

**UNITED STATES LEADERSHIP AGAINST HIV/AIDS,
TUBERCULOSIS, AND MALARIA ACT OF 2003**

MARKUP
BEFORE THE
COMMITTEE ON
INTERNATIONAL RELATIONS
HOUSE OF REPRESENTATIVES
ONE HUNDRED EIGHTH CONGRESS

FIRST SESSION

ON

H.R. 1298

APRIL 2, 2003

Serial No. 108-33

Printed for the use of the Committee on International Relations



Available via the World Wide Web: http://www.house.gov/international_relations

U.S. GOVERNMENT PRINTING OFFICE

86-302PDF

WASHINGTON : 2003

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2250 Mail: Stop SSOP, Washington, DC 20402-0001

COMMITTEE ON INTERNATIONAL RELATIONS

HENRY J. HYDE, Illinois, *Chairman*

JAMES A. LEACH, Iowa	TOM LANTOS, California
DOUG BEREUTER, Nebraska	HOWARD L. BERMAN, California
CHRISTOPHER H. SMITH, New Jersey,	GARY L. ACKERMAN, New York
<i>Vice Chairman</i>	ENI F.H. FALEOMAVAEGA, American
DAN BURTON, Indiana	Samoa
ELTON GALLEGLY, California	DONALD M. PAYNE, New Jersey
ILEANA ROS-LEHTINEN, Florida	ROBERT MENENDEZ, New Jersey
CASS BALENGER, North Carolina	SHERROD BROWN, Ohio
DANA ROHRABACHER, California	BRAD SHERMAN, California
EDWARD R. ROYCE, California	ROBERT WEXLER, Florida
PETER T. KING, New York	ELIOT L. ENGEL, New York
STEVE CHABOT, Ohio	WILLIAM D. DELAHUNT, Massachusetts
AMO HOUGHTON, New York	GREGORY W. MEEKS, New York
JOHN M. McHUGH, New York	BARBARA LEE, California
THOMAS G. TANCREDO, Colorado	JOSEPH CROWLEY, New York
RON PAUL, Texas	JOSEPH M. HOFFFEL, Pennsylvania
NICK SMITH, Michigan	EARL BLUMENAUER, Oregon
JOSEPH R. PITTS, Pennsylvania	SHELLEY BERKLEY, Nevada
JEFF FLAKE, Arizona	GRACE F. NAPOLITANO, California
JO ANN DAVIS, Virginia	ADAM B. SCHIFF, California
MARK GREEN, Wisconsin	DIANE E. WATSON, California
JERRY WELLER, Illinois	ADAM SMITH, Washington
MIKE PENCE, Indiana	BETTY MCCOLLUM, Minnesota
THADDEUS G. McCOTTER, Michigan	CHRIS BELL, Texas
WILLIAM J. JANKLOW, South Dakota	
KATHERINE HARRIS, Florida	

THOMAS E. MOONEY, SR., *Staff Director/General Counsel*

ROBERT R. KING, *Democratic Staff Director*

DANIEL FREEMAN, *Counsel/Parliamentarian*

MARILYN C. OWEN, *Staff Associate*

CONTENTS

	Page
MARKUP OF	
H.R. 1298, To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes	2
Amendment offered by the Honorable Henry J. Hyde, a Representative in Congress from the State of Illinois and Chairman, Committee on International Relations	80
Amendment offered by the Honorable Joseph R. Pitts, a Representative in Congress from the State of Pennsylvania	98
Substitute amendment offered by the Honorable Barbara Lee, a Representative in Congress from the State of California, to the amendment offered by the Honorable Joseph R. Pitts	102
Amendment offered by the Honorable Sherrod Brown, a Representative in Congress from the State of Ohio	116
Amendment offered by the Honorable Dana Rohrabacher, a Representative in Congress from the State of California	119
Amendment offered by the Honorable Grace F. Napolitano, a Representative in Congress from the State of California	121
Amendment offered by the Honorable Nick Smith, a Representative in Congress from the State of Michigan	122
Amendment offered by the Honorable Howard L. Berman, a Representative in Congress from the State of California	127
Amendment offered by the Honorable Jeff Flake, a Representative in Congress from the State of Arizona	129
Amendment offered by the Honorable Tom Lantos, a Representative in Congress from the State of California, to the amendment offered by the Honorable Jeff Flake	131
Perfecting amendment offered by the Honorable Howard L. Berman, to the amendment offered by the Honorable Tom Lantos to the amendment offered by the Honorable Jeff Flake	133
Amendment #1 offered by the Honorable Betty McCollum, a Representative in Congress from the State of Minnesota	135
Amendment #2 offered by the Honorable Betty McCollum	135
Amendments offered en bloc by the Honorable Katherine Harris, a Representative in Congress from the State of Florida, and the Honorable Jo Ann Davis, a Representative in Congress from the State of Virginia	137
Amendment offered by the Honorable Joseph R. Pitts	139
Amendment offered by the Honorable Christopher H. Smith, a Representative in Congress from the State of New Jersey	148
Amendment offered by the Honorable Tom Lantos to the amendment offered by the Honorable Christopher H. Smith	150
LETTERS, STATEMENTS, ETC., SUBMITTED FOR THE RECORD	
The Honorable Henry J. Hyde: Prepared statement	77
APPENDIX	
The Honorable Joseph R. Pitts: Prepared statement	165
The Honorable Barbara Lee: Prepared statement	166
The Honorable Joseph Crowley, a Representative in Congress from the State of New York: Prepared statement	167
The Honorable Earl Blumenauer, a Representative in Congress from the State of Oregon: Prepared statement	168

IV

	Page
The Honorable Adam B. Schiff, a Representative in Congress from the State of California: Prepared statement	168

**UNITED STATES LEADERSHIP AGAINST
HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT
OF 2003**

WEDNESDAY, APRIL 2, 2003

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERNATIONAL RELATIONS,
Washington, DC.

The Committee met, pursuant to call, at 10:25 a.m. in Room 2172, Rayburn House Office Building, Hon. Henry J. Hyde (Chairman of the Committee) presiding.

Chairman HYDE. The Committee will come to order.

Pursuant to notice, I now call up H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, for purposes of markup and move its favorable recommendation to the House.

Without objection, the bill will be considered as read and open for amendment at any point.

[H.R. 1298 follows:]

108TH CONGRESS
1ST SESSION

H. R. 1298

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2003

Mr. HYDE (for himself, Mr. LANTOS, Mr. WELDON of Florida, Ms. LEE, and Mr. LEACH) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “United States Leadership Against HIV/AIDS, Tuber-
6 culosis, and Malaria Act of 2003”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.

Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of a comprehensive, five-year, global strategy.

Sec. 102. HIV/AIDS Response Coordinator.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS,
AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Sense of Congress on public-private partnerships.

Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and
Malaria.

Sec. 203. Voluntary contributions to international vaccine funds.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Pilot program for the placement of health care professionals in over-
seas areas severely affected by HIV/AIDS, tuberculosis, and
malaria.

Sec. 305. Report on treatment activities by relevant Executive branch agencies.

Subtitle B—Assistance for Children and Families

Sec. 311. Findings.

Sec. 312. Policy and requirements.

Sec. 313. Annual reports on prevention of mother-to-child transmission of the
HIV infection.

Sec. 314. Pilot program of assistance for children and families affected by HIV/
AIDS.

Sec. 315. Pilot program on family survival partnerships.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

- 3 (1) During the last 20 years, HIV/AIDS has
- 4 assumed pandemic proportions, spreading from the
- 5 most severely affected region, sub-Saharan Africa, to
- 6 all corners of the world, and leaving an unprece-
- 7 dented path of death and devastation.

1 (2) According to the Joint United Nations Pro-
2 gramme on HIV/AIDS (UNAIDS), more than
3 65,000,000 individuals worldwide have been infected
4 with HIV since the epidemic began, more than
5 25,000,000 of these individuals have lost their lives
6 to the disease, and more than 14,000,000 children
7 have been orphaned by the disease. HIV/AIDS is the
8 fourth-highest cause of death in the world.

9 (3)(A) At the end of 2002, an estimated
10 42,000,000 individuals were infected with HIV or
11 living with AIDS. Of these individuals, more than
12 3,200,000 were children under the age of fifteen and
13 more than 19,200,000 were women.

14 (B) Women are four times more vulnerable to
15 infection than are men and are becoming infected at
16 increasingly high rates, in part because many soci-
17 eties do not provide poor women and young girls
18 with the social, legal, and cultural protections
19 against high risk activities that expose them to HIV/
20 AIDS.

21 (C) Women and children who are refugees or
22 are internally displaced persons are especially vul-
23 nerable to sexual exploitation and violence, thereby
24 increasing the possibility of HIV infection.

1 (4) As the leading cause of death in sub-Saha-
2 ran Africa, AIDS has killed more than 19,400,000
3 individuals (more than 3 times the number of AIDS
4 deaths in the rest of the world) and will claim the
5 lives of one-quarter of the population, mostly adults,
6 in the next decade.

7 (5) An estimated 1,900,000 individuals in Latin
8 America and the Caribbean and another 7,200,000
9 individuals in Asia and the Pacific region are in-
10 fected with HIV or living with AIDS. Infection rates
11 are rising alarmingly in Eastern Europe (especially
12 in the Russian Federation), Central Asia, and
13 China.

14 (6) HIV/AIDS threatens personal security by
15 affecting the health, lifespan, and productive capac-
16 ity of the individual and the social cohesion and eco-
17 nomic well-being of the family.

18 (7) HIV/AIDS undermines the economic secu-
19 rity of a country and individual businesses in that
20 country by weakening the productivity and longevity
21 of the labor force across a broad array of economic
22 sectors and by reducing the potential for economic
23 growth over the long term.

24 (8) HIV/AIDS destabilizes communities by
25 striking at the most mobile and educated members

1 of society, many of whom are responsible for secu-
2 rity at the local level and governance at the national
3 and subnational levels as well as many teachers,
4 health care personnel, and other community workers
5 vital to community development and the effort to
6 combat HIV/AIDS. In some countries the over-
7 whelming challenges of the HIV/AIDS epidemic are
8 accelerating the outward migration of critically im-
9 portant health care professionals.

10 (9) HIV/AIDS weakens the defenses of coun-
11 tries severely affected by the HIV/AIDS crisis
12 through high infection rates among members of their
13 military forces and voluntary peacekeeping per-
14 sonnel. According to UNAIDS, in sub-Saharan Afri-
15 ca, many military forces have infection rates as
16 much as five times that of the civilian population.

17 (10) HIV/AIDS poses a serious security issue
18 for the international community by—

19 (A) increasing the potential for political in-
20 stability and economic devastation, particularly
21 in those countries and regions most severely af-
22 fected by the disease;

23 (B) decreasing the capacity to resolve con-
24 flicts through the introduction of peacekeeping
25 forces because the environments into which

1 these forces are introduced pose a high risk for
2 the spread of HIV/AIDS; and

3 (C) increasing the vulnerability of local
4 populations to HIV/AIDS in conflict zones from
5 peacekeeping troops with HIV infection rates
6 significantly higher than civilian populations.

7 (11) The devastation wrought by the HIV/
8 AIDS pandemic is compounded by the prevalence of
9 tuberculosis and malaria, particularly in developing
10 countries where the poorest and most vulnerable
11 members of society, including women, children, and
12 those individuals living with HIV/AIDS, become in-
13 fected. According to the World Health Organization
14 (WHO), HIV/AIDS, tuberculosis, and malaria ac-
15 counted for more than 5,700,000 deaths in 2001
16 and caused debilitating illnesses in millions more.

17 (12) Together, HIV/AIDS, tuberculosis, ma-
18 laria and related diseases are undermining agricul-
19 tural production throughout Africa. According to the
20 United Nations Food and Agricultural Organization,
21 7,000,000 agricultural workers throughout 25 Afri-
22 can countries have died from AIDS since 1985.
23 Countries with poorly developed agricultural sys-
24 tems, which already face chronic food shortages, are
25 the hardest hit, particularly in sub-Saharan Africa,

1 where high HIV prevalence rates are compounding
2 the risk of starvation for an estimated 14,400,00
3 people.

4 (13) Tuberculosis is the cause of death for one
5 out of every three people with AIDS worldwide and
6 is a highly communicable disease. HIV infection is
7 the leading threat to tuberculosis control. Because
8 HIV infection so severely weakens the immune sys-
9 tem, individuals with HIV and latent tuberculosis in-
10 fection have a 100 times greater risk of developing
11 active tuberculosis diseases thereby increasing the
12 risk of spreading tuberculosis to others. Tubercu-
13 losis, in turn, accelerates the onset of AIDS in in-
14 dividuals infected with HIV.

15 (14) Malaria, the most deadly of all tropical
16 parasitic diseases, has been undergoing a dramatic
17 resurgence in recent years due to increasing resist-
18 ance of the malaria parasite to inexpensive and ef-
19 fective drugs. At the same time, increasing resist-
20 ance of mosquitoes to standard insecticides makes
21 control of transmission difficult to achieve. The
22 World Health Organization estimates that between
23 300,000,000 and 500,000,000 new cases of malaria
24 occur each year, and annual deaths from the disease
25 number between 2,000,000 and 3,000,000. Persons

1 infected with HIV are particularly vulnerable to the
2 malaria parasite. The spread of HIV infection con-
3 tributes to the difficulties of controlling resurgence
4 of the drug resistant malaria parasite.

5 (15) HIV/AIDS is first and foremost a health
6 problem. Successful strategies to stem the spread of
7 the pandemic will require medical interventions, the
8 strengthening of health care delivery systems and in-
9 frastructure, and determined national leadership and
10 increased budgetary allocations for the health sector
11 in countries affected by the epidemic as well as
12 measures to address the social and behavioral causes
13 of the problem and its impact on families, commu-
14 nities, and societal sectors.

15 (16) Basic interventions to prevent new HIV in-
16 fections and to bring care and treatment to people
17 living with AIDS, such as voluntary counseling and
18 testing and mother-to-child transmission programs,
19 are achieving meaningful results and are cost-effec-
20 tive. The challenge is to expand these interventions
21 from a pilot program basis to a national basis in a
22 coherent and sustainable manner.

23 (17) Appropriate treatment of individuals with
24 HIV/AIDS can prolong the lives of such individuals,
25 preserve their families, prevent children from becom-

1 ing orphans, and increase productivity of such indi-
2 viduals by allowing them to lead active lives and re-
3 duce the need for costly hospitalization for treatment
4 of opportunistic infections caused by HIV.

5 (18) Nongovernmental organizations, including
6 faith-based organizations, with experience in health
7 care and HIV/AIDS counseling, have proven effec-
8 tive in combating the HIV/AIDS pandemic and can
9 be a resource in assisting indigenous organizations
10 in severely affected countries in their efforts to pro-
11 vide treatment and care for individuals infected with
12 HIV/AIDS.

13 (19) Faith-based organizations are making an
14 important contribution to HIV prevention and AIDS
15 treatment programs around the world. Successful
16 HIV prevention programs in Uganda, Jamaica, and
17 elsewhere have included local churches and faith-
18 based groups in efforts to promote behavior changes
19 to prevent HIV, to reduce stigma associated with
20 HIV infection, to treat those afflicted with the dis-
21 ease, and to care for orphans. The Catholic Church
22 alone currently cares for one in four people being
23 treated for AIDS worldwide. Faith-based organiza-
24 tions possess infrastructure, experience, and knowl-
25 edge that will be needed to carry out these programs

1 in the future and should be an integral part of
2 United States efforts.

3 (20)(A) Uganda has experienced the most sig-
4 nificant decline in HIV rates of any country in Afri-
5 ca, including a decrease among pregnant women
6 from 20.6 percent in 1991 to 7.9 percent in 2000.

7 (B) Uganda made this remarkable turnaround
8 because President Yoweri Museveni spoke out early,
9 breaking long-standing cultural taboos, and changed
10 widespread perceptions about the disease. His lead-
11 ership stands as a model for ways political leaders
12 in Africa and other developing countries can mobi-
13 lize their nations, including civic organizations, pro-
14 fessional associations, religious institutions, business
15 and labor to combat HIV/AIDS.

16 (C) Uganda's successful AIDS treatment and
17 prevention program is referred to as the ABC model:
18 "Abstain, Be faithful, use Condoms", in order of
19 priority. Jamaica, Zambia, Ethiopia and Senegal
20 have also successfully used the ABC model. Begin-
21 ning in 1986, Uganda brought about a fundamental
22 change in sexual behavior by developing a low-cost
23 program with the message: "Stop having multiple
24 partners. Be faithful. Teenagers, wait until you are
25 married before you begin sex."

1 (D) By 1995, 95 percent of Ugandans were re-
2 porting either one or zero sexual partners in the
3 past year, and the proportion of sexually active
4 youth declined significantly from the late 1980s to
5 the mid-1990s. The greatest percentage decline in
6 HIV infections and the greatest degree of behavioral
7 change occurred in those 15 to 19 years old. Ugan-
8 da's success shows that behavior change, through
9 the use of the ABC model, is a very successful way
10 to prevent the spread of HIV.

11 (21) The magnitude and scope of the HIV/
12 AIDS crisis demands a comprehensive, long-term,
13 international response focused upon addressing the
14 causes, reducing the spread, and ameliorating the
15 consequences of the HIV/AIDS pandemic,
16 including—

17 (A) prevention and education, care and
18 treatment, basic and applied research, and
19 training of health care workers, particularly at
20 the community and provincial levels, and other
21 community workers and leaders needed to cope
22 with the range of consequences of the HIV/
23 AIDS crisis;

24 (B) development of health care infrastruc-
25 ture and delivery systems through cooperative

1 and coordinated public efforts and public and
2 private partnerships;

3 (C) development and implementation of
4 national and community-based multisector
5 strategies that address the impact of HIV/
6 AIDS on the individual, family, community, and
7 nation and increase the participation of at-risk
8 populations in programs designed to encourage
9 behavioral and social change and reduce the
10 stigma associated with HIV/AIDS; and

11 (D) coordination of efforts between inter-
12 national organizations such as the Global Fund
13 to Fight AIDS, Tuberculosis and Malaria, the
14 Joint United Nations Programme on HIV/
15 AIDS (UNAIDS), the World Health Organiza-
16 tion (WHO), national governments, and private
17 sector organizations, including faith-based orga-
18 nizations.

19 (22) The United States has the capacity to lead
20 and enhance the effectiveness of the international
21 community's response by—

22 (A) providing substantial financial re-
23 sources, technical expertise, and training, par-
24 ticularly of health care personnel and commu-
25 nity workers and leaders;

1 (B) promoting vaccine and microbicide re-
2 search and the development of new treatment
3 protocols in the public and commercial pharma-
4 ceutical research sectors;

5 (C) making available pharmaceuticals and
6 diagnostics for HIV/AIDS therapy;

7 (D) encouraging governments and commu-
8 nity-based organizations to adopt policies that
9 treat HIV/AIDS as a multisectoral problem af-
10 fecting not only health but other areas such as
11 agriculture, education, the economy, the family
12 and society, and assisting them to develop and
13 implement programs corresponding to these
14 needs;

15 (E) promoting healthy lifestyles, including
16 delaying sexual debut, monogamy, marriage,
17 faithfulness, use of condoms, and avoiding sub-
18 stance abuse; and

19 (F) encouraging active involvement of the
20 private sector, including businesses, pharma-
21 ceutical and biotechnology companies, the med-
22 ical and scientific communities, charitable foun-
23 dations, private and voluntary organizations
24 and nongovernmental organizations, faith-based

1 organizations, community-based organizations,
2 and other nonprofit entities.

3 (23) Strong coordination must exist among the
4 various agencies of the United States to ensure ef-
5 fective and efficient use of financial and technical re-
6 sources within the United States Government with
7 respect to the provision of international HIV/AIDS
8 assistance.

9 (24) In his address to Congress on January 28,
10 2003, the President announced the Administration's
11 intention to embark on a five-year emergency plan
12 for AIDS relief, to confront HIV/AIDS with the
13 goals of preventing 7,000,000 new HIV/AIDS infec-
14 tions, treating at least 2,000,000 people with life-ex-
15 tending drugs, and providing humane care for mil-
16 lions of people suffering from HIV/AIDS, and for
17 children orphaned by HIV/AIDS.

18 (25) In this address to Congress, the President
19 stated the following: "Today, on the continent of Af-
20 rica, nearly 30,000,000 people have the AIDS
21 virus—including 3,000,000 children under the age of
22 15. There are whole countries in Africa where more
23 than one-third of the adult population carries the in-
24 fection. More than 4,000,000 require immediate
25 drug treatment. Yet across that continent, only

1 50,000 AIDS victims—only 50,000—are receiving
2 the medicine they need.”.

3 (26) Furthermore, the President focused on
4 care and treatment of HIV/AIDS in his address to
5 Congress, stating the following: “Because the AIDS
6 diagnosis is considered a death sentence, many do
7 not seek treatment. Almost all who do are turned
8 away. A doctor in rural South Africa describes his
9 frustration. He says, ‘We have no medicines. Many
10 hospitals tell people, you’ve got AIDS, we can’t help
11 you. Go home and die.’ In an age of miraculous
12 medicines, no person should have to hear those
13 words. AIDS can be prevented. Anti-retroviral drugs
14 can extend life for many years. And the cost of those
15 drugs has dropped from \$12,000 a year to under
16 \$300 a year—which places a tremendous possibility
17 within our grasp. Ladies and gentlemen, seldom has
18 history offered a greater opportunity to do so much
19 for so many.”.

20 (27) Finally, the President stated that “[w]e
21 have confronted, and will continue to confront, HIV/
22 AIDS in our own country”, proposing now that the
23 United States should lead the world in sparing inno-
24 cent people from a plague of nature, and asking
25 Congress “to commit \$15,000,000,000 over the next

1 five years, including nearly \$10,000,000,000 in new
2 money, to turn the tide against AIDS in the most
3 afflicted nations of Africa and the Caribbean”.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (1) AIDS.—The term “AIDS” means the ac-
7 quired immune deficiency syndrome.

8 (2) APPROPRIATE CONGRESSIONAL COMMIT-
9 TEES.—The term “appropriate congressional com-
10 mittees” means the Committee on Foreign Relations
11 of the Senate and the Committee on International
12 Relations of the House of Representatives.

13 (3) GLOBAL FUND.—The term “Global Fund”
14 means the public-private partnership known as the
15 Global Fund to Fight AIDS, Tuberculosis and Ma-
16 laria established pursuant to Article 80 of the Swiss
17 Civil Code.

18 (4) HIV.—The term “HIV” means the human
19 immunodeficiency virus, the pathogen that causes
20 AIDS.

21 (5) HIV/AIDS.—The term “HIV/AIDS”
22 means, with respect to an individual, an individual
23 who is infected with HIV or living with AIDS.

24 (6) RELEVANT EXECUTIVE BRANCH AGEN-
25 CIES.—The term “relevant executive branch agen-

1 cies” means the Department of State, the United
2 States Agency for International Development, and
3 any other department or agency of the United States
4 that participates in international HIV/AIDS activi-
5 ties pursuant to the authorities of such department
6 or agency or the Foreign Assistance Act of 1961.

7 **SEC. 4. PURPOSE.**

8 The purpose of this Act is to strengthen United
9 States leadership and the effectiveness of the United
10 States response to certain global infectious diseases by—

11 (1) establishing a comprehensive, integrated
12 five-year, global strategy to fight HIV/AIDS that en-
13 compasses a plan for phased expansion of critical
14 programs and improved coordination among relevant
15 executive branch agencies and between the United
16 States and foreign governments and international
17 organizations;

18 (2) providing significant resources for multilat-
19 eral efforts to fight HIV/AIDS;

20 (3) providing increased resources for United
21 States bilateral efforts, particularly for technical as-
22 sistance and training, to combat HIV/AIDS, tuber-
23 culosis, and malaria;

1 (4) encouraging the expansion of private sector
2 efforts and expanding public-private sector partner-
3 ships to combat HIV/AIDS; and

4 (5) intensifying efforts to support the develop-
5 ment of vaccines and treatment for HIV/AIDS, tu-
6 berculosis, and malaria.

7 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**
8 **PORTS.**

9 With respect to the reports required by this Act to
10 be submitted by the President, to ensure an efficient use
11 of resources, the President may, in his discretion and not-
12 withstanding any other provision of this Act, consolidate
13 or combine any of these reports, except for the report re-
14 quired by section 101 of this Act, so long as the required
15 elements of each report are addressed and reported within
16 a 90-day period from the original deadline date for sub-
17 mission of the report specified in this Act. The President
18 may also enter into contracts with organizations with rel-
19 evant expertise to develop, originate, or contribute to any
20 of the reports required by this Act to be submitted by the
21 President.

1 **TITLE I—POLICY PLANNING AND**
2 **COORDINATION**

3 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-**
4 **YEAR, GLOBAL STRATEGY.**

5 (a) STRATEGY.—The President shall establish a com-
6 prehensive, integrated, five-year strategy to combat global
7 HIV/AIDS that strengthens the capacity of the United
8 States to be an effective leader of the international cam-
9 paign against HIV/AIDS. Such strategy shall—

10 (1) include specific objectives, multisectoral ap-
11 proaches, and specific strategies to treat individuals
12 infected with HIV/AIDS and to prevent the further
13 spread of HIV infections, with a particular focus on
14 the needs of families with children, women, young
15 people, and children (such as unaccompanied minor
16 children and orphans);

17 (2) assign priorities for relevant executive
18 branch agencies;

19 (3) improve coordination among relevant execu-
20 tive branch agencies, foreign governments, and inter-
21 national organizations;

22 (4) project general levels of resources needed to
23 achieve the stated objectives;

24 (5) expand public-private partnerships and the
25 leveraging of resources; and

1 (6) maximize United States capabilities in the
2 areas of technical assistance and training and re-
3 search, including vaccine research.

4 (b) REPORT.—

5 (1) IN GENERAL.—Not later than 270 days
6 after the date of enactment of this Act, the Presi-
7 dent shall submit to the appropriate congressional
8 committees a report setting forth the strategy de-
9 scribed in subsection (a).

10 (2) REPORT CONTENTS.—The report required
11 by paragraph (1) shall include a discussion of the
12 elements described in paragraph (3) and may in-
13 clude a discussion of additional elements relevant to
14 the strategy described in subsection (a). Such dis-
15 cussion may include an explanation as to why a par-
16 ticular element described in paragraph (3) is not rel-
17 evant to such strategy.

18 (3) REPORT ELEMENTS.—The elements re-
19 ferred to in paragraph (2) are the following:

20 (A) The objectives, general and specific, of
21 the strategy.

22 (B) A description of the criteria for deter-
23 mining success of the strategy.

24 (C) A description of the manner in which
25 the strategy will address the fundamental ele-

1 ments of prevention and education, care, and
2 treatment (including increasing access to phar-
3 maceuticals and to vaccines), research (includ-
4 ing incentives for vaccine development and new
5 protocols), training of health care workers, the
6 development of health care infrastructure and
7 delivery systems, and the promotion of absti-
8 nence, monogamy, faithfulness, use of condoms,
9 and avoidance of substance abuse.

10 (D) A description of the manner in which
11 the strategy will promote the development and
12 implementation of national and community-
13 based multisectoral strategies and programs, in-
14 cluding those designed to enhance leadership
15 capacity particularly at the community level.

16 (E) A description of the specific strategies
17 developed to meet the unique needs of women,
18 including the empowerment of women in inter-
19 personal situations, young people and children,
20 including those orphaned by HIV/AIDS and
21 those who are victims of the sex trade, rape,
22 sexual abuse, assault, and exploitation.

23 (F) A description of the programs to be
24 undertaken to maximize United States con-
25 tributions in the areas of technical assistance,

1 training (particularly of health care workers
2 and community-based leaders in affected sec-
3 tors), and research, including the promotion of
4 research on vaccines and microbicides.

5 (G) An identification of the relevant execu-
6 tive branch agencies that will be involved and
7 the assignment of priorities to those agencies.

8 (H) A description of the role of each rel-
9 evant executive branch agency and the types of
10 programs that the agency will be undertaking.

11 (I) A description of the mechanisms that
12 will be utilized to coordinate the efforts of the
13 relevant executive branch agencies, to avoid du-
14 plication of efforts, to enhance on-site coordina-
15 tion efforts, and to ensure that each agency un-
16 dertakes programs primarily in those areas
17 where the agency has the greatest expertise,
18 technical capabilities, and potential for success.

19 (J) A description of the mechanisms that
20 will be utilized to ensure greater coordination
21 between the United States and foreign govern-
22 ments and international organizations including
23 the Global Fund, UNAIDS, international finan-
24 cial institutions, and private sector organiza-
25 tions.

1 (K) The level of resources that will be
2 needed on an annual basis and the manner in
3 which those resources would generally be allo-
4 cated among the relevant executive branch
5 agencies.

6 (L) A description of the mechanisms to be
7 established for monitoring and evaluating pro-
8 grams, promoting successful models, and for
9 terminating unsuccessful programs.

10 (M) A description of the manner in which
11 private, nongovernmental entities will factor
12 into the United States Government-led effort
13 and a description of the type of partnerships
14 that will be created to maximize the capabilities
15 of these private sector entities and to leverage
16 resources.

17 (N) A description of the ways in which
18 United States leadership will be used to en-
19 hance the overall international response to the
20 HIV/AIDS pandemic and particularly to height-
21 en the engagement of the member states of the
22 G-8 and to strengthen key financial and coordi-
23 nation mechanisms such as the Global Fund
24 and UNAIDS.

1 (O) A description of the manner in which
2 the United States strategy for combating HIV/
3 AIDS relates to and enhances other United
4 States assistance strategies in developing coun-
5 tries.

6 (P) A description of the programs to be
7 carried out under the strategy that are specifi-
8 cally targeted at women and girls to educate
9 them about the spread of HIV/AIDS.

10 (Q) A description of efforts being made to
11 address the unique needs of families with chil-
12 dren with respect to HIV/AIDS, including ef-
13 forts to preserve the family unit.

14 (R) An analysis of the emigration of criti-
15 cally important medical and public health per-
16 sonnel, including physicians, nurses, and super-
17 visors from sub-Saharan African countries that
18 are acutely impacted by HIV/AIDS, including a
19 description of the causes, effects, and the im-
20 pact on the stability of health infrastructures,
21 as well as a summary of incentives and pro-
22 grams that the United States could provide, in
23 concert with other private and public sector
24 partners and international organizations, to sta-

1 bilize health institutions by encouraging critical
2 personnel to remain in their home countries.

3 **SEC. 102. HIV/AIDS RESPONSE COORDINATOR.**

4 (a) ESTABLISHMENT OF POSITION.—Section 1 of the
5 State Department Basic Authorities Act of 1956 (22
6 U.S.C. 265(a)) is amended—

7 (1) by redesignating subsections (f) and (g) as
8 subsections (g) and (h), respectively; and

9 (2) by adding after subsection (e) the following:

10 “(f) HIV/AIDS RESPONSE COORDINATOR.—

11 “(1) IN GENERAL.—There shall be within the
12 Department of State a Coordinator of United States
13 Government Activities to Combat HIV/AIDS Glob-
14 ally, who shall be appointed by the President.

15 “(2) DUTIES.—

16 “(A) IN GENERAL.—The Coordinator shall
17 have primary responsibility for the oversight
18 and coordination of all international activities of
19 the United States Government to combat the
20 HIV/AIDS pandemic, including all programs,
21 projects, and activities of the United States
22 Government relating to the HIV/AIDS pan-
23 demic under the United States Leadership
24 Against HIV/AIDS, Tuberculosis, and Malaria

1 Act of 2003 or any amendment made by that
2 Act.

3 “(B) SPECIFIC DUTIES.—The duties of the
4 Coordinator shall specifically include the fol-
5 lowing:

6 “(i) Ensuring program and policy co-
7 ordination among the relevant executive
8 branch agencies.

