

Under the previous order, the Senate insists on its amendment, requests a conference with the House on the disagreeing votes of the two Houses, and the Chair appoints conferees as specified on the part of the Senate.

Thereupon, the Vice President appointed Mr. GRASSLEY, Mr. HATCH, Mr. NICKLES, Mr. LOTT, Mr. BAUCUS, Mr. ROCKEFELLER, and Mr. BREAUX conferees on the part of the Senate.

CHANGE OF VOTE

Mr. BIDEN. Mr. President, on rollcall vote No. 162, I voted nay. It was my intention to vote yea. I ask unanimous consent that I be permitted to change my vote to yea, which was the Landrieu amendment, since it will not affect the outcome of the vote.

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

(The tally has been changed to reflect the above order.)

UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003—Continued

Mr. REID. Mr. President, what is the regular order?

The PRESIDING OFFICER (Mr. COLEMAN). H.R. 1298.

Mr. REID. Is that the global AIDS bill?

The PRESIDING OFFICER. Yes, it is.

Mr. REID. I ask unanimous consent that the Feinstein amendment be next in order and there be 20 minutes equally divided in the usual form.

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

The Senator from West Virginia.

Mr. BYRD. Mr. President, may I inquire of the leadership how much longer the leadership expects to keep us in session today?

I inquire of the leadership as to how much longer the Senate will be in session today. It is now 22 minutes until the hour of midnight.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, I respectfully respond to my colleague that clearly we can pass the bill now, and that would end the session. I would hope we would do that. If Members wish to continue offering amendments, I will do the best I can to encourage each amendment be defeated so we will have a clean bill.

In any event, I hope it will not be long, and with the cooperation of all Members we can expedite it.

The PRESIDING OFFICER. The majority leader.

Mr. FRIST. Mr. President, I reiterate what the chairman of the Foreign Relations Committee said. As I said at the outset of this week and through this week, the intent is to finish this bill this week. A number of Members on both sides of the aisle have requested that we continue. If we are going to finish this bill, which we will, we will finish it tonight. The plans are to finish the bill tonight. I know there

are a number of amendments. As my colleagues can see from the amendments so far, the expectations are that we will be able to defeat each amendment as it comes forward.

I encourage the other side of the aisle to look at the amendments. I do not believe we have any amendments on our side of the aisle. I encourage the other side to look at their amendments. This is the first step, at least from my standpoint, in addressing this complex issue. We are taking advantage of an opportunity at this point in time to move forward in the best interest of the United States with the global health community.

I can tell the Senator this is not the bill I started with, and myself, Senator KERRY of Massachusetts, and a number of us have worked on a whole range of bills—the Lugar-Biden, Biden-Lugar bill. We are going to have plenty of opportunity to address this issue. This little virus, I have said again and again, is going to be with us for the next 30 years. Even if we invent a vaccine tomorrow, we will have plenty of opportunity to refine this bill or the framework upon which this bill was started at a later date.

I again encourage all people who are considering amendments to not offer those amendments. Our intent is to defeat each one. I remind everybody, this is a bipartisan bill.

It did come from the House of Representatives, built on lots of other bills on which we have been working, and only one Democrat and a handful of Republicans voted against this bill. Therefore, I encourage our colleagues to withdraw amendments.

We will be working together in a bipartisan fashion to improve this fight against a devastating virus. The intent is to complete this bill tonight.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. BYRD. If the majority leader will yield, would the majority leader seek to ascertain how many amendments will indeed be called up yet?

Mr. FRIST. Mr. President, indeed I hope the managers can agree on a list of amendments. Again, I know a lot of people—we have been working on colloquies, and we will continue to do that, if necessary, to show what our intent is. Again, I am not sure if a final list has been settled upon. I encourage it to be as small as possible. I inquire of the other side.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Mr. President, we are working on a definitive list as we speak. There are some amendments that may only require a voice vote, but at this point there are at least three or four amendments that may require rollcalls but with very short time limits. I know of no one on our side requesting more than 10 minutes in an effort to offer their amendments. So we should be able to move these quickly.

Mr. FRIST. Mr. President, I do not believe we have any amendments on

our side to be offered tonight. I encourage my colleagues to yield back time, again after careful explanations on their amendments so people know what they are voting on, but yield back time accordingly.

I ask unanimous consent that all rollcall votes be 10 minutes.

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

Mr. BYRD. Mr. President, will the leadership try to determine how many amendments are really going to be called up? We have cast 30 or 31 rollcall votes already today. It is now 17 minutes until midnight. We used to ask for a show of hands as to which Senators were serious about calling up amendments, and I would hope the leaders would do that. I would like to stay around and finish action on the bill, but I am not bound to do so. If we are going to have several, I will ask unanimous consent for a leave of absence from the Senate for the rest of the evening and be on my way home.

I would love to stay around and finish voting with other Senators. I do not want to presume to be the leader tonight, but I have been known to ask other Senators for a show of hands as to which Senators were serious about calling up amendments.

The PRESIDING OFFICER. The majority leader.

Mr. FRIST. I respond by saying I am scared to death to ask the other side how many amendments we actually have. We heard from the Democratic leader that there are four amendments that will likely require rollcall votes.

From our side of the aisle, we have no amendments. We made it very clear what our strategy is, and that is to defeat the amendments. Why? Because it is the clearest way to help the hundreds of thousands of people who we know will benefit if we pass this bill tonight and get it to the G-8 so that the President can use it appropriately.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. I suggest we get on with these amendments. The sooner we do so, the sooner we will finish.

Mr. BYRD. I ask unanimous consent that I be granted a leave of absence for the remainder of the evening.

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

The Senator from California.

AMENDMENT NO. 682

Mrs. FEINSTEIN. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from California (Mrs. FEINSTEIN), for herself, Mr. LEAHY, Mrs. CLINTON, Mr. DURBIN, Mr. JEFFORDS, Mr. HARKIN, Mr. LAUTENBERG, Mr. REID, Mr. SCHUMER, Mr. CORZINE, Mrs. BOXER, Mr. FEINGOLD, and Mr. BIDEN, proposes an amendment numbered 682.

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To modify provisions relating to the distribution of funding)

Beginning on page 94, strike line 19 and all that follows through line 17 on page 95, and insert the following: "301 of this Act), including promoting abstinence from sexual activity and encouraging monogamy and faithfulness and promoting the effective use of condoms for sexually active people; and

"(4) 10 percent of such amounts for orphans and vulnerable children.

"SEC. 403. ALLOCATION OF FUNDS.

"(a) THERAPEUTIC MEDICAL CARE.—For fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be expended for related care."

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. I rise today with Senators LEAHY, CLINTON, DURBIN, JEFFORDS, HARKIN, LAUTENBERG, REID, SCHUMER, CORZINE, BOXER, FEINGOLD, and BIDEN to offer an amendment to strike the earmark included in the bill which mandates that 33 percent of all prevention funds must be used exclusively for abstinence before marriage programs.

I deeply believe this bill has one major flaw. I appreciate the bill, and I know the effort that went into it. It is a big step forward. But when it comes to AIDS, prevention is the name of the game.

Over one-half of the AIDS cases that are expected between today and 2010 can be prevented. The World Health Organization says of the 45 million new HIV cases anticipated, 29 million could be averted with effective prevention.

I was mayor of San Francisco when AIDS was discovered. We had one of the first AIDS program in the country. I spent 9 years of my life as Mayor developing AIDS prevention programs, seeing what worked and what did not work. What I found was that there has to be flexibility. What works for one group of people or community might not necessarily work for another.

I believe one of the major flaws of this bill is the earmark which would require that 33 percent of the prevention funds—that is \$1 billion over 5 years or \$200 million a year—must be spent exclusively on abstinence before marriage programs. Abstinence will not work for everyone.

We offer this amendment not because we are opposed to abstinence programs or do not want to see them funded. Rather, there are many additional approaches that are also effective and we believe it is critical that there be the necessary flexibility for a particular community or country to design a prevention program that best meets the needs of its people.

I deeply believe that when we look at prevention, we have to consider a num-

ber of programs. Let me give a few examples of prevention programs that should be funded under this bill:

Voluntary counseling and testing. This is an important component to stop the spread of the virus. Access to testing is important to ensure that one knows they are infected. Often, the disease is spread from husband to wife because he does not even know he is HIV positive. So testing is prevention.

Another form of prevention is stopping the spread of HIV from mother-to-child. Nevirapine is effective in preventing the transmission of HIV from a mother to her child. Studies have shown that combining drug therapy with counseling and instruction on use of such drugs can reduce transmission by 50 percent.

Blood safety is also an important preventive measure. While the U.S. has taken the necessary steps to nearly eliminate the transmission of HIV by blood transfusion, many countries lack resources and infrastructure to take similar action including the creation of a national blood supply, use of low-risk blood donors, screening of blood donations, and reducing the number of unnecessary transfusions.

Sexually transmitted disease control is another prevention tool. Left unchecked, sexually transmitted diseases can expand the risk of HIV/AIDS two to five times.

Lastly, empowering women is an important component to prevention. In Africa, women account for 58 percent of HIV/AIDS cases, and the number is rising. This means that providing women around the world with health and educational opportunities, equal rights before the law, protection from sexual violence and sexual trafficking, can help them take control of their lives and help reduce the spread of HIV.

It is unrealistic to think that sexual abstinence is the most appropriate prevention strategy in every community. There has been research conducted in our own society on how an abstinence only approach fails to reach everyone. Therefore, I fail to understand then how this approach will work in the developing world.

I deeply believe that the 33 percent earmark is the wrong approach to take with this bill. The amendment we have submitted would replace that 33 percent earmark with language that would give local communities the flexibility necessary to design prevention programs that work for them. It includes abstinence. It includes faithfulness. It would also include the use of condoms for sexually active people.

I believe our amendment is simple and straight forward. Let local communities, working in conjunction with the USAID and others, develop prevention programs that work for them. Congress should be passing legislation that simply gives local communities and health care providers the necessary resources to implement programs that are effective given their unique cultural, social, and medical circumstances.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. I yield to the Senator from Kansas.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBACK. Mr. President, I thank the leader for yielding the floor. I thank the Senator from California for the spirit in which she is putting this amendment forward. She wants to see the best possible happen. I appreciate the tenor and spirit she is putting forward.

I reiterate what the chairman of the committee said: We want to get a bill through. If we put this amendment in, it is not going to get done in time for the G-8 meeting.

The second issue, this week the First Lady of Uganda was visiting and spoke to a number of us. Uganda has been a wonderful model with great success thus far working on reducing the incidence of AIDS from a 21 percent level of infection of AIDS in their country in 1991 to 6 percent in 2002. She said very clearly and directly this is about a change of culture, about pushing a model of ABC which started with abstinence and be faithful. That was the key, the key area they needed to push in that they got the most success, the right thing to do.

I point out in this area, the way the bill reads, in this actual provision, 33 percent of 20 percent would be used for abstinence programs, but not just abstinence programs. It would be abstinence and other programs along with it. Effectively, we are talking about roughly 6.5, 6.7 percent of the money. This is a small amount. It is a clear message we think needs to be sent along with an effective model that worked very well in Uganda and is being implemented in Senegal, Zambia, Ethiopia, and Jamaica because it has proven so successful.

This is an important provision to leave in because if we change it, even with the good intentions of the Senator from California, it will stall, if not really put the bill way back, because this issue involved a major dispute with the House.

Second, the abstinence programs have worked, in the clear places they have been used, particularly in Uganda, the model that has been most frequently cited.

Third, it is a small portion of the funding; 6.7 percent is actually in use here.

I urge for all those reasons my colleagues vote down the Feinstein amendment and stay with the provisions of the bill as sent over from the House.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I have heard this interesting discussion by two Senators I like a great deal. I cannot add to the experience the distinguished Senator from California had as

mayor of San Francisco and, in fact, in her work as a national leader in efforts to prevent AIDS.

I say also to my good friend from Kansas that I remember being in Uganda at a time when they were first becoming aware of the fact they had an AIDS problem. I was sitting with President Museveni when he got his first real briefing, by USAID officials, of the calamity of AIDS in his country. At that time he switched from opposing the use of condoms as an acceptable way to protect against AIDS to supporting it.

It is one of the reasons Uganda is a model for Africa today. Of course they support abstinence. So does the Senator from California. Of course they support fidelity. So does the Senator from California. But also in Uganda they know that does not always work. And they also support the use of condoms.

I commend the Senator from California for her amendment. This amendment addresses one of the serious flaws in a bill that has much else to recommend it.

This bill, assuming the President requests the funds to implement it, will be a major step forward in the fight against HIV/AIDS, tuberculosis, and malaria.

I have pressed for significantly more funding to combat AIDS ever since I first traveled to Africa in 1990 and saw the ravages of AIDS in Uganda, South Africa, and Kenya.

We have had amendments brought up here within the past year to appropriate emergency funds to combat AIDS, that were opposed by the White House. Now the majority party has its own bill, a House bill and they want us to pass it without amendment. I understand that. But this is the Senate, not the House.

The amendment of the Senator from California would clarify several matters.

First, we all support programs to promote abstinence among young people who are not yet sexually active. We support that and her amendment reaffirms that.

We also support programs to promote fidelity, because multiple partners is a major cause of HIV transmission. The Senator's amendment promotes fidelity.

But in many instances, and especially for women and girls in countries like Uganda, Cambodia, India, or South Africa, abstinence is not a realistic option. And fidelity may be an option for women, but it makes no difference because they have no control over their male partners. And that also goes for married women.

In many developing countries, women and girls have no say over when or even with whom they have sexual relations. And for them, a condom is their only protection against HIV. It is a matter of life and death.

That is true in Uganda, where I have been. We have heard a lot said about

how Uganda's rate of HIV infection was reduced because of abstinence. That is not the whole story. In fact it is a distortion. Promoting abstinence has been very important there, but it has been no more important than other interventions, like promoting the use of condoms.

Senator FEINSTEIN's amendment supports abstinence. It supports fidelity. And it supports the use of condoms. Like the Uganda model, her amendment does not give one approach any more weight than the other.

Most importantly, it does not mandate a certain amount of funds for any one approach.

Whether 33 percent or 13 percent or 3 percent of the funds we make available for AIDS prevention are used to promote abstinence is a public health decision that should be made not by Congress, but by experts working in the field.

The same goes for the amount spent on condoms. It is not for us to decide that. It varies depending on the country and the target population.

Among younger populations abstinence may be the best approach. Among others it may be irrelevant and condoms may be the only practical protection. That is consistent with Uganda's experience. It is consistent with the experience of exports everywhere who are working to stop the spread of AIDS. And it is consistent with what President Bush himself has said.

It is also important to mandate that abstinence, fidelity, and condoms are only three of the necessary approaches to AIDS prevention.

There is also counseling. There is voluntary testing. There is treatment for sexually transmitted diseases. These are all essential to any AIDS prevention strategy. Again, this has been true in Uganda, and in many other countries.

So let us not earmark one approach—abstinence—when it is only one of several necessary approaches. Senator FEINSTEIN's amendment leaves it to the Administration, and to the experts who implement these programs, to decide. That is the only sensible and workable approach.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mrs. FEINSTEIN. I yield to the Senator from Wisconsin.

Mr. FEINGOLD. It is late, but I cannot let the characterization of the AIDS program in Uganda pass without suggesting that the characterization by the Senator from Kansas is an oversimplification of how they reduced the AIDS incidence in Uganda.

Most importantly, what Uganda did is to destigmatize AIDS, to not make people who have AIDS pariahs, and to talk about a range of alternatives, not simply abstinence.

The House approach to this does not characterize the way in which they succeed in Uganda. In fact, I suggest it does just the opposite.

I object to the use of the Uganda example, which is one of the leading examples of the world. Without the ABC, all three of them, it would not have succeeded. The House approach is too limited to save the lives we all want to save.

