

being subjected to the ravages of HIV/AIDS.

I would not have said this 4 years ago, but we will defeat this little virus. When I close my eyes, that is what I see: this little virus—and all the death and destruction—but this little tiny virus, in part because I am a doctor. When I think of disease, I always look at the cause of it. But it is that little virus. We will defeat it. Let me repeat that: We will. It will be with the leadership of the United States of America. And by “leadership,” I am talking about this body, working with the President, working with the House of Representatives, working with the public-private partnerships. With that leadership, we will defeat this virus.

But the question is—and the reason timing is important—how many children and women and men are going to die before we defeat the virus? I already told you, in the best of all worlds, for every one person who died in the last 20 years, two are going to die in the next 20. Even if we discovered a vaccine right now, that is going to happen, because the vaccine is for prevention.

The real question is, Will 60 million or 80 million or 100 million people die? Or, again, under the leadership of the President of the United States, and with the legislation that we can generate in this body, instead of it being 100 million, can it be 20 million or 40 million or 45 million or 50 million? Or will it grow from 100 million to 200 million or 300 million?

That is the urgency. That is why we need an emergency response. And that is why, as a physician, as someone who, with my own hands, has had the opportunity to work with hundreds of HIV/AIDS patients in this country and in many countries in Africa, it means so much to me. I have seen that so directly.

The answer is in our hands. Literally, it is in our hands. We are capable today of slowing this pandemic. It is going to increase in the near future. There is nothing we can do about that. But we can slow the trajectory. Indeed, in countries such as Uganda it has already flattened and decreased, so we know there are things we can do now to reverse this trajectory. But we have to choose to fight first. We need to make that commitment the President made 2 nights ago and fight it with our will, fight it with resources, fight it with energy and as much spirit as we can muster.

I will close because I know it is late, and we have worked again aggressively over the course of the day and have made real progress, but I will close by simply saying, the President, I know, is committed in both word and deed. I think it is now time for our body, this legislative body, to come together to work for this legislation and help lead a great people and a great nation to overcome one of the greatest moral and public health challenges the world will face in the 21st century.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, if I could ask the majority leader to yield just for a brief second, I of course appreciate very much the majority leader's statement. It has even more meaning based on his being a physician. But having been to Africa just a few months ago for the second time, and to see the difference in the approximately 8 or 9 years from the time I first went, to see the devastation by this plague that is sweeping this continent is stark.

It is frightening to think that thousands of people every day in that continent are dying—not hundreds. They don't take weekends off. There are no vacations. They continue to die during those periods of time.

I say to my distinguished Republican leader, I also appreciate President Bush devoting some of his time in the State of the Union Address to AIDS and acknowledging that there is a need to do more financially. I appreciate that very much.

I do say, however, to the majority leader, that, as you know, we tried last year to pass the same initiative. So it is not as if we have been standing still. We tried to do this in the past and, frankly, we were held up in its passage.

I also say that the United States, of course, is doing a lot, doing more than any other country, as the majority leader has indicated. But I believe we have an obligation to do that. I think it is good that we are doing it. I think we should do more.

I also would like to support what the majority leader has said. The Gates Foundation is exemplary. I think it is wonderful we have a private sector joining to try to do something to defeat this plague. That is what it is.

EARLY ACCOMPLISHMENTS

Mr. REID. Having said that, I want to say to the majority leader, separate and apart from HIV/AIDS, that the reason I came here—I am very glad I did because I was educated by the leader's speech—there are not opportunities to do this all the time, it is early in the session, it is early in your leadership but I would just like to say we have, I think, done some good work. Last week, we were able to complete the appropriations bill. There were some who said we were going to try to stop it.

The leader took our word for it and didn't file cloture early. I think that set a good tone in this body. Some of the time we spent last week was tedious, but it set a good foundation. I would also say, based on conversations we had off the floor today with you and the Democratic leader, it was not all that likely we would be able to complete the work on a very important nomination you have wanted, the President has wanted, but we were able to work that out.

The only reason I mention that tonight is, there will be days when I am

sure you will criticize us, and we will criticize you for not being able to get a lot of things done. We sure appreciate the days we have.

I know the leader has not decided what time we will start on the Estrada nomination. I will talk to you privately about that, what time we should do that Tuesday. I think we have been able to accomplish some good things today.

