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U.S. HOUSE OF REPRESENTATIVES

Committee on Banking and Financial Services
Room 2129, Rayburn House Office Building
WASHINGTON, D.C. 20515

Date

3-20-00

Referred to

Sandra Thurman

Attached is a transcript of your remarks given before the Committee.

Listed below are the pages on which your remarks begin (and may continue on the next or succeeding pages). Please indicate any corrections thereon, make corrections legible, attach all insert or supplemental information to the proper page or pages to which it is to appear.

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See pages

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75-78; 84-85; 89-90

hearings

REPRESENTATIVES



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1 | Miller Reporting Co., Inc.

2 | HEARING ON THE GLOBAL AIDS CRISIS AND

3 | PANDEMIC IN AFRICA: H.R. 3519, THE WORLD

4 | BANK AIDS PREVENTION TRUST FUND ACT

5 | Wednesday, March 8, 2000

6 | House of Representatives,

7 | Committee on Banking and Financial Services,

8 | Washington, D.C.

9 | The committee met, pursuant to call, at 9:45 a.m., in
10 | Room 2128, Rayburn House Office Building, Hon. James A. Leach
11 | [chairman of the committee] presiding.

12 | Present: Representatives Leach, Castle, Lucas, Ryun,
13 | Biggert, Terry, LaFalce, Frank, Maloney of New York, Bentsen,
14 | Carson, Weygand, Lee, Inslee, Schakowsky, and Moore.

820 | STATEMENT OF SANDRA L. THURMAN

821 | Ms. THURMAN. Thank you, Mr. Chairman, members of the
822 | committee. I am delighted to be with you today, to have the
823 | opportunity to talk about the global AIDS pandemic with a
824 | special focus on AIDS in Africa. Your leadership and your
825 | commitment to addressing this crisis is very much appreciated
826 | and, it goes without saying, very much needed.

827 | I would like to use my time with you today to lay out a
828 | vivid picture of the scope of this tragedy, particularly as
829 | it impacts the stability of families and communities and, in
830 | many instances, nations. I would like to share with you some
831 | of my personal experiences with the faces behind these
832 | shocking facts, and I would like to outline for you some key
833 | components of our enhanced administration response to this
834 | global pandemic.

835 | By any and every measure, AIDS is indeed a plague of
836 | **B**iblical proportion, and it is claiming more lives today than
837 | all of the wars waging on the ~~C~~Continent of Africa combined.
838 | AIDS is now the leading cause of death of all people of all
839 | ages in Africa, and the progression of this pandemic has
840 | outpaced all of our projections. In 1991 the World Health
841 | Organization predicted that by 1999 there would be 9 million
842 | people infected in Africa and nearly 5 million deaths due to
843 | AIDS. The resulting numbers are two to three times that

844 number, as you have heard, with 24 million infected and more
845 than 14 million deaths already.

846 And yet this war rages on. Each and every day, Africa
847 buries nearly 6,000 men, women and children as a result of
848 AIDS, and that count will more than double in the next few
849 years. By the year 2005, it is now projected that more than
850 100 million people worldwide will have been infected with
851 HIV, and unlike other wars, it is increasingly women and
852 children who are caught in the crossfire of this pandemic.

853 In Africa an entire generation is in jeopardy, as you
854 have heard. Already, in several sub-Saharan African
855 countries, between one-fifth and one-third of children have
856 already lost at least one parent as a result of AIDS, and the
857 worst is yet to come. Within the next decade, as
858 Congresswoman Lee has pointed out, we will have more than 40
859 million children orphaned as a result of AIDS, and that is
860 about the same number of children living in the United States
861 east of the Mississippi.

862 In just a few short years, AIDS has wiped out decades of
863 progress and hard work in improving the lives and health of
864 families throughout the developing world. Infant mortality
865 is doubling, child mortality is tripling, and again, as has
866 been previously stated, life expectancy is plummeting by 20
867 years or more.

868 And AIDS is not just a health issue. It is an economic

869 | issue, it is a fundamental development issue, and it is a
870 | security and stability issue. AIDS is having a dramatic
871 | effect on productivity, trade, and investment, striking down
872 | workers in their prime, driving up costs of doing business,
873 | and driving down the GNP.

874 | AIDS is also affecting stability in the region. As
875 | Ambassador Holbrooke has discussed, the U.N. Security Council
876 | just in January held a day-long meeting on HIV and AIDS. And
877 | I think it is very interesting to note, not by accident, that
878 | a recent report by the National Intelligence Council
879 | documents that this pandemic is much worse than we thought
880 | and much worse than we had ever predicted.

881 | Yet my message to you today is not one of hopelessness
882 | and desolation. On the contrary, I hope to share with you a
883 | real sense of optimism. For amidst all of this tragedy,
884 | there is hope. Amidst the crisis, there is opportunity, the
885 | opportunity for all of us, working together, to empower
886 | women, to protect children, and to support families and
887 | communities throughout the world in our shared struggle
888 | against HIV and AIDS.

889 | It is important to remember that what we are talking
890 | about today is not numbers but names, not facts and figures
891 | but faces and families. And let me tell you one quick story
892 | about an inspirational grandmother that many of us in this
893 | room met in Uganda.

894 Bernadette is a 70-year-old widow who has lost 10 of her
895 11 living children to AIDS. She is supporting, on her own,
896 35 children. With a loan from a village banking system,
897 Bernadette is now raising pigs and chickens and raising corn
898 and other crops, and with the money she earns, she has 15 of
899 those 35 grandchildren in school and is able to provide
900 modest treatment for the five of her grandchildren who are
901 HIV infected.

902 In her spare time, she told me, she participates in an
903 organization called United Women's Efforts to Save Orphans,
904 which was founded by the First Lady of Uganda, Mrs. Museveni,
905 and she unites in that effort with thousands of women across
906 Uganda who have a shared concern about their children, and
907 these women are not alone. From young people doing street
908 theater in Lusaka to women who are HIV positive forming
909 support groups in Soweto, these people are coming together
910 and creating ripples of hope all across sub-Saharan Africa.
911 These are the faces of children and families living in a
912 world with AIDS, and their spirit and their determination and
913 their resilience lead all the rest of us, who have seen them
914 and had the privilege of meeting with them, on.

915 The good news today is that we know what works. With our
916 partners in Africa, we have developed useful knowledge and
917 effective tools. Together we have designed model programs
918 and already proven that they work. And today we know how to

919 | stem the rising tide of new infection, how to provide basic
920 | care for those who are sick, and how to mobilize communities
921 | to support the growing number of children orphaned by AIDS.

922 | As you have heard, Uganda has demonstrated that you can
923 | cut the rates of infection in half. Senegal has been able to
924 | keep their infection rate very, very low as a result of
925 | effective and sustained leadership. But there is much more
926 | that we need to do to bring all these success stories to
927 | scale. I mean, it is a very big challenge for us.

928 | The U.S. has been engaged in the fight against AIDS since
929 | the early '80s, but increasingly we have come to realize that
930 | when it comes to AIDS, both crisis and opportunity have no
931 | borders. We have a lot to learn from the experiences in
932 | other countries. It is just amazing. We have done a lot,
933 | but there remains much more that the U.S. and the other
934 | developed nations must do to combat AIDS.

935 | During the past year and a half, I have had the privilege
936 | of going to Africa four times, visiting eight countries.
937 | Together with Members and staff from both parties and
938 | chambers, many of whom are in here today, we went to bear
939 | witness to both the tragedy and the triumph of AIDS in
940 | Africa. And in response to the findings of these trips, the
941 | administration requested and the Congress granted last year
942 | an additional \$100 million to combat HIV and AIDS around the
943 | world, with a particular focus on Africa.

944 The new initiative, which includes AID and CDC, provides
945 a series of steps to increase U.S. leadership through the
946 support of some of these extraordinary community-based
947 programs, and to provide much needed technical assistance to
948 these poor countries who are struggling to respond in the
949 face of this overwhelming pandemic. The initiative focuses
950 on four key areas.

951 The first is prevention, including basic education,
952 voluntary counseling and testing, the prevention of
953 mother-to-child transmission. The second is home- and
954 community-based care to help again to provide some basic care
955 and treatment, both at home and in hospitals and clinics.
956 Care for children orphaned by AIDS, and the all-important
957 infrastructure that everyone keeps talking about, to be able
958 to engage in all of those other activities.

959 And it has other components, as well, that I think are
960 important, and that includes expanding our foreign policy
961 dialogue to promote the use of resources freed up by debt
962 relief to focus on HIV and AIDS prevention, and to engage all
963 sectors, including business and labor and foundations, the
964 religious community and other nongovernmental organizations,
965 in a broad-based mobilization.

966 While this new initiative greatly strengthens the
967 foundation of a comprehensive response to the pandemic,
968 UNAIDS has estimated that it will take at least \$1 billion to

969 | begin to lay the foundation of a real effective prevention
970 | program in sub-Saharan Africa. Currently, with public and
971 | private donors combined, we are spending a little more than
972 | \$300 million there. And, in addition, it will take another
973 | \$1 billion to begin to build the infrastructure to deliver
974 | basic, just the most basic health care to combat HIV and
975 | AIDS.

976 | And in the face of such tremendous need, the
977 | administration has requested, in the President's 2001 budget
978 | submission, an additional \$100 million to enhance our
979 | expanded efforts to combat AIDS in Africa and around the
980 | world. That includes additional money for CDC, additional
981 | money for USAID, but it also includes a request for money for
982 | the Department of Labor and the Department of Defense to
983 | expand our multisectoral approach and make sure we are using
984 | every vehicle possible to reach folks where they need to be
985 | reached.

