

and Mrs. Clinton's teenage summit. One of the points that was made is that we always encourage young people that they are the leaders of tomorrow. And one very eloquent speaker said, our young people are the leaders of today because. Because they are the leaders of today, we need to teach them and educate them to the value of diversity in living the opposition of prejudice.

America's cultural diversity enables our country to achieve great accomplishments. However, our diversity also causes much friction borne of ignorance. The Prejudice Awareness Summit will prepare our Nation's youth to become leaders in a country where diversity can be considered a blessing and not a source of division. The work of Gail and Jenard Gross on behalf of the Prejudice Awareness Summit does not go unnoticed.

On May 4, Jewish Women International will bestow the Good Heart Humanitarian Award on Gail and Jenard Gross. The Good Heart Humanitarian Award honors a member or members of the Houston community contributing to the goals of this organization. This award is presented annually to annually to recognize and pay tribute to outstanding members of the Houston community who have contributed to the humanitarian needs of Houston.

Previously, honorees have included outstanding contributors in the fields of education, health care, politics, the legal profession, the media, and exemplary members of Jewish Women International.

Gail Gross is a very spiritual person, a very humble person. She attributes much of her success to her commitment to meditation, spirituality and her wonderful marriage to her husband Jenard Gross. She is a local, national, an international humanitarian, a savvy businesswoman, and a scholar in numerous areas. She also has just received her doctorate in education. She is now Dr. Gail Gross.

Gail once stated that to her life has three parts: the first part devoted to education, which she has evidenced in her own career and profession; the second part dedicated to raising her children; and the third part, the time she currently devotes to service.

As vice president of Gross Investment/Builders, a real estate company started by her husband, she satisfies her yearning for professional excellence. However, her joy is to serve the Houston community. She does it now every week with her own radio program encouraging, listening, and teaching the community about the value of education of our young people. Whether serving on 24 boards, fundraising, or advocating on behalf of the voiceless, Gail is a shining example of genuine concern and generosity.

Jenard Gross has been in the building and real estate investment field since 1954. During this period he has built and owned more than 14,000 apartment units throughout Texas. He has built several small strip centers, developed a residential subdivision, and invested in

land and mini-warehouses. Moreover, he is past president of the Houston Apartment Association and the National Apartment Association.

But he is also a builder for humanity. He has worked as a member of the Board of Regents of Texas Southern University Historically Black College, and he believes in housing those who need to be housed.

Mr. Speaker, as I conclude, Jeanard's business accomplishments are many, but his involvement in a number of civic and philanthropic organizations in the city of Houston are legendary.

Jenard and his wife Gail have always advocated for the voiceless. Many Houstonians have improved their lives due to the generosity and service of Gail and Jenard Gross. They are mighty and great, and I salute them and congratulate them for their great leadership.

I am reminded of a quote by Theodore Roosevelt, who stated:

Far better it is to dare mighty things, to win glorious triumphs, even though checked with failure, than to take rank with those poor spirits who neither enjoy much nor suffer much, because they live in the gray twilight that knows not victory nor defeat.

Gail and Jenard are persons of action and have dared mighty things for Houston. For their love of Houston and its people we will be eternally grateful. I can think of no other best suited to receive the Good Heart Humanitarian Award and the respect of the American people.

WORLD BANK AIDS MARSHALL PLAN TRUST FUND ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from California (Ms. LEE) is recognized for 60 minutes as the designee of the minority leader.

Ms. LEE. Mr. Speaker, first I would like to thank my colleagues for allowing tonight's special order to be held to increase awareness of the AIDS epidemic which is really scourging Africa and many other developing nations throughout the world.

Sixty percent of the 16 million deaths, however, have been in sub-Saharan Africa as a result of AIDS.

I would also like to applaud the leadership and commitment of the gentleman from Iowa (Chairman LEACH) and the gentleman from New York (Mr. LAFALCE), the ranking member, of the House Committee on Banking, and also the gentleman from Missouri (Mr. GEPHARDT), our minority leader, for addressing this huge crises in Africa and throughout the world.

I believe that the diligence of the hearings and the markup held in March of this year on H.R. 3519, the World Bank AIDS Prevention Trust Fund Act, represents a necessary response to the urgency of the AIDS crisis in Africa.

The World Bank AIDS Marshall Plan Trust Fund Act represents the most effective bipartisan strategy to date possible to push this issue to the national forefront.

As we work to establish partnerships and relationships with African countries whether as health care experts, business persons, activists or policy-makers, it is critical that we unite to focus both attention and resources on the global emergence of HIV and AIDS which wreaks havoc in developing countries, most tragically in sub-Saharan Africa.

I have worked very closely with my colleague and dear friend, Congressman RON DELLUMS, who served with distinction in this body for over 27 years. Congressman DELLUMS has been instrumental on focusing on this initiative and building constituent and congressional support to address the AIDS pandemic.

With his position as chair of the White House Council on AIDS and as president of the Constituency for Africa, he has engaged in consistent dialogue regarding this pandemic both here and within the United States. And I want to thank him for his remarkable contributions.

Tonight we have Members who will talk about this huge pandemic. We appreciate being allowed the hour of time.

Mr. Speaker, I yield to the gentlewoman from San Francisco, California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I thank the gentlewoman for yielding. But more importantly, I thank her for her tremendous leadership and encouragement on calling to the attention of Congress and the country the global HIV/AIDS issue and working with our former colleague, Congressman RON DELLUMS, on this.

Mr. Speaker, it is really exasperating. For years we have known about the spread of global HIV and AIDS. For years Members of Congress have appealed to both Democratic and Republican administrations to put this issue on the agenda of the G-7.

What do they have to talk about that is more important than the health, or lack thereof, of millions of people in Africa and throughout the world? What has more of an impact on the economies of the developing world than the health of its people?

Now it is being considered a national security issue at long last. I commend the Clinton administration for making this very bold statement. Frankly, it is long overdue.

The extent of the global AIDS epidemic is staggering. Over 23 million people are infected with HIV in Africa, and nearly 14 million Africans have already died from AIDS. The social, economic, and human cost of the crisis is devastating entire nations. And this is just the beginning.

In Asia and India, India already has more infected people than any other nation. When I talk about Africa, I am talking about the continent. In terms of India, one nation, 3½ million infected people.

Experts are predicting that, without significant efforts to treat those with HIV and prevent new infections, the number of people living with HIV/AIDS in India could surpass the combined number of all cases in all African countries within two decades.