Mr. LUGAR. Mr. President, let me clarify that if \$2 billion is spent in the first year for bilateral HIV programs and if 20 percent is for prevention, only \$132 million will be involved in the abstinence programs. I simply say, it is a fairly small amount.

When the President addressed this issue at the White House, he specifically said, there are three elements. There is abstinence, faithfulness, and condoms. He said all three. There is a liberal amount of money for a lot of flexibility.

I don't argue with the distinguished Senator from California. I just say essentially the language accomplishes that.

Once again, we are faced with the fact that if we are determined to amend it, we are back into the problem with the House, which debated this. This was an important part of the compromise that brought those 375 votes in favor of the bill.

I yield back our time.

Mrs. FEINSTEIN. Mr. President, how much time remains on our side?

The PRESIDING OFFICER. Two minutes 10 seconds.

Mrs. FEINSTEIN. I yield 1 minute to Senator DURBIN.

Mr. DURBIN. Having been to Uganda and having seen the success of this program, the characterization on the floor is not correct. Secretary of State Powell has made it clear the United States approach involves all three—abstinence, fidelity, and condoms. And in the country of Uganda, it has been successful.

Why in the world are we establishing a 33 percent requirement when it comes to the abstinence programs? This afternoon we had tea with the First Lady of Uganda, and we had a conversation with her and asked, wouldn't you want to have the flexibility to apply these programs to the communities and villages and situations in the most effective way to fight this disease? She said, of course we would.

This House bill, which is now so sacred that we cannot change one word, has put in 33 percent—not in the interest of global health but in the interest of an American political agenda. That is unfortunate.

Mrs. FEINSTEIN. Mr. President, I yield the remaining balance of the time and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the amendment of the Senator from California.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. MCCONNELL. I announce that the Senator from New Mexico (Mr. DOMENICI) is necessarily absent.

Mr. REID. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessary absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KERRY) would vote aye.

The PRESIDING OFFICER (Mr. TALENT). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 45, nays 52, as follows:

[Rollcall Vote No. 180 Leg.]

YEAS—45

Akaka	Dorgan	Leahy
Baucus	Durbin	Levin
Bayh	Edwards	Lieberman
Biden	Feingold	Lincoln
Bingaman	Feinstein	Mikulski
Boxer	Graham (FL)	Murray
Breaux	Harkin	Nelson (FL)
Cantwell	Hollings	Pryor
Carper	Inouye	Reed
Clinton	Jeffords	Reid
Conrad	Johnson	Rockefeller
Corzine	Kennedy	Sarbanes
Daschle	Kohl	Schumer
Dayton	Landrieu	Stabenow
Dodd	Lautenberg	Wyden

NAYS—52

Alexander	Dole	Murkowski
Allard	Ensign	Nelson (NE)
Allen	Enzi	Nickles
Bennett	Fitzgerald	Roberts
Bond	Frist	Santorum
Brownback	Graham (SC)	Sessions
Bunning	Grassley	Shelby
Burns	Gregg	Smith
Campbell	Hagel	Snowe
Chafee	Hatch	Specter
Chambliss	Hutchison	Stevens
Cochran	Inhofe	Sununu
Coleman	Kyl	Talent
Collins	Lott	Thomas
Cornyn	Lugar	Voivovich
Craig	McCain	Warner
Crapo	McConnell	
DeWine	Miller	

NOT VOTING—3

Byrd	Domenici	Kerry
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The amendment (No. 682) was rejected.

Mr. LUGAR. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. DASCHLE. Mr. President, the majority leader and I have been discussing how we will continue. I know of no one who has asked for a rollcall vote on final passage. It would be our hope that we could voice vote final passage.

I also encourage my colleagues, to the degree possible, to accept voice votes on these amendments as well. The hour is late, and each vote takes at least 10 minutes. There will be a voice vote on final, assuming everyone has agreed. To the extent possible, I encourage voice votes on amendments as well.

The PRESIDING OFFICER. The Senator from Massachusetts.

AMENDMENT NO. 681

Mr. KENNEDY. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Massachusetts [Mr. KENNEDY], for himself and Mr. FEINGOLD, Mr.

MCCAIN, Mrs. FEINSTEIN, Mr. LEVIN, Mr. SCHUMER, Mr. PRYOR, and Mr. JOHNSON, proposes an amendment numbered 681.

Mr. KENNEDY. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide for the procurement of certain pharmaceuticals at the lowest possible price for products of assured quality)

On page 54, strike lines 7 through 24, and insert the following: "medicines to treat opportunistic infections, at the lowest possible price for products of assured quality (as provided for in subparagraph (D)). Such procurement shall be made anywhere in the world notwithstanding any provision of law restricting procurement of goods to domestic sources.

"(B) MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

"(C) DISTRIBUTION.—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

"(D) LOWEST POSSIBLE PRICE AND ASSURED QUALITY.—

"(i) LOWEST POSSIBLE PRICE.—With respect to an HIV/AIDS pharmaceutical, an antiviral therapy, or any other appropriate medicine, including a medicine to treat opportunistic infections, the lowest possible price means the lowest delivered duty unpaid price at which such medicine (which includes all products of assured quality with the same active ingredients) may be obtained in sufficient quantity in either the United States or elsewhere on the world market.

"(ii) ASSURED QUALITY.—An HIV/AIDS pharmaceutical, an antiviral therapy, or any other appropriate medicine, including a medicine to treat opportunistic infections, shall be considered a product of assured quality if it is—

"(I)(aa) approved by the Food and Drug Administration;

"(bb) authorized for marketing by the European Commission;

"(cc) on the most recent edition of the list of HIV-related medicines prequalified for procurement by the World Health Organization's Pilot Procurement Quality and Sourcing Project; or

"(dd) during the period that begins on the date of enactment of this section and ending on December 31, 2004, authorized for use by the national regulatory authority of the country where the product will be used unless the President determines that the product does not meet appropriate quality standards; and

"(II) in compliance with—

"(aa) the intellectual property laws of the country where the product is manufactured;

"(bb) the intellectual property laws of the country where the product will be used; and

"(cc) applicable international obligations in the field of intellectual property, to the extent consistent with the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), as interpreted in the Declaration on the TRIPS Agreement and Public Health,

adopted by the World Trade Organization at the Fourth Ministerial Conference at Doha, Qatar on November 14, 2001.

"(iii) PRICES PUBLICLY AVAILABLE.—Prices paid for purchases of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections, of assured quality shall be made publicly available.

"(iv) APPLICATION TO APPROPRIATED FUNDS.—Funds appropriated under title IV of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 that are used for the procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections, shall be used to procure products of assured quality at the lowest possible price, as determined under this subparagraph.

(E) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to affect a decision regarding which medicine is most medically appropriate for a specific disease or condition.

Mr. KENNEDY. Mr. President, we know that 30 million people in Africa are afflicted with HIV/AIDS, and millions more around the world are also ill. Eight thousand people die in Africa each day from AIDS, and many of them are children. Only 50,000—1 in every 600—receive the drugs that we know can turn a deadly disease into a chronic one.

This legislation promises that funds will finally be available to buy these lifesaving drugs. Our amendment is intended to see that these drugs will help the largest number of people possible. It does that by requiring that products be purchased at the lowest possible price. It does not add a penny to the cost of this bill. But it also means that we will get the greatest value for this very urgently needed investment to stop the HIV/AIDS epidemic.

President Bush emphasized in his State of the Union Address "antiretroviral drugs can extend life for many years. And the cost of these drugs has dropped from \$12,000 a year to under \$300 a year—which places a tremendous possibility within our grasp. Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many."

The best way to take advantage of this opportunity as identified by the President is to require the purchase of AIDS drugs of assured quality at the lowest possible price. That is now \$300 a year—not \$12,000.

It is important that we understand the significance of this difference. If we use the funds in this bill to buy a year's supply of drugs for \$12,000 a person, we will help only 100,000 persons. But if we buy the drugs for \$300, we will help over 4 million.

This amendment is based on the successful program of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This program is proven to work in getting safe, high-quality drugs to people in need in the developing world at the lowest price.

The essence of this amendment is simple. It fulfills the President's pledge to treat AIDS patients with drugs costing \$300 per case. It protects America's

intellectual property rights. It assures that drugs will be of the highest quality. But, most of all, it means we will be able to save millions of lives instead of thousands.

Let us put patients first—not the profits of the drug companies. Let us buy drugs at the lowest possible price to treat the maximum number of patients. Let us deliver the best medicine at the best price.

I yield to the Senator from Wisconsin.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, I rise to speak in support of Senator KENNEDY's important amendment. The Senate should not be silent on this issue. Senator KENNEDY's amendment requires that pharmaceuticals procured by the United States for treatment initiatives authorized in this bill be purchased at the lowest possible cost while maintaining high quality standards.

In the past, Congress has been reluctant to address treatment issues, shying away from the complexities associated with providing treatment and resources. But just because it has been difficult does not mean it is impossible. And recognizing and accepting complexity is no excuse for ignoring urgent needs.

I have served on the African Affairs Subcommittee in the Senate now for almost 11 years, and I am pleased to be able to say that it appears that the tide is finally beginning to turn on this issue after so many years with people cavalierly dismissing the notion of providing access to antiretroviral drugs in the developing world.

I often recall the very end of almost a marathon meeting with the Senegalese public health community. An extraordinary group of Senegalese doctors, nurses, and volunteers and religious leaders had come out on a Saturday to spend hours talking with me and others about their coordinated campaign to fight AIDS. We were wrapping up when a gentleman who had been among those briefing me stood up, and speaking softly he told me that he was HIV positive. He wanted to know if there would be any help for him, any assistance with the kind of treatment that is out of reach for some in Africa.

There has to be an answer to his question. I heard the President of the United States answer positively in the State of the Union that basic human decency tells us that we cannot stand by while tens of millions die and societies collapse.

Recently, in South Africa I met with pediatricians whose exhaustion showed on their faces and their posture and in their tired, angry voices. They were tired of watching children die when they know that the treatment actually exists to save them.

There is much more to say about what we have seen in Africa. But what we are talking about here is a tremendous commitment of U.S. resources in this bill and in this time of crises. I

think we have to get the most that we can for our money.

The amendment is about using taxpayer dollars wisely. It would be beyond shameful and almost reprehensible for us to use the resources authorized in this bill for what might end up being sweetheart deals with big pharmaceutical companies for their products if we could get equally safe and effective products at a better price.

The amendment is in no way targeted to the pharmaceutical industry. It does not prejudge anyone's intentions. It does not exclude any single provider of safe and effective drugs. It simply demands that the U.S. Government get the quality we need at the best available price.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, just as a matter of common sense, the U.S. Government will attempt to purchase pharmaceutical products of the highest quality at the best price. But I would just simply urge my colleagues to consider the fact that mandating this, while it appears reasonable, and has some reliance upon the World Health Organization's pilot program, we ought to recognize that the World Health Organization actually dealing in countries with a high incidence of HIV/AIDS does not guarantee the quality of the medicine. It is probably unable to do that.

The facts are—and I respect the distinguished Senator from Massachusetts and, likewise, the Senator from Wisconsin; they have experience, I am sure, in the field looking at these programs—the testimony of people I have visited with at Indiana University, who have been in the field, indicates that the whole idea of the treatment is a very provisional situation.

We are grasping as a world at what works. And this is why flexibility has been encouraged thus far. We also are simply up against the fact that the problem is so overwhelming that attempting to obtain pharmaceutical products from anybody around the world has been extremely difficult. And a good number of pharmaceutical companies have been prepared to make enormous price concessions. And most physicians then point out, you need a physician to help the patient make certain the doses are right, the combination of drugs is right, the discipline of dealing with this is correct.

It is not a matter of mandating the lowest cost drugs, and failing to do that denying people treatment. The fact is, 80 percent of the people with AIDS in the world are getting no treatment at all. That is why we are trying to pass a bill tonight as opposed to having several months more discussion, attempting to perfect the bill. I have said from the beginning, as Dr. FRIST, that all of us could perfect this bill in a number of ways. Our problem is to get a bill through two Houses now so it might be of some benefit to our

President in his diplomacy and advocacy as he approaches the other wealthy countries of the world, starting at least on the first of January, if not before.

Therefore, Mr. President, I am hopeful that Members understand the importance of getting drugs at the best price and mandating the highest quality and attempting to get as many companies all over the world interested in this as we can. But the amendment, it seems to me, once again, obstructs the fact of getting any bill at all, any relief for the people we are talking about. Therefore, I ask Senators to vote no.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, we have just seen the World Health Organization deal with one of the great challenges of modern times; and that is with SARS. The World Health Organization has been commended all over the world for the way it has worked with countries all over the world, and we have joined in that commendation.

We have been working with the Global Fund to Fight AIDS, Tuberculosis, and Malaria to ensure quality products are used to treat patients with HIV/AIDS. We are investing money in these quality products through the Global Fund to Fight AIDS, Tuberculosis, and Malaria. All we are saying in this amendment is that you are going to have the same assured product at the lowest possible price.

If the American Government is, through the Global Fund, buying these quality products, then you ought to be willing to accept this amendment. All it does is make sure we have the best prices for these products of assured quality. We are not saying we have to buy the antiretroviral drugs for HIV for \$300, but they do have to be purchased at the best available price, with the quality assured.

I do not understand how we can refuse to say, if we are going to invest the taxpayers' money in this endeavor, then we should get the maximum in terms of the results, in terms of the number of people helped. We should make sure that helping the most people possible is the policy of the United States.

Mr. GREGG. Will the Senator from Massachusetts yield?

Mr. KENNEDY. I am happy to yield.

Mr. GREGG. I was wondering if the Senator from Massachusetts would be willing to enter into a time agreement, say, 2 minutes on each side, and then have a vote?

Mr. KENNEDY. We were trying to reach 10 minutes for ourselves. We probably have 2 more minutes for the Senator to speak and then we are finished.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, one quick point to reinforce what Senator KENNEDY said in response to what the Senator from Indiana said.

Obviously, the Senator from Massachusetts and I are not going to offer an amendment to provide unsafe treatments. In fact, the WHO guarantees the bioequivalency of a given product. And that just means they actually verify that it is exactly the same as a product that has been thoroughly tested for safety by an institution such as the FDA.

So it is not a valid point that somehow this approach that we are suggesting will lead to products that are not safe. They are as safe as the ones we would use ourselves.

Mr. MCCAIN. Mr. President, this amendment, like this bill, addresses a specific pandemic that demands our attention and our action. According to the most recent data available, at least 20 million people have died of HIV/AIDS globally, orphaning 14 million children. On the African continent, approximately 30 million people have the AIDS virus—3 million of whom are children under the age of 15.

In the spirit of the underlying bill, I have joined my friend Senator KENNEDY in cosponsoring this amendment to ensure that this bill saves as many lives as possible. Our amendment will allow for the purchase of many more drugs to treat those suffering from HIV/AIDS, stretching the taxpayers' dollars as far and as effectively as possible.

This amendment allows U.S. taxpayer dollars to go towards the purchase of safe, but less expensive equivalent medications on the global market if they are available. It enables the U.S. Agency for International Development (USAID) to use Federal funds to procure drugs at the lowest possible price on the global market to treat HIV/AIDS patients, provided that they are approved for treatment in the U.S.; the EU; have been selected by the World Health Organization's, WHO, Pilot Procurement Quality and Sourcing Project for HIV-related medicines; or are authorized for use by the country where the product will be used. These are the same qualifications used by the United Nations Global Fund to procure drugs.

This amendment does not give preference to a particular treatment for HIV/AIDS. Patients will not be precluded from receiving the drug treatments that are medically necessary; however, if there is a less expensive equivalent drug included in that treatment, this amendment will require the purchase of that lower-cost drug.

As a proponent of free trade and a staunch supporter of upholding our global trade obligations, I don't believe this amendment violates carefully negotiated agreements on intellectual property rights at the World Trade Organization, WTO, nor does it weaken the position of our trade representatives in future intellectual property negotiations. The language of this amendment closely tracks the most recent intellectual property rights agreements at the WTO.