986 | Let me repeat, however, that the U.S. cannot and should
987 | not do this alone. Chairman Leach, your initiative and the
988 | one put forward by Representative Lee clearly recognize, as
989 | we do, that this crisis will require the active engagement of
990 | all segments of society working together, every bilateral
991 | donor, every multilateral lending agency, the corporate
992 | community, the foundation community, the religious community.

993 | It goes on and on, but it can be done and it must be done.

994 The bottom line is this: With no vaccine and no cure in
995 sight, the sad fact is that we are at the beginning of an
996 epidemic, not at the end. What we see in Africa today is
997 just the tip of the iceberg, and as goes Africa, so will go
998 India and the rest of Asia and the Newly Independent States.
999 This is not an African issue, it is not an American issue,
1000 this is a global issue.

1001 We look forward to working closely with each and every
1002 one of you, and are so grateful that this issue is receiving
1003 the broad-based bipartisan support that it deserves. AIDS,
1004 as we all know, is not a Democratic issue or a Republican
1005 issue. It is a devastating human tragedy that cries out to
1006 each and every one of us to come up with creative solutions
1007 to help.

1008 Thank you, Mr. Chairman, for having us here today.

1009 [The statement of Ms. Thurman follows:]

1010 ***** INSERT *****

1221 | their committee, let them do it and we will support them.

1222 | That is my position.

1223 | Ms. Thurman, legislation passes, our country makes a
1224 | contribution, we are now at the World Bank. We have got
1225 | Country X and Country Y; Country X, 5 percent prevalence
1226 | rate, Country Y, 2 percent prevalence rate. We can only aid
1227 | one. Which one do we help, the 5 percent prevalence rate or
1228 | the 2 percent?

1229 | Ms. THURMAN. I don't think there is an easy answer to
1230 | that.

1231 | Mr. LAFALCE. I know.

1232 | Ms. THURMAN. Obviously we have to focus, at this point
1233 | in time, on our efforts in two areas, and that is to keep
1234 | prevalence low and look at areas where we think there is very
1235 | high risk--Senegal was a very good example--see if we can't
1236 | invest in some primary prevention programs up front to keep
1237 | the prevalence low. We know that that works.

1238 | At the same time--this can't be sort of an either/or--at
1239 | the same time we have to do something in the countries that
1240 | are--

1241 | Mr. LAFALCE. I realize it was an unfair question because
1242 | I did posit an either/or, and we can't. We are going to have
1243 | to do both. I think I should have more artfully asked the
1244 | question. Where should we put the bulk of our money, our
1245 | resources, our priorities?

1246 Ms. THURMAN. I think right this minute that we have to
1247 continue to invest the bulk of our priorities in prevention,
1248 because that is the only--

1249 Mr. LAFALCE. That means the 2 percent?

1250 Ms. THURMAN. Yes, and we have to make sure that we are
1251 keeping prevalence low, that we are stopping infection in its
1252 tracks. And then, secondly, I think--

1253 Mr. LAFALCE. Is that going to create some difficulties?
1254 Might that mean that we would favor India over Africa?

1255 Ms. THURMAN. No, I don't think so. I mean, again, we
1256 have good surveillance to guide us. You know, we know what
1257 countries are most at risk, we know where the epidemic is
1258 spreading fastest. We know where we have infrastructure,
1259 where we think that we can get the best bang for our buck in
1260 terms of our investment dollar in prevention, so we have some
1261 good guidance on where we know we can have an impact, and I
1262 think that is where we need to prioritize first.

1263 And then, having said that, I think we really have to
1264 take a good look at this whole treatment issue. We struggled
1265 with this early in the days of the epidemic here in this
1266 country, whether we invested in prevention or treatment, but
1267 we can't continue to invest only in prevention. We have got
1268 to begin to grapple in some meaningful way with this whole
1269 treatment issue, with nearly 35 million people infected
1270 worldwide, but I think prevention still has to be our first

1271 | line of defense.

1272 | Mr. LAFALCE. Thank you.

1273 | Mr. Geithner, to what extent should we focus exclusively
1274 | on AIDS? To what extent should we broaden it for all
1275 | infectious diseases, giving relative priority to relative
1276 | need?

1277 | Mr. GEITHNER. I think that is a terribly difficult
1278 | question, and I don't think I can give you a good answer. I
1279 | think it is important to recognize that a lot of what you
1280 | need to do to design an effective approach on the prevention
1281 | side for AIDS and on the treatment front generally, probably
1282 | is applicable and probably substantially improves your
1283 | capacity to address the problems associated with these other
1284 | equally deadly diseases.

1285 | So I think that as long as we focus on the need for
1286 | resources in basic science, on the need for investments in
1287 | health care systems to make it work, on incentives to promote
1288 | development by the pharmaceutical industry of vaccines, and
1289 | on mobilizing resources generally--

1290 | Mr. LAFALCE. Let me be more specific. Does the
1291 | administration have a preferred approach, a World Bank AIDS
1292 | Trust Fund or a World Bank Infectious Diseases Trust Fund?

1293 | Mr. GEITHNER. Well, I think just two questions in some
1294 | sense about this. One is the particular device we use to try
1295 | to mobilize the maximum scale of resources from the rest of

1296 | the world, and a trust fund is one vehicle for doing that.
1297 | And there is the separate question which you began with,
1298 | about where do you want to see the priority go. I think I
1299 | would defer to Sandy a little bit on how you think about how
1300 | you tier priorities on health care targets generally.

1301 | I think the challenge we face is how to figure out a way
1302 | to invest other donors, whose resources are going to be
1303 | critical in scale to this, in an approach they want to
1304 | support. And a trust fund associated with the Bank is one
1305 | proven, practical vehicle for doing that, and it may in the
1306 | end prove to be the most effective vehicle for doing that,
1307 | but we want to have the capacity to spend a little more time
1308 | talking to the other donors and to the World Bank before we
1309 | commit irrevocably to that specific device.

1310 | Mr. LAFALCE. Ms. Thurman, did you want to add to that?

1311 | I saw you--

1312 | Ms. THURMAN. No.

1313 | Mr. LAFALCE. Okay. Thank you.

1314 | Thank you very much, Mr. Chairman.

1315 | The CHAIRMAN. Thank you, Mr. LaFalce.

1316 | Mr. Frank?

1317 | Mr. FRANK. Thank you, Mr. Chairman.

1318 | I want to get back to the theme of money, because I read
1319 | in today's Congress Daily a debate that is raging, and we
1320 | shouldn't pretend that it is not going to have a lot of

1321 impact on this, and that is the debate, it says ``Senate
1322 Budget Republicans meet to set discretionary spending
1323 limit.'' There is a debate now as to what the overall
1324 spending limit will be.

1325 And I think we ought to be clear, and I am going to ask
1326 you to address this. You are here, obviously, as three
1327 responsible officials of this administration, talking about
1328 one very important program, but all of you have multiple
1329 responsibilities. Ambassador Holbrooke has the
1330 responsibility of getting the U.N. dues paid, and he has done
1331 good work on this, and we hope many of us here have worked
1332 hard to help that. Ms. Thurman has responsibility for
1333 domestic as well as international AIDS programs. And Mr.
1334 Geithner has international financial responsibilities that
1335 Treasury has in general.

1336 The problem is this. I mean, the question the ranking
1337 minority member asked is tough, but it is an example of the
1338 kind of questions you are all going to have to deal with if
1339 we don't get more money into this Federal budget, and that is
1340 why I think it was very useful that he did that. No one
1341 wants to choose, and the natural instinct is to say we will
1342 do both, but we won't do both if the overall budget
1343 allocation is too low. If we get to the floor of the House
1344 with a budget allocation for foreign operations that is very
1345 low, we have a problem.

1346 And there is one other aspect to this problem. It isn't
1347 simply that Mr. Geithner is going to have to choose between
1348 relieving the debt of countries in general so they can do
1349 poverty programs, or helping with AIDS. The Ambassador would
1350 have to decide between U.N. dues backlogs and other important
1351 programs, peacekeeping programs, et cetera; AIDS prevention,
1352 in effect, as he says, in the peacekeeping. Or Ms. Thurman,
1353 it is not just that, but we will run into the worst dilemma
1354 that we run into around here, which is efforts to respond to
1355 an international humanitarian crisis will be criticized by
1356 people who will say, ''But there are Americans going without.

1357 There are Americans who can't pay for their AIDS drugs.
1358 There are Americans who aren't getting the veterans' medical
1359 care they ought to get.''

1360 And I just want to stress this again: If we do not have
1361 adequate funding overall, our ability in the end to vote the
1362 kind of funds that are necessary for this program isn't going
1363 to be there. And I will say I have no particular expertise
1364 about how best to do this. I consider my job to be to try to
1365 fight to get the resources to the well-intentioned people who
1366 have expertise, both in our administration and elsewhere.

1367 But I want to stress it again: It is easy for us all,
1368 and I think everybody here was sincere, particularly this
1369 group. I mean, if this group was Congress, we would take
1370 care of everything and go home in an hour. But when we get

1371 to the actual cutting up of the funds, we are going to face
1372 this terrible problem.

1373 You know, let me ask you, Ms. Thurman, what happens if we
1374 substantially increase funds to fight AIDS in Africa and
1375 don't provide funds that meet demands for drug programs here?

1376 What would you anticipate the reaction will be as far as the
1377 people you deal with?

1378 Ms. THURMAN. Well, we have actually seen increasing
1379 support on the part of the AIDS community domestically to
1380 support AIDS funding around the world, and I think it is
1381 because of a couple of reasons. The first reason is that we
1382 only spend--we spend less than 1 percent of all of our AIDS
1383 funds on international programming, and we have seen dramatic
1384 increases in our domestic AIDS spending, with your help, and
1385 we are really glad to see that.

