

***Enhancing the Parliamentary Response to HIV/AIDS***  
***Remarks before the Inter-Parliamentary Union and the Joint United Nations Program***  
***Meeting on HIV/AIDS***  
***June 11, 2007***  
***Mr. Donald M. Payne***

I would like to thank the members of the Inter-Parliamentary Union for taking the time to come to Washington, D.C. to discuss ways in which parliaments can be more involved in the response to the HIV/AIDS pandemic.

Joint sessions such as the one we are having are critical, and will be even more so as we continue and enhance global efforts to fight the spread of HIV/AIDS over the coming decades.

In the United States, it was the legislature which led U.S. action to address global AIDS. People are under the impression that fighting global AIDS was an original idea that came from the Bush administration. This is far from the truth. It was Congress which came up with the original plan to create an international trust fund to fight AIDS.

The Congressional Black Caucus was instrumental in advocating that HIV/AIDS in Africa be addressed long before any administration was paying attention.

Congress developed plans to combat AIDS with very little help from the White House.

And Congress was the institution that demanded that treatment be a component of the U.S. AIDS strategy when the administration finally accepted the fact that something had to be done. Members here had to apply considerable pressure upon the administration in order to make treatment part of its plan to respond to the AIDS crisis. The administration was focused on education, counseling and testing and the so called "ABC's" at first.

Our international guests may find this hard to believe, but we had to fight to get the Bush administration to acknowledge that it was feasible to provide treatment for Africans infected with HIV/AIDS.

I distinctly remember a high ranking Bush Administration official telling members of Congress that it was impossible to do so.

In fact, this official told us that AIDS treatment was not possible in Africa because Africans could not tell time, that they did not have watches.

We knew at the time that this view was completely erroneous. It was just another of the false stereotypes of Africans that is so damaging to our relationship to the continent.

And in fact, we were proven correct by the success of the President's Emergency Plan for AIDS Relief in Africa.

A few short years after that ridiculous claim was made, according to the Office of the Global AIDS Coordinator, over 800,000 people are receiving anti-retroviral medication in PEPFAR's 15 focus countries.

Twelve of those countries are in sub-Saharan Africa. Nearly 50,000 new patients join those receiving the life saving therapy each month.

It was Congress that came up with the idea of an AIDS coordinator. The Bush administration originally rejected the proposal, but later embraced it, creating the Office of the Global AIDS Coordinator.

I say all that to say that our role as legislators was and is vital. Without Congress there may well have been no treatment element to the program, no Global AIDS Coordinator-- and maybe even no large scale comprehensive program at all.

Having successfully fought for an AIDS program, it is our job to provide both pressure and encouragement to our respective heads of state to continue and expand current programs, and to develop new ones.

The international community still faces an uphill battle to treat HIV/AIDS and prevent its spread. There are a host of things that we need to do better, and legislatures and parliaments must demand that governments take action.

The spread of extreme drug resistant tuberculosis presents a danger to all of us, especially those with HIV/AIDS. It is imperative that our AIDS treatment programs address the spread of that disease.

We need to expand the number of people on anti-retrovirals, especially in Africa. Only 28% of Africans needing ARVs are receiving them.

Shockingly, over 85% of African children who need ARVs are going without.

We must also improve our efforts to stop further spread of HIV, which includes the aggressive application of new approaches to prevention once they are demonstrated to be safe.

For example, the Centers for Disease Control and Prevention released a document which stated that the relative risk for HIV infection in circumcised men was 44% lower than in men who were not circumcised. It is a prevention tool we need to make sure we are employing in every instance we can.

In short, we know what needs to be done. We must seize the initiative and do it.

On May 3<sup>rd</sup>, at an event hosted by the Center for Strategic and International Studies here on Capitol Hill, I stated publicly that the United States should double the assistance we are providing under the President's Emergency Plan for AIDS Relief, from \$15 billion to \$30 billion.

I do not know if someone at the White House was listening, or if it was merely coincidence, but I was very pleased to hear the President say at the end of May he would ask Congress to do just that.

Congress is drafting legislation which will expand on the current U.S. AIDS program, with an eye towards making it more effective. There is no doubt that we will authorize at least \$30 billion—if not more. And I plan to work hard to see that we appropriate every penny of the much needed resources.

It took a long time for the international community to wake up to the threat posed by the HIV/AIDS pandemic. In the past several years we have accomplished much, but we cannot afford to rest on our laurels.

We must redouble our efforts to eradicate the disease.

I look forward to working with my counterparts in the Inter-Parliamentary Union to discuss ways that parliaments and legislatures can lead the way in making sure that the scourge of HIV/AIDS is rolled back.