

in the 1980s. We best get about the process of getting our economic and fiscal house in order if we want America to have the economic prosperity our citizens should enjoy.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SUNUNU). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE HIV/AIDS EPIDEMIC

Mr. DEWINE. Mr. President, a number of us had the honor of attending an event at the White House on Tuesday in which President Bush urged Congress to act quickly in passing an emergency plan for global HIV/AIDS relief.

I come to the Senate floor this afternoon to applaud the President for his remarks and for his continuing commitment to ease the worldwide suffering caused by the HIV/AIDS epidemic around the world.

I also want to thank Secretary of State Colin Powell and also my colleagues in both the House of Representatives and in the Senate for their leadership in fighting this dread disease. There are so many people to thank. Let me commend Senators LUGAR, BIDEN, FRIST, SANTORUM, DURBIN, and KERRY for their tireless efforts and their dedication to this fight, as well as Congressmen HENRY HYDE and TOM LANTOS for their great leadership and their great vision. I am encouraged by what they have done with their leadership.

I believe we will soon pass a comprehensive global AIDS relief initiative. As the President said, time is not on our side. It is imperative that we in the U.S. Congress move quickly. As President Bush so correctly said on Tuesday:

Fighting AIDS on a global scale is a massive and complicated undertaking. Yet, this cause is rooted in the simplest of moral duties. When we see this kind of preventable suffering—when we see a plague leaving graves and orphans across a continent—we must act.

The President of the United States is absolutely right. This is a moral issue. We as a nation and as a people have an obligation to act. We as a nation and we as a people have the ability to fight this disease. We have the tools. And it is our duty and it is our obligation to help ease this grave and global public health crisis.

In February, I made my 12th trip to Haiti and my first visit to Guyana, both nations in our hemisphere that President Bush has cited as countries in dire need of our assistance to fight this HIV/AIDS problem. We traveled there to learn more about the AIDS situation and determine what kind of health infrastructure is in place to

fight the disease. What we saw in these visits was devastating, with so many children and adults dying of this horrible disease and too few drugs to go around to help treat them and keep them alive.

Without question, HIV/AIDS is a human tragedy of grave proportions—not just in Africa but right here in our own backyard in our own hemisphere.

When you travel to the AIDS-infested regions of the world, as my wife Fran and I have, and as so many of my colleagues here in the Senate have, such as Majority Leader FRIST, Senator INHOFE, Senator DURBIN, Senator NELSON of Florida, and Senator CHAFEE, when you see the children with AIDS, when you hold them, when you touch them, when you talk to the people who care for them, when you know that these children will in all likelihood die, it truly does change you forever. Then when you leave those countries, and when you leave those children, you know you cannot just leave; you know you have to try to do something to help.

Our trip in February reinforced what we already knew about the devastation of the disease in Haiti, and allowed us to see what efforts are now underway in Guyana.

This afternoon, I would like to take a few minutes to tell my colleagues about what we learned on that visit.

I was pleased that Senator CHAFEE and his wife Stephanie were able to join Fran and me on that trip. We learned a great deal about what is and what is not being done in both of these impoverished nations.

We were fortunate to have Senator DURBIN and Senator NELSON of Florida and his wife Grace and Congressman KENDRICK MEEK join us on an earlier trip to Haiti in January, where we saw the tragic effects of the abject poverty and disease that engulfs Haiti today.

While there is certainly some miraculous work being done in Haiti to ease the suffering—work done by people such as Father Tom Hagan and his organization Hands Together—there remains so much work to be done.

When you view the HIV/AIDS rates in Haiti and Guyana in the context of the disease's overall prevalence rate in our hemisphere—Haiti has the highest rate and Guyana, either the second or third highest rate—the moral imperative of helping these two troubled nations becomes absolutely crystal clear.

In Haiti today, a nation of approximately 8 million people, 300,000 currently live with AIDS—300,000 people out of a country of 8 million people.