I urge my colleagues to choose to make treatments available to many more people suffering from this terrible disease and vote for this amendment.

The PRESIDING OFFICER. Is there further debate on the amendment?

The Senator from Nevada.

Mr. REID. Mr. President, I have checked with both managers of the bill. I ask unanimous consent that the only amendments in order be the following: Senator FEINGOLD, who is going to offer his amendment; Senator CLINTON; Senator LAUTENBERG; Senator LEAHY; Senator LANDRIEU; Senator DODD; Senator BOXER. And it is my understanding the manager of the bill has an amendment to offer. Oh, I am sorry. There he is. And the Boxer amendment will be 20 minutes, equally divided.

Mrs. BOXER. I don't need that much time.

Mr. REID. Five minutes equally divided.

Mrs. BOXER. Ten minutes.

Mr. REID. That is what I said.

Mrs. BOXER. You said 20 minutes. I need 10 minutes.

Mr. REID. OK, Senator BOXER, 20 minutes, equally divided. Senator DODD, 20 minutes.

Mr. LUGAR. Senator BOXER, 10 minutes, evenly divided.

Mr. REID. I think we have been here 17 hours. What do you think?

Senator CLINTON is going to speak for a short time. She will take a voice vote. Senator LAUTENBERG is going to enter into a colloquy. Senator LEAHY is going to offer and withdraw. Senator LANDRIEU is going to enter into a colloquy. Senator FEINGOLD is going to offer and withdraw.

I ask unanimous consent that the order of the amendments be: FEINGOLD, CLINTON, LAUTENBERG, LEAHY, LANDRIEU, DODD, and BOXER, and the final vote be that of Senator BIDEN, and there be no second-degree amendments in order.

The PRESIDING OFFICER. Is there objection?

Mr. DODD. Reserving the right to object, I don't mind going last. I will be happy going last.

Mr. BIDEN. No, Mr. President, I will go last.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to amendment No. 681.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. MCCONNELL. I announce that the Senator from New Mexico (Mr. DOMENICI) is necessarily absent.

Mr. REID. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from Hawaii, (Mr. INOUE) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KERRY) would vote "aye."

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 42, nays 54, as follows:

[Rollcall Vote No. 181 Leg.]

YEAS—42

Akaka	Edwards	Lieberman
Bayh	Feingold	Lincoln
Biden	Feinstein	McCain
Bingaman	Graham (FL)	Mikulski
Boxer	Harkin	Murray
Cantwell	Hollings	Nelson (FL)
Clinton	Jeffords	Pryor
Conrad	Johnson	Reed
Corzine	Kennedy	Reid
Daschle	Kohl	Rockefeller
Dayton	Landrieu	Sarbanes
Dodd	Lautenberg	Schumer
Dorgan	Leahy	Stabenow
Durbin	Levin	Wyden

NAYS—54

Alexander	Craig	McConnell
Allard	Crapo	Miller
Allen	DeWine	Murkowski
Baucus	Dole	Nelson (NE)
Bennett	Ensign	Nickles
Bond	Enzi	Roberts
Breaux	Fitzgerald	Santorum
Brownback	Frist	Sessions
Bunning	Graham (SC)	Shelby
Burns	Grassley	Smith
Campbell	Gregg	Snowe
Carper	Hagel	Specter
Chafee	Hatch	Stevens
Chambliss	Hutchison	Sununu
Cochran	Inhofe	Talent
Coleman	Kyl	Thomas
Collins	Lott	Voinovich
Cornyn	Lugar	Warner

NOT VOTING—4

Byrd	Inouye
Domenici	Kerry

The amendment (No. 681) was rejected.

Mr. LUGAR. Mr. President, I move to reconsider the vote.

Mr. REID. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. DASCHLE. Mr. President, we have two other amendments that require rollcalls. Very short time limits will be used to present the amendments is my understanding. We have no other requests for rollcalls. Other Senators will be offering amendments requiring voice votes. I think at that point Senators will be free to leave. I ask that the Boxer amendment be the next in order.

Mr. LUGAR. Mr. President, I ask for information now on the time limits on the two amendments.

Mr. REID. The Boxer amendment is 10 minutes. It is already an order.

Mr. LUGAR. On the Dodd amendment?

The PRESIDING OFFICER. There was no time limit established.

Mr. DASCHLE. It is my understanding that there was 20 minutes on the Dodd amendment, 10 minutes on the Boxer amendment, evenly divided.

The PRESIDING OFFICER. There was no time limit—

Mr. DASCHLE. I ask unanimous consent for that.

Mr. REID. Mr. President, I don't want to belabor the point, but when I said we were in the 17th hour, we did ask for time on the Boxer amendment.

The PRESIDING OFFICER. Yes, the Boxer amendment has a 10-minute time limit.

Mr. REID. Senator DODD has agreed to 20 minutes.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, I withdraw my amendment.

The PRESIDING OFFICER. The amendment of the Senator from Wisconsin is withdrawn.

The Senator from California is recognized.

AMENDMENT NO. 684

Mrs. BOXER. Mr. President, I know we are all exhausted and I am really sorry to be here for an extra few minutes. I feel I don't deserve to really be in the Senate because we are talking about global AIDS, which is turning into a weapon of mass destruction. I feel very bad about what we are doing here tonight.

First, I send my amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows: The Senator from California (Mrs. BOXER) proposes an amendment numbered 684.

Mrs. BOXER. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To require a specific plan to help AIDS orphans)

On Page 29, line 15, insert before the semicolon the following: “, including the development and implementation of a specific plan to provide resources to households headed by an individual who is caring for one or more AIDS orphans”.

Mrs. BOXER. Mr. President, I feel very badly about what we are doing tonight. We are passing an inferior bill that was passed by the other body so that the President can hold in his hand a piece of AIDS legislation. How better it would be if it were a fine piece of legislation, if it were a more thoughtful piece of legislation, if it were a more effective piece of legislation.

But the fix is in. All amendments are being voted down because of the President's schedule. Well, I didn't get elected from the largest State in the Union, that has been fighting the AIDS epidemic ever since Senator FEINSTEIN was a mayor and I was on the county board of supervisors, to rush through something like this. I think it is really very sad that we are being governed by the schedule of the executive branch.

I want to tell you very quickly what my amendment does. It restores a focus on AIDS orphans. You cannot think of anything more tragic. AIDS orphans were the focus of the bills that passed the Senate before. They are no longer the focus. More than 10 million

children have been orphaned by AIDS. It is estimated that, by the year 2010, there will be over 40 million children left orphaned by this horrendous disease. That is a population so large that it is more than California's 37 million residents. It is 8 Wisconsin or 70 North Dakotas. You get the point. In the vast majority of cases, single women and young girls, 16 years old, 17 years old, 15 years old, are taking responsibility for the care of these orphaned children. Just read about it. It is heartbreaking.

All my amendment says is that a specific plan will be developed by the AIDS coordinator and implemented to provide resources, especially to households headed by an individual who is caring for one or more AIDS orphans.

This bill is silent on this point. We do nothing specific about this. This bill is vague. Even though you have committed to vote against everything, it will take only 2 minutes for the President to call TOM DELAY and say: Help the orphans, vote for this amendment. I hope we will all vote aye.

The PRESIDING OFFICER. Who yields time?

Mr. LUGAR. Mr. President, I am unfamiliar with the amendment of the distinguished Senator from California. I have listened carefully to her argument, and obviously the bill before us addresses the needs of women and orphans in a great number of places. I must argue again, I suspect that the best in this case should not be the enemy of the better.

We have a bill here that I believe is sound on these issues. As we have admitted again and again, each one of us might perfect it in various ways. The distinguished Senator from California is attempting to do so now. But I encourage Senators to vote against the amendment for the same reasons I have encouraged Senators to vote against each of the perfecting amendments—realizing that each one of us, in the event we were to write the bill, could do better. But we have two bodies working on a procedure whereby we are on the threshold of having a significant breakthrough for the people we are attempting to assist and save.

The Senator has made an eloquent case for why we ought to have action now and ought to encourage other countries to join us. I ask Senators, once again, to oppose the Boxer amendment.

The PRESIDING OFFICER. Who yields time?

Mrs. BOXER. I yield back the remainder of my time.

Mr. LUGAR. We yield back our time. Mrs. BOXER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to amendment No. 684. The clerk will call the roll.

The legislative clerk called the roll.

Mr. McCONNELL. I announce that the Senator from New Mexico (Mr. DOMENICI) is necessarily absent.

Mr. REID. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from Hawaii (Mr. INOUE), the Senator from Massachusetts (Mr. KERRY), and the Senator from Louisiana (Ms. LANDRIEU) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KERRY) would vote “aye.”

The result was announced—yeas 45, nays 50, as follows:

[Rollcall Vote No. 182 Leg.]

YEAS—45

Akaka	Dodd	Levin
Baucus	Dorgan	Lieberman
Bayh	Durbin	Lincoln
Biden	Edwards	Mikulski
Bingaman	Feingold	Murray
Boxer	Feinstein	Nelson (FL)
Breaux	Graham (FL)	Nelson (NE)
Campbell	Harkin	Pryor
Cantwell	Hollings	Reed
Carper	Jeffords	Reid
Clinton	Johnson	Rockefeller
Conrad	Kennedy	Sarbanes
Corzine	Kohl	Schumer
Daschle	Lautenberg	Stabenow
Dayton	Leahy	Wyden

NAYS—50

Alexander	Dole	Miller
Allard	Ensign	Murkowski
Allen	Enzi	Nickles
Bennett	Fitzgerald	Roberts
Bond	Frist	Santorum
Brownback	Graham (SC)	Sessions
Bunning	Grassley	Shelby
Burns	Gregg	Smith
Chafee	Hagel	Snowe
Chambliss	Hatch	Specter
Cochran	Hutchison	Stevens
Coleman	Inhofe	Sununu
Collins	Kyl	Talent
Cornyn	Lott	Thomas
Craig	Lugar	Voinovich
Crapo	McCain	Warner
DeWine	McConnell	

NOT VOTING—5

Byrd	Inouye	Landrieu
Domenici	Kerry	

The amendment (No. 684) was rejected.

Mr. LUGAR. Mr. President, I move to reconsider the vote.

Mr. LEAHY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Connecticut.

AMENDMENT NO. 685

Mr. DODD. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Connecticut [Mr. DODD] proposes an amendment numbered 685.

Mr. DODD. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To add CARICOM Countries and the Dominican Republic to Priority List of HIV/AIDS Coordinator)

On page 31, line 19, insert the following after the second comma on that line:

“Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica,

Montserrat, St. Kitts and Nevis, St. Vincent and the Grenadines, St. Lucia, Suriname, Trinidad and Tobago, Dominican Republic.”

Mr. DODD. Mr. President, I apologize to my colleagues. I know it is now after 1 in the morning. People are tired. It has been a long day. I have great respect for this institution and do not normally like to test the patience of my colleagues, but as tired as all of us are at this very hour, there are some 250,000 orphans right now, 80,000 of whom live in the Caribbean, who are orphaned because their families, their parents, contracted AIDS.

There are half a million people in the 14 CARICOM countries who will not be included as a part of this bill, for reasons that have never been explained adequately to me, who are suffering a lot more than just fatigue tonight because they will not get the kinds of medicines and support they deserve.

I apologize for raising an amendment that is brought up at a late hour. I am sorry we are not going to be here tomorrow to debate some of these issues. The decision to be here at this hour is certainly not that of those who are offering these amendments.

This is a very important bill. I have great respect for the President, who has made this an important issue, who wants to bring it up and see to it that these issues can be debated when he goes to the G-8.

My amendment simply says that for the countries that suffer the second largest incidents of AIDS in the world, the Caribbean countries where 10 million American tourists go every year, ought to be included as part of this package.

I do not think our colleagues in the House of Representatives, Democrats or Republicans, would reject this legislation because we add 14 countries where 5 million people live, where half a million people are suffering from AIDS, second only to that of sub-Saharan Africa. If they would object to the bill on that grounds, I do not understand this. Yet we have excluded all but two countries from being recipients of this aid. So my amendment merely says we ought to include these countries as part of this package.

The average age of death in the Caribbean countries is 45 years of age. Twenty-five percent of all hospital beds in these Caribbean countries are now filled with people infected by AIDS. Few of these patients receive any treatment at all. The mother-to-child transmissions are the highest in the Americas. The AIDS epidemic has already left 80,000 orphans in these Caribbean countries. Globally, half of all infected are in children between the ages of 15 and 24, except in the Caribbean. There it is, 10 years of age.

I know it is late, but it is getting later for these kids. It is getting a lot later for them. So I am asking my colleagues in the Senate to ask our colleagues in the House to accept an amendment that would include people who live only a few minutes from our

shores, who deserve a little more than they are getting tonight. If you are a 10-year-old child and you are suffering from AIDS, you are one of 80,000 orphans in the Caribbean and you deserve better than being told that this bill cannot be changed, not one dot, not one comma, not one word.

I know in fact this bill will be changed before we leave tonight. So the argument somehow that we cannot do this is specious. We ought to be doing better than that. We are the Senate. We are dealing with a critically important global issue. It deserves more of our time, attention, and concern than the argument that we are fatigued and tired, that we do not have the patience to go back to our colleagues in the House and say we can do better. I urge my colleagues to support this amendment. It is not asking too much to say to half a million people who are a few miles from our shore that we want to include them as part of this effort to make this world a better and safer place. I urge its adoption.

Mr. BIDEN. Mr. President, how much time is remaining?

The PRESIDING OFFICER. The Senator has 6 minutes.

Mr. BIDEN. Will the Senator yield?

Mr. DODD. I will be happy to yield.

Mr. BIDEN. Mr. President, I, quite frankly, not only agree with every point the Senator has made, but, quite frankly, I have not heard a more compelling case, a more logical case, and a more—how can I say it?—reasoned indictment of our failure to be willing to confront the House with what I cannot believe, particularly if the President said he supported this, that we would not be able to get it done.

It is true that I believe the House is willing to accept some changes in this bill. The fact is, as the Senator knows, the bill we had did exactly what he is talking about providing for these folks.

Even though everyone says there is no possibility of anything being accepted beyond this, I find it hard to believe, if this body, which passed this before, which unanimously said this made sense, and a President who says he is overwhelmingly concerned not only about AIDS worldwide but about our Latin American friends to our south—remember, he started his whole initiative in foreign policy; he was looking in this hemisphere south.

I realize everyone thinks this would not happen, many think this would not occur, but it is clearly worth taking a chance. I am willing to bet, if it passes, it gets accepted. I cannot imagine it being turned down. I cannot imagine the President of the United States saying he would not accept this amendment.

All these amendments have been important, but there is simply no logic whatever—none—to refuse this amendment.

I yield the floor.

Mr. DODD. I am prepared to yield back my time.

Mr. GRAHAM of Florida. I would like to add to your comments and those of

Senator BIDEN that we have talked mainly this evening about the humanitarian aspects of this issue.

If I could bring it a little closer to home, in large part because of the health care conditions in the Caribbean, my State has suffered from time to time outbreaks of tuberculosis and other serious diseases. We now have a significant percentage infected with HIV. These are not 5,000 miles away; they are just a few minutes away.

We have a very direct national interest in arresting this problem, preventing its outbreak in the future, and therefore protecting the people of the United States. I hope this amendment will be adopted. It not only is the right thing to do for the people involved, it is the right thing to do for our people involved.

Mr. LUGAR. Mr. President, I will make a short comment and yield to my distinguished colleague from Pennsylvania.

I point out, without for a moment arguing with the distinguished Senator from Connecticut about the urgency of Latin America, our friends right here in the Caribbean, that the language of the bill with regard to the United States coordinator does list 14 countries, but it also then has these words: “and other countries designated by the President.”

It appears to me this language is fairly flexible. It might have been better if all of the countries had been listed, but it does enumerate the Latin American countries that the Senator from Connecticut has pointed to and gives the power of the President to designate other countries.

