

Testimony by

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Before the

**Senate Committee on**  
**Health, Education, Labor and Pensions**

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**Mr. Chairman, Dr. Frist, Senator Clinton and other distinguished members, I am delighted to once again come before a Committee that has played such a pivotal role in shaping America's response to AIDS. Since the early days of the epidemic, this Committee has brought compassion, commitment and a spirit of bipartisanship to this vitally important fight.**

**You have consistently demonstrated that AIDS can transcend politics and party affiliation and that by working together – we can make great strides. Your leadership in addressing AIDS here at home is unparalleled and your dedication to meeting the AIDS challenge around the world is very much appreciated – and desperately needed.**

**By any and every measure, AIDS is a plague of biblical proportion. To date, 25 million men, women, and children have already died, and each and every day the world loses another 8,000 lives to AIDS. And while 40 million people are now living with HIV, today and everyday, 14,000 more will become infected – one every 6 seconds. It is projected that by the decades end, more than 44 million children will have been orphaned by AIDS – or nearly the same number of children as all those attending public school in the United States.**

**In just a few short years, AIDS has wiped out decades of development gains in many African nations – where infant mortality is now doubling, child mortality is tripling, and life expectancy is plummeting by twenty years or more.**

**AIDS is also having a dramatic impact on productivity, trade and investment – striking down workers in their prime, driving up the cost of doing business, and driving down GDP. Many businesses report having to hire at least two workers for every one skilled job, assuming that one will die from AIDS. Already, nurses and teachers are dying faster than they can be replaced.**

**And AIDS is beginning to chip away at security and stability – not just in nations hardest hit, but among neighbors, allies and all of us.**

**And it is important to remember that the pandemic in Africa is just the tip of the iceberg, with the Caribbean already seriously affected and the fastest growing epidemics now found in India, China, and the Newly Independent States of the former Soviet Union.**

**But while the challenge before us is great, it is not cause for hopelessness and resignation, but for leadership and action. The good news is, we know what works. In the two decades of living with AIDS, important lessons have been learned and effective interventions have been designed, implemented, and evaluated.**

**Over the past few years I have had the opportunity to visit a dozen countries in Africa, India, and the Caribbean and to see first hand extraordinary efforts to stem the rising tide of new infections, to provide health care and hope to those who are sick, and to support children and families left behind – often with very limited resources.**

**Teenagers are using street theatre to teach their peers how to protect themselves from HIV. Nuns on bicycles are delivering bactrim to people with AIDS in rural communities. Grandmothers are mobilizing to care for orphaned children. And village by village, country by country – in the face of seemingly insurmountable odds – we are seeing impressive results.**

**Broad based prevention efforts have stopped the epidemic in its tracks in Senegal, dramatically slowed it's spread in Thailand, and slashed rates of new infections by more than half in Uganda and now in some populations in Cambodia and Zambia.**

**But there is much more that needs to be done and no where is this gap more glaring than in access to medical care and treatment for the millions of poor people living with AIDS, especially those in Africa. If 8,000 people a day are dying of a disease for which treatments to prolong life and reduce suffering are available, something is deadly wrong. But the reality is that only 5% of people with AIDS in Africa can get even the most basic care – and only 5,000 can now afford antiretrovirals. As a global community – we can no longer be silent about the extent of this suffering.**

**I am very troubled by the argument that in the fight against AIDS we must choose between prevention and treatment. Survival is not an either or proposition. Prevention and treatment are both essential and mutually reinforcing strategies.**

**Unless treatment exists, there is little incentive for people to learn their HIV status. Yet it is through voluntary counseling and testing that some of the most effective behavior change occurs. Where treatment is offered, counseling and testing centers are swamped – thereby accelerating prevention. And as people begin to live with AIDS – their presence in the home, the workplace, the church, and the community reduces stigma and begins to bring AIDS out of the shadows – where it can be fought head on.**

**Providing care and treatment in Brazil has not only cut their AIDS death rate by 60%, saving their government hundreds of millions of dollars in hospitalizations, but has helped to keep their number of new infections to less than half of what was projected.**

**More than a decade ago, in the name of our friend Ryan White, this Committee fashioned legislation that has been a lifeline of hope and care for millions of American individuals and families living with HIV. Today, I urge this Committee to lead the global community in finding ways to extend that kind of lifeline to families living with AIDS throughout the developing world.**