Guyana follows close behind. In Guyana, a nation of roughly 800,000 people, 35,000—35,000—have been identified as HIV positive or as having AIDS. Of those 35,000 people who have been identified as HIV positive or as having AIDS, only 200—less than 1 percent—are getting antiretroviral drug treatment. Of those 200, only one—only one—is a child. So virtually none of the children in Guyana are getting any

kind of drug treatment at all—virtually none. Only one child in all of Guyana is getting any drug treatment for AIDS. What a great tragedy.

Consequently, the disease is having a devastating impact on these nations, and especially on the children.

In Haiti, there are more than 150,000 orphans due to AIDS. This number has been increasing for over a decade and is expected to rise even more. Specifically, the percentage of Haitian AIDS orphans has gone from 7 percent in 1990 to 43 percent in 2001 and is estimated to increase to 49 percent by 2010. That will be a sevenfold increase in 20 years.

Rates are equally troubling in Guyana. In 1990, there were no children orphaned due to AIDS, none, but by 2001, 21 percent of the orphans were the result of AIDS, and that number is projected to double to 41 percent by 2010.

Not only is AIDS orphaning these children, but many of them are also suffering from the disease.

Today, in Haiti, there are hundreds of orphanages spread throughout the country, hundreds actually just in the capital of Port-au-Prince, but there are less than just a handful that are serving or even taking care of children who have AIDS or who are HIV positive.

We visited one of these orphanages in February, one of the orphanages that is taking care of children with AIDS. It is a wonderful place. It is a place called Arc en Ciel or "Rainbow House Orphanage." This is a place that is doing just wonderful work.

A Canadian couple—Danielle and Robert Penette—came in and restored the home there, and today it is a wonderful, bright, cheery, clean, and beautifully maintained orphanage for about 37 Haitian children. I think about 30 of them actually are HIV positive or already have AIDS.

What we saw there was truly inspiring: children playing, laughing, and learning in the classroom. They sang songs for us. They were happy and healthy and content. They did not seem like orphans at all really but more like one big happy family—one healthy family. It was hard to imagine that any of these little children were sick at all.

But of the HIV-positive children at the Rainbow House Orphanage, about 15 of them are currently in need of antiretroviral drugs. Those 15 children, fortunately, are now receiving these drugs.

One of the important lessons we learned about these children and about the Rainbow House is that by providing these drugs, and by providing love and consistent nutrition—this good health care—clean water, the Penettes, this wonderful couple, are making an unbelievable impact on the quality of life for these very sick children.

What they, in effect, are doing is prolonging the time it takes before these children actually need to be on AIDS treatment drugs. So half the children are not even on the drugs yet. Half of them are on the drugs.

There are other places in Haiti, places where there are good, decent, loving people, such as the Penettes, who are also working miracles.

For example, at another orphanage we visited in January, we saw wonderful people doing the best they could to care for some very sick, very malnourished children. At this particular orphanage, many children are brought there who are on the verge of death. The parents bring them there to try to save them.

The good people who run these orphanages—saints really—love these children. They care for them. They feed them, give them what little medicine they have access to. These people bring many of these dying children back to life. They save them and they nourish them.

But, tragically, for many of these children, they have AIDS. Unfortunately, the people who care for them in these orphanages—these other orphanages—do not have access to what the Penettes have; that is, the lifesaving drugs, antiretroviral drugs to keep these children with AIDS alive.

They can give them love. They can give them food and clean water—and that helps—but they cannot give them the drugs that ultimately will save them.

At this orphanage that Fran and I saw, they have an entire floor just for children—these young babies with AIDS. What you see when you go there really does change you forever. It is truly tragic—row after row of steel cribs with babies at various stages of disease, none of whom are receiving any sort of antiretroviral drug treatment.

I remember seeing a little boy. He was about 4 or 5 years old, a little boy whose name was Francois. He had AIDS. The day we were there, when we saw him, he was very close to death. He was laid out on a makeshift bed on the cold, concrete floor. He had an IV attached to him, and he was getting some fluids.