1386 This is sort of, again, not an either/or situation.
1387 First of all, this money comes out of two different pots of
1388 money--

1389 Mr. FRANK. Excuse me, but here is the problem. Stop
1390 saying that, because you are wrong, and you are going to give
1391 people a false sense of security. ''Senate Budget
1392 Republicans meet to set discretionary spending limit.'' It
1393 is either/or. There is an overall discretionary spending
1394 limit that this Congress passed and the President, God knows
1395 what he was thinking, signed a bill in 1997 that put an

1596 | to get them to come to the table.

1597 | The proposal we put on the table to redirect a
1598 | substantial part of the concessional resources the World Bank
1599 | and other banks lend each year from poverty reduction to
1600 | basic health care, we believe can be accommodated easily,
1601 | relatively easily, within the existing constraints that apply
1602 | to those resources, and for two reasons.

1603 | One is that we have fought very hard to make sure that
1604 | these resources go to countries that can use them most
1605 | effectively, and so that has left some resources available
1606 | that we can redirect to these, resources that are now not
1607 | spent on the pace they were expected to be spent, that we can
1608 | use to redirect to these efforts.

1609 | The other reason is that we think that, you know, this is
1610 | all about choices and priorities, and we think it is
1611 | perfectly appropriate for the Bank to put and for IDA to put
1612 | at the top of its priorities, basic health care, primary
1613 | education, and those core development imperatives, and make
1614 | that the center of what they actually do.

1615 | I think that covers most of your questions, but I would
1616 | be happy to come back to you on any of them.

1617 | Ms. THURMAN. The President's request for 2001 includes
1618 | another \$100 million, on top of the \$100 million that we got
1619 | last year, to expand our existing programs at CDC, at USAID,
1620 | and to create new programs at the Department of Defense and

1621 Department of Labor, and to do outreach.

1622 Mr. BENTSEN. But it does not envision the trust fund as
1623 in the chairman's bill?

1624 Ms. THURMAN. No. No, sir.

1625 Mr. BENTSEN. And my time is up, but were we to enact the
1626 chairman's bill or Ms. Lee's bill, would you then seek an
1627 additional \$100 million, or would you assume transferring the
1628 \$100 million of the \$200 million you have requested?

1629 Ms. THURMAN. I think we certainly wouldn't transfer the
1630 money that we are currently requesting, so we would have to
1631 talk, you know, about additional funding at that point.

1632 Mr. BENTSEN. Thank you.

1633 Thank you, Mr. Chairman.

1634 The CHAIRMAN. I think the gentleman has raised this
1635 point. If we pass this bill out of this committee, am I
1636 right that you will support it?

1637 Mr. GEITHNER. Can I--

1638 The CHAIRMAN. Is the Congress well ahead of the
1639 administration, or will you actively support if we pass this
1640 out?

1641 Mr. GEITHNER. I will tell you we will actively support
1642 any effort we see as providing a reasonable prospect of
1643 increasing the pool of resources available for these
1644 objectives, and any effort we think is going to give us the
1645 maximum potential of leveraging resources from other donors

1646 | and other institutions. And I am saying that just because I
1647 | want to stop just one step short of being specifically
1648 | committed to the vehicle, just so that we have the capacity
1649 | to engender the kind of broad support and ownership
1650 | internationally we need for any of these things to be
1651 | successful.

1652 | The CHAIRMAN. I appreciate that, Mr. Secretary.

1653 | Mrs. Biggert?

1654 | Mrs. BIGGERT. Thank you, Mr. Chairman.

1655 | Is there a way, or have we been able to measure how the
1656 | monies that we have already given for the AIDS/HIV, that we
1657 | have really seen--can we measure the results from that?

1658 | Ms. THURMAN. We can. We have been looking at programs,
1659 | evaluating programs since the very beginning of our
1660 | investment in the epidemic, both domestically and
1661 | internationally.

1662 | I think our best example is probably Uganda. With
1663 | ongoing sustained commitment from the United States and other
1664 | donors, and the active participation of the Ugandan
1665 | Government, we have been able to cut the rates of infection
1666 | in half in Uganda in less than 10 years. It is probably our
1667 | best success story. But there are others, like Senegal,
1668 | which has a very low incidence, and with sustained investment
1669 | and commitment from both the U.S. and other donors we have
1670 | been able to keep the infection rates very low.

1671 So we have some good data, and I would be happy at any
1672 time to share that with you or your staff.

1673 Mrs. BIGGERT. Then would there also be a way to measure
1674 the results of setting up in this bill the trust fund, that
1675 we would be able to estimate the increase in results from
1676 that also?

1677 Ms. THURMAN. Yes.

1678 Mrs. BIGGERT. Okay. Just one other question, then.
1679 Have the other donors in the international community
1680 responded to the crisis? Have they already committed more
1681 money, or do we have any way to know, if we put in this
1682 amount of money, that they will also respond in kind? And
1683 what would be their projected donations?

1684 Ambassador HOLBROOKE. You know, as soon as Vice
1685 President Gore made his historic appearance in the Security
1686 Council, other nations started coming forward, led by the
1687 Japanese. And that goes to a larger issue that so many of us
1688 believe, which is that the U.S. cannot do it alone but the
1689 rest of the world will only respond to American leadership.
1690 Now, it is up to the Congress to decide the appropriate
1691 resources and the ratios, and this is an across-the-board
1692 issue. But the short answer to your question is yes.

1693 And, Mr. Chairman, I would like to add one other point
1694 here, because the beginning of your question is so critical.
1695 There is one point that the three of us have not sufficiently

1821 including some of the best clinics in the world, the ones in
1822 Uganda, where even there the women are still reluctant to be
1823 tested.

1824 So I want to be clear, we are here to raise the alarm,
1825 but there are practical ways to cut into it. Mother-child
1826 transmission at the point of birth, through breast feeding,
1827 is really within reach and simple, and here efforts like
1828 those you are considering funding can be directly applied to
1829 the problem.

1830 Ms. THURMAN. May I add to that, Mr. Chairman?

1831 The CHAIRMAN. Of course.

1832 Ms. THURMAN. I wanted to just talk a little bit about
1833 this whole military issue, and why we think it is so
1834 important that we have requested \$10 million in the
1835 President's 2001 request to do military-to-military training
1836 and other kinds of activities. Because we need to address,
1837 number one, the issue of HIV infection in the military in
1838 Africa and elsewhere, but also to use that infrastructure,
1839 which is stronger in many African nations, than any other
1840 infrastructure, as a vehicle to provide both education for
1841 prevention purposes and some basic treatment. So I think it
1842 is really important that we focus some much needed attention
1843 in that area.

1844 Ms. LEE. May I, Mr. Chairman?

1845 The CHAIRMAN. Yes, please, Ms. Lee.

1846 Ms. LEE. Thank you very much, Mr. Chairman. Let me ask,
1847 well, let me just say to Sandy Thurman, I want to thank you
1848 for being the lone voice oftentimes on this issue. And I did
1849 have the privilege to participate with Sandy and her
1850 delegation last year, and we looked at the whole orphan
1851 crisis in southern Africa, and it was staggering. And I
1852 think because of your leadership now we are seeing some
1853 light. Thank you, Sandy. Let me ask Mr.--is it Geithner?

1854 Mr. GEITHNER. You got it.

1855 Ms. LEE. --the question with regard to the whole issue
1856 of debt relief and emergency health funding. Of course, you
1857 know, oftentimes we think of the World Bank as it relates to
1858 the developing world as a debtor, and we are trying to say no
1859 more debt. We want debt relief. We know what that has done
1860 to our countries. How do you envision any type of either
1861 emergency funding or any new efforts with the World Bank, and
1862 how do we ensure that this is debt-free money, and that the
1863 countries which badly need these resources don't get somehow
1864 encumbered by additional debt?

1865 Mr. GEITHNER. I think that is a very good point. The
1866 concessional lending windows of the World Bank and the other
1867 banks lend at a highly concessional rate. It is roughly 85
1868 percent grant financed. So there is relatively little risk,
1869 if you lend money, if you lend at these highly concessional
1870 rates, mostly grant financed, to countries that can prove

1946 wrote a letter to the President on October 14th, have not
1947 received an answer, requesting--and this was actually
1948 co-signed by Representatives Lee, Maxine Waters, Jesse
1949 Jackson, Jr.--requesting that the U.S. use existing authority
1950 to give the World Health Organization the right to use
1951 HIV/AIDS patents where the United States government has
1952 rights to those inventions. And we do have, on a number of
1953 these AIDS drugs. Are we doing anything to make those drugs,
1954 on which we hold the patents, available around the world?
1955 Those are my two questions.

1956 Ms. THURMAN. Well, first on the issue of consistency
1957 around TRIPS and how we engage with developing nations who
1958 want to do either compulsory licensing or parallel importing,
1959 I think we are consistent and that what the President said in
1960 Washington holds true today. There certainly was that issue
1961 in Thailand. As you said, a letter has been sent. But I
1962 think people are much clearer that we want to do every single
1963 thing possible to get drugs to people who need them, and I
1964 think everyone is committed to that.

1965 Secondly, I know that HHS and WHO have been engaged in
1966 doing a feasibility study around this issue of patents that
1967 are for drugs developed with U.S. support. I haven't talked
1968 with them about that in the last few weeks about that. I
1969 don't know exactly where their feasibility study stands or
1970 when it is due to be released, but I will make sure that I

1971 speak with them when I get back this afternoon and get right
1972 back to you with an update on exactly where they are. But
1973 they are engaged in the process of a feasibility study to see
1974 if we can't move those drugs.

