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OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
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To:	Daniel Montoya	**Date:**	September 2, 1997
Fax #:	632-1096	**Pages:**	4, including this cover sheet.
From:	Jane Sanville		
Subject:	Cummings-Pelosi Legislation		

COMMENTS:

> 1

1 of 1 items CQ's WASHINGTON ALERT 09/02/97

HR2212 Cummings (D-MD) 07/22/97 (75 lines)
Introduced in House

To require the Secretary of Health and Human Services to carry out a program regarding sterile hypodermic needles in order to reduce the incidence of the transmission of HIV.

Special typefaces used in this bill version:
// \\ Italic
|| || Bold roman
Item Key: 5027

105TH CONGRESS
1ST SESSION

H. R. 2212

To require the Secretary of Health and Human Services to carry out a program regarding sterile hypodermic needles in order to reduce the incidence of the transmission of HIV.

IN THE HOUSE OF REPRESENTATIVES

July 22, 1997

Mr. CUMMINGS (for himself and Ms. PELOSI) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To require the Secretary of Health and Human Services to carry out a program regarding sterile hypodermic needles in order to reduce the incidence of the transmission of HIV.

//Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,\\

!!SECTION 1. SHORT TITLE.!!

This Act may be cited as the "HIV Prevention Outreach Act of 1997".

!!SEC. 2. PROGRAM REGARDING STERILE HYPODERMIC NEEDLES AND PREVENTION OF TRANSMISSION OF HIV.!!

(a) IN GENERAL.--For the purpose of reducing the incidence of the transmission of the human immunodeficiency virus (commonly known as HIV), the Secretary of Health and Human Services, in consultation with the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall make grants to States and political subdivisions of States to carry out projects under which sterile hypodermic needles are made available to the public without charge (referred to in this section as "distribution projects").

(b) REQUIREMENTS REGARDING CONSISTENCY WITH SCIENTIFIC STUDIES ON EFFECTIVENESS.--The Secretary of Health and Human Services shall ensure that a distribution project under subsection (a)--

(1) is carried out in a community only if the distribution project is part of a program for the prevention of infection with HIV, and such HIV prevention program makes referrals for the treatment of substance abuse and for other medical and support services; and

(2) is otherwise carried out consistent with scientific studies that have found that making sterile hypodermic needles available to the public without charge is an effective means of preventing the transmission of HIV and does not encourage the use of illegal drugs.

(c) FUNDING.--

(1) RESERVATION OF AMOUNTS.--Of the amounts appropriated under the Public Health Service Act for fiscal year 1998 and each of the fiscal years 1999 through 2002, the Secretary of Health and Human Services shall, subject to paragraph (2), reserve amounts for making grants under subsection (a).

(2) LIMITATION REGARDING PROGRAMS FOR TREATMENT OF SUBSTANCE ABUSE.--In reserving amounts under paragraph (1) for a fiscal year, the Secretary of Health and Human Services may not reserve amounts from appropriations made under the Public Health Service Act for any program of treatment for substance abuse.

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> 2

2 of 2 items CQ's WASHINGTON ALERT 09/02/97

*** FULL REPORT -- DIGEST, LEGISLATIVE ACTION, COSPONSORS, SPEECHES ***

MEASURE: HR2212

SPONSOR: Cummings (D-MD)

BRIEF TITLE: HIV Prevention Outreach Act of 1997.

OFFICIAL TITLE: A bill to require the secretary of Health and Human Services to carry out a program regarding sterile hypodermic needles in order to reduce the incidence of the transmission of HIV.

INTRODUCED: 07/22/97

COSPONSORS: 1 (Dems: 1 Reps: 0 Ind: 0)

COMMITTEES: House Commerce

SHORT TITLE AS INTRODUCED:
HIV Prevention Out-reach Act of 1997

LEGISLATIVE ACTION:

07/22/97 Referred to Committee on Commerce (CR p. H5569)

07/22/97 Original Cosponsor(s): 1
Pelosi (D-CA)

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House Needle Exchange debate

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

AMENDMENT OFFERED BY MR. HASTERT

Mr. HASTERT. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. **Hastert**:

On page 93, line 2, after the word `drug' insert a period, and strike out beginning with the word `unless' on line 2 all the language thru line 5 on page 93.

Mr. PORTER. Mr. Chairman, I ask unanimous consent that all debate on this amendment, and all amendments thereto, close in 80 minutes, and that the time be equally divided between the gentleman from Illinois [Mr. **Hastert**] and the gentleman from Wisconsin [Mr. **Obey**], or his designee.

The CHAIRMAN pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

[Page: H7218]

Mr. HASTERT. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this amendment clearly states that the policy of this Congress is not to use Federal money to hand out free needles in free needle exchange programs.

Mr. Chairman, one of the things that we have seen escalating among our youth is the increase in the use of heroin. In 1994, we had over 2,000 teenagers who, for the first time, used heroin. The way of using heroin and inducing it into the body primarily is through needles.

Mr. Chairman, one of the things that I have looked at and tried to study in the last 2 years, in my responsibility in looking at drug use and the increase in drug usage among the youth of this country, was a visit to Zurich, Switzerland. I revisited Zurich for the first time in 20 years. I had remembered Zurich as a pristine city on a lake in the story book land of Switzerland.

However, Mr. Chairman, when I revisited last year in April and walked the streets of Zurich, there was a look of devastation. Needle Park, heroin use, methamphetamine use, heroin clinics where people have increased the use of heroin in that country. As a matter of fact, Zurich has become a mecca for heroin users throughout Europe. Why? Because not only do they provide free heroin, but they provide free needles.

Mr. Chairman, 15,000 needles a day are consumed in the streets of Zurich. Some are obtained by walking into the train station and depositing money into a machine and getting needles also at a very low price. Why? Because ostensibly if we give free needles away, we curb the increase of HIV.

Mr. Chairman, what recent studies have shown, the Montreal and Vancouver studies have shown, is that intravenous drug users have a greater chance of becoming HIV positive than intravenous drug users who do not use the free needle programs. Intravenous drug users who participate in free needle exchange programs have a 33-percent chance of becoming HIV positive. Those who do not have a 13-percent chance of changing from HIV negative to HIV positive.

So, basically, the studies, the statistics just do not prove that free needle exchanges, No. 1, stop HIV positive increases. But mostly, when we are spending $34 or $35 million to tell our youth in this country that we should not smoke, that smoking is bad, that it hurts your health, why then should we even think about beginning to give away free needles, free needles whose only purpose is to shoot an illegal drug, heroin, a free needle that leads to a child, a young person's path down a slippery slope that begins with drug use, illness and many, many times eventually death?

Mr. Chairman, this amendment prohibits the use of Federal dollars to give away free needles for heroin addicts. I think it is self-explanatory.

Mr. Chairman, I reserve the balance of my time.

Mr. OBEY. Mr. Chairman, I yield myself 7 1/2 minutes.

Mr. Chairman, I grew up in an era where drug use was a rarity. I hate a lot of things that have happened to this society. I hate what has happened to our cities because of drugs, and I have to say that drugs are not just a big city problem. My hometown is a city of less than 35,000 people, and yet we have even seen the problem there.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Mr. Chairman, I do not think anybody ought to use drugs, and I think we need to have a strong policy in this country that discourages drugs. I think much of the money that we spend abroad to interdict drugs is wasted. I was told several years ago by a person who had been responsible for administering the antidrug interdiction programs under the Reagan administration that their private view was that nothing was working internationally because of the nature of the capitalistic system worldwide which, unfortunately, rewards a profit motive even for evil products.

So, Mr. Chairman, I do not think this issue is about whether we like drugs or not. I think we do have two fundamental problems in this country. One is how we go about effectively reducing drug use; and second, in that effort, how we do so in a way which saves the most possible lives.

The wording in the bill before us reads as follows: `Notwithstanding any other provision of this act, no funds appropriated under this act shall be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug, unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.'

The purpose of the amendment would knock out that exception so that if even the Secretary determined that those programs were helpful in preventing the spread of HIV, and did not encourage the use of illegal drugs, those programs still could not be carried out.

Mr. Chairman, I understand the motivation of the people who offer this amendment. They are offended by the idea, as am I, that the Government should appear to be in any way encouraging the use of drugs. Nobody wants to do that.

But more important than whether my sensibilities are offended is the practical result of American policy in terms of lives that are endangered or saved by that policy. That is why I must oppose the gentleman's amendment. I do so because organizations such as the American Medical Association, the American Public Health Association, the National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, all tell us that the best public policy, if we want to prevent the spread of a variety of diseases, including HIV and AIDS, is to support the language in our bill.

Mr. Chairman, I would note the public officials and legal groups who also take that position, including the U.S. Conference of Mayors and the American Bar Association. I would also point out that virtually every needle exchange program operating in this country provides referrals to drug treatment programs which, in my view, is the key ingredient in discouraging the use of drugs.

[TIME: 1200]

Now, the Family Research Council has made an argument against this because, among other reasons,

they point to what has happened in Zurich, Switzerland. The United States is not Switzerland and no American city is Zurich.

As I understand it, the study that was done of the Switzerland experiment took place in a city which allows the open use of hard drugs in a number of those cities. Clearly, the Swiss experiment bears little relationship to what would be contemplated in this country. We have those who argue for the legalization of drugs in this country or at least the decriminalization of drugs and the open distribution of them in order to eliminate the profit motive. I doubt very seriously that any proposal like that would stand a chance of a snowball in you know where of being adopted by this Congress or by our Government.

It just seems to me that we have a tough choice forced upon us by the complicated and sometimes perverse aspects of human nature, our culture, our society, and the outrageous insistence of certain elements of our society to make a buck regardless of the human or moral consequences.

I do not know half the time which the right choice is in instances like that, but I have to come down always on the side of having science and scientific leadership guide politicians in these matters, rather than having politicians making judgments independent of scientific evidence or advice, because very often we do not have the expertise to know what, in fact, is right in the scientific arena.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

So I recognize the legitimate moral and social concerns raised by the gentleman's amendment. I respect deeply the worries that folks on his side of this issue have. I just think there is an honest disagreement about whether or not the gentleman's amendment will lead to more damage of human beings or not. That is the honest debate that is occurring here today.