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We clearly have a long way to go. These numbers are staggering, but any single one of them is a tragedy and we should be motivated by it.

Think of all the orphans that this tragedy has produced. Some of those orphans are HIV infected as well; but even among those who are not, they have tremendous needs and, sadly, this was predictable.

We clearly have a long way to go. I am pleased that as a Nation we are finally beginning to focus more of our attention and resources on the global AIDS epidemic and that the National Security Council has declared HIV/AIDS to be a national security threat.

I just want to inject a word here about our colleague, the gentleman from Washington (Mr. MCDERMOTT), who has traveled the world on this issue since he came to Congress, which is nearly I think it is over a decade. So, again, this is no surprise and has been no secret. Even though there has been a great deal of denial about it, the problem has existed for a long time.

Many of us in Congress again have been working for years to draw attention to this crisis. We know sadly from our own experience, in my district in San Francisco when I came to Congress 13 years ago, 13,000 people had already died of AIDS in my district. Think of that, Mr. Speaker, if that had happened in your district, how intolerable it would be.

That is the only thing we should not tolerate in our society is the HIV rate that is among us.

Funding for prevention, education, treatment, and care must be increased dramatically and our commitment to the development of an AIDS vaccine must be strengthened.

In terms of our funding, we also have to think internationally. We have begged for the money that we have, about \$147 million, and then another \$16 million or so for orphans each year; but we need 10 times that to do our share globally in terms of HIV/AIDS.

I have introduced the Vaccines for the New Millennium Act in order to create incentives for private sector biotech and pharmaceutical companies to accelerate their research and development efforts for vaccines against HIV, tuberculosis, and malaria. Vaccines are the best hope to bring this epidemic under control.

It is about prevention. We must do all we can to facilitate cooperation between the public and private sectors in order to bring together the resources and expertise necessary to move quickly towards effective vaccines.

In conclusion, Mr. Speaker, I want to again call to the attention of our col-

league the incredible leadership, well, it is believable so I will just say the great leadership of our colleague, the gentlewoman from California (Ms. LEE), on this subject. She has made it a priority. She has developed legislation to meet this terrible challenge. She has not been shy about the amount of money that this is going to require, and she has been very, very bold as she has gone forth with this. She has provided great leadership for us because she has a vision about what she wants to accomplish. She has tremendous knowledge about the subject we are dealing with. She has a plan. She has a plan, a good plan, to attack the challenge; and she and her leadership is able to attract a great deal of support for this cause.

So on behalf of the many people in my district who have died of HIV and live with HIV and AIDS now, I want to commend her and thank her.

One final note is that this weekend I had the privilege of participating in the march on Washington that some of our colleagues were involved in, that we spoke to, the huge crowd, over 800,000 people; and one of the major issues on the agenda of the day was increased funding for HIV and AIDS.

What is important for us to do is with all of our research for a cure, which is very important, it must be relentless. Even though we have some protease inhibitors that prolong and improve the quality of life, that those drugs must be available to everyone. We cannot say that we are not engaged in research but the cure only goes to the wealthy. The cure must be available across the board and across the world. So I hope that we will be thinking in ways that are new and different about this.

AIDS has been a model, really the mobilization, for support for research, care, and prevention. That mobilization in our country has been a model to other illnesses. Now the mobilization is on the international and national scene, and we must not any longer ignore it. Now that it has been declared a national security threat, at least there is the attention focused at the right level on it.

I would have hoped that compassion for the millions of people who are HIV infected would have been enough motivation, but we will take the help wherever we can get it. Again, I thank the gentlewoman from California (Ms. LEE) for her leadership, for the rallying cry she has given; and we are all very, very pleased to follow her lead on this.

Ms. LEE. Mr. Speaker, let me just say thanks to my colleague, the gentlewoman from San Francisco, California (Ms. PELOSI), for her very strong support and also for her consistent work throughout the years on behalf of peace and security throughout the world. I thank her very much for everything that she does on behalf of all of our people, not only in the Bay Area but throughout the country and the world.

The gentlewoman mentioned the whole issue of orphans in Africa and the impact of the HIV/AIDS crisis on children. Last year I had the opportunity to participate in a presidential delegation to Africa and met with and witnessed some of the children who had been orphaned by AIDS, many who had the virus. We are told now that there are 7.8 million children in southern Africa alone who are orphaned as a result of AIDS; but by the year 2010, it is expected, if we do nothing, that there will be 40 million children orphaned by AIDS; and this number, 40 million, is the number of children in our entire public school system in the United States of America. Staggering numbers.

So I just want to thank all of the Members here tonight for helping us raise the level of awareness for the country to really understand the tremendous serious implications of what this whole virus presents to us.

Now I would like to yield to my colleague, the gentlewoman from Maryland (Mrs. MORELLA), who has been very instrumental in helping us forge a bipartisan strategy to tackle this pandemic.

Mrs. MORELLA. Mr. Speaker, I want to thank the gentlewoman from California (Ms. LEE) for her leadership on this issue and for yielding me the time and for arranging this special global HIV/AIDS special order; also my colleagues who are here and others who would like to be here who do support the concept of recognizing that, as the Clinton administration has, that worldwide AIDS crisis is a threat to the United States national security and that, in fact, it could topple foreign governments, touch off ethnic wars and reverse decades of work in building free-market democracies abroad.

This declaration correctly raises the focus on this epidemic, especially in Africa, which has been reported by CNN to be, quote, "the worst health calamity since the Middle Ages and one likely to be even worse," unquote.

Statistics of the economic, social and personal devastation of the disease in sub-Saharan Africa are staggering. To mention some of them, 23.3 million of the 33.6 million people with AIDS worldwide reside in Africa; 3.8 million of the 5.6 million new HIV infections in 1999 occurred in Africa. African residents accounted for 85 percent of all AIDS-related deaths in 1999, and 10 million of the 13 million children orphaned by AIDS live in Africa.

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

Now, many experts attribute the spread of the virus to a number of factors, including poverty, ignorance, costly treatments, lack of sex education and unsafe sexual practices. Some blame the transient nature of the workforce. Many men, needing to leave their families to drive trucks, work in

mines or on construction projects, engage in sex with commercial sex workers of whom an estimated 90 percent are HIV positive, and in addition many men go untested and unknowingly spread the virus.

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

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

More than 25 percent of working-age adults are estimated to carry the virus. Countries have lost 10 to 20 years of life expectancy due to this disease, and 80 percent of those dying from AIDS were between ages 20 and 50, which is the bulk of the African workforce.