9 “(ii) Ensuring that each relevant ex-
10 ecutive branch agency undertakes pro-
11 grams primarily in those areas where the
12 agency has the greatest expertise, technical
13 capabilities, and potential for success.

14 “(iii) Avoiding duplication of effort.

15 “(iv) Ensuring coordination of rel-
16 evant executive branch agency activities in
17 the field.

18 “(v) Pursuing coordination with other
19 countries and international organizations.

20 “(vi) Resolving policy, program, and
21 funding disputes among the relevant execu-
22 tive branch agencies.”.

23 (b) FIRST COORDINATOR.—The President may des-
24 ignate the incumbent Special Representative of the Sec-
25 retary of State for HIV/AIDS as of the date of enactment

1 of this Act as the first Coordinator of United States Gov-
2 ernment Activities to Combat HIV/AIDS Globally.

3 (c) RESOURCES.—Not later than 90 days after the
4 date of enactment of this Act, the President shall identify
5 the necessary financial and personnel resources that would
6 be assigned to the HIV/AIDS Response Coordinator to es-
7 tablish and maintain the duties and supporting activities
8 assigned to the Coordinator by this Act.

9 **TITLE II—SUPPORT FOR MULTI-**
10 **LATERAL FUNDS, PROGRAMS,**
11 **AND PUBLIC-PRIVATE PART-**
12 **NERSHIPS**

13 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
14 **NERSHIPS.**

15 (a) FINDINGS.—Congress makes the following find-
16 ings:

17 (1) Innovative partnerships between govern-
18 ments and organizations in the private sector (in-
19 cluding foundations, universities, corporations, faith-
20 based and community-based organizations, and other
21 nongovernmental organizations) have proliferated in
22 recent years, particularly in the area of health.

23 (2) Public-private sector partnerships multiply
24 local and international capacities to strengthen the
25 delivery of health services in developing countries

1 and to accelerate research for vaccines and other
2 pharmaceutical products that are essential to combat
3 infectious diseases decimating the populations of
4 these countries.

5 (3) These partnerships maximize the unique ca-
6 pabilities of each sector while combining financial
7 and other resources, scientific knowledge, and exper-
8 tise toward common goals which neither the public
9 nor the private sector can achieve alone.

10 (4) Sustaining existing public-private partner-
11 ships and building new ones are critical to the suc-
12 cess of the international community's efforts to com-
13 bat HIV/AIDS and other infectious diseases around
14 the globe.

15 (b) SENSE OF CONGRESS.—It is the sense of Con-
16 gress that—

17 (1) the sustainment and promotion of public-
18 private partnerships should be a priority element of
19 the strategy pursued by the United States to combat
20 the HIV/AIDS pandemic and other global health cri-
21 ses; and

22 (2) the United States should systematically
23 track the evolution of these partnerships and work
24 with others in the public and private sector to profile
25 and build upon those models that are most effective.

1 **SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT**
2 **AIDS, TUBERCULOSIS AND MALARIA.**

3 (a) **AUTHORITY FOR UNITED STATES PARTICIPA-**
4 **TION.—**

5 (1) **UNITED STATES PARTICIPATION.—**The
6 United States is hereby authorized to participate in
7 the Global Fund.

8 (2) **PRIVILEGES AND IMMUNITIES.—**The Global
9 Fund shall be considered a public international orga-
10 nization for purposes of section 1 of the Inter-
11 national Organizations Immunities Act (22 U.S.C.
12 288).

13 (b) **REPORTS TO CONGRESS.—**Not later than 1 year
14 after the date of the enactment of this Act, and annually
15 thereafter for the duration of the Global Fund, the Presi-
16 dent shall submit to the appropriate congressional com-
17 mittees a report on the Global Fund, including contribu-
18 tions pledged to, contributions (including donations from
19 the private sector) received by, and projects funded by the
20 Global Fund, and the mechanisms established for trans-
21 parency and accountability in the grant-making process.

22 (c) **UNITED STATES FINANCIAL PARTICIPATION.—**

23 (1) **AUTHORIZATION OF APPROPRIATIONS.—**In
24 addition to any other funds authorized to be appro-
25 priated for bilateral or multilateral HIV/AIDS, tu-
26 berculosis, or malaria programs, of the amounts au-

1 thorized to be appropriated under section 401, there
2 are authorized to be appropriated to the President
3 up to \$1,000,000,000 in the fiscal year 2004, and
4 such sums as may be necessary for the fiscal years
5 2005–2008, for contributions to the Global Fund.

6 (2) AVAILABILITY OF FUNDS.—Amounts appro-
7 priated under paragraph (1) are authorized to re-
8 main available until expended.

9 (3) REPROGRAMMING OF FISCAL YEAR 2001
10 FUNDS.—Funds made available for fiscal year 2001
11 under section 141 of the Global AIDS and Tubercu-
12 culosis Relief Act of 2000—

13 (A) are authorized to remain available
14 until expended; and

15 (B) shall be transferred to, merged with,
16 and made available for the same purposes as,
17 funds made available for fiscal years 2004
18 through 2008 under paragraph (1).

19 (4) LIMITATION.—

20 (A) At any time during fiscal years 2004
21 through 2008, no United States contribution to
22 the Global Fund may cause the total amount of
23 United States Government contributions to the
24 Global Fund to exceed 33 percent of the total
25 amount of funds contributed to the Global

1 Fund from all other sources. Contributions to
2 the Global Fund from the International Bank
3 for Reconstruction and Development and the
4 International Monetary Fund shall not be con-
5 sidered in determining compliance with this
6 paragraph.

7 (B) Any amount made available under this
8 subsection that is withheld by reason of sub-
9 paragraph (A) shall be contributed to the Glob-
10 al Fund as soon as practicable, subject to sub-
11 paragraph (A), after additional contributions to
12 the Global Fund are made from other sources.

13 (C)(i) The President may suspend the ap-
14 plication of subparagraph (A) with respect to a
15 fiscal year if the President determines that an
16 international health emergency threatens the
17 national security interests of the United States.

18 (ii) The President shall notify the Com-
19 mittee on International Relations of the House
20 of Representatives and the Committee on For-
21 eign Relations of the Senate not less than 5
22 days before making a determination under
23 clause (i) and shall include in the notification—

24 (I) a justification as to why increased
25 United States Government contributions to

1 the Global Fund is preferable to increased
2 United States assistance to combat HIV/
3 AIDS, tuberculosis, and malaria on a bilat-
4 eral basis; and

5 (II) an explanation as to why other
6 government donors to the Global Fund are
7 unable to provide adequate contributions to
8 the Fund.

9 (d) INTERAGENCY TECHNICAL REVIEW PANEL.—

10 (1) ESTABLISHMENT.—The Coordinator of
11 United States Government Activities to Combat
12 HIV/AIDS Globally, established in section 1(f)(1) of
13 the State Department Basic Authorities Act of 1956
14 (as added by section 102(a) of this Act), shall estab-
15 lish in the Executive Branch an interagency tech-
16 nical review panel.

17 (2) DUTIES.—The interagency technical review
18 panel shall serve as a “shadow” panel to the Global
19 Fund by—

20 (A) periodically reviewing all proposals re-
21 ceived by the Global Fund; and

22 (B) providing guidance to the United
23 States persons who are representatives on the
24 panels, committees, and boards of the Global
25 Fund, on the technical efficacy, suitability, and

1 appropriateness of the proposals, and ensuring
2 that such persons are fully informed of tech-
3 nical inadequacies or other aspects of the pro-
4 posals that are inconsistent with the purposes
5 of this or any other Act relating to the provi-
6 sion of foreign assistance in the area of AIDS.

7 (3) MEMBERSHIP.—The interagency technical
8 review panel shall consist of qualified medical and
9 development experts who are officers or employees of
10 the Department of Health and Human Services, the
11 Department of State, and the United States Agency
12 for International Development.

13 (4) CHAIR.—The Coordinator referred to in
14 paragraph (1) shall chair the interagency technical
15 review panel.

16 (e) MONITORING BY COMPTROLLER GENERAL.—

17 (1) MONITORING.—The Comptroller General
18 shall monitor and evaluate projects funded by the
19 Global Fund.

20 (2) REPORT.—The Comptroller General shall
21 on a biennial basis shall prepare and submit to the
22 appropriate congressional committees a report that
23 contains the results of the monitoring and evaluation
24 described in paragraph (1) for the preceding 2-year
25 period.

1 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
2 **NATIONAL VACCINE FUNDS.**

3 (a) VACCINE FUND.—Section 302(k) of the Foreign
4 Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

5 (1) by striking “\$50,000,000 for each of the
6 fiscal years 2001 and 2002” and inserting “such
7 sums as may be necessary for each of the fiscal
8 years 2004 through 2008”; and

9 (2) by striking “Global Alliance for Vaccines
10 and Immunizations” and inserting “Vaccine Fund”.

11 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
12 Section 302(l) of the Foreign Assistance Act of 1961 (22
13 U.S.C. 2222(l)) is amended by striking “\$10,000,000 for
14 each of the fiscal years 2001 and 2002” and inserting
15 “such sums as may be necessary for each of the fiscal
16 years 2004 through 2008”.

17 (c) SUPPORT FOR THE DEVELOPMENT OF MALARIA
18 VACCINE.—Section 302 of the Foreign Assistance Act of
19 1961 (22 U.S.C. 2222)) is amended by adding at the end
20 the following new subsection:

21 “(m) In addition to amounts otherwise available
22 under this section, there are authorized to be appropriated
23 to the President such sums as may be necessary for each
24 of the fiscal years 2004 through 2008 to be available for
25 United States contributions to malaria vaccine develop-
26 ment programs, including the Malaria Vaccine Initiative

1 of the Program for Appropriate Technologies in Health
2 (PATH).”.

3 **TITLE III—BILATERAL EFFORTS**
4 **Subtitle A—General Assistance and**
5 **Programs**

6 **SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.**

7 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
8 OF 1961.—Chapter 1 of part I of the Foreign Assistance
9 Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

10 (1) in section 104(c) (22 U.S.C. 2151b(c)), by
11 striking paragraphs (4) through (7); and

12 (2) by inserting after section 104 the following
13 new section:

14 **“SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.**

15 “(a) FINDING.—Congress recognizes that the alarm-
16 ing spread of HIV/AIDS in countries in sub-Saharan Afri-
17 ca, the Caribbean, and other developing countries is a
18 major global health, national security, development, and
19 humanitarian crisis.

20 “(b) POLICY.—It is a major objective of the foreign
21 assistance program of the United States to provide assist-
22 ance for the prevention, treatment, and control of HIV/
23 AIDS. The United States and other developed countries
24 should provide assistance to countries in sub-Saharan Af-
25 rica and other countries and areas to control this crisis

1 through HIV/AIDS prevention, treatment, monitoring,
2 and related activities, particularly activities focused on
3 women and youth, including strategies to protect women
4 and prevent mother-to-child transmission of the HIV in-
5 fection.

6 “(c) AUTHORIZATION.—

7 “(1) IN GENERAL.—Consistent with section
8 104(c), the President is authorized to furnish assist-
9 ance, on such terms and conditions as the President
10 may determine, to prevent, treat, and monitor HIV/
11 AIDS, and carry out related activities, in countries
12 in sub-Saharan Africa and other countries and
13 areas.

14 “(2) ROLE OF NGOS.—It is the sense of Con-
15 gress that the President should provide an appro-
16 priate level of assistance under paragraph (1)
17 through nongovernmental organizations in countries
18 in sub-Saharan Africa and other countries and areas
19 affected by the HIV/AIDS pandemic.

20 “(3) COORDINATION OF ASSISTANCE EF-
21 FORTS.—The President shall coordinate the provi-
22 sion of assistance under paragraph (1) with the provi-
23 sion of related assistance by the Joint United Na-
24 tions Programme on HIV/AIDS (UNAIDS), the
25 United Nations Children’s Fund (UNICEF), the

1 World Health Organization (WHO), the United Na-
2 tions Development Programme (UNDP), the Global
3 Fund to Fight AIDS, Tuberculosis and Malaria and
4 other appropriate international organizations (such
5 as the International Bank for Reconstruction and
6 Development), relevant regional multilateral develop-
7 ment institutions, national, state, and local govern-
8 ments of foreign countries, appropriate governmental
9 and nongovernmental organizations, and relevant ex-
10 ecutive branch agencies.

11 “(d) ACTIVITIES SUPPORTED.—Assistance provided
12 under subsection (c) shall, to the maximum extent prac-
13 ticable, be used to carry out the following activities:

14 “(1) PREVENTION.—Prevention of HIV/AIDS
15 through activities including—

16 “(A) programs and efforts that are de-
17 signed or intended to impart knowledge with
18 the exclusive purpose of helping individuals
19 avoid behaviors that place them at risk of HIV
20 infection, including integration of such pro-
21 grams into health programs and the inclusion
22 in counseling programs of information on meth-
23 ods of avoiding infection of HIV, including de-
24 laying sexual debut, abstinence, fidelity and mo-

1 nogamy, reduction of casual sexual partnering,
2 and where appropriate, use of condoms;

3 “(B) assistance to establish and implement
4 culturally appropriate HIV/AIDS education and
5 prevention programs that focus on helping indi-
6 viduals avoid infection of HIV/AIDS, imple-
7 mented through nongovernmental organizations,
8 including faith-based and community-based or-
9 ganizations, particularly those organizations
10 that utilize both professionals and volunteers
11 with appropriate skills, experience, and commu-
12 nity presence;

13 “(C) assistance for the purpose of pro-
14 viding voluntary testing and counseling (includ-
15 ing the incorporation of confidentiality protec-
16 tions with respect to such testing and coun-
17 seling);

18 “(D) assistance for the purpose of pre-
19 venting mother-to-child transmission of the
20 HIV infection, including medications to prevent
21 such transmission and access to infant formula
22 and other alternatives for infant feeding;

23 “(E) assistance to ensure a safe blood sup-
24 ply and sterile medical equipment; and

1 “(F) assistance to help avoid substance
2 abuse and intravenous drug use that can lead
3 to HIV infection.

4 “(2) TREATMENT.—The treatment and care of
5 individuals with HIV/AIDS, including—

6 “(A) assistance to establish and implement
7 programs to strengthen and broaden indigenous
8 health care delivery systems and the capacity of
9 such systems to deliver HIV/AIDS pharma-
10 ceuticals and otherwise provide for the treat-
11 ment of individuals with HIV/AIDS, including
12 clinical training for indigenous organizations
13 and health care providers;

14 “(B) assistance to strengthen and expand
15 hospice and palliative care programs to assist
16 patients debilitated by HIV/AIDS, their fami-
17 lies, and the primary caregivers of such pa-
18 tients, including programs that utilize faith-
19 based and community-based organizations; and

20 “(C) assistance for the purpose of the care
21 and treatment of individuals with HIV/AIDS
22 through the provision of pharmaceuticals, in-
23 cluding antiretrovirals and other pharma-
24 ceuticals and therapies for the treatment of op-

1 portunistic infections, nutritional support, and
2 other treatment modalities.

3 “(3) PREVENTATIVE INTERVENTION EDU-
4 CATION AND TECHNOLOGIES.—(A) With particular
5 emphasis on specific populations that represent a
6 particularly high risk of contracting or spreading
7 HIV/AIDS, including those exploited through the
8 sex trade, victims of rape and sexual assault, indi-
9 viduals already infected with HIV/AIDS, and in
10 cases of occupational exposure of health care work-
11 ers, assistance with efforts to reduce the risk of
12 HIV/AIDS infection including post-exposure phar-
13 maceutical prophylaxis, and necessary pharma-
14 ceuticals and commodities, including test kits,
15 condoms, and, when proven effective, microbicides.

16 “(B) Bulk purchases of available test kits,
17 condoms, and, when proven effective, microbicides
18 that are intended to reduce the risk of HIV/AIDS
19 transmission and for appropriate program support
20 for the introduction and distribution of these com-
21 modities, as well as education and training on the
22 use of the technologies.

23 “(4) MONITORING.—The monitoring of pro-
24 grams, projects, and activities carried out pursuant
25 to paragraphs (1) through (3), including—

1 “(A) monitoring to ensure that adequate
2 controls are established and implemented to
3 provide HIV/AIDS pharmaceuticals and other
4 appropriate medicines to poor individuals with
5 HIV/AIDS; and

6 “(B) appropriate evaluation and surveil-
7 lance activities.

8 “(5) PHARMACEUTICALS.—

9 “(A) PROCUREMENT.—The procurement of
10 HIV/AIDS pharmaceuticals, antiviral therapies,
11 and other appropriate medicines, including
12 medicines to treat opportunistic infections.

13 “(B) MECHANISMS FOR QUALITY CONTROL
14 AND SUSTAINABLE SUPPLY.—Mechanisms to
15 ensure that such HIV/AIDS pharmaceuticals,
16 antiretroviral therapies, and other appropriate
17 medicines are quality-controlled and sustainably
18 supplied.

19 “(C) DISTRIBUTION.—The distribution of
20 such HIV/AIDS pharmaceuticals, antiviral
21 therapies, and other appropriate medicines (in-
22 cluding medicines to treat opportunistic infec-
23 tions) to qualified national, regional, or local or-
24 ganizations for the treatment of individuals
25 with HIV/AIDS in accordance with appropriate

1 HIV/AIDS testing and monitoring requirements
2 and treatment protocols and for the prevention
3 of mother-to-child transmission of the HIV in-
4 fection.

5 “(6) RELATED ACTIVITIES.—The conduct of re-
6 lated activities, including—

7 “(A) the care and support of children who
8 are orphaned by the HIV/AIDS pandemic, in-
9 cluding services designed to care for orphaned
10 children in a family environment which rely on
11 extended family members;

12 “(B) improved infrastructure and institu-
13 tional capacity to develop and manage edu-
14 cation, prevention, and treatment programs, in-
15 cluding training and the resources to collect
16 and maintain accurate HIV surveillance data to
17 target programs and measure the effectiveness
18 of interventions; and

19 “(C) vaccine research and development
20 partnership programs with specific plans of ac-
21 tion to develop a safe, effective, accessible, pre-
22 ventive HIV vaccine for use throughout the
23 world.

24 “(e) ANNUAL REPORT.—

1 “(1) IN GENERAL.—Not later than January 31
2 of each year, the President shall submit to the Com-
3 mittee on Foreign Relations of the Senate and the
4 Committee on International Relations of the House
5 of Representatives a report on the implementation of
6 this section for the prior fiscal year.

7 “(2) REPORT ELEMENTS.—Each report shall
8 include—

9 “(A) a description of efforts made by each
10 relevant executive branch agency to implement
11 the policies set forth in this section, section
12 104B, and section 104C;

13 “(B) a description of the programs estab-
14 lished pursuant to such sections; and

15 “(C) a detailed assessment of the impact
16 of programs established pursuant to such sec-
17 tions, including—

18 “(i)(I) the effectiveness of such pro-
19 grams in reducing the spread of the HIV
20 infection, particularly in women and girls,
21 in reducing mother-to-child transmission of
22 the HIV infection, and in reducing mor-
23 tality rates from HIV/AIDS; and

24 “(II) the number of patients currently
25 receiving treatment for AIDS in each

1 country that receives assistance under this
2 Act.

3 “(ii) the progress made toward im-
4 proving health care delivery systems (in-
5 cluding the training of adequate numbers
6 of staff) and infrastructure to ensure in-
7 creased access to care and treatment;

8 “(iii) with respect to tuberculosis, the
9 increase in the number of people treated
10 and the increase in number of tuberculosis
11 patients cured through each program,
12 project, or activity receiving United States
13 foreign assistance for tuberculosis control
14 purposes; and

15 “(iv) with respect to malaria, the in-
16 crease in the number of people treated and
17 the increase in number of malaria patients
18 cured through each program, project, or
19 activity receiving United States foreign as-
20 sistance for malaria control purposes.

21 “(f) FUNDING LIMITATION.—Of the funds made
22 available to carry out this section in any fiscal year, not
23 more than 7 percent may be used for the administrative
24 expenses of the United States Agency for International
25 Development in support of activities described in section

1 104(c), this section, section 104B, and section 104C. Such
2 amount shall be in addition to other amounts otherwise
3 available for such purposes.

4 “(g) DEFINITIONS.—In this section:

5 “(1) AIDS.—The term ‘AIDS’ means acquired
6 immune deficiency syndrome.

7 “(2) HIV.—The term ‘HIV’ means the human
8 immunodeficiency virus, the pathogen that causes
9 AIDS.

10 “(3) HIV/AIDS.—The term ‘HIV/AIDS’
11 means, with respect to an individual, an individual
12 who is infected with HIV or living with AIDS.

13 “(4) RELEVANT EXECUTIVE BRANCH AGEN-
14 CIES.—The term “relevant executive branch agen-
15 cies” means the Department of State, the United
16 States Agency for International Development, the
17 Department of Health and Human Services (includ-
18 ing the Public Health Service), and any other de-
19 partment or agency of the United States that par-
20 ticipates in international HIV/AIDS activities pursu-
21 ant to the authorities of such department or agency
22 or this Act.”.

23 (b) AUTHORIZATION OF APPROPRIATIONS.—

24 (1) IN GENERAL.—In addition to funds avail-
25 able under section 104(c) of the Foreign Assistance

1 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
2 or under any other provision of that Act, there are
3 authorized to be appropriated to the President, from
4 amounts authorized to be appropriated under section
5 401, such sums as may be necessary for each of the
6 fiscal years 2004 through 2008 to carry out section
7 104A of the Foreign Assistance Act of 1961, as
8 added by subsection (a).

9 (2) AVAILABILITY OF FUNDS.—Amounts appro-
10 priated pursuant to paragraph (1) are authorized to
11 remain available until expended.

12 (3) ALLOCATION OF FUNDS.—Of the amount
13 authorized to be appropriated by paragraph (1) for
14 the fiscal years 2004 through 2008, such sums as
15 may be necessary are authorized to be appropriated
16 to carry out section 104A(d)(4) of the Foreign As-
17 sistance Act of 1961 (as added by subsection (a)),
18 relating to the procurement and distribution of HIV/
19 AIDS pharmaceuticals.

20 (c) RELATIONSHIP TO ASSISTANCE PROGRAMS TO
21 ENHANCE NUTRITION.—In recognition of the fact that
22 malnutrition may hasten the progression of HIV to AIDS
23 and may exacerbate the decline among AIDS patients
24 leading to a shorter life span, the Administrator of the

1 United States Agency for International Development shall,
2 as appropriate—

3 (1) integrate nutrition programs with HIV/
4 AIDS activities, generally;

5 (2) provide, as a component of an anti-
6 retroviral therapy program, support for food and nu-
7 trition to individuals infected with and affected by
8 HIV/AIDS; and

9 (3) provide support for food and nutrition for
10 children affected by HIV/AIDS and to communities
11 and households caring for children affected by HIV/
12 AIDS.

13 (d) **ELIGIBILITY FOR ASSISTANCE.**—An organization
14 that is otherwise eligible to receive assistance under sec-
15 tion 104A of the Foreign Assistance Act of 1961 (as
16 added by subsection (a)) or under any other provision of
17 this Act (or any amendment made by this Act) to prevent,
18 treat, or monitor HIV/AIDS shall not be required, as a
19 condition of receiving the assistance, to endorse or utilize
20 a multisectoral approach to combatting HIV/AIDS.

21 **SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.**

22 (a) **AMENDMENT OF THE FOREIGN ASSISTANCE ACT**
23 **OF 1961.**—Chapter 1 of part I of the Foreign Assistance
24 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-

1 tion 301 of this Act, is further amended by inserting after
2 section 104A the following new section:

3 **“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

4 “(a) FINDINGS.—Congress makes the following find-
5 ings:

6 “(1) Congress recognizes the growing inter-
7 national problem of tuberculosis and the impact its
8 continued existence has on those countries that had
9 previously largely controlled the disease.

10 “(2) Congress further recognizes that the
11 means exist to control and treat tuberculosis
12 through expanded use of the DOTS (Directly Ob-
13 served Treatment Short-course) treatment strategy,
14 including DOTS-Plus to address multi-drug resist-
15 ant tuberculosis, and adequate investment in newly
16 created mechanisms to increase access to treatment,
17 including the Global Tuberculosis Drug Facility es-
18 tablished in 2001 pursuant to the Amsterdam Dec-
19 laration to Stop TB and the Global Alliance for TB
20 Drug Development.

21 “(b) POLICY.—It is a major objective of the foreign
22 assistance program of the United States to control tuber-
23 culosis, including the detection of at least 70 percent of
24 the cases of infectious tuberculosis, and the cure of at
25 least 85 percent of the cases detected, not later than De-

1 cember 31, 2005, in those countries classified by the
2 World Health Organization as among the highest tuber-
3 culosis burden, and not later than December 31, 2010,
4 in all countries in which the United States Agency for
5 International Development has established development
6 programs.

7 “(c) AUTHORIZATION.—To carry out this section and
8 consistent with section 104(c), the President is authorized
9 to furnish assistance, on such terms and conditions as the
10 President may determine, for the prevention, treatment,
11 control, and elimination of tuberculosis.

12 “(d) COORDINATION.—In carrying out this section,
13 the President shall coordinate with the World Health Or-
14 ganization, the Global Fund to Fight AIDS, Tuberculosis,
15 and Malaria, and other organizations with respect to the
16 development and implementation of a comprehensive tu-
17 berculosis control program.

18 “(e) PRIORITY TO DOTS COVERAGE.—In furnishing
19 assistance under subsection (c), the President shall give
20 priority to activities that increase Directly Observed
21 Treatment Short-course (DOTS) coverage and treatment
22 of multi-drug resistant tuberculosis where needed using
23 DOTS-Plus, including funding for the Global Tuberculosis
24 Drug Facility, the Stop Tuberculosis Partnership, and the
25 Global Alliance for TB Drug Development.

1 “(f) DEFINITIONS.—In this section:

2 “(1) DOTS.—The term ‘DOTS’ or ‘Directly
3 Observed Treatment Short-course’ means the World
4 Health Organization-recommended strategy for
5 treating tuberculosis.

6 “(2) DOTS-PLUS.—The term ‘DOTS-Plus’
7 means a comprehensive tuberculosis management
8 strategy that is built upon and works as a supple-
9 ment to the standard DOTS strategy, and which
10 takes into account specific issues (such as use of sec-
11 ond line anti-tuberculosis drugs) that need to be ad-
12 dressed in areas where there is high prevalence of
13 multi-drug resistant tuberculosis.

14 “(3) GLOBAL ALLIANCE FOR TUBERCULOSIS
15 DRUG DEVELOPMENT.—The term ‘Global Alliance
16 for Tuberculosis Drug Development’ means the pub-
17 lic-private partnership that brings together leaders
18 in health, science, philanthropy, and private industry
19 to devise new approaches to tuberculosis and to en-
20 sure that new medications are available and afford-
21 able in high tuberculosis burden countries and other
22 affected countries.

23 “(4) GLOBAL TUBERCULOSIS DRUG FACIL-
24 ITY.—The term ‘Global Tuberculosis Drug Facil-
25 (GDF)’ means the new initiative of the Stop Tuber-

1 culosis Partnership to increase access to high-quality
2 tuberculosis drugs to facilitate DOTS expansion.

3 “(5) STOP TUBERCULOSIS PARTNERSHIP.—The
4 term ‘Stop Tuberculosis Partnership’ means the
5 partnership of the World Health Organization, do-
6 nors including the United States, high tuberculosis
7 burden countries, multilateral agencies, and non-
8 governmental and technical agencies committed to
9 short- and long-term measures required to control
10 and eventually eliminate tuberculosis as a public
11 health problem in the world.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—

13 (1) IN GENERAL.—In addition to funds avail-
14 able under section 104(e) of the Foreign Assistance
15 Act of 1961 (22 U.S.C. 2151b(e)) for such purpose
16 or under any other provision of that Act, there are
17 authorized to be appropriated to the President, from
18 amounts authorized to be appropriated under section
19 401, such sums as may be necessary for each of the
20 fiscal years 2004 through 2008 to carry out section
21 104B of the Foreign Assistance Act of 1961, as
22 added by subsection (a).

23 (2) AVAILABILITY OF FUNDS.—Amounts appro-
24 priated pursuant to the authorization of appropria-

1 tions under paragraph (1) are authorized to remain
2 available until expended.

3 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-
4 ligated balances of funds made available for fiscal
5 year 2001, 2002, or 2003 under section 104(e)(7) of
6 the Foreign Assistance Act of 1961 (22 U.S.C.
7 2151b(e)(7) (as in effect immediately before the date
8 of enactment of this Act) shall be transferred to,
9 merged with, and made available for the same pur-
10 poses as funds made available for fiscal years 2004
11 through 2008 under paragraph (1).

12 **SEC. 303. ASSISTANCE TO COMBAT MALARIA.**

13 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
14 OF 1961.—Chapter 1 of part I of the Foreign Assistance
15 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-
16 tions 301 and 302 of this Act, is further amended by in-
17 serting after section 104B the following new section:

18 **“SEC. 104C. ASSISTANCE TO COMBAT MALARIA.**

19 “(a) FINDING.—Congress finds that malaria kills
20 more people annually than any other communicable dis-
21 ease except tuberculosis, that more than 90 percent of all
22 malaria cases are in sub-Saharan Africa, and that children
23 and women are particularly at risk. Congress recognizes
24 that there are cost-effective tools to decrease the spread

1 of malaria and that malaria is a curable disease if prompt-
2 ly diagnosed and adequately treated.

3 “(b) POLICY.—It is a major objective of the foreign
4 assistance program of the United States to provide assist-
5 ance for the prevention, control, and cure of malaria.

6 “(c) AUTHORIZATION.—To carry out this section and
7 consistent with section 104(c), the President is authorized
8 to furnish assistance, on such terms and conditions as the
9 President may determine, for the prevention, treatment,
10 control, and elimination of malaria.

11 “(d) COORDINATION.—In carrying out this section,
12 the President shall coordinate with the World Health Or-
13 ganization, the Global Fund to Fight AIDS, Tuberculosis,
14 and Malaria, the Department of Health and Human Serv-
15 ices (the Centers for Disease Control and Prevention and
16 the National Institutes of Health), and other organiza-
17 tions with respect to the development and implementation
18 of a comprehensive malaria control program.”.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to funds avail-
21 able under section 104(c) of the Foreign Assistance
22 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
23 or under any other provision of that Act, there are
24 authorized to be appropriated to the President, from
25 amounts authorized to be appropriated under section

1 401, such sums as may be necessary for fiscal years
2 2004 through 2008 to carry out section 104C of the
3 Foreign Assistance Act of 1961, as added by sub-
4 section (a).

5 (2) AVAILABILITY OF FUNDS.—Amounts appro-
6 priated pursuant to paragraph (1) are authorized to
7 remain available until expended.

8 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-
9 ligated balances of funds made available for fiscal
10 year 2001, 2002, or 2003 under section 104(c) of
11 the Foreign Assistance Act of 1961 (22 U.S.C.
12 2151b(c) (as in effect immediately before the date of
13 enactment of this Act) and made available for the
14 control of malaria shall be transferred to, merged
15 with, and made available for the same purposes as
16 funds made available for fiscal years 2004 through
17 2008 under paragraph (1).

18 (c) CONFORMING AMENDMENT.—Section 104(c) of
19 the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)),
20 as amended by section 301 of this Act, is further amended
21 by adding after paragraph (3) the following:

22 “(4) RELATIONSHIP TO OTHER LAWS.—Assist-
23 ance made available under this subsection and sec-
24 tions 104A, 104B, and 104C, and assistance made
25 available under chapter 4 of part II to carry out the

1 purposes of this subsection and the provisions cited
2 in this paragraph, may be made available notwith-
3 standing any other provision of law, except for the
4 provisions of this subsection, the provisions of law
5 cited in this paragraph, subsection (f), and section
6 634A of this Act.”.