1975 Ms. SCHAKOWSKY. Let me just conclude by saying, you
1976 know, the Vice President's office intervened on the Thailand
1977 issue to get a clarifying letter. It should not have to be,
1978 though, that we are fighting among ourselves, and I hope that
1979 we are not going to see any future situations where the
1980 speedy production of these drugs--and I understand there is
1981 infrastructure that needs to be there to deliver these drugs,
1982 but we could save lives, and we don't want to be in any way
1983 complicit in efforts to do anything but that.

1984 Ms. THURMAN. I couldn't agree with you more.

1985 Ms. SCHAKOWSKY. I know that. Thank you.

1986 The CHAIRMAN. Well, thank you very much, Ms. Schakowsky.

1987 Ms. Carson? No questions? Well, let me just then
1988 conclude by thanking the panel. I will say that the United
1989 States of America has been well served by an Ambassador of
1990 the United Nations who has taken on this cause, by a member
1991 of the White House staff who has given a great effort, and by
1992 the United States Treasury. And I want to thank you, Tim.
1993 This is an issue that has to be considered in a bipartisan
1994 basis and with as much executive-legislative cooperation as
1995 possible. Thank you all.

Testimony of Gary Slutkin, MD

Professor of International Health, University of Illinois School of Public Health
Formerly, Chief of Prevention, World Health Organization Global Programme on AIDS
To the

House Committee on Banking and Financial Services
Hearing on the Global AIDS Crisis and Legislation (HR 3519)
To create a New World Bank AIDS Prevention Trust Fund

Wednesday, March 8, 2000

Background

I am Gary Slutkin. I am a medical doctor who is trained in infectious disease control and epidemics. I have been going in and out of Africa for 20 years. I began to work in Africa in 1979; in 1985 I moved to Somalia and lived in Somalia for 3 years. I was recruited by the World Health Organization in 1987 and was assigned to the AIDS epidemic. I spent 7 years working for the World Health Organization Global Programme on AIDS from 1987 to 1994. During those years with WHO, I had the assignment of developing and supporting the AIDS control programs of the 15 countries of Central and East Africa including the Uganda AIDS program. As most of you know the Uganda program is the main success story of Africa. Rates of HIV were reversed by over 50%; in some cities, by more than that.

During the same time period that my team and I supported Uganda, I also visited all of the neighboring countries regularly: 2 – 5 times a year/each. I worked on AIDS control in Kenya, Tanzania, Malawi, Rwanda, Burundi, Zaire, Congo, and several other countries. The main difference between Uganda and the other countries was the level of effort. What was sad to me was that many of the other countries efforts in the late 80s and early 90s were also increasing and may have reached Uganda's efforts if program efforts and funding could have been continued to be increased as Uganda's efforts were.

There is nothing intrinsically different about Uganda. The sex habits are about the same, cultural taboos existent, number of sex partners, age of sexual onset, etc were all about the same as other African countries. Aversions to condoms and widespread ignorance about the methods of transmission were also the same. The HIV/AIDS epidemic of Uganda was reversed as a result of government commitment, the availability of funds, and large-scale programming. These three factors are related. There was nothing that was facilitated or supported in Uganda that could not have happened in the majority of the remaining countries currently overwhelmed by the AIDS epidemic. With this help reversals should be expected; without this help reversals are not expected and a deteriorating situation will continue.

The possible exception is for countries that are currently at war, the rapid support of efforts to immediately stop fighting is urgent. In this region of the world, AIDS and war feed on each other.

Large-scale anti-AIDS efforts should be intensified and should be expected to bring changes similar to those in Uganda. Besides funds and assistance with administration, efforts to continuously enhance commitment need to be better organized according to a predetermined calendar and supported with high level visits/missions from prominent U.S. government and clergy leaders. This combination of sufficient funds (approximately 700 million – 1 billion a year), high level country missions to African leaders, and regular reporting to Congress, should yield strong results, including a reversal of the epidemic one or two countries at a time over the next 3 to 10 years. The World Bank Trust Fund is urgently needed. It can make an enormous difference. To not do so is to turn our backs again on the most serious epidemic today, and perhaps ever.

Having functioning in-country mechanisms to facilitate the transfer of funds and their use for priority programs is absolutely key. We have succeeded when we had them, and failed when we did not. I have been very worried about this issue of financial mechanisms, and have been having a series of discussions with individuals in several of these institutions. I was fearful that once again the country situations would be too much of a mess, but still thought we must try. However, I am very encouraged by the World Bank in what I have seen and more recently learned about the World Bank mechanisms.

The World Bank has several advantages including experience in large scale AIDS programming (in Brazil and India), and the fact that the Bank interacts with Ministries of Finance which are much more functional than Ministries of Health. Further, the Bank has both bottom-up and top-down mechanisms, and is gaining a very interesting set of experiences related to poverty alleviation that seem applicable to AIDS programming. Last, the Bank is “the elephant” needed to also move commitment of national leaders. At the same time UNAIDS and The AIDS in Africa Partnership serve as important coordinating and technically guiding instruments to further enhance collaboration and prioritization. Strong technical assistance and commitment from the Bank, and/or UNAIDS to prevention will be needed to ensure a maintained strong focus on prevention, despite many competing demands. It is hard to avoid care, but we will keep falling further behind if we do not scale up the prevention very substantially and very fast.

Some systems are in place to monitor the maximization of use of these funds, and to ensure impact; however additional monitoring and reporting systems to Congress can and should be added.

Last, I do not think we should wait for Europe or other donors. This is not a time for us or European donors to get involved in further bickering, procrastination, or posturing for “everyone to be in”. The U.S. style of proactivity to deal with a problem is needed here. The U.S. needs to take the lead, and hope that other countries, but more likely private donors join. We need to act. Given the gravity of the situation, this action is right and urgently needed. Even at that, it is only a first step to getting the larger amount required. So I encourage you to not only pass this Bill, but also to stay with it – i.e. get the rest of the funds, and monitor how it is going on a regular (perhaps every 6 months) basis.

Main points – Summary

1. We have been able to achieve massive success in Uganda
2. There is nothing that happened in Uganda that cannot happen in any other country in Africa – this success is completely reproducible in my opinion
3. For 7 years I traveled to all of these countries – Uganda, Kenya, Tanzania, Malawi, Rwanda, Burundi, etc – the only program difference between Uganda and the others was level of effort. Uganda's massive program effort included public education posters and billboards as well as a constant level of trainings, workshops, and community activities - to inform people AIDS is real, how it is/is not transmitted, and how to protect yourself. *A similar level of activity was not seen in the other countries, however many of these countries' efforts were on their way, before program efforts slowed. These efforts should be jump started again.*
4. The level of funding is extraordinarily relevant, in fact central to level of effort – the Uganda program went from 1 million to 4 million to 10 to 18million; other country efforts did not get to this level. Funds are needed from the outside to help.
5. National level programming is needed, not small-scale projects; this requires national level planning and international counterparts for assistance with management and administration. A similar mechanism exists for UN/Partnership in-country assistance.
6. Management and administration are central to the country spending and performing the prevention activities. Funds were not spent by most countries until WHO (now UN), or other staff were in place to work alongside county managers.
7. The World Bank with the assistance of the UNAIDS, and under the framework of the International Partnership for Africa should be able to serve these same functions at this point, and assist in the rapid administration and dispersing of funds.
8. The U.S. Congress should have a mechanism of reporting on progress in implementation, which most importantly tracks: a) country level spending on program activities, b) country program activities, c) changes in levels of receipt of messaging and/or changes in knowledge, as well as d) level of HIV. Items a) and b) may be in place less well than c) and d) and should be a focus of immediate attention.
9. The U.S. Congress should have a technical panel set up to assist monitoring and reporting, and to provide Congress with technical input into whether the right things are being done, at the right level, and why and why not. This reporting should occur about every 6 months.
10. Certain categories of implementation should be almost immediately accelerated with minimum ado. This would include distribution of information to increase knowledge, and counter misinformation.

“What Do I Say to My Sister?”

Mary Fisher Testimony
Committee on Banking and Financial Services
United States House of Representatives
Wednesday, March 8, 2000

Chairman Leach, Esteemed Members of the Committee:

If I was honored by your invitation to testify – and I surely was – I was also uncertain what motivated it. My recent trip to Africa did not qualify me as an expert. Your former colleague, Steve Gunderson, has now been my colleague at the Family AIDS Network for three years – perhaps, I thought, this was an invitation based on Steve’s work. My father, of course, believes you invited me to hear a “Republican voice” on the issue at hand. And beneath it all, I’ve imaged that some of you imagine I know something about the stigma attached to AIDS, especially to women with AIDS.

Perhaps each of these factors played a role. What’s important is that I tell you, truly, how deeply I appreciate your invitation and how grateful I am that you have shown the courage to hold a hearing which may discomfort some of us.

AIDS has not gone away in America, it has gone underground. From the White House to the New York Times to the campaign hustings, we want to pretend that the crisis has ended. Despite 40,000 new infections of HIV each year in America, funding for AIDS prevention appears to be “yesterday’s” concern. A word-search through campaign speeches and literature of our party’s presumptive presidential nominee, Governor George W. Bush, cannot turn up the word “AIDS.” The Congress is unable to reauthorize even the foundational Ryan White Act. Contributions from the philanthropic and corporate communities have moved on to other diseases-of-the-moment. There are no more headlines to chronicle the dying, just quiet obituaries.

While AIDS scorches the earth, it makes nary a ripple in the evening news. Globally, at least 33 million people are now infected. Given routes and rates of transmission, that number skyrockets daily.

In the United States, AIDS has gone underground in communities of poverty and color, communities of youth and women. It’s gone exactly the same place globally: to those people who have the least social standing and the fewest economic resources – typically, the young and always the women. When American young people who are most at risk – African Americans, women, drug users – are asked about AIDS, they respond in overwhelming numbers with the conviction that “Magic Johnson is cured and there is no risk.” That ignorance is going to kill them. And as for our recognition of global realities, when NEWSWEEK ran a poll earlier this year, more than half of U.S. adults said they hadn’t seen anything on an AIDS crisis in Africa.