As was mentioned by the gentlewoman from California (Ms. LEE), 40 million children will be orphaned by the disease by 2010. Many of these children will be forced to drop out of school to care for a dying parent or take care of younger children. Children themselves are being infected with the disease, many through maternal fetal transmission. And while drugs like AZT have been proven effective in reducing the risk of an HIV-positive mother infecting her newborn child, those drugs often are too costly for most nations.

Legislation has been introduced by the gentleman from Iowa (Mr. LEACH) and the gentlewoman from California (Ms. LEE) which particularly target the tragedy in sub-Saharan Africa. However, it also addresses the worldwide AIDS crisis.

H.R. 3519, the World Bank AIDS Prevention Trust Fund Act, directs that the U.S. Government should seek the establishment of a new AIDS prevention trust fund at the World Bank. The bill authorizes U.S. contributions of \$100 million a year for 5 years in hopes of leveraging that contribution to obtain contributions from other governments as well as the private sector to reach \$1 billion a year. The proceeds of the trust fund would support AIDS education, prevention, treatment and vaccine development efforts in the world's poorest countries, particularly in sub-Saharan Africa.

The President has proposed \$350 million to prevent the spread of AIDS around the world. Under the President's proposal, funding will be targeted where it is needed the most, in sub-Saharan Africa. The AIDS Marshall Plan fund for Africa will help to ensure that the Federal Government addresses this issue over the next several years. However, studies indicate that Africa is just the tip of the iceberg. New HIV and AIDS diagnosis are escalating in the Caribbean, Latin America, Asia, and the Balkans at alarming rates.

Now the United States is uniquely positioned to lead the world in the prevention and eradication of HIV and AIDS. The administration's request, the AIDS Marshall Plan fund for Africa, the World Bank AIDS Marshall Plan Trust Fund Act will provide the funding and the framework to respond to the AIDS pandemic in Africa and throughout the world.

I would also like to mention legislation I have introduced to enhance the research on microbicides which would enable and empower women to be able to have a barrier against sexually transmitted diseases and HIV and AIDS.

We can no longer afford to debate whether or not fighting global disease is simply an idealistic crusade. Instead, we must recognize the fact that it has clearly become a fiscal and national security imperative.

The good news is that the United States is taking action. The bad news is it is taking so long.

I conclude with a quote from a physician who directs AIDS prevention at the CDC and he said, "Oh, yeah, it is very late but better late than never. You rarely get a second chance in an epidemic."

I thank the gentlewoman from California (Ms. LEE) and the others who have gathered here tonight to focus on this important crisis so that we can do something to ameliorate it.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman from Maryland (Mrs. MORELLA) for that very eloquent statement and for setting forth the case and bringing out more statistics as it relates to this pandemic, and also for her leadership on not only HIV/AIDS but also on health care issues in general for our country.

Let me also mention that as the gentlewoman from Maryland (Mrs. MORELLA) and the gentlewoman from California (Ms. PELOSI) indicated earlier, AIDS threatens economic security but also human life. It has been set forth in a Washington Post article, which I would like to put into the RECORD, from today. It is titled, "AIDS is Declared Threat to Security. White House Fears Epidemic Could Destabilize the World."

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HIV and AIDS in Africa has created also an economic crisis, crippling Africa's workforce in many areas and creating even greater economic instability where poverty is ever present. In many countries now, companies are hiring two and three persons, two and three employees to fill one job, because, of course, it is assumed that one or two will die of AIDS.

In the Republic of Congo, according to the National Intelligence Estimate, it indicates, this document indicates that the militias in Anglo and the democratic Republic of Congo show an HIV prevalence rate of 40 to 60 percent.

As the AIDS crisis grows, it will only exacerbate dangerous economic and political instability.

Mr. Speaker, I would like to yield now to the gentleman from Illinois (Mr. DAVIS), my colleague who throughout his life has been a consistent supporter for justice and equality and health care for all throughout our world. I want to thank the gentleman for being with us tonight.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today in support of the World Bank AIDS Marshall Plan Trust Fund Act. I also want to take this opportunity to commend the gentlewoman from California (Ms. LEE) for the outstanding leadership that she is providing on this issue. As a matter of fact, I know that people were concerned when Representative Ron Dellums decided to retire, but they knew that they had someone waiting in the wings ready to take over and take charge and to follow along with some of the tremendous work that he started, and I certainly want to commend Ron, even though not being a current Member of Congress, he is still providing valuable leadership on this issue throughout the world.

As the most developed Nation in the world, we have an obligation and a responsibility to share our technology and medical expertise with developing nations. As a matter of fact, I come from a school of thought which suggests that to those to whom much is given, much is expected in return; therefore, we have not only an opportunity, but also the responsibility to share the great wealth and the great resources of this Nation.

Franklin Delano Roosevelt once said that the test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have too little. And I submit to you tonight that the continent of Africa is being stripped of its most precious resource, its people.

Mr. Speaker, more than 11 million Africans have already died from AIDS since its inception; that represents more than 70 percent of the AIDS deaths worldwide. Another 23 million Africans are currently infected with HIV or AIDS.

In South Africa alone, it is estimated that there are more than 1,500 new HIV infections each and every day. We can no longer afford to sit back and do so little or in many instances do nothing about what is happening throughout the world.

HIV/AIDS is a threat, yes, to our national security, but it is also a threat to the security of the world community. I commend President Clinton for his recognition of that fact as we have seen an increase in the proposal of resources to deal with this problem, but those increases that have been proposed are not even enough.

AIDS has a major impact on our trade with Africa. The World Health Organization and other relief organizations were committed to ending this dreaded disease some time ago, but, more importantly, if we continue to do

nothing or little, eventually Africa will have a population of orphans that is unthinkable. Currently, more than 13 million children have lost one or both their parents to AIDS.

The statistics suggest that the number will reach 40 million by the year 2010. Yes, we now have an opportunity, because we had a Marshall Plan to rebuild Europe after the war. It is now time to apply the same principles, the same practices, the same techniques, the same tactics to help prevent the spread of HIV/AIDS in Africa.

Now, is the time for action. Each day that we wait, thousands more are subjected to HIV/AIDS infection. And I say to the gentlewoman from California (Ms. LEE), again, I am pleased to join with the gentlewoman and all of those who have come to call for a massive infusion of resources, similar to the Marshall Plan that we used after World War II. If we could do it then, with the strong economy that we are experiencing today there is nothing to prevent us from initiating and implementing this magnificent effort that the gentlewoman and others have put together to bring help, hope, and relief to our dying brothers and sisters in Africa, but also to our dying brothers and sisters in the American streets in every city, village, and hamlet of this Nation and throughout the world. I thank and commend the gentlewoman for her outstanding work.