I yield to the distinguished Senator from Pennsylvania and then the distinguished Senator from Kansas.

Mr. SPECTER. I have not spoken on this bill. From my experience, I know that few, if any minds, are changed by speeches. But I think it is important to note that we are not fatigued. We have almost 100 Senators on the floor. We have been here since 9:15, but we are robust and we are able to take on the country's business and we are not fatigued. We will give ample consideration to any amendments which anyone seeks to offer.

But it ought to be a point of focus that it is possible—barely, but possible—that somebody might be watching these proceedings on C-SPAN. And you might think those who are voting against these amendments are hard-hearted. But the fact is that unless we pass a bill, a clean bill, a virtually clean bill, what is agreed to by the House, this bill is not going to be ready when the President has to make a very important international trip. The President will be carrying a legislative package of \$15 billion. That is a hefty sum of money and can go a long way on this hideous disease. With that kind of a package, the President will be in a position to leverage and get funds from other countries.

I certainly agree with the Senator from California who talked about prevention. I certainly agree it would be good to cover more children. It would be good to have lower prices. It would be good to have an explicit coverage to the Caribbean, although as the Senator from Indiana pointed out, there is flexibility to do that.

When we vote against these amendments, it is not because we do not think they are good or that we are in a hurry or we are fatigued. We are focused. But the principal objective is to get it passed and get it signed.

People ought to know, if they have not seen the beltway scene, that relations between the Senate and the House are not too good. If we put a lot of amendments on this bill, nothing will happen. We ought to get on with it. Fifteen billion is significant. It will really go to the heart of the matter. And then it can be revisited at a later time.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBACK. Mr. President, the hour is late and I point out to my colleagues, I am told this is the 36th vote of the day. According to some, that is a record for this body in a 24-hour period. This appears to be the last one.

I appreciate the spirit in which this is being put forward by my colleague from Connecticut who has a lot of interest and is focused on this region a great deal. This is coming from his heart.

However, we can do this, and what he is asking for, under this bill as it is. What is in this bill would provide that opportunity to do it. Really, by his raising this, it will elevate the focus, the possibilities in the Caribbean.

I read directly from the bill, "directly approving all activities of the United States relating to combating HIV/AIDS," and it lists some 14 countries. Then it says "and other countries designated by the President."

I hope the facts he has put forward tonight will be considered by the administration. I believe they will be in combating this and we would use the funds—this is a large portfolio of funds we put forward, \$15 billion—to focus and get results. We are on the edge of accomplishing something historic, of helping a lot, and we can do what our colleague from Connecticut says under the plain language of this bill.

I hope we can go ahead and vote on this.

I yield the floor.

Mr. DODD. I am happy to yield.

Mr. LEAHY. Mr. President, we want to get this bill off to the President so he will have it when he goes abroad. I agree with that, although I don't think that was a reason for opposing the amendments that were offered tonight. We could have passed those amendments, gone to conference with the House, and sent this bill to the President in plenty of time. But that was not what the majority wanted. They wanted to rubber stamp the House bill,

despite its defects which were obvious to everyone.

Let's be realistic about what is going on here.

This is an authorization bill. It does not actually appropriate one dime. The President will be taking a promise when he goes abroad, nothing more. In fact, his budget request for 2004 does not include the amount authorized in this bill that people have been talking about. Not only that, while this bill authorizes \$1 billion for the Global Fund to Fight AIDS, TB and Malaria, the President's 2004 budget includes only \$200 million for the Global Fund, a \$150 million cut from last year.

And not only does this bill not appropriate any money, his 2004 budget would cut many other global health programs. It would cut funding for child survival and maternal health by 12 percent. It would cut funding for programs to protect vulnerable children by 63 percent. It would cut programs to combat other infectious diseases—diseases which kill millions of children each year, by 32 percent. I wonder how many Senators know this.

So I hope that soon after the President signs this bill he will send us a budget amendment for the rest of the \$3 billion authorized here that is missing from his 2004 budget request.

I hope he also asks for the funds to replace the cuts his budget makes in other global health programs. Because those cuts are going to mean fewer children will be vaccinated against measles and polio, and fewer pregnant women will have access to medical care. Each year, over half a million women die needlessly from pregnancy related causes. There are real consequences to cutting these programs.

Mr. LUGAR. Mr. President, I am prepared to yield back time on our side. Before doing so, may I clarify with the Chair that the only two remaining amendments are to be offered by the distinguished Senator from New York, Senator CLINTON, and the distinguished Senator from Delaware, Senator BIDEN, and that these will have voice votes at the conclusion of the two amendments, and then we will have final passage on a voice vote. Is that interpretation correct?

The PRESIDING OFFICER. There were other amendments authorized, amendments by Senators LAUTENBERG, LEAHY, and LANDRIEU.

Mr. LUGAR. Mr. President, I ask unanimous consent the only two remaining amendments be amendments of Senator CLINTON and Senator BIDEN, with voice votes to follow, and a voice vote on final passage.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Reserving the right to object, and I shall not, I will withhold my amendment.

Mr. LUGAR. I thank the Senator.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. DODD. I appreciate the comments of the chairman of the com-

mittee about the discretion of the President and, certainly, going on record as this being important, that additional countries are to be included as part of this package.

I ask unanimous consent a letter signed by the Ambassadors of all these countries asking these nations be included as part of this bill be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MAY 14, 2003.

President GEORGE BUSH,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: Addressing the AIDS pandemic in the Caribbean has been a major concern of the Caribbean Community of countries' (CARICOM), we therefore commend your efforts to address the AIDS epidemic in the Caribbean through your Emergency Plan for AIDS Relief. We are writing however, because we believe that a more inclusive approach to addressing AIDS in the region is needed, which is why we are requesting that you expand your initiative to include all Caribbean countries in the region.

As you know, the number of HIV/AIDS infection rates in the Caribbean is only surpassed by that of sub-Saharan Africa. In fact, prevalence rates in the Caribbean region are similar to what they were in sub-Saharan Africa prior to the explosion of the virus in the general population.

Like you, we are greatly concerned about the AIDS crisis in the Caribbean and realize that aid from international donors such as the U.S. is necessary if we are to address the crisis. The slumping tourism industry has negatively affected our already weakened economies, making it difficult for our countries to provide resources that will adequately address the AIDS epidemic. Inadequate funding is then increasingly putting us at-risk for the further spread of the epidemic to the general population commensurate with current prevalence rates in sub-Saharan Africa.

We realize that high prevalence rates can overwhelm our health care capacity, destabilize our economies, and increase migration flow—which could pose a real security risk for the U.S. due to its proximity to the Caribbean. It is for these reasons that we are interested in supporting approaches to fighting the AIDS epidemic that fully take into consideration our special circumstances on the Caribbean.

Our AIDS epidemic is driven by heterosexual contact and a mobile population. For example, over 10 million persons from the U.S. visit the Caribbean annually. Population movements between the U.S. and the Caribbean for business purposes and tourism, including large numbers of U.S. and Caribbean students moving back and forth for study and leisure purposes, argue strongly for an inclusive approach to combating AIDS in the Caribbean.

As such, our own AIDS initiatives have been developed in response to the high mobility of the region. For example, the Pan Caribbean AIDS Partnership, administered through CARICOM is a collaboration between Caribbean countries, Caribbean regional institutions, and international agencies that work together to fight AIDS across the region. Similarly, programs implemented by your government have also taken regional approaches. USAID administers AIDS initiatives in the Dominican Republic, Guyana, Haiti, Jamaica, and through the Caribbean Regional Program, which is a Caribbean wide program that targets countries where USAID does not have a presence.

Because a regional approach is crucial to addressing the AIDS epidemic in our highly mobile population, we are requesting that you expand under your Emergency AIDS Initiative to the entire Caribbean region. Expansion of the program would allow for your initiative to include countries such as the Bahamas, which has an adult AIDS prevalence rate of 3.5 percent, and Trinidad and Tobago and the Dominican Republic who are suffering with prevalence rates of 2.5 percent. Additionally, countries such as Barbados and Jamaica with AIDS rates approaching 2 percent could receive funding for prevention efforts.

Without a regional approach to the Caribbean AIDS crisis, we fear that AIDS will lower life expectancy, increase the number of AIDS orphans, further threaten our already fragile economies, increase migration flow out of the region, and increase the threat to the U.S.

We therefore hope that you will seriously consider our request to include the entire Caribbean in your Emergency AIDS Relief Initiative.

Sincerely,

Lionel Hurst, Ambassador of Antigua and Barbuda. Joshua Sears, Ambassador of Bahamas. Michael King, Ambassador of Barbados. Lisa M. Shoman, Ambassador of Belize. Denis G. Antoine, Ambassador of Grenada. M.A. Odeen Ishmael, Ambassador of Guyana. Seymour Mullings, Ambassador of Jamaica. Izben Williams, Ambassador of St. Kitts and Nevis. Elsworth John, Ambassador of St. Vincent and the Grenadines. Sonia Johnny, Ambassador of St. Lucia. Henry Lothar Illes, Ambassador of Suriname. Marina Annette Valere, Ambassador of Trinidad and Tobago. Harry Franz Leo, Minister Counsellor, Charge d'Affaire a.i., of Haiti.

Mr. DODD. Mr. President, I ask for the yeas and nays on my amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. Is all time yielded back? All time is yielded back.

The majority leader is recognized.

SCHEDULE

Mr. FRIST. Mr. President, in regard to the schedule, as mentioned, the votes as outlined will be planned for the remainder of the evening. The vote we are about to have will be the last rollcall vote of the evening. I thank all Members for their patience. We have been here about 17 hours of consecutive voting.

The Senate will not be in session tomorrow. We will return for business on Monday.

Mr. REID. We won't be in session today.

Mr. FRIST. That's right, we will not be in session later today. We will return for business on Monday.

On Monday, the Senate will begin consideration of the Department of Defense authorization bill. The next rollcall vote will occur at 5:30 on Monday.

Again, this will be the last rollcall vote of the morning.

The PRESIDING OFFICER. The question is on agreeing to the amendment. The yeas and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. MCCONNELL. I announce that the Senator from New Mexico (Mr. DOMENICI) is necessarily absent.

Mr. REID. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from Hawaii (Mr. INOUE), the Senator from Massachusetts (Mr. KERRY) and the Senator from Louisiana (Ms. LANDRIEU) are necessarily absent.

I further announce that, if present and voting, the Senator from Massachusetts (Mr. KERRY) would vote "aye".

The result was announced—yeas 44, nays 51, as follows:

[Rollcall Vote No. 183 Leg.]

YEAS—44

Akaka	Dorgan	Lieberman
Baucus	Durbin	Lincoln
Bayh	Edwards	Mikulski
Biden	Feingold	Murray
Bingaman	Feinstein	Nelson (FL)
Boxer	Graham (FL)	Nelson (NE)
Breaux	Harkin	Pryor
Cantwell	Hollings	Reed
Carper	Jeffords	Reid
Clinton	Johnson	Rockefeller
Conrad	Kennedy	Sarbanes
Corzine	Kohl	Schumer
Daschle	Lautenberg	Stabenow
Dayton	Leahy	Wyden
Dodd	Levin	

NAYS—51

Alexander	DeWine	McConnell
Allard	Dole	Miller
Allen	Ensign	Murkowski
Bennett	Enzi	Nickles
Bond	Fitzgerald	Roberts
Brownback	Frist	Santorum
Bunning	Graham (SC)	Sessions
Burns	Grassley	Shelby
Campbell	Gregg	Smith
Chafee	Hagel	Snowe
Chambliss	Hatch	Specter
Cochran	Hutchison	Stevens
Coleman	Inhofe	Sununu
Collins	Kyl	Talent
Cornyn	Lott	Thomas
Craig	Lugar	Voinovich
Crapo	McCain	Warner

NOT VOTING—5

Byrd	Inouye	Landrieu
Domenici	Kerry	

The amendment (No. 685) was rejected.

Mr. LUGAR. I move to reconsider the vote.

Mr. BROWNBACK. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from New York is recognized.

AMENDMENT NO. 652

Mrs. CLINTON. Mr. President, I call up amendment No. 652, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from New York [Mrs. CLINTON] for herself, Mrs. BOXER, Mrs. MURRAY, and Mr. LEAHY, proposes an amendment numbered 652.

Mrs. CLINTON. Mr. President, I ask unanimous consent reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To improve women's health and empowerment and reduce women's vulnerability to HIV/AIDS)

On page 23, line 24, insert before the semicolon the following: ", including the pursuit of sexual relations with adolescent girls".

On page 24, strike lines 2 through 4, and insert the following: "developed to address the access of women and adolescent girls to employment opportunities, income, education and training, productive resources, and microfinance programs;"

On page 27, strike lines 19 through 23, and insert the following:

(W) An analysis of strategies to reduce deaths from cervical cancer caused by high risk strains of human papillomavirus in women over 30 living in sub-Saharan Africa.

(X) A description of a comprehensive 5-year global AIDS plan that shall be developed by the President to address issue effecting, and promote specific strategies to overcome, the extreme vulnerability of adolescent girls to HIV infection, including self-esteem, access to education, safe employment and livelihood opportunities, pressures to marry at an early age and bear children, and norms that do not allow for safe and supportive family life and marriages.

(Y) A description of the programs, and the number of women and girls reached through these programs—

(i) to increase women's access to currently available prevention technologies and the steps taken to increase the availability of such technologies;

(ii) that provide prevention education and training for women and girls;

(iii) addressing violence and coercion; and

(iv) increasing access to treatment.

(Z) A description of the progress made on developing a safe, effective, and user-friendly microbicide.

On page 51, line 8, strike "and".

On page 51, line 12, strike the period and insert a semicolon.

On page 51, between lines 12 and 13, insert the following:

"(I) assistance for programs to dramatically increase women's access to currently available female-controlled prevention technologies and to microbicides when these become available, and for the training and skills needed to use these methods effectively;

"(J) assistance for research to develop safe, effective, and usable microbicides;

"(K) assistance for programs to provide comprehensive education for women and girls, including health education that emphasizes skills building on negotiation and the prevention of sexually transmitted infections and other related reproductive health risks and strategies that emphasize the delay of sexual debut;

"(L) assistance for strategies to prevent and address gender-based violence and sexual coercion of women and minors;

"(M) assistance to reduce the vulnerability of HIV/AIDS for women, young people, and children who are refugees or internally displaced persons; and

"(N) assistance for community-based strategies to reduce the stigma faced by women affected by HIV and AIDS.

On page 52, line 3, strike "; and" and insert a semicolon.

On page 52, line 10, strike the period and insert a semicolon.

On page 52, between lines 10 and 11, insert the following:

"(D) assistance for programs that promote equitable access to treatment and care for all women, by—

"(i) reducing economic and social barriers faced disproportionately by women;

"(ii) directly increase women's access to affordable drugs; and

“(iii) providing adequate pre- and post-natal care to pregnant women and mothers infected with HIV or living with AIDS to prevent an increase in the number of AIDS orphans; and

“(E) assistance to increase resources for households headed by females caring for AIDS orphans.

On page 81, after line 24, add the following:

(9) At the United Nations Special Session on HIV/AIDS in June 2001, the United States also committed itself to the specific goals with respect to reducing HIV prevalence among youth, as specified in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at the Special Session.

Mrs. CLINTON. Mr. President, I offer this amendment on my own behalf, along with Senators BOXER, MURRAY, and LEAHY.

First, I commend the leadership as well as the President for bringing this important issue of global HIV/AIDS to the floor this evening, although the hour is obviously very late.

While I am pleased with many aspects of this bill, and the commitment it represents, I do believe the bill is flawed in a very important and fundamental respect; and that is, with regard to the treatment of and concern for girls and women.

As many of us know who have traveled in Africa, the Caribbean, and other places where the HIV/AIDS pandemic has ravaged so many people, young girls, girls barely in their teens, adolescents, young women, are all too often the victims of this disease because of the way they are treated.