In January I visited four African nations with National AIDS Policy Director Sandy Thurman, and others. We went places where life expectancy has dropped 15 years since 1990 because of AIDS. I stood with a grandmother raising her orphaned grandchildren. Where once she had a garden next to her home, now she has a graveyard – grave after grave, she lined them up as she buried her children one-by-one as they fell to AIDS.

In Ruwanda, the genocide of 1994 left a legacy of AIDS. A full sixty percent of those who survived torture and rape were left HIV-positive. When the killing was over, 100 doctors were left to care for the nation's seven million people.

But what dominates the African landscape is orphans. Acres of orphans – orphans raising orphans, because there is no one else left to do it. Tough children take to the streets. Weak children die of starvation. Many just sit, docile and sick, a vast, human ocean of orphans, mostly infected and doomed.

Seeing the orphans, thinking of my sons Max and Zachary, I barely heard the local government leader. I said, "I'm sorry, what did you say?" And he said again: "I would like your advice, Ms. Fisher. "If we should somehow get the money, do we put the orphans through school, or do we feed them?"

It was my stunning inability to respond that fueled my desire to be with you today.

I've labored for nearly a decade with the label, "The lady who told the 1992 Republican convention she had AIDS." They remember it because they were surprised; most of them didn't believe women could get AIDS – and some of them didn't believe Republicans could! It's no sillier, really, than the commonplace belief today that AIDS in Africa or Asia can be kept out of the United States. Every new strain of virus can and apparently does find its way across our borders within days, if not hours. With regard to AIDS, we live in a Flat-Earth society denying that the world is round, and the virus is prolific.

Sometimes I fear that our racism traps us into indifference. I want not to believe it, but the evidence is hard to deny. Walking Ruwanda, stepping in the trail of torture and blood that criss-crossed that country, I couldn't help but wonder why, knowing what we knew, we did so little. How do we escape the fear that because they were dominantly Black, and we are dominantly White, we simply did not care?

And what do we say to ten million orphans that we did not say to five million a few years ago, or that we will not say to 20 million in five years? Is it because my children are White and American that I receive so many letters of concern for them, and because Ruwanda's children are Black and African that we can say, "They are not our children?"

I want not to be harsh. But I must tell you that I cannot risk being too sweet or too mild, or I risk going to my own grave with an unquenchable guilt.

You are my nation's leaders. And I am a person with AIDS. I've witnessed, and I bear in my body, the consequences of discrimination against America's gay community. I've experienced life as a woman who came from the most privileged position and now carry the most despised disease. I've listened as people have explained that the epidemic is over, knowing that I'd need to tell my children that the prognosis for their mother is unchanged. If anything that follows seems harsh, please forgive me; that's not my intent.

If the purpose of this legislation, or this hearing, is simply to justify a claim of openness or a show of compassion, you must stop this. Such theater simply raises false hope among those who are most hungry for hope. There is no reason to taunt the AIDS community – in America or in Africa – with false hope.

But if, as I believe, it is your goal to heighten American awareness of the global crisis, and to leverage your power within the American government to marshal desperately needed resources for this fight – then I am, of all people, most grateful. One piece of legislation will not be enough, but it can be a critical beginning. If it is approved, and if it is then followed by full implementation and funding, it is truly worthy. If it fails, either in its adoption or its implementation, it will hand the African continent one experience of betrayal at the American door.

The most significant impact of this legislation might be the message it sends. It would signal our recognition that AIDS is devastating not only populations but whole economies. What we spend on AIDS in America is only a fraction of what AIDS costs us in this nation, and is even less on a world scale. Reckon with the lost productivity and earnings; count the impact on our health care costs. Now multiply those numbers by what – a hundred times? A thousand times? -- to feel the impact of AIDS on the world economy. This is why your committee and the World Bank are appropriate arenas to be discussing AIDS today.

Merely appropriating additional monies to the international fight against AIDS will not be enough. Merely directing the Secretary of the Treasury to enter into negotiations with the World Bank won't be enough. But if this is the launch of a comprehensive and sustained commitment by the Congress, the Administration, and the international community – it is just the right thing to do.

If I may, I would like to make just these few additional observations regard a comprehensive address to the global epidemic.

We need a coordinated response at home and around the world. I hope is for negotiations between the Congress, the Administration, and the world AIDS community to develop a comprehensive program for the United States and for the world. It would recognize that the AIDS virus doesn't carry a passport, doesn't recognize borders, and asks only one question of those it infects: "Are you human?" Therefore, I worry that if Congressman Porter's Committee funds AIDS research at NIH; and if Congressman Bliley's Committee re-authorizes the Ryan White Care Act; and if Congressman Gilman's Committee authorizes increased authority for USAID; and if you authorize

funding for the World Bank – that we risk spending vast amounts of money, here and abroad, with little impact. Trust me: I want you to act. Lives are depending on it. But it's precisely because lives are depending on you that we need a comprehensive strategy, not a piecemeal program.

We must build an infrastructure. Second, we must be devoted to creating an infrastructure for fighting AIDS – because it doesn't exist today, not in Africa and, in some respects, not even in the United States. In both settings, the early responses to the epidemics have risen from community-based organizations. Here in the U.S., as the epidemic moved into communities of color and youth and women, those organizations did not rise as they had in America's gay community. As a consequence, much of the response must now come from government.

And therein lies the problem. Here in the U.S., many of those already infected with AIDS will not be tested because, among other factors, they do not trust the government that would test them. And in Africa, for different reasons, governments are equally ill-equipped to respond to AIDS. Some governments have out-lawed birth control which is our only hope for AIDS reduction. In Zimbabwe, homosexuality is illegal. Such governments do not possess the infrastructure to fight, let alone prevent, AIDS.

I am not suggesting that we ignore the governments of nations. But I am reminding all of us that in developing nations, and even here at home, we need to adopt strategies that actually work – not that merely pass the political test of sound bites. This will be slow, frustrating work. When I talk infrastructure, I don't just mean doctors and hospitals. I mean everything from roads to clinical care facilities, from clean water to medical supplies. But if we do not engage in this effort, the cost in human life is so staggering we cannot find enough words or examples to explain it.

Perhaps it's my Republican leanings; perhaps it's what I experienced in Africa. But for my tax money, we would be wiser to invest \$1 million in the private work of one Dr. Bobbie McGuffy than \$10 million in government programs that will never prevent a case of AIDS or give care to a single orphan.

Privatizing Education and Prevention. Governments cannot achieve adequate education or prevention. Here in the U.S., we are prohibited by law from the frank classroom instruction needed to teach children how to save their own lives. Some call this moral; I call it immoral. But it doesn't matter. The government cannot always do what must be done.

And if this is true in America, it is doubly true in Africa. What's needed there are immediate peer-support and peer-education programs. Those with AIDS must talk to those who do not, yet, have AIDS. They don't want to hear from Mary Fisher, frankly, and they certainly don't need to hear from World Bank officials. Young mothers need to talk with young mothers. Young people need to talk with young people. And adult males need to talk to adult males.

I think USAID understands this. I believe they intend to reach the right populations with an appropriate program. But, truly, against the tidal wave of AIDS, their financial resources are a thimble full.

It need not always be complicated. Let me share just one example: "The Memory Book Project," the approximate equivalent of our AIDS Quilt here in America. In Africa, the Memory Book Project was started by one HIV-positive mother to help other mothers, and grandmothers, prepare their families for their own deaths. The program results in both education and support. In countries like Uganda, what they need most of all is paper – paper, so they can make a book of memories of those who are facing death.

Myths of treatment and care. The myth of the so-called "AIDS cocktail" – the myth that it's a cure, that it works for all – is alive and well in Africa. Every single person with AIDS I met during my time there asked how to get the "cocktail." When I told them that the drug did not work for me or for many others, they – like most Americans – didn't believe it. In Africa, they believe the rich Western world is keeping a cure from them intentionally.

If we cannot save lives, we can improve them. People begging me for skin creams to treat the sores on their body; we could provide massive doses of comfort for the dying at a cost of about \$4 per year. Simple antibiotics, clean water, nutrition – here is where we must begin, not with an expensive and nonexistent cure.

We cannot impose American culture on Africa. And, in some African societies, if a woman does not breastfeed her baby, the community concludes she has AIDS and shuns her. As a result, many HIV-positive women breast feed and, in the process, transmit the disease from Mother to child. If we could simply direct sufficient funding towards universal access to infant formula, we could improve the health of most infants, one form of HIV transmission and counter the silent stigma that helps spread the disease.

Americans hate death, our own and those of others. We like to deny it. And if we can't defeat death, we often retreat to saying, "There's nothing we can do." If we want to help fight AIDS in Africa, we may hate our best option. Because some of our best options will be helping people die with greater comfort. Given science, it's the best we can do; given morality, it's the least.

Conclusion. This is one of the final speeches I will give on behalf of the Family AIDS Network, the organization I founded in 1992. We are closing our doors at the end of this month, based on our recognition that we are failing at AIDS awareness and education. We have lost that fight here, in the U.S. The silence, the myths and the denial have won.

But I can assure you I am not giving up the fight. Which is why, on April 1, 2000, we will open the Mary Fisher CARE Fund – "CARE," for Clinical AIDS Research and Education -- at the University of Alabama in Birmingham, one of the nation's largest and most effective AIDS research and clinical facilities. We've learned that speeches without research save no lives; that occasional awareness about AIDS does not matter without

sustained, accurate information; and that our only hope is a partnership of research, education, and public policy. Therefore, such is the mission of the CARE Fund.