Ms. LEE. I thank the gentleman. And I want to thank my colleague from Illinois for his very eloquent remarks and his kind remarks and also for bringing clarity to not only this issue but so many of the tough issues which we deal with here in the United States Congress. I also thank the gentleman for bringing this right back home, because this is a global pandemic which we are dealing with. I thank the gentleman for participating with us.

I would like to yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY), a colleague who has been really in the forefront challenging the pharmaceutical companies to do the right thing, by providing affordable drugs to those in need, not only in America, but throughout the world.

Ms. SCHAKOWSKY. Mr. Speaker, I would like to join my colleagues in thanking the gentlewoman from California (Ms. LEE) for being such an outstanding leader and outspoken person on the issue of the global AIDS crisis. It is a little bit hard to follow my colleague from Illinois and his eloquence and his beautiful voice, but I appreciate the opportunity to weigh in on this important issue.

I want to also express my continuing support for H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, which is sponsored by the gentlewoman from California and also the chairman of the Committee on Banking and Financial Services from Iowa, and I am very proud to be a cosponsor of that bill.

If enacted, H.R. 3519 would create a worldwide trust fund that is adminis-

tered by the World Bank and funded by governments, the private sector, and international organizations. Nations would be able to receive grants from the trust fund to address the HIV/AIDS crisis. The bill would direct the United States to contribute \$200 million a year, and I hope it stays at no less than \$200 million, to the fund for 5 years, the hope being that U.S. contributions would help leverage contributions from others in the private sector and the international community.

Although the passage of this bill would be a significant victory in the battle against HIV/AIDS, it is a small drop in a very big bucket. It is estimated that about \$10 billion would be needed to fight AIDS in Africa over the next 5 years, just to fight AIDS in Africa.

We must do much more if we want to seriously address the HIV/AIDS epidemic that is killing millions of people worldwide, and the United States has to lead the way. It is in our own best interests to do so, because HIV/AIDS knows no borders and it threatens the stability of the world, even more than conventional warfare.

I have been extremely concerned in the past by the actions of our government on this issue. While a number of important initiatives have been created and championed by the administration, and I do not want to diminish those, I yet was dismayed when I realized efforts by other nations were being blocked because of objections raised by the pharmaceutical industry and in turn by our government. These were efforts that would lower the cost of AIDS drugs by manufacturing generics or importing them at a lower cost. We saw our own government step in on the side of the pharmaceutical companies to prevent that.

I have been encouraged by recent comments by the administration that appear to reflect a policy change on this issue. I hope that I will not hear any more reports of our administration weighing in to prevent others from addressing their own national emergencies. I would hope that the United States would take advantage of every opportunity to help other nations address this crisis, including relinquishing to the World Trade Organization patents on AIDS drugs that are owned by the United States and were developed using our own taxpayer funds.

I commend the administration and National Security Council for the step taken this week in designating HIV/AIDS as a threat to our national security. Indeed, HIV/AIDS stands to threaten this Nation and others. I must say that I am truly surprised that there are individuals in our Congress who would disagree and contend that the AIDS pandemic is not a national security threat. I can only assume such individuals have not been paying attention or just do not want to face the facts.

We have been hearing a number of those facts. Let me add to those a few

additional ones, and I think some bear reiterating.

AIDS is claiming more lives than all armed conflicts in the last century combined. Twelve million men, women, and children in Africa have already died of AIDS. Today in Africa, 5,500 people are buried daily because of AIDS, and that number is expected to more than double. AIDS is the leading cause of death in Africa, but also, and this is very important, among young adult African-American men in the United States as well. It is our problem.

Every day 11,000 people in Africa become infected, one every 8 seconds. According to the Director of the Office of National AIDS Policy, it is estimated that by 2005 there will be more than 100 million, 100 million, HIV/AIDS cases worldwide.

Today in sub-Saharan Africa, one-fifth to one-third of all children have already been orphaned by AIDS. We talked about the 40 million that within the next decade may become orphans. HIV/AIDS runs high among the world's militaries. The rapid loss of senior officers can mean destabilization for those nations where the military plays a central role.

It should be noted that the most effective means of halting the spread of AIDS in the developed or developing world is the use of effective prevention measures, including needle exchange programs and condom distribution, the kinds of efforts that, unfortunately, have been repeatedly opposed by the majority in this body.

I had the privilege of going with the President and other Members of Congress to India and met in New Delhi in a very poor neighborhood Naseem the barber, who was one of 10 barbers trained in New Delhi to not only deliver a shave and a haircut and the neighborhood gossip, but also information about AIDS prevention and a condom. This is a program that is funded in part by USAID, by American taxpayer dollars, and a good and important expenditure of funds.

Since the beginning of the epidemic, 410,800 people in the United States have died from AIDS. Today it is estimated that as many as 700,000 people in the United States have AIDS. We cannot be lulled or allow our children to become lulled into believing that the new drug cocktails, the protease inhibitors, have conquered the disease. Our policies cannot be driven by those who would say that the threat to our national security that AIDS poses does not exist or by those who would claim that it is simply a homosexual disease. It is not, it is a heterosexual disease as well. That is very important.

I was proud to join the Vice President and our Ambassador to the United Nations at a meeting of the United Nations Security Council in January. During that session the Security Council addressed the issue of HIV/AIDS in Africa. This marked the first time that the Security Council looked at a health

issue in the context of a threat to global security. The Vice President made the point that it is time for us to move beyond our classical definition of security.

We have all talked about the staggering statistics, but I want to just end by saying while I was honored to have the opportunity to attend that historic meeting, I left feeling even more unsettled than I expected. The fact that a United Nations panel considered the issue of AIDS in the form of a security meeting and our National Security Council has followed suit should be taken as both a move in the right direction for the international community as well as a serious wake-up call.

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We, the international community, are losing the fight currently against AIDS. This beast knows no borders, it does not discriminate by class, race, gender, or nationality. AIDS is not just a detriment to the health of humanity; it is a global security threat and should be addressed as such.

Again, I want to commend my colleague for her tireless effort on this issue and look forward to the passage of H.R. 3519 when it is considered by the entire House.

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman from Illinois (Ms. SCHAKOWSKY) for that very succinct and very profound statement and also for her consistent hard work on this issue and many others that we are dealing with here in the Congress.