I hope Members respect that on both sides. I would urge in the interest of saving lives that we allow the Secretary to have this discretion if, after scientific review, they determine that such a program, distasteful though it is to me, will in fact contribute to the saving of lives and the prevention of a very damaging and fatal disease.

[Page: H7219]

Mr. HASTERT. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, I appreciate the comments of the gentleman from Wisconsin. I hope we can talk about orderly and logical reasons. I was in Switzerland. The heroin movement in Switzerland, the heroin giveaway programs in Switzerland did not start out with giveaway heroin programs. They started out with free needle exchanges, started out with free needle exchanges in heroin in places like Needle Park and downtown Zurich.

My concern is that, yes, science says maybe there is a hedge on HIV. Others studies show that there is not. But I think that this is a place where we have to debate what we feel is right and wrong and what this country feels is right and wrong. I think the majority of my constituents and certainly the majority of people across this country feel that it is wrong to give free needles out to heroin users which really encourage the use of heroin among our youth and our children.

Mr. Chairman, I yield 4 minutes and 15 seconds to the gentleman from Georgia [Mr. **Barr**].

Mr. BARR of Georgia. Mr. Chairman, I thank the distinguished gentleman from Illinois who heads our subcommittee for yielding me this time.

This amendment is important because what it attacks is both bad science and bad policy of the Clinton administration. It is bad science because there is no evidence whatsoever that providing addicts an easy way to accomplish their actions, that is injecting their bodies with deadly mind-altering drugs, is diminished or reduced in any way, shape, or form by providing them the means with which to inject their bodies with deadly mind-altering substances.

This is bad policy, Mr. Chairman, because what it does, that is the underlying policy of the Clinton administration, is to, in effect, launder money into drug needle exchange programs through grants from the CDC that are otherwise prohibited directly by Federal law. And the Congress, all of us, whether we like needle exchange programs or we do not like needle exchange programs, should have

some concern over the integrity of laws that the Congress passes and stand up to an administration, whether it is Republican or Democrat, that is flouting the intent of the law passed by Congress and say, you cannot do that.

Mr. Chairman, I had the opportunity, as did the chairman from Illinois, recently to travel to Switzerland. I did so just over this past weekend. As the chairman has indicated, the epidemic of heroin use, the increases in heroin use, the legalization of heroin use in Switzerland was not the beginning. The beginning was needle exchange programs. It has now reached the point in Zurich where any person, whether they are 5 or 50, can walk up to a vending machine on the street corner, put in about 2 dollars' worth of coins and get back a box.

Inside that box is death. Inside that box are three syringes, needles, instructions on how to inject deadly, mind-altering substances into one's body. Why on the face of the Earth would our Government be interested in doing that to our children? That is where this administration is heading.

Would this administration, would those on the other side who so eloquently argue against this amendment, which simply tells the administration they cannot do what Congress has already prohibited it from doing indirectly, why would we not at the same time, to be consistent, go to our schoolchildren, who folks on the other side are very vehement about saying we must stop teen smoking, why should we not also have programs that provide free filters to cigarettes for those students, because that is exactly what we are doing with needle exchange programs? We are going to our children and saying, we do not like what you are doing but here, as long as you are going to do it, make it easier.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

The experience in Switzerland, while the gentleman on the other side is absolutely correct, is not directly parallel to ours, is precisely, though, on point. Needle exchange programs further facilitate increase and exaggerate the use of mind-altering substances. We do not need to be a rocket scientist to figure that out.

Look at the statistics. Look at the sorry experience of what is happening in Switzerland. Please, let us make sure that this administration and no future administration is able to take the first step toward putting boxes of syringes and needles in the hands of our schoolchildren.

Support this amendment. That is all that it does. It simply reaffirms what Congress has already done and would stop an administration from surreptitiously going outside the intent and around the intent of Congress and doing indirectly what they have been prohibited from doing directly. This amendment is good policy. It reflects good science. It is for our children.

Mr. OBEY. Mr. Chairman, I yield 4 minutes to the distinguished gentleman from Iowa [Mr. **Ganske**].

Mr. GANSKE. Mr. Chairman, I rise in strong opposition to the Wicker-Hastert amendment. This amendment may be popular, as evidenced by polls that simplify the issue, but it is not enlightened public policy.

AIDS continues to ravage our country, from the big cities to the little towns. Sure, we have multidrug treatment, it may delay death. Maybe it will affect long-term survival. But despite these successes, we still have needle sharing as one of the most significant modes of HIV transmission.

In 1995, a panel of the National Research Council and the Institute of Medicine reported that between 1981 and 1993 the proportion of AIDS cases resulting from injection drug use rose from 12 to 28 percent. They concluded that `the HIV epidemic in this country is now clearly driven by infections occurring in the population of injection drug users, their sexual partners, and their offspring.'

One-third of all reported cases of AIDS in adults can be traced directly or indirectly to injection drug use. Over half of the children with AIDS got it from others who were injection drug users.

Mr. Chairman, we will never win this fight against AIDS if we fail to reduce the transmission of HIV through shared needles. Numerous studies have shown that needle exchange programs hold promise as a means to slow the spread of AIDS. The General Accounting Office conducted a review of these programs and found that a Connecticut program could reduce new HIV infection among participants by 33 percent over 1 year. Equally important, the GAO did not find evidence that these programs resulted in increased drug use. In fact, a University of California study indicated that some needle exchange programs have made significant numbers of referrals to drug abuse treatment programs.

Even if needle exchange programs cannot change the behavior of the drug users, they can at least reduce the number of times a needle is reused, getting it out of circulation more quickly, reducing the possibility that it will give HIV to somebody else.

One survey in the Journal of the American Medical Association found that a needle exchange program removed more than 3,500 HIV-contaminated syringes from San Francisco in 1 month. A 1997 consensus panel of the NIH was emphatic on the possible benefits of needle exchange programs, stating that they do not increase needle injecting behavior among current drug users; they do not increase the number of drug users; they do not increase the number of drug paraphernalia that is discarded.

In light of this evidence, which I have outlined, and many more studies suggesting the benefits of needle exchange programs, it would be wrong to close the door to Federal involvement in these projects.

Mr. Chairman, current law provides the Secretary of Health and Human Services with the discretion to lift the ban on needle programs, if she finds that these programs reduce the incidence of AIDS and also if they do not increase the use of illegal drugs.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Given the number of people who are losing their lives to AIDS every day, that discretion is appropriate. We should not change it. I urge my colleagues to think of the thousands of children who get AIDS because a parent got HIV from a dirty needle. Oppose the Wicker-Hastert amendment. Preserve our options in preventing the spread of HIV.

Mr. HASTERT. Mr. Chairman, I yield 6 1/2 minutes to the gentleman from Oklahoma [Mr. **Coburn**], a distinguished doctor.

(Mr. COBURN asked and was given permission to revise and extend his remarks.)

[Page: H7220]

Mr. COBURN. Mr. Chairman, there are a lot of confusing issues about the AIDS epidemic. I happen to be one of those that think that we have handled the epidemic in an incorrect fashion. We have done so for a very good reason, because there has been significant discrimination in this country with those who have had HIV. But there are some things that the American public ought to know about the concept of free needle exchanges.

First of all, this prohibition will not limit the right of any State to do this. That is where most free needle exchange programs are going on.

[TIME: 1215]

The other thing people should remember is a free needle exchange program is a free needle exchange for a felon, somebody who has already proven they do not respect our laws and who violates our laws. Now, yes, they are addicted, but nevertheless they are felons.

Second, most people support their drug habit by selling drugs, IV drugs. So if they are addicted to heroin, what happens is, they become motivated to supply their habit by agreeing to sell more heroin for the person that they are buying it from to take care of their addiction.

Third, it is not just heroin. In Oklahoma we have a significant problem with IV methamphetamine, something that is made in small labs throughout the State, and then people become addicted to IV methamphetamine.

So for us to assume this is just a heroin problem is completely wrong. For us to assume this is just people who have been victimized by the drug culture is wrong. They are felons. They also are the very people we are going to be giving free needles to who are going to be encouraging people who are presently not drug addicted to become drug addicted, and we are going to give them some of the tools to help them do that.

Now, is the goal worthy? There are six studies that I have read in North America that are associated with free needle exchange programs. The information on decreasing HIV transmission is mixed. Two of the studies show a marked increase in HIV transmission, as compared to those who were not in a free needle exchange program; four do not show that. So we do not know what the science says.

We can get out here and say that we know that the science is absolute that it will do this, but we do not really know that. It is nice to claim that in a debate, but we do not know that.

What we do know from the two most comprehensive studies that had the same people in the beginning of the study and the same people at the end of the study is that we see an increase in drug usage, one, and that we see an increase in the transmission of HIV among those groups.

Another point: One of the concepts of drug treatment is not to enable people to continue their addiction. There are a large number of people who are very well involved in hard drug addiction who oppose the idea of enabling people or making it easier for people to pursue their addiction. It goes against some of the greatest concepts of addictive psychiatrists when we say we are going to give people an easier way to utilize their addiction.

The gentleman from Wisconsin [Mr. **Obey**] stated that of the various groups that have recommended that this be done, from the American Medical Association to the American Pediatric Society to the American Public Health Association, the Montreal and Vancouver studies were not available to them at the time they made those recommendations. So they are acting on information that is not the latest of information.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

I also want to share with my colleagues what is going on in Plano, TX. Plano, TX, is not in my district, but here is a community of 200,000 people who have lost six youths this year from IV drug overdose, six youth that are no longer here because they had access to drugs.

It is debatable if this is a good way to slow HIV transmission. What is not debatable is that this is not a good way to slow drug addiction. This is not a good way to slow habits that are destructive to our society, and it certainly is not a good way to lessen the ability of those that are already addicted to, in fact, addict other people on the basis that now we have made it easier for them to promote their wares to support their habit.

Mr. WAXMAN. Mr. Chairman, will the gentleman yield?

Mr. COBURN. I yield to the gentleman from California.

Mr. WAXMAN. Mr. Chairman, I thank the gentleman for yielding to me.