Our focus will be on longterm, outcomes-based research into AIDS treatments. We will partner with every clinical AIDS center that will join us. We will use this new knowledge to help impact public policy and private sector insurance and medical policies on the treatment and care of persons living with HIV/AIDS. And, yes, Steve Gunderson will continue to be our key colleague in Washington, DC.

In the rush to believe that we already have a cure, Americans have been duped into thinking we are safe. We aren't.

And in the call for a vaccine – for which every one of us prays, no one more fervently than I – we look toward the distant future.

But in the meantime, in the day you and I have, today, now, we have 33 million lives that will be lost without effective treatment. Unless there is a discovery none of us imagine in the coming moments, we are going to face 50 million, 75 million, 100 million or more deaths to AIDS. This is unimaginable, and currently unavoidable.

So Dr. Michael Saag and others at the University will increase their pioneering efforts to keep alive those already infected. And I will do what I can to support them.

I will also do what I can to support my brothers and sisters with AIDS. I hope to return to Africa in June. If I can make the trip, I'll tell other crowds of women and children that, no matter what their culture says, they are worthy of the God who created them. I will ask religious and political leaders to replace judgment and indifference with compassion and love. I will point out to economic leaders the need to invest in saving lives before their investments in capital have no value. And I hope to share with local activists ways to launch community-based organizations to offer education, prevention, and care for those with HIV/AIDS.

I came home in January with photographs of the women I'd visited. But I do not wake in the night to my photo album. I wake to the sound of a Rwandan woman whom I met. Like me, she is a mother. Like me, she has AIDS. We embraced and told each other the truth: We are sisters.

Her final words to me were, "What shall I hope for, Mary?" I did not know what to tell her.

If you would act with courage and compassion, I could answer her question. I could become your messenger to women in Africa, your ambassador of compassion. And I could tell my own children that the virus is powerful, that illness and death haunt us all, but that those with the power are doing all in their power to give us life and hope.

In all your wrestling with these issues, and all your considerations, I assure you of my appreciation. I pray that you are sustained to do that which the Judge of us all would have us to. To that end, "Grace to you, and peace."

24 stubs

4:05 PM

Testimony by

Sandra Thurman
Director, Office of National AIDS Policy

Before the

Senate Committee on Foreign Relations
Subcommittee on Africa

February 24, 2000

Mr. Chairman and other members of this Subcommittee and Full Committee, I am delighted to be with you today to talk about the global AIDS pandemic – with a special focus on AIDS in Africa. Your interest in addressing this crisis is very much appreciated – and desperately needed.

We have heard your colleagues and our Surgeon General lay out a vivid picture of the scope of this tragedy – particularly as it relates to the public health crisis. I would like to use my time with you to talk about its impact on the stability of families, communities and nations. I would like to share with you some of my experiences with the faces behind these shocking facts. And I would like to outline for you some key components of our enhanced Administration response to this global pandemic.

By any and every measure -- AIDS is a plague of Biblical proportion. And it is claiming more lives in Africa than in all of the wars waging on the continent combined. But unlike other wars – it is women and children that are increasingly caught in the crossfire of this relentless epidemic.

In Africa, an entire generation of children is in jeopardy. Already, in several sub-Saharan African countries, between one-fifth and one-third of all children have already been orphaned by AIDS. And the worst is yet to come. Within the next decade, more than 40 million children will have lost one or both parents to AIDS. 40 million. That is about the same number as all children in the United States living east of the Mississippi River. Or taken another way, it is almost the same number as all children in public

school in this country. Left unchecked, this tragedy will continue to escalate for at least another 30 years.

In just a few short years, AIDS has wiped out decades of hard work and steady progress in improving the lives and health of families throughout the developing world – infant mortality is doubling, child mortality is tripling, and life expectancy is plummeting by twenty years or more.

AIDS is not just a health issue; it is an economic issue, a fundamental development issue and a security and stability issue.

AIDS is having a dramatic effect on productivity, trade and investment – striking down workers in their prime, driving up the cost of doing business, and driving down GNP.

Professionals have been hit particularly hard in sub-Saharan Africa, including civil servants, engineers, teachers, miners, and military personnel. In Malawi and Zambia, more than 30% of teachers are HIV positive. Some mining firms in South Africa are reporting that nearly half of their workers are already infected. And many businesses are hiring at least two workers for every one skilled job, assuming that one will die from AIDS.

According to the *Economist* magazine, recent studies have found that AIDS is seriously eroding the economies of many of our partner nations. In Namibia, AIDS cost the

Dr. Soebis will address the economic impact of the epidemic in detail a little later

country almost 8% of its GNP in 1996. By 2005, Kenya's GNP will be over 14% smaller than it would have been without AIDS.

Similarly, in Tanzania, The World Bank has predicted that its GNP will be 15 to 25% lower as a result of AIDS. The South African government has estimated that this epidemic costs the country 1% of its GNP each year, a situation that will only worsen without strong intervention.

AIDS is also effecting stability in the region. As you all know, the UN Security Council recently held a day-long meeting on HIV/AIDS, at which the Vice President spoke. This historic event highlighted the growing awareness that AIDS is a security threat that requires a global mobilization. This reality was also addressed in a report recently released by the National Intelligence Council. The Report draws several very disturbing conclusions including the following:

- Development of an effective global surveillance and response system is at least a decade or more away.
- The economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more in by 2010 in some sub-Saharan countries.
- Some of the hardest hit countries in sub-Saharan Africa—and possibly later in South and South East Asia—will face a demographic upheaval as HIV/AIDS and associated diseases reduce human life expectancy by as much as 30 years and kill as many as a quarter of their

populations over a decade or less, producing a huge orphan cohort.

Nearly 42 million children in 27 countries will lose one or both parents to AIDS by 2010; 19 of the hardest hit countries will be in sub-Saharan Africa.

- The relationship between disease and political instability is indirect but real.



The prevalence of HIV in the armed forces of many African countries is already staggeringly high. The *Economist* has estimated the HIV prevalence in the Congo range at 50 to 80%. Other recent reports have projected that the South African military and police are also heavily impacted by HIV. Moreover, as these troops participate in an increasing number of regional interventions and peacekeeping operations, the epidemic is likely to spread.

Extremely high levels of HIV infection among senior officers could lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken the central government's authority. For those countries in political transition, this kind of instability could slow or even reverse the transition process. This is a dynamic that deserves serious attention not only in Africa, but also in the Newly Independent States of the Former Soviet Union, and in India where AIDS is intensifying its deadly grip.

The South African Institute for Security Studies has also linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. The assumption is that as the number of disaffected, troubled, and under-educated young people increases, many sub-Saharan African countries may face serious threats to their social stability. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa alone will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs to survive. This seriously effects stability and promotes the spread of HIV among these highly vulnerable young people.

Yet my message to you today is not one of hopelessness and desolation. On the contrary, I hope to share with you a sense of optimism. For amidst all of this tragedy, there is hope. Amidst this terrible crisis, there is opportunity: the opportunity for us—working together—to empower women, to protect children, and to support families and communities throughout the world in our shared struggle against AIDS.

It is important to remember that what we are talking about today are not numbers but names, not facts and figures but faces and families. Let me tell you the story of one inspirational grandmother I met in a small village outside of Masaka, Uganda.

Bernadette has lost 10 of her 11 adult children to AIDS. Today, at age 70, she is caring for her 35 grandchildren. With loans from a village banking system, she has begun

growing sweet potatoes, beans, and maize, raising goats and pigs, and trading in sugar and cooking oil.

With the money she earns, she is now able to send 15 of her grandchildren to school, provide modest treatment for the 5 who are HIV+, and begin construction on a house big enough to sleep them all. In her spare time, she participates in an organization called "United Women's Effort to Save Orphans" -- founded by the first lady of Uganda, Mrs. Museveni -- linking in solidarity thousands of women allied in the same great struggle.

And these women are not alone. From the young people doing street theater in Lusaka to educate their peers about HIV to the support groups in Soweto providing home and community based care for people living with AIDS -- communities are mobilizing and creating ripples of hope.

These are the faces of children and families living in a world with AIDS. And their spirit, their determination, and their resilience lead us on.

The good news is, we know what works. With our partners in Africa we have developed useful knowledge and effective tools. Together, we have designed model programs and proven that they work. And today, we know how to stem the rising tide of new infections, how to provide basic care to those who are sick, and how to mobilize communities to support the growing number of children orphaned by AIDS. Uganda

has demonstrated that with strong political commitment and sustained nationwide programs, HIV prevalence can be cut in half. And Senegal has shown that HIV can be stopped in its tracks and prevalence can be kept low. But there is more, much more that needs to be done if we are to bring these successes to scale.

The United States has been engaged in the fight against AIDS here at home since the early 1980s. But increasingly we have come to realize that when it comes to AIDS – both the crisis and the opportunity have no borders. We have much to learn from the experiences of other nations, countries, and the suffering of citizens in our global village touches and affects us all.

The United States has been the leader in the battle against AIDS. The Administration has taken an active role in sounding the alarm on the AIDS crisis in Africa, and in ensuring that the United States supports African efforts to combat this deadly disease.

Since 1986, this nation has contributed over \$1 billion to the global fight against AIDS. More than 50% of those funds have been used to address the epidemic in sub-Saharan Africa. ~~Overall, nearly half of all of the development assistance devoted to HIV care and prevention in the developing world has come from the US.~~ The United States has also been the leading supporter of the ^{Joint United Nations Programme on HIV/AIDS} ~~United Nations Joint Programme on AIDS—UNAIDS—~~ contributing more than 25% of its budget.

It is a strong record of engagement and one of which we can be proud, but unfortunately it has not kept pace with this terrible pandemic. We have done much, but there remains much more that the United States and other developed nations can and must do.

