

5-6-1987

House Select Committee on Hunger, Health, Aids

The Mickey Leland Papers & Collection Addendum. (Texas Southern University, 2015)

Follow this and additional works at: http://digitalscholarship.tsu.edu/mla_hcw



Part of the [Public Policy Commons](#)

Recommended Citation

The Mickey Leland Papers & Collection Addendum. (Texas Southern University, 2015), "House Select Committee on Hunger, Health, Aids" (2015). The Mickey Leland Papers & Collection Addendum: Education, African Americans Repairs Education, African Amer. Racial Inequities (1987). *Series 4: House Committees, Washington, 1978 - 1989*. Series 4, Box 87, Folder 2292. Paper 693. http://digitalscholarship.tsu.edu/mla_hcw/693

This Article is brought to you for free and open access by the Mickey Leland Archives at Digital Scholarship @ Texas Southern University. It has been accepted for inclusion in Series 4: House Committees, Washington, 1978 - 1989 by an authorized administrator of Digital Scholarship @ Texas Southern University. For more information, please contact rodriguezam@TSU.EDU.

MICKEY LELAND, TEXAS
CHAIRMAN

TONY P. HALL, OHIO
BOB TRAXLER, MICHIGAN
LEON E. PANETTA, CALIFORNIA
VIC FAZIO, CALIFORNIA
SAM GEJDENSON, CONNECTICUT
T. H. KOSTMAYER, PENNSYLVANIA
JW L. DORGAN, NORTH DAKOTA
CARR, MICHIGAN
JTHY J. PENNY, MINNESOTA
GARY L. ACKERMAN, NEW YORK
MIKE ESPY, MISSISSIPPI
FLOYD H. FLAKE, NEW YORK
JAMES H. BILBRAY, NEVADA
KWEISI MFUME, MARYLAND
ELIZABETH J. PATTERSON, SOUTH CAROLINA

MIRANDA G. KATSOYANNIS
CHIEF OF STAFF

TELEPHONE: (202) 226-5470

MARGE ROUKEMA, NEW JERSEY
SID MORRISON, WASHINGTON
BENJAMIN A. GILMAN, NEW YORK
ROBERT F. (BOB) SMITH, OREGON
DOUG BEREUTER, NEBRASKA
FREDERICK S. UPTON, MICHIGAN
HANK BROWN, COLORADO
GUY V. MOLINARI, NEW YORK

MELISSA W. BROWN
MINORITY STAFF DIRECTOR

TELEPHONE: (202) 226-5460

U.S. House of Representatives

SELECT COMMITTEE ON HUNGER

ROOM H2-507, HOUSE OFFICE BUILDING, ANNEX No. 2

WASHINGTON, DC 20515

September 28, 1987

ISSUE BRIEF: AIDS IN THE THIRD WORLD

Dear Colleague:

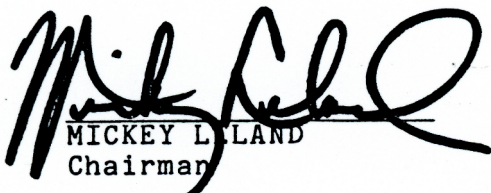
We would like to bring to your attention the attached Issue Brief entitled "AIDS in the Third World: A Growing Crisis in Development" prepared by the House Select Committee on Hunger.

Over the past several years, the Congress has become increasingly aware of the spread of AIDS in the United States and worldwide. As of this month, AIDS cases have been reported in 123 of the world's 159 countries, and the World Health Organization estimates that a total of five to ten million people are infected.

It is becoming increasingly clear that the AIDS pandemic also poses a threat to the lives of those who are not infected. Existing health care services are being overwhelmed by the spread of AIDS. Mothers are abandoning breast-feeding out of concern that it could be a means of transmission. Many parents are choosing not to let their children be immunized because of their fears of infected needles. The gains made in reducing child mortality through the child survival initiative are being completely reversed in some areas.

Congress will need to become aware of the growing threat that AIDS poses to development. It is essential that we not only support efforts to halt the spread of the disease, but also that we ensure our existing development programs are preserved.