The wonderful people who were caring for him explained that he was no longer able to keep any food down. They explained to us that he would probably die within a couple days.

There were no drugs available to treat him. So the people who were caring for him, were loving him, nurturing him, were doing what they could to give him the love they could and to make him as comfortable in the little time this poor little boy had remaining. I will not ever forget that little boy. I will not forget him for the rest of my life. I don't think anybody else who was in our group and who saw that little boy will forget him either.

Another little boy I won't forget was about 7 years old. He also had AIDS. But he appeared to be, when you looked at him, very healthy. He was lively and content and thriving. But when we talked to the people in the orphanage, sadly we found out that will not last because this little boy also has

AIDS. Very likely, unless something changes, unless drugs are made available to him, this little 7-year-old boy, who I also can't get out of my mind, will also eventually die.

His death will be a needless one because these drugs are available. It is just that the folks caring for this little boy do not have access to them. Money is not available. The drugs are not available. That is an injustice. It is wrong. It is a human tragedy.

When we see children who are healthy now and who could remain healthy if treated properly, we feel so helpless because we know they are eventually going to die if we don't do something. That is why we must try to do something. I believe we must take action to save these children.

This is one of the children my wife Fran and I had the opportunity to see at the orphanage I just described in Haiti. This is one of the little children who does in fact have AIDS. This is one of the little children who does not have access today to the drugs that will save this child. So when the President talks about a moral imperative, as he so eloquently does, and says we in the United States have a moral obligation to stop the suffering, to reach out and help these children, these are not just statistics. These are children who are in Africa, Asia, Haiti, Guyana. This is just one of the real faces of the children.

This is a picture of one of the many AIDS babies we saw and actually held when we were in Haiti. When you look at that innocent, helpless little child, a child who has acquired AIDS through no fault of her own, you realize we as a Nation have a moral obligation to help. Children like this little girl, who in all likelihood may have already died in the time that has passed since we were in Haiti, will continue to die because they are not getting the drugs they need. These drugs are available, but they are not getting them.

It is clear we are not doing enough. It is also clear this Congress must act. We cannot just walk away from nations such as Haiti and Guyana and these children and say this problem is too big for us to fix. We cannot walk away and say these are resource-strapped Third World countries and there is nothing we can do. We cannot walk away and say we should not funnel more resources into those nations because it will be too difficult to get compliance with the reforms; in other words, that lack of education and a weak and feeble infrastructure will impede any progress. We cannot walk away and simply say these are poor people, illiterate people, and we cannot teach them how to take the drugs. We cannot walk away and say there is no hope, because the evidence is that is not true. There is hope.

The evidence is good doctors have already demonstrated, in countries like Haiti, that no matter how poor, how illiterate, people can take the drugs. They can do it very well and effec-

tively, and their lives can be saved. In fact, doctors in Haiti have already demonstrated—Dr. Pape, Dr. Farmer, who I will talk about in a moment—through the compliance rate, in other words, the rate people taking these drugs and doing it consistently and saving their own lives, that they can do it just as well as you or I can do it in the United States or someone who has AIDS in the United States can do it.

The fact is, despite the enormity of the despair, there is an equal if not greater amount of hope. There is hope because we can help. There is hope because a great deal is being done already. In Guyana, there is an energetic President, President Jagdeo, and a dedicated health minister who are committed to fighting this disease and building a health infrastructure in their nation that will in fact save lives. They have a long way to go, but I am encouraged by their current education efforts and by their commitment to getting more drug treatment into their nation. As they work to build this infrastructure, they can learn a great deal from the success stories in Haiti. I will tell you a couple.