Mr. Speaker, I yield 5 minutes to my colleague, the gentlewoman from Los Angeles, California (Ms. WATERS), whose life has been about fighting injustices wherever they may occur. She has taken the lead here in the United States Congress in terms of the whole HIV/AIDS pandemic, both here in the United States and abroad. The gentlewoman from California has been in the forefront of seeking peace and security on the continent of Africa.

Ms. WATERS. Mr. Speaker, I would like to commend my friend and colleague, the gentlewoman from California (Ms. LEE), for organizing tonight's Special Order on the HIV/AIDS crisis in Africa and for her general leadership on this issue. The gentlewoman from California (Ms. LEE) is providing the kind of leadership that has caused this Congress to finally focus on this crisis and on this epidemic. She is a Member of Congress that served on the staff of one of the most esteemed Members of Congress who is now retired, Congressman Ronald Dellums; and Congressman Dellums decided earlier this year that he was going to give priority time to this issue.

Even though he is away from Congress working in the private sector in the health care industry, he decided that this is the most important issue confronting the world today. So he uses most of his time now not only speaking with Members of Congress,

the President of the United States, health organizations, pharmaceutical companies, the USTR. He has just about spoken with everyone imaginable that has the power to do anything about this issue. So as a result of the efforts of the gentlewoman from California (Ms. LEE), working along with Congressman Dellums and the rest of us, we are finally, I think, being heard on this issue.

Mr. Speaker, I would like to commend President Bill Clinton for recognizing the importance of United States support for international HIV/AIDS treatment and prevention programs. Earlier this year, the President requested an additional \$100 million in funding for international HIV/AIDS treatment and prevention programs. These funds would be in addition to the \$225 million that the United States is currently spending on these programs.

The impact of the HIV/AIDS epidemic on sub-Saharan Africa has been especially severe. Since the beginning of the epidemic, over 80 percent of all AIDS deaths have occurred in sub-Saharan Africa. By the end of 1999, there were an estimated 23.3 million people in sub-Saharan Africa living with HIV/AIDS. That is 70 percent of the total number of HIV-infected people worldwide. In sub-Saharan Africa, there are over 5,000 AIDS-related funerals per day.

HIV/AIDS treatment and prevention efforts in sub-Saharan Africa are complicated by poverty. Most Africans lack access to the most basic health care services and only the wealthiest people in Africa can afford HIV/AIDS medications and advancements in treatment therapies. Furthermore, high illiteracy rates combined with low levels of education funding have made prevention efforts more difficult.

Nevertheless, experience has proven that HIV/AIDS-prevention programs can make a substantial difference if the programs are funded sufficiently and implemented in an effective manner. Uganda in particular has implemented a highly successful program which has reduced HIV/AIDS infection rates by over 50 percent. I happen to have been in Uganda when I was on one of my trips to Africa with the President when he was there. I had an opportunity to visit the clinics and to talk with people and to understand how seriously they had taken this whole epidemic and how they were moving forward and providing leadership on the continent; and it is working and it shows. Senegal has also developed a successful HIV/AIDS prevention program. However, effective HIV/AIDS treatment and prevention programs cannot be expanded or implemented in other countries without substantial financial assistance from the international community.

Mr. Speaker, H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, was passed by the Committee on Banking and Financial Services on March 15 of this year by a bipartisan

majority thanks to the leadership of the gentlewoman from California (Ms. LEE) and to our Chairman, the gentleman from Iowa (Mr. LEACH). This legislation would direct the Secretary of the Treasury to enter into negotiations with the World Bank for the creation of a World Bank AIDS trust fund to provide grants to support HIV/AIDS treatment and prevention programs in less developed countries, and I am proud to be a cosponsor of this bill.

Now, during the Committee on Banking and Financial Services' consideration of H.R. 3519, I offered an amendment to the bill that increased the amount of funds authorized to be appropriated for payment to the World Bank AIDS trust fund from \$100 million to \$200 million per year. While \$200 million is still only a small fraction of what is needed for HIV/AIDS programs, it would represent a significant commitment of financial resources by the United States and set an example for the international community.

Mr. Speaker, I know that at the time that I offered the amendment, our Chairman was a little bit worried, because this is a difficult issue; and at a time where we have competing interests and we have lots of needs here in this country, it is very difficult sometimes to get our Congress focused on a crisis like this someplace else. However, I feel that the crisis is of such proportions that we must be aggressive and we must be bold; and I still think \$200 million is but a drop in the bucket. I am worried now, I am worried that when this bill is on the floor in a few days, that there will be an effort to reduce the amount back to \$100 million because of the fear that it will not be passed if it is more than \$100 million.

I would like to encourage support from my colleagues to keep the amount at \$200 million. Let us not go backwards. Let us move forward, and let us stand up for what is right. I hope that the recent report that was put out by the CIA and others and the work that has been done now by the National Security Council identifying AIDS as a world threat to peace will help our people to understand that we cannot retreat. We must move forward. We cannot reduce the amount in this bill from \$100 million to \$200 million.

Mr. Speaker, I also offered another amendment that would allow the World Bank trust fund to provide technical assistance to countries to assist them in building the capacity to implement effective HIV/AIDS treatment and prevention programs. I am pleased to report that both of my amendments were passed by the Committee on Banking and Financial Services.

The rest of the world does look to us for leadership, and I think there is one other area that we have got to be profoundly supportive of. I would just like to give a little background on that, if I may.

Most HIV/AIDS drug therapies are well beyond the reach, as I said, of all but the wealthiest elites in sub-Saharan Africa. Drug therapies that have

extended the lives of people living with HIV/AIDS in the United States and other developed countries would cost between \$4,000 to \$20,000 per person per year in sub-Saharan Africa. However, the gross national product per capita in sub-Saharan Africa is only \$503 per year. If South Africa is excluded, the GNP per capita is only \$308 per year. Furthermore, according to the World Bank, no sub-Saharan African countries spent more than \$400 per person per year on health care between 1990 and 1995.

The agreement on trade-related aspects of intellectual property rights, known as TRIPS, is one of the international agreements enforced by the World Trade Organization. The TRIPS agreement allows corporations to benefit from patents over plants and medicines. Corporations use their patent rights to force developing countries to pay for the use of plants and medicines. In some cases, these plants and medicines were developed by indigenous people in developing countries who have been using them for hundreds of years. As a result of the TRIPS agreement, many people in developing countries have been denied lifesaving medicines because they cannot afford to pay for them.