7 **SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF**
8 **HEALTH CARE PROFESSIONALS IN OVERSEAS**
9 **AREAS SEVERELY AFFECTED BY HIV/AIDS,**
10 **TUBERCULOSIS, AND MALARIA.**

11 (a) IN GENERAL.—The President shall establish a
12 program to demonstrate the feasibility of facilitating the
13 service of United States health care professionals in those
14 areas of sub-Saharan Africa and other parts of the world
15 severely affected by HIV/AIDS, tuberculosis, and malaria.

16 (b) REQUIREMENTS.—Participants in the program
17 shall—

18 (1) provide basic health care services for those
19 infected and affected by HIV/AIDS, tuberculosis,
20 and malaria in the area in which they are serving;

21 (2) provide on-the-job training to medical and
22 other personnel in the area in which they are serving
23 to strengthen the basic health care system of the af-
24 fected countries;

1 (3) provide health care educational training for
2 residents of the area in which they are serving;

3 (4) serve for a period of up to three years; and

4 (5) meet the eligibility requirements in sub-
5 section (d).

6 (c) ELIGIBILITY REQUIREMENTS.—To be eligible to
7 participate in the program, a candidate shall—

8 (1) be a national of the United States who is
9 a trained health care professional and who meets the
10 educational and licensure requirements necessary to
11 be such a professional such as a physician, nurse,
12 nurse practitioner, pharmacist, other type of health
13 care professional, or other individual determined to
14 be appropriate by the President; or

15 (2) a retired commissioned officer of the Public
16 Health Service Corps.

17 (d) RECRUITMENT.—The President shall ensure that
18 information on the program is widely distributed, includ-
19 ing the distribution of information to schools for health
20 professionals, hospitals, clinics, and nongovernmental or-
21 ganizations working in the areas of international health
22 and aid.

23 (e) PLACEMENT OF PARTICIPANTS.—

24 (1) IN GENERAL.—To the maximum extent
25 practicable, participants in the program shall serve

1 in the poorest areas of the affected countries, where
2 health care needs are likely to be the greatest. The
3 decision on the placement of a participant should be
4 made in consultation with relevant officials of the af-
5 fected country at both the national and local level as
6 well as with local community leaders and organiza-
7 tions.

8 (2) COORDINATION.—Placement of participants
9 in the program shall be coordinated with the United
10 States Agency for International Development in
11 countries in which that Agency is conducting HIV/
12 AIDS, tuberculosis, or malaria programs. Overall co-
13 ordination of placement of participants in the pro-
14 gram shall be made by the Coordinator of United
15 States Government Activities to Combat HIV/AIDS
16 Globally (as described in section 1(f) of the State
17 Department Basic Authorities Act of 1956 (as
18 added by section 102(a) of this Act)).

19 (f) INCENTIVES.—The President may offer such in-
20 centives as the President determines to be necessary to
21 encourage individuals to participate in the program, such
22 as partial payment of principal, interest, and related ex-
23 penses on government and commercial loans for edu-
24 cational expenses relating to professional health training
25 and, where possible, deferment of repayments on such

1 loans, the provision of retirement benefits that would oth-
2 erwise be jeopardized by participation in the program, and
3 other incentives.

4 (g) REPORT.—Not later than 18 months after the
5 date of enactment of this Act, the President shall submit
6 to the appropriate congressional committees a report on
7 steps taken to establish the program, including—

8 (1) the process of recruitment, including the
9 venues for recruitment, the number of candidates re-
10 cruited, the incentives offered, if any, and the cost
11 of those incentives;

12 (2) the process, including the criteria used, for
13 the selection of participants;

14 (3) the number of participants placed, the coun-
15 tries in which they were placed, and why those coun-
16 tries were selected; and

17 (4) the potential for expansion of the program.

18 (h) AUTHORIZATION OF APPROPRIATIONS.—

19 (1) IN GENERAL.—In addition to amounts oth-
20 erwise available for such purpose, there are author-
21 ized to be appropriated to the President, from
22 amounts authorized to be appropriated under section
23 401, such sums as may be necessary for each of the
24 fiscal years 2004 through 2008 to carry out the pro-
25 gram.

1 (2) AVAILABILITY OF FUNDS.—Amounts appro-
2 priated pursuant to the authorization of appropria-
3 tions under paragraph (1) are authorized to remain
4 available until expended.

5 **SEC. 305. REPORT ON TREATMENT ACTIVITIES BY REL-**
6 **EVANT EXECUTIVE BRANCH AGENCIES.**

7 (a) IN GENERAL.—Not later than 15 months after
8 the date of enactment of this Act, the President shall sub-
9 mit to appropriate congressional committees a report on
10 the programs and activities of the relevant executive
11 branch agencies that are directed to the treatment of indi-
12 viduals in foreign countries infected with HIV or living
13 with AIDS.

14 (b) REPORT ELEMENTS.—The report shall include—

15 (1) a description of the activities of relevant ex-
16 ecutive branch agencies with respect to—

17 (A) the treatment of opportunistic infec-
18 tions;

19 (B) the use of antiretrovirals;

20 (C) the status of research into successful
21 treatment protocols for individuals in the devel-
22 oping world; and

23 (D) technical assistance and training of
24 local health care workers (in countries affected
25 by the pandemic) to administer antiretrovirals,

1 manage side effects, and monitor patients' viral
2 loads and immune status;

3 (2) information on existing pilot projects, in-
4 cluding a discussion of why a given population was
5 selected, the number of people treated, the cost of
6 treatment, the mechanisms established to ensure
7 that treatment is being administered effectively and
8 safely, and plans for scaling up pilot projects (in-
9 cluding projected timelines and required resources);
10 and

11 (3) an explanation of how those activities relate
12 to efforts to prevent the transmission of the HIV in-
13 fection.

14 **Subtitle B—Assistance for Children** 15 **and Families**

16 **SEC. 311. FINDINGS.**

17 Congress makes the following findings:

18 (1) Approximately 2,000 children around the
19 world are infected each day with HIV through moth-
20 er-to-child transmission. Transmission can occur
21 during pregnancy, labor, and delivery or through
22 breast feeding. Over ninety percent of these cases
23 are in developing nations with little or no access to
24 public health facilities.

1 (2) Mother-to-child transmission is largely pre-
2 ventable with the proper application of pharma-
3 ceuticals, therapies, and other public health interven-
4 tions.

5 (3) The drug nevirapine reduces mother-to-child
6 transmission by nearly 50 percent. Universal avail-
7 ability of this drug could prevent up to 400,000 in-
8 fections per year and dramatically reduce the num-
9 ber of AIDS-related deaths.

10 (4) At the United Nations Special Session on
11 HIV/AIDS in June 2001, the United States com-
12 mitted to the specific goals with respect to the pre-
13 vention of mother-to-child transmission, including
14 the goals of reducing the proportion of infants in-
15 fected with HIV by 20 percent by the year 2005 and
16 by 50 percent by the year 2010, as specified in the
17 Declaration of Commitment on HIV/AIDS adopted
18 by the United Nations General Assembly at the Spe-
19 cial Session.

20 (5) Several United States Government agencies
21 including the United States Agency for International
22 Development and the Centers for Disease Control
23 are already supporting programs to prevent mother-
24 to-child transmission in resource-poor nations and
25 have the capacity to expand these programs rapidly

1 by working closely with foreign governments and
2 nongovernmental organizations.

3 (6) Efforts to prevent mother-to-child trans-
4 mission can provide the basis for a broader response
5 that includes care and treatment of mothers, fa-
6 thers, and other family members who are infected
7 with HIV or living with AIDS.

8 (7) HIV/AIDS has devastated the lives of
9 countless children and families across the globe.
10 Since the epidemic began, an estimated 13,200,000
11 children under the age of 15 have been orphaned by
12 AIDS, that is they have lost their mother or both
13 parents to the disease. The Joint United Nations
14 Program on HIV/AIDS (UNAIDS) estimates that
15 this number will double by the year 2010.

16 (8) HIV/AIDS also targets young people be-
17 tween the ages of 15 to 24, particularly young
18 women, many of whom carry the burden of caring
19 for family members living with HIV/AIDS. An esti-
20 mated 10,300,000 young people are now living with
21 HIV/AIDS. One-half of all new infections are occur-
22 ring among this age group.

23 **SEC. 312. POLICY AND REQUIREMENTS.**

24 (a) POLICY.—The United States Government’s re-
25 sponse to the global HIV/AIDS pandemic should place

1 high priority on the prevention of mother-to-child trans-
2 mission, the care and treatment of family members and
3 caregivers, and the care of children orphaned by AIDS.
4 To the maximum extent possible, the United States Gov-
5 ernment should seek to leverage its funds by seeking
6 matching contributions from the private sector, other na-
7 tional governments, and international organizations.

8 (b) REQUIREMENTS.—The 5-year United States Gov-
9 ernment strategy required by section 101 of this Act
10 shall—

11 (1) provide for meeting or exceeding the goal to
12 reduce the rate of mother-to-child transmission of
13 HIV by 20 percent by 2005 and by 50 percent by
14 2010;

15 (2) include programs to make available testing
16 and treatment to HIV-positive women and their
17 family members, including drug treatment and
18 therapies to prevent mother-to-child transmission;
19 and

20 (3) expand programs designed to care for chil-
21 dren orphaned by AIDS.

1 **SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
2 **TO-CHILD TRANSMISSION OF THE HIV INFECTION.**
3 **TION.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of the enactment of this Act, and annually thereafter
6 for a period of five years, the President shall submit to
7 appropriate congressional committees a report on the ac-
8 tivities of relevant executive branch agencies during the
9 reporting period to assist in the prevention of mother-to-
10 child transmission of the HIV infection.

11 (b) REPORT ELEMENTS.—Each report shall
12 include—

13 (1) a statement of whether or not all relevant
14 executive branch agencies have met the goal de-
15 scribed in section 312(b)(1); and

16 (2) a description of efforts made by the relevant
17 executive branch agencies to expand those activities,
18 including—

19 (A) information on the number of sites
20 supported for the prevention of mother-to-child
21 transmission of the HIV infection;

22 (B) the specific activities supported;

23 (C) the number of women tested and coun-
24 selled; and

25 (D) the number of women receiving pre-
26 ventative drug therapies.

1 (c) REPORTING PERIOD DEFINED.—In this section,
2 the term “reporting period” means, in the case of the ini-
3 tial report, the period since the date of enactment of this
4 Act and, in the case of any subsequent report, the period
5 since the date of submission of the most recent report.

6 **SEC. 314. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN**
7 **AND FAMILIES AFFECTED BY HIV/AIDS.**

8 (a) IN GENERAL.—The President, acting through the
9 United States Agency for International Development,
10 should establish a program of assistance that would dem-
11 onstrate the feasibility of the provision of care and treat-
12 ment to orphans and other children and young people af-
13 fected by HIV/AIDS in foreign countries.

14 (b) PROGRAM REQUIREMENTS.—The program
15 should—

16 (1) build upon and be integrated into programs
17 administered as of the date of enactment of this Act
18 by the relevant executive branch agencies for chil-
19 dren affected by HIV/AIDS;

20 (2) work in conjunction with indigenous com-
21 munity-based programs and activities, particularly
22 those that offer proven services for children;

23 (3) reduce the stigma of HIV/AIDS to encour-
24 age vulnerable children infected with HIV or living
25 with AIDS and their family members and caregivers

1 to avail themselves of voluntary counseling and test-
2 ing, and related programs, including treatments;

3 (4) provide, in conjunction with other relevant
4 executive branch agencies, the range of services for
5 the care and treatment, including the provision of
6 antiretrovirals and other necessary pharmaceuticals,
7 of children, parents, and caregivers infected with
8 HIV or living with AIDS;

9 (5) provide nutritional support and food secu-
10 rity, and the improvement of overall family health;

11 (6) work with parents, caregivers, and commu-
12 nity-based organizations to provide children with
13 educational opportunities; and

14 (7) provide appropriate counseling and legal as-
15 sistance for the appointment of guardians and the
16 handling of other issues relating to the protection of
17 children.

18 (c) REPORT.—Not later than 18 months after the
19 date of enactment of this Act, the President should submit
20 a report on the implementation of this section to the ap-
21 propriate congressional committees.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—

23 (1) IN GENERAL.—In addition to amounts oth-
24 erwise available for such purpose, there are author-
25 ized to be appropriated to the President, from

1 amounts authorized to be appropriated under section
2 401, such sums as may be necessary for each of the
3 fiscal years 2004 through 2008 to carry out the pro-
4 gram.

5 (2) AVAILABILITY OF FUNDS.—Amounts appro-
6 priated pursuant to paragraph (1) are authorized to
7 remain available until expended.

8 **SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PART-**
9 **NERSHIPS.**

10 (a) PURPOSE.—The purpose of this section is to au-
11 thorize the President to establish a program, through a
12 public-private partnership, for the provision of medical
13 care and support services to HIV positive parents and
14 their children identified through existing programs to pre-
15 vent mother-to-child transmission of HIV in countries
16 with or at risk for severe HIV epidemic with particular
17 attention to resource constrained countries.

18 (b) GRANTS.—

19 (1) IN GENERAL.—The President is authorized
20 to establish a program for the award of grants to el-
21 igible administrative organizations to enable such or-
22 ganizations to award subgrants to eligible entities to
23 expand activities to prevent the mother-to-child
24 transmission of HIV by providing medical care and

1 support services to HIV infected parents and their
2 children.

3 (2) USE OF FUNDS.—Amounts provided under
4 a grant awarded under paragraph (1) shall be
5 used—

6 (A) to award subgrants to eligible entities
7 to enable such entities to carry out activities de-
8 scribed in subsection (c);

9 (B) for administrative support and
10 subgrant management;

11 (C) for administrative data collection and
12 reporting concerning grant activities;

13 (D) for the monitoring and evaluation of
14 grant activities;

15 (E) for training and technical assistance
16 for subgrantees; and

17 (F) to promote sustainability.

18 (c) SUBGRANTS.—

19 (1) IN GENERAL.—An organization awarded a
20 grant under subsection (b) shall use amounts re-
21 ceived under the grant to award subgrants to eligible
22 entities.

23 (2) ELIGIBILITY.—To be eligible to receive a
24 subgrant under paragraph (1), an entity shall—

1 (A) be a local health organization, an
2 international organization, or a partnership of
3 such organizations; and

4 (B) demonstrate to the awarding organiza-
5 tion that such entity—

6 (i) is currently administering a proven
7 intervention to prevent mother-to-child
8 transmission of HIV in countries with or
9 at risk for severe HIV epidemic with par-
10 ticular attention to resource constrained
11 countries, as determined by the President;

12 (ii) has demonstrated support for the
13 proposed program from relevant govern-
14 ment entities; and

15 (iii) is able to provide HIV care, in-
16 cluding antiretroviral treatment when
17 medically indicated, to HIV positive
18 women, men, and children with the support
19 of the project funding.

20 (3) LOCAL HEALTH AND INTERNATIONAL OR-
21 GANIZATIONS.—For purposes of paragraph (2)(A)—

22 (A) the term “local health organization”
23 means a public sector health system, non-
24 governmental organization, institution of higher
25 education, community-based organization, or

1 nonprofit health system that provides directly,
2 or has a clear link with a provider for the indi-
3 rect provision of, primary health care services;
4 and

5 (B) the term “international organization”
6 means—

- 7 (i) a nonprofit international entity;
8 (ii) an international charitable institu-
9 tion;
10 (iii) a private voluntary international
11 entity; or
12 (iv) a multilateral institution.

13 (4) SELECTION OF SUBGRANT RECIPIENTS.—In
14 awarding subgrants under this subsection, the orga-
15 nization should—

16 (A) consider applicants from a range of
17 health care settings, program approaches, and
18 geographic locations; and

19 (B) if appropriate, award not less than 1
20 grant to an applicant to fund a national system
21 of health care delivery to HIV positive families.

22 (5) USE OF SUBGRANT FUNDS.—An eligible en-
23 tity awarded a subgrant under this subsection shall
24 use subgrant funds to expand activities to prevent
25 mother-to-child transmission of HIV by providing

1 medical treatment and care and support services to
2 parents and their children, which may include—

3 (A) providing treatment and therapy, when
4 medically indicated, to HIV-infected women,
5 their children, and families;

6 (B) the hiring and training of local per-
7 sonnel, including physicians, nurses, other
8 health care providers, counselors, social work-
9 ers, outreach personnel, laboratory technicians,
10 data managers, and administrative support per-
11 sonnel;

12 (C) paying laboratory costs, including costs
13 related to necessary equipment and diagnostic
14 testing and monitoring (including rapid test-
15 ing), complete blood counts, standard chem-
16 istries, and liver function testing for infants,
17 children, and parents, and costs related to the
18 purchase of necessary laboratory equipment;

19 (D) purchasing pharmaceuticals for HIV-
20 related conditions, including antiretroviral
21 therapies;

22 (E) funding support services, including ad-
23 herence and psychosocial support services;

24 (F) operational support activities; and

1 (G) conducting community outreach and
2 capacity building activities, including activities
3 to raise the awareness of individuals of the pro-
4 gram carried out by the subgrantee, other com-
5 munications activities in support of the pro-
6 gram, local advisory board functions, and trans-
7 portation necessary to ensure program partici-
8 pation.

9 (d) REPORTS.—The President shall require that each
10 organization awarded a grant under subsection (b)(1) to
11 submit an annual report that includes—

12 (1) the progress of programs funded under this
13 section;

14 (2) the benchmarks of success of programs
15 funded under this section; and

16 (3) recommendations of how best to proceed
17 with the programs funded under this section upon
18 the expiration of funding under subsection (e).

19 (e) FUNDING.—There are authorized to be appro-
20 priated to the President, from amounts authorized to be
21 appropriated under section 401, such sums as may be nec-
22 essary for each of the fiscal years 2004 through 2008 to
23 carry out the program.

24 (f) LIMITATION ON ADMINISTRATIVE EXPENSES.—
25 An organization shall ensure that not more than 7 percent

1 of the amount of a grant received under this section by
2 the organization is used for administrative expenses.

3 **TITLE IV—AUTHORIZATION OF**
4 **APPROPRIATIONS**

5 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

6 (a) IN GENERAL.—There are authorized to be appro-
7 priated to the President to carry out this Act and the
8 amendments made by this Act \$3,000,000,000 for each
9 of the fiscal years 2004 through 2008.

10 (b) AVAILABILITY.—Amounts appropriated pursuant
11 to the authorization of appropriations in subsection (a) are
12 authorized to remain available until expended.

13 (c) AVAILABILITY OF AUTHORIZATIONS.—Authoriza-
14 tions of appropriations under subsection (a) shall remain
15 available until the appropriations are made.

16 **SEC. 402. SENSE OF CONGRESS.**

17 It is the sense of Congress that, of the amounts ap-
18 propriated pursuant to the authorization of appropriations
19 under section 401 for HIV/AIDS assistance, an effective
20 distribution of such amounts would be—

21 (1) 55 percent of such amounts for treatment
22 of individuals with HIV/AIDS;

23 (2) 15 percent of such amounts for palliative
24 care of individuals with HIV/AIDS; and

75

74

- 1 (3) 20 percent of such amounts for educational
- 2 efforts for HIV/AIDS prevention.

○

Chairman HYDE. The Chair yields himself 5 minutes for purposes of a statement.

What I will do is make a statement, then Mr. Lantos will make a statement, and the rest of the Members may submit statements for the record, which will be included in the record.

I expect a rather disconnected morning because of the votes on the Floor, which is unfortunate, because this is very important legislation. So I would entreat you, when you vote, to make it a point to come back as promptly as you can so we can finish this bill.

I have a prepared statement for the opening of this session, but I am going to just make a few remarks and tell you why I think this is an important piece of legislation.

I have been studying a little history, and I have been reading about the bubonic plague, which was also called the black plague because of the blotches that appeared on people's skin. I learned there were three bubonic plagues, the 6th century, the 14th century, and the 17th century; and, all told, 275 million people died as a result of the bubonic or black plague. People did not realize it was transmitted through fleas, which were infected by swine and other means.

It started in China, and since China was a big trading nation, the traders from Italy brought it back to Sicily, and it spread through Europe. One-third of Europe died as a result of this plague.

I thought to myself, what a horrible, unspeakable curse visited on humanity.

Well, we have the same thing now in the AIDS epidemic, pandemic. The numbers are unspeakably high. The horror, the pain, the creating of entire villages of orphans because the adults are dead or dying from this plague. It seemed to me if you could do something to stop this, to divert it, to slow it down, to cure it, to fight it, you have a moral obligation to do so if you have the resources.

Now, tough as everything is, and we can always find places to spend money domestically, I suggest to you that an AIDS pandemic touches our national security, touches our civilization, touches our humanity, and we can leverage other countries to put money in to help treat and cure and prevent and educate and fight this terrible disease.

I also believe there is a moral imperative to do so. We do so much in this Congress that is of tertiary importance, that is, I don't want to say drivel, but so unimportant, resolutions pointing with pride, viewing with alarm, but not doing a great deal for humanity. Here is a chance to do something for humanity.

Now this Congress is so equally balanced that it is very difficult on controversial matters, on expensive matters, on matters that have different blocks who have different points of view to reach an agreement. I just plead with you to understand, in a situation like this, compromise is the heart and soul of the process. We cannot please the left and the right and the center, we can't please the libertarians and the archconservatives and the Republicans and the Democrats with a piece of legislation that would have all of those magic properties, but we can do our best, and we have done our best.

Mr. Lantos has been a giant in terms of cooperation; and his staff and my staff have been meeting with other staffs to iron out the points of difficulty. I suggest we have not given everything that everybody wants to everybody, but we have tried, and I suggest and I plead with you to understand that compromise is necessary if we are to move forward and count for something in this fight.

This is worth doing. This is critical. So I entreat you to bear that in mind as we vote on amendments and as we move toward sending this to the Floor and helping leverage other money from other countries to turn the tide on this terrible scourge.

Now, with pleasure, I yield to my friend, the Ranking Democrat, Mr. Lantos.

[The prepared statement of Mr. Hyde follows:]

PREPARED STATEMENT OF THE HONORABLE HENRY J. HYDE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS, AND CHAIRMAN, COMMITTEE ON INTERNATIONAL RELATIONS

Good morning. Today the Committee will consider H.R. 1298, the United States Leadership Against HIV/AIDS Act of 2003. AIDS is a topic familiar to this Committee. In addition to numerous oversight and legislative hearings held by this Committee during the last Congress as well as House passage of a more modest version of this legislation, the topic is increasingly woven into the oversight work of our regional subcommittees.

AIDS is a disease that affects and afflicts women, men and children. AIDS is caused by a virus that is changing the face of families in Africa, Asia, Europe, and the Americas. AIDS creates orphans and broken families.

AIDS is a pandemic that is erasing the gains of human development. AIDS is responsible for a catastrophic reduction in the life expectancy of tens of millions of people with whom we share this planet. Not a day goes by when Americans are not exposed to images of AIDS and its destructive impact.

To date, 40 million people are infected and 25 million have died of AIDS worldwide, including more than 3 million in the last year alone. More than 8,600 persons die daily from complications of this disease. Tragically, the number is growing, and by the year 2010, 80 million persons worldwide could be dead of this disease.

The HIV/AIDS pandemic is more than a humanitarian crisis. Increasingly, it is a threat to the security of the developed world. Left unchecked, this plague will further rip the fabric of developing societies, pushing fragile governments and economies to the point of collapse. So to those who suggest that the United States has no stake in this pandemic, let me observe that the specter of failed states across the world certainly is our business. Afghanistan certainly became our business when that failed state became fertile ground for terrorism. We do not need more Afghani-stans.

In this regard, Africa is a central concern. Today radical Islam is spreading in several African countries, especially Nigeria. This threatens to undercut democracy and make Nigeria a failed state. It is in our interest to counter this movement by doing what we can to help build democracy and a growing economy in Nigeria and elsewhere. The spread of HIV/AIDS frustrates this most important mission.

We also have a strong interest in seeing the development of professional African militaries; militaries capable of maintaining stability in their country, but also capable of contributing to peacekeeping operations elsewhere in Africa. Yet an examination of HIV/AIDS rates among the armed forces of key African countries, including Nigeria, South Africa, and Kenya, reveals infection rates between 30 and 40 percent. HIV/AIDS is a national security issue for those countries hit by the pandemic, and for us.

Today we are here to build on the bipartisan work accomplished last year, and mark up an updated AIDS bill that focuses on treatment, prevention and care—a bill that, for the first time, authorizes treatment for more than 2 million people; a bill that takes the necessary step of creating a single coordinator to ensure cohesion and unity of effort among the various agencies of the United States government that can contribute to our overall AIDS effort. This measure updates the AIDS-related authorities in the Foreign Assistance Act—authorities for the President to support the widest variety of AIDS treatment and prevention programs overseas. It endorses prevention programs that stress sexual abstinence and monogamy as a first line of

defense against the spread of this disease and authorizes United States participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The AIDS virus is one of the great moral challenges of our era, for it is a scourge of unparalleled proportions in modern times. It is the right thing to do for our children, our country, and our world. Although daunting, let us not fail to meet this challenge.

Let me now turn to my good friend and colleague, Tom Lantos, who played a critical role in developing this legislation.

Mr. LANTOS. Thank you, Mr. Chairman.

Before commenting on the legislation, I want to commend your staff, the outstanding staff of Barbara Lee and on my staff, Peter Yeo, Pearl Alice Marsh and David Abramowitz, for the extraordinary job they did in creating this legislation with countless compromises and very imaginative solutions.

Mr. Chairman, today's markup of our bipartisan HIV/AIDS bill once again testifies to your true leadership and vision as Chairman of our Committee. It is also a testament to the hard work and commitment of Congresswoman Barbara Lee and Congressman Jim Leach, who launched the bipartisan effort to address the global HIV/AIDS crisis several years ago.

I deeply admire and strongly support you, Mr. Chairman, in this effort as we collectively seek to translate compassion and concern for the victims of the dreadful disease through effective legislative action.

Mr. Chairman, as our Nation wages war in Iraq, we are demonstrating today that the American people can and must fight on many fronts to protect our interests, promote our values and to provide hope to captive, destitute and vulnerable people across the globe.

We have waited too long to address the global HIV/AIDS crisis in a truly systematic and comprehensive way. We cannot wait another day.

Today's markup is historic. This morning we are considering perhaps the most ambitious piece of legislation in this Committee's long history, the \$15 billion authorized in the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 is an enormous sum by any measure. It is five times—I repeat, Mr. Chairman—five times the amount we considered authorizing for the cause just last year.

For those of us who have long called for a real commitment of resources to address the HIV/AIDS crisis, our day has arrived.

As impressive as these amounts appear, they are no more than this crisis demands. Every day AIDS claims the lives of thousands of innocent men and women, old and young, sick and able-bodied, destitute and affluent, unemployed and professional, African, Asian, American, atheist and faithful.

This disease does not discriminate. It targets us all. In so doing, it ruins families, communities and whole nations; and it fuels violence and bloodshed across borders.

The political, economic, social and health impacts of HIV/AIDS cannot be contained in one region or one population. It is a global human challenge that demands a global humanitarian response with the United States in the lead.

This challenge, Mr. Chairman, has special meaning for me and for members of the San Francisco Bay area congressional delega-

tion. In much of the world, the HIV/AIDS pandemic is an emerging humanitarian crisis. For our community, it has been a persistent crisis that has haunted us for 2 decades.

When I was first elected to Congress in 1980, the death toll from this unknown killer was just beginning to mount in cities across our Nation, targeting the greater San Francisco Bay area. Horror stories from innocent victims of this incurable disease were slowly percolating into the public's consciousness. Now, 2 decades later, we all know too well the true identity, the evil nature, the deadly impact and the global proportions of the HIV/AIDS virus.

The bill before us provides three important lessons we have learned locally to apply to our international efforts to combat AIDS.

First, we have learned that treatment, as well as prevention, is critical to containing the virus. The majority of the funding we provide in this bill will ultimately be used for treating those afflicted by HIV/AIDS.

Second, bringing the necessary resources and expertise to bear demands strong international cooperation. Our bipartisan legislation applies this lesson by authorizing up to \$1 billion for the global fund, perhaps the money we can spend to combat HIV/AIDS worldwide.

Finally, Mr. Chairman, this crisis demands sustained attention and strong leadership. Our bill organizes our government and rallies the private and nongovernmental sectors to tackle this crisis systematically. Should our legislation become law, the United States will not simply be continuing its episodic engagement, but it will be committing to a long-term campaign to defeat this disease.

In his State of the Union address 3 months ago, the President issued a challenge to the Congress to join him in a new global campaign to combat HIV/AIDS. Today, we take up the President's challenge; and we fully fund this bold initiative. An overwhelming bipartisan vote in our Committee today to report this bill favorably will give this effort new momentum and bring the President's vision, a vision many of us share, a step closer to reality.

The time for words has passed, and the time for action has arrived in our struggle against HIV/AIDS. I urge all of my colleagues to take action today to advance this historic legislation.

Chairman HYDE. I thank the gentleman for his statement.

Without objection, any Member may place his or her opening statement in the record of today's proceedings.

I have a series of perfecting amendments at the desk which all of the Members have before them. I ask unanimous consent they be considered en bloc and they be considered as read. The clerk will designate the amendments.

Ms. RUSH. Amendment to H.R. 1298, offered en bloc by Mr. Hyde.

Chairman HYDE. Without objection, the amendments will be considered en bloc and will be considered as read.

[The en block amendment follows:]

AMENDMENT TO H.R. 1298
OFFERED BY MR. HYDE

Page 2, in the item relating to section 305 in the table of contents, strike “Executive” and insert “executive”.

Page 2, line 5, strike “region, sub-Saharan Africa” and insert “regions, sub-Saharan Africa and the Caribbean”.

Page 3, line 11, after “AIDS” insert “, of which more than 75 percent live in Africa or the Caribbean”.

Page 4, line 7, strike “1,900,000” and insert “2,000,000”.

Page 4, line 8, strike “7,200,000” and insert “7,100,000”.

Page 8, line 7, insert “HIV/AIDS” before “pandemic”.

Page 8, line 7, insert “clinical” after “require”.

Page 13, line 7, insert “faith-based and” after “governments and”.

Page 13, line 9, after “multisectoral” insert “public health”.

Page 14, after line 2, insert the following new paragraph (and redesignate subsequent paragraphs accordingly):

1 (22) Prostitution and other sexual victimization
2 are degrading to women and children and it should
3 be the policy of the United States to eradicate such
4 practices. The sex industry, the trafficking of individuals
5 into such industry, and sexual violence are
6 additional causes of and factors in the spread of the
7 HIV/AIDS epidemic. One in nine South Africans is
8 living with AIDS, and sexual assault is rampant, at
9 a victimization rate of one in three women. Meanwhile
10 in Cambodia, as many as 40 percent of prostitutes
11 are infected with HIV and the country has
12 the highest rate of increase of HIV infection in all
13 of Southeast Asia. Victims of coercive sexual encounters
14 do not get to make choices about their sexual
15 activities.

Page 15, beginning on line 14, strike “. And the cost” and all that follows through “grasp.” on line 17 and insert “. . . ”.

Page 17, line 18, strike “significant” and insert “increased”.

Page 19, line 9, after “shall” insert “maintain sufficient flexibility and remain responsive to the ever-changing nature of the HIV/AIDS pandemic and shall”.

Page 19, line 14, after “children” insert “(including the prevention of mother-to-child transmission)”.

Page 19, line 17, insert the following (and redesignate subsequent paragraphs accordingly):

1 (2) as part of the strategy, implement a tiered
2 approach to direct delivery of care and treatment
3 through a system based on central facilities augmented by expanding circles of local delivery of care
4 and treatment through local systems and capacity;
5

Page 21, line 3, after “vaccines)” insert “, the promotion of abstinence, monogamy, avoidance of substance abuse, and use of condoms”.