Mr. FRIST. Mr. President, I will get to the closing statements. I briefly want to respond that in the past 3 weeks we have had a lot to do. It has been an opportunity for us to work hand in hand, and I think what has happened over the last initial 12 days, and then now over the last 4 days, does demonstrate that with an aggressive agenda, that by working together and cooperating and, yes, negotiating, we can work through and achieve great accomplishments for the country. I appreciate his comments.

Mr. REID. I would also say, I did not realize the leader had decided what time to go to the nomination on Tuesday. We would rather start it after the caucuses on Tuesday. But if the leader feels he needs to go at 10, we will be ready to go at 10 Tuesday morning.

Mr. FRIST. Mr. President, it would be best if we could go ahead to the nomination earlier in the day, as spelled out in the unanimous consent agreement, again, just to maximize the use of our time. I will offer the proposal that we go in the morning.

Let me also say, because we are shortly going to approve the nomination of the Secretary of the Treasury, I didn't think even 8 hours ago we would be able to do that. I appreciate the opportunity to be able to do that, complete it tonight, and then move in the appropriate fashion with the Estrada nomination.

Mr. REID. If the leader will yield, I should have said that good work was done this afternoon with the Secretary-nominee, Mr. Snow, meeting with Senators DURBIN and HARKIN. He obviously did an excellent job. I express my appreciation to him, but also to Senators DURBIN and HARKIN for allowing us to move forward.

FUNDING TO FIGHT HIV/AIDS ABROAD

Mr. SMITH. Mr. President, I rise to laud President Bush's announcement in his State of the Union Address of a \$15 billion, 5-year emergency plan for AIDS relief, with \$10 billion in new money to combat the global AIDS pandemic, provides new hope for many of the 42 million men, women, and children living with AIDS right now. This initiative, which I enthusiastically support, represents a critical first step in scaling up the world's response to the global AIDS pandemic. Combined with expanded, though still relatively small, bilateral resources to fight tuberculosis, the leading killer of people with AIDS, this initiative can save

many lives. I commend the President for his leadership in this effort.

In truth, however, this effort has just begun. This initiative should be just a first downpayment by the U.S. in our fight against AIDS. We must fully fund this initiative in 2004 and do more. It is also up to us to now work with the President to shape this initiative for maximum impact. We must invest wisely to protect and save as many lives as possible as quickly as possible. As we work with the administration to take this initiative from an idea into action, we have important decisions to make. I offer you a few key points today regarding how we can use these funds in order to save the greatest number of lives and protect our global health and stability.

We must frontload this money, and ensure that it reaches as many countries as possible.

These funds are needed immediately, and if we do not invest enough now, we will pay far more later, in money, in lives lost, and in the social, economic, and spiritual cost to the families, communities, nations, which are hardest hit. There are 10 million children in sub-Saharan Africa alone, children who ought to be free to play, to learn, to enjoy their young lives who have lost one or both parents to AIDS. This represents a country the size of Belgium. In 10 years, at current rates, this number will quadruple. But we have a choice. Will we allow this to happen? Every year we delay, the slower we are to scale up, the greater the cost. This epidemic is not waiting for us, it is accelerating. So we must accelerate our response. We must increase funding in the fiscal year 2004 budget we will soon consider.

The 14 countries in Africa and the Caribbean targeted by President Bush are important ones. However, there are many, additional countries where we must urgently address AIDS now. For instance, in Lesotho, Malawi, Swaziland and Zimbabwe, where 60 percent of all deaths under 60 are due to AIDS, TB, and malaria, people need help immediately too.

Our own National Intelligence Council has identified five populous nations of strategic importance to the United States as the "next wave" of the HIV/AIDS epidemic, including India and Russia. India alone contains some one-third of the world's tuberculosis burden, and since HIV fuels the TB epidemic, TB rates will skyrocket in these countries as HIV spreads. HIV rates are growing faster in Russia than any other region of the world, and the dangerous drug-resistant strains of TB that are more prevalent in Russia than anywhere in the world will pose a serious, deadly and expensive medical problem if they explode in synergy with AIDS. We cannot wait; we must act now.

Another point of key importance regarding the President's proposed initiative is we must allocate far greater resources to the important new global

fund to fight AIDS, TB, and malaria, but the initiative fails so far to do so.