In 1997, the South African government passed a law to make HIV/AIDS drugs more affordable and available for its people. This law allows the importation of commercial drugs from sources other than the manufacturers, a practice called parallel importing, and authorizes the South African government to license local companies to manufacture generic drugs, a practice called "compulsory licensing." The U.S. pharmaceutical industry opposed this law and our own United States Trade Representative attempted to pressure South Africa not to implement it. Fortunately, USTR has recently announced in December of 1999 that it would be more flexible in its policies towards South Africa's situation.

The amendment that I would love to have had passed in my committee would have required the United States Government to encourage sub-Saharan African countries to develop policies to make HIV/AIDS medications available to their populations at affordable prices. It would also require the United States Government to encourage pharmaceutical companies to make HIV/AIDS medications available to the populations of these countries at affordable prices. More importantly, this amendment would direct the United States representative to the WTO to encourage the World Trade Organization to exempt sub-Saharan African countries from the TRIPS agreement and other international agreements that prohibit them from implementing laws that make HIV/AIDS medications available to their populations at affordable prices. This would allow countries such as South Africa to enact legislation to expand the availability and affordability of HIV/AIDS medicines

without worrying about WTO challenges to their laws.

Mr. Speaker, access to affordable medicine is essential for sub-Saharan Africans living with HIV/AIDS. It should be the policy of the United States and the WTO to encourage policies that increase the availability and affordability of HIV/AIDS medicines in sub-Saharan Africa, not to challenge or oppose such policies.

Again, the rest of the world looks to the United States for leadership. It is essential that Congress pass the World Bank AIDS Marshall Plan Trust Fund Act that has been initiated and guided by my friend and colleague, the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH); and it is equally essential that Congress fully fund the President's request for international HIV/AIDS treatment and prevention programs. Also, it is imperative that we do not pare back the \$200 million that we adopted in the Committee on Banking and Financial Services, but rather support it and move forward in a very proud way to join with other leaders in the world, some countries much smaller than ours who are doing more to deal with this crisis than we are doing. I am convinced we can do that.

Ms. LEE. Mr. Speaker, I want to thank my colleague from California for her very profound statement and also for once again speaking the truth and for making sure that this Congress and administration is challenged to step up to the plate to provide adequate resources to begin to tackle this pandemic at the proportion of which we see the problem.

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Madam Speaker, I yield now to the gentlewoman from Houston, Texas (Ms. JACKSON-LEE), who has been a voice of reason, an advocate for social justice both here and abroad, and who I had the privilege to be with on our presidential delegation when we visited Southern Africa and witnessed the devastation of HIV/AIDS' toll on the orphans in Africa.

Ms. JACKSON-LEE of Texas. Madam Speaker, I thank the gentlewoman from California (Ms. LEE). She is very right that together we were enormously moved, along with the gentlewoman from Michigan (Ms. KILPATRICK) when we traveled to Southern Africa to witness firsthand what many of us had seen before, but together on this presidential mission.

Let me thank the gentlewoman for carrying forth the vision to help with our former colleague, our dear friend, Ron Dellums, to form and foster and nurture H.R. 3519, the World Bank AIDS Marshall Plan Trust Fund Act, in collaboration with the gentleman from Iowa (Chairman LEACH). Let me thank the gentlewoman for that, because she has put the engine behind the remorse, the devastation, the sadness, the high emotions that have been brought about by understanding that since 1980, in the

1980s, 16 million people have died from AIDS.

Madam Speaker, I would like to read into the RECORD just these simple figures, if I can do this rather quickly, to elaborate on the enormity of this pandemic tragedy with respect to AIDS.

The percentage of adult population infected with HIV or suffering from AIDS in a number of countries in Africa: Zimbabwe, 25.9 percent of the adult population. Botswana, 25.1. Many of these countries I visited, particularly Botswana, a few years ago; and the numbers were climbing then. I visited an AIDS clinic and talked to a woman who had been infected and had lost her son. And I saw the pain of the country trying to grapple with this. One of the issues, of course, was the ability to have the pharmaceuticals to deal with this. The low cost of those drugs is a necessity.

Namibia, 19.4 percent; Zambia, 19.1 percent. This is the percentage of adult adoption. Swaziland, 18.5 percent; Malawi, 14.9; Mozambique, 14.2 percent; South Africa, 12.9 percent. I imagine these nations would say these percentages are growing.

Rwanda, 12.8 percent; Kenya, 11.6 percent; Central African Republic, 10.8 percent; Ivory Coast, 10.1 percent; India, .82; U.S., .76.

Just another example. Number of 15-year-olds per 10,000 of that age group who have lost their mothers or both parents to AIDS: Uganda, 1,100; Zambia, 890; Zimbabwe, 700; Malawi, 580.

The list goes on. The number of Africans that we understand die every day from HIV/AIDS: 5,000, at least.

And so as I stand on the floor of the House, I can only ask that we move quickly to support this legislation, to encourage the full funding that the President has promoted to grab hold of this and declaring this a national security issue, an international security issue; to encourage Kofi Annan to embrace this as well in his commitment to bring down the percentages of HIV infection by putting the resources of the United Nations behind this; by acknowledging that this is the number one killer of women 25 to 44 in the African-American population in the United States.

Madam Speaker, I thank my community, who I marched with 2 weeks ago, in recognizing that in pockets of the 18th Congressional District HIV/AIDS is one of the number-one killers, and to commit to my constituents in Houston as well to join them in the women's, and what I have promoted, the Mothers' March Against AIDS that we will be promoting in the next couple of months, and to say that we have to do more than simply roll up our sleeves. We have to get in the fight and really battle.

It is important to recognize that H.R. 3519, the Marshall Plan, the same concept that we used after World War II, is long overdue and that we must move this legislation along very quickly. It must pass out of the House of Representatives. It must quickly pass out

of the Senate. We must get it to the President's desk, and we must act on it.

It is likewise important that, as we move through the appropriations process, we must recognize that 13 million children have lost one or both of their parents to AIDS, and the number is projected to 40 million in the continent of Africa by 2010.

AIDS in sub-Saharan Africa accounts for nearly half all the infectious disease deaths globally, and what that translates into is TB. Many are suffering from pneumonia, and it leads into other infectious diseases as well.