What the amendment before us would do is, even if we found a needle exchange program could reduce the incidence of AIDS and if, when people came in for needle exchange, they were then encouraged to go into some program to cure their drug addiction, we would not be allowed to use funds for that purpose. That is what troubles me about this amendment.

Mr. COBURN. Mr. Chairman, just to answer that. I am not saying that is not a good goal, but that is only a part of what this amendment does.

This amendment violates the very sincere and straightforward principles that we have learned about addiction.

I want to read to my colleagues about a participant who drove up, did not have to give her name in a free New York needle exchange program. Here is what she said:

I made a personal visit to the `exchange' and without one dirty needle to exchange, I was supplied with 40 clean needles, alcohol wipes, cotton balls and cookers, along with a graphic description of the proper way to shoot up so as to protect my health and prevent my loved ones from knowing I was using drugs. Her instructions were, `Don't shoot up in your neck. If you get bad dope, your head can explode.'

I was also provided a needle exchange card making me exempt from arrest or prosecution if I were to be stopped by police and found to be carrying clean needles, a felony under New York law. I lied in response to every question and purposely reported I had been shooting up for only 6 months in the hope they would lean on me to come for counseling.

In parting, I asked the worker whether I had to return the needles he had supplied me in order to get more. He said, no, I don't have to bring the needles back, but advised me to discard the used syringes in an opaque container so no one would see them. The sheer willingness to supply me with 40 syringes without expecting anything to be returned leaves a grave unanswered question: What happens to those 40 dirty needles?

Ms. PELOSI. Mr. Chairman, I yield 2 minutes to the gentleman from California [Mr. **Waxman**].

Mr. WAXMAN. Mr. Chairman, I thank the gentlewoman for yielding me this time.

The problem in the argument that was just advanced by the gentleman from Oklahoma [Mr. **Coburn**], is that even if we found that the use of a needle exchange program could reduce the incidence of AIDS, even if we found that there would not be more drug use, but in fact people might then be encouraged to go into programs to shake their addiction, we would prohibit, if this amendment were adopted, the use of Federal funds, by the decision of the local health people, to be used for a needle exchange program. We would be saying to the local people, at their discretion, that under no circumstances could they use this tool of a needle exchange program to prevent the spread of HIV.

Now, I find it surprising that people who say we ought to use Federal funds at the discretion of local governments to take the opposite position when a needle exchange program is involved.

But before local public health agencies can even decide to have a needle exchange program, the law says the Secretary of HHS must make two findings: The Secretary of Health and Human Services must find that a needle exchange reduces the spread of HIV and that the needle exchange program does not cause any increase in illegal drug use.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

The amendment before us would strike the ability of the Secretary to get this information and possibly make this finding. It would say under no circumstances, we do not care what the evidence may tell us, will we allow a needle exchange program at the discretion of the local public health officials.

This is short-sighted. These are the kinds of short-sighted decisions that have kept us from approaching this AIDS epidemic with all the tools at our disposal. We should not let the decision be made by people in the Congress, who do not have the evidence but who have a lot of fears about how their views will be interpreted as to whether it is politically correct from the point of view of an opponent who may attack a distorted statement of those views. We ought to let these decisions be made on a scientific basis.

Mr. Chairman, I urge defeat of the amendment.

[Page: H7221]

Mr. HASTERT. Mr. Chairman, I yield myself 1 minute to answer the gentleman from California.

One of the things we found, especially in the largest needle exchange program in New York, is that there is no referral to drug treatment programs. Matter of fact, they offer the addict anonymity so that they can hide their problem from their friends and their families so that they do not get help. That is one of the real problems.

We also found in Switzerland a study of one of the needle exchange programs and heroin-providing programs that has been tracked, of 1,035 heroin addicts given needles and clean heroin, only 83 exited the program since 1992, many by dying, and at the hands of their own government.

We talk about politically correct. Mr. Chairman, this is not politically correct. This is what is right and wrong and how the people of this country believe what is right and wrong. The job of this Congress is to move that belief forward.

Mr. Chairman, I yield 5 minutes to the gentleman from Mississippi [Mr. **Wicker**].

Mr. WICKER. Mr. Chairman, I want to certainly rise in support of the amendment, which would prohibit taxpayer dollars--taxpayer dollars--from being spent to distribute needles to intravenous drug abusers. And I want to thank the gentleman from Illinois [Mr. **Hastert**] for his leadership on this issue, not only on the floor, but also before his subcommittee.

I also want to thank the distinguished chairman of the appropriations subcommittee, the gentleman from Illinois [Mr. **Porter**], for indicating his support for this very important amendment to the appropriation bill. I very much appreciate the gentleman from Illinois for supporting this.

At the outset, I think it is important that we define what we are talking about when we say needle exchanges. How does a needle exchange program work?

Under a needle exchange program, an intravenous drug user comes to a facility with a dirty needle that has been used to perpetrate a felony, to inject either heroin or cocaine or another form of illegal drug, and they exchange it for a new needle. They simply hand over the needle that was used in the illegal drug act and receive, in return, a clean needle.

In many cases, the illegal drug user will be given a permission slip which would authorize him to carry the otherwise illegal drug paraphernalia. So, in reality, the activity that we are talking about, that we are talking about using Federal funds for today, is to facilitate an act which is in fact illegal, which is in fact a felony in almost all of the United States of America.

Now, where are we under the current law, under the current law and the current appropriation bill that we are trying to amend?

For the past few years we have given the discretion to the Secretary of Health and Human Services to allow for needle exchanges if she determined that that should be done. And I believe the gentleman from California [Mr. **Waxman**] has read the appropriate language about determinations she must make.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

I truly believe that starting off on this path, I do not see any different when we know the number of addicts that die because of overdoses and impure drugs, why some do-gooder will not be saying, why do we not give them purified drugs or something where they will be protected under doctor's advice, and already we have people running off talking about legalization and giving up what they call a fight that we have not had it.

But because I do not know and I do not think anyone in this House knows exactly how many lives are lost because of contaminated needles, I am prepared to leave it up to the Secretary of Health and Human Services and not make that political judgment myself.

PREFERENTIAL MOTION OFFERED BY MR. MILLER OF CALIFORNIA

Mr. MILLER of California. Mr. Chairman, I offer a preferential motion.

The CHAIRMAN pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Miller of California moves that the Committee do now rise.

The CHAIRMAN pro tempore. The question is on the motion offered by the gentleman from California [Mr. **Miller**].

The question was taken; and the Chairman pro tempore announced that the noes appeared to have it.

[Page: H7222]

RECORDED VOTE

Mr. MILLER of California. Mr. Chairman, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were--ayes 39, noes 362, not voting 32, as follows:

Roll No. 387

[Roll No. 387]

YEAS--39

- Berry
- Brown (OH)
- Carson
- Coyne
- Davis (FL)
- DeFazio
- DeLauro
- Deutsch
- Dingell
- Doggett
- Eshoo
- Farr
- Filner
- Ford
- Frank (MA)
- Gejdenson
- Gephardt
- Gutierrez
- Hinchey
- Johnson, E.B.
- Kind (WI)
- Lowey
- McDermott
- McNulty
- Meehan
- Millender-McDonald
- Miller (CA)
- Mink
- Olver
- Owens
- Pallone
- Pastor
- Pelosi
- Rangel
- Slaughter
- Stupak
- Vento
- Waxman
- Woolsey

NAYS--362

- Abercrombie
- Ackerman
- Aderholt
- Andrews
- Archer
- Armey
- Bachus
- Baesler
- Baker
- Baldacci
- Ballenger

- Barcia
- Barrett (NE)
- Barrett (WI)
- Bartlett
- Barton
- Bass
- Bateman
- Becerra
- Bentsen
- Bereuter
- Berman
- Bilbray
- Bilirakis
- Bishop
- Blagojevich
- Bliley
- Blumenauer
- Blunt
- Boehlert
- Bono
- Borski
- Boswell
- Boucher
- Boyd
- Brady
- Brown (CA)
- Brown (FL)
- Bryant
- Bunning
- Burton
- Buyer
- Callahan
- Calvert
- Camp
- Campbell
- Canady
- Cannon
- Capps
- Cardin
- Castle
- Chabot
- Chambliss
- Chenoweth
- Christensen
- Clay
- Clement
- Clyburn
- Coble
- Coburn
- Collins
- Combest
- Condit
- Cook
- Cooksey
- Costello
- Cox
- Cramer

- Crane
- Crapo
- Cubin
- Cummings
- Cunningham
- Danner
- Davis (VA)
- Deal
- DeGette
- DeLay
- Diaz-Balart
- Dickey
- Dicks
- Dixon
- Doolittle
- Doyle
- Dreier
- Duncan
- Dunn
- Edwards
- Ehlers
- Ehrlich
- Emerson
- Engel
- English
- Ensign
- Etheridge
- Evans
- Everett
- Ewing
- Fattah
- Fawell
- Fazio
- Foglietta
- Foley
- Forbes
- Fowler
- Fox
- Franks (NJ)
- Frelinghuysen
- Frost
- Furse
- Gallegly
- Ganske
- Gekas
- Gibbons
- Gilchrest
- Gillmor
- Gilman
- Goode
- Goodlatte
- Goodling
- Gordon
- Goss
- Graham
- Granger
- Green

- Greenwood
- Gutknecht
- Hall (OH)
- Hall (TX)
- Hamilton
- Hansen
- Harman
- Hastert
- Hastings (WA)
- Hayworth
- Hefley
- Hefner
- Herger
- Hill
- Hilleary
- Hinojosa
- Hobson
- Hoekstra
- Holden
- Hooley
- Horn
- Hostettler
- Houghton
- Hoyer
- Hulshof
- Hunter
- Hutchinson
- Hyde
- Inglis
- Istook
- Jackson (IL)
- Jefferson
- Jenkins
- John
- Johnson (CT)
- Johnson (WI)
- Johnson, Sam
- Jones
- Kanjorski
- Kaptur
- Kasich
- Kelly
- Kennedy (MA)
- Kennedy (RI)
- Kennelly
- Kildee
- Kilpatrick
- Kim
- King (NY)
- Kingston
- Kleczka
- Klink
- Klug
- Knollenberg
- Kolbe
- Kucinich
- LaFalce