Page 21, line 5, after “workers” insert “and”.

Page 21, beginning on line 7, strike “, and the promotion” and all that follows through “condoms,” on line 8.

Page 24, line 3, strike “enhances” and insert “supports”.

Page 25, after line 2, insert the following:

1 (S) A description of the specific strategies
2 developed to promote sustainability of HIV/
3 AIDS pharmaceuticals (including
4 antiretrovirals) and the effects of drug resist-
5 ance on HIV/AIDS patients.

6 (T) A description of the specific strategies
7 to ensure that the extraordinary benefit of HIV/
8 AIDS pharmaceuticals (especially
9 antiretrovirals) are not diminished through the
10 illegal counterfeiting of pharmaceuticals and
11 black market sales of such pharmaceuticals.

Page 25, line 11, after “shall be” insert “estab-
lished”.

Page 25, line 12, after “Department of State” insert
“in the immediate office of the Secretary of State”.

Page 25, line 14, insert before the period the fol-
lowing: “, by and with the advice and consent of the Sen-
ate”.

Page 25, line 14, insert at the end the following new
sentence: “The Coordinator shall report directly to the
Secretary.”.

Page 25, strike line 15 and all that follows through
line 22 on page 26 and insert the following:

1 “(2) AUTHORITIES AND DUTIES; DEFINI-
2 TIONS.—

3 “(A) AUTHORITIES.—The Coordinator,
4 acting through such nongovernmental organiza-
5 tions (including faith-based and community-
6 based organizations) and relevant executive
7 branch agencies as may be necessary and ap-
8 propriate to effect the purposes of this section,
9 is authorized—

10 “(i) to operate internationally to carry
11 out prevention, care, treatment, support,
12 capacity development, and other activities
13 for combatting HIV/AIDS;

14 “(ii) to transfer and allocate funds to
15 relevant executive branch agencies; and

16 “(iii) to provide grants to, and enter
17 into contracts with, nongovernmental orga-
18 nizations (including faith and community
19 based organizations) to carry out the pur-
20 poses of section.

21 “(B) DUTIES.—

22 “(i) IN GENERAL.—The Coordinator
23 shall have primary responsibility for the
24 oversight and coordination of all resources
25 and international activities of the United

1 States Government to combat the HIV/
2 AIDS pandemic, including all programs,
3 projects, and activities of the United
4 States Government relating to the HIV/
5 AIDS pandemic under the United States
6 Leadership Against HIV/AIDS, Tuber-
7 culosis, and Malaria Act of 2003 or any
8 amendment made by that Act.

9 “(ii) SPECIFIC DUTIES.—The duties
10 of the Coordinator shall specifically include
11 the following:

12 “(I) Ensuring program and pol-
13 icy coordination among the relevant
14 executive branch agencies and non-
15 governmental organizations, including
16 auditing, monitoring, and evaluation
17 of all such programs.

18 “(II) Ensuring that each relevant
19 executive branch agency undertakes
20 programs primarily in those areas
21 where the agency has the greatest ex-
22 pertise, technical capabilities, and po-
23 tential for success.

24 “(III) Avoiding duplication of ef-
25 fort.

7

1 “(IV) Ensuring coordination of
2 relevant executive branch agency ac-
3 tivities in the field.

4 “(V) Pursuing coordination with
5 other countries and international or-
6 ganizations.

7 “(VI) Resolving policy, program,
8 and funding disputes among the rel-
9 evant executive branch agencies.

10 “(VII) Directly approving all ac-
11 tivities of the United States (including
12 funding) relating to combatting HIV/
13 AIDS in each of Botswana, Cote
14 d’Ivoire, Ethiopia, Guyana, Haiti,
15 Kenya, Mozambique, Namibia, Nige-
16 ria, Rwanda, South Africa, Tanzania,
17 Uganda, Zambia, and other countries
18 designated by the President, which
19 other designated countries may in-
20 clude those countries in which the
21 United States is implementing HIV/
22 AIDS programs as of the date of the
23 enactment of the United States Lead-
24 ership Against HIV/AIDS, Tuber-
25 culosis, and Malaria Act of 2003.

1 “(VIII) Establishing due dili-
2 gence criteria for all recipients of
3 funds section and all activities subject
4 to the coordination and appropriate
5 monitoring, evaluation, and audits
6 carried out by the Coordinator nec-
7 essary to assess the measurable out-
8 comes of such activities.

9 “(C) DEFINITIONS.—In this paragraph:

10 “(i) AIDS.—The term ‘AIDS’ means
11 acquired immune deficiency syndrome.

12 “(ii) HIV.—The term ‘HIV’ means
13 the human immunodeficiency virus, the
14 pathogen that causes AIDS.

15 “(iii) HIV/AIDS.—The term ‘HIV/
16 AIDS’ means, with respect to an indi-
17 vidual, an individual who is infected with
18 HIV or living with AIDS.

19 “(iv) RELEVANT EXECUTIVE BRANCH
20 AGENCIES.—The term ‘relevant executive
21 branch agencies’ means the Department of
22 State, the United States Agency for Inter-
23 national Development, the Department of
24 Health and Human Services (including the
25 Public Health Service), and any other de-

1 department or agency of the United States
2 that participates in international HIV/
3 AIDS activities pursuant to the authorities
4 of such department or agency or this
5 Act.”.

Page 26, strike line 23 and all that follows through
line 8 on page 27 and insert the following:

6 (b) RESOURCES.—Not later than 90 days after the
7 date of enactment of this Act, the President shall specify
8 the necessary financial and personnel resources, from
9 funds appropriated pursuant to the authorization of ap-
10 propriations under section 401 for HIV/AIDS assistance,
11 that shall be assigned to and under the direct control of
12 the Coordinator of United States Government Activities
13 to Combat HIV/AIDS Globally to establish and maintain
14 the duties and supporting activities assigned to the Coor-
15 dinator by this Act and the amendments made by this Act.

16 (c) ESTABLISHMENT OF SEPARATE ACCOUNT.—
17 There is established in the general fund of the Treasury
18 a separate account which shall be known as the “Activities
19 to Combat HIV/AIDS Globally Fund” which shall be ad-
20 ministered by the Coordinator of United States Govern-
21 ment Activities to Combat HIV/AIDS Globally. There
22 shall be deposited into the Fund all amounts appropriated
23 pursuant to the authorization of appropriations under sec-

1 tion 401 for HIV/AIDS assistance, except for amounts ap-
2 propriated for United States contributions to the Global
3 Fund.

Page 32, line 15, strike “Executive” and insert “ex-
ecutive”.

Page 35, beginning on line 24, after “Africa” insert
“, the Caribbean,”.

Page 36, line 10, after “determine” insert “, for
HIV/AIDS, including”.

Page 36, line 12, after “Africa” insert “, the Carib-
bean,”.

Page 36, line 17, after “nongovernmental organiza-
tions” insert “(including faith and community based or-
ganizations)”.

Page 36, line 18, after “Africa” insert “, the Carib-
bean,”.

Page 41, line 5, strike “and”.

Page 41, line 7, strike the period and insert a semi-
colon.

Page 41, after line 7, insert the following:

4 “(C) monitoring to ensure that appropriate
5 measures are being taken to maintain the sus-

1 tainability of HIV/AIDS pharmaceuticals (espe-
2 cially antiretrovirals) and ensure that drug re-
3 sistance is not compromising the benefits of
4 such pharmaceuticals; and

5 “(D) monitoring to ensure appropriate law
6 enforcement officials are working to ensure that
7 HIV/AIDS pharmaceuticals are not diminished
8 through illegal counterfeiting or black market
9 sales of such pharmaceuticals.

Page 42, after line 23, insert the following:

10 “(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRI-
11 VATE PARTNERSHIPS.—The establishment and oper-
12 ation of public-private partnership entities within
13 countries in sub-Saharan Africa, the Caribbean, and
14 other countries affected by the HIV/AIDS pandemic
15 that are dedicated to supporting the national strat-
16 egy of such countries regarding the prevention,
17 treatment, and monitoring of HIV/AIDS. Each such
18 public-private partnership should—

19 “(A) support the development, implementa-
20 tion, and management of comprehensive HIV/
21 AIDS plans in support of the national HIV/
22 AIDS strategy;

1 “(B) operate at all times in a manner that
2 emphasizes efficiency, accountability, and re-
3 sults-driven programs;

4 “(C) engage both local and foreign devel-
5 opment partners and donors, including busi-
6 nesses, government agencies, academic institu-
7 tions, nongovernmental organizations, founda-
8 tions, multilateral development agencies, and
9 faith-based organizations, to assist the country
10 in coordinating and implementing HIV/AIDS
11 prevention, treatment, and monitoring pro-
12 grams in accordance with its national HIV/
13 AIDS strategy;

14 “(D) provide technical assistance, consult-
15 ant services, financial planning, monitoring and
16 evaluation, and research in support of the na-
17 tional HIV/AIDS strategy; and

18 “(E) establish local human resource capaci-
19 ties for the national HIV/AIDS strategy
20 through the transfer of medical, managerial,
21 leadership, and technical skills.

Page 45, line 14 and line 15, strike the double quotation marks and insert single quotation marks.

Page 45, line 18, strike “the Public Health Service” and insert “its agencies and offices”.

Page 47, after line 20, insert the following:

1 (e) LIMITATION.—No funds made available to carry
2 out this Act, or any amendment made by this Act, may
3 be used to promote or advocate the legalization or practice
4 of prostitution or sex trafficking. Nothing in the preceding
5 sentence shall be construed to preclude the provision to
6 individuals of palliative care, treatment, or post-exposure
7 pharmaceutical prophylaxis, and necessary pharma-
8 ceuticals and commodities, including test kits, condoms,
9 and, when proven effective, microbicides.

Page 55, line 3, after “provision of law” insert “that restricts assistance to foreign countries”.

Page 55, line 5, strike “and”.

Page 55, line 6, after “Act” insert “, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108-7)”.

Page 55, line 11, strike “shall” and insert “should”.

Page 56, line 15, strike “a retired” and insert “be a retired”.

Page 59, line 22, strike “and”.

Page 60, after line 2, insert the following:

- 1 (E) the status of strategies to promote
2 sustainability of HIV/AIDS pharmaceuticals
3 (including antiretrovirals) and the effects of
4 drug resistance on HIV/AIDS patients; and
5 (F) the status of appropriate law enforce-
6 ment officials working to ensure that HIV/
7 AIDS pharmaceutical treatment is not dimin-
8 ished through illegal counterfeiting and black
9 market sales of such pharmaceuticals;

Page 73, strike line 16 and all that follows through
line 2 on page 74 and insert the following (and conform
the table of contents accordingly):

10 **SEC. 402. SENSE OF CONGRESS.**

11 (a) INCREASE IN HIV/AIDS ANTIRETROVIRAL
12 TREATMENT.—It is a sense of the Congress that an ur-
13 gent priority of United States assistance programs to fight
14 HIV/AIDS should be the rapid increase in distribution of
15 antiretroviral treatment so that—

- 16 (1) by the end of fiscal year 2004, at least
17 500,000 individuals with HIV/AIDS are receiving
18 antiretroviral treatment through United States as-
19 sistance programs;

1 (2) by the end of fiscal year 2005, at least
2 1,000,000 such individuals are receiving such treat-
3 ment; and

4 (3) by the end of fiscal year 2006, at least
5 2,000,000 such individuals are receiving such treat-
6 ment.

7 (b) **EFFECTIVE DISTRIBUTION OF HIV/AIDS**
8 **FUNDS.**—It is the sense of Congress that, of the amounts
9 appropriated pursuant to the authorization of appropria-
10 tions under section 401 for HIV/AIDS assistance, an ef-
11 fective distribution of such amounts would be—

12 (1) 55 percent of such amounts for treatment
13 of individuals with HIV/AIDS;

14 (2) 15 percent of such amounts for palliative
15 care of individuals with HIV/AIDS; and

16 (3) 20 percent of such amounts for HIV/AIDS
17 prevention consistent with section 104A(d) of the
18 Foreign Assistance Act of 1961 (as added by section
19 301 of this Act).

20 **SEC. 403. ALLOCATION OF FUNDS.**

21 For fiscal years 2006 through 2008, not less than
22 55 percent of the amounts appropriated pursuant to the
23 authorization of appropriations under section 401 for
24 HIV/AIDS assistance for each such fiscal year shall be
25 expended for therapeutic medical care of individuals in-

1 fected with HIV, of which such amount at least 75 percent
2 should be expended for the purchase and distribution of
3 antiretroviral pharmaceuticals and at least 25 percent
4 should be expended for related care.

Chairman HYDE. The Chair is recognized for 5 minutes to explain the amendments.

The Hyde amendments en bloc make approximately 44 technical and substantive changes to H.R. 1298 and have been negotiated with Republican and Democratic Members of the Committee as well as the White House.

The first category of amendments are technical in nature. They include:

Adding the Caribbean as an area of particular emphasis throughout the bill, given the high prevalence of HIV/AIDS in certain Caribbean countries.

Updating or correcting figures relating to the HIV/AIDS pandemic.

Correcting typographical, drafting or errors or other non-substantive omissions.

The second category of amendments are substantive. They were requested by Republican and Democratic Members of this Committee. These amendments include:

Including "faith-based" as a modifier along with community-based organizations, at the request of Republican Members and pro-family groups.

Adding a finding on prostitution and its relation to HIV/AIDS.

Requiring additional information on the effects of drug resistance in the required "Report on Treatment Activities by Relevant Executive Branch Agencies."

Adding a new paragraph authorizing "Comprehensive HIV/AIDS Public Private Partnerships" under the heading "Activities Supported" in section 301 of the bill.

Adding language that ensures no funds under this act may be used to promote or advocate the legalization or practice of prostitution or sexual trafficking.

The third category of amendments were requested by the White House, which may be technical or substantive and, which broadly described, ensure that the HIV/AIDS coordinator established in this bill is vested with sufficient authorities and duties. I will not detail one by one these amendments, but they comprise by weight the majority of the language in the amendments en bloc.

Examples are inserting the word "clinical" before "medical interventions";

Inserting the word "public health" before "problem";

Changing "shall" to "should", authorizing a pilot program, instead of requiring it, et cetera, and et cetera.

Mr. Lantos.

Mr. LANTOS. Thank you, Mr. Chairman.

Mr. Chairman, I strongly support this Hyde en bloc amendment, and I thank you and your staff for your hard work in putting it together.

As you have indicated, these amendments en bloc contain many technical fixes to the legislation and several major improvements to the underlying bill. They contain an initiative offered by Ed Royce and Bob Menendez to promote public-private partnership on HIV/AIDS, which I believe makes an important contribution to the bill. They also contain an amendment by a new Member of our

Committee, Betty McCollum of Minnesota, to increase the security and safety of HIV/AIDS drug supplies overseas.

Mr. Chairman, the en bloc amendments also significantly increases the powers given to the HIV/AIDS coordinator at the Department of State. I believe that a strong HIV/AIDS coordinator will improve dramatically the delivery of U.S. HIV/AIDS assistance overseas. But it is also very important that the coordinator continue to work through the Agency for International Development, the Centers for Disease Control and other relevant Federal agencies which have a long-standing and developed expertise on all of the areas covered by this legislation.

I intend to continue to work with you, with the White House and our colleagues in the Senate to fine tune the coordinator language, to strike the proper balance; and I strongly urge all of my colleagues on the Democratic side to support the Hyde en bloc amendments.

Chairman HYDE. I thank the gentleman.

Is there any further discussion?

If not, the question occurs on the Hyde amendments en bloc. All those in favor, say aye; opposed, nay.

The ayes have it. The amendments en bloc are adopted.

Are there any other amendments?

Mr. Pitts.

Mr. PITTS. Thank you, Mr. Chairman.

Do you have the amendment?

Chairman HYDE. Does the gentleman have an amendment at the desk?

Mr. PITTS. They should have given it to you, yes.

Chairman HYDE. Will the clerk designate the amendment? Do you have it?

Ms. RUSH. I don't have it.

Chairman HYDE. The clerk will read the amendment.

Ms. RUSH. Amendment offered by Mr. Pitts:

“Page 19, line 19, insert the following (and redesignate subsequent paragraphs accordingly):

“(3) provide that the reduction of HIV/AIDS behavioral risks shall be the priority of all prevention efforts in terms of funding, education messages, and activities, and provide further that, while condom use can be a part of successful HIV/AIDS strategy, promoting abstinence from sexual activity and substance abuse, encouraging monogamy and faithfulness and eradicating prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children shall be given preference in strategies to reduce HIV/AIDS behavioral risks.”

[The amendment offered by Mr. Pitts follows:]

AMENDMENT TO H.R. 1298

OFFERED BY [REDACTED]

Page 19, line 19, insert the following (and redesignate subsequent paragraphs accordingly):

1 (3) provide that the reduction of HIV/AIDS be-
 2 havioral risks shall be the priority of all prevention
 3 efforts in terms of funding, education messages, and
 4 activities, and provide further that, while condom
 5 use can be a part of a successful HIV/AIDS strat-
 6 egy, promoting abstinence from sexual activity and
 7 substance abuse, encouraging monogamy and faith-
 8 fulness and eradicating prostitution, the sex trade,
 9 rape, sexual assault and sexual exploitation of
 10 women and children shall be given preference in
 11 strategies to reduce HIV/AIDS behavioral risks;

Chairman HYDE. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Thank you, Mr. Chairman.

Instead of funding failed schemes of the past, H.R. 1298 should contain a provision giving priority for funding to abstinence programs. This is what has worked and will continue to work better than social marketing of condoms in Uganda.

This strategy has worked. Look at the facts. In the 1980s, Uganda instituted what we know as the ABC program, A, abstinence before marriage; B, being faithful to one PARTNER; and then, C, condoms only if A and B are not practiced.

As you can see from this chart, the Uganda model has produced remarkable results. HIV infection rates have plunged from 21 percent to 6 percent since 1991; and the success caused Dr. Edward

Green, a senior research scientist at Harvard, to remark on the program,

“Many of us in the AIDS and public health communities didn’t believe that abstinence or delay and faithfulness were realistic goals. It now seems we were wrong.”

By contrast, if you look at this chart, in Kenya, a country that has not adopted the ABC approach to the disease, the HIV infection rate has risen dramatically. As you can see, Uganda’s program works, while in Kenya, the commitment to the failed policy of condom distribution continues to cause AIDS deaths.

The countries in Africa which have the highest levels of condom availability relative to male population, like South Africa and Kenya, have some of the highest HIV prevalence rates in the world. A 2003 U.N. AIDS review of condom effectiveness concluded,

“There are no definite examples yet of generalized epidemics that have been turned back by prevention programs based primarily on condom promotion.”

The success of the Uganda program prompted the USAID Administrator, Andrew Natsios, to declare the priorities of the ABC program official United States policy on December 24, 2002.

An adoption of this legal requirement would change the prevention paradigm in a way that reflects science and the President’s priorities and the success of the ABC program in Uganda and elsewhere. This is what works, Mr. Chairman. Funding abstinence from sexual activity and substance abuse works.

Let me just mention that, in 1989, 41 percent of all males in Uganda had more than one sex partner. The ABC program cut this number in half by 1995. For Ugandan women, the decline was even more dramatic, from 23 percent to 9 percent. The amendment will ensure that these funds save more lives by moving taxpayer dollars away from failed schemes of the past and to life-saving strategies that have proven to save lives.

In conclusion, we should fund programs that work. We need to encourage people to avoid behavior that puts them at risk of contracting HIV. Because this works, I urge the Committee to adopt this prioritization amendment.

Chairman HYDE. Mr. Lantos.

Mr. LANTOS. Thank you, Mr. Chairman.

Mr. Chairman, I am opposed to the amendment offered by my friend; and I will ask my colleagues to vote for a substitute amendment that our colleague, Ms. Lee, will present.

I am disappointed that we are debating this amendment to give overwhelming priority to abstinence and to downgrade the importance of education and the proper use of condoms as a method to prevent the spread of HIV/AIDS. I would like to remind all Members of our Committee that we approved similar legislation 18 months ago that contained no references to the importance of abstinence in preventing the transmission of HIV/AIDS. That bill was approved by a 32 to 4 vote. In contrast, the bill before us emphasizes the importance of abstinence in six different places.

My objection to the language in this amendment is that it states that priority in funding should be given to promoting behavioral

change, and it specifically excludes the correct use of condoms as a behavior of change.

The amendment that we will offer properly indicates that the correct use of condoms, together with abstinence and being faithful, should all be priorities in promoting behavioral change. We support the ABC strategy that has been embraced by Christians, Muslims and secular leaders all over Africa but firmly reject giving priority of funding to any one method.

I urge all of my colleagues to support the Lee substitute amendment when it is offered.

Chairman HYDE. Mr. Smith of New Jersey.

Mr. SMITH OF NEW JERSEY. Thank you very much, Mr. Chairman.

First of all, let me thank you for your leadership. This bill is a work in progress, but what leaves here today, it should be clearly understood, will be further looked at when we get to the Floor and conference. This is just the first step. But I thank you for your openness.

I share your concern, as do many other Members, about this modern-day bubonic plague that has enveloped the world. We must take effective action. But that is the key, Mr. Chairman, that the action be the most effective course that we can possibly chart.

It seems to me that Mr. Pitts, in his amendment which mirrors the Administration's policy and that which he just pointed out, Andrew Natsios, the Administrator of USAID, has articulated as U.S. policy, does give prioritization to that which works and that which works the best.

It is amazing to me that over the 1990s we heard very little about the ABC approach. It was mentioned but not mentioned all that often. It certainly didn't make its way into U.S. policy the way it should have, because it wasn't part of the paradigm of how we should treat the AIDS epidemic.

There was, I would respectfully suggest, a false course that we were taking that the only way to mitigate this modern-day plague was by embarking on a very aggressive initiative of condom distribution throughout the world; and we have seen that that does not work. It does work when it is put in a ladder of effectiveness, in which it comes in number three, as it did when it was tested in Uganda.

I would point out, and Mr. Pitts made brief mention to this, that Edward Green, who is the senior research scientist at the Harvard Center for Population and Development Studies, stated in his testimony on March 20 before the Energy and Commerce Committee that he has spent most of his life not as an academic just looking at these problems but as a person in the field who was a social marketer of condoms, and he promoted that extremely aggressively over the 1990s.

He has pointed out in his testimony that the brightest spot of all, when you talk about the AIDS epidemic, can be found in Uganda, where infection rates have declined from 21 percent to 6 percent since 1991. In his very powerful testimony, which I hope every Member will take the time to read, he said it must be acknowledged, in his words, that program emphasis on condom provision and promotion alone does not seem to have paid off. He points out

that countries of Africa that have the highest levels of condom availability relative to the male population, like Zimbabwe, Botswana, South Africa and Kenya, also have some of the highest HIV prevalence rates in the world. He makes the point that Uganda's ABC model, which has condoms coming in third, is the way to mitigate this crisis.

It seems to me that Mr. Pitts has it right, and it is my hope that we will defeat the Lee amendment when it is offered.

I yield back the balance of my time.

Chairman HYDE. The gentlewoman from California, Ms. Lee.

Ms. LEE. Thank you, Mr. Chairman.

First, let me thank you and Mr. Lantos for negotiating, I think, a very balanced and very reasonable and very promising bill.

I am opposed to the amendment offered by Mr. Pitts and have a substitute at the desk on which I am asking consideration. I ask unanimous consent that the amendment be considered as read.

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. The substitute amendment offered by Ms. Lee to the amendment offered by Mr. Pitts.

Chairman HYDE. Without objection, further reading of the substitute is dispensed with.

[The substitute amendment offered by Ms. Lee follows:]

SUBSTITUTE AMENDMENT OFFERED BY MS. LEE

TO THE AMENDMENT OFFERED BY MR. PITTS

Page 19, line 19, insert the following (and redesignate subsequent paragraphs accordingly):

1 (3) provide that the reduction of HIV/AIDS be-
2 havioral risks shall be a priority of all prevention ef-
3 forts in terms of funding, educational messages, and
4 activities by promoting abstinence from sexual activ-
5 ity and substance abuse, encouraging monogamy and
6 faithfulness, promoting the effective use of condoms,
7 and eradicating prostitution, the sex trade, rape,
8 sexual assault and sexual exploitation of women and
9 children.

Chairman HYDE. The gentlewoman is recognized for 5 minutes.
Ms. LEE. Thank you, Mr. Chairman.

First, let me once again thank our staffs and Members of this Committee for negotiating a bill on which we on both sides of the aisle have come to agreement.

This pandemic is deadly, as we all know. Mr. Chairman, I thank you and Mr. Lantos for also recognizing the moral imperative which we have to address this in a way that we know the United States of America should address this pandemic. This disease requires each and every method to be addressed, each and every aspect of how to reduce the transmission of HIV/AIDS to be incorporated in our approach.

My amendment broadens this and includes basically the promotion of the effective use of condoms as a method. This is very important, because we know that all methods, again, as I said ear-

lier, must be incorporated if we are going to address this deadly disease.

I just want to review for a minute the information with regard to Uganda to give you a bit more—or at least a broader understanding of the Uganda success.

First of all, the abstinence-only advocates have shown Uganda's ABC—which is abstain, be faithful, use a condom approach—as being effective. But the case studies show not the importance of abstinence-only programs but the effectiveness of a multifaceted approach to HIV prevention that includes condoms. That is the key in Uganda's success story.

In fact, the abstinence component of the ABC program had really only moderate success and contributed only marginally to the decline of the disease. Although fewer young women aged 15 to 17 had actually ever been sexually active, sexual activity among young women and young men, excuse me, age 15 to 17 remained unchanged.

Also, the percentage of sexually active 15- to 17-year-old girls who were unmarried was higher in the year 2000, which was about 59 percent more than in 1988, when it was 46 percent.

Condom use for unmarried women and men, on the other hand, rose substantially, from 39 percent of young men and 7 percent of young women in 1995 to 50 percent and 13 percent respectively in 2000.

So it is very important, Mr. Chairman, that we understand the full implications and impact of the Uganda success story and understand that condom use that was part of that Uganda model is primarily responsible for its success rate.

So I ask for full support of this amendment. It is very reasonable. All it does is put back in the language that we actually negotiated on a bipartisan basis that we had agreement upon.

I yield back the balance of my time; and thank you, Mr. Chairman, for your good work.

Chairman HYDE. Thank you.

The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Thank you, Mr. Chairman.

I rise to oppose the Lee amendment.

First of all, the secondary amendment does not prioritize abstinence above condom use. It puts condom use on equal footing with abstinence. It was the prioritization of abstinence and monogamy in Uganda that has worked, that has saved lives.

The World Health Organization data reports that the proportion of Ugandan young males age 15 to 24 reporting premarital sex decreased from 60 percent in 1989 to 23 percent in 1995, and for females the decline was from 53 percent to 16 percent. The USAID report, the number 6 finding, says condom social marketing has played a key but evidently not the major role.

So we are not saying that condoms don't play a role. We are saying that abstinence and monogamy are to be prioritized—and then condom use.

The figures that we have show the fact that condom use has actually become quite high among those who would use them the most, those relatively few who still have multiple partners. But condom use in Uganda is not higher than those of other countries,

and the ABC approach still recognizes that some people cannot or will not avoid risky sexual activity.

So, in the words of the USAID review, there is little convincing evidence that inconsistent condom use provides any protection. So I would urge defeat of the Lee amendment and adoption of the prioritization of abstinence and monogamy before condom use.

Chairman HYDE. Ms. Watson of California.

Ms. WATSON. I would like to thank the Chair and Barbara Lee and others who have a deep understanding of what we confront.

I would like to advise the Committee that you cannot use one country on the continent of Africa as a model for the countries that need to be assisted with the programs and funds that we would authorize in this bill. What you must understand is that you have cultural and traditional patterns that differ not only from country to country but from village to village. If you want to influence a particular village, you would have to go to the chief and you would have to convince the chief that behavioral patterns that go back for thousands of years need to be changed.

I talk out of experience. When we had a cholera outbreak in the Federated States of Micronesia, I, as the Ambassador, called an emergency military team in from Guam; and I thought, oh, we could just go into the villages and tell them to change behavior.

Number one, the villagers said everyone in a combat uniform must stay out; and we learned through practicality that we had to convince the chief to take the message in to his people.

Time is needed to educate the people. You start with the leadership first. Abstinence is just one option toward a behavioral change, but you have to understand that AIDS is spreading so rapidly throughout these populations that we cannot say set a priority on this method or that method. You have to do what works best in a particular locale.

So that is the reason why the Lee amendment is so important, because it expands the number of options that indeed can show results and benefits.

I would say, please oppose the Pitts amendment and support the Lee amendment, because it fits the set of circumstances that we are dealing with on the continent of Africa.

Thank you, Mr. Chairman.

Chairman HYDE. Mr. Pence of Indiana.

Mr. PENCE. I move to strike the last word.

Chairman HYDE. The gentleman is recognized for 5 minutes.

Mr. PENCE. Thank you, Mr. Chairman.

I want to associate myself with people on both sides who have expressed admiration for your and Ranking Member Lantos' commitment, moral commitment on this issue and agree strongly with your assertion that we are about a moral imperative in moving this legislation.

But it strikes me, as I rise to support the Pitts amendment and oppose the secondary amendment by Ms. Lee, that as we undertake a moral imperative, Mr. Chairman, I think it is important that we do it morally and we do it in a way that in some way reflects the moral character of the people of the United States of America. As we prepare to deploy literally billions of dollars to stem the tide of this scourge of AIDS on this continent, that we do so with some

effort to reflect not only the values of the American people but the positive experience with those values on the continent of Africa as we do so.

I was very moved by the gentlewoman former Ambassador's comments that preceded me and would associate myself with them. The suggestion that there are cultural differences village to village in Africa would go without saying. The assertion that abstinence and being faithful to one partner are one option and also her assertion that we have to offer the best option to people, it is on that point that we differ strongly.

Mr. Chairman, I would just offer respectfully that, with regard to HIV prevention, abstinence works every time, regardless of the culture, regardless of what side of the planet we are on. Abstinence and monogamy work every single time.

The gentleman from Pennsylvania's amendment is simply not about constricting the ability of organizations to promote condom use, but it is about saying that we will look at the experience of our own Nation, our own values; we will be guided by the likes of our own common sense; and we will try and do that which we know does work every time, to use the gentlewoman's words.

She also said, you have to do what works best. The ABC approach with its extraordinary record in Uganda has proven that again and again. If we, Mr. Chairman, are to do right, it seems, by the people of Africa, and truly address this scourge for humanity, it strikes me that we ought to do so with a common-sense approach that builds on what works.

The ABC approach simply says abstinence, B for be faithful to one partner, and then C for use of condoms, in that order, reflects the best values of our experience and the best values of the American people.

I truly believe that, to borrow the gentlewoman's phrase, it is the best option, and strongly support the Pitts amendment and respectfully oppose the secondary amendment.

Mr. SMITH OF NEW JERSEY. Will the gentleman yield?

Mr. PENCE. I will yield.

Mr. SMITH OF NEW JERSEY. I just want to thank Mr. Pence for his very well-chosen words. We are all about the same thing here. We want to mitigate this crisis, and God willing, end it as soon as possible; and it is all about how we get from here to there, how we encourage this in the strongest way possible. It seems to be that where you put your money is the way you encourage something. You will get more of what you subsidize. It is not just Uganda that has adopted the ABC approach. Jamaica, Senegal, Ethiopia, and Kenya are in the process of moving into these proven means.

As Mr. Pence pointed out, this is an effective way of doing it; and it seems to me that if you prioritize everything, you prioritize nothing. To say that everything needs to be treated with the same emphasis means that nothing is treated with the same emphasis.

The ABC model derives itself from the three-pronged approach of abstinence, being faithful, and then condom use. Nothing whatsoever in Mr. Pitts' amendment precludes the use and promotion of condoms. It just presents what has been working, and that is the model that was first adopted by Uganda. It needs to continue being replicated and expanded elsewhere.