We well recognize that the Pentagon budget has been one of the largest that we have had. That is why I believe it is so crucial that we have acknowledged that this is a national security issue. With that in mind, I can only say to the gentlewoman from California (Ms. LEE) in thanking her for her leadership, this Special Order should not be one in vain. It should be a Special Order of challenge, a special order that energizes us as we provide through the committee process, each of us who has any opportunity to encourage the faster process of this legislation, we should ask that it be declared an emergency and that we move it as quickly as we can to the floor of the House.

Madam Speaker, let me simply thank the gentlewoman for giving me the opportunity to speak and yield back.

Madam Speaker I rise in support of HR 3519, the World Bank AIDS Marshall Plan Trust Fund Act, introduced by Congresswoman Barbara Lee.

As the Clinton Administration formally recognized just a few days ago, the spread of HIV/AIDS in the world today is an international crisis that can no longer be ignored.

The National Security Council, which has never before involved itself in combating infectious diseases, has formally designated the disease as a threat to U.S. national security.

With the establishment of the White House interagency working group on AIDS and the National Security Council's designation, America is taking steps to lead in the fight against the global AIDS crisis.

As HR 3519 correctly reiterates, AIDS is a global emergency that is devastating developing countries.

The creation of a World Wide trust for in which nations would be able to obtain grants to address the needs of HIV/AIDS victim globally is truly needed.

We know that 60% of those that have died from AIDS are in sub-Saharan Africa. That is 16 million people since the 1980's.

An even more heart-wrenching statistic is that 13 million children have lost one or both of their parents to AIDS and this number is projected to reach 40 million by 2010.

AIDS in sub-Saharan Africa accounts for nearly half of all infectious disease deaths globally.

Not since the bubonic plague of the Middle Ages, has there been a more devastating disease.

I applaud the Clinton Administration's recent push to double the budget request to \$254 million to combat AIDS overseas.

However, I still believe that much more funding is needed to adequately address this emergency epidemic.

When the Pentagon budget continues to spend more than this \$254 million on obsolete aircraft, we are struck with the remaining gap in the battle to tackle this global problem.

Consequently, Senior Clinton Administration officials clearly express their frustration that by all estimates on HIV/AIDS, that nearly \$2 billion is needed to adequately prevent the spread of this disease in Africa per year.

Although I realize that this may not be politically feasible at the time, we must take notice of the fact that if the National Security Council can designate AIDS as a national security threat, then it is time for this country to take affirmative steps to combat this devastating tragedy in the international community.

AIDS is significantly shortening the life expectancy of all and will continue to cut more years off people's lives if we do not take responsibility for combating this disease.

I applaud my colleague BARBARA LEE for her leadership. The AIDS Marshall Plan Fund for Africa will help to ensure that the federal government follows through on its recently stated plans to address the international AIDS epidemic.

In conclusion, I also believe that the private sector has a major role in fighting AIDS. In the African Growth and Opportunity, I successfully included a sense of Congress amendment to cause corporations doing business in Africa to set up a private fund that can be utilized to also fight the AIDS devastation. That provision still remains in the bill.

Ms. LEE. Madam Speaker, I thank my colleague from Texas once again for participating with us this evening and also for participating and fighting on all of the issues that we tackle here in Congress and for her leadership on the whole HIV/AIDS crisis both here and abroad. I say, Thank you very much, Congresswoman JACKSON-LEE.

Madam Speaker, I now yield to the gentleman from Maryland (Mr. CUMMINGS), who has been consistent and very instrumental in forcing the United States Congress to deal with the devastating effects of drugs and the impact of drugs as it relates to the HIV/AIDS crisis. I thank the gentleman very much for being with us tonight.

Mr. CUMMINGS. Madam Speaker, I thank the gentlewoman from California (Ms. LEE) for yielding, and I want to thank her for all that she does every day, everything that she does to put a face on this crisis. I think so often, I think the philosopher Camus said that a lot of times when we get so caught up in statistics, we forget that there are real people behind those statistics.

Certainly, the ones that I will cite in a minute or two are quite frightening. But the gentlewoman and I and many others who have visited Africa know that these statistics have real faces behind them.

Madam Speaker, I rise today to address one of the most challenging and life-threatening public health issues facing the global community: HIV infection and AIDS.

This disease is now the world's deadliest with over 40 million persons infected worldwide. And significantly,

our President recently declared AIDS as a national security threat. Not surprisingly, this pandemic affects the most vulnerable citizens of our global community; in fact, nearly 95 percent of infected persons live in developing countries with, sub-Saharan Africa being hit harder than any other region.

Let me mention some startling statistics. New HIV infections in Africa have numbered more than 1.4 million each year since 1991. That is an average of more than 3,800 new HIV/AIDS infections per day in sub-Saharan Africa.

23.3 million adults and children are infected with the HIV virus in the region which has about 10 percent of the world's population, but nearly 70 percent of the worldwide total of infected people.

Life expectancy in these nations has been reduced by disease to between 22 and 40 years.

In several sub-Saharan nations, more than one in four pregnant women is infected with HIV/AIDS, and in many sub-Saharan nations one quarter of all children have already been orphaned by AIDS, 13 million children, the equivalent of all the children enrolled in our public school system.

As leaders of this great Nation, we have a responsibility to take the lead in efforts to overcome this AIDS pandemic. But in order to effectively combat the disease, we must come to a full understanding of two key issues. As Martin Luther King, Sr., said, "[w]e cannot lead where we do not go, and we cannot teach what we do not know."

First, we must understand what accounts for this devastating spread of this disease on the African continent. Just to name a few: lack of quality health care, poverty, lack of education, armed conflict, lack of jobs, and limited government assistance are all factors.

Second, we must come to an understanding that all sectors and all spheres of society have to be involved as equal partners in combatting this crisis. The health sector cannot meet this challenge on its own, nor can one government or one nation.

So it is imperative that we have a collective global effort to increase international AIDS spending in Africa and to improve the health care infrastructures of African countries.

Mr. PAYNE. Mr. Speaker, I rise today in support of H.R. 3519, the Marshall Plan Trust Fund. I know my colleague, Ms. BARBARA LEE (CA), has worked diligently on this issue for some time now and I am pleased that this House is taken up this issue. Let me also thank the Chairman of the Banking Committee, Congressman JIM LEACH (IA), who is responsible for moving this bill through the Committee.

The HIV/AIDS crisis is a transnational threat. It threatens not only our public health but it is also a threat to our National Security. According to the Washington Post, "It has the potential to undo decades of work in building free-market democracies abroad."