I believe in abstinence. I went to Uganda in 1997. I was impressed, as many of my colleagues have been, by what I saw with respect to the program that Uganda undertook and certainly the results.

But I am concerned that abstinence is not a prevention tool realistically available to many girls and women throughout Africa. So many of the prevention tools are controlled by men, and by customs and by traditions, in communities where the expectation may very well be for a young girl to be married at a very young age.

In Africa, the seroprevalence for women ages 15 to 17 is five times the rate it is for boys of the same age. Now, why does that happen? Certainly the leaders in Africa who are now undertaking their own campaigns against HIV/AIDS are well aware of the uphill climb they face.

Two years ago, Mozambique's Prime Minister, after a comprehensive study, found that there was an explanation for the higher rates among young women, and it was—and I quote him—

Not because the girls are promiscuous, but because nearly three out of five are married by age 18, [and] 40 percent of them [are married] to much older, sexually experienced men, who may expose their wives to HIV/AIDS. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection.

That is why I have offered this amendment to specifically address not

just women's health but also women's empowerment, because empowering women and girls is the clearest way to give them the tools to be able to not only say no but to actually implement that belief.

It is also imperative to reduce economic and other dependence, to combat gender discrimination and stigma, to recognize that the effective prevention strategies for women, who now represent the majority of people worldwide suffering from HIV/AIDS, must be addressed immediately, urgently, and with resources.

Research shows that the most effective policies are those that include an understanding of the relevance and impact of the roles that culture and society assign men, women, boys, and girls. But the bill that we are considering overlooks and neglects this important aspect of the problem.

Our amendment would correct that neglect by providing assistance for programs that increase women's access to female-controlled prevention technologies, including microbicides when they become available; and by providing assistance for programs that improve the health education, and skills-building efforts for women and girls, increasing women's ability to protect themselves from unwanted sex, safeguarding themselves when they are sexually active, and reducing the stigma faced by women affected by HIV and AIDS.

One of the reasons the prevalence of HIV/AIDS among younger and younger girls is occurring in Africa is for two interrelated causes: One, because many of these young girls are available, they are healthy; and, secondly, because there is this myth that very young girls will not transmit HIV. And because we do not have widespread testing, many of the men do not even know that they are infected.

Thirdly, we have to recognize that gender inequality is a part of this epidemic. Women who lack access to education, or any kind of skills training, who are exposed to gender-based violence in their home or their larger community, who are sexually coerced or otherwise vulnerable, make up many of the victims that, unfortunately, suffer from HIV/AIDS.

We also should be boosting women's access to pre- and postnatal care, and increasing resources for female-headed households caring for orphans and victims of AIDS, as my colleague from California, Senator BOXER, so eloquently argued.

In addition, we should increase focus on other women's health threats, including cervical cancer, which can be caused by high-risk strains of human papilloma virus.

I hope we can assure we pay particular attention to young people.

Much of the language that is included in this amendment has already passed the Senate unanimously last year in S. 2525. It is not controversial, at least in this body.

I understand the fast track we are on, and the fact that the majority does not wish to have any amendments, but I hope that when we revisit this, as we must, in the appropriations process—when we take the bill and rid it of the contradictions and the conflicts that it inherently has in its language—that this amendment will be accepted. It will help to guarantee that we address these very particular problems that affect women.

When we are talking about women's health and looking at all of the problems women have, it is important that we not focus just on HIV/AIDS as though that is some separate, abstract problem that can be removed from cervical cancer and sexually transmitted diseases and other problems that women suffer from so grievously, not only in Africa but in many countries around the world.

I ask the positive, affirmative support of those who remain in the Chamber on a voice vote for this amendment that specifically stands up for the girls and women of Africa in this important cause we are now undertaking.

The PRESIDING OFFICER. Is there further debate on the amendment? The Senator from Indiana.

Mr. LUGAR. Mr. President, the Senator from New York has made a very eloquent and important statement, and I appreciate it. My response has to be the one I have made throughout the evening, and that is that it is different, and it will cause conference. In my judgment, there is merit in what she has to say. That has been true of many amendments this evening. But it is something that I must oppose. I am hopeful Senators will vote no on the Clinton amendment.

The PRESIDING OFFICER. Is there further debate on the amendment?

If not, the question is on agreeing to amendment No. 652.

The amendment (No. 652) was rejected.

Mr. LUGAR. Mr. President, I move to reconsider the vote.

Mr. BROWBACK. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. BIDEN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BIDEN. Mr. President, I understand the regular order is that my amendment on debt relief would be in order now.

The PRESIDING OFFICER. The Senator is correct.

AMENDMENT NO. 686

Mr. BIDEN. Mr. President, the hour is extremely late. The bottom line of this is that this provides for debt relief

for the very countries we are trying to help with AIDS. They are swamped by debt. It is legislation that we have been through before. My staff and I sat with the White House, the National Security Agency. We sat down with the White House today, the National Security Agency representative for hours. We negotiated the exact language.

I send the amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Delaware [Mr. BIDEN], for himself and Mr. LEAHY, proposes an amendment numbered 686.

(Purpose: To amend the International Financial Institutions Act to provide for modification of the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative)

At the end of the bill, insert the following:

TITLE V—INTERNATIONAL FINANCIAL INSTITUTIONS

SEC. 501. MODIFICATION OF THE ENHANCED HIPC INITIATIVE.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p–262p-7) is amended by adding at the end the following new section:

“SEC. 1625. MODIFICATION OF THE ENHANCED HIPC INITIATIVE.

“(a) AUTHORITY.—

“(1) IN GENERAL.—The Secretary of the Treasury should immediately commence efforts within the Paris Club of Official Creditors, the International Bank for Reconstruction and Development, the International Monetary Fund, and other appropriate multilateral development institutions to modify the Enhanced HIPC Initiative so that the amount of debt stock reduction approved for a country eligible for debt relief under the Enhanced HIPC Initiative shall be sufficient to reduce, for each of the first 3 years after the date of enactment of this section or the Decision Point, whichever is later—

“(A) the net present value of the outstanding public and publicly guaranteed debt of the country, (i) as of the decision point if the country has already reached its decision point, or (ii) as of the date of Enactment of this Act, if the country has not reached its decision point, to not more than 150 percent of the annual value of exports of the country for the year preceding the Decision Point; and

“(B) the annual payments due on such public and publicly guaranteed debt to not more than—

“(i) 10 percent or, in the case of a country suffering a public health crisis (as defined in subsection (e)), not more than 5 percent, of the amount of the annual current revenues received by the country from internal resources; or

“(ii) a percentage of the gross national product of the country, or another benchmark, that will yield a result substantially equivalent to that which would be achieved through application of subparagraph (A).

“(2) LIMITATION.—In financing the objectives of the Enhanced HIPC Initiative, an international financial institution shall give priority to using its own resources.

“(b) RELATION TO POVERTY AND THE ENVIRONMENT.—Debt cancellation under the modifications to the Enhanced HIPC Initiative described in subsection (a) should not be conditioned on any agreement by an impoverished country to implement or comply with policies that deepen poverty or degrade the environment, including any policy that—

“(1) implements or extends user fees on primary education or primary health care, including prevention and treatment efforts for HIV/AIDS, tuberculosis, malaria, and infant, child, and maternal well-being;

“(2) provides for increased cost recovery from poor people to finance basic public services such as education, health care, clean water, or sanitation;

“(3) reduces the country’s minimum wage to a level of less than \$2 per day or undermines workers’ ability to exercise effectively their internationally recognized worker rights, as defined under section 526(e) of the Foreign Operations, Export Financing and Related Programs Appropriations Act, 1995 (22 U.S.C. 262p-4p); or

“(4) promotes unsustainable extraction of resources or results in reduced budget support for environmental programs.

“(c) CONDITIONS.—A country shall not be eligible for cancellation of debt under modifications to the Enhanced HIPC Initiative described in subsection (a) if the government of the country—

“(1) has an excessive level of military expenditures;

“(2) has repeatedly provided support for acts of international terrorism, as determined by the Secretary of State under section 6(j)(1) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)) or section 620A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2371(a));

“(3) is failing to cooperate on international narcotics control matters; or

“(4) engages in a consistent pattern of gross violations of internationally recognized human rights (including its military or other security forces).

“(d) PROGRAMS TO COMBAT HIV/AIDS AND POVERTY.—A country that is otherwise eligible to receive cancellation of debt under the modifications to the Enhanced HIPC Initiative described in subsection (a) may receive such cancellation only if the country has agreed—

“(1) to ensure that the financial benefits of debt cancellation are applied to programs to combat HIV/AIDS and poverty, in particular through concrete measures to improve basic services in health, education, nutrition, and other development priorities, and to redress environmental degradation;

“(2) to ensure that the financial benefits of debt cancellation are in addition to the government’s total spending on poverty reduction for the previous year or the average total of such expenditures for the previous 3 years, whichever is greater;

“(3) to implement transparent and participatory policymaking and budget procedures, good governance, and effective anticorruption measures; and

“(4) to broaden public participation and popular understanding of the principles and goals of poverty reduction.

“(e) DEFINITIONS.—In this section:

“(1) COUNTRY SUFFERING A PUBLIC HEALTH CRISIS.—The term ‘country suffering a public health crisis’ means a country in which the HIV/AIDS infection rate, as reported in the most recent epidemiological data for that country compiled by the Joint United Nations Program on HIV/AIDS, is at least 5 percent among women attending prenatal clinics or more than 20 percent among individuals in groups with high-risk behavior.

“(2) DECISION POINT.—The term ‘Decision Point’ means the date on which the executive boards of the International Bank for Reconstruction and Development and the International Monetary Fund review the debt sustainability analysis for a country and determine that the country is eligible for debt relief under the Enhanced HIPC Initiative.

“(3) ENHANCED HIPC INITIATIVE.—The term ‘Enhanced HIPC Initiative’ means the

multilateral debt initiative for heavily indebted poor countries presented in the Report of G-7 Finance Ministers on the Cologne Debt Initiative to the Cologne Economic Summit, Cologne, June 18-20, 1999.”.

SEC. 502. REPORT ON EXPANSION OF DEBT RELIEF TO NON-HIPC COUNTRIES.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of the Treasury shall submit to Congress a report on—

(1) the options and costs associated with the expansion of debt relief provided by the Enhanced HIPC Initiative to include poor countries that were not eligible for inclusion in the Enhanced HIPC Initiative;

(2) options for burden-sharing among donor countries and multilateral institutions of costs associated with the expansion of debt relief; and

(3) options, in addition to debt relief, to ensure debt sustainability in poor countries, particularly in cases when the poor country has suffered an external economic shock or a natural disaster.

(b) SPECIFIC OPTIONS TO BE CONSIDERED.—Among the options for the expansion of debt relief provided by the Enhanced HIPC Initiative, consideration should be given to making eligible for that relief poor countries for which outstanding public and publicly guaranteed debt requires annual payments in excess of 10 percent or, in the case of a country suffering a public health crisis (as defined in section 1625(e) of the Financial Institutions Act, as added by section 501 of this Act), not more than 5 percent, of the amount of the annual current revenues received by the country from internal resources.

(c) ENHANCED HIPC INITIATIVE DEFINED.—In this section, the term “Enhanced HIPC Initiative” means the multilateral debt initiative for heavily indebted poor countries presented in the Report of G-7 Finance Ministers on the Cologne Debt Initiative to the Cologne Economic Summit, Cologne, June 18-20, 1999.

SEC. 503. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the President such sums as may be necessary for the fiscal year 2004 and each fiscal year thereafter to carry out section 1625 of the International Financial Institutions Act, as added by section 501 of this Act.

(b) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to subsection (a) are authorized to remain available until expended.

Mr. BIDEN. Mr. President, as we consider legislation today on the global epidemic of HIV/AIDS, I urge my colleagues to think about this: While the poorest nations of the world lack the resources to provide the most basic public health care and the most basic education, they still send money to the international financial institutions established by the wealthiest nations of the world.

The 26 countries currently qualified to receive debt relief under the heavily indebted poor country—HIPC—program continue to pay more than \$2 billion annually on debt service.

That money goes to the World Bank and the International Monetary Fund here in Washington, as well as other lenders, to pay the interest on loans they have received over the years.

Unless we act now on this HIV/AIDS bill to reduce that debt burden, we run the real risk that the resources we are providing them today will find their

way back, not only to Washington, but to other lenders, such as France, Germany, and Japan.

Deeper debt relief for those poor countries is essential to make the work we are doing on this HIV/AIDS legislation as effective as possible, and to make sure that funds do not leak out through the mandatory spending these countries must do to service their debts every year.

Money is money and the problem of these debt payments is very real for these poor countries. As long as they face these mandatory debt payments, the resources we are providing in this HIV/AIDS bill will be less effective.

But deeper debt relief is also needed because the current HIPC Program is not working.

In fact, last year the Bank and the fund honestly admitted that under the current formula, many countries will simply not reach a sustainable level of debt.

The amendment I am offering tonight aims to make the HIPC Program itself more likely to succeed.

It is essentially the legislation Senator SANTORUM and I introduced in the last congress, with the support of Senators FRIST, NICKLES, CHAFEE, DEWINE, and SPECTER on the majority side, along with Senators KERRY and SARBANES, FEINGOLD, MURRAY, and others on this side of the aisle.

Specifically, for the many countries facing a public health crisis—such as the HIV/AIDS epidemic—we say that no more than 5 percent of their revenues should go to service their debt to other nations and international institutions.

For those who do not face such a crisis, debt service should exceed no more than 10 percent of their budget.

Some debate remains about the most appropriate way to measure a country's ability to pay its debt and still provide basic public goods in the areas of health, education, and infrastructure.

So our amendment gives the administration the flexibility to find an alternative measure that would achieve an equivalent level of debt reduction—a level that these poor countries can sustain.

Only countries that qualify for the existing HIPC Program—that sets standards of economic reform and human rights—will participate.

The bottom line is that unless the U.S. and our G-7 partners reduce debt service payment to manageable levels—no more than 10 percent of Government revenue, 5 percent if the country has a major health crisis—these nations will be unable to devote the necessary resources to the fight against HIV/AIDS.

This amendment was part of the HIV/AIDS bill that passed the Senate last year. It belongs on this legislation, too.

Although there is some confusion about how we got there, I believe in retrospect the chairman, quite frankly, unknown to me, was not brought into

the loop on this. I assure him the reason I agreed to a voice vote is because we had every Democrat, and I believe from personal discussion we had at least four Republicans supporting the amendment. I understand, without getting into all the detail, the bottom line is the amendment has been signed off on by the White House in direct discussions with my staff this afternoon. I would move the adoption of the amendment.

I ask for a voice vote.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. BENNETT. Mr. President, I would like to ask the distinguished ranking member of the Foreign Relations Committee if he knows—and I see the majority leader here and I will ask him the same question—if the House of Representatives has indicated they would accept this amendment? I have been standing shoulder to shoulder with the chairman of the full committee all night, voting against every amendment on the basis that the House would not accept an amendment.

Now, the ranking member, Senator BIDEN, has said the White House has indicated they would accept this amendment and that is very powerful medicine for us. I do not want to abandon my chairman and the position he has taken in support of the House bill, unless I can be assured that on this amendment, unlike all of the others, the House leadership has indicated they are willing to accept it.

I ask the ranking member and the majority leader, if either one of them could respond, would the House be willing, contrary to what we have been told about all the other amendments, to accept this amendment?

Mr. BIDEN. Mr. President, I will respond to what I know firsthand. I can only speak firsthand to the White House. It is my understanding, and it has been asserted to me, that there have been discussions with senior Republicans—I assume that that was shared by everybody, with both the speaker and with Mr. DELAY, and that they had signed on to this. But I will respectfully suggest that I yield to Senator SANTORUM, who may be able to give you a more direct answer. I personally, for the record, have not spoken with anybody in the House of Representatives.

