

Senate Foreign Relations Committee
Chairman Richard G. Lugar
Opening Statement for Nomination Hearing of Dr. Mark Dybul
July 31, 2006

This afternoon, the Foreign Relations Committee meets to consider the nomination of Dr. Mark Dybul to be the Coordinator of U.S. Government Activities to Combat HIV/AIDS Globally. If confirmed, Dr. Dybul would serve as the second person to hold the Global AIDS Coordinator position. He would manage the President's Emergency Plan for AIDS Relief (PEPFAR) and oversee the implementation of all U.S. international HIV/AIDS programs.

Dr. Dybul has devoted his career to the fight against HIV/AIDS. He is currently the Acting Global AIDS Coordinator, a position he assumed in April, when Ambassador Randall Tobias left to become the new Administrator of USAID and Director of Foreign Assistance. Dr. Dybul has been with the Office of the Global AIDS Coordinator since the beginning of the initiative, first serving as Deputy Chief Medical Officer. Within a year, he became Assistant U.S. Global AIDS Coordinator and Chief Medical Officer, then Deputy U.S. Global AIDS Coordinator.

Earlier in his career, Dr. Dybul served at the National Institute of Allergy and Infectious Diseases, where the focus of his work was HIV/AIDS research. He was a key member of the team that planned the President's Emergency Plan for AIDS Relief, and he served as co-chair of the interagency task force that planned President Bush's initiative to prevent mother-to-child transmission of HIV.

While at the NIH, Dr. Dybul conducted numerous clinical trials on HIV/AIDS therapy. He is widely published in the field of HIV immunology and innovative approaches to HIV therapeutics. He also has worked directly with people living with HIV/AIDS through the NIH and as a volunteer physician at the Whitman-Walker Clinic here in Washington.

Serving as the U.S. Global AIDS Coordinator requires an understanding of the HIV/AIDS crisis in developing countries, an ability to coordinate the programs of several organizations, and great confidence in our ability to fight this disease. The goals of PEPFAR are ambitious. Often referred to as "two-seven-ten," they are to treat 2 million people living with HIV/AIDS, prevent 7 million new HIV infections, and care for 10 million people living with HIV/AIDS. In addition, PEPFAR is charged with supporting the care of some of the estimated 14 million children orphaned by AIDS.

Achieving these goals, under any circumstances, would be considered a public health victory. But the Emergency Plan must operate in public health environments that are often overwhelmed by the spread of HIV and other diseases. The fifteen countries in which PEPFAR operates — twelve in Africa, two in the Caribbean, and one in Asia — lack both the basic health care infrastructure and a sufficient number of trained health care workers to handle their countries' needs.

The Global AIDS Coordinator must be able to coordinate the AIDS programs of several U.S. agencies, including USAID, the Peace Corps, and the Centers for Disease Control, to ensure maximum effectiveness of our response to the AIDS pandemic. In addition, the Coordinator must be able to work effectively with other bilateral and multilateral AIDS programs, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Despite many challenges, PEPFAR is making tremendous strides toward its goals. According to the Office of the Global AIDS Coordinator, PEPFAR is supporting treatment for approximately 561,000 men, women, and children in the fifteen focus countries. The Emergency Plan has supported care for nearly 3 million people, including care for more than 1.2 million orphans and vulnerable children and more than 1.7 million people living with HIV/AIDS. The Office also estimates that during the first two years of PEPFAR, it provided approximately 3.2 million women with services to prevent mother-to-child transmission of HIV. In addition, the Office states that it has reached more than 42 million people with community prevention efforts.

Although PEPFAR has accomplished a great deal in its first two and a half years, much remains to be done. The Bush Administration, the Congress, and the many organizations working on HIV/AIDS issues must continue to examine PEPFAR and other programs in the field so that we can develop the soundest policies in moving forward against the AIDS pandemic. The next Global AIDS Coordinator must be able to critically examine the program and advise us on the direction of the next phase of this initiative.

I congratulate Dr. Dybul on his work and on this nomination. If you are summarizing a statement, the text of your entire presentation will be included in the hearing record. Also, please introduce family and friends that may have accompanied you on this important occasion.

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