

playground, video arcade, or youth center or any events sponsored by any such entity.

There is overwhelming evidence that syringe exchange programs when implemented as part of a comprehensive prevention strategy are an effective public health intervention for reducing HIV/AIDS and hepatitis and do not promote drug use.

Now let me be clear. I detest illegal drug use. I think it constitutes a national security threat. It ruins lives. It causes crime. It gets us into wars against drugs in Colombia and Mexico; and in fact, it gets us into another war in Afghanistan because of poppy production. So I hate illegal drugs. But even more, I hate the spread of AIDS. There's overwhelming evidence that we can help stop the spread of AIDS by allowing needle exchange programs. They are endorsed by leading public health organizations, such as the Institute of Medicine, the World Health Organization, the American Academy of Pediatrics, the American Medical Association, the American Nurses Association, the American Public Health Association. They are endorsed by people such as Dr. Anthony Fauci, the Nation's leading fighter against AIDS; Thomas Frieden; former NIH Director Harold Varmus; former Surgeons General C. Everett Koop and David Satcher, who served under Republican and Democratic administrations. They are endorsed by people such as Captain Andrew Smith from the Los Angeles Police Department; Atlantic City Deputy Chief of Police Robert Schwartz; and San Francisco Chief of Police Frederick Lau.

Let me make one other point. Every Member of Congress has access to decent primary health care; but we are going to put at risk a substantial number of people if we do not support this underlying committee amendment. I want to say something personal. If we lose this amendment, it is not going to be because a lot of people on this House floor really believe that this ban makes sense. It will be because many Members are concerned and fear a cheap-shot political 30-second ad that distorts their position, spreads half-truths and scares people. I understand that concern.

The CHAIR. The time of the gentleman has expired.

Mr. OBEY. I yield myself 1 additional minute.

But for the good of the country, we are being paid to ignore that kind of pressure and simply do the right thing for the country. I ask every Member of the House to do the right thing because if you do, it will save lives. I ask them to vote "no" on the amendment.

Ms. WATERS. Mr. Chair, I rise to oppose the Souder amendment, which prohibits funding needle exchange programs. Needle exchange programs are effective at preventing the spread of HIV/AIDS.

There are over 1 million Americans living with HIV/AIDS in the United States today, and over 20 percent of them do not know they are

infected. Every 9½ minutes, another person is infected with HIV. Last fall, the Centers for Disease Control and Prevention (CDC) released new estimates of HIV infection in the United States, which indicate that the HIV/AIDS epidemic is even worse than was previously thought. These new estimates indicate that approximately 56,300 new HIV infections occurred in the United States in 2006. This figure is approximately 40 percent higher than CDC's previous estimates of 40,000 new infections per year.

According to the CDC, 13 percent of new HIV infections in the United States occur among intravenous drug users. Needle exchange programs are an effective means of preventing HIV transmission among this population. Needle exchange programs save lives, reduce health care costs, and link intravenous drug users with substance abuse treatment programs that could end their addiction and allow them to live healthy and productive lives.

The Souder amendment is opposed by AIDS Action, the HIV Medicine Association, The AIDS Institute, and several other organizations concerned about the spread of HIV/AIDS in our communities.

I urge my colleagues to oppose the Souder amendment.

Mr. OBEY. I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Indiana (Mr. SOUDER).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. SOUDER. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Indiana will be postponed.

AMENDMENT NO. 3 OFFERED BY MR. ISSA

The CHAIR. It is now in order to consider amendment No. 3 printed in House Report 111-222.

Mr. ISSA. I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. ISSA:

At the end of the bill (before the short title), insert the following:

SEC. 524. (a) None of the funds provided in this Act under the heading "National Institutes of Health—National Institute on Drug Abuse" shall be available for grant number 1R21DA026324-01A1 (Substance Use and HIV Risk among Thai Women).

(b) None of the funds provided in this Act under the heading "National Institutes of Health—National Institute on Alcohol Abuse and Alcoholism" shall be available for grant number 1R01AA018090-01 (Venue-based HIV and alcohol use risk reduction among female sex workers in China), or grant number 5R01AA016059-03 (Maximizing Opportunity—HIV Prevention in Hospitalized Russian Drinkers).

The CHAIR. Pursuant to House Resolution 673, the gentleman from California (Mr. ISSA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. ISSA. Thank you, Mr. Chairman.

My amendment does not reduce by one penny NIH funding at all. My amendment simply prohibits what is clearly becoming an endless stream of repeating and repeating and repeating and repeating studies of HIV at ever-greater cost. It deals with the \$325,000 to research Thai sex workers who also use drugs. What a surprise. We've already gone into extensive legislation to deal with that criminal activity on a worldwide basis. It also deals with prostitutes in China and alcohol and drug users in Russia. We're simply looking at just \$5 million over three grants.

Mr. Chairman, I think when we look at this \$5 million, we have to consider this: A flight to Bangkok is \$9,000. A ride on BART across town is \$3.10. On the government rate for less than \$200, people who want to study the growth of HIV can come here to Washington, D.C., where we have a 25 percent rate. Mr. Chairman, we have studied this. As a matter of fact, we have studied HIV contraction from dangerous behavior, particularly drug and alcohol, over 200 times. We've studied HIV at the National Institutes of Health over 1,400 times. We've studied just about everything one could imagine. But just so that we not miss one, how about HIV Prevention with Young Men Who Have Sex with Men: What Young Men Themselves Say is Needed? This was the Medical College of Wisconsin. We have studied it all. We have studied it for decades. This money needs to be spent on more than just study. It has to be spent on prevention and cure.

I reserve the balance of my time.

Mr. OBEY. Mr. Chairman, I ask unanimous consent to claim the time in opposition, though I am not opposed to the amendment.

The CHAIR. Without objection, the gentleman from Wisconsin is recognized for 5 minutes.

There was no objection.

Mr. OBEY. Let me simply say that I'm perfectly happy to accept the amendment.

I reserve the balance of my time, unless the gentleman is prepared to close.

Mr. ISSA. I have just one speaker, and then I am prepared to close—quickly.

The CHAIR. The gentleman from California has the right to close.

Mr. ISSA. Thank you.

I will yield 45 seconds to the gentleman from Kansas (Ms. JENKINS).

Ms. JENKINS. Mr. Chairman, I have a provision in the Republican motion to recommit that will be discussed later this afternoon that I would like to bring to the body's attention. The need to provide Americans more choice, more affordability, and more access in health care is a belief we all share. Two towns in my district Onaga and Wamego, both small, rural communities, are facing the very real possibility of losing their hospital because growth in a town 45 miles away is jeopardizing their critical access funding. At a time when rural communities are