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Senate

STATEMENT OF SENATOR DIANNE FEINSTEIN Global HIV/AIDS Prevention Amendment

Mrs. **FEINSTEIN**. I rise today with Senators Leahy, Clinton, Durbin, Jeffords, Harkin, Lautenberg, Reid, Schumer, Corzine, Boxer, Feingold, and Biden to offer an amendment to strike the earmark included in the bill which mandates that 33 percent of all prevention funds must be used exclusively for abstinence before marriage programs.

I deeply believe this bill has one major flaw. I appreciate the bill, and I know the effort that went into it. It is a big step forward. But when it comes to AIDS, prevention is the name of the game.

Over one-half of the AIDS cases that are expected between today and 2010 can be prevented. The World Health Organization says of the 45 million new HIV cases anticipated, 29 million could be averted with effective prevention.

I was mayor of San Francisco when AIDS was discovered. We had one of the first AIDS program in the country. I spent 9 years of my life as Mayor developing AIDS prevention programs, seeing what worked and what did not work. What I found was that there has to be flexibility. What works for one group of people or community might not necessarily work for another.

I believe one of the major flaws of this bill is the earmark which would require that 33 percent of the prevention funds--that is \$1 billion over 5 years or \$200 million a year--must be spent exclusively on abstinence before marriage programs. Abstinence will not work for everyone.

We offer this amendment not because we are opposed to abstinence programs or do not want to see them funded. Rather, there are many

additional approaches that are also effective and we believe it is critical that there be the necessary flexibility for a particular community or country to design a prevention program that best meets the needs of its people.

I deeply believe that when we look at prevention, we have to consider a number of programs. Let me give a few examples of prevention programs that should be funded under this bill:

Voluntary counseling and testing. This is an important component to stop the spread of the virus. Access to testing is important to ensure that one knows they are infected. Often, the disease is spread from husband to wife because he does not even know he is HIV positive. So testing is prevention.

Another form of prevention is stopping the spread of HIV

from mother-to-child. Nevirapine is effective in preventing the transmission of HIV from a mother to her child. Studies have shown that combining drug therapy with counseling and instruction on use of such drugs can reduce transmission by 50 percent.

Blood safety is also an important preventive measure. While the U.S. has taken the necessary steps to nearly eliminate the transmission of HIV by blood transfusion, many countries lack resources and infrastructure to take similar action including the creation of a national blood supply, use of low-risk blood donors, screening of blood donations, and reducing the number of unnecessary transfusions.

Sexually transmitted disease control is another prevention tool. Left unchecked, sexually transmitted diseases can expand the risk of HIV/AIDS two to five times.

Lastly, empowering women is an important component to prevention. In Africa, women account for 58 percent of HIV/AIDS cases, and the number is rising. This means that providing women around the world with health and educational opportunities, equal rights before the law, protection from sexual violence and sexual

trafficking, can help them take control of their lives and help reduce the spread of HIV.

It is unrealistic to think that sexual abstinence is the most appropriate prevention strategy in every community. There has been research conducted in our own society on how an abstinence only approach fails to reach everyone. Therefore, I fail to understand then how this approach will work in the developing world.

I deeply believe that the 33 percent earmark is the wrong approach to take with this bill. The amendment we have submitted would replace that 33 percent earmark with language that would give local communities the flexibility necessary to design prevention programs that work for them. It includes abstinence. It includes faithfulness. It would also include the use of condoms for sexually active people.

I believe our amendment is simple and straight forward. Let local communities, working in conjunction with the USAID and others, develop prevention programs that work for them. Congress should be passing legislation that simply gives local communities and health care providers the necessary resources to implement programs that are effective

given their unique cultural, social, and medical circumstances.