

needles, 352 start using heroin each day, and more than 4,000 die each year from heroin- and morphine-related causes.

We send a wrong signal when we tell people it is illegal but we are going to give out a clean needle for people to pursue this illegal habit, and I think it looks terrible from a public policy objective to have the government really funding these programs and encouraging the use of illegal drugs.

Mr. Speaker, I think that is where we get into the mix on this. And although if our only objective were AIDS, that would be fine, but we have the competing objective here of getting people, the government is saying it is all right to use it, and here is a clean needle by the way. And we are going to fund this even though, if they are a veteran in a VA hospital, they may have, or someone who is in a hospital on Medicare, they may have to pay for their own needles, and we may charge them for it.

That is how this gets so ridiculous, and that is why I support the Wicker amendment. Even assuming the needle exchange programs can further accelerate the declining rate of HIV transmission, I think the risks of these programs encourage a high ratio of heroin, and they outweigh the potential benefits. So that is where I come down on this, with all due respect to folks who I think are very narrowly focused and I think admirably so on the other side.

The President's own drug czar has spoken very eloquently on this. He knows that the use of taxpayer dollars could, in fact, be better diverted in areas of drug prevention.

Ms. PELOSI. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. McDERMOTT) who is also a doctor.

Mr. McDERMOTT. Mr. Speaker, the reason we are having this debate is clearly because the Republicans cannot get a budget together. We have not had one single minute of debate in the Committee on the Budget on a budget for this country and not a single minute out here on the budget, but we have 2 hours on this issue, which is basically a matter of science.

Now, there is very clear and convincing evidence that this is a matter of saving lives through a program that some people want to make it, people are either for needle exchange and therefore they are soft on drugs or people are against needle exchange and they are strong against drugs.

There could not be anything further from the truth. The fact is, these programs have been used in the Northwest. They have reduced the infection rate from 30 percent in New York and the South to 3 percent in the Northwest among HIV-infected people.

Now people say it encourages drug use. The Secretary of HHS, Donna Shalala, convened a panel of experts at the National Institutes of Health. They came back with the fact that needle exchange programs do not increase and, in fact, may decrease the use of drugs.

The fact is, if we just want to be money-wise, one case of prevented HIV infection is estimated to save \$119,000.

Now how do these programs work? In Tacoma and Seattle, they have a table where somebody sits and somebody has to bring a needle and they get a clean needle. Now I do not know how that is going to encourage the use of drugs. Are my colleagues suggesting that high school kids are going to come and say, well, I got a needle; give me a clean one so I can go find some drugs to use?

We are talking about a population that is infecting 33 people per day in this country with HIV, and 85 percent of the new cases in this country are among heterosexual people, and 66 percent of the cases among women are linked to drug use. Every single case of a child today being infected by HIV is linked to drugs and drug usage.

Now if my colleagues want to prevent those cases, if they are worried about kids, if they are worried about women getting the disease, then they want to have the needle exchange program. It has worked in the Northwest for a bill like the one that the gentleman from New York (Mr. SOLOMON) has put out here on the floor that has a broad, sweeping nature to it. Any direct or indirect; does that mean that Seattle and Tacoma cannot have their program? Do we have to continue a program or discontinue a program because of that?

I say that is wrong. My colleagues ought to vote against this bill.

Mr. WICKER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I rise in support of this legislation. It makes no sense to pay somebody, pay for free needles to do something that is currently illegal. It is very questionable whether it will do any good.

As a physician, I would have to agree with the opposition that a clean needle certainly is better than a dirty needle. I do not think there is a question about that. But I do believe that there is a message sent that if we provide free needles to do something that we are condoning or encouraging it. But there is also a strong moral as well as an economic argument against this.

What we are talking about here is lowering costs of risky behavior. We are saying that we will pay for the needles to perform this risky behavior. But there is another much larger element that has not been discussed so far, and that has to do with the concept that all risky behavior be socialized; that is, through the medical system, it is assumed that those who do not participate in risky behavior must pay for the costs of the risky behavior, whether it has to do with cigarettes or whether it has to do with drugs or whether it has to do with any kind of safety.

So, therefore, the argument is that we have to save money in medical care

costs by providing free needles. But there is another position, and that is that we might suggest that we do not pay for free needles and we might even challenge the concept that we should not be paying people and taking care of them for risky behavior, whether it is risky sexual behavior or risky behavior with drugs.

I think this is very clearly the problem, and I do not believe we should be socializing this behavior because, if we do, we actually increase it. If we lower the cost of anything, we increase the incidence of its use. So if the responsibility does not fall on the individual performing dangerous behavior, they are more likely to, and this is just part of it, the idea that we would give them a free needle.

But there is a moral argument against this as well. Why should people who do not use drugs or do not participate in dangerous sexual procedures and activities have to pay for those who do? And this is really the question, and there is no correct moral argument for this. And the economic argument is very powerful. It says that if we lower the cost, we will increase this behavior.

But this is not only true when we are dealing with drugs. It has to do with cigarettes. I mean, the whole tobacco argument is dealing with the same issue, that we have to pay for the costs of people who get sick from dangerous behavior with cigarettes and, therefore, we have to come in and regulate the tobacco companies and nobody can assume responsibility for themselves.

Same thing with alcohol and safety. This is the reason we have so much government regulation dealing with helmet laws and seat belts and buzzers and beepers and air bags. So this concept has to be dealt with if we are ever to get to the bottom of this.

So, Mr. Speaker, I strongly support this legislation.

Ms. PELOSI. Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. STOKES) the distinguished ranking member on the Subcommittee on VA, HUD and Independent Agencies of the Committee on Appropriations, who also is leaving the Congress after a very, very distinguished career.

Mr. STOKES. Mr. Speaker, I thank the distinguished gentlewoman from California (Ms. PELOSI) for yielding this time to me. I also want to thank her for her outstanding and steadfast leadership in legislation and funding which has helped to fight the spread of HIV/AIDS.

Mr. Speaker, I rise in opposition to H.R. 3717. This bill would prohibit the expenditure of Federal funds for needle exchange programs. More specifically, the measure would help to ensure the continuing spread of the deadly HIV/AIDS virus.

Extensive scientific evidence and the Nation's leading health experts, including the National Institutes of Health,