- LaHood
- Lampson
- Lantos
- Largent
- Latham
- LaTourette
- Lazio
- Leach
- Levin
- Lewis (CA)
- Lewis (KY)
- Linder
- Lipinski
- Livingston
- LoBiondo
- Lofgren
- Lucas
- Luther
- Maloney (CT)
- Maloney (NY)
- Manton
- Manzullo
- Markey
- Martinez
- Mascara
- Matsui
- McCarthy (MO)
- McCarthy (NY)
- McCollum
- McCrery
- McDade
- McGovern
- McHale
- McHugh
- McInnis
- McIntosh
- McIntyre
- McKeon
- McKinney
- Menendez
- Metcalf
- Mica
- Miller (FL)
- Minge
- Moakley
- Mollohan
- Moran (KS)
- Morella
- Murtha
- Myrick
- Nadler
- Neal
- Nethercutt
- Neumann
- Ney
- Northup
- Nussle

- Oberstar
- Obey
- Ortiz
- Oxley
- Packard
- Pappas
- Parker
- Pascrell
- Paul
- Paxon
- Payne
- Pease
- Peterson (MN)
- Peterson (PA)
- Petri
- Pickering
- Pickett
- Pitts
- Pombo
- Pomeroy
- Porter
- Portman
- Poshard
- Price (NC)
- Pryce (OH)
- Quinn
- Radanovich
- Rahall
- Ramstad
- Redmond
- Regula
- Reyes
- Riggs
- Riley
- Rivers
- Rodriguez
- Rogan
- Rogers
- Rohrabacher
- Ros-Lehtinen
- Rothman
- Roukema
- Roybal-Allard
- Royce
- Ryun
- Sabo
- Salmon
- Sanders
- Sandlin
- Sanford
- Sawyer
- Saxton
- Schaefer, Dan
- Schaffer, Bob
- Schumer
- Scott
- Sensenbrenner

- Serrano
- Sessions
- Shadegg
- Shaw
- Shays
- Sherman
- Shimkus
- Shuster
- Sisisky
- Skaggs
- Skeen
- Skelton
- Smith (NJ)
- Smith (OR)
- Smith (TX)
- Smith, Linda
- Snowbarger
- Snyder
- Souder
- Spence
- Spratt
- Stabenow
- Stark
- Stearns
- Stenholm
- Stokes
- Strickland
- Stump
- Sununu
- Talent
- Tanner
- Tauscher
- Tauzin
- Taylor (MS)
- Taylor (NC)
- Thomas
- Thompson
- Thornberry
- Thune
- Thurman
- Tiahrt
- Tierney
- Torres
- Towns
- Traficant
- Turner
- Upton
- Velazquez
- Visclosky
- Walsh
- Wamp
- Watkins
- Watts (OK)
- Weldon (FL)
- Weldon (PA)
- Weller
- Wexler

- Weygand
- White
- Whitfield
- Wicker
- Wolf
- Wynn
- Yates
- Young (AK)
- Young (FL)

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

NOT VOTING--32

- Allen
- Barr
- Boehner
- Bonilla
- Bonior
- Burr
- Clayton
- Conyers
- Davis (IL)
- Delahunt
- Dellums
- Dooley
- Flake
- Gonzalez
- Hastings (FL)
- Hilliard
- Jackson-Lee (TX)
- Lewis (GA)
- Meek
- Moran (VA)
- Norwood
- Roemer
- Rush
- Sanchez
- Scarborough
- Schiff
- Smith (MI)
- Smith, Adam
- Solomon
- Waters
- Watt (NC)
- Wise
-

[TIME: 1252]

Mr. SHADEGG changed his vote from `yea' to `nay.'

So the motion was rejected.

The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

- Mr. SMITH of Michigan. Mr. Chairman, on rollcall No. 387, I was unavoidably detained at a Social Security meeting away from the Capitol. Had I been present, I would have voted `nay.'

The CHAIRMAN pro tempore [Mr. **LaHood**]. The gentleman from Illinois [Mr. **Hastert**] has 18 1/2 minutes remaining, and the gentlewoman from California [Ms. **Pelosi**] has 25 minutes remaining.

Following debate on this amendment, we will vote on the amendment of the gentleman from Illinois [Mr. **Hastert**], followed by votes on two other amendments that were postponed.

Ms. PELOSI. Mr. Chairman, I yield 4 minutes to the very distinguished gentleman from Ohio [Mr. **Stokes**], a member of the subcommittee.

Mr. STOKES. Mr. Chairman, I thank the gentlewoman for yielding me this time.

Mr. Chairman, I rise in strong opposition to this amendment, which would terminate the Secretary of the Department of Health and Human Services' authority to determine if Federal funds can be used for needle exchange programs.

HIV-AIDS is a very serious public health epidemic that must be dealt with openly and aggressively. Our Nation's aggressive head-on attack to conquering this devastating disease is what has led to AIDS patients living longer and enjoying a fuller quality of life.

There was a time not too long ago when we could not use the word `AIDS' and the word `living' in the same sentence. As a result of our pulling-out-all-the-stops approach to this disease, we can now speak of living with AIDS.

[TIME: 1300]

In fact, we should be here today speaking of how to apply the war on AIDS blueprint to conquering diabetes, heart disease, cancer, and violence. Yet, instead, we are here playing politics with one of our Nation's most deadly diseases and major causes of premature deaths.

Mr. Chairman, research studies conducted by the National Commission on AIDS, the General Accounting Office, the University of California at the direction of the Centers for Disease Control and Prevention, the National Academy of Sciences, the Office of Technology Assessment, and also the National Institutes of Health Consensus Development Conference all support needle exchange as an effective means of controlling and preventing the spread of HIV-AIDS.

Renowned public health and medical expert organizations, including the National Academy of Sciences, the American Medical Association, the American Public Health Association, the American Academy of Pediatrics, all support needle exchange programs.

We must put this amendment into perspective. AIDS is now the leading cause of death among Americans ages 25 to 44. Approximately one-third of all reported adult AIDS cases are directly or indirectly associated with injection drug use. Drug users account for approximately two-thirds of all cases of newly acquired HIV infection. Over half of AIDS deaths are injection-related.

It is imperative that we not create Federal policies that would restrict the ability of the Federal

Government and local communities to end this HIV-AIDS epidemic. Let us not turn back the clock on HIV-AIDS. Current law allows the use of Federal funds for needle exchange programs if the Secretary of Health and Human Services determines that these programs effectively reduce HIV and do not encourage the use of illegal drugs.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH | THIS DOCUMENT | THIS CR ISSUE | GO TO
Next Hit | Forward | Next Document
Prev Hit | Back | Prev Document | HomePage
Hit List | Best Sections | Daily Digest | Help
Doc Contents

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Mr. Chairman, I ask my colleagues to join me in fighting the spread of this deadly HIV-AIDS disease by voting `no' to an amendment that would prohibit the Secretary's authority to protect the health, safety, and well-being of the American people, especially those most at risk for HIV-AIDS. Vote `no' on relinquishing the Secretary's authority.

[Page: H7223]

Ms. PELOSI. Mr. Chairman, I am pleased to yield 1 minute to the gentleman from New York [Mr. **Nadler**], a leader in the fight against AIDS.

Mr. NADLER. Mr. Chairman, some things are no longer debatable. They may have been debatable 5 years ago, but despite some assertions from some gentlemen here, they are no longer debatable.

One, needle exchange does not promote drug use. We are all opposed to drug use. Any number of studies and plenty of experience have found that needle exchange does not increase drug use.

Also, needle exchange saves lives. These two propositions are not debatable except by people who are ignorant of what the truth of the matter is, from any number of studies and experience in 100 cities in the United States.

Point two, if we want to send a message, we do not send a message at the cost of people's lives. Some people may think, oh, it is only junkies, let them die. They will not say it, but some people think that. That is tomorrow. But beyond that, it is not just junkies. It is their children who are born with AIDS, it is people they have sex with, it is people who have sex with people they had sex with, it is the whole transmission.

One-third of all AIDS transmission in the United States today is because of our ignorant restrictions on needle exchanges. Do not pass this amendment. If Members vote for this amendment, they are voting to transmit AIDS and to have more people die of this scourge.

Ms. PELOSI. Mr. Chairman, I am pleased to yield 1 minute to the gentlewoman from Connecticut [Ms. **DeLauro**], a distinguished member of the subcommittee.

Ms. **DeLAURO.** Mr. Chairman, I understand the concerns expressed by the proponents of this amendment. The issue makes me uncomfortable, but it saves lives and it reduces drug use.

The experience of my hometown, New Haven, CT, has had me look very hard and clear at the facts. The needle exchange program in New Haven was created in 1991. A recent Yale University study talked about the effects of the program. Let me let the Members know about this.

The program reduced sharing of needles by drug abusers from 71 percent to 15 percent of people who

shared. It reduced the spread of HIV by 33 percent. It helped 350 people each year get off drugs and get their lives turned around. The New Haven Police Department indicates that this caused no increase in the number of drug-related problems during the time the program was in effect.

In the State of Connecticut, 53 percent of our AIDS cases are in drug users. Most children with AIDS in Connecticut had a parent who was a drug user. Stopping needle sharing saves lives, especially those of innocent children.

Mr. HASTERT. Mr. Chairman, I yield 4 1/2 minutes to the gentleman from Indiana [Mr. **Souder**], who has been a leader on this issue.

Mr. SOUDER. Mr. Chairman, it is hard to believe we are even debating this amendment of giving free needles to enable people to abuse an illegal substance, heroin, and possibly terminate their own lives and the lives of others. It is truly astonishing that anyone who wants to prevent drug abuse or help an addict get off drugs would support a needle exchange program. In fact, what we are saying would be, here is a clean needle, keep injecting yourself with this, it will kill you. This is not compassion, this is truly just masquerading as compassion.