**The Ryan White CARE Act fostered the development of community-based systems of health care and support services across this country – including many rural and resource poor communities. In the early days, these care networks were run by family members, community outreach workers and volunteers, who didn't have triple combination therapies to offer – but could offer compassion, support, treatments for opportunistic infections, and palliative care. And these care systems began to change the course of the epidemic in this country while we moved to make newer and better therapies both available and affordable.**

**Although not directly transferable, this is precisely what needs to happen in highly impacted countries worldwide.**

**It is true that we will need procurement and distribution systems, more clinics, and more doctors, nurses, and community health workers, more training and capacity – but that can be done. Just think – no matter where in the world you are, you are no more than two minutes from a cold coke. That means, where there’s a will, there’s a way. In the meantime, district hospitals, private sector clinics, faith-based, employer-based, and community-based programs, and other settings provide safe and effective places to begin delivering care and treatment.**

**We know the way. What we need now is the will and the wallet to get the job done. The question really isn’t can we or cant we – but will we or wont we. And I believe that the answer must emphatically be – we will – and soon.**

### **LEADERSHIP AND RESOURCES**

**Mr. Chairman, what we desperately need is leadership and resources. UN Secretary General Kofi Annan and UNAIDS have called on the global community to collectively provide \$10 billion a year for HIV prevention and AIDS treatment in the developing world. If we are going to turn the tide, we need to ratchet up our response so that it begins to match the magnitude of the challenge. The world can’t keep trying to put out this raging fire with spoons full of water.**

**In fiscal year 2002, the global community is spending approximately \$2 billion – with slightly more than \$800 million coming from the US government. As you can see – we are only one-fifth of the way toward our goal. In recent days, we have been reminded of the power of the United States to mobilize its allies against a common enemy. And no one is in a better position to build the coalition needed to win the war on AIDS.**

**That’s why nearly 250 organizations have called on the US to move immediately toward its “fair share” of Kofi Annan’s “war chest” – or \$2.5 billion. To take this one step further -- I would actually urge the US to provide a “leaders share” of the \$10 billion or at least \$3 billion phased-in over the next few years.**

**This is not a lot of money for something considered a global priority. For example, to prevent even a single casualty from the Y2K virus – the global community invested over \$200 billion. Surely with tens of millions, perhaps hundreds of millions of lives at stake – the fight against AIDS deserves such an investment.**

### **LEGISLATION: HOPE, CARE AND A CAN-DO APPROACH**

**Mr. Chairman, in the context of USG leadership, there is a vitally important role for this Committee and for the departments and agencies within your jurisdiction. As in our domestic response to AIDS, I urge this Committee to be a key player in shaping our global AIDS action by providing significant contributions to the legislation currently being developed by the Foreign Relations Committee.**

**I believe that essential components of HELP Committee legislation should include:**

- n Authorizing the CDC to expand essential HIV prevention efforts – while focusing new attention on AIDS care and treatment. To that end, I would give serious consideration to a treatment set-aside – which would include a federal match of a private initiative to expand MTCT programs by providing the treatment needed to keep HIV+ parents alive to care for their children.**
- n As CDC incorporates care and treatment into their ongoing prevention efforts, HRSA should be increasingly involved in this process. HRSA is our health care delivery agency and its expertise gained from administering the Ryan White CARE Act is indispensable. HRSA also has a great deal to offer in the area of provider training and infrastructure development – vitally important to making these programs work in the developing world.**
- n In addition, I would strongly urge that the Committee authorize and push workplace-based HIV/AIDS programs through both the CDC and the Labor Department. With 5 to 40% of the labor force infected in many countries – workplace prevention and treatment programs are essential and have proven effective.**
- n Finally, I urge this Committee to work closely with the Foreign Relations Committee on a comprehensive and coordinated global AIDS strategy – that allows the range of USG agencies to play to their strengths and collectively maximizes the USG impact.**

### **Conclusion**

**In conclusion, the International AIDS Trust is extremely grateful that this issue is receiving the broad-based bipartisan support it deserves.**

**There is much hope on the horizon – but that hope will only be realized if we join forces to save lives now. It will take a vibrant global public-private partnership to make this happen. Nevertheless, the pages of history are graced by times of great challenge when the global community mobilized and made a world of difference. As one of our board members Archbishop Tutu often says: “If we wage this holy war together – we will win.”**

**Let us seize the day.**

**With the help of those in this room – we are well on our way.**

**Thank you very much.**