I thank my friend for yielding.

Mr. PENCE. Reclaiming my time, I appreciate the gentleman from New Jersey and yield back.

Chairman HYDE. Mr. Brown of Ohio.

Mr. BROWN. Mr. Chairman, thank you. Strike the last word.

I rise in support of the Lee amendment to the amendment. I hear this debate about what works in Uganda, what might not work in Uganda, and I don't think the issue is what works in Uganda. All of us are happy with the successes of the program in Uganda. I don't know that we know all the facts of why, but we all applaud that. But it is a question of letting individual nations decide. It is a question of local control. It is a question of not one size fits all but let's let these nations decide.

You look at what works in Christian Brazil may or may not work in Muslim Bangladesh. What works in Uganda may or may not work in the Ivory Coast or Russia or Estonia. I don't know why we should tell these countries that this is the model, this works in Uganda, so this is the model by which we are going to judge or the standard to which we are going to hold all of these other countries and all of these other programs.

I think one of the real advantages of the global fund, and we will talk more about that later, is the global fund is already involved in 85 countries; and the fund's premise—first of all, it is accountable, because money is withdrawn if the program is not working. But primarily the global fund works with an NGO or health ministry or a village government or national government and fits what works in that country. The global fund is not making judgments, saying it works in Uganda, it is going to work everywhere else. Maybe it will, maybe it won't. Let the nations decide, let the NGOs endemic in the nations decide, let the local governments, the health ministries, let local people decide what works.

I hear my friends on the other side of the aisle always talk about local control, except when States rights don't fit a certain agenda. But they always talk about local control, States rights, one size fits all. It is a bad concept.

Now, because it is our decision, our values that we want to implant on other countries, we want to put that in program after program. I don't think so. If we are consistent in believing that, in local control and rejecting one size fits all, whether it is everywhere in the United States or everywhere in the world, we will support the Lee amendment, because it does allow for the best programs to work in every circumstance. That is what our end goal is.

My friend, Mr. Smith from New Jersey, we all want the same thing, to deal with these terrible infectious diseases, the 21st century plague that is every bit as bad or maybe worse than the plague of seven centuries ago. We all care about this. Let's let each country and community and each NGO figure out what is best for those countries. That is why the Lee amendment makes sense; that is why the Pitts underlying amendment doesn't.

I ask for support of the Lee amendment.

Chairman HYDE. Mr. Smith of Michigan.

Mr. SMITH OF MICHIGAN. Mr. Chairman, I would respectfully request that everybody consider there is not a whip stitch of difference between these two amendments. The previous speaker

made a lot of points that I think make sense. The gentlewoman from California made good points. I would suggest to you, after visiting with some Ambassadors from many of those countries, that one reason the Uganda model works is because it was locally developed.

But here again, let me call to your attention—and I support the Pitts amendment and not the substitute because of the fact that the Pitts amendment says condom use can be part of a successful HIV/AIDS strategy. So, to me, the Pitts amendment simply says that it is not going to be the first effort, the top priority, simply to hand out condoms. I think that is an appropriate way to go. What we should continue to encourage is the development of local programs, because that is going to increase the chance that those programs work.

Ms. LEE. Will the gentleman yield for just a second?

Mr. SMITH OF MICHIGAN. Certainly.

Ms. LEE. Let me say very briefly that it doesn't make sense to prioritize the strategies that will be used. This is such an insidious disease that whatever strategy works should be the strategy that we support. What my amendment does is provide all of the strategies in a comprehensive fashion so that all of them have equal footing.

Many of the success stories were successful and are successful because condom use is part of an overall strategy to attack this pandemic. Prioritizing one strategy versus the other does not do us any good and does not help reduce the infection rate.

Mr. SMITH OF MICHIGAN. Reclaiming my time, I think you make a lot of correct and good points, but, here, again, the way I read the Pitts amendment, it simply says that using condoms and handing out condoms cannot be the first, the top priority. It says it is a useful part of any HIV/AIDS strategy, but it can't be the top priority. I think that is appropriate.

Mr. LANTOS. Will the gentleman yield?

Mr. SMITH OF MICHIGAN. If I have any time left, I would be glad to.

Mr. LANTOS. There is a difference between the amendment of Mr. Pitts and the substitute amendment. The amendment of Mr. Pitts puts priority funding on one method. The substitute amendment does not provide for priorities. This is a fundamental, substantive difference.

I think the issue has been thoroughly debated, and I would like to request that we move on to a vote.

Mr. SMITH OF MICHIGAN. Not on my time. Reclaiming my time, again, you can look at the glasses, coming up from the bottom or down from the top, but here again, consider the possibility of reading the Pitts amendment the way that I do, and that says that passing out condoms cannot be a top priority.

I yield back the balance of my time.

Chairman HYDE. The Chair has been asked to suggest as a motto for this Committee, "Brevity is the soul of eloquence." I have refused to do that.

Mr. SMITH OF MICHIGAN. Mr. Chairman, I really didn't talk too long.

Chairman HYDE. This is a valuable debate, and so we will certainly continue.

Mr. Meeks.

Mr. MEEKS. Thank you, Mr. Chairman. I move to strike the last word.

Chairman HYDE. The gentleman is recognized for 5 minutes.

Mr. MEEKS. I, too, want to thank the Chairman and the Ranking Member and Ms. Lee and all the Members of this Committee for this bill, in bringing this bill to the forefront. I think it is significantly important that, as the Chairman and other Members pointed out, this is the black plague of the 21st century, and probably far worse than the black plague is this dreaded disease.

I hear my colleagues on the other side of the aisle in reference to the Pitts amendment. However, I think that the message about morality, the morality that we want and the value that we want to export to other parts of the world, particularly where this disease is, is that we in America value human life, and we want to save life at all costs. We want to make sure that we preserve human life.

I think that simply we are saying to these other nations that, no matter what you do, if you are looking to save lives, whether it be by abstinence, whether it be by using a condom, whether it be by whatever method, take and make sure that life comes first. We are not going to prioritize for you, because we want you to use what works for you.

But understand the importance of saving a human life and saving a generation of people as opposed to sending a message that, well, you have got to save lives, but save them the way that we prioritize for you to save them. I think that is the wrong message for us to send.

And Ms. Lee's amendment simply talks about all of the things that we are all talking about, but it just says, look, we value life. You decide within your cultures, as the Ambassador said, what is the best way for you to do it. Just get it done, and we are going to help you do it. And I think that is all there is, and I just think—I don't understand why we are having to impose upon individuals a priority of funding when the message that we simply should be sending out here is that we want to end this dreaded disease. We want to help you end it, and because in God's sight what is most precious to us is life itself. And that is more important than anything else, and I yield back the balance.

Chairman HYDE. The gentlelady from Virginia, Mrs. Davis.

Mrs. DAVIS. Thank you, Mr. Chairman, and I agree with my colleague Mr. Meeks that we should be sending the message that we do care about life. That is why I totally support Mr. Pitts' amendment which says that we care enough about it that we would educate them and show them that abstinence is really the only proven way to avoid this dreaded disease. And we are not saying that you can't issue condoms. That is nowhere in Mr. Pitts' amendment. He is just saying simply that we should have abstinence as a priority.

I am 100 percent in agreement with Mr. Pitts' amendment, and I thank Ms. Lee for her secondary amendment, but it does not give the priority to abstinence, and so I urge the defeat of Ms. Lee's amendment and support Mr. Pitts'.

Chairman HYDE. The gentleman from California, Mr. Schiff.

Mr. SCHIFF. I move to strike the last word, Mr. Chairman.

Chairman HYDE. The gentleman is recognized for 5 minutes.

Mr. SCHIFF. And I will observe your injunction about brevity even if there is no wit in what I have to say.

I want to just emphasize that while I recognize that the use of condoms offends the beliefs or sensibilities of some, what really is at issue here is what is most efficacious in dealing with this pandemic. That really has to be our first, second and only priority. And in that light, I urge your support for the Lee substitute.

What is most efficacious in saving lives may vary from country to country, and indeed even within a country, from village to village. We should not at this distance decide what strategy will be most successful in attacking this problem. The Lee substitute doesn't prioritize one or the other. It doesn't seek to micromanage this health crisis. It says here is a whole panoply of strategies that can be effective, and at the local level you will have to decide what is most effective in light of the customs and the traditions and the conditions of a particular village or country that is most efficacious. And while that may not be most palatable in light of the sensitivities of some of our Members, the bottom line is saving lives. In that respect there is no substitute for the Lee substitute, and I urge your support.

Chairman HYDE. The gentleman from Colorado, Mr. Tancredo.

Mr. TANCREDO. Thank you, Mr. Chairman.

If this were any other disease, if we were, for instance, debating an amendment that would allow for the provision of a particular drug that we knew was effective in dealing with a particular disease, if that were the case, of course there would be no debate. We would simply approve that measure because we know that that particular drug serves the purpose of dealing with that particular disease.

This, of course, is made more complex because the issues are behavioral in nature with which we are dealing and not strictly with a drug that we know is a panacea. What we do know is that there is a way of dealing with this disease. It is the one drug—if you substitute the word “drug” for “behavior,” it is the one way we know works. And so it is peculiar at least for us to be debating some other priority rather than to be saying that this is what works. We know it. We have the evidence. It is empirically provable, but we so fear the kind of repercussions that might come because we are talking about behaviors that we shy away from in direct discussion. Even if it will cost lives, we shy away from it.

We should not shy away from it. We should do exactly what we know works. We should put our money and we should encourage everybody else to put their efforts into what we know works, just like we would if we were debating this issue and had the perfect drug to fit the particular problem. It is not a drug, but it is a behavior. We do know what works. We should support the Pitts amendment and defeat the Lee amendment.

Mr. PAYNE. Would the gentleman yield?

Mr. TANCREDO. I have yielded my time.

Chairman HYDE. The gentleman from New Jersey, Mr. Payne.

Mr. PAYNE. Thank you very much.

I would first like to commend President Bush for taking this initiative, this war that saves lives. I was very impressed by his announcement that came up when 10 billion of new monies were announced, and I think it is a step in the right direction.

I would just like to say that this issue is certainly important, and I think that all of us are saying the same thing. However, when we do look at the Ghana model, because I had head-to-head discussions, person-to-person discussions, with President Museveni—at one point abstinence was always a belief of his as a strong support from organizations. As a matter of fact, probably 60 or 70 percent of their overall budget at that time came from religious, primarily Catholic, organizations, and there was a very strong move on abstinence, which is very good. He had to really be convinced that condoms should also be introduced.

We had the discussions, and I recall when there was a change because abstinence was not going to be the only thing that would work. I said that to say that I think that in some areas, if we did the prioritizing of condoms, for example, there are many military units in Africa, conflicts because borders were drawn by European powers. They are porous. They divide really ethnic groups. One side of the river is one country; one side is the other country. And there have been a lot of conflicts, and so you have a lot of men who are in the military. Now, unfortunately, when persons are away from their homes for long, long, long periods of time, abstinence sometimes becomes very difficult, they say. Therefore, condoms in that instance would be, in my opinion, the first discussion about prevention of HIV and AIDS.

Secondly, in Uganda there was a strong educational component, and I think that that is very important. That is how the villages knew that this disease was so prominent, because they went around and they did it in their local ethnic costumes and dialects, and they educated people about what it is, how devastating it is. Many people didn't know. Many people were not literate so far as writing was concerned. Some of them had their own dialects. And so there was a strong educational component which talked about the disease and then talked about the different ways that it can be prevented.

The other thing is that, you know, there should always be the question of polygamy. In some countries polygamy is an accepted part of their faith. You can have more than one wife, and the other wives, of course, are expected to be loyal. However, multiple lives—wives in polygamy, polygamous communities, could almost become a problem when you say that abstinence is really the first priority, just because of cultures.

You find truck drivers in some of the countries, very bad roads, deep pits in the road, break down, and these overloaded trucks, many times drivers are out for weeks and weeks and weeks at a time. It is sometimes very difficult for persons on the road for months at a time, and that is how some of those trips are.

There should be abstinence, but in many instances that does not occur. In some places there is such a barren kind of a subsistence, mud huts with thatched roofs with no movie theaters, no TVs, no radios, no employment, just some agriculture, and walking long distances to get water.

You have to put yourself in other people's places, and I have been to those places, all of them. I have walked those roads. I have driven those roads. I have been in those war-torn areas.

And so I just said all that to say that we need, ourselves, when we try to foster our way on other people, to know abstinence works. We also know that the next best thing is condoms. And so I would hope that—

Chairman HYDE. The gentleman's time has expired.

Mr. PAYNE [continuing]. That we would support the Lee amendment. Thank you.

Chairman HYDE. Thank you.

The Chair would like to entertain one more speaker and then get to the question, if that is possible. And so the Chair recognizes Mr. Ackerman.

Mr. ACKERMAN. I thank you, Mr. Chairman.

You know, listening to this debate, we realize how much we really don't know. I don't know if behavior is a drug or drugs include behavior. It just doesn't strike me that it really does. But I think that we are really walking all around the real issue here, which is confusing, at least to me. I just want to thank everybody for expressing their tremendously sincere and deeply held views, but this is really a religious discussion, and this is a discussion about life and where life begins and when life begins. And I am not smart enough, as some people might be, or think they might be, to conclude that life begins at conception, or life begins at birth, or life begins with semen, or life begins at whenever. But I do think that when somebody comes along smart enough to show us conclusively when life begins, that we might really have an answer to all of these rather perplexing questions. But until that time, I think people have to make their own decisions, and societies have to do their own thing, and we have to be helpful in any way that we can to prevent the loss of what we all know and can agree on is life.

These are existing, living human beings who can come down with terrible diseases such as HIV/AIDS, which could be prevented. Certainly if it is sexually transmitted, not having sex is 100 percent effective. But not in every society or culture are we going to be able to impose our will or the will of a minority or even the will of our entire Nation upon an individual culture so far away, or even on a single individual anywhere in the world.

And I think that what we have to do is, knowing that abstinence works, encourage it, and to provide all of the other alternatives as well. When people are able to make all those choices among choices that can work, that are each and every one of them effective, why limit it or steer people away from a decision. If they don't have what some people might consider, in their view, the moral road, the religious thing to do, to abstain, or to be faithful, and they are going to, in the views of some, violate some religious precept and err in their ways, why should that person have to come down with a terrible disease?

It makes no sense, I would think, that in our great society, where we have so many different religions, and we speak so loudly and proudly about diversity in this country and how we tolerate everybody's ideas and religious concepts and practices without any interference, that we would seek to impose our own deeply held re-

ligious views upon others as to what will happen to them if they, in our view, misbehave. I respect all of those who believe so strongly that life begins at any stage that they think it begins at, but I am confused when I see those who hold that view and also share with those of us who believe in religious diversity, that at the same time they can say, let us remove choices based on my view of religion, what my view of what my Bible and my God says to me.

I think the Lee amendment is good. It talks about each of the choices that are effective and allows people to make that choice. If we want to help people—my mother used to say, if you want to help me, help me my way. And I think there is a wisdom to that. My grandmother used to think the best thing for illness was chicken soup, and there is a scientific debate about that, whether chicken soup is better than penicillin. And different people choose different paths and do what is best for them in order to help themselves. And I think, Mr. Chairman, in this great society of ours, where religious tolerance is one of our greatest priorities, that we should not impose our religious views upon others—

Chairman HYDE. The gentleman's time has expired.

Mr. ACKERMAN [continuing]. Even though they be far away.

Chairman HYDE. The gentleman's time has expired.

The question occurs on the Lee substitute to the Pitts amendment. All those in favor, say aye.

Opposed, nay.

The Chair is in doubt. The clerk will call the roll.

Ms. RUSH. Mr. Leach.

[No response.]

Ms. RUSH. Mr. Bereuter.

[No response.]

Ms. RUSH. Mr. Smith from New Jersey.

Mr. SMITH OF NEW JERSEY. No.

Ms. RUSH. Mr. Smith votes no.

Mr. Burton.

Mr. BURTON. No.

Ms. RUSH. Mr. Burton votes no.

Mr. Gallegly.

Mr. GALLEGLY. No.

Ms. RUSH. Mr. Gallegly votes no.

Ms. Ros-Lehtinen.

[No response.]

Ms. RUSH. Mr. Ballenger.

Mr. BALLENGER. No.

Ms. RUSH. Mr. Ballenger votes no.

Mr. Rohrabacher.

Mr. ROHRABACHER. No.

Ms. RUSH. Mr. Rohrabacher votes no.

Mr. Royce.

Mr. ROYCE. No.

Ms. RUSH. Mr. Royce votes no.

Mr. King.

[No response.]

Ms. RUSH. Mr. Chabot.

Mr. CHABOT. No.

Ms. RUSH. Mr. Chabot votes no.

Mr. Houghton.
Mr. HOUGHTON. Yes.
Ms. RUSH. Mr. Houghton votes yes.
Mr. McHugh.
[No response.]
Ms. RUSH. Mr. Tancredo.
Mr. TANCREDO. No.
Ms. RUSH. Mr. Tancredo votes no.
Mr. Paul.
Mr. PAUL. No.
Ms. RUSH. Mr. Paul votes no.
Mr. Smith from Michigan.
Mr. SMITH OF MICHIGAN. No.
Ms. RUSH. Mr. Smith votes no.
Mr. Pitts.
Mr. PITTS. No.
Ms. RUSH. Mr. Pitts votes no.
Mr. Flake.
Mr. FLAKE. No.
Ms. RUSH. Mr. Flake votes no.
Mrs. Davis.
Mrs. DAVIS. No.
Ms. RUSH. Mrs. Davis votes no.
Mr. Green.
Mr. GREEN. No.
Ms. RUSH. Mr. Green votes no.
Mr. Weller.
Mr. WELLER. No.
Ms. RUSH. Mr. Weller votes no.
Mr. Pence.
Mr. PENCE. No.
Ms. RUSH. Mr. Pence votes no.
Mr. McCotter.
Mr. MCCOTTER. No.
Ms. RUSH. Mr. McCotter votes no.
Mr. Janklow.
Mr. JANKLOW. No.
Ms. RUSH. Mr. Janklow votes no.
Mrs. Harris.
Mrs. HARRIS. No.
Ms. RUSH. Mrs. Harris votes no.
Mr. Lantos.
Mr. LANTOS. Yes.
Ms. RUSH. Mr. Lantos votes yes.
Mr. Berman.
Mr. BERMAN. Yes.
Ms. RUSH. Mr. Berman votes yes.
Mr. Ackerman.
Mr. ACKERMAN. Yes.
Ms. RUSH. Mr. Ackerman votes yes.
Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne.
Mr. PAYNE. Yes.

Ms. RUSH. Mr. Payne votes yes.
Mr. Menendez.
Mr. MENENDEZ. Yes.
Ms. RUSH. Mr. Menendez votes yes.
Mr. Brown.
Mr. BROWN. Yes.
Ms. RUSH. Mr. Brown votes yes.
Mr. Sherman.
[No response.]
Ms. RUSH. Mr. Wexler.
Mr. WEXLER. Yes.
Ms. RUSH. Mr. Wexler votes yes.
Mr. Engel.
Mr. ENGEL. Yes.
Ms. RUSH. Mr. Engel votes yes.
Mr. Delahunt.
Mr. DELAHUNT. Yes.
Ms. RUSH. Mr. Delahunt votes yes.
Mr. Meeks.
Mr. MEEKS. Yes.
Ms. RUSH. Mr. Meeks votes yes.
Ms. Lee.
Ms. LEE. Yes.
Ms. RUSH. Ms. Lee votes yes.
Mr. Crowley.
Mr. CROWLEY. Yes.
Ms. RUSH. Mr. Crowley votes yes.
Mr. Hoeffel.
Mr. HOEFFEL. Yes.
Ms. RUSH. Mr. Hoeffel votes yes.
Mr. Blumenauer.
Mr. BLUMENAUER. Yes.
Ms. RUSH. Mr. Blumenauer votes yes.
Ms. Berkley.
Ms. BERKLEY. Yes.
Ms. RUSH. Ms. Berkley votes yes.
Mrs. Napolitano.
Mrs. NAPOLITANO. Yes.
Ms. RUSH. Mrs. Napolitano votes yes.
Mr. Schiff.
Mr. SCHIFF. Yes.
Ms. RUSH. Mr. Schiff votes yes.
Ms. Watson.
Ms. WATSON. Yes.
Ms. RUSH. Ms. Watson votes yes.
Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. Yes.
Ms. RUSH. Mr. Smith of Washington votes yes.
Ms. McCollum.
Ms. MCCOLLUM. Yes.
Ms. RUSH. Ms. McCollum votes yes.
Mr. Bell.
Mr. BELL. Yes.
Ms. RUSH. Mr. Bell votes yes.

Mr. Hyde.

Chairman HYDE. No.

Ms. RUSH. Mr. Hyde votes no.

Chairman HYDE. Mr. Sherman is——

Mr. SHERMAN. How am I recorded?

Ms. RUSH. You are not recorded.

Mr. SHERMAN. Please record me as aye.

Ms. RUSH. Mr. Sherman votes yes.

Chairman HYDE. Mr. Leach.

Mr. LEACH. I vote yes.

Ms. RUSH. Mr. Leach votes yes.

Chairman HYDE. If all have voted who wish, the clerk will report.

Ms. RUSH. Mr. Chairman, on this vote there are 24 ayes and 20 noes.

Chairman HYDE. Then the substitute amendment is agreed to.

The question occurs on the Pitts amendment as amended by the Lee substitute. All those in favor, say aye.

Opposed, nay.

The ayes have it, and the Pitts amendment as amended by the Lee substitute amendment is agreed to.

Are there further amendments?

The gentleman from Pennsylvania.

I am sorry, I am supposed to recognize a Democrat.

Mr. BROWN. I am one of those, Mr. Chairman.

Chairman HYDE. Yes, you are, and more.

Mr. BROWN. To the third power and proud of it.

I have an amendment at the desk, Mr. Chairman.

Chairman HYDE. The clerk will designate the Brown amendment.

Ms. RUSH. Amendment offered by Mr. Brown of Ohio. Page 49, line 25.

Chairman HYDE. Without objection, further reading of the amendment is dispensed with, and the gentleman is recognized for 5 minutes in support of his amendment.

[The amendment offered by Mr. Brown follows:]

AMENDMENT TO H.R. 1298
OFFERED BY MR. BROWN OF OHIO

Page 49, line 25, add at the end the following: “In order to meet the requirement of the preceding sentence, the President shall ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year shall be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.”.

Mr. BROWN. Thank you, Mr. Chairman. I have not had a chance to thank both the Chairman and the Ranking Member, Mr. Lantos, for their terrific work in dealing with the scourge, including obviously not just HIV, but TB and malaria.

The work of this Congress is well documented in the last 5 years in combatting a disease that most of us in our community thought had been consigned to some sort of oblivion, tuberculosis. Few of us know people who have TB. Few of us read very much about TB. Only 6 years ago Congress voted 0 dollars for international TB control, and very little through public health departments domestically until the early 1990s when there was the terrible TB outbreak in New York City. Even then the Nation did not learn a lot about TB, but we now are again—we are seeing how severe a problem tuberculosis is worldwide.

Twelve million people a year die from tuberculosis. In the country of India, 1,100 people die from tuberculosis. We know that in Africa, between 40 and 50 percent of the deaths from HIV are actu-

ally deaths from tuberculosis. One-third of the world's people carry the tuberculosis bacteria in their bodies. Most of them will never get TB because it usually becomes full-blown TB when an immune system is weakened from HIV/AIDS or malnutrition, or a particularly frail older person might have the TB that he or she has carried for decades. That bacteria is developed into full-blown TB.

But in the case of TB, this is a disease we know how to combat. We can do it inexpensively. Congress went from 0 dollars for TB 5 years ago internationally to \$80 million in our appropriations last year, and in a developing world the tuberculosis patient can be cured for as little as \$100. Multidrug-resistant TB is obviously a more significant, more expensive problem, and in the developing world is often a death sentence.

The best way to prevent TB is to cure those sick with the disease. One person with TB, it is estimated, can affect 10 to 15 others in a year. We can no longer wait to aggressively expand treatment; tuberculosis is becoming more of a problem in this country, especially with the growth of TB in a place like Russia, where they are letting more and more of their TB patient inmates out of prison. They have had a prison furlough program in Russia where people who are in prison for property crimes, 300,000 inmates, about one-third of the inmate population, over a 4-year period will be released on the prison furlough program. Ten percent of those people have tuberculosis; 25 percent of that 10 percent have multidrug-resistant TB. Those people will fly. They will be tourists; some of the people from whom we are more likely to contract TB when we travel to those countries.

I am offering this amendment because language on how TB money is spent is critical. TB is as big a threat as AIDS, yet USAID monies have simply not been used as effectively as we would like with TB. I had a meeting last year with USAID at which they could not give me any data as to how many patients were treated, how effectively the money was spent, how many lives were saved, how many drugs they were buying. When asked for this information, they couldn't come up with it. That is why there should be considerable concern in Congress that USAID has not been able to do that.

This amendment is not an earmark, doesn't say we spend X number of dollars on TB. It is a technical direction to USAID. The majority of the money should be spent on drugs, on patient services, on training of health workers. Most Members would agree, all public health officials agree, that is the most effective use of the money.

I am offering this amendment because it is important to change the way USAID is doing business. I respect the work USAID does, however, in this instance they simply have not been as effective as they could, because they haven't accounted for how their money is spent. We have used report language. It has not proven effective in the past. Congress can give USAID direction to make sure that that money is spent on curing patients, and we can do that with this amendment. It will matter to save the lives literally of thousands, tens of thousands, perhaps hundreds of thousands of people around the world.

Mr. Chairman, I yield back the balance of my time and ask support for the amendment.

Chairman HYDE. The Chair recognizes himself for 5 minutes.

I would suggest to the gentleman that we have worked very carefully with him and with his staff. We have made specific references in the bill to the DOTS (Directly Observed Treatment Shortcourse) plus including language that instructs the President that he shall give priority to activities that increase DOTS coverage and treatment of multidrug-resistant TB, et cetera.

Mr. Burton.

Mr. BURTON. Mr. Speaker, down here. I just have one question if I might ask it, Mr. Chairman.

Chairman HYDE. Yes.

Mr. BURTON. What is the Global Tuberculosis Drug Facility?

Chairman HYDE. The Global Tuberculosis Drug Facility.

Mr. BURTON. Yes. It is the last four words in the amendment, if somebody could answer that.

Mr. BROWN. It is not my time. I will be glad to answer.

Chairman HYDE. May I return to my statement?

Mr. BURTON. Well, I thought you were through with your statement. I am sorry, Mr. Chairman, but can I get an answer to that after your statement?

Chairman HYDE. Yes. Staff is looking it up, and we will give it to you in several languages, I am going to suggest the most difficult of which will be English.

It is suggested, Mr. Brown, that if you would accept an amendment changing the words "shall ensure that not less than 75 percent of the money" to "should ensure," we will accept your amendment. Absent that, we feel it is assigning too much, 75 percent, to one program, and there are other effective programs in this field, and we don't want to eliminate them.

But we realize the merit of what you are saying. We have suggested that it shall be given priority, and now we will suggest that it should ensure, if the gentleman will take that, we will take your amendment.

I yield to the gentleman from Ohio.

Mr. BROWN. And may I answer the global fund while I think about the second question, Mr. Chairman?

Chairman HYDE. If you have an answer for him.

Mr. BROWN. I do, Mr. Chairman. I have worked on tuberculosis with you in some cases for many years. The global fund was created as part of the World Health Organization. It is actually the program that works on TB eradication, elimination, reduction, cures around the world. And interestingly, Mr. Chairman, more information than Mr. Burton might want, the new Director General of the World Health Organization taking office in July was the head of the global TB fund, the stop TB program.

Chairman HYDE. I thank you for filling in that gap.

Mr. LANTOS. Could you give it to us in French now?

Chairman HYDE. Would the gentleman accept the suggestion to change the word "shall" to "should"?

Mr. BROWN. Mr. Chairman, not being a lawyer, and not understanding the difference, I would—no, I—Mr. Chairman, I am concerned about this. The short answer is I will reluctantly, but if I

could take 20 seconds to elaborate on that. I am concerned that we have for 6 years given money to USAID and not seen the response we ought to be getting from them when they haven't been able to tell us the information about how they are doing it. And while I understand all the things that can happen in conference committee, and I understand your comments, I will accept it. But I hope that this Committee can go on record as really pushing USAID to do the right thing here and spend this money where they should, and report back to us that they have been able to, and quantify those numbers.

Chairman HYDE. Without objection, the gentleman's motion to delete the word "shall" in the third line of his amendment and change it to "should" is agreed to. The question occurs on the gentleman's amendment as modified. All those in favor, say aye.

Opposed, nay.

The ayes have it, and the amendment is agreed to.

And are there further amendments?

Mr. ROHRABACHER. Mr. Chairman.

Chairman HYDE. Who is seeking recognition?

Mr. ROHRABACHER. I have an amendment at the desk.

Chairman HYDE. Mr. Rohrabacher.

[The amendment offered by Mr. Rohrabacher follows:]

AMENDMENT TO H.R. 1298
OFFERED BY MR. ROHRABACHER

Page 74, after line 2 insert: "(4) 10 percent of such amount for Orphans and Vulnerable Children."

Mr. ROHRABACHER. Mr. Chairman, I have an amendment at the desk that basically will provide essential support for the orphans and vulnerable children that are left behind from this AIDS epidemic. This amendment fences off 10 percent of all authorized appropriations that go for this AIDS epidemic to orphans and vulnerable children.

The United Nations estimates that there will be 20 million orphans from AIDS by 2005. Very few of those are receiving any support. Experts estimate that health care education, psychological support can be provided for perhaps as little as \$50 per child per year. I am therefore proposing that the United States Government contribute \$300 million per year, and that is what this amendment would basically do, from the funds that we are talking about that go to AIDS to meet our share of the global commitment to combat this unaddressed crisis.

Faith-based organizations and community-based organizations are the best ones to provide support for extended families to these orphans and other care providers.

Chairman HYDE. If the gentleman would yield. We are prepared to accept the gentleman's amendment.

Mr. ROHRABACHER. All right. Thank you very much.

Chairman HYDE. But Mr. Lantos would like to comment thereon.

Mr. Lantos.

Mr. LANTOS. Mr. Chairman, I want to commend my friend from California. I strongly support his amendment. There are over 17 million Africans who died from HIV/AIDS-related diseases since the late 1970s, leaving more than 13 million orphans in sub-Saharan Africa alone. Most of these children do not have AIDS, but are in danger of slavery, criminal violence, dying of childhood diseases or being forced into prostitution to survive. Mr. Rohrabacher's amendment will include as part of the sense of Congress in section 402 the option of using 10 percent of available funds to service the specific needs of the orphans and vulnerable children, and I strongly support his amendment.

Chairman HYDE. The question occurs on the Rohrabacher amendment. All those in favor, say aye.

Opposed, nay.

The ayes have it. The amendment is agreed to.

There are two votes on the Floor, and the Chair will recess the Committee until 1:30, and I again plead with you to come back so we can finish this bill.

The Committee stands in recess.

[Recess.]

Chairman HYDE. The Committee will come to order.

The Chair recognizes Mrs. Napolitano for purposes of amendment.

Mrs. NAPOLITANO. Thank you, Mr. Chairman.

The amendment that I am proposing is on behalf of Congresswoman Juanita Millender-McDonald—

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. Page 70, after line 12—

Chairman HYDE. Without objection, further reading of the Napolitano amendment is dispensed with, and the gentlewoman is recognized for 5 minutes.