In fact, the lead author of the San Francisco needle exchange study, a needle provider himself, was later found dead of an IV heroin drug overdose. Beyond the evidence now coming in from the Canadian needle exchange give-away programs in Montreal and Vancouver that show increased HIV infection in addicts who participated in the program versus those who did not, evidence is not clear. Earlier evidence was suggesting one thing, and evidence coming in now is suggesting another.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

One has to question the consequences of needle exchange programs for the community involved. What happens when a clinic, with government sanction, is allowed to dispense free needles to addicts? The zone around the clinic dispensing free needles to IV drug users becomes a no-go area for law enforcement. The result is, drug dealers move in, certain they are immunized against prosecution and free to keep their clients addicted.

In Manhattan, the lower east side community Board 3 passed a resolution in November, 1995, to close down their needle exchange program because the community was inundated with drug dealers. Law-abiding businessmen shut down, and needed law enforcement was withheld by the police.

In Willimantic, CT, after a toddler was stuck by a needle discarded near the needle exchange program and an intoxicated man died from an overdose after receiving clinic needles, residents protested and the program was finally shut down in 1997. Do not be fooled, needle exchange programs are only a subtle form of drug legalization, and at least enables that.

I want to read from a statement from Dr. James Curtis on June 4, 1997, director of the Department of Psychiatry and Addiction Services at the Harlem Hospital Center, a professor of clinical psychiatry at the Columbia University College of Physicians and Surgeons on behalf of the Black Leadership Commission on AIDS.

He describes his college and then he says,

The specific topic of needle exchange programs is one I have carefully followed since they were first proposed almost 15 years ago. From the first and up until the present time, I remain firmly opposed to the needle exchange because I am convinced they would do much harm to black people. Addicts need to be treated and can be effectively treated. They should not be given needles and encouraged to continue their addiction.

Dr. Curtis of the Harlem Hospital continues,

Let us examine needle exchanges. Addicts are well-informed about how the HIV/AIDS is transmitted, and also about methods of obtaining clean needles. It is absurd to believe addicts cannot afford the small cost of injection equipment, but that they can afford to raise the much larger amount of money to purchase illicit drugs they will inject in their veins. By giving free needles and syringes to addicts, we help them to finance their addiction. . . . Often needles are supplied free along with the purchase of powdered heroin, and cocaine needles are sold freely on the black market, since large supplies are regularly stolen from hospitals and physicians' offices,

Dr. Curtis of the Harlem Hospital continues.

Furthermore, since needles and syringes can be prescribed for diabetic patients, many addicts,

whether they are diabetic or not, obtain prescriptions this way. However, even well-informed addicts, who carefully use clean needles for years, eventually reach the point that they have used up all of their veins. The unfortunate result is that when they are admitted to hospitals for treatment for other medical or surgical procedures, physicians often are sometimes unable to find a vein to perform a life-saving function.

Furthermore, Dr. Curtis of the Harlem Hospital Center says,

The addict cannot remain an addict unless he or she receives a lot of help from a group of other people. These other people are referred to as enablers, other addicts and well-intentioned family members or friends.

He said that needle exchange programs encourage denial and are frankly enabling.

He also points out that the public has been led to believe that persons who have a compassionate concern for drug addicts should favor the use of clean needles, and anybody opposing the program is in favor of forcing addicts to use dirty needles. In other words, it is a contest between the liberal and humane persons versus those who are prejudiced against addicts, black people, and persons with AIDS. In actuality, the choices are not between clean needles or dirty needles. It is a still better choice to be opposed altogether to needles.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

It would be appalling to use our tax dollars to be enablers for people who are putting their life and their communities at risk.

Ms. PELOSI. Mr. Chairman, I am pleased to yield 2 minutes to the distinguished gentlewoman from Maryland [Mrs. **Morella**], a great leader in the fight against AIDS, especially women with AIDS.

[Page: H7224]

Mrs. MORELLA. Mr. Chairman, I thank the gentlewoman for her kind words, and for yielding time to me.

Mr. Chairman, I rise in opposition to the Hastert-Wicker amendment. The bill before us today already prohibits the use of Federal funds for needle exchange programs unless the Secretary of the Department of Health and Human Services determines that needle exchange programs are effective in preventing HIV transmission and that they do not promote the use of illegal drugs.

The Hastert amendment would remove the authority of the Secretary to manage public health threats and would, in effect, substitute political expediency for sound science and public health policy. The bill's language is the very same language on needle exchange that has been part of this bill since 1990.

The American Medical Association, the American Bar Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Academy of Sciences, and the U.S. Conference of Mayors, all have expressed their support for needle exchange, as part of a comprehensive HIV prevention program. A number of federally funded studies have reached the same conclusion and have found that needle exchange does not increase drug use--including a consensus conference convened by the National Institutes of Health, earlier this year.

In my own State of Maryland, injection drug use is the major mode of transmission for HIV/AIDS. Baltimore city's needle exchange program has been associated with a 40 percent reduction in new cases of HIV, and evaluation of the program has demonstrated that needle exchange did not increase drug use. In fact, a bill was approved to continue the program by an overwhelming vote in the Maryland State Legislature earlier this year. It passed by a vote of 113 to 23 in the house of delegates and by a vote of 30 to 17 in the State senate.

Nationally, 66 percent of all AIDS cases among women and more than half of AIDS cases in children are related to injection drug use. It is important to note that if the Secretary decided to lift the ban, Federal funding for needle exchange programs would not mean that local communities would have to implement them; only those communities that believe such a program would be effective in their HIV prevention strategy would do so--thereby leaving the decisionmaking to the local communities. Community-based solutions have always been the most effective prevention programs, and are

consistent with our attempts in this House to prevent the Federal Government from interfering with local decisionmaking.

I urge my colleagues to act in the best interests of our Nation's public health. Retain the Secretary's authority to respond to public health threats, and vote `no' on the Hastert-Wicker amendment.

Mr. HASTERT. Mr. Chairman, I yield 1 1/2 minutes to the gentlewoman from North Carolina [Mrs. **Myrick**].

Mrs. MYRICK. Mr. Chairman, I rise in support of the amendment today. I have just three simple points.

One, I speak as a parent and also as a former mayor who spent many, many years in the local area fighting the drug war and knowing the ravages of what happens. It is simply not proper for the Federal Government to be funding a program, or any government, really, to fund a program like needle exchange. In a time when drug use is again on the rise, we simply should not send a message of tolerance in any form, because we need to discourage drug use, not try and make it safer for the user. It has been a fact, and it is still a fact, that when society disapproval of drug use drops, we see drug use rise; and we are in the midst of that there.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

I reference one of the President's research reports in youth attitudes toward drugs. It is talking about marijuana and 12th graders, but it shows a definite rise. They are saying that there is a correlation between that and a 3-year lag in the rising cocaine use after that.

My concern is that heroin is now becoming the drug of choice. Anything that we begin to do that literally encourages that in any way, I believe is a big mistake. I urge people to support the Hastert amendment.

Ms. PELOSI. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from California [Mr. **Becerra**], the distinguished chair of the Hispanic Caucus.

(Mr. BECERRA asked and was given permission to revise and extend his remarks.)

Mr. BECERRA. Mr. Chairman, I thank the gentlewoman for yielding time to me, and for her continued fight on behalf of people with HIV.

[TIME: 1315]

Mr. Chairman, certainly needle exchange programs will not reduce the use of drugs. But all the evidence and all the research out there tells us that needle exchange programs do reduce the spread of HIV.

The National Institutes of Health reports that needle exchange programs have brought down the spread of HIV by some 30 percent. When we consider that one needle costs a dime, and the estimate is that it costs some $120,000 to treat someone who gets HIV, we can understand why this is such a powerful program.

When we put on top of that the fact that one-third of all the cases of HIV are now related to drug use, and the fact that most of the new HIV cases among women and children are related to drug use, my colleagues can see how powerful a weapon this is.

Certainly, we just do not do a needle exchange program by itself. If we also want to address, and I hope we do, the issue of drug prevention, we have treatment programs, we have other avenues to try to make sure that we do reduce the use of drugs. But right now what we are talking about is trying to stop the spread of AIDS and HIV, and we should do whatever we can that has been proven to work to do so at a minimal cost.

Mr. Chairman, we may not succeed just through needle exchange in reducing drug usage. That is not the effort behind needle exchange programs. But we have proven through needle exchange programs that we will reduce the spread of HIV.

Why should we do this? Well, the U.S. Conference of Mayors tells us we should do this. Why? Because they have to deal with this most directly. We should follow the advice of those who have to deal with people who unfortunately have become infected by the HIV virus.

Unfortunately, there are impediments. We should not be an impediment. Let us let those local programs work and help them coordinate nationwide and let us do the right thing in trying to stop the spread of HIV. I urge my colleagues to oppose the Hastert amendment.

Mr. HASTERT. Mr. Chairman, I yield 4 minutes to the gentleman from Florida [Mr. **Weldon**].

Mr. WELDON of Florida. Mr. Chairman, I rise in support of this amendment, and I would disagree with some of the people who would claim that the current language in the bill does not represent a change in policy. I think it does. I think we do not have the data to support such a change in policy. For that reason, I highly encourage my colleagues to vote for this amendment.

Mr. Chairman, let me say that I think I can bring a little bit of perspective to this. Prior to coming to the Congress, I was a practicing physician. Many of my patients were AIDS patients. Indeed, my colleague and I for years were the only AIDS doctors in a county of 400,000 people. I saw them in my office. I went in the hospital in the middle of the night.

I have also taken care of a lot of drug addicts and I can tell my colleagues that these needle exchange programs, they cut down on the frequency of sharing needles but they do not bring this down to zero. If my colleagues deal with drug addicts, they will see why. They are pretty irrational people in their behavior most often, and a lot of them will cooperate with the exchange, but a lot of times they will still share needles. It is just a bare fact.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

We have heard from a lot of people today that all the data is in and this works, needle exchange programs save lives. I can tell my colleagues that that indeed is not the case. There have been some significant articles in the medical literature that challenge that, and I think it is really a major mistake for the Federal Government to get on this bandwagon.

Specifically, there is a 1996 study that was published in Lancet, and that is a British medical journal, a respected British medical journal, that showed that needle exchange programs, the people in the program have a two times greater risk of contracting AIDS. Not that it reduces, as some people have been claiming, the transmission of AIDS by 30 percent, but that it doubles the transmission of AIDS. Now, this is a study in a respected medical journal.