During the past year and a half I have made four trips to eight African countries.

Together with members and staff from both parties and chambers we went to witness firsthand both the tragedies and triumphs of AIDS in Africa. In response to the findings of these trips, the Administration requested and the Congress appropriated an additional \$100 million in FY2000 to enhance our global AIDS efforts.

This new initiative provides for a series of steps to increase US leadership through support for some of the extraordinary community-based programs currently being funded through USAID and to provide much needed technical assistance to developing nations struggling to respond to the needs of their people infected and affected by AIDS. This effort more than doubles our funding for programs of prevention and care in Africa, and challenges our G8 and other partners to increase their efforts, as well. This initiative is a significant increase in the US government's investment in the global battle against AIDS and it begins to reflect the magnitude of this rapidly escalating pandemic.

The Initiative focuses on four key areas:

- **Prevention.** ~~Specifically, we hope to implement a variety of prevention and~~ *particularly* stigma reduction strategies, especially for women and ~~youth~~ *young people*, including: HIV

education, ~~engagement of political, religious, and civic leaders~~, voluntary counseling and testing ^{and} interventions to reduce mother-to-child transmission, and ~~enhanced training and technical assistance programs.~~

- **Home and community-based care.** This will help create and enhance counseling and support systems, and ~~help clinics and home health workers~~ provide ^{some} basic medical care (including treatment for related illnesses like STDs and TB)
- **Care of children orphaned by AIDS.** ~~We hope to improve our ability to assist families and communities in caring for their orphaned children~~ through nutritional assistance, education, training, health, and counseling support, in coordination with micro-enterprise programs.
- **Infrastructure.** These funds will help to increase the capacity for the effective delivery of essential services through governments, NGOs, and the private sector. ~~We also need to enhance surveillance systems so that we can better track the epidemic and target HIV prevention efforts.~~

Some of the other key components of this initiative include an increase in our efforts to include the AIDS epidemic in our foreign policy dialogue, ^{to engage the private} both to encourage and support ~~sector, including business leaders, foundations, and other~~ political leadership in hardest hit countries and to promote an increased response by ^{non-governmental organizations,} our developed nation partners. We are also taking steps to increase our coordination with the private sector and the many non-governmental organizations working in Africa, including religious organizations.

You will find a more complete description of this initiative – both the problems and solutions - in the report released by the Administration last summer. I have submitted a copy to this Subcommittee and would like to request that it be included in the record as part of my remarks.

While this new initiative greatly strengthens the foundation of a comprehensive response to the pandemic, UNAIDS has estimated that it will take \$1 billion to establish an effective HIV prevention program in sub-Saharan Africa. Currently all donors combined are contributing less than \$350 million to that end. In addition, UNAIDS estimates that it will take a minimum of \$1 billion to begin to deliver even the most basic care and treatment to people with AIDS in the region. We have not even begun to scratch the surface when it comes to delivering treatment.

In the face of such tremendous need, the Administration has asked the Congress to appropriate an additional \$100 million increase to enhance and expand our efforts to combat AIDS in Africa and around the world. These funds will enable us to bolster our efforts already underway at USAID and CDC, and to expand our approach to include the Departments of Labor and Defense.

Let me repeat however, that the United States cannot and should not do this alone. This crisis will require engagement from all segments of all societies working together. Every bi-lateral donor, every international lending agency, the corporate community, the foundation community, the religious community and every African government must do

their part to provide the leadership and resources necessary to turn the tide. It can be done.

The bottom line is this: We have no vaccine or cure in sight, and we are at the beginning of a global pandemic, not the end. What we see in Africa today, frankly, is just the tip of the iceberg. As goes Africa, so will go India and the Newly Independent States of the Former Soviet Union. There must be a sense of urgency to work together with our partners in Africa and around the world to learn from the experiences there and to share the successes and avoid the failures in countries now standing on brink of disaster. Millions of lives...perhaps hundreds of millions of lives hang in the balance.

We look forward to working closely with each and every one of you and are so grateful that this issue is receiving the broad-based bipartisan support it deserves. AIDS is not a democratic or republican issue – it is a devastating human tragedy that cries out to all of us for help.

We are one world – and in many ways – Africa's destiny is our destiny. There is hope on the horizon -- but that hope will only be realized if we take constructive action together. Today, let us commit to seize this opportunity. And let me conclude by thanking this Subcommittee for its interest in this issue, and offer my continued assistance as you seek ways to respond to this terrible tragedy. As Archbishop Tutu said: "If we wage this holy war together – we will win."

Thank you.

Short-
version

Testimony by

Sandra Thurman
Director, Office of National AIDS Policy

Before the

Senate Committee on Foreign Relations
Subcommittee on Africa

February 24, 2000

Mr. Chairman and other members of this Subcommittee and Full Committee, I am delighted to be with you today to talk about the global AIDS pandemic – with a special focus on AIDS in Africa. Your interest in addressing this crisis is very much appreciated – and desperately needed.

We have heard your colleagues and our Surgeon General lay out a vivid picture of the scope of this tragedy – particularly as it relates to the public health crisis. I would like to use my time with you to talk about its impact on the stability of families, communities and nations. I would like to share with you some of my experiences with the faces behind these shocking facts. And I would like to outline for you some key components of our enhanced Administration response to this global pandemic.

By any and every measure -- AIDS is a plague of Biblical proportion. And it is claiming more lives in Africa than in all of the wars waging on the continent combined. But unlike other wars – it is women and children that are increasingly caught in the crossfire of this relentless epidemic.

In Africa, an entire generation of children is in jeopardy. Already, in several sub-Saharan African countries, between one-fifth and one-third of all children have already been orphaned by AIDS. And the worst is yet to come. Within the next decade, more than 40 million children will have lost one or both parents to AIDS. 40 million. That is about the same number as all children in the United States living east of the Mississippi River. ~~Or taken another way, it is almost the same number as all children in public~~

~~school in this country. Left unchecked, this tragedy will continue to escalate for at least another 30 years.~~

In just a few short years, AIDS has wiped out decades of hard work and steady progress in improving the lives and health of families throughout the developing world – infant mortality is doubling, child mortality is tripling, and life expectancy is plummeting by twenty years or more.

AIDS is not just a health issue; it is an economic issue, a fundamental development issue and a security and stability issue.

AIDS is having a dramatic effect on productivity, trade and investment – striking down workers in their prime, driving up the cost of doing business, and driving down GNP. Dr. Sachs will address the economic impact of the epidemic in detail a little later.

AIDS is also effecting stability in the region. As you all know, the UN Security Council recently held a day-long meeting on HIV/AIDS, at which the Vice President spoke. This historic event highlighted the growing awareness that AIDS is a security threat that requires a global mobilization. This reality was also addressed in a report recently released by the National Intelligence Council. [The Report draws several very disturbing conclusions including the following:

- Development of an effective global surveillance and response system is at least a decade or more away.

which document
that impact of this
pandemic is far more
serious than we thought

- The economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more in by 2010 in some sub-Saharan countries.
- Some of the hardest hit countries in sub-Saharan Africa—and possibly later in South and South East Asia—will face a demographic upheaval as HIV/AIDS and associated diseases reduce human life expectancy by as much as 30 years and kill as many as a quarter of their populations over a decade or less, producing a huge orphan cohort.
- Nearly 42 million children in 27 countries will lose one or both parents to AIDS by 2010; 19 of the hardest hit countries will be in sub-Saharan Africa.
- The relationship between disease and political instability is indirect but real.]

The prevalence of HIV in the armed forces of many African countries is already staggeringly high. The *Economist* has estimated the HIV prevalence in the Congo range at 50 to 80%.

Yet my message to you today is not one of hopelessness and desolation. On the contrary, I hope to share with you a sense of optimism. For amidst all of this tragedy, there is hope. Amidst this terrible crisis, there is opportunity: the opportunity for us — working together — to empower women, to protect children, and to support families and communities throughout the world in our shared struggle against AIDS.

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The good news is, we know what works. With our partners in Africa we have developed useful knowledge and effective tools. Together, we have designed model programs and proven that they work. And today, we know how to stem the rising tide of new infections, how to provide basic care to those who are sick, and how to mobilize communities to support the growing number of children orphaned by AIDS. Uganda has demonstrated that with strong political commitment and sustained nationwide programs, HIV prevalence can be cut in half. And Senegal has shown that HIV can be stopped in its tracks and prevalence can be kept low. But there is more, much more that needs to be done if we are to bring these successes to scale.

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- **Prevention** – particularly stigma reduction strategies, especially for women and young people, including: HIV education, voluntary counseling and testing, and interventions to reduce mother-to-child transmission.
- **Home and community-based care**. This will help to create and enhance counseling and support systems, and to provide some basic medical care (including treatment for related illnesses like STDs and TB).
- **Care of children orphaned by AIDS** – through nutritional assistance, education, training, health, and counseling support, in coordination with micro-enterprise programs.
- **Infrastructure**. These funds will help to increase the capacity for the effective delivery of essential services through governments, NGOs, and the private sector.

Some of the other key components of this initiative include an increase in our efforts to include the AIDS epidemic in our foreign policy dialogue, and to engage the private sector, including business, labor, foundations, the religious community and other non-governmental organizations.

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Thank you.