[The amendment offered by Mrs. Napolitano follows:]

AMENDMENT TO H.R. 1298
OFFERED BY M. GRACE F. NAPOLITANO

Page 70, after line 12, insert the following new paragraph (and redesignate subsequent paragraphs accordingly):

1 (4) PRIORITY REQUIREMENT.—In awarding
2 subgrants under this subsection, the organization
3 shall give priority to eligible applicants that are cur-
4 rently administering a program of proven interven-
5 tion to HIV positive individuals to prevent mother-
6 to-child transmission in countries with or at risk for
7 severe HIV epidemic with particular attention to re-
8 source constrained countries, and who are currently
9 administering a program to HIV positive women,
10 men, and children to provide life-long care in family-
11 centered care programs using non-Federal funds.

Mrs. NAPOLITANO. Thank you, Mr. Chairman. I should have started with that to begin with. My apologies.

The amendment that I am requesting be added to H.R. 1298 deals with giving priorities to eligible applicants that are currently administering a program of proven intervention to HIV-positive individuals.

While much attention is being paid to preventing mother-to-child transmission, the MTCT, of HIV/AIDS, we must turn to addressing the needs and the rights of that child to grow up with parents, so that means the children are not orphaned before they can walk. We must ensure the best delivery of service to strengthen these families, and we must ensure that these people are ready to provide those families.

I refer to section 312 of your bill that states that the U.S. Government response to pandemics should place a high priority on the prevention of mother-to-child transmission, the care and treatment of family members—

Chairman HYDE. Would the gentlewoman yield? I have a deal for the gentlewoman. If she will yield back her time, we will accept her amendment.

Mrs. NAPOLITANO. I will so yield willingly. Thank you, sir.

Chairman HYDE. The question is on the passage of the Napolitano amendment. All those in favor, say aye.

Those opposed, nay.

The ayes have it. The amendment is agreed to.

Mr. SMITH OF NEW JERSEY. Mr. Chairman, I have an amendment at the desk.

Chairman HYDE. Mr. Nick Smith is next, if he will sit down and give us his amendment.

Mr. SMITH OF MICHIGAN. I will sit down.

Mr. Chairman, this amendment does not reduce the \$15 billion over 5 years, but reflects what was put in our House budget resolution, plus it reflects what the White House—

Chairman HYDE. If the gentleman will cease. Do you have an amendment at the desk? The clerk will designate the amendment.

Ms. RUSH. Amendment offered by Mr. Smith of Michigan, page 73—

Chairman HYDE. Without objection, further reading is dispensed with, and the Chair is pleased to recognize the gentleman from Michigan.

[The amendment offered by Mr. Smith of Michigan follows:]

AMENDMENT TO H.R. 1298

OFFERED BY MR. SMITH OF MICHIGAN

Page 73, beginning on line 8, strike “\$3,000,000,000 for each of the fiscal years 2004 through 2008” and insert “\$2,000,000,000 for fiscal year 2004, \$2,500,000,000 for fiscal year 2005, \$3,000,000,000 for fiscal year 2006, \$3,500,000,000 for fiscal year 2007, and \$4,000,000,000 for fiscal year 2008”.

Mr. SMITH OF MICHIGAN. Mr. Chairman, I apologize.

Mr. Chairman, the amendment reflects what was in the House Budget Committee, and it reflects what the White House and OMB have recommended in their budget. Instead of starting at \$3 billion a year, it starts at \$2 billion, and then gradually increases spend-

ing \$4 billion the last year, with their suggestion that in order to, if you will, get organized, they would like to have more in the out-years and start a little more gradually in the earlier years.

So the amendment reflects what both our House budget and OMB have suggested as far as a phase-in and a gradual increase in spending over the 4 years, but not diminishing the \$15 billion over the 5-year period.

I would yield back.

Chairman HYDE. I thank the gentleman.

The Chair recognizes Mr. Lantos.

Mr. LANTOS. Thank you very much, Mr. Chairman.

I want to commend my friend from Michigan for proposing an amendment which I will be compelled to oppose. His amendment, which is well-intentioned, is superfluous because the language of our compromise legislation allows for rolling over funds which were not used in earlier years. So if theoretically only \$2.5 billion could be spent rationally and properly in the first year, the half-billion dollars overage would be pushed on to the next year, or, if necessary, even the following year.

I think we have arrived at a carefully crafted and painfully negotiated compromise, and I think it would be singularly unfortunate to begin to unravel it. Therefore, I am compelled to oppose my good friend's amendment.

Chairman HYDE. The Chair recognizes himself for 1 minute to suggest that the figure in the bill has been painfully negotiated, and Mr. Lantos and I have reached an agreement on this amount. So I will stand by our agreement, with regret, because Mr. Smith makes a good point that may have some viability later on, I don't know, but for now I want to stick with our agreement. So I regretfully have to vote against it.

Mr. LANTOS. I would like to add the word "regretfully" to my comments as well.

Mr. SMITH OF MICHIGAN. I would also like to use that word, Mr. Chairman.

Would the Chairman yield for a second?

Chairman HYDE. Surely, and not regretfully either.

Mr. SMITH OF MICHIGAN. It seems to me by not accepting this amendment, we cut out some of the flexibility of incorporating the program and having the authorization that will allow that funding to grow. It seems that there is some reasonableness, even though the negotiation has been painstakingly agreed to on this bill, to simply have the flexibility, as I have said. In fact, I have a former African Ambassador on my staff, and he is convinced also that starting gradually and expanding the program has a great deal of merit in terms of having effective funding.

So, this goes up to \$4 billion by the fifth year, and so I just add that last appeal to however you consider this amendment.

Chairman HYDE. Is there any further discussion? If not, the question occurs on the amendment offered by the gentleman from Michigan. All those in favor, say aye.

Opposed, nay.

In the opinion of the Chair, the noes have it.

Mr. SMITH OF MICHIGAN. I request a rollcall.

Chairman HYDE. The gentleman requests a rollcall. The clerk will call the roll.

Ms. RUSH. Mr. Leach.

[No response.]

Ms. RUSH. Mr. Bereuter.

Mr. BEREUTER. Aye.

Ms. RUSH. Mr. Bereuter votes yes.

Mr. Smith of New Jersey.

[No response.]

Ms. RUSH. Mr. Burton.

[No response.]

Ms. RUSH. Mr. Gallegly.

[No response.]

Ms. RUSH. Ms. Ros-Lehtinen.

[No response.]

Ms. RUSH. Mr. Ballenger.

[No response.]

Ms. RUSH. Mr. Rohrabacher.

[No response.]

Ms. RUSH. Mr. Royce.

[No response.]

Ms. RUSH. Mr. King.

Mr. KING. No.

Ms. RUSH. Mr. King votes no.

Mr. Chabot.

[No response.]

Ms. RUSH. Mr. Houghton.

Mr. HOUGHTON. Yes.

Ms. RUSH. Mr. Houghton votes yes.

Mr. McHugh.

[No response.]

Ms. RUSH. Mr. Tancredo.

[No response.]

Ms. RUSH. Mr. Paul.

[No response.]

Ms. RUSH. Mr. Smith from Michigan.

Mr. SMITH OF MICHIGAN. Yes.

Ms. RUSH. Mr. Smith votes yes.

Mr. Pitts.

Mr. PITTS. Yes.

Ms. RUSH. Mr. Pitts votes yes.

Mr. Flake.

Mr. FLAKE. Yes.

Ms. RUSH. Mr. Flake votes yes.

Mrs. Davis.

Mrs. DAVIS. Yes.

Ms. RUSH. Mrs. Davis votes yes.

Mr. Green.

Mr. GREEN. Yes.

Ms. RUSH. Mr. Green votes yes.

Mr. Weller.

Mr. WELLER. No.

Ms. RUSH. Mr. Weller votes no.

Mr. Pence.

Mr. PENCE. Yes.
Ms. RUSH. Mr. Pence votes yes.
Mr. McCotter.
[No response.]
Ms. RUSH. Mr. Janklow.
Mr. JANKLOW. Yes.
Ms. RUSH. Mr. Janklow votes yes.
Mrs. Harris.
Mrs. HARRIS. Yes.
Ms. RUSH. Mrs. Harris votes yes.
Ms. RUSH. Mr. Lantos.
Mr. LANTOS. No.
Ms. RUSH. Mr. Lantos votes no.
Mr. Berman.
Mr. BERMAN. No.
Ms. RUSH. Mr. Berman votes no.
Mr. Ackerman.
Mr. ACKERMAN. No.
Ms. RUSH. Mr. Ackerman votes no.
Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne.
[No response.]
Ms. RUSH. Mr. Menendez.
Mr. MENENDEZ. No.
Ms. RUSH. Mr. Menendez votes no.
Mr. Brown.
Mr. BROWN. No.
Ms. RUSH. Mr. Brown votes no.
Mr. Sherman.
[No response.]
Ms. RUSH. Mr. Wexler.
Mr. WEXLER. No.
Ms. RUSH. Mr. Wexler votes no.
Mr. Engel.
Mr. ENGEL. No.
Ms. RUSH. Mr. Engel votes no.
Mr. Delahunt.
[No response.]
Ms. RUSH. Mr. Meeks.
Mr. MEEKS. No.
Ms. RUSH. Mr. Meeks votes no.
Ms. Lee.
Ms. LEE. No.
Ms. RUSH. Ms. Lee votes no.
Mr. Crowley.
Mr. CROWLEY. No.
Ms. RUSH. Mr. Crowley votes no.
Mr. Hoeffel.
Mr. HOEFFEL. No.
Ms. RUSH. Mr. Hoeffel votes no.
Mr. Blumenauer.
[No response.]
Ms. RUSH. Ms. Berkley.

Ms. BERKLEY. No.
Ms. RUSH. Ms. Berkley votes no.
Mrs. Napolitano.
Mrs. NAPOLITANO. No.
Ms. RUSH. Mrs. Napolitano votes no.
Mr. Schiff.
Mr. SCHIFF. No.
Ms. RUSH. Mr. Schiff votes no.
Ms. Watson.
[No response.]
Ms. RUSH. Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. No.
Ms. RUSH. Mr. Smith of Washington votes no.
Ms. McCollum.
Ms. MCCOLLUM. No.
Ms. RUSH. Ms. McCollum votes no.
Mr. Bell.
Mr. BELL. No.
Ms. RUSH. Mr. Bell votes no.
Mr. Hyde.
Chairman HYDE. No.
Ms. RUSH. Mr. Hyde votes no.
Chairman HYDE. Mr. Leach.
Mr. LEACH. No.
Ms. RUSH. Mr. Leach votes no.
Chairman HYDE. Mr. Ballenger.
Mr. BALLENGER. Yes.
Ms. RUSH. Mr. Ballenger votes yes.
Chairman HYDE. Mr. Royce.
Mr. ROYCE. Yes.
Ms. RUSH. Mr. Royce votes yes.
Chairman HYDE. Mr. Delahunt.
Mr. DELAHUNT. No.
Ms. RUSH. Mr. Delahunt votes no.
Chairman HYDE. Mr. Payne.
Mr. PAYNE. No.
Ms. RUSH. Mr. Payne votes no.
Chairman HYDE. Ms. Watson.
Ms. WATSON. No.
Ms. RUSH. Ms. Watson votes no.
Chairman HYDE. Have all voted who wish?
Mr. Chabot.
Mr. CHABOT. Yes.
Ms. RUSH. Mr. Chabot votes yes.
Chairman HYDE. Mr. Rohrabacher.
Mr. ROHRABACHER. How am I recorded?
Ms. RUSH. Mr. Rohrabacher has not voted.
Mr. ROHRABACHER. I am voting yes.
Chairman HYDE. Mr. McCotter.
Mr. MCCOTTER. Yes.
Ms. RUSH. Mr. McCotter votes yes.
Chairman HYDE. The clerk will report.
One more vote. Mr. Blumenauer.
Mr. BLUMENAUER. No.

Ms. RUSH. Mr. Blumenauer votes no.

Chairman HYDE. The clerk will report.

Ms. RUSH. Mr. Chairman, on this vote there are 15 ayes and 25 noes.

Chairman HYDE. And the amendment is not agreed to.

Are there further amendments?

Mr. BERMAN. Mr. Chairman.

Chairman HYDE. Mr. Berman of California.

Mr. BERMAN. I have an amendment at the desk.

Chairman HYDE. The clerk will report the amendment.

Ms. RUSH. An amendment offered by Mr. Berman, page 54, line 4—

Chairman HYDE. Without objection, further reading of the amendment is dispensed with, and the gentleman is recognized for 5 minutes in support thereof.

[The amendment offered by Mr. Berman follows:]

Amendment to H.R. 1298
Offered by Rep. Berman

Page 54, line 4, at the end strike “.” and insert “, including for the development of anti-malarial pharmaceuticals by the Medicines for Malaria Venture.”

Mr. BERMAN. Thank you very much, Mr. Chairman. This is a last-minute amendment, and I very much appreciate the assistance of your staff to ensure that it was drafted properly.

The purpose of the amendment is simply to recognize the critical role played by Medicines for Malaria Venture, a nonprofit, private-public partnership founded in 1999 by the World Health Organization (WHO), the World Bank, national governments, private foundations and the pharmaceutical industry.

Malaria kills between 1 and 3 million people every year, including a large number of children and pregnant women. The malaria parasite is growing increasingly resistant to existing drugs. Estimates indicate that antimalarial drugs in current and recent use tend to lose effectiveness over a 3 to 6 year period. The development, therefore, of new drugs is critical.

There is little private investment in this area because it is simply not profitable. That is where the Medicines for Malaria Venture comes in. Their goal is to register one new antimalarial drug every 5 years, beginning in the year 2010. This rapid development cycle is critical if we are hopeful to be able to control the malaria epidemic.

The WHO describes this particular venture as the premier public-private partnership for developing new malaria drugs. The amendment simply makes Medicines for Malaria Venture eligible for funds appropriated to combat malaria, similar to language in the bill that recognizes other public-private partnerships, including the Global Alliance for Tuberculosis Drug Development and the Malaria Vaccine Initiative, and I ask support for the amendment.

I yield back.

Chairman HYDE. Is there further discussion? If not, the question is on the Berman amendment. All those in favor, say aye.

Those opposed, nay.

The ayes have it. The amendment is agreed to.

Are there further amendments?

Mr. Flake.

Mr. FLAKE. Mr. Chairman, I have an amendment at the desk.

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. We have two.

Chairman HYDE. Which of the two amendments are you offering?

Mr. FLAKE. The restriction on the Global Fund with regard to sponsors of terrorism.

Chairman HYDE. Do you have that?

Ms. RUSH. Yes.

Amendment offered by Mr. Flake, page 30, line 20——

Chairman HYDE. Without objection, further reading of the Flake amendment is dispensed with, and the gentleman is recognized for 5 minutes in support of his amendment.

[The amendment offered by Mr. Flake follows:]

AMENDMENT TO H.R. 1298
OFFERED BY M. Flake

Page 30, line 20, strike "(A)" and insert "(A)(i)".

Page 31, after line 6, insert the following:

1 (ii) If, at any time during any of the fiscal
2 years 2004 through 2008, the President deter-
3 mines that the Global Fund has provided assist-
4 ance to a country, the government of which the
5 Secretary of State has determined, for purposes
6 of section 6(j)(1) of the Export Administration
7 Act of 1979 (50 U.S.C. App. 2405(j)(1)), has
8 repeatedly provided support for acts of inter-
9 national terrorism, then no United States con-
10 tribution may be made to the Fund for the next
11 fiscal year.

Page 31, line 23, after "clause (i)" insert "with re-
spect to the application of subparagraph (A)(i)".

Mr. FLAKE. Thank you, Mr. Chairman.

This is quite a simple amendment. It states that if the Global Fund distributes any of these funds toward any government, toward the people of a country whose government is listed on our State Department as sponsors of terrorism, that we not provide any funding in the following year to the Global Fund.

There is nothing in the amendment that prohibits the United States from sending direct aid to any of these countries or the people in these countries. In fact, the United States has given humanitarian aid to some people in these countries that are listed as state

sponsors of terrorism. The key difference here is that the Global Fund is giving aid directly through the governments of these countries. My amendment simply says that it is inappropriate that American taxpayer dollars be used to help fund the hand that terrorizes us.

My amendment doesn't necessarily decrease the amount of funds that go to HIV/AIDS treatment or prevention, and if the Global Fund insists on funding state-sponsored terrorism, the United States could simply shift money elsewhere that would have gone to the Global Fund into direct bilateral or direct aid. The money could still go to HIV treatment. It simply says that it shouldn't be distributed through the Global Fund because the Global Fund deals directly with governments.

With that, I yield back.

Mr. PAYNE. If the gentleman would yield—

Mr. LANTOS. I am happy to yield to my friend, once I am recognized.

Mr. PAYNE. I would like to know what countries. I have been trying to get your amendment straight. Could you tell me the countries that you have in mind? That might make it easier.

Mr. FLAKE. Well, the State Department has a list of countries.

Chairman HYDE. Without objection, the gentleman is granted an additional 2 minutes. Go ahead.

Mr. FLAKE. There are seven countries listed as state sponsors of terrorism: Iran, Iraq, Syria, Libya, Cuba, North Korea and Sudan. In the past I believe the Global Fund has distributed funding through Iran, North Korea and the Sudan.

Mr. LANTOS. Mr. Chairman?

Chairman HYDE. The Chair recognizes Mr. Lantos.

Mr. LANTOS. Mr. Chairman, I am deeply concerned about the amendment offered by my friend from Arizona, and I have a substitute at the desk, and I ask its consideration at this time.

Chairman HYDE. The clerk will designate the substitute.

Ms. RUSH. Amendment offered by Mr. Lantos to the amendment offered by Mr. Flake. Page 1, beginning—

Chairman HYDE. Without objection, further reading is dispensed with. The gentleman is recognized for 5 minutes in support of his substitute amendment.

[The amendment to the amendment offered by Mr. Lantos follows:]

**AMENDMENT OFFERED BY MR. LANTOS
TO THE AMENDMENT OFFERED BY MR. FLAKE**

Page 1, beginning on line 9, strike "then" and all that follows through line 11 and insert the following:
"then the United States shall withhold from its contribution for the next fiscal year an amount equal to the amount expended by the Fund for each such country."

Mr. LANTOS. Mr. Chairman, I understand that the gentleman from Arizona is concerned that amounts authorized by this bill could go to terrorist governments. Of course, as I have said, the HIV/AIDS pandemic is a humanitarian crisis that crosses borders without discrimination as to what kind of government is in control of a country. In fact, people may be suffering more in those countries because of the nature of the governments that support terrorism.

My second degree amendment would assure that the United States' contribution to the Global Fund be reduced by the amount spent during the previous year by the fund in countries that have been designated by the United States as state sponsors of terrorism. I think this is an appropriate and proportional response to the problem identified by my friend from Arizona, and I urge all of my colleagues to support this second degree amendment.

Chairman HYDE. The Chair recognizes Mr. Leach.

Mr. LEACH. Well, this is an issue that has caught me by surprise, but I will say that I think it appears that Mr. Lantos' amendment is preferable to the underlying amendment. I would urge the support of Mr. Lantos' amendment, but the defeat of both. The reason is self-evident. If you take each of these individual countries, and let's take Iran, for instance, Iran is a country that I don't think there are any Americans that support its state-sponsored terrorism against Israel. It is repugnant.

On the other hand, we are dealing with an issue that is about life and death for individuals contracting a disease. If the Congress wants to go on record saying that a given type of people should not get sympathetic support—and there is no substitute here, I want to make it clear. The United States is unlikely to be giving direct assistance to Iran if the Global Fund cannot give assistance to Iran. So the underlying amendment, as well as the substitute, has this dilemma.

I think there are some issues in international affairs that are government to government, and some are people to people. This bill is profoundly a people-to-people issue, despite the governments that might be terrifyingly irrational and terrifying in policies such as terrorism.

So, I would urge that the Lantos amendment be accepted over the underlying amendment simply because it is less draconian, but both amendments be defeated.

Mr. FLAKE. Would the gentleman yield?

Mr. LEACH. I would be happy to yield, yes.

Mr. FLAKE. I tried to draw the distinction here. This does not prohibit, although it may be unlikely, that we would enter into agreement, although it is not that unlikely that we would work with an NGO in Iran. It doesn't prohibit that. It doesn't even reduce the amount of money that would be available for that.

The difficulty with the Global Fund is that it works government to government—it works through governments, and what we are saying here is if our own State Department has identified these governments as state sponsors of terrorism, it is probably not the best idea to spend taxpayer dollars giving it to those governments directly.

Mr. LEACH. You have a point, although I am not 100 percent of the premise; that is, I am not sure the Global Fund doesn't also work in both directions. I don't think it is exclusively government to government. I may be in error on that. Even if I am in error, I don't find this a compelling approach, although the issue the gentleman has raised is certainly profound. As a general thing, anything we can do that undercuts the precept of terrorism we should do.

On the other hand, this is people to people. I don't see any sense that it will assist us in causing a government to change its policies, and I see lots of reasons why money sent to peoples of countries with irrational policies when confronted with this type of decision will be more likely to support an irrational government, rather than less likely. So I would assert the precept of people-to-people sympathy over any other consideration at this time.

Chairman HYDE. Mr. Berman.

Mr. BERMAN. Mr. Chairman, first I would ask the author of the substitute if he would accept, and perhaps by unanimous consent, an amendment to his second degree amendment that would indicate an amount equal to the amount expended by the fund to the government of each such country.

The reason I just insert the words "to the government of each such country" is because contrary to what my friend from Arizona has said, there are Global Fund programs with NGOs in these countries that I don't think he would argue or anyone would argue should be discontinued. Therefore, in the context of this substitute, I think we should reduce the dollar amount to the extent they are giving to the governments.

Mr. LANTOS. If my friend will yield?

Mr. BERMAN. I yield.

Mr. LANTOS. I am more than happy to accept my friend's suggestion. In his typical fashion he improves on the product, and I think with his modification, the substitute is far more to my liking.

Chairman HYDE. Would the gentleman from California Mr. Berman yield?

Mr. BERMAN. Yes, I would, Mr. Chairman.

Chairman HYDE. Taking Mr. Lantos' amendment and looking at the last line, you want to take the word "for" and strike it and put "to the government of."

Mr. BERMAN. That is exactly what I would like to do, Mr. Chairman. I ask unanimous consent that that amendment be included in the substitute.

Chairman HYDE. Any further discussion? If not—

Mr. FLAKE. I am prepared to accept the Lantos amendment with the amendment.

Chairman HYDE. Very well. Mr. Flake accepts it, and without objection, the modification is agreed to.

[The perfected amendment offered by Mr. Berman follows:]

AMENDMENT OFFERED BY MR. LANTOS

**TO THE AMENDMENT OFFERED BY MR. FLAKE
AS PERFECTED BY MR. BERMAN**

Page 1, beginning on line 9, strike "then" and all that follows through line 11 and insert the following:

"then the United States shall withhold from its contribution for the next fiscal year an amount equal to the amount expended by the Fund ~~for~~ *to the government of* each such country."

Mr. BERMAN. Mr. Chairman, I haven't finished my time, if I might.

Chairman HYDE. Surely. Your time.

Mr. BERMAN. I just want to ask my friend from Arizona, do you find it at all incongruous that you, as the proponent and really eloquent supporter of striking down travel bans and economic embargoes to one of the countries on the terrorist list, now seek to prohibit AIDS funding to any country on the terrorist list, selling food, selling machinery, but don't let the Global Fund donate money? In other words, I guess the ultimate point is we have come to a point where even those of us who believe in the use of economic sanctions and economic embargoes accept that food and medicine should be excluded from them. This is simply about the Global Fund's ability to carry on AIDS prevention and AIDS treatment in these countries, and I was so surprised to see this amendment come from you, a person who is articulate, I thought some very interesting principles generally about trade, and particularly to one of the countries on the terrorist list.

Mr. FLAKE. If the gentleman would yield, I am glad you raised that point. I was hoping somebody would so I wouldn't have to. I

am a big proponent of normalizing trade relations with Cuba, one of those countries on that list, for precisely that reason. I think that our policy over the years has aided and abetted the dictator in that country for far too long, and that people-to-people contact is what we need.

I would not suggest that we give money directly in any form to the Government of Cuba. That is exactly what we are trying to avoid here with the other countries listed.

Chairman HYDE. The question occurs on the Lantos substitute—

Mr. BROWN. Mr. Chairman, to your left?

Chairman HYDE. Mr. Brown.

Mr. BROWN. Mr. Chairman, thank you.

I have one question concerning this, if the gentleman would be able to answer this question. My understanding is your amendment, coupled with the Lantos amendment and the Berman refining of that amendment, deals with government money, government-to-government money, in those cases where the Global Fund provides money to an NGO in one of those countries. Does your amendment speak to that?

Mr. BERMAN. Will the gentleman yield?

Mr. BROWN. I yield to Mr. Berman.

Mr. BERMAN. The purpose of the amendment to Mr. Lantos' amendment was to exclude Global Fund contributions to NGOs or any nongovernmental organizations providing help on AIDS in countries that are on the terrorist list.

Mr. BROWN. Taking back my time, in other words, if an NGO is operating in a country that is on that list, the Global Fund provides money for them, that will not be affected by the Flake-Lantos-Berman perfected amendment.

Mr. FLAKE. If the gentleman will yield, that is my understanding as well. I mentioned in the introduction that we have already bilateral programs with NGOs in state-sponsored terrorism countries. We simply should not direct that money through governments.

Mr. BROWN. Thank you.

I support the amendment and yield back my time.

Chairman HYDE. I would like to ask the clerk, have we adopted the Berman amendment, changing "for" to "the government of"?

Ms. RUSH. You did a unanimous consent on that.

Chairman HYDE. The question occurs on the Lantos substitute for the Flake amendment as modified. All those in favor, say aye.

Those opposed, nay.

The ayes have it. The amendment is agreed to.

The question now occurs on the Flake amendment as amended. All those in favor, say aye.

Those opposed, nay.

The ayes have it. The amendment is agreed to.

Are there further amendments?

Chairman HYDE. Ms. McCollum.

Ms. MCCOLLUM. I have amendment 1 at the desk, please.

Chairman HYDE. The clerk will designate amendment 1.

Ms. RUSH. Amendment offered by Ms. McCollum, page 56, line 11. After "nurse" insert "physician's assistants".

[The amendment offered by Ms. McCollum follows:]

AMENDMENT TO H.R. 1298OFFERED BY MS. McCollum

Page 56, line 11, after "nurse," insert "physician's assistant".

Chairman HYDE. The gentlewoman is recognized for 5 minutes in support of her amendment.

Ms. MCCOLLUM. It is very simple, a few words. By adding this amendment, many of my colleagues familiar with the physician's assistant program realize they are critical providers of health care here at home and will be an invaluable asset to our overseas pilot program.

Chairman HYDE. The Chair is prepared to accept the gentlewoman's very useful amendment. Is there any further discussion?

If not, the question occurs on the McCollum amendment. All those in favor, say aye.

Opposed, nay.

The ayes have it. The amendment is agreed to.

The gentlelady is recognized for her second amendment.

Ms. MCCOLLUM. I have amendment 2 at the desk.

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. In section 1(f)(2)(B)(ii)(VII)——

Chairman HYDE. Without objection, further reading is dispensed with, and the gentlewoman is recognized for 5 minutes.

[The amendment offered by Ms. McCollum follows:]

AMENDMENT TO H.R. 1298**OFFERED BY MS. MCCOLLUM**

In section 1(f)(2)(B)(ii)(VII) of the State Department Basic Authorities Act of 1956 (as proposed to be added by section 102(a)), after "Zambia," insert "Malawi,".

Ms. MCCOLLUM. Mr. Chairman, I have an amendment that I will be withdrawing, but I would like an opportunity to spend a minute or two talking about it.

Along with the amendment I have provided the clerk with a map. This amendment would add the country of Malawi.

Mr. Chair, the President has designated 12 African countries to target relief. While it is clear that each one of these countries has a tremendous need for resources to prevent HIV/AIDS, as well as caring for people with AIDS and orphans with AIDS, there are many nations who will not receive this. I bring this forward because there are 850,000 Malawians who are currently living with HIV and dying of AIDS.

Mr. Chairman, Malawi shares borders with Tanzania, Mozambique and Zimbabwe. We are creating an island of infection by not having this country included. I would urge as we move forward with this bill to work with the President and other interested people to look at considering this country for AIDS funding.

Mr. Chair, with that, thank you very much for your time, the hard work you and Mr. Lantos have put into this bill, and I withdraw the amendment.

Chairman HYDE. I thank the gentlelady.

There is a vote pending on the Floor, so we will stand in recess until after the vote, at which point I would entreat you to return so we can finish this monumental legislation today.

We stand in recess.

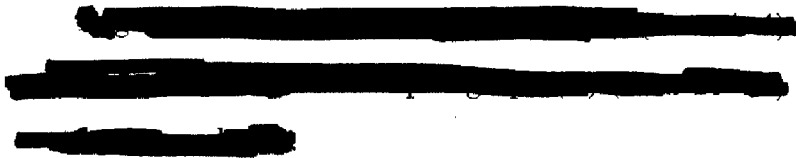
[Recess.]

Chairman HYDE. The Committee will come to order. I have been informed that there is a closed briefing for Members only at 4 o'clock in the House Chamber. In the interest of time, I ask unanimous consent that the very meritorious amendments to be offered by Mrs. Harris dealing with abstinence in a noncontroversial context, and the amendment to be offered by Mrs. Davis dealing with human papilloma virus or cervical cancer, be considered en bloc and be considered adopted. They are noncontroversial. They have been reviewed by everybody. So we can get that out of the way.

[The amendments offered en bloc by Mrs. Harris and Mrs. Davis follow:]

AMENDMENT TO H.R. 1298
OFFERED BY MRS. KATHERINE HARRIS

Page 13, line 15, after "including" insert "abstinence,".



AMENDMENT TO H.R. 1298
OFFERED BY MRS. JO ANN DAVIS OF VIRGINIA

Page 25, after line 2, insert the following:

- 1 (S) An analysis of the prevalence of
- 2 Human Pappiloma Virus (HPV) in sub-Saha-
- 3 ran Africa and the impact that condom usage
- 4 has upon the spread of HPV in sub-Saharan
- 5 Africa.

Mr. LANTOS. Mr. Chairman?
Chairman HYDE. Mr. Lantos.

Mr. LANTOS. Mr. Chairman, we are pleased to accept both of these amendments.

Chairman HYDE. The authors of both amendments by unanimous consent may put statements in the record at the appropriate place. Without objection, the two amendments are adopted.

It is the intention of the Chair to do everything possible to complete the consideration of amendments to this bill and move to a vote on final passage prior to the closed briefing at 4 o'clock. It is

my fond hope that Members will bear in mind the exigencies of time.

Mr. Pitts is not here, so he waives his opportunity to offer an amendment—oh, Mr. Pitts.

Mr. PITTS. I was just getting the amendment.

Chairman HYDE. Are you ready to proceed?

Mr. PITTS. Yes. I have an amendment at the desk.

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. Amendment offered by Mr. Pitts. Page 47, strike line 13 and all that follows—

Chairman HYDE. Without objection, further reading of the amendment is dispensed with, and Mr. Pitts is recognized for 5 minutes in support of his amendment.

[The amendment offered by Mr. Pitts follows:]

AMENDMENT TO H.R. 1298**OFFERED BY MR. PITTS**

Page 47, strike line 13 and that follows through line 20 and insert the following:

1 (d) ADDITIONAL REQUIREMENT.—In providing as-
2 sistance to organizations under section 104A of the For-
3 eign Assistance Act of 1961 (as added by subsection (a))
4 or under any other provision of this Act (or amendment
5 made by this Act) to prevent, treat, or monitor HIV/
6 AIDS, the Coordinator shall respect the views of any faith-
7 based organization participating in any of the activities
8 authorized to be carried out using such assistance relating
9 to matters of conscience that prohibit such organizations
10 from participating in any aspect of any program for which
11 funds are appropriated pursuant to this Act (or any
12 amendment by this Act), except that such abstention for
13 reason of conscience shall not preclude such organizations
14 from participating in other aspects of such programs.

