During the past two-and-a-half years, the Foreign Relations Committee, on multiple occasions, has addressed the horrific consequences of the HIV/AIDS pandemic. We have examined many subjects related to HIV/AIDS, including the intersection of AIDS and hunger, the AIDS orphan crisis, the impact of the disease on women and girls in the developing world, and the implementation of the President’s Emergency Plan for AIDS relief, commonly referred to as “PEPFAR.” This five-year, 15 billion dollar initiative is unprecedented in its scope and importance.

According to Ambassador Randall Tobias, the Global AIDS Coordinator, the United States is currently treating 235,000 men, women, and children with anti-retroviral medications in 15 of the most afflicted countries in Africa, Asia, and the Caribbean. American agencies are also heavily engaged in prevention efforts and caring for some of the millions of orphans this disease has created.

But despite this work to treat those living with HIV/AIDS and to prevent new infections - and corresponding efforts by organizations such as the Global Fund, the Bill and Melinda Gates Foundation, and the World Bank - the disease is outpacing us. According to the latest figures from UNAIDS, there are approximately 40 million people living with HIV/AIDS around the world today. An estimated 4.9 million people were newly infected last year. This means that every day around the globe, some 14,000 people contract HIV/AIDS.

Of the 40 million people living with the disease, UNAIDS estimates that five to six million people, mostly in low and middle income countries, need anti-retroviral treatment immediately. According to the latest statistics from UNAIDS, however, only one person in ten who needs AIDS drugs currently is receiving them.

The social, political, and economic consequences of this pandemic are enormous. HIV/AIDS does far more than weaken the immune system of individuals. It destabilizes families and the social and economic infrastructure of communities and nations.

The AIDS crisis in sub-Saharan Africa has profound implications for political stability, development, and human welfare that extend far beyond the region. In addition to the current crisis in Africa, public health experts warn of a “second wave” of countries on the verge of potential AIDS crises, such as China, India, Russia, Nigeria, and Ethiopia. In fact, just two days ago, during a hearing on Russia, this Committee heard testimony about the threat that AIDS poses to that country.

Getting ahead of this pandemic through prevention and treatment programs alone will continue to be a difficult challenge. That’s why today we will be looking toward the future to see what hope scientific research can offer for preventing the spread of this disease. Specifically, we will examine the progress in developing an effective HIV vaccine.

Historically, vaccines have led to some of the greatest achievements in public health and are among the most cost-effective health interventions. During the 20th century, global immunization efforts have eradicated smallpox and virtually eliminated polio from the Western Hemisphere, Europe, and most of Asia. Vaccines for diseases such as measles and tetanus have dramatically reduced childhood mortality worldwide, and vaccines for diseases such as influenza, pneumonia, and hepatitis help prevent sickness and death among adults.

An effective HIV vaccine is the world’s best chance to stop this pandemic. But the search for an HIV vaccine must not come at the expense of our immediate, lifesaving response. Let me stress that we are not limited to an “either/or” choice between vaccine research and HIV/AIDS treatment. Rather, we should pursue an
“all of the above” approach that includes vaccine research, education and prevention programs, and treatment efforts as part of a truly comprehensive response to the crisis. It is also important to note that funding is only part of the challenge for vaccine researchers. At this stage, we also must improve scientific coordination, government cooperation, and public awareness.

Because of the promise that an HIV vaccine holds, I have introduced a resolution (S. Res. 42) supporting initiatives to accelerate research on this effort, and I have called this hearing to raise understanding of the scientific and administrative hurdles that must be overcome to make a vaccine a reality.

Last summer, at the meeting of the G-8 at Sea Island, the member states endorsed the Global HIV Vaccine Enterprise, which is a “virtual consortium” of the world’s leading scientists and independent organizations dedicated to developing an HIV vaccine. Modeled after the Human Genome Project, the Enterprise seeks to accelerate efforts to develop an effective HIV vaccine by enhancing coordination, information sharing, and collaboration globally. In support of the Enterprise, President Bush established a new HIV vaccine research center, known as the “Center for HIV/AIDS Vaccine Immunology.” My resolution commends the G-8’s and the President’s actions, and urges the President to work with the G-8 countries to support the Enterprise’s efforts.

We want to know more about what the scientific community is doing, and we welcome input on how Congress can support these efforts. I view S. Res. 42 and this hearing as just a start. We are continuing to work to identify legislative options that might help advance vaccine research.

Today we are honored to be joined by a number of witnesses who have brought their estimable talents to bear on addressing the global HIV/AIDS crisis. First, I would like to welcome my friend, Representative Peter Visclosky of Indiana to the Senate Foreign Relations Committee. Representative Visclosky is the author of a companion resolution to S. Res. 42 in the House of Representatives, where he is taking the lead in promoting legislative awareness of the HIV vaccine issue. I have had the pleasure of working with Pete on many initiatives over the years, and I am excited to have him as a partner in advancing the Lugar-Visclosky Resolution. I also want to thank Rep. Peter King, the lead House Republican co-sponsor, who could not be with us today.

Next, we will welcome actress Ashley Judd, who joins us in her capacity as Global Ambassador for YouthAIDS, an organization dedicated to educating and protecting young people from HIV/AIDS. Ms. Judd has traveled extensively in Africa and Asia where she has raised awareness of HIV prevention and been a source of comfort and strength to individuals stricken with the disease. She also has been a committed advocate in this country for AIDS education and philanthropy. We look forward to her presentation and thank her for sharing her important work with us today, which will underscore the urgency of achieving an AIDS vaccine.

We will also hear from three distinguished experts in the field of HIV vaccine research. Dr. Anthony Fauci (FOU-chee), is Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health; Dr. Helene Gayle, is Director of HIV/AIDS, Tuberculosis and Reproductive Health with the Bill and Melinda Gates Foundation; and Dr. Seth Berkeley is President and CEO of the International AIDS Vaccine Initiative. The expertise of these three individuals is extraordinary, and we are grateful for the benefit of their counsel. I look forward to hearing from our witnesses about the progress of the Enterprise and other efforts in developing an effective HIV vaccine.

May 18th was HIV Vaccine Awareness Day, and this year’s theme was “Hope for the Future.” Given the potential life-saving benefits of an HIV vaccine, this was an appropriate theme, and one we have adopted for today’s hearing. I am confident that this hearing will help us better understand what the public and private sectors can do to accelerate efforts to develop an HIV vaccine.

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