Mr. Chairman, additionally, probably one of the best journals, the best medical journals, is a journal called Epidemiology. Epidemiology is the study of the spread of disease, and they published in the Annals of Epidemiology a study this year, January of this year, that showed that needle exchange programs have no impact. There is no reduction in the transmission of AIDS.

So, if my colleagues like needle exchange, they can whip out all their studies that show it works. If my colleagues do not like needle exchange, they can whip out these studies and show it does not work.

Mr. Chairman, what I say to my colleagues is we are talking about Federal dollars and what we are going to be doing with Federal dollars. I think, considering that so many people think it is so objectionable, to do this, indeed, I have been informed by a Member since I have been on this floor that needle exchange programs are illegal in something like 45 States, I think it is very, very inappropriate for us to be giving this administration the freedom to go out and start engaging in more of this. I think we need more scientific data and more studies.

Mr. Chairman, I would encourage all of my colleagues to support the Hastert amendment.

[Page: H7225]

Ms. PELOSI. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Florida [Mr. **Foley**].

Mr. FOLEY. Mr. Chairman, I want to first make the point there has been a lot of notion of felonious drug use and that we are going to promote it through opposition to this amendment. I remember a bumper sticker that used to say, `If we outlaw guns, only the outlaws will have guns.'

Well, Mr. Chairman, if we outlaw needle exchange programs, then only the outlaws will have needles, dirty needles that are killing them.

Clearly, I do not have any medical testimony that suggests that I have the perfect answer. But I will suggest that the Federal Government is spending $120,000 over their lifetime to care for somebody infected with HIV virus, and it costs 10 cents to provide a sterile needle.

Mr. Chairman, I ask anyone listening to my voice, if given a free needle will they inject themselves? The attending physician here has people fainting by getting a flu shot. It is not something you would do naturally, is find a free needle and then suggest I think I will try heroin. It does not happen.

But what is happening is the disease of AIDS is being spread through the use of hypodermic needles. Plain and simple. I know this is a very sensitive area for people, and I do not want the Members who oppose the good amendment of the gentleman from Illinois [Mr. **Hastert**] to suggest that we are for drug use, neither do I want the view of the gentleman from Illinois to be taken lightly. He has very serious concerns.

Mr. Chairman, maybe this Congress, through the deliberations being held today, could discuss creating a needle that is only for one-time use, whether it is for a diabetic user or someone else. Maybe we invent the technology that allows a needle to be only used once, a collapsible syringe type that has one-time use only. Maybe that is a better alternative, and we could eliminate this.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

But if Members think that by not engaging in this debate we are furthering the health care of average Americans, we are not. They will still find the needle in the trash. They will still rob the doctor's office. They will rob the pharmacy or they will claim to be a diabetic to get that needle, and so the disease goes on and spreads throughout our community; 67 percent are through injection of drugs, and then we as a society pay for that.

What I thought was most important is that perhaps we have a chance of getting a person into counseling. And I agree, the gentleman from Oklahoma [Mr. **Coburn**] was absolutely right when he suggested why should they be given 40 needles in exchange for one? I do not agree with that type of program. I think they have to be very well-controlled and monitored.

But at the same time if we can lure one person off of heroin, one person off of drugs, one person off of catching or being exposed to HIV or AIDS, then we have done something meaningful here today. But to blanketly say that this administration is promoting drug use by trying to experiment in a very, very small controlled atmosphere is wrong.

Mr. Chairman, Members have denounced facts today that have been proven in New Haven, CT, and Tacoma, WA, about the reduction of the spread of AIDS. We see this. But in all due respect to the physicians who testified for the amendment, they have some valid points. But let us meet in the middle and talk about something new and different.

But most importantly, let us talk about lives and saving lives. Let us talk about minimizing the spread of AIDS and HIV. And, hopefully, let us talk about eradicating this Nation of the deadly drugs that are out there on our streets.

Ms. PELOSI. Mr. Chairman, I yield 2 1/2 minutes to the gentlewoman from Connecticut [Mrs. **Johnson**].

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in opposition to the Hastert amendment. As we discuss this on the floor today, I think it is truly important to keep reminding ourselves that the leading cause of death amongst adults 25 to 44 years old is AIDS. The leading cause of death. It is the seventh leading cause of death for all Americans.

Furthermore, we are not debating here the Federal program. We are debating whether the Secretary can use the money, after she has reported to Congress that studies show that it does not increase the number of drug users, injecting drug users, and that needle exchange programs actually reduce the spread. So she would have to report on those critical issues before anything could happen.

Mr. Chairman, in Connecticut, we have evidence, evidence that 52 percent of all injecting drug users were sharing needles. The needle exchange program reduced that amount sharing to 32 percent. Now, needle sharing is one of the three leading causes of AIDS spreading in America, the No. 1 cause of

death amongst adults 25 to 44.

Mr. Chairman, why would we not allow the Secretary to release the money if she does the studies that come back and show, yes, like in Connecticut, needle sharing reduced the percent of injecting drug users who used other people's needles?

Now, it worked in Connecticut. The National Academy of Sciences found that there is no credible evidence to date that drug use has increased among participants as a result of the programs that provide legal access to sterile equipment. And I quote, `The National Academy of Science's study concluded that the programs were effective at lowering the number of contaminated needles in circulation.'

Mr. Chairman, given the role that contaminated needles play in the spread of AIDS, and given that AIDS is the No. 1 killer of adult Americans 25 to 44, I urge my colleagues to not only oppose the Hastert amendment, but to allow our local mayors, our local program directors to make the difficult decision whether in their circumstances needle sharing is appropriate to fight AIDS and death.

Mr. HASTERT. Mr. Chairman, I yield myself 30 seconds.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Mr. Chairman, I have a news article here from the American Medical News talking about the needle exchanges in Connecticut. Children are finding needles in the streets and garbage. The States Attorney in Connecticut said he has written the Governor, legislature, and the head of the State Department of Public Health saying this is an abomination. These needles are finding their way to the street corner, the same brand that is in the needle exchange program. Frankly, it is a problem.

Ms. PELOSI. Mr. Chairman, I yield 30 seconds to the gentlewoman from Connecticut [Mrs. **Johnson**].

Mrs. JOHNSON of Connecticut. Mr. Chairman, I would just like to say that needle exchange programs have nothing to do with that problem of discarded needles being available and spreading infection. But the American Medical Association does support the underlying bill, as does the National Alliance of State and Territorial AIDS Directors, the National Research Council, the Institute of Medicine, the American Bar Association, and the U.S. Conference of Mayors, and those are the people on the frontlines.

[Page: H7226]

Mr. HASTERT. Mr. Chairman, I yield 2 minutes to the gentleman from Washington [Mr. **Nethercutt**].

Mr. NETHERCUTT. Mr. Chairman, I am going to support this amendment. I want to provide some perspective on this issue by discussing who our government subsidizes through providing Federal funding for needle exchange programs or needle programs.

Mr. Chairman, I am vitally interested in the issue of diabetes, along with the gentlewoman from Oregon, Ms. **Furse**, and Speaker **Gingrich.** I am cochairman of the Diabetes Caucus. We have about 100 members in the Caucus here in the House.

[TIME: 1330]

There are 16 million diabetics in our country; 27 cents out of every Medicare dollar is used to pay for the complications of diabetes. It ranks about fourth on the death list in our country, not seventh like AIDS, and AIDS is a very serious issue and I am very concerned about it, but billions of dollars are spent on the consequences of diabetes.

At least 1 million children have diabetes, and they take two to three injections a day. No subsidy for them, for families that have to deal with this very serious disease that costs not only human suffering but lots of money in our society. They do not get subsidized.

If the evidence is, and it sounds to me like it is conflicting here today, if the evidence that the needle

exchange programs perpetuate AIDS and illegal drug use, then we would be far better off to spend that money on subsidizing needle programs for diabetics, those families who have a major problem in paying for that cost for their children and for people all across the AIDS spectrum of our country.

I am going to support this amendment. I hope my colleagues will, also.

Ms. PELOSI. Mr. Chairman, I yield 2 minutes to the gentleman from Washington [Mr. **McDermott**], who has been a leader in the field of preventing the spread of AIDS internationally.

(Mr. **McDERMOTT** asked and was given permission to revise and extend his remarks.)

Mr. **McDERMOTT.** Mr. Chairman, I want to associate myself with the remarks of the gentleman from Florida [Mr. **Foley**] and the gentlewoman from Connecticut [Mrs. **Johnson**] because it really makes it very clear this is not a partisan issue. This is a public health issue.

My colleague from Washington made the best case for a national health insurance program that I have ever heard. But we are not talking about that today. We are talking about prevention of a disease. It is a program that works. And people at the local level in my State, in Tacoma, came up with local money to do this because they know what the costs are if we do not prevent.

Benjamin Franklin said, an ounce of prevention is worth a pound of cure. We spend millions, hundreds of millions of dollars on the cost of triple therapy, on homes for people living with AIDS, and all other kinds of things, but we will not spend money on a program that works at the local level to reduce the incidence of AIDS infection.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Members can argue out here and make this into somehow we are promoting drugs. That is the argument that has been made all over the country on this issue. But the fact is that if people are using clean needles, they are not going to be spreading the drugs, and we know that is a major route of infection, not only in the United States but worldwide.

This epidemic is not getting smaller. It is getting larger. It is spreading through all kinds of methods, but this is one of the main ones.

In my view, to take the step of taking away from the Secretary a route to deal with this issue nationally is simply to say we are willing to come back in here and put another $100 million or $500 million or whatever into triple therapy.

As long as the pharmaceutical industry can find ways to keep people alive longer, the costs are going to grow. If we want to be just fiscally sound, this is a fiscally sound program. Every conservative in the House ought to be for it because it saves money as well as deals with the problem in a humane way.

The CHAIRMAN pro tempore (Mr. **LaHood**). The Chair would advise Members that the gentleman from Illinois [Mr. **Hastert**] has 6 1/2 minutes remaining, and the gentlewoman from California [Ms. **Pelosi**] has 7 1/2 minutes remaining.