First there is Dr. Bill Pape who was with us at the White House just 2 days ago and who the President talked about and cited as a great example. He is director of GESHKIO, a health organization with 27 clinics in the Port-au-Prince area dedicated to the prevention and treatment of AIDS. I met with Dr. Pape several times in the past. I am always amazed at what this man has accomplished. Through his work, Dr. Pape is showing that in places as poor as Haiti, a nation with an average yearly per capita income of only \$250, a nation where there are very limited health resources and, frankly, a nation with all kinds of problems with the government, HIV treatment and prevention can and does work.

At the 27 GESHKIO clinics, they see over 11,000 children, of whom 589 are HIV positive. Sadly, of those children, only 29 are currently on antiretroviral drugs, but that is changing. At the same time, GESHKIO is working hard to treat infected mothers to help prevent mother-to-child HIV transmission.

At Dr. Pape's clinics, they have found 30 percent of children were being born with HIV/AIDS if the mother was HIV positive and not receiving treatment. But of the HIV-positive mothers receiving treatment, only 8.7 percent of the children born are HIV positive. Clearly, this shows what can be accomplished, and this is one of the President's major initiatives—the mother-to-child transmission. It shows what you can do when you can go from a 30 percent AIDS incidence to at least 8.7, and possibly even lower. Think of all the children whose lives are being saved, who are not getting HIV, who are not HIV positive because of that.

Mr. President, the medical science is clear: If we can reach these mothers

early enough before they give birth to that child who will have AIDS because the mom has AIDS, and if we can get medical treatment to the mother and get her the proper drugs, we can save that child. We can save that child at comparatively little economic cost. We should think of the savings not just in dollars and cents, but in lives saved.

I was pleased to have the opportunity in February to also meet with Dr. Paul Farmer, who is fighting AIDS in the rural and remote parts of Haiti. He runs an organization called "Partners in Health" and operates clinics in Cange. Dr. Farmer is making tremendous progress. Since 1999, his organization has tracked a population of 3,500 HIV/AIDS patients and has been able to treat more than 350 of them with antiretroviral drugs. Of those receiving drugs since 1999, zero percent—no one—has died. Yet, tragically, of those not receiving drug treatment, 35 percent, so far, have died.

Both Dr. Pape and Dr. Farmer have received grants from the Global AIDS Fund to supplement their efforts. And I point out that money is being put into proven organizations that can get the job done. This tells us we are willing to invest efforts that are working and making a difference and saving lives. While Dr. Farmer and Dr. Pape have empirically proven there is success in treatment in a Third World nation, and there is hope, we still must do more. We must act, and we must act now.

I am encouraged we have moved forward in terms of our AIDS spending level—a level that has gone up significantly over the last few years. I compliment my colleagues on the Appropriations Committee, and particularly Senator TED STEVENS for his efforts and dedication to increasing our funds to fight AIDS.

Earlier this year, Senator DURBIN and I were successful in amending the fiscal year 2003 omnibus appropriations bill to include an additional \$100 million to fight the global AIDS pandemic. That money will go a long way. If that money is used to implement a holistic approach to fighting AIDS, I believe we can make significant advances worldwide. That means focusing funds on education and prevention and treatment—treatment in terms of mother-to-child transmission, treatment of mothers who already have children, and treatment of all infected adults. This type of comprehensive approach can and will make a difference.

Let me turn my colleagues' attention to two other photographs from our recent trip to Guyana. You will see two men who are stricken with AIDS. They are patients of the only public hospital in that nation's capital of Georgetown. When you look at these pictures, you can see the anguish in these poor men's eyes. You can see their suffering and you can certainly see their heartbreak. This shows you the ward in this hospital in Georgetown. This poor gentleman has AIDS. Though the staggering and shocking statistics can be

at once overwhelming and seemingly unreal, when you hold babies dying from the disease, or when you see the real faces of these men, the people suffering, as in these photographs, it has to move you. It changes you. It certainly makes the statistics real.

Mr. President, in a guest column recently in the Washington Post, prominent AIDS activist Bono quoted something President Harry Truman once said. This is what Truman said:

I trust the people because when they know the facts, they do the right thing.