Mr. PITTS. Thank you, Mr. Chairman.

This is a conscience clause amendment. Rightly or wrongly, some groups believe that providing condoms encourages promiscuity or wrongdoing. The Catholic Church, which may have a conscientious objection to distributing condoms, cares for one in four AIDS patients around the world. To deny them funding would be to ignore a crucial partner in the fight against AIDS.

This amendment acknowledges that faith-based organizations are most often the most effective in preventing the spread of HIV. It would provide protections for faith-based groups, like the Catho-

lic Church, who apply for Federal funds, but who object to distributing condoms as a form of HIV prevention.

This amendment is necessary because of discrimination experienced by faith-based organizations in their quest for Federal funding in the past. In 2001, the Boston Globe reported that USAID had begun a multimillion-dollar project in African mosques and churches partly in the hopes of overcoming religious obstacles to condom use.

USAID in Benin stated that "certain religious organizations present formidable obstacles to effective AIDS prevention activities. Catholicism, Islam and traditional religions all encourage behaviors that are in effect risky for HIV transmission."

So, despite their effectiveness in caring for millions with the disease and working to prevent the spread of it, USAID and other relief organizations continue to disregard the right of faith-based organizations to object to condom distribution. Rather than trying to work with religious organizations that are part of the culture, the public health community has chosen to circumvent them and, as a result, have put people's lives at risk.

This discrimination is unacceptable here at home. Why would we fund it with our money simply because it goes on overseas? The success in Uganda demonstrates the key role that faith-based organizations can play in HIV/AIDS prevention. Mission hospitals were among the first to develop AIDS care and support programs in Uganda. The Protestant Church of Uganda also organized a workshop for bishops and other religious leaders in 1991 and implemented an extensive AIDS education project in many dioceses.

Mainstream faith-based organizations wield enormous influence in Africa. Early and significant mobilization of Ugandan religious leaders and organizations resulted in their active participation in AIDS education and prevention activities. We should at least offer faith-based groups a level playing field when applying for Federal funds. To refuse to do so would ignore an effective part of the battle to save lives and defeat this disease.

So I urge this Committee to adopt this amendment.

Mr. ACKERMAN. If the gentleman would yield, I didn't understand something that Mr. Pitts said. Who did you say encouraged high-risk behavior? At the beginning of your statement, after citing Catholic Relief Services, you cited some groups or some entities as encouraging high-risk behavior. I wanted to know who it was you cited.

Mr. PITTS. I said in Benin, Catholicism, Islam and traditional religions, this is a quote by USAID in Benin, encourage behaviors that are in effect risky for HIV transmission. That is a close quote.

Mr. ACKERMAN. I am not sure that is accurate.

Mr. PITTS. That is a USAID in Benin statement.

Chairman HYDE. Mr. Lantos.

Mr. LANTOS. Thank you very much, Mr. Chairman.

I am opposed to the amendment offered by my friend from Pennsylvania.

Mr. Chairman, I stand in awe of the very valuable work done by the Catholic Church and its various organizations, both in my own congressional district, throughout the country and throughout the globe, and I am very sympathetic to some of the concerns raised

by Mr. Pitts related to matters of conscience. But I would like to note at the outset that I am deeply offended that the Pitts amendment only grants freedom of conscience to faith-based organizations, apparently on the assumption that representatives of other NGOs have no conscience or principles.

I believe it is critical that we acknowledge the conscience of all recipients of U.S. HIV/AIDS money. We must also ensure that the scarce resources are spent effectively and wisely.

I fully agree with Mr. Pitts that organizations should not be required to violate their principles or beliefs as they relate to HIV/AIDS in order to be eligible for U.S. funds. For instance, if a faith-based organization wants U.S. funds to carry out an abstinence only program, they should be eligible. Similarly, if an American NGO wants to use funds to carry out a condoms only program, that, too, should be allowed.

But I am very concerned that some groups will use the conscience clause offered by Mr. Pitts to implement programs which assertively undermine other approaches to HIV/AIDS prevention and treatment. I am also concerned that groups utilizing one approach to HIV/AIDS prevention and treatment will refuse to refer someone to another organization which offers a different method of HIV/AIDS prevention.

Mr. Chairman, it is critically important that organizations which receive HIV/AIDS funds from the United States work closely together and support each other's work. Abstinence only groups should not use U.S. funds to tell men and women in Ghana that condoms don't work and are morally wrong, and condoms only groups should not use U.S. funds to deny abstinence.

Recipients of U.S. HIV/AIDS money should not undermine approaches to HIV/AIDS that they do not utilize or do not endorse. Recipients must establish a mechanism by which individuals receiving services or information are made aware of other prevention strategies.

Mr. Chairman, we must ensure that organizations support each other's important work overseas in preventing HIV/AIDS transmission and that their respective clients understand all of the options available to them. We cannot afford to fund programs in the same country which tear each other down.

I strongly urge my colleagues to oppose the Pitts amendment.

Chairman HYDE. Mr. Leach.

Mr. LEACH. Mr. Chairman, I am very sympathetic both to the amendment and to what Mr. Lantos has just said, and I would only suggest that perhaps there is a little bit of a middle ground. I sense the amendment is something that will be very desirable in getting national consensus for this bill, and I don't think that should be underestimated.

I also believe that Mr. Lantos has very fair points. Perhaps a compromise would be to allow the amendment to go forward, and at the same time have report language which very clearly outlines some of the concerns that Mr. Lantos has raised, and to make it clear that there is a desire of the Congress that we not set up dichotomous programs, but we are trying to protect individuals and how they approach this issue.

But my strong sense is from hearing from a number of people that are very desirous of this bill going forward, who believe that unless we incorporate something like this, we might shatter some of the consensus that does exist in communities that might not otherwise be as supportive.

I think the points raised by my distinguished friend have a terrific degree of validity, but the underlying amendment also has some profoundness that the Committee cannot or should not ignore.

Mr. LANTOS. Will my friend yield?

Mr. LEACH. Of course.

Mr. LANTOS. As always, I deeply appreciate Congressman Leach's comments. I think we occasionally need to face the fact that some items are just not compromisable. I think this is one of those items.

On our part, we are more than prepared to give full authority to faith-based organizations to carry on their work which is effective and respected and admired in their own way, but we simply cannot assume that non-faith-based NGOs somehow are of a lower order of organization, of principle effectiveness. I am afraid Mr. Pitts' amendment, as much as I would like to see compromise, falls into that category.

I also agree with you there is a political issue to be considered here. I am very conscience of it, and I would like to accommodate it. But I would like to ask my good friend from Iowa what specific compromise he is offering, other than expressing his preference for a compromise solution?

Mr. LEACH. Well, my sense is, first of all, that, of course, you are right, that everybody working in this field are probably not only people of principle, of all the people in the world of enormous dedication and fashion and principle, and I don't think the author of the amendment, I am not he, but I think would never assert anything but that.

The compromise that I was suggesting is that we could put in report language a series of concerns about whether or not any recipient organization should preclude someone from going someplace else and to be very open and suggesting options that they might not personally wish to participate in, but to be open and honest in terms of referencing other options that might exist.

But I think that if we go in the direction of offending the conscience, for example, of a church that represents a quarter of the American people and an extraordinary number of people around the world, I think we are errant. I think if we allow the issue of conscience to be asserted in this kind of framework, which is, I believe in my own mind, extremely well-intended, and I don't think this is anything but a well-intended amendment, we probably would be assisting in getting this bill with the support of virtually all of the body and virtually all of the American communities of interest. To me that is a worthy goal.

Chairman HYDE. The gentlewoman from California, Ms. Lee.

Ms. LEE. Thank you, Mr. Chairman.

First let me say straight up that I oppose this amendment by Mr. Pitts, and I want to associate myself with the remarks of the gentleman from California, Mr. Lantos.

During the negotiations with regard to this bill—and I think, Mr. Leach, what we see now on page 47 in terms of the language that is in the base bill, this is the language that was negotiated by both sides. This is the consensus agreement. I hate to see us now, after discussing this for many weeks, begin to unravel what was agreed upon previously.

Specifically, the language as it is written is very clear in terms of the fact that discrimination cannot occur against any group, and it says also any organization that is eligible to receive this assistance shall not be required as a condition of receiving the assistance to endorse or utilize a multisector approach to combatting HIV/AIDS.

It is very clear the Catholic Church or any organization, an NGO who has or which has, we believe, a matter of conscience just as the Catholic Church does, would be able to do their work in the proper way that they so see fit.

So, after negotiating this and coming to this compromise, which everyone agreed upon, to me it is very disingenuous to begin to try to unravel these issues and this very delicate negotiation that has taken place, and I urge all Members to consider that as we move forward with this bill.

Chairman HYDE. The gentleman from Indiana, Mr. Pence.

Mr. PENCE. Mr. Chairman, I would be pleased to yield to the gentlewoman from Virginia for a moment or two.

Mrs. DAVIS. Mr. Chairman, I just had a question of Ms. Lee.

The way the language is written on page 47, are you saying the faith-based groups would be allowed to accept the money and not have to be forced to give out the condoms?

Ms. LEE. Absolutely. The way the language is written, the faith-based group could accept the money and provide the type of intervention that they so desire. That is why it says that this bill is not seen as a condition, and the way it is written, of receiving the assistance, and that we don't require them to endorse or utilize a multisectorial approach. It is very clear. That is why we wrote the bill the way we did, to take care of the concerns.

Mrs. DAVIS. I thank the gentlewoman.

Mr. PENCE. Reclaiming my time, I will be very brief, Mr. Chairman, in the interest of time.

I want to strongly support the Pitts amendment that would provide for this safe harbor. I think we have illustrated today during this markup, Mr. Chairman, that there is a bit of uncertainty about what the language, the agreed-upon language—and I don't remember being invited to that markup, but I understand how the process works—but the agreed-upon language from some prior meeting has arrived at.

But there is obviously confusion. I take the gentlewoman from California at her word, being the person of integrity that she is, that her intention here is to allow for organizations to participate under the act without having to compromise their conscience, and with particular reference to the Catholic Church.

While we sit on Capitol Hill, they are currently caring for one out of every four AIDS patients around the world. While we talk, they do, and making sure they continue to have the ability to do that

in a way consistent with their values I think is extremely important.

In closing, I would reflect, Mr. Chairman, on much of the dialogue that we had earlier today about another measure that was offered by the gentleman, Mr. Pitts, and we were told again and again that we are not to impose our values from the United States on people around the world. I think that this conscience clause is all about ensuring that we do not impose a view of or a value system on organizations that are deeply dedicated to helping the infirm.

With that, I yield back my time.

Chairman HYDE. Is there further discussion?

If not, the question occurs on the amendment offered by Mr. Pitts. The clerk will call the roll.

Ms. RUSH. Mr. Leach.

[No response.]

Ms. RUSH. Mr. Bereuter.

[No response.]

Ms. RUSH. Mr. Smith of New Jersey.

Mr. LEACH. Madam Clerk, did you hear me? I said aye.

Ms. RUSH. I am sorry. Mr. Leach votes yes.

Mr. Smith of New Jersey.

Mr. SMITH OF NEW JERSEY. Yes.

Ms. RUSH. Mr. Smith votes yes.

Mr. Burton.

[No response.]

Ms. RUSH. Mr. Gallegly.

[No response.]

Ms. RUSH. Ms. Ros-Lehtinen.

[No response.]

Ms. RUSH. Mr. Ballenger.

Mr. BALLENGER. Yes.

Ms. RUSH. Mr. Ballenger votes yes.

Mr. Rohrabacher.

[No response.]

Ms. RUSH. Mr. Royce.

Mr. ROYCE. Yes.

Ms. RUSH. Mr. Royce votes yes.

Mr. King.

Mr. KING. Yes.

Ms. RUSH. Mr. King votes yes.

Mr. Chabot.

Mr. CHABOT. Yes.

Ms. RUSH. Mr. Chabot votes yes.

Mr. Houghton.

Mr. HOUGHTON. No.

Ms. RUSH. Mr. Houghton votes no.

Mr. McHugh.

[No response.]

Ms. RUSH. Mr. Tancredo.

Mr. TANCREDO. Yes.

Ms. RUSH. Mr. Tancredo votes yes.

Mr. Paul.

Mr. PAUL. Yes.

Ms. RUSH. Mr. Paul votes yes.
Mr. Smith from Michigan.
[No response.]
Ms. RUSH. Mr. Pitts.
Mr. PITTS. Yes.
Ms. RUSH. Mr. Pitts votes yes.
Mr. Flake.
Mr. FLAKE. Yes.
Ms. RUSH. Mr. Flake votes yes.
Mrs. Davis.
Mrs. DAVIS. Yes.
Ms. RUSH. Mrs. Davis votes yes.
Mr. Green.
Mr. GREEN. Yes.
Ms. RUSH. Mr. Green votes yes.
Mr. Weller.
Mr. WELLER. Yes.
Ms. RUSH. Mr. Weller votes yes.
Mr. Pence.
Mr. PENCE. Yes.
Ms. RUSH. Mr. Pence votes yes.
Mr. McCotter.
Mr. McCOTTER. Yes.
Ms. RUSH. Mr. McCotter votes yes.
Mr. Janklow.
Mr. JANKLOW. Yes.
Ms. RUSH. Mr. Janklow votes yes.
Mrs. Harris.
Mrs. HARRIS. Yes.
Ms. RUSH. Mrs. Harris votes yes.
Ms. RUSH. Mr. Lantos.
Mr. LANTOS. No.
Ms. RUSH. Mr. Lantos votes no.
Mr. Berman.
Mr. BERMAN. No.
Ms. RUSH. Mr. Berman votes no.
Mr. Ackerman.
Mr. ACKERMAN. No.
Ms. RUSH. Mr. Ackerman votes no.
Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne.
Mr. PAYNE. No.
Ms. RUSH. Mr. Payne votes no.
Mr. Menendez.
Mr. MENENDEZ. No.
Ms. RUSH. Mr. Menendez votes no.
Mr. Brown.
Mr. BROWN. No.
Ms. RUSH. Mr. Brown votes no.
Mr. Sherman.
[No response.]
Ms. RUSH. Mr. Wexler.
Mr. WEXLER. No.

Ms. RUSH. Mr. Wexler votes no.
Mr. Engel.
Mr. ENGEL. No.
Ms. RUSH. Mr. Engel votes no.
Mr. Delahunt.
[No response.]
Ms. RUSH. Mr. Meeks.
Mr. MEEKS. No.
Ms. RUSH. Mr. Meeks votes no.
Ms. Lee.
Ms. LEE. No.
Ms. RUSH. Ms. Lee votes no.
Mr. Crowley.
Mr. CROWLEY. No.
Ms. RUSH. Mr. Crowley votes no.
Mr. Hoeffel.
Mr. HOFFEL. No.
Ms. RUSH. Mr. Hoeffel votes no.
Mr. Blumenauer.
Mr. BLUMENAUER. No.
Ms. RUSH. Mr. Blumenauer votes no.
Ms. Berkley.
Ms. BERKLEY. No.
Ms. RUSH. Ms. Berkley votes no.
Mrs. Napolitano.
Mrs. NAPOLITANO. No.
Ms. RUSH. Mrs. Napolitano votes no.
Mr. Schiff.
Mr. SCHIFF. No.
Ms. RUSH. Mr. Schiff votes no.
Ms. Watson.
Ms. WATSON. No.
Ms. RUSH. Ms. Watson votes no.
Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. No.
Ms. RUSH. Mr. Smith of Washington votes no.
Ms. McCollum.
Ms. MCCOLLUM. No.
Ms. RUSH. Ms. McCollum votes no.
Mr. Bell.
Mr. BELL. No.
Ms. RUSH. Mr. Bell votes no.
Chairman Hyde.
Chairman HYDE. Aye.
Ms. RUSH. Chairman Hyde votes yes.
Chairman HYDE. Mr. Sherman of California.
Mr. SHERMAN. I vote no.
Ms. RUSH. Mr. Sherman votes no.
Chairman HYDE. Mr. Rohrabacher.
Mr. ROHRABACHER. Votes yes.
Chairman HYDE. Mr. Nick Smith.
Mr. SMITH OF MICHIGAN. Yes.
Ms. RUSH. Mr. Rohrabacher votes yes.
Mr. Smith from Michigan votes yes.

Chairman HYDE. Mr. Bereuter.

Mr. BEREUTER. Mr. Chairman, I am voting yes.

Ms. RUSH. Mr. Bereuter votes yes.

Chairman HYDE. Have all voted who wish?

Mr. BERMAN. Mr. Chairman, am I recorded?

Chairman HYDE. Mr. Berman?

Ms. RUSH. You are recorded as voting no.

Mr. LANTOS. Mr. Chairman, how am I recorded?

Ms. RUSH. Mr. Lantos is recorded as voting no.

Mr. ACKERMAN. Mr. Chairman, how am I recorded?

Chairman HYDE. Was that Mr. Ackerman?

Mr. ACKERMAN. Yes.

Chairman HYDE. Mr. Delahunt.

Mr. DELAHUNT. How am I recorded, Mr. Chairman?

Chairman HYDE. I don't think you are recorded.

Mr. DELAHUNT. You are so perceptive. I would like to be recorded, Mr. Chairman.

Chairman HYDE. Very well. How would you like to be recorded?

Mr. DELAHUNT. I would like to be recorded in the negative.

Chairman HYDE. In the negative. If we have such a space on the paper.

Ms. RUSH. Mr. Delahunt votes no.

Mr. DELAHUNT. I will vote no, too.

Chairman HYDE. Have all voted who wish?

If so, the clerk will report.

Ms. RUSH. On this vote, there were 21 ayes and 23 noes.

Chairman HYDE. And the amendment is not agreed to.

The Chair recognizes for what is the final amendment, and so with great gusto I recognize Mr. Chris Smith.

Mr. SMITH OF NEW JERSEY. Thank you very much, Mr. Chairman. I will be brief, but I do think this is a very, very important amendment. It addresses two of the most heinous practices—

Chairman HYDE. If the gentleman withholds, the clerk will designate the amendment.

Ms. RUSH. Amendment offered by Mr. Smith of New Jersey. Page 47, after line 20—

Chairman HYDE. Without objection, further reading is dispensed with. The gentleman is recognized for 5 minutes in support of his amendment.

[The amendment offered by Mr. Smith of New Jersey follows:]

AMENDMENT TO H.R. 1298
OFFERED BY MR. SMITH OF NEW JERSEY

Page 47, after line 20, insert the following:

1 (f) LIMITATION.—No funds made available to carry
2 out this Act, or any amendment made to this Act, may
3 be used to provide assistance to any group or organization
4 that does not have a policy explicitly opposing prostitution
5 and sex trafficking.

Mr. SMITH OF NEW JERSEY. Thank you very much, Mr. Chairman.

This amendment recognizes two despicable practices, human trafficking and prostitution. Both practices that involve the severe degradation and exploitation of women, the literal rape of countless women around the globe.

The horrors of trafficking, Mr. Chairman, a form of modern-day slavery and prostitution, cannot be understated. I am very saddened to say that as many as 4 million people, mostly women, are bought and sold as forced prostitutes in our world, and millions more suffer in prostitution, usually with an MO in their own lifestyle and own life that is also a tragedy indeed. In addition to being demeaned and forcibly violated, many of these victims suffer from AIDS.

Unfortunately, reports show that human trafficking is on the rise in many African nations, and with this comes the spread of HIV and AIDS. We also know that the fear of HIV and AIDS has caused traffickers to seek younger and younger victims, since young girls are less likely to be infected with this dreaded disease. I was shocked and outraged to learn that in India, some of the trafficking victims are as young as 8 and 9 years old. Last summer I think Members of this Committee who were here for the hearing on the human trafficking report saw the video of dozens of these little girls in India being rescued from prison-like basement dwellings, and were outraged.

Although this comes as a shock to most Americans, in other parts of the world many officials in both government and the private sector who work on these issues feel that legalizing prostitution and focusing primarily on safe sex for victims of trafficking who are being raped every day is a solution. Some actually look at

prostitution as a workers' rights issue, and believe it is a legitimate form of employment. Those who advocate these approaches are doing, I would respectfully submit, a grave disservice to women, and it saddens me greatly that the value of women could be so demeaned.

As the prime sponsor of the Trafficking Victims Protection Act that was signed into law in 2000 by President Clinton, I believe that the United States should do everything within its power to combat and eliminate human trafficking and prostitution. By doing so, we will most certainly, as a direct consequence, mitigate the spread of HIV/AIDS.

My amendment, Mr. Chairman, is clear and simple. It states that no funds made available under this act may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.

It does not state that prostitutes and trafficked women should not be treated for AIDS. As a matter of fact, the underlying language in the bill on page 47—and I know there is a perfecting amendment, and it in fact does not perfect, it is a gutting amendment that may be offered momentarily—points out that nothing in this act shall be construed to preclude the provision to individuals of palliative treatment or postexposure pharmaceuticals, including the distribution of condoms, and it goes on, in brothels and places of that sort.

The issue that is before us today is whether or not we will provide money to organizations that seek the legalization of prostitution and also enable the traffickers, and stand side by side with the traffickers and, regrettably, enable them to enslave these women, whether or not we will provide the money to them.

If indeed there are going to be condom distributions in a brothel, which should be seen only as a short-term endeavor, those distributions should not be carried out by a group that is also comprised of the very slavers that have these women and will not let them go. That is an unseemly partnership.

The perfecting amendment that will be offered in a moment will do just that, completely gut this amendment, and I frankly find it outrageous that we would want to give money to an organization that does that kind of thing. We should find those, like the Red Cross, who are there to help and assist the victimized women who are enslaved by these traffickers, instead of standing toe to toe with the oppressor against the oppressed.

I yield back the balance of my time.

Mr. LANTOS. Mr. Chairman?

Chairman HYDE. Mr. Lantos.

Mr. LANTOS. Mr. Chairman, it pains me to no end to oppose an amendment of my dear friend from New Jersey. He and I respectively at various times as Chairman and Ranking Member of the Human Rights Subcommittee and as active members of the Human Rights Caucus have stood together against trafficking in women, and many of the issues my good friend has mentioned.

But I do not believe his amendment achieves the goal he seeks, and I have an amendment to the gentleman's amendment, and I ask for its immediate consideration.

Chairman HYDE. The clerk will designate the amendment.

Ms. RUSH. Amendment offered by Mr. Lantos to the amendment offered by Mr. Smith of New Jersey. Page 1, line 5—

Mr. LANTOS. I ask that the amendment be considered as read.

Chairman HYDE. Without objection, so ordered.

[The amendment to the amendment offered by Mr. Lantos follows:]

AMENDMENT OFFERED BY Lantos

TO THE AMENDMENT

OFFERED BY MR. SMITH OF NEW JERSEY

Page 1, line 5, add at the end the following new sentence: "Nothing in the preceding sentence shall be construed to preclude the provision of assistance to any group or organization for provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides."

Chairman HYDE. The gentleman is recognized for 5 minutes in support of his amendment.

Mr. LANTOS. Mr. Chairman, let me first say that none of us support prostitution as a choice for any person, and all of us strongly oppose sex trafficking. As my good friend from New Jersey knows, I have been a tireless opponent of trafficking in women and children, and we joined together during the last Congress to support the significant increase in U.S. antitrafficking programs.

My problem here is that the gentleman's amendment is overly broad and will lead to unintended consequences, and it upsets the careful balance in the Hyde en bloc amendments that we adopted earlier today.

The vast majority of organizations that will receive funding under this act have nothing to do with prostitution or sex trafficking. They provide HIV/AIDS assistance to rural villages and do not provide services to prostitutes or victims of sex trafficking. Asking them to adopt such a policy is nonsensical.

Moreover, some of these groups may have bylaws that prohibit them from adopting positions on specific policy matters. Many groups, particularly nations without freedom of speech, deliberately seek to stay out of political fights. The gentleman's amendment will cut off funding to such groups.

Finally, groups that work with prostitutes may have no policy one way or the other regarding the legalization of prostitution and may believe that explicitly adopting one may decrease their access to these vulnerable populations.

This amendment may consign victims of prostitution and sex trafficking to contracting HIV/AIDS and eventual death, and I truly believe that such language is singularly unhelpful.

I agree with my friend from New Jersey that we need to support programs to get them out of prostitution, that we need to prevent trafficking in women and children, we need to punish those elements of organized crime who perpetrate heinous abuses against women and children. In the meantime, however, we must try to prevent individuals from the life-threatening effects of HIV/AIDS. My good friend's amendment is likely to cut off groups that could save countless lives, countless lives among this extremely vulnerable population.

My substitute amendment provides that groups can still provide the necessary services to these extremely vulnerable populations. This language is identical to language already adopted unanimously by the Committee, and I hope that the author can accept this.

Thank you, Mr. Chairman.

Chairman HYDE. Is there further discussion?

Mr. SMITH OF NEW JERSEY. If I could just respond briefly?

Chairman HYDE. The gentleman from New Jersey.

Mr. SMITH OF NEW JERSEY. This language is not identical because it is gutting the language that is pending before this Committee, and the key difference is that the language offered by Mr. Hyde was adopted as a manager's amendment. You said that we are talking about individuals. Your amendment doesn't say groups or organizations in the way that our language does. So there is a difference.

Let me say to my colleagues, I hope this doesn't break down to a partisan vote if we are serious about ending the enabling collaboration and promotion of human trafficking and prostitution. Many organizations do believe that sex trafficking and especially prostitution are legitimate deals, and in many of the places, including the Netherlands, where mostly out-of-country women create about 5 percent of the GDP from this kind of activity, 80 percent of the women trafficked, and they are called legitimate prostitutes by the Dutch Government, are coming from other countries. They are not coming in there saying, I want to sign up for this. Many of them, we don't know the exact number, have been forcibly trafficked into this. There are groups that believe that prostitution ought to be legalized. In some countries like the Netherlands it is. We ought to be liberating these women, not legalizing their continued degradation.

I would just say to my colleague that when it comes to the amount of money that we want to provide, we are in solidarity. We

need to get this money out through an effective means to help all people at risk of AIDS. But helping a group that stands side by side with the traffickers and those who run the brothels is a grave mistake, and it will only continue under this perfecting amendment.

Mr. LANTOS. Will my friend yield?

Mr. SMITH OF NEW JERSEY. I will yield.

Mr. LANTOS. In a few minutes we will have a briefing on the Floor of the House. I think all of us have made up our minds on this issue. Let me just make one observation.

This is not a Democratic or Republican issue. Neither side nor any Member of this Committee has a higher moral ground than any other Member of this Committee. I think it is important we deal with this issue in a spirit of mutual respect for our various positions.

I ask for a vote, Mr. Chairman.

Chairman HYDE. The Chair would like to honor your request, if Ms. Lee will defer.

Would you defer?

Ms. LEE. I will defer if we are going to have a vote.

Chairman HYDE. Thank you very much.

The question occurs on the Lantos perfecting amendment to the Smith amendment. The clerk will call the roll.

Ms. RUSH. Mr. Leach.

Mr. LEACH. Yes.

Ms. RUSH. Mr. Leach votes yes.

Mr. Bereuter.

Mr. BEREUTER. No.

Ms. RUSH. Mr. Bereuter votes no.

Mr. Smith of New Jersey.

Mr. SMITH OF NEW JERSEY. No.

Ms. RUSH. Mr. Smith of New Jersey votes no.

Mr. Burton.

Mr. BURTON. No.

Ms. RUSH. Mr. Burton votes no.

Mr. Gallegly.

Mr. GALLEGLY. No.

Ms. RUSH. Mr. Gallegly votes no.

Ms. Ros-Lehtinen.

[No response.]

Ms. RUSH. Mr. Ballenger.

Mr. BALLENGER. No.

Ms. RUSH. Mr. Ballenger votes no.

Mr. Rohrabacher.

Mr. ROHRABACHER. No.

Ms. RUSH. Mr. Rohrabacher votes no.

Mr. Royce.

Mr. ROYCE. No.

Ms. RUSH. Mr. Royce votes no.

Mr. King.

Mr. KING. No.

Ms. RUSH. Mr. King votes no.

Mr. Chabot.

Mr. CHABOT. No.

Ms. RUSH. Mr. Chabot votes no.
Mr. Houghton.
Mr. HOUGHTON. No.
Ms. RUSH. Mr. Houghton votes no.
Mr. McHugh.
[No response.]
Ms. RUSH. Mr. Tancredo.
Mr. TANCREDO. No.
Ms. RUSH. Mr. Tancredo votes no.
Mr. Paul.
Mr. PAUL. No.
Ms. RUSH. Mr. Paul votes no.
Mr. Smith of Michigan.
[No response.]
Ms. RUSH. Mr. Pitts.
Mr. PITTS. No.
Ms. RUSH. Mr. Pitts votes no.
Mr. Flake.
Mr. FLAKE. No.
Ms. RUSH. Mr. Flake votes no.
Mrs. Davis.
Mrs. DAVIS. No.
Ms. RUSH. Mrs. Davis votes no.
Mr. Green.
Mr. GREEN. No.
Ms. RUSH. Mr. Green votes no.
Mr. Weller.
Mr. WELLER. No.
Ms. RUSH. Mr. Weller votes no.
Mr. Pence.
Mr. PENCE. No.
Ms. RUSH. Mr. Pence votes no.
Mr. McCotter.
Mr. McCOTTER. No.
Ms. RUSH. Mr. McCotter votes no.
Mr. Janklow.
[No response.]
Ms. RUSH. Mrs. Harris.
Mrs. HARRIS. No.
Ms. RUSH. Mrs. Harris votes no.
Mr. Lantos.
Mr. LANTOS. Yes.
Ms. RUSH. Mr. Lantos votes yes.
Mr. Berman.
Mr. BERMAN. Yes.
Ms. RUSH. Mr. Berman votes yes.
Mr. Ackerman.
Mr. ACKERMAN. Yes.
Ms. RUSH. Mr. Ackerman votes yes.
Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne.
Mr. PAYNE. Yes.
Ms. RUSH. Mr. Payne votes yes.

Mr. Menendez.
Mr. MENENDEZ. Yes.
Ms. RUSH. Mr. Menendez votes yes.
Mr. Brown.
Mr. BROWN. Yes.
Ms. RUSH. Mr. Brown votes yes.
Mr. Sherman.
[No response.]
Ms. RUSH. Mr. Wexler.
Mr. WEXLER. Yes.
Ms. RUSH. Mr. Wexler votes yes.
Mr. Engel.
Mr. ENGEL. Yes.
Ms. RUSH. Mr. Engel votes yes.
Mr. Delahunt.
Mr. DELAHUNT. Yes.
Ms. RUSH. Mr. Delahunt votes yes.
Mr. Meeks.
Mr. MEEKS. Yes.
Ms. RUSH. Mr. Meeks votes yes.
Ms. Lee.
Ms. LEE. Yes.
Ms. RUSH. Ms. Lee votes yes.
Mr. Crowley.
Mr. CROWLEY. Yes.
Ms. RUSH. Mr. Crowley votes yes.
Mr. Hoeffel.
Mr. HOEFFEL. Yes.
Ms. RUSH. Mr. Hoeffel votes yes.
Mr. Blumenauer.
Mr. BLUMENAUER. Yes.
Ms. RUSH. Mr. Blumenauer votes yes.
Ms. Berkley.
Ms. BERKLEY. Yes.
Ms. RUSH. Ms. Berkley votes yes.
Mrs. Napolitano.
Mrs. NAPOLITANO. Yes.
Ms. RUSH. Mrs. Napolitano votes yes.
Mr. Schiff.
Mr. SCHIFF. Yes.
Ms. RUSH. Mr. Schiff votes yes.
Ms. Watson.
Ms. WATSON. Yes.
Ms. RUSH. Ms. Watson votes yes.
Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. Yes.
Ms. RUSH. Mr. Smith of Washington votes yes.
Ms. McCollum.
Ms. MCCOLLUM. Yes.
Ms. RUSH. Ms. McCollum votes yes.
Mr. Bell.
[No response.]
Ms. RUSH. Chairman Hyde.
Chairman HYDE. No.