REPUBLICAN STAFF
COMMITTEE ON BANKING AND FINANCIAL
SERVICES
GENERAL OVERSIGHT AND INVESTIGATIONS
SUBCOMMITTEE

FACSIMILE TRANSMITTAL SHEET

TO: *Sandy Thurman* FROM: *Cindy Fogleman*
OFFICE: DATE: *3/2*
FAX NUMBER: *456-2439* TOTAL NO. OF PAGES FOLLOWING COVER: *2*
RE: *FYI*

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS:

*We will shortly be releasing the expanded
witness list - I think Dr. Gary Slutkin will
be coming by the way -*

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BERNARD SANDERS, VERMONT

(202) 225-7502

HEARING NOTICE

TO: All Members
Committee on Banking and Financial Services

FROM: James A. Leach, Chairman

RE: Full Committee Hearing

**The global AIDS crisis and pandemic in Africa; H.R. 3519, the
World Bank AIDS Prevention Trust Fund Act**

Wednesday, March 8, 2000

10:00 am

2128 Rayburn House Office Building

The Full Committee will convene a hearing on Wednesday, March 8, 2000, to address the impact of the HIV/AIDS crisis on the poorest nations of the world, particularly in hard hit Sub-Saharan Africa. Although the region has only 10 percent of the world's population, it has nearly 70 percent of the world's HIV cases and accounts for over 80 percent of global AIDS deaths. Experts report that the pandemic has orphaned some 10 million children and threatens to cut GDP in some countries by up to 20 percent by 2010. The hearing will examine international strategies to prevent HIV/AIDS and curb the toll in human suffering and lost economic productivity. Witnesses will also comment on H.R. 3519, the World Bank AIDS Prevention Trust Fund Act.

Witnesses scheduled to testify are listed below. Any additional witnesses will be announced later.

Richard C. Holbrooke, the U.S. Ambassador to the United Nations
Timothy F. Geithner, Undersecretary (International Affairs), U. S. Department of Treasury

Sandra L. Thurman, Director, White House Office of National AIDS policy

Mary Fisher, Founder and Chair, Family AIDS Network

Ronald Dellums, President Healthcare International Management Company, and
Chairman, Constituency of Africa.

JAMES A. LEACH, IOWA, CHAIRMAN
BILL MCCOLLUM, FLORIDA
MARGE ROUKEMA, NEW JERSEY
DOUG BEREUTER, NEBRASKA
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(202) 225-7502

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Director Thurman:

The Committee on Banking and Financial Services invites you to testify at hearing to be held on Wednesday, March 8, 2000, at 10:00 a.m., on the global AIDS crisis and on legislation (H.R. 3519) to create a new World Bank AIDS Prevention Trust Fund. The hearing will be held in Room 2128 of the Rayburn House Office Building.

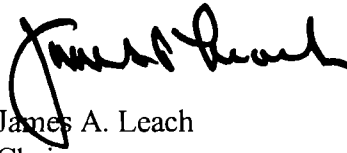
The Committee would welcome your assessment of the impact of the global AIDS crisis on developing countries, especially in Sub-Saharan Africa, as well as the implications of the spread of AIDS for U.S. national interests. In particular, the Committee would be interested in your views on the unique role that the World Bank can play, in coordination with the United Nations and other relevant agencies, in combating the effects and spread of this devastating disease. In this context, the Committee would welcome ONAP's views and comments on H.R. 3519, the World Bank AIDS Prevention Trust Fund Act. A copy of the bill is enclosed.

Banking Committee rules require that written testimony be made available to Members of the Committee 24 hours in advance of a hearing. Accordingly, it would be appreciated if 200 copies of your testimony could be delivered to Room 2129 of the Rayburn House Office Building by 10:00 a.m. on Tuesday, March 7, 2000. In addition, the Committee would appreciate receiving a copy of the statement on a 3.5 inch computer disk which will be placed on the Committee's Internet home page in compliance with House Rule XI 2(e)(4).

Page 2
Director Thurman
February 18, 2000

If you have any questions regarding this invitation, please do not hesitate to contact Jamie McCormick at (202) 226-0473 or Cindy Fogleman (202) 226-3280. We look forward to your participation.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Leach". The signature is fluid and cursive, with a large initial "J" and "L".

James A. Leach
Chairman

Enclosures

cc: The Honorable John J. LaFalce

106TH CONGRESS
2D SESSION

H. R. 3519

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 2000

Mr. LEACH introduced the following bill; which was referred to the Committee on Banking and Financial Services

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

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.**

4 This Act may be cited as the "World Bank AIDS
5 Prevention Trust Fund Act".

6 **SEC. 2. FINDINGS AND PURPOSES.**

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

1 (1) According to statistics of the International
2 Bank for Reconstruction and Development (World
3 Bank), more than 90 percent of all adults and chil-
4 dren with human immunodeficiency virus/acquired
5 immune deficiency syndrome (HIV/AIDS) live in the
6 developing world—62 percent in Sub-Saharan Afri-
7 ca, 24 percent in Asia, and 6.9 percent in Latin
8 America and the Caribbean.

9 (2) In Africa, the death toll from AIDS has
10 reached 13,000,000, while 23,000,000 others live
11 with the disease, and more than 10,000,000 children
12 have been infected or orphaned by it.

13 (3) The World Bank, declaring AIDS not just
14 a public health problem but the "foremost and fast-
15 est-growing threat to development" in Africa, has
16 launched a new strategy for HIV/AIDS in Africa,
17 declaring it a top priority for the Bank on that con-
18 tinent.

19 (4) The World Bank estimates that for Africa
20 alone \$1,000,000,000 to \$2,300,000,000 annually is
21 needed for prevention in the region in contrast to
22 the modest \$160,000,000 a year in official assist-
23 ance currently available for HIV/AIDS in Africa.

24 (5) AIDS, like all diseases, knows no bound-
25 aries, and there is no certitude that the scale of the

1 problem in one continent can be contained within
2 that region.

3 (6) Accordingly, United States financial support
4 for medical research, education, and disease contain-
5 ment as a global strategy has beneficial ramifica-
6 tions for millions of Americans and their families
7 who are affected by this disease, and the entire pop-
8 ulation which is potentially susceptible.

9 (b) PURPOSES. The purposes of this Act are to pre-
10 vent human suffering and to ensure the viability of eco-
11 nomic development, stability, and national security in the
12 developing world by advancing research to understand the
13 causes associated with HIV/AIDS in developing countries
14 and to assist in the development of an AIDS vaccine.

15 **TITLE I—NEGOTIATIONS FOR**
16 **THE CREATION OF A WORLD**
17 **BANK TRUST FUND TO ASSIST**
18 **IN AIDS PREVENTION AND**
19 **ERADICATION**

20 **SEC. 101. NEGOTIATIONS FOR THE CREATION OF A WORLD**
21 **BANK TRUST FUND TO ASSIST IN AIDS PRE-**
22 **VENTION AND ERADICATION.**

23 The Secretary of the Treasury shall seek to enter into
24 negotiations with the International Bank for Reconstruct-
25 tion and Development or the International Development

1 Association and with the member nations of such institu-
 2 tions and with other interested parties for the creation of
 3 a trust fund which could accept contributions from govern-
 4 ments, the private sector, and nongovernmental entities of
 5 all kinds and use such contributions to address the AIDS
 6 epidemic in countries eligible to borrow from the Inter-
 7 national Development Association.

8 **TITLE II—UNITED STATES** 9 **FINANCIAL PARTICIPATION**

10 **SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPRO-** 11 **PRIATIONS.**

12 In addition to any other funds authorized to be ap-
 13 propriated for multilateral or bilateral programs related
 14 to AIDS, there are authorized to be appropriated to the
 15 Secretary of the Treasury \$100,000,000 for each of fiscal
 16 years 2001 through 2005 for payment to the trust fund
 17 established as a result of negotiations entered into pursu-
 18 ant to section 101.

19 **TITLE III—REPORT**

20 **SEC. 301. REPORT TO THE CONGRESS.**

21 Not later than 3 years after the date of the enact-
 22 ment of this Act, the Secretary of the Treasury shall sub-
 23 mit to the Committees on Banking and Financial Services
 24 and on International Relations of the House of Represent-
 25 atives and the Committees on Banking, Housing, and

1 Urban Affairs and on Foreign Relations of the Senate a
2 written report on the trust fund established pursuant to
3 section 101, the goals of the trust fund, the programs,
4 projects, and activities, including any vaccination ap-
5 proaches, supported by the trust fund, and the effective-
6 ness of such programs, projects, and activities in reducing
7 the worldwide spread of AIDS.

○

106TH CONGRESS
2D SESSION

H. R. 3519

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 2000

Mr. LEACH introduced the following bill; which was referred to the Committee on Banking and Financial Services

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○

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Fax: (202) 736-7336

**U.S. Department of
State**

Fax

To: Sandy Thurman	From: Nancy Carter-Foster
Fax: 456-2439	Date: March 3, 2000
Phone:	Pages: 1
Re: Amb. Holbrooke's testimony	CC:

☒ **X Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

I would appreciate it if you could please draft the following Q&A's for Amb. Holbrooke's testimony to Congress. I apologize for the short turn-around – we just received this tasker today. Final points are due Monday COB, therefore, I would greatly appreciate it if you could reply by OOB Monday, March 6th. Please fax responses to (202) 736-7336 or call me at (202) 647-2435. Thank you.

Nancy Carter-Foster

1. There is grave concern about the high number of children who are drawn into national militia and guerilla forces in regions such as the Congo. Many of these children have been orphaned due to AIDS. What is the United Nations position on the relationship between the participation of children in the military and the orphan crisis? Are there any strategies in place to curb this trend (orphans or military)?
2. How can this strategy be tied to our efforts to address the AIDS crisis from the perspective of the orphan crisis, particularly as it relates directly to the escalating number of child soldiers who have already or will contract HIV/AIDS?
3. Some ask why we are placing a priority on addressing the AIDS crisis in Africa and the developing world while infection rates in the US are rising, particularly in communities of color. How would you answer that question?
4. Is there support within the Administration to push for a creative and aggressive new AIDS program?