Sincerely,

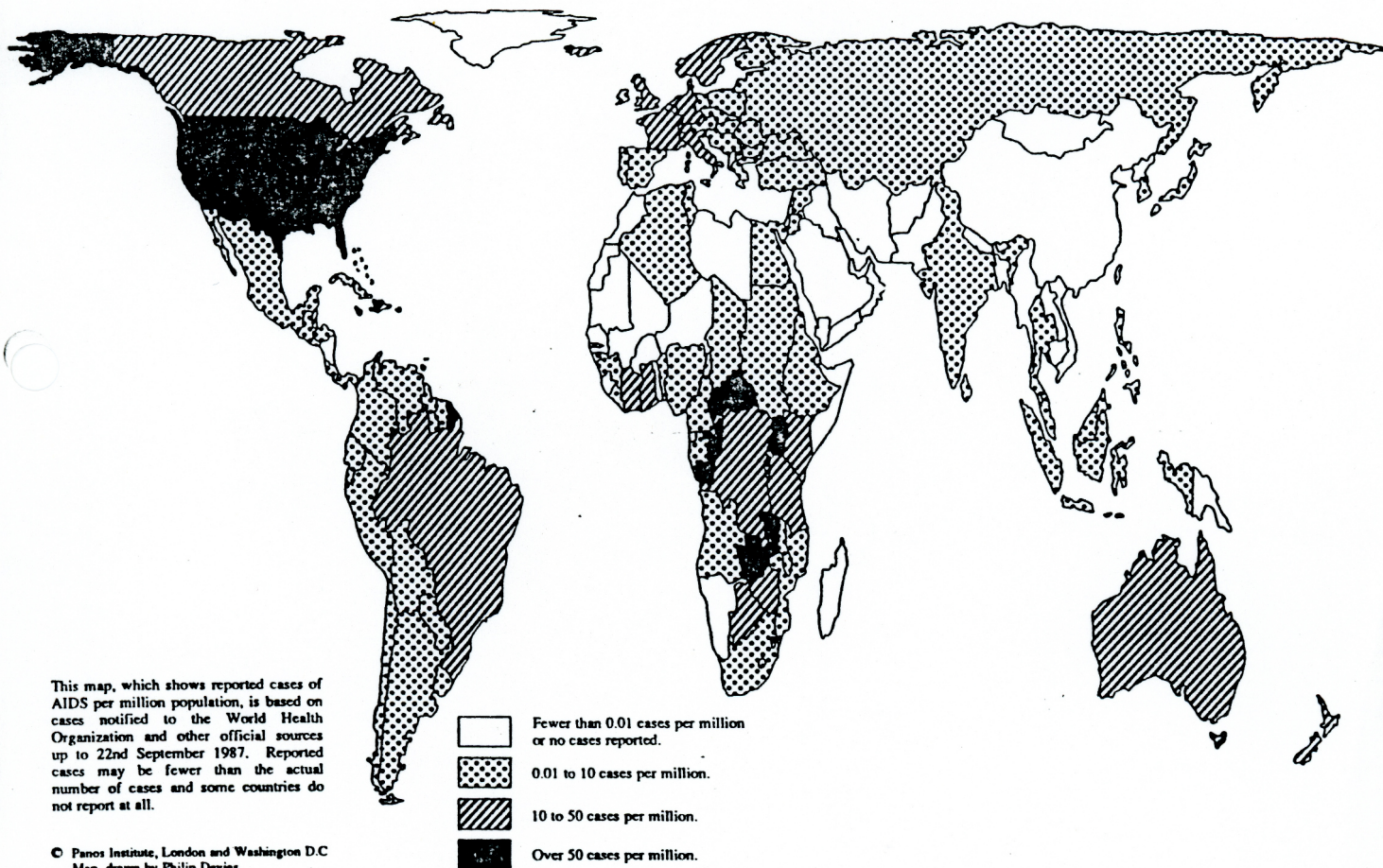

MICKEY LELAND
Chairman


BILL EMERSON
Vice-chairman

AIDS

AND THE THIRD WORLD

AIDS: THE GLOBAL SPREAD



SEPTEMBER 1987

HOUSE SELECT
COMMITTEE ON HUNGER

AIDS IN THE THIRD WORLD: A Growing Crisis in Development

AIDS in Third World countries is no longer simply a medical emergency. It has become a development crisis that threatens the lives of those infected with the virus as well as essential health programs for those who are not infected. The make-up of the U.S. foreign aid program could be radically changed if the AIDS pandemic spreads at the rate experts fear.

