



For Immediate Release

Contact: Craig Orfield  
(202) 224-6770

Friday, July 11, 2008

***ENZI CHEERS SENATE ACTION TOWARD RENEWAL OF GLOBAL  
AIDS RELIEF PROGRAM  
SAYS BILL WILL SAVE LIVES BY IMPROVING FOCUS ON TREATING  
INDIVIDUALS WITH HIV/AIDS***

Washington D.C. – U.S. Senator Mike Enzi, R-WY, Ranking Member of the Senate Health, Education, Labor and Pensions Committee (HELP Committee), today said he is pleased that the Senate is moving toward passage of legislation to renew the President’s Emergency Plan for AIDS Relief (PEPFAR), adding that the bill would save lives in poor countries by improving the program’s focus on treating individuals with HIV/AIDS, tuberculosis, and malaria.

“Our bill will secure America’s place as the world’s leader in the global fight against HIV/AIDS. This is proof that the United States continues to put its money where its mouth is to combat these terrible diseases,” Enzi said.

“This legislation will build upon the remarkable success of PEPFAR. Our bill establishes new, more challenging treatment goals to ensure that we treat the greatest number of people in the most cost effective manner possible. Providing medical care for individuals with HIV/AIDS must remain the number one priority of our global HIV/AIDS program.”

The Senate approved a cloture motion today, by a 65-3 vote, to move toward final passage of the bill, the “Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008,” S. 2731. The Senate is expected to approve the bill early next week.

“When I traveled to Africa in March, I saw firsthand the value of the President's global AIDS policy,” Enzi said. “We have accomplished things that many thought were impossible when I visited five years ago. It is truly one of the most successful foreign aid programs in the history of the United States.

“Now is the time to help PEPFAR make the transition from an emergency aid plan to a sustainable, long range effort that will continue to be effective until these diseases are relegated to the history books.”

Enzi said that S. 2731 will:

- Ensure that funding follows the patients, and does not get lost in the administrative structure of the programs these funds support;
- Continue the focus on treatment by requiring that more than half of the funds be used for that purpose;
- Provide for a complete accounting of all funds provided to the Global Fund;
- Call for a balanced, comprehensive approach to prevention by ensuring that abstinence and be faithful programs receive funds equal to that of other prevention programs;
- Help increase the capacity of the health care systems in countries receiving support;
- Ensure that all drugs used for the program are safe and effective;
- Begin to develop a framework for the long-range stability of global AIDS programs; and,
- Encourage countries receiving assistance to develop their own independent and sustainable programs to address the health care needs of their people.

“We have a good bill because Senator Joe Biden (D-DE) and Senator Dick Lugar (R-IN) spent long days and nights working on it to ensure that it reflects the priorities of members on both sides of the aisle,” Enzi said. “Senator Richard Burr (R-NC), Senator Tom Coburn (R-OK), and I worked closely with Senators Biden and Lugar to address important principles and goals in this legislation. I commend each member for their dedication and hard work on this critical, life-saving legislation.”

#####

Remarks of  
Senator Michael B. Enzi  
On the  
President’s Emergency Plan for AIDS Relief

Mr. President, I rise today to express my support for the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. It is also known as PEPFAR, which stands for the President’s Emergency Plan for AIDS Relief. Simply put, this legislation is proof of the fact that the United States continues to put its money where its mouth is on all of these terrible diseases. That is leading the best way – by example – and by so doing we are encouraging other countries to do their part and help to ease the devastating toll of these diseases on the less fortunate.

In 2003, the Congress passed and the President signed into law the first global AIDS bill. We made an aggressive commitment to work with other governments to help them take action and try to control the spread of HIV/AIDS in their countries. When we began our work on this bill and started to discuss the need for a program that would

address the spread of HIV/AIDS overseas, many had doubts that we could reach the goals we had set. There were some who thought we were reaching too far, too fast, and that we would never come close to making the kind of impact to which we had committed ourselves.

Fortunately, we have succeeded beyond what many thought was possible. Since the program has been implemented, our community outreach activities that were designed to begin the process of prevention by education have reached nearly 61.5 million people. Although there is still much more to be done, we are finding that we have turned the corner from the fear and frustration that was so prevalent in the past to a brighter avenue of hope and the promise of an even better tomorrow.

When I visited Africa in March I was able to see the progress that has been made over the years. While we haven't reached all the goals we set back then, we are coming closer to them day by day.