Mr. SANTORUM. Mr. President, this amendment has been agreed to by the White House and has been agreed to by the speaker and the majority leader. This, in the amended form, has been changed substantially from the proposal that the Senator from Delaware originally put forward. It is now not mandating the State Department to do anything; it is suggesting that they should do this.

So it is a flexible amendment. It expresses the sentiments of this body, and it will express the sentiment of the House when they agree to this amendment as well as the underlying bill. This is an issue they should take seri-

ously and give due consideration to. Both the speaker and the majority leader, having talked to their people in their respective committee jurisdictions, are comfortable with this language—the “should” language as opposed to the “shall” language. That was the main issue. Because of its advisory nature, as opposed to a mandatory nature, they are willing to accept it.

Mr. BIDEN. If the Senator will yield. In addition, I agreed with the White House to further amend my amendment to change the effective date, which was a very important element to the White House. They wanted the original language we had in Lugar-Biden that we moved off of to go to the House bill, and in previous language that we had in other bills, including the original bill which came out of the committee and passed out of here. It had language relating to the effective date when countries could qualify to meet the test for this. The White House wanted it tighter, wanted it more stringent.

We took the better part of the afternoon, 3 or 4 hours, negotiating back and forth. We yielded on that point as well. That is the point at which the White House spokesperson from the National Security Agency said to us, “We have a deal.” That is when it then got scrubbed. That was even more palatable, I am told, to the speaker and the majority leader. That is as much as I can say firsthand.

Mr. BENNETT. I thank the Senator. Mr. President, I had stayed here prepared to vote against the amendment, to vote against all amendments, not knowing that the Senator from Delaware had these conversations with people at the White House and the Senator from Pennsylvania had these conversations with the leadership of the House. Therefore, I feel released from my previous commitment to oppose all amendments when I discover that passage of this amendment will not only not impede passage of the bill—as was the case with the other amendments—it would in fact enhance passage of the bill on the basis that both the House and the White House were willing.

So I appreciate knowing this new information. On the basis of this information, it will cause me to change my position. I thank the Senator for sharing this information with me.

Mr. LUGAR. Mr. President, I have been listening to all of this information. Let me simply say that, throughout the evening, I have asked Senators to vote against amendments. That was based upon the feelings of our colleagues in the House of Representatives, who passed the bill—namely, my friends HENRY HYDE, TOM LANTOS, and likewise in the course of this debate, I have mentioned conversations with the President himself, who wanted this bill unamended so there would not be a need for a conference and for difficulty. I have not been apprised by anybody at the White House, or in the House leadership, of any other situation.

I am perfectly willing to accept, on good faith, the assertions of my colleagues who have had these conversations. But for the sake of the RECORD, when the voice vote comes, I will vote no because I have asked my colleagues to vote no on each amendment. I will continue in that frame of mind.

But I have listened carefully and I understand what, apparently, have been conversations and agreements and I appreciate that.

I know of no reason to extend the debate, unless the majority leader has something.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment (No. 686) was agreed to.

MICROBICIDES: HIV PREVENTION'S NEW HOPE

Mr. CORZINE. Mr. President, today we are considering landmark legislation to provide \$15 billion to expand prevention, treatment, and care in the developing world to address the AIDS epidemic and other infectious diseases.

We know that the heart of the global HIV epidemic is in Africa. We also know that the center of the epidemic in Africa is among women. Biologically, women are four times more vulnerable to HIV infection than men. And tragically, in Africa, and indeed throughout the developing world, it is widely understood that a woman's single greatest risk factor for contracting HIV is being married and monogamous.

This astounding and tragic fact bears repeating: The typical woman who gets infected with HIV has only one partner—her husband. Women's vulnerability increases due to their lack of economic and social power in many societies, where they often cannot control sexual encounters or insist on protective measures such as abstinence or mutual monogamy. This trend devastates families and puts children at risk.

If we pass legislation today that ignores this stark reality, we will be back here a few years from now, scratching our heads and wondering what we can do to stem the tide of infections. If we want to contain the epidemic, we have to help women.

Women need HIV-prevention tools that they can control to safeguard their health and that of their families and communities. One of the most promising prevention tools is microbicides. Once developed, microbicides and vaccines would serve as complimentary prevention technologies, with microbicides giving women the power of prevention.

It is important to emphasize that microbicides are being designed first and foremost to protect against infections, not necessarily against pregnancy. This issue has nothing to do with birth control. It has nothing to do with spermicide Nonoxynol-9, which prevents pregnancy, but not disease. Microbicides are about preventing HIV. Scientists are hopeful that they can develop microbicides that would

allow women to protect themselves from this and other sexually transmitted diseases—while also enabling them to conceive a child.

While the bill we are considering today acknowledges microbicides as a promising prevention tool, it does not go nearly far enough in supporting this area of research and development. I introduced legislation last Congress and again this session to give greater Federal support to microbicides research and development.

While microbicides are not a magic bullet, once available, many researchers believe that could prevent millions of infections. And with leading scientists concluding that a vaccine is likely to be more than 10 years away, we need to make a strong commitment to developing complementary prevention tools such as microbicides. Even when we get a vaccine or vaccines to tackle this epidemic, complementary prevention strategies such as microbicides will be needed for decades to come.

Let me take a minute to review the state of the science in this field. Scientists are currently testing approximately 65 different microbicide compounds to determine whether they will help to protect against HIV and/or other STDs. Of these, 17 are in clinical trials that will assess their safety for human use, and 4 are being readied for large trials that will assess their effectiveness. If one of these leads proves successful and investment is sufficient, a microbicide could be publicly available in 5 to 7 years.

The cost of developing the existing pipeline of microbicide candidate products has been estimated at \$775 million over 5 years. Currently, however, U.S. Federal funding for microbicides is only about \$75 million annually. Microbicides are a public health good for which the social benefits are high but economic incentives to private investment are low. Despite the potential market size, neither pharmaceutical nor major biotech companies have made large investments in the field because many of the benefits of microbicides are public benefits for which manufacturers will not be directly compensated. Like other public health goods, such as vaccines, public funding must fill the gap left by market failure.

The National Institutes of Health, principally through the National Institute of Allergy and Infectious Diseases, NIAID, spends the majority of Federal dollars in this area. However, microbicide research at NIH is currently conducted with no single line of administrative accountability or specific funding coordination. What is needed is for the Director of NIAID to establish a branch dedicated explicitly to microbicide research and development, and to provide this new branch with appropriate staff and funding.

In addition, other Federal agencies such as CDC and USAID undertake microbicides research and development

activities. Because there is no Federal coordination, however, there is a risk of inefficiencies and duplication of effort. Through a variety of committees, Congress has requested that NIH and its Office of AIDS Research provide Congress with a "Federal coordination plan" for research and development in this area, but formal submission of this plan has been repeatedly delayed.

Will the Senate majority leader join me in urging NIH to consider establishing a branch dedicated explicitly to microbicide research and development, and to provide this new branch with appropriate staff and funding?

Mr. FRIST. I agree with the Senator from New Jersey about the critical importance of research on microbicides, and I commend him for his leadership on this important issue. I applaud his efforts to better coordinate research conducted at USAID, CDC, and NIH, and to increase Federal funding. I urge the leadership at NIH to give his proposal prompt and careful consideration.

Mr. CORZINE. I thank the distinguished majority leader for his comments and for his support of this important initiative.

ASSISTANCE FOR ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV/AIDS

Ms. LANDRIEU. Mr. President, to date, approximately 14 million children have lost their parents to the AIDS virus. In many cases, this devastating disease has robbed them of their parents, their aunts, uncles, cousins, brothers and sisters. At a time when they are most in need of the care of loving adults, millions of children are left without anyone to call their own. Some of them are sick themselves, infected often at birth. If we are serious about \$1.5 billion for programs aimed at assisting children orphaned by AIDS, then we must do all that we can to ensure that these programs reflect their many needs.

I would suggest that the language in the underlying bill is remiss in that it does not address perhaps their most urgent need, the need for a permanent, loving home. I would like to commend the majority leader and the committee chairman for their foresight in insisting that 10 percent of the funds allocated in the bill be used to serve the educational, development and health needs of these young people. Yet, if these programs are not also focused on connecting children to at least one, caring adult, these programs will undoubtedly fall short of their potential. Every child needs a home. A child whose family has been devastated by disease is no exception. As a member of the Foreign Operations Appropriations subcommittee, I hope that we could address this issue at some point. Again, I thank the majority leader for his leadership and look forward to working with him.

Mr. FRIST. Mr. President. I commend the Senator from Louisiana for her leadership in the area of adoption. She is right to suggest that we focus these programs on an orphan child's

need to find a permanent, loving home. I would be happy to work with her toward this end.

ELIGIBILITY FOR ASSISTANCE

Mr. LAUTENBERG. Mr. President, I see the distinguished majority leader, Senator FRIST, and wonder if I could ask him to address a concern I and other Senators have about a provision entitled "Eligibility for Assistance" which is located on page 61, line 18 of the bill.

Mr. FRIST. I would be happy to.

Mr. LAUTENBERG. This provision says that an organization that is otherwise eligible to receive assistance authorized by this Act to prevent, treat, or monitor HIV/AIDS, shall not be required, as a condition of receiving that assistance, to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

Again, I support this provision, because there are faith-based groups that are playing a crucial role in HIV/AIDS prevention and treatment which do not, for example want to distribute condoms. I understand that. There are other ways that they can be effective, through counseling, treatment, care and other services. They should not have to distribute condoms if they have a religious or moral objection.

But there is a problem, which this provision fails to explicitly address. Some of these same groups that object to distributing condoms, have actively sought to discourage people from using condoms. They have told people who have come to them for advice and counseling that condoms are bad, that they should not use them, and, erroneously, that condoms usually fail.

This is wrong. It is wrong from a medical point of view and it is wrong from an ethical point of view, because the consequence of providing this type of inaccurate or misleading information can quite possibly be death. Yet this provision does not address this very real, and very serious, problem. I would ask the majority leader how we can be sure that when these organizations, receive Federal funds, any information they provide about approaches to HIV/AIDS prevention is complete and medically accurate, including both the public health benefits and failure rates of the approach involved.

Mr. FRIST. I thank the Senator from New Jersey for his question. This is an important issue. I fully agree that it is essential that information about approaches to HIV/AIDS prevention be medically accurate, including both the public health benefits and failure rates of the approach involved. That is what is intended by this provision. In fact, the provision uses the words "an organization that is otherwise eligible to receive assistance". I believe that "otherwise eligible" should be interpreted to require explicit assurances by such organization that when it pro-

vides information about HIV/AIDS prevention approaches it will meet this standard of accuracy.

Mr. LAUTENBERG. I thank the majority leader. I agree that these assurances are needed and that they should be routinely spelled out in any contract or grant agreement between the U.S. Government and such organization in order to clarify the intent of this provision.

GLOBAL EPIDEMIC OF TUBERCULOSIS

Mrs. BOXER. Mr. President, I want to highlight one critical area of this important legislation, and that is the global epidemic of tuberculosis. While I appreciate the language on TB that was included in this bill at my request, I am disappointed that there is not a specific earmark for TB programs.

The Kerry-Frist bill that passed the Senate last year included specific increases for funding for international tuberculosis programs. That bill authorized \$150 million bilaterally for international tuberculosis in fiscal 2003 and \$200 million for 2004.

It is critically important that funding for tuberculosis remain a priority. There is a particular need to highlight the need for expanded tuberculosis funds given that the President's 2004 budget request calls for a reduction in funding to combat TB. We must not only protect but significantly expand funds for programs that combat tuberculosis. Here is why:

TB is an immense global killer. Nine million people become sick with active TB every year and 2 million people are killed by the disease. Tuberculosis is medically linked with the global AIDS pandemic. TB is the leading killer worldwide of people with HIV, because those who contract HIV suffer from weakened immune systems and they develop active TB. TB rates have increased five-fold in some African nations in conjunction with AIDS.

But there is hope. Basic TB treatment is incredibly effective and can cure over 90 percent of cases even in resource-poor settings, even in people with HIV/AIDS. This treatment, called DOTS, which stands for Directly Observed Therapy Short-course, uses drugs that cost just \$10, for a full 6 months of treatment. Few health interventions are so effective and affordable.

There is even a mechanism for getting high-quality drugs to poor countries, called the Global TB Drug Facility. The TB Drug Facility is a critical part of the global effort to combat TB. The TB Drug Facility needs just \$50 million per year in order to reach its goals of averting 25 million TB deaths by 2020, but the U.S. has only contributed a little over \$3 million to the Drug Facility so far. The U.S. must contribute more to this important mechanism.

And, the U.S. must do more to help expand access to DOTS treatment for those who are sick with TB. Currently, fewer than one in three people who need basic TB treatment have access to

it. And only a fraction of those with drug-resistant TB are receiving needed treatment. The need is clear. We must do everything we can to ensure that access to treatment for tuberculosis is expanded, before drug-resistance and TB's interaction with HIV make this into an unstoppable epidemic.

I want to thank my friend from Oregon, Senator SMITH, who has been so helpful in working with me over the past several years to make sure that international TB programs remain a priority.

Mr. SMITH. Mr. President, it has been my great pleasure to work with my colleague, Senator BOXER, over the past years to put global tuberculosis control on the map as an important priority for U.S. funding.

I share the Senator's concern that the United States continue to protect and expand the funds we allocate to this important cause.

We must indeed not lose our focus on combating global TB even as we respond efficiently and effectively to SARS. We must remember that failing to protect and expand funds to combating TB means needless death for 2 million people in the developing world each year—people who are teachers, doctors, civil servants, and people who are parents to young children who need their protection, financial support, and guidance. We must remember that the problem of tuberculosis is inextricably linked together with the growing problem of global HIV. TB is the biggest killer of those with HIV, and TB also accelerates the course of AIDS. Treating TB can save lives and slow the progression of AIDS.

We also must remember that treating tuberculosis works. We know what to do and that we have some of the key elements in place to successfully control this disease. As Senator BOXER mentioned, we have the Global TB Drug Facility in place. And we have a Global Plan to Stop TB. And the new Global Fund to Fight AIDS, TB, and Malaria is adding to the bilateral efforts of the U.S. and other nations.

So we must use these mechanisms and use our window of opportunity to expand access to TB treatment before it is too late, before drug-resistant TB and HIV/AIDS turn TB into a disease that is nearly untreatable and an epidemic that is at best very difficult to deal with and at worst perhaps uncontrollable.

Does the majority leader agree that global tuberculosis control ought to receive adequate increased funds from the U.S. in the next fiscal year?

Mr. FRIST. Mr. President, I appreciate the points raised by Senator BOXER and Senator SMITH and will work with them to ensure that adequate funding is provided for U.S. bilateral TB programs.

Mr. DEWINE. Mr. President, this is an historic day. I am very pleased that the Senate is moving forward with this AIDS relief bill—a bill that represents an unprecedented commitment to

fighting the global scourge of HIV and AIDS. It is a good bill. It is a bill that has both bicameral and bipartisan support. It is a place to start—a beginning, not an end.

I would like to take just a moment to thank my colleagues both in the Senate and in the House who have been working tirelessly in this fight against AIDS. They have spent countless hours crafting a bill that is going to make a difference—a bill that is going to help save and prolong the lives of millions worldwide. I especially commend Majority Leader FRIST for his leadership and vision and Senators LUGAR, DURBIN, SANTORUM, BIDEN, and KERRY for their dedication to this fight, as well as Representatives HYDE and LANTOS for crafting a bill in the House that recently passed by an overwhelming vote of 375 to 41.

I thank them all for their efforts, for their compassion, and for their commitment.

I also applaud the President and Secretary of State Powell for their dedication to easing the worldwide suffering caused by the HIV/AIDS pandemic. They understand that we, as a nation, have an obligation to fight this disease. We have the ability to fight it. We have the tools. And, it is our duty—as a leader in the world—to move forward now and do the right thing.