The Nature of AIDS

AIDS, the Acquired Immunodeficiency Syndrome, is caused by infection with the deadly human immunodeficiency virus (HIV) which destroys the body's ability to fight off infection. The known modes of transmission are through sexual contact, the sharing of unsterile needles, blood transfusions with infected blood, and from infected mothers to their unborn children. Once infected with the virus, a person is infected for life, and to date there is no vaccine and no known cure. Twenty percent or more of those infected go on to develop AIDS, and another thirty to fifty percent develop AIDS Related Complex (ARC). It is not yet known whether the rest will develop AIDS or simply remain carriers. The virus can remain in the blood for years with no outward signs of infection, but in its final stages the virus destroys the body's immune system, making the individual vulnerable to diseases that the body would normally be able to ward off.

The Scope of the Problem

As of September, 1987, AIDS cases have been reported in 123 of the world's 159 countries. It is estimated that five to ten million people are infected worldwide. The World Health Organization (WHO) projects that as those who are infected unwittingly pass the virus onto others, the number of people infected will rise to between fifty and 100 million by 1991. The cost of treating AIDS patients worldwide will be between \$8 billion and \$16 billion by 1990.

In the developing world, the continent of Africa has been hardest hit. Blood surveys indicate that in Uganda alone there are as many infected people as there are in the entire United States. In several African countries, a fifth or more of the urban population is already infected with AIDS, mostly through heterosexual contact. The actual figures are difficult to determine as few countries have the resources to carry out substantial blood surveys. Furthermore, countries have resisted reporting cases of AIDS to avoid a drop in tourism, as well as to avoid being identified as the origin of the virus. According to a report published by the PANOS Institute, epidemiologists believe that while the U.S. and Europe may face deaths in the millions, some African countries could face severe depopulation. For example, it is estimated that almost the entire adult population of Kampala, the capital of Uganda, will have the virus within ten years unless sexual habits substantially change.

Latin America has also been hit hard by the AIDS virus, with only two countries out of twenty-one not reporting cases of AIDS. Brazil has reported the third highest incidence of AIDS in the world, behind the

U.S. and France. Asia, however, has experienced only low levels of infection to date, and several countries, including South Korea, Indonesia and Sri Lanka, have imposed restrictions against visitors suspected of testing HIV positive.

Implications for Development

The AIDS pandemic not only endangers those exposed to the virus in developing countries; it threatens the lives of all. Essential health care and development programs are being affected by the spread of AIDS.

Many hospitals are being flooded with AIDS patients; in some African countries, a quarter of the patients have either AIDS or ARC. In hospitals that are already overburdened, the result is less care for those suffering from other illnesses. Further, the cost of care for AIDS patients far exceeds the health budget in developing countries. The cost of caring for ten AIDS patients in the United States for one year (approximately \$450,000) is greater than the entire budget of a large hospital in Zaire. Blood bank screening in Africa would cost approximately thirty times the annual public health expenditures of the entire African continent.

The child survival initiative and the benefits that it has brought to developing countries are also threatened by AIDS. In some areas, mothers have refused to have their children immunized because of concern about infected needles. The Agency for International Development and others involved in the immunization efforts are expanding the use of disposable needles, while boosting efforts to ensure complete sterilization of re-useable needles. The risk of death remains much greater for those who are not immunized than for those who are. Another thrust of the child survival initiative which has been endangered by the spread of AIDS is the promotion of breast-feeding. Some scientists are concerned that breast-feeding could be a method of transmission, although there is little evidence to date to support this assertion. Most experts agree that the many benefits of breast-feeding outweigh the risk, but the continued concern threatens many years of progress in promoting breast-feeding.

Finally, the basic intention of the child survival initiative -- lowering infant mortality rates -- is also threatened. In parts of Africa where ten percent of the mothers carry the virus, five percent of all children are born with the virus, and almost all of them will die within the year. In some areas, the progress made in decreasing infant mortality has been completely reversed.

Congressional Response

In FY 87, AID provided \$14 million for global AIDS prevention, of which \$5 million went to WHO's Special Program on AIDS -- a program established in 1986 to address AIDS on a country-by-country basis. In the House of Representatives, the Appropriations Committee approved \$30 million for international AIDS prevention. The Senate is expected to take similar action. It is essential that this amount be approved by the full Congress. And as the disease spreads and the crisis grows, Congress must be prepared to devote more funding to the fight against AIDS while maintaining its commitment to combat other life-threatening illnesses.