I fear that the President's emergency plan for AIDS relief may underfund the global fund, our best new means of addressing these epidemics. This is particularly ironic given that Secretary Tommy Thompson has just been appointed the chair of the global fund's board. The global fund is a relatively new mechanism that is centrally important in scaling up the global response to AIDS. The global fund is innovative. It is independent. It is efficient. And it is fully operational. By tomorrow, at the close of their meeting in Geneva, Switzerland, the fund's board will announce a second round of grant awards to programs in affected countries that are providing needed prevention, treatment, and care for these three diseases. In this second round, the fund will approve projects that will produce the following estimated results:

For just \$325 million, or about 2 percent of the proposed \$15 billion, 270,000 more people will receive antiretroviral, ARV, drugs in developing countries, adding to 220,000 people who will receive ARVs from the first round of the global fund's grants. In total, the global fund will support a sixfold increase in the number of people being treated with ARVs in Africa.

With \$300 million, some 2 million more people will be treated for tuberculosis over the next 5 years through expansion of the highly effective DOTS, Directly Observed Therapy, Short-course, treatment services.

For just \$18 million, or one-tenth of one percent of \$15 billion, 10 million more people in Africa will be treated for malaria through the use of the new and highly effective anti-malarials, artemisinin-based treatments.

This work is highly impressive, and it is critically important.

The global fund estimates very conservatively that it will need \$6.3 billion in 2003 and 2004, to be able to finance the high-quality proposals it anticipates receiving. The U.S. should provide at least \$2 billion or more in 2004, with additional resources in 2003, scaling up in future years.

Now, after this second round of grants is announced on Friday, the fund will be virtually out of money, and unable to even request a third round of proposals later this year. I commend the efforts of my many colleagues over the past year, colleagues from both sides of the aisle, led by Senators FRIST, KERRY, DEWINE, DURBIN, BOXER, and many others—who have provided leadership toward expanding the United States' investment in the global fund. Now is not the time to back down on U.S. leadership at the global fund, but the time to greatly increase our investment in the fund to rapidly and effectively scale up global efforts. Providing our fair share of global fund resources as a part of a new AIDS initiative would leverage major increases in other donor contributions as well.

One more point on funding. It is of vital importance that the President's emergency plan for AIDS relief not draw resources away from existing development programs such as bilateral tuberculosis or child survival efforts or other development priorities.

And, finally, we must look at the problem of AIDS in conjunction with the problem of tuberculosis, for the two are inextricably linked from a medical perspective. Tuberculosis, which is the leading killer of people with HIV worldwide, is carried by one in three people worldwide. The disease drains human resources from struggling economies and poverty-stricken regions.

Tuberculosis is readily curable with drugs that cost as little as \$10 per patient in developing countries with the DOTS treatment, but only one in four people who need DOTS have access to it. If we do not act now to bring tuberculosis under control globally, then TB infection rates will rise precipitously with the spread of HIV; and this is of particular concern given the existence of dangerous drug-resistant strains, which are far more expensive and difficult to treat. With just \$200 million invested annually, the United States can provide its fair share of the resources needed to meet international TB control targets by 2005, as laid out in a groundbreaking blueprint called the Global Plan to Stop TB.

In closing, I again salute President Bush for his wise and compassionate leadership in proposing a bold new U.S. initiative to fight global AIDS. I urge that this be just a first step in our scaled up response, and that we invest resources aggressively. Now, that we reach as many affected countries as possible, and that we provide our fair U.S. share of the total resources needed by the global fund to fight AIDS, TB, and malaria.

TRIBUTE TO ANDRE AGASSI

Mr. REID. Mr. President, I rise to pay tribute to my friend and fellow Nevadan Andre Agassi, who won the Australian Open tennis championship over the weekend. Andre is from Las Vegas, where the community knows him to be not only an outstanding athlete but also an outstanding person who gives generously to many worthwhile causes and helps those most in need.

Blessed with amazing talent, Andre was a natural who began his professional career as a very young boy. Although he is still quite young by most standards, for a professional athlete, especially a world-class tennis player he is considered old. He will turn 33 this year and is now one of the true veterans of the men's tennis tour. He has demonstrated a tremendous dedication to fitness and training to enable him to compete—and win—against much younger players.

Andre demonstrates the same relentless determination to succeed off the