To be sure, there are a number of issues—very important public policy issues—and differences that still need to be resolved as we move ahead. However, while those issues are important, we must not lose sight of the urgent need to do something about AIDS now. This HIV/AIDS relief package is a public health initiative of a magnitude never before undertaken in this country.

It is an enormous task that will require a coordinated effort among the State Department, Department of Health and Human Services, and USAID and multiple NGOs and faith-based organizations. Because of that, we need to start putting the infrastructure in place—today.

We need to start coordinating efforts—today.

We need to get the programming started—today.

We need to do all of these things so we can be ready to go when the money gets appropriated—so that on “Day One” when the money is available in the field, people in these impoverished nations who desperately need anti-retroviral treatment drugs can start receiving them and prolong their lives—so that pregnant, HIV-infected mothers can get the drugs they need so they don’t transfer the disease to their children.

Ultimately, Mr. President, this bill represents a starting point. Each one of us who has studied the HIV/AIDS issue would have changes to the bill if we were writing it just ourselves, and frankly, no one knows the future and can see exactly the landscape of the new ground we are plowing here. So

really, none of us here can be sure that the precise approach we have taken or the precise figures and precise percentage allocation of dollar amounts for certain things is correct. But, we have to start somewhere. The most important thing is that we start—and this is the start. This is the beginning. It is a major first step.

This bill is different than anything we have done in the past. It is a holistic approach to fighting global AIDS. It will have to be followed with appropriations money, and we will need to come back year after year to get that funding, but this bill gives us a place to start. It takes a balanced, comprehensive approach to combat the scourge of HIV/AIDS, Tuberculosis, and Malaria.

It will focus 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 and children who have AIDS. This type of comprehensive approach, Mr. President, can and will make a difference.

As I said, Mr. President, I believe this is a good bill—a good starting place—a major first step. Underscoring all of the major provisions of this bill is the moral imperative to fight this horrible, tragic disease. Over the last few months and years, we have heard countless statistics about the devastation AIDS is causing. Those statistics are troubling. They are disturbing. But, until there is a face and a name attached, those suffering from the disease remain statistics. I would like to take a few minutes to talk to my colleagues about the faces I have seen—the faces of children and babies with AIDS.

In February, my wife Fran and I traveled to Haiti—our 12th trip—and we saw once again what this disease is doing to this nation and its people.

In Haiti today, a nation of approximately 8 million people—300,000 currently live with AIDS. We have seen the devastation this is causing. We have held dying babies in our arms—babies who could have been saved—babies who could live and grow up if they only could get the treatment drugs they need to stay alive.

We traveled to Guyana in February, as well, and saw the same devastation—too many children and adults dying of this horrible disease and too few drugs to go around to help treat them and keep them alive. Right now in Guyana—a nation of roughly 800,000 people, 35,000 have been identified as HIV-positive or as having AIDS. Of those 35,000 people, only 200—less than one percent—are getting anti-retroviral drug treatment. And, of the many children in Guyana with AIDS, only one of those children—only one—is receiving anti-retroviral drugs!

In Haiti, we visited an orphanage that has an entire floor just for AIDS babies. What you see is truly tragic—row after row of steel cribs with babies at various stages of the disease—none

of whom are receiving any sort of anti-retroviral drug treatment.

I remember seeing a little boy—he was about four or five years old—named Francois. He had AIDS and was very close to death. He was laid out on a makeshift bed on the cold, concrete floor. He had an I.V. attached to him, and he was getting some fluids. The wonderful people who were caring for him explained that little Francois was no longer able to keep any food down. He was within days of death. There were no drugs available to treat him. So, the people caring for him were loving him, nurturing him, and were doing what they could to make him as comfortable as possible in the little time he had remaining.

I will never forget that child—I will never forget little Francois. I will never forget him for the rest of my life.

Another little boy who I will never forget appeared the opposite of little Francois. This little boy was about 7 years old, and also has AIDS, but he seemed to be very healthy. He was lively and content and thriving. But, that won’t last.

Very likely, unless something changes—unless he gets the treatment drugs that he’ll eventually need—this 7 year-old boy, whom I cannot get out of my mind, will also eventually die.

His death will be a needless one. It will be needless 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. And, it is a great human tragedy.

Let me conclude, Mr. President, by again thanking my colleagues for their efforts in getting this bill passed. We are telling the world that the United States cares and that we will lead the fight against this dreaded disease. We can make a difference, Mr. President—and we will make a difference. There is hope. This bill gives us more hope.

We are moving ahead. We are moving in the right direction. We are finally doing the right thing.

Mr. MCCAIN. Mr. President, Senate passage of this bill authorizing the expenditure of \$15 billion over 5 years to combat HIV/AIDS sends an important message: that the United States is committed not only to making this a safer world, by ending threats posed by terrorists and rogue states, but also a better, more humane world, by helping people in need in Africa, Asia, and elsewhere cope with the ravages of the HIV/AIDS pandemic.

The spread of HIV/AIDS, and the efforts of the international community to combat it, will be remembered by history as one of the defining issues of our time. Until recently, we have been losing the battle: the disease has infected 68 million people to date. It has already brought disaster to Africa, where AIDS has taken over 20 million lives and has surpassed malaria as the leading cause of death. UNAIDS estimates that by 2020, an additional 55

million Africans will lose their lives to the disease. There are currently 11 million AIDS orphans in Africa. Average life expectancy in Sub-Saharan Africa is currently estimated at 47 years, but it would be 62 years in the absence of AIDS.

These numbers are staggering. The ethical implications of not doing everything in our power to slow the spread of this disease are severe. The most basic morality requires that we commit ourselves to combating HIV/AIDS everywhere. The social and political implications of allowing this disease to claim its grim toll are grave: countries cannot survive the death of a quarter or more of their populations without severe unrest, impoverishment, even radicalization and revolution. In Africa, more women are infected with HIV/AIDS than men; their central role in family life means their deaths have disproportionate effect. Millions of children cannot lose their parents without lasting damage to themselves and their societies. In many countries, the army has higher infection rates than the general population. Mass death among uniformed personnel will have profound implications for political stability and national security in these countries, as armies literally become unable to fulfill their basic duties.

As the CIA assessed in 2000 for the 20-year period through 2020,

At least some of the hardest-hit countries, initially in sub-Saharan Africa and later in other regions, will face a demographic catastrophe as HIV/AIDS and associated diseases reduce human life expectancy dramatically and kill up to a quarter of their populations over the period of this estimate. This will further impoverish the poor, and often the middle class, and produce a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalization.

As the World Bank and others have reported, AIDS affects the most economically vibrant group within society, the working-age men and women who account for most national output. With one quarter of a country's population facing impending death, labor markets would be ravaged, the benefits of education lost, and health-care spending rationed on what should be a society's most fit citizens. Resources that would have been used for productive investments would instead be apportioned for health care, orphan care, and funerals. Decades of gains in social welfare could be rolled back. National productivity and economic growth would be set back for generations.

HIV/AIDS is decimating Africa, but its next frontier lies in Eurasia. More than 7 million people in China, Russia, and India carry the disease, but as we have seen in Africa, an infection rate of that magnitude can jump into the tens of millions within a decade. As Nicholas Eberstadt has written, "The coming Eurasian pandemic threatens to derail the economic prospects of billions and alter the global military balance." Africa's plight alone is reason enough

to pass this bill. Given the economic size and military stature of India, China, and Russia, the world will simply not be able to ignore the consequences of the coming AIDS crisis in Eurasia.

Given the scale of human disaster and socio-political turmoil we confront from HIV/AIDS, enactment of the bill before us represents a critical step in the direction of leading the world in a common response to a crisis that affects us all. This bill nearly triples the U.S. commitment for international AIDS assistance. It targets most assistance at the 14 most afflicted countries in Africa and the Caribbean, but can incorporate other afflicted countries if necessary. It demonstrates the United States' commitment to leading a global campaign against a disease that has already killed 25 million people.

As Uganda in particular has shown, AIDS can be managed and contained. Often the biggest challenges are political will, which has been sorely lacking in much of Africa, and government competence to effectively diagnose and treat victims, backed by a decent health care infrastructure. Afflicted nations with whom we partner to fight this disease must know that we expect a level of governance, transparency, and effectiveness from them in order to make the fullest use of AIDS assistance.

The scale of the AIDS crisis, and the consequences of inaction in the face of a pandemic that threatens the global order, call for the type of bold leadership reflected in this bill. Our commitment must be sustained, and we must enjoy the partnership of other wealthy nations in this effort. We cannot afford to fail.

Mr. ENZI. Mr. President, I rise today in support of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I urge my colleagues to join me in passing this bill without amendment.

Why am I speaking on this subject? Why I am so committed to the swift passage of this bipartisan global AIDS bill? No one in my family and none of my close friends has AIDS. Nor have I traveled to Africa to care for people suffering from AIDS, as has our distinguished majority leader, Dr. FRIST.

Well, I am speaking on this subject for one reason and one reason only: I believe that passing this bill as soon as possible is the right thing to do. We have a responsibility to fulfill—and an opportunity we cannot squander.

Millions of people are dying needlessly. We have the ability to make an investment that will save millions of lives and give hope and security to millions more. Doing nothing is not an option.

We live in a highly interconnected world. Today more than ever, creating a more peaceful and secure environment for the people of one region translates into more peace and security for people around the globe. By in-

creasing our commitment to fight AIDS in Africa and the Caribbean, we also will be helping our nation and the rest of the international community. The world awaits our response.

As the cries for help from Africa increase, and the world watches to see what we will do, President Bush has challenged the Congress to provide the assistance that would begin to rid the world of this deadly menace.

If we pass this bill, we will provide the people of Africa with hope for a better and more secure future. If we do not, history will not soon forgive—or forget—that a nation blessed with all the resources we have at our disposal failed to act when we heard the cries of the people of Africa.

Let me remind my colleagues what the President has challenged us to do. He asked us to send him a bill that would prevent 7 million new infections—or 60 percent of the projected new infections in the target countries. He asked for a bill that would treat 2 million HIV-infected people in the target countries—as opposed to fewer than 100,000 today—using the latest advances in drug therapy. He also asked for a bill that would provide care and comfort for 10 million HIV-infected people and AIDS orphans.

The bill before us today would do all of these things. It represents the first global effort to provide advanced antiretroviral treatment on such a large scale in the poorest and most afflicted countries. This bill also would make the successful Ugandan model of prevention—in other words, putting abstinence first—the basis of our global prevention strategy.

The bill would require accountability and transparency from both the Global Fund and our bilateral efforts. The recent GAO report on the Global fund raises some legitimate concerns about how this 16-month-old organization manages its contributions and monitors its projects. The bill before us would mandate careful scrutiny of and accounting for how the Global Fund spends the contributions it receives.

In short, this bill both reflects American values and recognizes that we need the active involvement of all countries in the struggle against AIDS. It also reflects a bipartisan compromise. This bill passed the House 375 to 41, with only 1 Democrat in opposition.

Now I realize that no one is completely satisfied with this bill. I have colleagues on both sides of the aisle who might prefer to change one section or another to make it a better bill. However, we cannot afford to let the perfect be the enemy of the good.

We don't have time to let the legislative process drag on while people around the world are dying—waiting for us to act. Time is not on our side—or theirs!

I know many of my colleagues strongly support the Global Fund. President Bush supports the Global Fund too. In fact, his Secretary of

Health and Human Services, Tommy Thompson, is the fund's new chairman.

The President has pledged to continue our commitment to the Global Fund even as he proposes expanding and targeting our bilateral country-to-country initiatives to fight AIDS. By providing both bilateral and multilateral funding, this bill doesn't pin all of our hopes—or our taxpayers' money—on any one approach to addressing this crisis.

If you support the Global Fund, you know that the Senate's delay would mean a missed opportunity to increase the international commitment to fighting AIDS globally.

The United States is the single largest donor to the Global Fund. As of April 1, the United States had pledged nearly half of the \$3.37 billion in total pledges to the Global Fund. We have already appropriated \$650 million to the Global Fund, and we have pledged an additional \$1 billion over the next 5 years.

We are already doing more than our fair share for the Global Fund. What we need to do now is to encourage the rest of the international community to step up to the plate.

President Bush is traveling to France next month for the G-8 Summit. This summit is a meeting of the political leaders of the world's largest economies. When would there be a better time to encourage other countries to increase their own contributions to the Global Fund?

If you are concerned with the future viability of the Global Fund, you also should be concerned about passing this bill now. Our swift action will demonstrate our commitment to seeing this battle through. It will also give the President a great tool with which to leverage additional funding from other nations.

On the other hand, amending this bill will result in a lengthy conference with the House. If we don't get this bill to the President until the summer, we will miss a golden opportunity to encourage more financial support for the Global Fund from the G-8 members. If we don't finish action on this bill until the fall, then the State Department will have lost the time it will need to get ready for the coming year's appropriations for our expanded bilateral AIDS initiatives.

Clearly, these are not artificial timelines. Even less artificial are the timelines that AIDS places on a person's life and a family's future.

In the 3 months since President Bush announced his emergency plan, nearly 800,000 people have died from AIDS. In those 3 months, 1.2 million people have been infected with HIV, and more than 175,000 babies have been born with the virus. Every day we spend debating this bill on the Senate floor or in a conference with the House means more lives lost—lives that could have been saved had we acted sooner.

Our Founding Fathers were never more inspirational than when they

wrote that our Creator has endowed us with certain unalienable rights—and among these are life, liberty and the pursuit of happiness.

Swift passage of this bill will again show the world that these aren't just words on a piece of paper. Swift passage will again show that these words apply to every citizen of every country—not just our own.

In Africa and the Caribbean, the scourge of AIDS is robbing people of their natural rights. We know the thief is a virus. We also know how we can stop this thief from stealing the lives of people—from stealing fathers and mothers from their children. But with this knowledge comes an obligation to use it.

For so long we could only treat the symptoms of AIDS and provide comfort to the dying. Today, we have the ability to fight back against HIV itself. Today we have medicines that can effectively halt the evolution of HIV and help people live a normal life. In other words, we have the technology and the know-how to stop AIDS from killing people, destroying families, and destabilizing societies.

By sending this legislation to the President, we will save the lives of millions of people and liberate them from the tyranny of AIDS. And we will demonstrate, once again, that we are a principled nation that leads through actions, not words.

I urge my colleagues to vote for this bipartisan bill and send it without amendment to the President.

Mr. HATCH. Mr. President, I rise to speak in support of the pending legislation.

I think it is important for the Senate to endorse the work of the House on the issue of international AIDS funding.

As with many of our colleagues, I was absolutely thrilled to hear President Bush use the State of the Union Address as an occasion to display his leadership on the critical issue of the pandemics of HIV, tuberculosis, and malaria in Africa, the Caribbean, and the developing world.

We must give President Bush, Vice President CHENEY, and Secretaries Powell and Thompson a lot of credit for urging the Congress and American public to give a higher priority and more resources to these deadly, intertwined epidemics. An estimated 30 million of our African neighbors are infected with HIV. About 11,000 Africans become infected each day.

Tragically, of the 25 million who have died due to HIV infection worldwide, about 20 million, or 80 percent, were Africans. Unfortunately, it is likely that many more millions will follow them to an early death unless significant efforts are made to turn the tide of these epidemics. For example, about 40 percent of the citizens of Botswana are infected with HIV and the infection rate in many other countries is in the 1-in-5 and 1-in-4 range.

The Bush administration deserves a lot of credit for making this issue a

priority at a time when the Federal budget is once again facing severe strains.

If our Nation takes a leadership role in helping nations in the developing world address the problems associated with infectious diseases such as HIV, TB, and malaria, these nations will remember us as an ally who helped them when they most needed aid.

Let me be frank. There are many citizens in the developing world who sometimes question the motives of the United States in international affairs. We saw this dynamic at play in the debates leading up to and in the aftermath of the recent war in Iraq.