Ms. RUSH. Chairman Hyde votes no.
 Mr. Janklow.
 Mr. JANKLOW. No.
 Ms. RUSH. Mr. Janklow votes no.
 Chairman HYDE. Have all voted who wish?
 Mr. LANTOS. Mr. Chairman, how am I recorded?
 Ms. RUSH. Mr. Lantos is recorded as voting yes.
 Chairman HYDE. Mr. Chabot.
 Mr. CHABOT. I have already voted. I voted no.
 Chairman HYDE. He has voted no.
 Mr. BERMAN. Mr. Chairman, I was wondering if I could inquire how I am recorded.
 Chairman HYDE. How is the gentleman recorded?
 Ms. RUSH. Mr. Berman is recorded as voting yes.
 Ms. LEE. Mr. Chairman?
 Chairman HYDE. The gentlewoman from California.
 Ms. LEE. Mr. Chairman, how am I recorded?
 Ms. RUSH. Ms. Lee is recorded as voting yes.
 Mr. PAYNE. Mr. Chairman, how am I recorded?
 Ms. RUSH. Mr. Payne is recorded as voting yes.
 Mr. SMITH OF NEW JERSEY. Mr. Chairman, it is obvious they are delaying. I would ask that the Chairman call the vote.
 Chairman HYDE. Well, I would prefer to think they just have a collective memory lapse, but the clerk will report.
 Mr. MENENDEZ. Mr. Chairman?
 Chairman HYDE. The clerk will report.
 Who is seeking recognition? I can't recognize the voice.
 Mr. ACKERMAN. We are all part of that collective then.
 Chairman HYDE. I recognize the flower.
 Mr. ACKERMAN. Mr. Chairman, am I recorded?
 Chairman HYDE. I haven't the foggiest idea, but it is too late now.
 Could we have the count, please?
 Mr. ACKERMAN. I think I would like an answer to the question, Mr. Chairman.
 Chairman HYDE. Probably. You are probably recorded.
 Mr. ACKERMAN. Could I ask how I am recorded?
 Ms. RUSH. We are checking how he is recorded.
 Mr. ACKERMAN. Mr. Chairman, how am I recorded?
 Chairman HYDE. We are trying to find out.
 Mr. ACKERMAN. I think they are trying to do something else, Mr. Chairman.
 Ms. RUSH. You are recorded as voting yes.
 Mr. ACKERMAN. Thank you. I appreciate that.
 Chairman HYDE. Did you wish to change your vote?
 Mr. ACKERMAN. Well, maybe we can discuss it for a while.
 Chairman HYDE. The clerk will report.
 Ms. RUSH. The vote on this vote, there are 21 ayes and 22 noes.
 Chairman HYDE. And the Lantos perfecting amendment is not agreed to.
 The question occurs on the Smith amendment. All those in favor—
 Mr. BERMAN. Mr. Chairman, on the Smith amendment, could I ask a question of the author of the amendment?

Chairman HYDE. Surely.

Mr. BERMAN. I wonder if the author could tell me, is this an amendment that is in any way designed to restrict or limit the ability of an organization to provide AIDS treatment to someone who had been engaged in prostitution?

Mr. SMITH OF NEW JERSEY. The purpose of this is,—and the language that immediately preceded my amendment makes it clear—that the money provided in the bill would help women who perhaps are in a brothel, through condom distribution within that venue. But we are asking that organizations that seek to provide that kind of assistance make it clear that they are not trying to legalize prostitution or legalize sex trafficking, which is obviously a heinous practice.

Mr. BERMAN. But in no way would it limit the assistance because they were trying to provide assistance to people, to women, in that situation.

Mr. SMITH OF NEW JERSEY. As I just stated, that is what it would do.

Mr. BERMAN. There is no restriction—there may be a restriction on who can get the money, but there is no restriction on who can get the assistance?

Mr. SMITH OF NEW JERSEY. The organizations are the ones that would be precluded funding under this bill pursuant to this language.

Mr. BERMAN. Not because—

Chairman HYDE. The Chair has indulged this.

Mr. BERMAN. Let me just, I really—

Chairman HYDE. Go ahead.

Mr. BERMAN. I am just trying to understand. It is not a limitation on the organization receiving money because they are trying to provide assistance to this group of people. It is about what their policy is.

Mr. SMITH OF NEW JERSEY. Exactly.

Chairman HYDE. The question occurs on the Smith amendment. All those in favor, say aye.

Opposed, nay.

Well, in the opinion of the Chair, ayes have it.

Mr. LANTOS. I request a recorded vote.

Chairman HYDE. The clerk will call the roll.

Ms. RUSH. Mr. Leach.

Mr. LEACH. Yes.

Ms. RUSH. Mr. Leach votes yes.

Mr. Bereuter.

Mr. BEREUTER. Yes.

Ms. RUSH. Mr. Bereuter votes yes.

Mr. Smith of New Jersey.

Mr. SMITH OF NEW JERSEY. Yes.

Ms. RUSH. Mr. Smith of New Jersey votes yes.

Mr. Burton.

Mr. BURTON. Yes.

Ms. RUSH. Mr. Burton votes yes.

Mr. Gallegly.

Mr. GALLEGLY. Yes.

Ms. RUSH. Mr. Gallegly votes yes.

Ms. Ros-Lehtinen.
[No response.]
Ms. RUSH. Mr. Ballenger.
Mr. BALENGER. Yes.
Ms. RUSH. Mr. Ballenger votes yes.
Mr. Rohrabacher.
Mr. ROHRABACHER. Yes.
Ms. RUSH. Mr. Rohrabacher votes yes.
Mr. Royce.
Mr. ROYCE. Yes.
Ms. RUSH. Mr. Royce votes yes.
Mr. King.
Mr. KING. Yes.
Ms. RUSH. Mr. King votes yes.
Mr. Chabot.
Mr. CHABOT. Yes.
Ms. RUSH. Mr. Chabot votes yes.
Mr. Houghton.
Mr. HOUGHTON. Yes.
Ms. RUSH. Mr. Houghton votes yes.
Mr. McHugh.
[No response.]
Ms. RUSH. Mr. Tancredo.
Mr. TANCREDO. Yes.
Ms. RUSH. Mr. Tancredo votes yes.
Mr. Paul.
Mr. PAUL. Yes.
Ms. RUSH. Mr. Paul votes yes.
Mr. Smith of Michigan.
Mr. SMITH OF MICHIGAN. Yes.
Ms. RUSH. Mr. Smith of Michigan votes yes.
Mr. Pitts.
Mr. PITTS. Yes.
Ms. RUSH. Mr. Pitts votes yes.
Mr. Flake.
Mr. FLAKE. Yes.
Ms. RUSH. Mr. Flake votes yes.
Mrs. Davis.
Mrs. DAVIS. Yes.
Ms. RUSH. Mrs. Davis votes yes.
Mr. Green.
Mr. GREEN. Yes.
Ms. RUSH. Mr. Green votes yes.
Mr. Weller.
Mr. WELLER. Yes.
Ms. RUSH. Mr. Weller votes yes.
Mr. Pence.
Mr. PENCE. Yes.
Ms. RUSH. Mr. Pence votes yes.
Mr. McCotter.
Mr. MCCOTTER. Yes.
Ms. RUSH. Mr. McCotter votes yes.
Mr. Janklow.
Mr. JANKLOW. Yes.

Ms. RUSH. Mr. Janklow votes yes.
Mrs. Harris.
Mrs. HARRIS. Yes.
Ms. RUSH. Mrs. Harris votes yes.
Mr. Lantos.
Mr. LANTOS. I pass.
Ms. RUSH. Mr. Lantos passes.
Mr. Berman.
Mr. BERMAN. No.
Ms. RUSH. Mr. Berman votes no.
Mr. Ackerman.
Mr. ACKERMAN. I believe I am going to pass for now and think
this over for a while.
Ms. RUSH. Mr. Ackerman passes.
Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne?
Mr. PAYNE. Following the gentleman from New York, I will think
it over and pass.
Ms. RUSH. Mr. Payne passes.
Mr. Menendez?
Mr. MENENDEZ. Pass.
Ms. RUSH. Mr. Menendez passes.
Mr. Brown?
[No response.]
Ms. RUSH. Mr. Sherman.
[No response.]
Ms. RUSH. Mr. Wexler.
Mr. WEXLER. No.
Ms. RUSH. Mr. Wexler votes no.
Mr. Engel.
[No response.]
Ms. RUSH. Mr. Delahunt.
Mr. DELAHUNT. Pass.
Ms. RUSH. Mr. Delahunt passes.
Mr. Meeks.
Mr. MEEKS. Pass.
Ms. RUSH. Mr. Meeks passes.
Ms. Lee?
Ms. LEE. Pass.
Ms. RUSH. Ms. Lee passes.
Mr. Crowley.
Mr. CROWLEY. Pass.
Ms. RUSH. Mr. Crowley passes.
Mr. Hoeffel.
Mr. HOFFFEL. Pass.
Ms. RUSH. Mr. Hoeffel passes.
Mr. Blumenauer.
Mr. BLUMENAUER. No.
Ms. RUSH. Mr. Blumenauer votes no.
Ms. Berkley.
[No response.]
Ms. RUSH. Mrs. Napolitano.
Mrs. NAPOLITANO. Pass.

Ms. RUSH. Mrs. Napolitano passes.
Mr. Schiff.
Mr. SCHIFF. Pass.
Ms. RUSH. Mr. Schiff passes.
Ms. Watson.
Ms. WATSON. No.
Ms. RUSH. Ms. Watson passes.
Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. No.
Ms. RUSH. Mr. Smith of Washington votes no.
Ms. McCollum.
Ms. MCCOLLUM. No.
Ms. RUSH. Ms. McCollum votes no.
Mr. Bell.
Mr. BELL. No.
Ms. RUSH. Mr. Bell votes no.
Chairman Hyde.
Chairman HYDE. Yes.
Ms. RUSH. Chairman Hyde votes yes.
Chairman HYDE. Have all voted who wish?
Mr. MENENDEZ. Mr. Chairman, how am I recorded?
Mr. SHERMAN. I wish to vote.
Chairman HYDE. Who wishes to vote?
Mr. Engel?
Mr. ENGEL. Thank you, Mr. Chairman. I vote no.
Ms. RUSH. Mr. Engel votes no.
Chairman HYDE. Mr. Crowley.
Mr. CROWLEY. No.
Ms. RUSH. Mr. Crowley votes no.
Chairman HYDE. Ms. Lee.
Ms. LEE. No.
Ms. RUSH. Ms. Lee votes no.
Chairman HYDE. Mr. Meeks.
Mr. MEEKS. No.
Ms. RUSH. Mr. Meeks votes no.
Chairman HYDE. Mr. Delahunt.
Mr. DELAHUNT. No.
Ms. RUSH. Mr. Delahunt votes no.
Chairman HYDE. Mr. Hoeffel.
Mr. HOEFFEL. No.
Ms. RUSH. Mr. Hoeffel votes no.
Chairman HYDE. Mr. Brown.
Mr. BROWN. Could you tell me how I am recorded?
Ms. RUSH. Mr. Brown is not recorded.
Mr. BROWN. I vote no.
Ms. RUSH. Mr. Brown votes no.
Chairman HYDE. Mr. Lantos.
Mr. LANTOS. I also vote no, Mr. Chairman.
Ms. RUSH. Mr. Lantos votes no.
Chairman HYDE. Mr. Payne.
Mr. PAYNE. No.
Ms. RUSH. Mr. Payne votes no.
Chairman HYDE. I see an arm. Mr. Menendez.
Mr. MENENDEZ. No.

Ms. RUSH. Mr. Menendez votes no.
 Chairman HYDE. Ms. Berkley.
 Ms. BERKLEY. No.
 Ms. RUSH. Ms. Berkley votes no.
 Chairman HYDE. Mr. Sherman.
 Mr. SHERMAN. No.
 Ms. RUSH. Mr. Sherman votes no.
 Chairman HYDE. Mr. Schiff.
 Mr. SCHIFF. No.
 Ms. RUSH. Mr. Schiff votes no.
 Chairman HYDE. Mrs. Napolitano.
 Mrs. NAPOLITANO. No.
 Ms. RUSH. Mrs. Napolitano votes no.
 Chairman HYDE. Mr. Ackerman.
 Mr. ACKERMAN. No.
 Ms. RUSH. Mr. Ackerman votes no.
 Chairman HYDE. The clerk will report.
 Ms. RUSH. On this vote there are 24 ayes and 22 noes.
 Chairman HYDE. And the amendment is agreed to.
 The question occurs on the motion to report the bill H.R. 1298 favorably as amended. All in favor, say aye.
 Opposed, nay.
 The ayes have it, and the motion to report favorably is adopted.
 Without objection—
 Mr. LEACH. Mr. Chairman, I request a recorded vote.
 Chairman HYDE. A recorded vote has been requested. The clerk will call the roll.
 Ms. RUSH. Mr. Leach.
 Mr. LEACH. Yes.
 Ms. RUSH. Mr. Leach votes yes.
 Mr. Bereuter.
 Mr. BEREUTER. Yes.
 Ms. RUSH. Mr. Bereuter votes yes.
 Mr. Smith of New Jersey.
 Mr. SMITH OF NEW JERSEY. Yes.
 Ms. RUSH. Mr. Smith of New Jersey votes yes.
 Mr. Burton.
 Mr. BURTON. Yes.
 Ms. RUSH. Mr. Burton votes yes.
 Mr. Gallegly.
 Mr. GALLEGLY. Yes.
 Ms. RUSH. Mr. Gallegly votes yes.
 Ms. Ros-Lehtinen.
 [No response.]
 Ms. RUSH. Mr. Ballenger.
 Mr. BALENGER. Yes.
 Ms. RUSH. Mr. Ballenger votes yes.
 Mr. Rohrabacher.
 [No response.]
 Ms. RUSH. Mr. Royce.
 Mr. ROYCE. Yes.
 Ms. RUSH. Mr. Royce votes yes.
 Mr. King.
 Mr. KING. Yes.

Ms. RUSH. Mr. King votes yes.
Mr. Chabot.
Mr. CHABOT. Pass.
Ms. RUSH. Mr. Chabot passes.
Mr. Houghton.
Mr. HOUGHTON. Yes.
Ms. RUSH. Mr. Houghton votes yes.
Mr. McHugh.
[No response.]
Ms. RUSH. Mr. Tancredo.
Mr. TANCREDO. Pass.
Ms. RUSH. Mr. Tancredo passes.
Mr. Paul.
Mr. PAUL. No.
Ms. RUSH. Mr. Paul votes no.
Mr. Smith of Michigan.
Mr. SMITH OF MICHIGAN. No.
Ms. RUSH. Mr. Smith of Michigan votes no.
Mr. Pitts.
Mr. PITTS. No.
Ms. RUSH. Mr. Pitts votes no.
Mr. Flake.
Mr. FLAKE. No.
Ms. RUSH. Mr. Flake votes no.
Mrs. Davis.
Mrs. DAVIS. No.
Ms. RUSH. Mrs. Davis votes no.
Mr. Green.
Mr. GREEN. Yes.
Ms. RUSH. Mr. Green votes yes.
Mr. Weller.
Mr. WELLER. Yes.
Ms. RUSH. Mr. Weller votes yes.
Mr. Pence.
Mr. PENCE. No.
Ms. RUSH. Mr. Pence votes no.
Mr. McCotter.
Mr. McCOTTER. Yes.
Ms. RUSH. Mr. McCotter votes yes.
Mr. Janklow.
Mr. JANKLOW. Yes.
Ms. RUSH. Mr. Janklow votes yes.
Mrs. Harris.
Mrs. HARRIS. Yes.
Ms. RUSH. Mrs. Harris votes yes.
Mr. Lantos.
Mr. LANTOS. Yes.
Ms. RUSH. Mr. Lantos votes yes.
Mr. Berman.
Mr. BERMAN. Yes.
Ms. RUSH. Mr. Berman votes yes.
Mr. Ackerman.
Mr. ACKERMAN. Yes.
Ms. RUSH. Mr. Ackerman votes yes.

Mr. Faleomavaega.
[No response.]
Ms. RUSH. Mr. Payne.
Mr. PAYNE. Yes.
Ms. RUSH. Mr. Payne votes yes.
Mr. Menendez.
Mr. MENENDEZ. Yes.
Ms. RUSH. Mr. Menendez votes yes.
Mr. Brown.
Mr. BROWN. Yes.
Ms. RUSH. Mr. Brown votes yes.
Mr. Sherman.
Mr. SHERMAN. Yes.
Ms. RUSH. Mr. Sherman votes yes.
Mr. Wexler.
Mr. WEXLER. Yes.
Ms. RUSH. Mr. Wexler votes yes.
Mr. Engel.
Mr. ENGEL. Yes.
Ms. RUSH. Mr. Engel votes yes.
Mr. Delahunt.
Mr. DELAHUNT. Yes.
Ms. RUSH. Mr. Delahunt votes yes.
Mr. Meeks.
Mr. MEEKS. Yes.
Ms. RUSH. Mr. Meeks votes yes.
Ms. Lee.
Ms. LEE. Yes.
Ms. RUSH. Ms. Lee votes yes.
Mr. Crowley.
Mr. CROWLEY. Yes.
Ms. RUSH. Mr. Crowley votes yes.
Mr. Hoeffel.
Mr. HOFFEL. Yes.
Ms. RUSH. Mr. Hoeffel votes yes.
Mr. Blumenauer.
[No response.]
Ms. RUSH. Ms. Berkley.
Ms. BERKLEY. Yes.
Ms. RUSH. Ms. Berkley votes yes.
Mrs. Napolitano.
Mrs. NAPOLITANO. Yes.
Ms. RUSH. Mrs. Napolitano votes yes.
Mr. Schiff.
Mr. SCHIFF. Yes.
Ms. RUSH. Mr. Schiff votes yes.
Ms. Watson.
Ms. WATSON. Yes.
Ms. RUSH. Ms. Watson votes yes.
Mr. Smith of Washington.
Mr. SMITH OF WASHINGTON. Yes.
Ms. RUSH. Mr. Smith of Washington votes yes.
Ms. McCollum.
Ms. MCCOLLUM. Yes.

Ms. RUSH. Ms. McCollum votes yes.

Mr. Bell.

Mr. BELL. Yes.

Ms. RUSH. Mr. Bell votes yes.

Chairman Hyde.

Chairman HYDE. Yes.

Ms. RUSH. Chairman Hyde votes yes.

Chairman HYDE. Mr. Chabot.

Mr. CHABOT. No.

Ms. RUSH. Mr. Chabot votes no.

Chairman HYDE. Does anyone else wish to be recorded?

Mr. TANCREDO. I vote no.

Ms. RUSH. Mr. Tancredo votes no.

Chairman HYDE. The clerk will report.

Mr. Rohrabacher would like to be recorded.

Mr. ROHRABACHER. Aye.

Ms. RUSH. Mr. Rohrabacher votes yes.

Chairman HYDE. Now the clerk will report.

Ms. RUSH. On this vote there are 37 ayes and 8 noes.

Chairman HYDE. The motion to report favorably is adopted, and, without objection, the Chairman is authorized to move to go to conference pursuant to House rule XXII. Without objection, the staff is directed to make any technical and conforming changes. And without objection, the bill will be reported favorably to the House in the form of a single amendment in the nature of a substitute incorporating the amendments adopted here today.

I thank you very much for a very good day's work. The Committee stands adjourned.

[Whereupon, at 4:08 p.m., the Committee was adjourned.]

A P P E N D I X

MATERIAL SUBMITTED FOR THE HEARING RECORD

PREPARED STATEMENT OF THE HONORABLE JOSEPH R. PITTS, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. Chairman, thank you for the opportunity to address this most urgent matter. President Bush outlined his vision to meet the AIDS pandemic head on. I am pleased that we have acted quickly to develop a plan for combating this global health crisis. I am concerned however about the way this bill goes about fighting AIDS. As it stands, this bill will not make progress against this epidemic.

While it provides the full \$15 billion of the President's request, it does not stick to the President's priorities for this funding. It does not provide adequate oversight of taxpayer funds. And it does not give support to organizations and groups that are most effective in battling this disease. It seems to me that we should use this \$15 billion of taxpayer money to fund programs that actually work and save lives.

It is of vital importance, Mr. Chairman, that we take a clear stand on the behavior that encourages the spread of AIDS. This bill must make sure that taxpayer money is not made available to *any* group that supports, legitimizes, or facilitates prostitution, sex trafficking, or needle exchange programs. Groups that promote these ideas don't help—they only make the behavior that spreads this disease more common. They must be stopped.

Mr. Chairman, instead of funding these failed schemes of the past, H.R. 1298 should contain a provision giving priority for funding to abstinence programs. This is what has worked and will continue to work *better than* the social marketing of condoms. In Uganda this strategy has worked. Look at the facts. In the 1980s, Uganda instituted what we know as the ABC program—abstinence before marriage, being faithful to one partner, and then condoms only if A and B are not practiced.

As you can see from my chart, the Uganda model has produced remarkable results. HIV infection rates have plunged from 21 percent to 6 percent since 1991. The success caused Dr. Edward Green, a senior research scientist at Harvard University, to remark on the program that, "Many of us in the AIDS and public health communities didn't believe that abstinence or delay, and faithfulness, were realistic goals. *It now seems we were wrong.*"

By contrast, in Kenya, a country that has not adopted the ABC approach to the disease, the HIV infection rate has risen dramatically. As you can see, Uganda's strategy works, while Kenya's commitment to the failed policy of condom distribution continues to cause AIDS deaths.

The countries in Africa which have the highest levels of condom availability relative to male population like South Africa and Kenya have some of the highest HIV prevalence rates in the world. A 2003 USAID review of condom effectiveness concluded that, "There are no definite examples yet of generalized epidemics that have been turned back by prevention programs based primarily on condom promotion." The success of the Uganda program prompted the USAID administrator, Andrew Natsios, to declare the priorities of the ABC program official United States policy on December 24, 2002. Adoption of this legal requirement would change the prevention paradigm in a way that reflects science, the President's priorities, and the success of the ABC program in Uganda and elsewhere. This is what works, Mr. Chairman.

Uganda's program captures much of what faith-based organizations on the front line of the war against AIDS have said for years. The Catholic Church alone, for example, cares for 1 in 4 AIDS patients worldwide. But many of these organizations do *not* believe condom distribution will reduce HIV infection rates. AIDS funding should not discriminate against these groups. H.R. 1298 mentions conscience objec-

tions but does not explicitly protect organizations against discrimination for federal AIDS funding because of their beliefs.

In addition to providing conscience protection for faith-based groups we must set clear priorities for where this money needs to go. Prioritization of funding will accomplish this goal. Binding percentages—55% for treatment, 15% for palliative care, and 20% for prevention—will help us maintain oversight of this funding and get money to those who need it most. These binding percentages will guard against tampering by groups who wish to exploit this program and steer funding from life-saving strategies that work to the deadly schemes of the past.

Mr. Chairman, I am also particularly concerned about the funding this bill provides for The Global Fund. The Fund has no accountability to American taxpayers or to the American government. And I am concerned about what practices this money goes to support in rogue regimes like North Korea and Sudan.

The bill mandates that the United States can fund up to 33% of The Fund's budget, or up to \$1 billion, and allows the President to waive this percentage as he sees fit. Until the Fund can adequately account for its use of taxpayer funds, we should not consider funding more than 25% of the Fund's budget or as the President suggested—\$200 million.

In conclusion, Mr. Chairman, I'd like to urge the committee to adopt a strategy for fighting this global health crisis that works, sticks to the President's priorities, and ensures that taxpayer money gets to where it needs to go.

PREPARED STATEMENT OF THE HONORABLE BARBARA LEE, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF CALIFORNIA

Thank you very much Mr. Chairman. Let me just congratulate you personally for the dedication that you have demonstrated in pushing this bill to markup today, and for making it one of your top priorities in this Congress. It has been a pleasure working with you, and Ranking Member Lantos, and Congressman Leach on this extremely important issue over the last several years, and I want to thank the staff on both sides of the aisle for their diligent work.

Together we have forged a collective effort, building upon the work that began back in 1998 when my friend and colleague, former Congressman Ron Dellums and AIDS activists approached us with an idea about how best to address the emerging Global AIDS pandemic. Introduced as legislation in 1999, the AIDS Marshall Plan for Africa represented the first major Congressional effort to deal with this horrendous disease on a global scale.

This initial plan was refined with the leadership of my good friend, Congressman Jim Leach, into the World Bank AIDS Trust Fund, which provided a framework for the creation of an international trust fund with the important ability to leverage funding from a variety of sources to combat the AIDS crisis. This language was embodied in the Global AIDS and Tuberculosis Relief Act of 2000, which was signed into law by President Clinton in July of 2000.

Our bill laid out the rationale and the framework for a Global Fund, dedicated to fighting the AIDS pandemic. This framework was taken up by Secretary General Kofi Annan in 2001, when he formally called for the establishment of the Global Fund to Fight AIDS Tuberculosis and Malaria. This was a major achievement, and a turning point for the international community in our battle against this horrendous pandemic.

As you all know, last year we came very close to passing a comprehensive AIDS bill into law. And while we were ultimately unsuccessful, we learned a lot from last year's experience. I am very glad that this year we picked up from where we left off, with the same kind of dedication to crafting a bi-partisan piece of legislation that everyone in the AIDS community could support.

The bill that we are marking up today does just that, and will go a long way not only towards preventing the growth and spread of the AIDS, Tuberculosis and Malaria pandemics, but also to help the millions of people who are already suffering and dying, and who currently have little to no hope for the future. This bill provides a multi-faceted approach to dealing with these epidemics, from prevention, to treatment, to palliative care, to vaccine research, to a variety of worthwhile pilot programs.

Perhaps most importantly, it also provides support for multilateral institutions like the Global Fund to Fight AIDS, TB and Malaria, so that we can leverage the commitment that we have made to defeating these diseases with funding from other donor nations and the private sector. And now with the recent election of Health and Human Services Secretary Tommy Thompson as the Chairman of the Executive

Board of the Global Fund, it makes even more sense for us to provide a significant contribution this year.

I know that Secretary Thompson understands the depth and breadth of this horrible disease because we traveled together to Southern Africa in 2001, where we witnessed the devastation to families and communities that AIDS has caused.

Even armed with this experience, Secretary Thompson can only be effective if he has the proper support from the Congress and the Administration. As the chief fundraiser for the Global Fund, Secretary Thompson cannot go around challenging other countries to donate more money when we fail to provide our own fair share.

We all know the statistics, and we are all aware of the devastation that AIDS has caused and the dire projections of the potential devastation the world will face, if we ignore this pandemic. The fact of the matter is that there is no other single issue which has the power and reach to affect every single person in our world more so than HIV/AIDS.

Mr. Chairman I commend you again for your work, and I encourage my colleagues to vote for this bill and to push for its speedy consideration on the House floor so that we can finally begin to provide the kind of resources that are necessary to defeating this truly global pandemic.

PREPARED STATEMENT OF THE HONORABLE JOSEPH CROWLEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Thank you Mr. Chairman and Ranking Member Lantos for holding this important markup.

I would like to voice my strong support of the United States Leadership Against HIV/AIDS, Malaria and Tuberculosis Act of 2003. Make no mistake this bill is a big step in the right direction.

This bill means more help for those infected with HIV and AIDS. It means more hope for those whose children are dying from malaria. It means that fewer families will live in fear of tuberculosis.

This bill is a true victory. But we must take steps to insure that what the bill stands for—protecting the health of individuals around the world—is also protected. And that is why we must see that this bill is not the end to the debate, but, rather, a step in the right direction.

The prevention and treatment of these diseases requires funding. But, of course, it requires even more. It requires accurate information, cultural sensitivity, rapid response. It requires real dedication.

We need to know how this funding will be spent and where; just giving drugs to those infected will not help anyone. We need to look into the areas hardest hit as well as infrastructure, political, and educational deficiencies in those cultures affected.

This is not an attack on the Sub-Saharan Africa. In fact, in the United States during the past 20 years, we have undergone a societal introspection among the most infected, especially among those who were the earliest victims. We also had an educational and political transformation in our country. A transformation that is still ongoing.

But even as I express my support for the legislation, unfortunately, the recent past has shown us that the intent of this bill is being threatened by many who profess to support it. This bill is finally a step in the right direction for an Administration that has removed information from government web sites providing accurate information about condom effectiveness and opposed language in international documents promoting “consistent condom use” as a method to prevent the spread of HIV/AIDS.

This bill is a step in the right direction for an Administration that refused to release \$34 million in UNFPA funding even after the President’s own blue ribbon team found no justification to hold up this money.

This is an Administration that has sought to apply the Global Gag Rule to HIV/AIDS, Malaria and Tuberculosis assistance. This is an Administration that fought for the Global Gag Rule for Family Planning Assistance. This is an Administration that must be watched closely.

Thus, while President Bush has supported the authorization of \$15 billion over five years, I am sadly skeptical that he will support the full appropriation of this funding. I fear that this funding will come directly from the existing Global Fund to Fight AIDS, Tuberculosis, and Malaria, funded at \$725 million in 2003—meaning little new real money.

Nonetheless, I am pleased that this important piece of legislation is being marked up. If this bill survives, it will mean real hope for countless people around the world. I only hope that what this bill stands for survives as well. Thank you.

PREPARED STATEMENT OF THE HONORABLE EARL BLUMENAUER, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF OREGON

Passage of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, is a commendable achievement. Passage of this bill is proof of the important work that can be accomplished when we work together in a bipartisan manner. The administration should also be praised for putting forth a proposal to address the HIV/AIDS epidemic.

Addressing the AIDS epidemic and these other diseases will play a critical role not just in improving health around the world, but will boost economies and stabilize communities and regions that are being devastated. This will likely help us as we attempt to alleviate global issues of health, safety, and security that affect us here at home.

PREPARED STATEMENT OF THE HONORABLE ADAM B. SCHIFF, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Chairman, thank you for the opportunity to mark up this important legislation that will enable us to effectively combat the global scourges of HIV/AIDS, tuberculosis, and malaria. I am grateful for the leadership of the Chairman in authoring this bill, as well as for the leadership of my colleagues Mr. Lantos, Mr. Weldon, Ms. Lee, and Mr. Leach as the original cosponsors.

This legislation enables the United States to take a strong leadership role to ameliorate, and, we hope, ultimately to eradicate one of the most devastating diseases that man has ever encountered. We count the victims of HIV/AIDS in the tens and hundreds of millions, worldwide. It is a disease that affects men and women, adults and children. Its impact is most devastating on the poorest, those with the least capacity to deal with the ravages of this disease or to act effectively to prevent its spread. By affecting so many millions across societal cross-sections, this disease presents a humanitarian crisis of unprecedented magnitude. Furthermore, the HIV/AIDS pandemic is a potentially destabilizing force that presents a grave threat to international security.

The African nations have been especially hard hit by the epidemic of HIV/AIDS and other diseases. Together, HIV/AIDS, tuberculosis, malaria, and related diseases are undermining agricultural production throughout Africa—aggravating disease with hunger.

This bill will address these global problems by authorizing \$15 billion to combat HIV/AIDS, tuberculosis, and malaria, through a comprehensive five-year integrated strategy. This legislation will use these funds effectively by promoting inter-agency coordination, supporting the expansions of public/private partnerships, and using targeted programs that will especially benefit children and families affected by HIV/AIDS.

Of course we must continue to work aggressively to combat the spread of this disease here in the United States and to continue our efforts to research a cure and to aid our own countrymen afflicted with this terrible illness.

I am proud to be a co-sponsor of this vital legislation to attack one of the most significant threats to global health and I urge my colleagues to support this bill.