My recent visit to Africa reminded me of what I saw when I first visited that country about five years ago. During that first visit, I learned a great deal about diseases like AIDS and how the culture of the nations we visited had a great impact on how the disease was spread. HIV is a great problem because it can lie dormant for many years while it is being transmitted. It was clear back then that solving the problem would take more than money. It would take in-country leadership and the political will to solve the problem before it became totally unmanageable.

The solution began with making simple changes to the resources available to each community. Things we take for granted, like a safe and secure water supply, had to be provided as well as nutrition programs, basic buildings, and people who had the training communities needed to maintain those facilities.

Back then, we had the treatments to keep AIDS patients functioning well for years. What we needed to do was to provide these treatments and ensure they were being properly used.

Our hope during that time was that we could keep mothers alive long enough to raise their children. Our greater hope was that we could keep everyone alive long enough for a cure to be found.

As we toured those countries, we witnessed a treatment that was designed to prevent a mother's AIDS infection from being passed on to her newborn baby during birth. There was a pill that the mother could take and a liquid that was given to the infant that had a 95 percent success rate. The treatment only cost \$2.50 per birth.

The problem with that was so many births didn't take place in hospitals. The medicine could be distributed so that it was available during birth, but anyone who was carrying that pill would be labeled HIV positive, and that was creating another set of problems because of the stigma attached to the disease. In addition, other relatives would

try to steal the pill from her, because they thought it was a wonder drug that would prevent their catching AIDS.

As we traveled through Africa, one aspect of the disease that I will never forget had to do with the economies of these nations. In each one, the fastest growing businesses were funeral parlors and coffin makers. In Namibia, for example, since they did not have enough wood to go around, people were saving their newspapers so they could make coffins out of paper mache.

That was five years ago, and since my visit to Africa and our passage of the PEPFAR bill, we have accomplished things that many thought were impossible. In 2003, only 50,000 people living with HIV /AIDS in Africa were receiving treatment from U.S. funded sources. Today, we are treating over 2 million people. That is a significant accomplishment and a great leap forward from where we were back then. Although each success is important, they remind us of the work that still needs to be done.

There are now 33.2 million people living with HIV/AIDS compared to 29 million people in 2001, but the growth has slowed dramatically. The statistics are alarming, but they also show that we are making an impact. Like the old adage says so well, we have only begun to fight – and fight on we must for AIDS is a battle we can't afford to lose – not today, not tomorrow, not ever.

Looking back, the PEPFAR bill gave us an important foundation from which to work so that we could take what was designed as an emergency aid plan and make it a sustainable long range effort that will continue to be effective until these diseases are relegated to the medical history books.

In the original bill, we set challenging goals for treatment, care and prevention. We made treatment the number one priority for the funding we were able to provide. We also established a comprehensive approach to prevention.

Today we are discussing the reauthorization of this program and a renewal of our commitment to continue to make a difference throughout the world.

As I said, I went to Africa in March, and I have seen the progress we have been able to make on this vitally important issue. We have made a start. This bill continues the work we have begun.

We have a good bill before us because Senators Biden and Lugar spent long days and nights working on it to ensure that it reflects what members on both sides of the aisle see as the important issues that must be addressed in this legislation.

The bill expands on the structure of the current law's policies to ensure that the money follows the patients and does not get lost in the administrative structure of the programs these funds support. It continues to focus on treatment by requiring that more than half of the funds be used for that purpose. It also provides for a complete accounting

of all funds provided to the Global Fund. In addition, it calls for a balanced approach to prevention, so that abstinence and be faithful programs receive funds equal to that of other prevention programs. Other efforts it will fund will help to increase the capacity of the healthcare systems in the affected countries, ensure that all drugs purchased for the program are safe and effective, and begin the process of developing a framework for the long range stability of these programs. Finally, it will encourage the countries that are receiving this assistance to develop their own independent and sustainable programs to address the health care needs of their people.

When passed, the new edition of the PEPFAR bill will establish even more challenging goals for the treatment, care and prevention of these diseases by tying the increase in funding to a corresponding realization of the goals we have established in the bill. In addition, as the cost of treatment goes down, the treatment goals increase proportionally. This will ensure that we will be treating the greatest number of people, in the most cost effective manner possible.

Senators Coburn, Burr and I worked with Senators Biden and Lugar and many other members to ensure that this bill would reflect the principles and goals that have been shared with us by the interested members of the Senate. I commend each member for their dedication and hard work that has resulted in a successful development of the third way. This bill is a good piece of legislation and I urge all of my colleagues to support its passage and send a message to all the nations that are receiving AIDS assistance from America that we will continue to stand by their side in this great fight. Our commitment to ridding the world of all these diseases in our lifetime will never weaken or waver.

#####