Ms. PELOSI. Mr. Chairman, I yield 1 minute and 30 seconds to the gentlewoman from New York [Mrs. **Lowey**], who is a member of the Subcommittee on Labor, Health and Human Services, and Education and former chair of the Congressional Caucus on Women's Issues.

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Chairman, I thank the gentlewoman for her important work on this issue and so many other issues on the committee.

Mr. Chairman, under current law no Federal funds may be used for needle exchange programs unless the Secretary of HHS determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

This amendment would ban the Secretary from exercising this authority. However, there is mounting scientific evidence that needle exchange programs are useful in controlling the spread of the deadly HIV virus while not encouraging elicit drug activity. Mr. Chairman, this evidence comes from the most reputable scientific agencies in the land, such as the NIH, the CDC, and National Research Council.

Leading sectors of the public health community support retaining the Secretary's authority to lift the

ban on Federal funding for needle exchange programs and oppose this amendment. These organizations include the American Academy of Pediatrics, American Nurses Association, the AMA.

There is uncontestable evidence that the proportion of HIV cases related to injection drug use has dramatically increased over the last 15 years. In fact, injection drug users now account for almost two-thirds of all cases of newly acquired HIV infection.

This amendment will handicap public health officials from controlling the spread of HIV and AIDS, particularly in our inner cities.

I urge my colleagues, vote `no' on this amendment.

Mr. HASTERT. Mr. Chairman, I yield 1 1/2 minutes to the gentleman from Texas [Mr. **Sam Johnson**].

Mr. SAM JOHNSON of Texas. Mr. Chairman, I rise in support of this amendment. Americans do not support needle exchange programs. In fact, 62 percent of all Americans oppose needle exchange programs for drug addicts, and 88 percent are concerned that the programs cause a public health hazard as a result of poorly discarded needles.

Advocates of needle exchange programs say it will decrease the number of injection drug users who contract HIV and this has been proven to be untrue. According to a study from McGill and Montreal Universities, injection drug users who participated in a needle exchange program in Canada were two times more likely to become infected with HIV than those who did not.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

Without passage of this amendment, the Secretary can authorize needle exchanges to be funded from taxpayer dollars. Under no circumstances should we allow Federal dollars to be spent on needle exchange programs, period.

Illegal drugs kill people, and I want to tell my colleagues, in my own home town of Plano, seven youths have died since the first of January this year, one of them in school, from drugs provided by clean needles.

We have got to stop the deadly use of illegal drugs, not encourage it. And Americans do not want, need, or deserve needle exchange programs funded by taxpayer dollars. Support this amendment.

Ms. PELOSI. Mr. Chairman, I yield myself 1 minute to respond to the gentleman about the attitudes of the American people.

The gentleman from Texas, my friend, knows that I hold him in high regard, but I question the poll data that he might be citing.

Indeed, in March 1996, the Kaiser Foundation found that 66 percent of Americans favored, `having clinics make clean needles available to IV drug users to help stop the spread of AIDS.' And this year, in April 1997, a recent poll by the Tarrance Group found 53 percent of respondents approved needle exchange to help prevent HIV transmission. And that is the response that the American people give when they are asked if they want to support needle exchange programs to stop the spread of HIV-AIDS, especially among IV drug users.

The Family Research Council poll that has been cited by some of our colleagues today presented a scenario, the Swiss experience, which is not what we are talking about here. We are talking about a needle exchange. We are not talking about making drugs available. I do not know anybody who supports that formulation that was presented in the poll.

The facts are clear by the poll. Needle exchange to prevent AIDS plan is supported by overwhelming numbers of the American people.

Mr. Chairman, I yield 1 minute to the gentlewoman from Michigan [Ms. **Rivers**].

[Page: H7227]

Ms. RIVERS. Mr. Chairman, I did not go to med school. I went to law school. As such, I do not speak the language of medicine. I speak the language of logic.

I have to tell my colleagues, the last few days have been a revelation here. Because if the way we reduce teen pregnancies is to deny access to contraceptives to teens who are already sexually active,

and if the way that we reduce drug use and HIV infection is to deny needle exchange to people who are already addicted to intravenous drug use, then I have to believe that the way to stop fires already started is to deny homeowners access to fire trucks.

Mr. HASTERT. Mr. Chairman, I yield 2 minutes to the gentleman from Virginia [Mr. **Davis**].

Mr. DAVIS of Virginia. Mr. Chairman, I appreciate my colleague yielding me this time.

I think what we have is really competing public policy objectives, Members of goodwill on both sides trying to get at competing objectives.

On the one hand there is conflicting evidence, albeit some good evidence, and this amendment would take away the discretion of the Secretary to find that if, in fact, we can do more to prevent AIDS by needle exchange programs, that we would not be able to do so.

But stopping AIDS and stopping the threat of AIDS is only one policy objective. Even if this does that, and we have had a family member in my family who has died of AIDS, my wife did that bike ride from Raleigh to Washington to raise money for research for AIDS. I have been a strong supporter of AIDS research. It is very important; stopping the spread of AIDS is an important public policy objective. But we cannot look at that in a vacuum.

We also have other policy objectives as well. Why I am troubled by the needle exchange programs and Federal dollars going in to subsidize that is the fact that we are, in effect, sending conflicting messages to drug users. If you are an illegal drug user, the Federal Government will, in effect, subsidize that use. But if you are on diabetes, as the gentleman from Washington discussed a few minutes ago, if you are a veteran trying to get help, you end up buying your own needles. I think that is a bad message for the Federal Government to send. It is bad public policy in that sense.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

It is for those reasons that trouble me that I am supporting the amendment in this case. The Federal Government should not be in the business of subsidizing illegal behavior. We have a rising drug epidemic in this country, and the message should be clear and concise, without any confusion at all, that we are going to do everything we can to stop the use of drugs, not to subsidize it.

The current policies, if this amendment does not pass, would in effect end up having the Federal Government subsidize that. I think the Members on the other side of this amendment have goodwill, but they are looking narrowly at one public policy objective, when I think we have a larger public policy objective here, and that is to stop illegal drug use in this country. I think this amendment goes to that objective. That is why I rise to support it.

Ms. PELOSI. Mr. Chairman, I yield 30 seconds to the gentlewoman from Texas [Ms. **Jackson-Lee**].

[Ms. **Jackson-Lee** of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Chairman, it is mostly political suicide to stand up and oppose this amendment, but it is the high moral ground to be able to recognize the devastation of AIDS and drug use.

This is not the Federal Government promoting drug use. It is allowing local jurisdictions to make determinations that in their community the sharing of needles that are clean most helps to stem the tide of illegal drug use and the devastation that comes about.

Let us take the high moral ground, not the politically safe position, and allow local jurisdictions to make the choices of using their funds to save their community and to prevent the degradation of drug use and the violence of drug use in our communities.

Mr. HASTERT. Mr. Chairman, I yield 1 minute to the gentleman from Mississippi [Mr. **Pickering**].

Mr. PICKERING. Mr. Chairman, I rise in support of this amendment. I come with two personal questions. As the father of four and as a son with a mother and father could I ask them for money to buy needles to then inject drugs into another person's veins? Could any in this Chamber actually stick a needle in another person's veins, and fill them with deadly drugs? That will give them a slow but sure death?

Congress must say no. It is immoral to do otherwise? We must stand together to give a clear signal that the problem is drug addiction. It is not AIDS.

For the best in public health, for the most compassionate response, I ask all to join in support of this amendment to prohibit taxpayer's money, from funding something that we believe is wrong.

- At a time when drug abuse in this country is spiraling out of control and we hear daily of tragic tales where families have been devastated by drug abuse--I believe that this amendment sends the right kind of message.

- The Federal Government is actively fighting a war on drugs, yet there has recently been a debate to federalize a program to provide syringes to drug addicts in hopes of lessening the spread of AIDS.

- This is clearly an emotionally charged debate, but we cannot lose sight of what kind of message this sends to the children of this Nation.

- I believe a federalized needle exchange program sends a mixed signal that will undermine the credibility of all our other anti-drug efforts. By implementing a needle exchange program we will be telling our children to `Just say no,' unless you have a free needle!

- Let me take a moment to remind my colleagues that heroin use is still illegal in this country. I find it morally repugnant to think that we would even contemplate making the United States Government a co-conspirator in illegal drug use--that is destroying lives across this Nation.

- If we truly want to fight and win the war on drugs, we must stop coddling addicts. Drug users need treatment, not encouragement to keep injecting deadly drugs into their bodies--and those of their unborn children.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

- I agree with Roman Catholic Cardinal John O'Connor who has said that the needle exchange program `drags down the standards of all society. * * * It is an act born of desperation.'

- Those who favor this program say that we may reduce the spread of AIDS and we may not increase drug use. But, the President's own former drug czar, Lee Brown, stated that his office could `find no compelling reason for the administration to depart from existing Federal policy regarding needle exchange'--which does not allow for a Federal needle exchange program.

- The new majority in Congress has encouraged and fostered personal responsibility. If we truly want the American people to take responsibility for their own actions, we cannot in the same breath give them a formal sanction for their illegal activities.

- If the true intention of supporters of this program is the reduction of AIDS by drug users, then they should join us in eliminating the use of illegal drugs, not subsidizing it.

- We should help addicts rid drugs from their lives, not give them a cleaner, better way of shooting up. The problem is not AIDS or needles--it is drug addiction.

[TIME: 1345]

Mr. HASTERT. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, we have had certainly a spirited debate and, I think, certainly a debate that tries to bring in logic and experience. Quite frankly, the experience shows that free needle exchanges does not stop drug use, it does not stop the spread of AIDS, and in fact the studies cited show that AIDS spread.

Now, in this country, we face a huge challenge, a challenge as debated on the other side by people like the Sorros movement, where millions of dollars in California and Arizona were put into advertising, to promote illegal drug use as a matter of fact, not to make it illegal but to make it legal.

The same Sorros who owns the pharmaceutical companies, who owns the banks in Colombia and has the conference in Colombia, these are the people who are promoting needle exchanges and drug use in this country.