On my visit to South Africa in December of last year, I visited an HIV/AIDS clinic and saw

first hand the education and preventive ways to combat this virus. In Soweto, South Africa, when the AIDS virus detonates this black township of 3 million in a decade or so, the disease will wipe out about 600,000 people. This is almost six times as many people as the atomic bombs killed in Hiroshima and Nagasaki.

Some estimates predict that more than 25% of the working age population in South Africa will be infected with HIV by the year 2010. The global spread of AIDS is reaching catastrophic numbers.

HIV/AIDS has greatly reduced the life span of the citizens of South African countries. Life expectancy in Botswana has declined from 61 years five years ago to 47 years, and is expected to drop to 41 years between 2000 and 2005. In Zimbabwe 1 out of every 5 adults is affected and is significantly reducing population growth from 3.3%.

More than 33 million are infected and more than 14 million have died. Of this number, more than 16 million people have died from AIDS since the 1980s, 60% of them from sub-Saharan Africa. In 1998, 200,000 people died from armed conflicts on the subcontinent, while AIDS has caused about 2.2 million deaths.

Former Congressman Ronald Dellums, who is now the President of Healthcare International Management Company, has conceived the AIDS Marshall Plan for Africa as a means to bring treatment to those affected with the HIV/AIDS virus. Also, the NAACP introduced a similar measure declaring HIV/AIDS a crisis in Africa.

The Clinton administration has taken the right step to curb the spread of AIDS. President Clinton recently declared \$254 million to prevent the spread of AIDS around the world.

Bristol-Myers, one of the largest pharmaceutical company and is headquartered in the state of New Jersey, has also pledged their support of \$1 million to prevent the further spread of HIV and to care for those affected by this devastating disease.

In conclusion, let me say that the spread of infectious diseases poses a threat to our own health here in the U.S. We should support the AIDS Marshall Plan and the Clinton administration's efforts to rid the world of this deadly disease.

Mr. TOWNS. Mr. Speaker, I want to join my colleagues in their support of H.R. 3519 the "World Bank AIDS Marshall Plan Trust Fund Act." In Testimony before the Committee on Government Reform, Sandra Thurman, the Director of the Office of National AIDS Policy, sometimes called the AIDS CZAR said that as of this moment, AIDS has killed 12 million men women and children in Africa. Today and every day, AIDS in Africa buries more than 5,500 men, women and children. And that number is estimated to double in the next few years. AIDS has become the leading cause of death in Africa.

But in order to understand the total dimensions of this tragedy, we not only look at the dead, but we must also look at the living. It is estimated that by the year 2010, 40 million children in Africa will be orphaned by AIDS. These children will have lost their parents, and many will have lost entire families. What will these children do? Who will pay for their education? How will they get the basic necessities of food, clothing and shelter? Who will teach them right from wrong? Forty million children

with no connection to society, no connection to family, the community or each other will grow up to be forty million adults who have no sense of past, present, or future. Forty million people who are without moorings can and will destabilize a country, a region, a continent and a world.

I know that the fate of Africa or Africans may not be a high priority for many here. Many may not care about the AIDS virus or its victims. But I don't know anyone here who does not care about children. I ask you to do what you can to prevent the predictions of forty million orphans from coming true. Lets find a way to keep their parents healthy and alive. Lets find a way to provide medical assistance so that there will not be 40 million orphans. The United States can and should be a leader in the fight against this pandemic. We can not be the leader of democracy and turn our backs on these families.

The SPEAKER pro tempore (Mrs. BIGGERT). The time of the gentlewoman from California (Ms. LEE) has expired. All time has expired.

GENERAL LEAVE

Ms. LEE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of our special order tonight.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

TRIBUTE TO THE COLORADO STATE LEGISLATURE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Madam Speaker, as the gentleman from Maryland (Mr. CUMMINGS) knows, I have an hour and I would be happy to yield to the gentleman up to 5 minutes so he could conclude his statement. I think the issue that he is speaking about is very important. I yield up to 5 minutes to the gentleman.

Mr. CUMMINGS. Madam Speaker, I thank the gentleman from Colorado (Mr. MCINNIS) for yielding.

Second, we must come to an understanding that all sectors and all spheres of society have to be involved as equal persons in combatting this crisis. The health sector cannot meet this challenge on its own, nor can one government or one nation.

So it is imperative that we have a collective global effort to increase international AIDS spending in Africa. This collective effort must also make vaccine research and development a priority and secure access to treatment for infected individuals. We must encourage pharmaceutical companies to reduce the percentage of spending on marketing and advertising and instead reduce drug prices and increase expenditures on patient assistance programs.

Passage of H.R. 3519, the World Bank AIDS Marshall Trust Act, would be an important step towards these goals. This legislation calls for the governments of key nations, the private sector, and nongovernmental entities to partner in the creation of a Marshall Fund to eliminate AIDS. The fund would provide \$1 billion over 5 years for research, prevention, and treatment.

I thank the gentlewoman from California (Ms. LEE) and the gentleman from Iowa (Mr. LEACH) for having the foresight to introduce this measure. When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on the adequacy of our response.

One of my mentors, the Reverend Jeremiah Wright of Chicago, has stated many times, "In my time and in my space, I will make a difference with God's grace."

And so, Madam Speaker, I urge support of H.R. 3519 for this is our space, and this is our time; and we must make a difference with God's grace. With that, I yield back; and I thank the gentleman from Colorado for yielding.

Mr. MCINNIS. Madam Speaker, I can tell my colleagues as many have experienced themselves personally, the great time in my life that I served in the State legislature, the State of which I represent here in the United States Congress.

Being able to serve in the State House of Representatives for the State of Colorado meant a great deal to me. I was honored to be elected by the people of the 57th district of the State of Colorado to serve five terms. I had the opportunity to go and serve as the chairman of a committee and ended my career in the State House of Representatives as majority leader.

During that period of time, I established lifetime friendships with fellow legislators on both sides of the aisle. By political design, the activity that we have in Congress in Washington is dramatically different than the type of system that we operate at least in the State of Colorado. In Colorado, for example, we have what we call "instant voting." Now, why do I bring up the facts to my colleagues of instant voting? Because I want to explain what that leads to.

It leads to strong friendships. Why? Because instant voting such as we have in the State of Colorado requires that all of the State legislators, and I speak generically, the State senators as well, have to be on the House floor at the time that the voting machine is opened, as compared to the United States Congress here in the House of Representatives where we have a minimum of 15 minutes on most votes, 5 if it is a subsequent vote, to come to the House floor and cast our vote.

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As a result of that here, we do not mill as a group for a very long period of time.