknowingly spread the virus.

Many of those infected cannot afford the potent combination of HIV treatment available in Western countries. In some countries only 40 percent of the hospitals in some capital cities have access to basic drugs.

While efforts are continuing to find an AIDS vaccine, many experts fear that some African countries hardest hit by the epidemic lack the basic infrastructure to deliver the vaccine to those most in need.

More than 25 percent of working-aged adults are estimated to carry the virus. Counties have lost 10 to 20 years of life expectancy due to this disease.

80 percent of those dying from AIDS were between ages 20 and 50, the bulk of the African workforce.

40 million children will be orphaned by the disease by 2010. Many of these children will be forced to drop out of school to care for a dying parent or take care of younger children.

Children themselves are being infected with the disease many through maternal-fetal transmission. While drugs like AZT have been proven effective in reducing the risk of an HIV positive mother infecting her newborn child, those drugs are too costly for most nations.

However, today unprecedented opportunities exist to improve health around the world. The private sector, led by the Gates foundation, has provided additional resources for health programs in developing countries.

Last weekend, members of the World Bank, the International Monetary Fund and the Group of Seven met in Washington and articulated the fact that HIV/AIDS is no longer just a health problem but a global health development problem, threatening to reverse many of the development gains made over the past

half-century. What came out of these meetings was an agreement that what is needed is a war chest and a war strategy against HIV/AIDS.

Money alone will not solve the problem—but it is a critical part of the solution. Total global support for HIV/AIDS in developing countries last year was under \$1 billion, less than a third of the estimated need in Africa alone. For FY 2001 Congress provided \$315 million to USAID for global HIV/AIDS, a \$115 million increase over the previous year. USAID was instructed to provide \$10 million for the International AIDS Vaccine Initiative; \$15 million for research on microbicides and up to \$20 million for the International AIDS Trust Fund at the World Bank. However, our forward progress must continue. The creation of new drugs and vaccines cannot stand alone and we must also continue to invest in the development of public health infrastructure. It is estimated that it will take as much as \$6 billion to address the pandemic.

The United States is uniquely positioned to lead the world in the prevention and eradication of HIV/AIDS. Some believe that the year 2000 was a turning point in the international response to the epidemic. We can be encouraged by this trend; however, we must not become complacent. We must continue to provide the drugs, and the care to lessen the pain and the suffering of millions of men, women and children throughout the world who are infected with HIV.

The Global Health Act of 2001 which I strongly support will provide an additional \$275 million for HIV/AIDS, an additional \$225 million for child survival, an additional \$200 million for infectious diseases, an additional \$200 million for international family planning services and an additional \$100 million for maternal health.

Mr. Speaker, the Global Health Act in conjunction with a global AIDS trust fund must be our goal. Confronting AIDS in Africa as well as the rest of the world is one of the most important international humanitarian battles we face today.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 8 o'clock and 25 minutes p.m.), the House stood in recess subject to the call of the Chair.

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AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DREIER) at 11 o'clock and 38 minutes p.m.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair, which will be approximately 7 a.m.