It is time that this Congress said no, that free needle exchanges are for one thing and one thing only, and that is to give people the ability to inject illegal drugs into their system and to pass needles out to people who have the intent to spread illegal drugs to themselves and others.

My fellow colleagues, it is wrong to do that. It is wrong public policy to give needles out to kids, just as it would be wrong public policy to give clean guns out to kids. My colleagues, we need to band

together, this Congress needs to stand up for what is right and against what is wrong. And if we want to look at what is right, we need to ban free needle programs and the ability of this Government to hand out free needles.

It is not the intent of this country, it is not the intent of this Congress, and it is not the intent of the American people; 45 States ban free needle exchanges today. We should say no. Vote `yes' for this amendment.

[Page: H7228]

Ms. PELOSI. Mr. Chairman, I yield myself the balance of my time. Before I close, I want to commend my colleague, the gentleman from Illinois [Mr. **Hastert**], and my colleagues on both sides of the aisle for the civility and the tone of this debate. I think it is an important one for us to have, and I always enjoy working with the gentleman from Illinois and want to thank him for his courtesy during this debate.

Having said that, I rise in very, very strong opposition to the gentleman's amendment. First, I would like to say what a privilege it is to defend the subcommittee's position, to defend the bill; and I would like to read to my colleagues what the bill says on this issue.

The bill says,

No funds appropriated under this act shall be used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drugs unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

What this amendment will do will remove the discretion from the Secretary of HHS and say that if the Secretary determines that such programs are effective in preventing the spread of HIV and do discourage the use of illegal drugs, that she does not have the discretion to have funds used on those needle exchange programs.

I just do not see how that makes sense from a humanitarian standpoint, from a scientific standpoint, or from a fiscal standpoint.

Starting at the fiscal end, if I did not think it would frighten my colleagues so much, I would have brought a hypodermic needle to the floor. The exchange of clean needles is very important in many ways including the fact that one hypodermic needle costs 10 cents.

The medical cost alone, lifetime medical cost alone of a person with HIV/AIDS is $120,000, not counting loss of productive years, taxes that person would pay, and just the human concerns we would have about that person's health. So in the interest of balancing the budget and cutting costs, the prevention a 10-cent hypodermic needle, a clean one, seems to me very cost effective.

We are talking, I want to emphasize to my colleagues, about needle exchange, not needle giveaway. The needle exchange programs do not increase the number of hypodermic needles in circulation because it is an exchange. To get a needle, one must bring a needle in. What these exchange programs do is decrease the number of contaminated needles that are in circulation, and in that way help stop the spread of AIDS.

The needle exchange programs are helping our young people because, in some instances, it is the only way they are drawn into a system of care. That is why on the scientific level there is so much support for lifting this ban or for sticking with the language in our bill.

In February of this year the National Institutes of Health sponsored a consensus development conference on interventions to prevent HIV risk behaviors. The group recommended lifting the current restrictions on the use of Federal funds for needle exchange programs, and that means also supporting groups which use funds for needle exchange programs. Their key findings were a 30 percent, or greater, reduction in HIV and other disease transmission and a preponderance of evidence which shows no change or indeed even decreased drug use.

During the NIH overview hearings that our subcommittee held, Dr. Varmus, the director of the National Institutes of Health, testified that in his view the ban on the use of Federal funds should be lifted and that science supported the findings outlined in section 505 of the appropriations bill. His findings were supported by Dr. Leshner of the National Institute on Drug Abuse and Dr. Hyman of the National Institutes of Mental Health.

Support the scientists that Congress has asked to give us their opinions. Vote against the Hastert

amendment.

-

- Ms. CHRISTIAN-GREEN. Mr. Chairman, I rise today to strongly oppose the Wicker/Hastert amendment which would prohibit the use of Federal funds to implement or promote programs that remove AIDS-tainted needles from our streets. Passage of this amendment would mean that the Department of Health and Human Services would not be able to make determinations as to the scientific and public health merit of needle exchange programs and other blood-borne disease transmission and injection drug use.

- Mr. Chairman, HIV transmission continues to rise at an alarming rate. From 1981 to today, the Centers for Disease Control and Prevention has received data on nearly 600,000 person wit AIDS from State and local health departments. Giving the alarmingly high rate of HIV transmission resulting from intravenous drug use, it is critical that informed policies be established to help contain the spread of HIV.

- Research to date, provides strong scientific evidence that needle exchange programs can significantly reduce the risk of HIV among injection drug users without adverse impact on communities. At least six different government panels, and most recently a National Institute of Health Consensus Development Panel, have reviewed needle exchange programs and concluded that these programs are an effective method to curb the spread of HIV and other blood borne diseases.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

- Numerous respected organizations, including the American Medical Association, the American Bar Association, the U.S. Conference of Mayors, the National Black Caucus of State Legislators, the National Alliance of State and Territorial AIDS Directors, the National Research Council and the Institute of Medicine have also, all concluded, that needle exchange programs are effective.

- It is vital, Mr. Chairman, if we are to begin to address this epidemic, that we must preserve the discretion of the Secretary of Health and Human Services to look at this issue on the basis of public health concerns and not politically expedient ones. Legislative bodies, such as this one, have been said to be the greatest threat to public health because of our failure to respond to research findings.

- We must stop being a threat to the health of our constituents and meet the challenges that are important to saving millions of lives. We must exercise courage on this critical public health issue and vote no on this amendment.

-

- Mrs. KENNELLY of Connecticut. Mr. Chairman, I rise today in opposition to the amendment which would prohibit local communities from using Federal funds for needle exchange programs.

- We all know that this is a difficult issue to debate. But, the fact is, is that AIDS is a huge problem in all of our communities, and that approximately one-third of reported AIDS cases are related to injection drug use. Communities across our country are finding ways to reduce the number of AIDS cases each year, including needle exchange programs. Needle exchange programs have been implemented in more than 100 communities around the country, including several in my own State of Connecticut, and there is a good deal of evidence that they are successfully reducing the number of new HIV infections.

- In my own district in Connecticut, Hartford's needle exchange program actually takes in more needles than it gives out. Almost 70,000 needles have been exchanged; almost 40 percent of the needles returned to the program prove to be infected with HIV antibodies. This program is removing hundreds of infected needles from circulation, yet costs only $120,000 a year, the cost of treatment for two individuals with full-blown AIDS.

- Because the HIV epidemic is different across our country, communities need to be able to develop their own HIV prevention plans. In Connecticut, the State-funded needle exchange programs are working to decrease the spread of HIV. At a time when this devastating disease is so rampant, I believe it is time we lend our support to our communities and States.

- I urge my colleagues to oppose this amendment and show our support for local HIV-prevention programs.

[Page: H7229]

- Ms. HOOLEY of Oregon. Mr. Chairman, I rise in opposition to this amendment, but I would like to make several points very clear. This amendment is not about whether or not we should be providing free syringes to drug users. Like most of my colleagues, I would oppose any program that would promote any form of drug abuse, especially among intravenous users.

- However, let's speak to the facts, Mr. Chairman. There is no Federal needle-exchange program in existence at this point. There have been programs implemented in more than 100 communities around the country, and many of those communities have seen a significant decrease of new HIV infections as a result. This amendment, however, would not directly address these programs. Rather, it would preclude the Secretary of Health and Human Services from doing her job to identify public health issues and promote programs to improve the health of the U.S. population. This, Mr. Chairman, is a solution in search of a problem.

- If anyone here contends that we are no longer in a crisis situation concerning the spread of HIV in this Nation, then this Nation is in a state of denial.

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

THIS SEARCH	THIS DOCUMENT	THIS CR ISSUE	GO TO
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998 (House of Representatives - September 11, 1997)

- Approximately one-third of reported AIDS cases are related to injection drug use, as are most new AIDS cases among the heterosexual population. So I disagree with the sponsor of this amendment, my distinguished colleague from Illinois, that this is a behavior that the public health community should ignore.

- Current language in this bill already prohibits local communities from using Federal funds for needle exchange programs unless the Secretary determines that exchange programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs. This effective prohibition has been in effect since 1990.

- I hope that my colleagues and the American public will see through this political gimmick and maintain current law. I urge a no vote on this amendment and thank the chairman for this time.

The CHAIRMAN pro tempore (Mr. **LaHood**). The question is on the amendment offered by the gentleman from Illinois [Mr. **Hastert**].

The question was taken; and the Chairman pro tempore announced that the ayes appeared to have it.

Mr. HASTERT. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN pro tempore. Pursuant to the order of the House of Thursday, July 31, 1997, further proceedings on the amendment offered by the gentleman from Illinois [Mr. **Hastert**] will be postponed.

The Clerk will read.

The Clerk read as follows:

Sec. 506. (a) **Purchase of American-Made Equipment and Products**: It is the sense of the Congress that, to the greatest extent practicable, all equipment and products with funds made available in this Act should be American-made.

(b) **Notice Requirements**: In providing financial assistance to, or entering into any contract with, any entity using funds made available in this Act, the head of each Federal agency, to the greatest extent practicable, shall provide to such entity a notice describing the statement made in subsection (a) by the Congress.

(c) **Prohibition of Contracts With Persons Falsely Labeling Products as Made in America**: If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a `Made in America' inscription, or any inscription with the same meaning, to any product

sold in or shipped to the United States that is not made in the United States, the person shall be ineligible to receive any contract or subcontract made with funds made available in this Act, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

Sec. 507. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Sec. 508. None of the funds appropriated under this Act shall be expended for any abortion except when it is made known to the Federal entity or official to which funds are appropriated under this Act that such procedure is necessary to save the life of the mother or that the pregnancy is the result of an act of rape or incest.

AMENDMENT OFFERED BY MR. HYDE

Mr. HYDE. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. **Hyde:**

Page 94, strike lines 16 through 21 and insert the following (and redesignate the succeeding sections accordingly):

THIS SEARCH	*THIS DOCUMENT*	*THIS CR ISSUE*	*GO TO*
Next Hit	Forward	Next Document	
Prev Hit	Back	Prev Document	HomePage
Hit List	Best Sections	Daily Digest	Help
	Doc Contents		