That certainly is the case, I believe, when it comes to the global AIDS problem. We have the opportunity to do the right thing. I believe we will do the right thing.

The House plans to take final action on its bill today, and I am encouraged by the continued good-faith efforts of my colleagues in the Senate. We are moving forward on a bipartisan basis. The majority leader, Dr. BILL FRIST, has been a real leader in this. My colleague, Senator LUGAR, on a bipartisan basis, is working with others and moving forward on this as well. I am encouraged that we will be able to get a bill put together.

Mr. President, every 50 seconds a child somewhere in the world dies of an AIDS-related illness, and another becomes infected with HIV. We have to do something to stop this. The United States has an obligation to lead this fight, and we are leading it and moving forward. I look forward to continuing to work with my colleagues as we move ahead. It is our duty, it is our moral obligation, and it is the right thing to do.

I yield the floor.

IMMIGRANT CHILDREN'S HEALTH IMPROVEMENT ACT

Mr. DASCHLE, Mr. President, I would like to bring a matter to the attention of my colleagues. This is a clear example of misplaced priorities in the President's budget.

Last January, a number of Senators wrote to the President requesting that he include a provision in his budget to allow states to provide Medicaid and SCHIP health care coverage for women and children who are legal immigrants.

Yesterday, Senator GRAHAM received a letter in response to that request. The letter makes a number of claims that are, at best, disingenuous.

Just to remind my colleagues of the history of this issue: the 1996 welfare law banned legal immigrants from receiving Federal benefits under a number of programs, including Medicaid, for 5 years. The argument was made that people shouldn't come to this country if they are going to be a public charge.

The reality is that many legal immigrants and their families, because of language barriers and other issues, agree to take some of the lowest paying jobs in this country. They don't come here to take welfare; they come

because they want to make better lives for themselves and for their children. Most of these jobs, as we well know, do not provide health insurance for citizen families or immigrant families.

Legal immigrants play an important role in our overall economy. They take low-paying jobs that businesses rely on. They pay taxes. Immigrant children are also required to register for the Selective Service when they turn 18. According to the American Immigrant Law Foundation, 60,000 legal immigrants are on active duty in the U.S. Armed Forces.

But now, as a result of this policy, when a woman becomes pregnant, or a child gets sick, they have no where to turn but to emergency care, which is the most expensive means of providing health care.

A number of States have realized that this is not an efficient or acceptable means of addressing the health care needs of these families. Some 20 States now provide health care services to legal immigrants using their own funds. The result of the 1996 policy has not been the one desired by the authors of the language. Instead, it has resulted in transferring the burden of caring for these people to States and hospitals. Unfortunately, the severe fiscal crisis is forcing some States to reexamine their coverage.

To respond to this situation, Senator GRAHAM introduced S. 845, the Immigrant Children's Health Improvement Act, or ICHIA. It would allow States to use Federal Medicaid and SCHIP funding to provide coverage for pregnant women and children who are legal immigrants. This proposal has strong bipartisan support, not only in the Senate but also in the House. In fact, last year, it was adopted on a bipartisan basis in the Finance Committee during debate on a bill to reauthorize welfare programs.

The administration's letter suggests that this proposal would somehow create a new burden on the States. In fact, the proposal gives States the option to provide this coverage, and allows them to use Federal resources to do so, thus giving them significant fiscal relief. No new burden would be imposed on the States. In addition, the National Governors Association and the National Conference of State Legislatures have made restoring these benefits a priority.

The long-term economic and health consequences of inadequate health care services for pregnant women and children is well-established. The administration's letter tries to minimize the importance of this issue for immigrants, by talking about other, less effective health care proposals, such as the Medicaid block grant, and by pointing out that the fetuses of immigrants are covered by SCHIP.

It is important to recognize, however, that more than 5 million children live in poor or "near-poor" non-citizen families. That is more than one-quarter of the total population of poor or