It seems to me that in undertaking this important public health initiative at this time when we are once again struggling to regain control of the Federal budget—there can be no question that the motive of our country is nothing more than to try to help millions of people from perishing from a group of deadly infectious diseases that threaten to destabilize sub-Saharan Africa and the Caribbean for decades to come. If such longtime NATO allies such as France and Germany do not see eye to eye with us on certain aspects of Middle East policy, perhaps they and the rest of the developed world can agree with us that now is the time to roll up our sleeves and make the commitment of necessary resources to help those developing nations fight the interconnected scourge of HIV, TB, and malaria.

This is exactly the type of challenge that President Bush will issue at the upcoming G-8 meeting. I hope and trust that the leaders of these countries will work together with us on reversing the course of these epidemics.

I have been active in developing legislation related to AIDS since the onset of the epidemic. In my former capacity as a member—and chairman—of the Senate Labor Committee, I was a coauthor of the Ryan White CARE Act, the Terry Beirn AIDS Research Act, and worked to increase appropriations for research and services related to AIDS.

I am a conservative. I share the concerns many have expressed that this bill could fund activities with which we disagree. To be clear, I very much disapprove of many of the behaviors by which HIV is transmitted.

That being said, early on in this epidemic, I learned the wisdom of the old adage, "Hate the sin, but love the sinner."

High-risk behaviors—for example, intravenous drug abuse—are hard to break. But, as a society, can we use behaviors with which many of us vigorously disagree as an excuse to abandon our responsibility to help individuals who are trying to kick their dependency on drugs? I think not.

It is important to employ proven public health strategies to prevent the spread of HIV, even if some of these techniques and educational messages can be viewed as controversial if taken

out of context of a public health crisis. We must also recognize geographic differences in what strategies are most proven and acceptable. Appropriate public health education prevention and education tactics are often different in Salt Lake City and New York City, or for that matter, Ho Chi Minh City.

There was a spirited debate in the House over the proper balance between abstinence and other risk reduction techniques such as the role of condoms. I don't want to replay the whole debate over the rule that 33 percent of prevention funds must be devoted to reinforcing an abstinence message. I believe in abstinence. I also am mindful of the fact that in some geographic regions such an inflexible rule may not represent an optimum use of prevention dollars.

There are elements of the House bill that I do not like. But I must salute the efforts of Chairman HYDE and Representative LANTOS for working so long and hard to find a consensus and get this legislation out of the House.

Let me just add that I have heard the frequent—and not unjustified complaints to my mind—of the House leaders who observe that they are often faced with the prospect of passing what they consider watered down Senate versions of legislation after the House has taken action. It is well known that the House majority leadership views the tax legislation we just adopted earlier this evening to be a prime example of this dynamic.

When all is said and done, the Constitution set forth a bicameral legislative body with different membership criteria and different election cycles. It is not surprising that it is often the case that the House and Senate come up with different legislative provisions. In the normal case, these differences can be ironed out by the vehicle of a conference committee.

However, sometimes the regular order of the conference report is in tension with outside events. The case of the upcoming G-8 meeting is just one of those circumstances. As my friend Chairman HYDE wrote in an op-ed piece earlier this week, the development of a Senate version of the bill—normally a positive—may have a material adverse effect of the very type of international cooperation that the bill seeks to kindle and redouble.

As Congressman HYDE noted, "A new bill only delays the pressure on House and Senate appropriators to pony up the \$15 billion requested by the President over the next five years. . . .

" . . . for the President in his meeting with G-8 leaders in June, a new bill only delays an opportunity he will have at this meeting to use enactment of this legislation to leverage support for worldwide AIDS efforts from our wealthy partners."

We need to take this view into account. I say this as one for whom the version of the bill developed and introduced by Senators LUGAR, KERRY, and BIDEN is more attractive than what

emerged from the House. All in the Senate should commend Senators LUGAR, KERRY, BIDEN, and FRIST for their longstanding leadership in this area. From a purely public health standpoint, I think their legislation has a number of advantages over the House bill that we are taking up on the floor today.

I also have the utmost respect and praise for what the House accomplished by passing a bill that resolved a number of very difficult issues that lingered for many months. I want to associate myself with the remarks made earlier today by Chairman LUGAR and Senator BIDEN in which they took the position that, despite the Lugar-Kerry-Biden bill's many virtues, the bottom line reality is that to go to conference with a new Senate version of the bill is to risk losing a critical opportunity at the G-8 meeting.

Our majority leader, Dr. FRIST, who has spent so much of his own time helping the people of Africa, also noted that the bill he called up may not be the perfect bill, but it represents a major step forward in advancing the program that President Bush laid out in the State of the Union Address.

As the great philosopher Mick Jagger once noted, you can't always get what you want, but sometimes you find you get what you need.

I think that the President's \$15 billion proposal and the House bill are exactly what the people of Africa and the Caribbean need. Although I can think of some ways to refine the House language—as Senators LUGAR, KERRY, and BIDEN have suggested, my view is that we can not let the perfect become the enemy of the very good.

I urge my colleagues to support H.R. 1298. It is a good bill. The House worked for a long time and came up with a product of which we can all be proud and supportive. We will have ample opportunity in the months ahead and during the appropriations process to fine tune this legislation. But I agree with Senator FRIST, let's get this done job done.

Now is the time to send the President to France with an enacted bill with which he can attempt to leverage additional support from our closest allies. Being able to put the \$15 billion bill on the table as a finished product will do much more benefit than a progress report on the Conference Committee.

I believe that H.R. 1298 will be viewed as an important step forward with respect to public health. I cannot help but think that many of the developing world—the very same people we want to enlist with us to fight the battle against terrorism and to resist the entreaties of those who seek to undermine the role of America in world affairs—will take note of our action tonight. They will see that, even at a time when the domestic U.S. economy is struggling to recover, Americans found both the will and wallet to launch a major humanitarian effort against diseases that are severely low-

ering the quality of life in the developing world.

Mr. President, I support H.R. 1298 as a clean bill. I urge my colleagues to support this important measure.

Mrs. DOLE. Mr. President, I rise in strong support of H.R. 1298.

Our world is in the midst of a crises. HIV/AIDS has taken hold of many parts of the world and left death and destruction in its wake. Millions have been affected, wives have lost husbands, parents have lost sons and daughters, small children have been left alone, orphaned after AIDS took the life of parents.

The Joint United Nations Program on HIV/AIDS reports that as of the year 2002, there were 29.4 million people living with this disease. Sadly, most of them are in sub-Saharan Africa. Estimates are that by the year 2020, an additional 55 million Africans will lose their lives to the epidemic.

Women are particularly affected and make up 58 percent of the HIV-positive population in sub-Saharan Africa. Perhaps even more troubling, 6 to 11 percent of women aged 15 to 24 were HIV positive in 2001, compared to 3 to 6 percent of young men. Women are dwarfed by men in economic and political affairs, and far too many of these women have no way to protect themselves. The political and cultural standards in many countries have left them unable to defend themselves from unwanted sexual activity and advances and their reluctance to submit to male domination. With this pandemic, these women are victimized yet again.

During my time as President of the American Red Cross, I saw firsthand the poverty and countless other socioeconomic factors that make Africa particularly vulnerable to the spread of AIDS. Rwanda, for instance, is one of the areas with a high rate of adults infected with HIV. And Mr. President, while there, and in Goma, Congo, where a million Rwandans had fled from the bloodshed in their country, I saw 100s of children with no parents, no home, no food, no clothes, no hope. To this day, I can close my eyes and see a little boy sitting by himself on a mound of dirt. He was probably 13 or 14 his face was covered with dust and he was crying. The tears left little paths down his cheeks. I sat beside him, and put my arm around him to try to comfort him but there was no reaction. Nothing moved, not a muscle moved, as the tears flowed. He was traumatized. This is the challenge we face, ending the poverty and despair of that little boy, and replacing them with hope and life.

Due to AIDS, the region is in a dangerous cycle that affects global health, the global economy and global security. Consider this: labor forces are decreasing because of the disease. Since there are fewer workers to farm the land, harvests are depleted, and famine is running rampant. As hopelessness sinks in, people become vulnerable and susceptible to evil terrorist predators.

It is an endless cycle of despair, a boiling pot that cannot go unchecked.

This Nation, the world's global leader, cannot sit idly by. We must pass this bill today. An entire generation is in danger of being wiped out by HIV/AIDS.

This legislation takes a historic step in fighting this battle. It commits \$15 billion dollars over the next five years to fight AIDS, tuberculosis and malaria. It establishes within the Department of State a coordinator of United States Government Activities to Combat HIV/AIDS so that the U.S. can continue to lead on this issue. And it commits \$1 billion dollars for the Global Fund to fight AIDS, Tuberculosis and Malaria.

The legislation is the important springboard to real changes in Africa related to AIDS. It brings together many nations to participate in this effort, and through the conscience clause, allows for non-governmental and faith-based organizations to lend their efforts to eradicating this epidemic. This clause and the participation of community and faith-based organizations are vitally important.

The funding will work two-fold, through public private partnerships, to offer prevention and treatment.

At the Red Cross, I was also able to work firsthand on AIDS prevention education. Ours was the first nationwide effort, so I know the benefits. The Red Cross has provided AIDS prevention education to more than 18 million people across the United States since 1985. More than 30,000 have been trained as HIV/AIDS education instructors. In the time since, our nation has made great strides in battling AIDS. People are taking precautions and living longer.

But I also know firsthand that prevention efforts can sometimes get bogged down in controversy. There are so many different views and beliefs. But this is not the time for the Senate to engage in partisan or ideological delays. America is needed in this crisis; we are needed now, not next month, not next year. Lives are literally hanging in the balance on this bill. Saving them should be our only focus. We must step forward now to help our global neighbors, to offer a helping hand to those who need it, to end the death and destruction. We must pass this bill.

Ms. STABENOW. Mr. President, I rise today to support the United States Leadership against HIV/AIDS, Tuberculosis, and malaria Act of 2003.

This legislation authorizes \$15 billion over 5 years, \$3 billion per year through 2008. This bill also establishes an HIV/AIDS response coordinator and advisory panel, and requires a 5-year comprehensive, integrated, global strategy to fight this deadly disease. I am pleased to join a bipartisan group of Senators supporting this legislation.

According to the United Nations, more than 65 million people worldwide have been infected with HIV, more

than 25 million have died of the disease, and more than 14 million children have been orphaned.

At the end of 2002, an estimated 42 million people were infected with HIV or were living with AIDS, of which more than 75 percent live in Africa or the Caribbean. AIDS is the leading cause of death in sub-Saharan Africa, where more than 19.4 million have died.

Basic interventions to prevent new HIV infections and to bring care and treatment to people living with AIDS have achieved meaningful results. Nonetheless, of the more than 30 million people in Africa with HIV, only 50,000 receive necessary medicines.

We must do everything to reverse this horrible trend and fight this pandemic. But we can't do it on the cheap. Fighting this disease will take a lot of money because the problem is so widespread.

The Global H.I.V. Prevention Working Group, funded jointly by the Kaiser Family Foundation and the Gates Foundation, has issued a report stating that: "Globally, fewer than one in five people have access to basic HIV prevention programs—the information and services that can help save lives and reverse the AIDS epidemic."

The Working Group's analysis of global HIV prevention funding finds that annual spending from all sources in 2002 was \$3.8 billion short of what will be needed by 2005.

The report also finds that access to proven prevention interventions is extremely limited, and highly variable, depending on region and the intervention.

As you can see, this problem is bigger than what our response will be here today. We must view this legislation as the first step in an ongoing battle to end the AIDS epidemic once and for all.

The bill before us is an important bill, but it is only an authorization bill. Now, we must focus on the upcoming appropriations bills to make good on the promise of the bill before us today.

Mr. SMITH. Mr. President, I support the global AIDS bill. I, like many of my colleagues, do not believe the House version of this legislation is perfect. I have reservations about the bill—in particular more funding is needed to fight the spread of tuberculosis and malaria. Nevertheless, I enthusiastically support this legislation as a vital first step in the international response to the global AIDS pandemic. Coupled with expanded—though still relatively small—bilateral resources to fight tuberculosis, the leading killer of people infected with AIDS, this initiative will save many, many lives. I commend the President for his leadership in this effort, and the House's overwhelming support of this important legislation and the global fund.

Today, there are an estimated 42 million people worldwide living with HIV. Of the 42 million people infected with the virus, 3.2 million are children and half women. These numbers will trag-

ically increase. In 2002, there were 14,000 new HIV infections each day, resulting in an estimated 5 million new cases worldwide.

The HIV/AIDS pandemic is devastating for millions of men, women, children, and families. Moreover, it threatens the economic and political stability of many developing countries. More than 95 percent of the new HIV/AIDS cases were contracted in developing countries. It is estimated that AIDS will diminish economic growth by up to 1 percent of GDP annually and consume more than half of health care budgets in the hardest-hit countries. With ever fragile infrastructures and inadequate funding for health, this economic drain will further hamper developing nations' prospects for a peaceful transition to democracy.

The ability of these developing countries to prevent the further spread of the AIDS virus is limited without our help. Accordingly, it is imperative that we join with the President and House and offer our assistance to those struggling countries. This bill will provide the much-needed support and financial assistance to foreign countries struggling to combat the spread of HIV/AIDS, tuberculosis, and malaria. Along with a comprehensive 5-year plan to combat the global spread of HIV and AIDS, the bill authorizes funding and enables the U.S. to participate in the global fund through 2008.

While passage of this legislation is essential, it ought to be remembered that this effort has just begun. This initiative is just a first downpayment by the U.S. in our fight against the global spread of AIDS. We must fully fund this bill in 2004 and still do more. We must invest wisely to protect and save as many lives as possible and as soon 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 ten 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 greater the cost. This epidemic is not waiting for us, it is here and accelerating. So, we too must accelerate our response.

I again salute President Bush for his compassionate leadership and commitment to fighting HIV/AIDS at the global level. With passage of this bill, the U.S. will demonstrate its unwavering belief in the dignity of life, and as a nation, that we take seriously our moral duty to bring an end to preventable human suffering. I urge my colleagues to consider this just a first step in our response to fighting global HIV/AIDS, to invest our resources judiciously, and

to act immediately. We must not wait another day to pass this legislation, because we cannot afford to have another life needlessly taken by AIDS. I look forward to ensuring that this legislation will be fully funded in this year's appropriations bills.

Mr. SARBANES. Mr. President, pending before the Senate is legislation that marks a major step forward in addressing the HIV/AIDS pandemic. Although in my view we have been slow to come to terms with the enormity of the problem, we now have a broad bipartisan consensus on the urgent need for increased funding to address the HIV/AIDS crisis, which is reflected in two proposals before the Senate: H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and S. 1009, the United States Emergency Plan for AIDS Relief Act of 2003.

While they are broadly similar in their provisions, one, in my view, will equip us better with the tools we need. That is S. 1009, which I am cosponsoring. Within its overall authorization figures of \$2.8 billion for fiscal year 2004 and \$3.2 billion for fiscal year 2005 for HIV/AIDS initiatives, it obligates specified amounts for bilateral programs, The Global Fund to Fight Aids Tuberculosis, TB, and Malaria, The Vaccine Fund, The International AIDS Vaccine Initiative, tuberculosis programs and the Malaria Vaccine Initiative. It promotes an integrated and balanced approach to fighting the disease, while at the same time embracing a wide range of established HIV/AIDS treatment and prevention programs. Indeed, S. 1009 is designed to complement and support existing development and relief funds, which have already proved their value.

Today in sub-Saharan Africa and other parts of the globe we confront the tragic consequences of ignorance about HIV/AIDS, indifference to its effects and delay in marshalling worldwide efforts to contain and ultimately to eliminate it. First diagnosed in Los Angeles just over 20 years ago, it rapidly spread worldwide, especially as major mechanisms of transmission, like blood transfusions and unsterilized needles, were overlooked. While concerted efforts of the medical community and the public at large have helped control the number of new cases and reduced the death rate, the disease continues to spread in some parts of the world. According to the most recent report of the Joint United Nations Programme on HIV/AIDS, UNAIDS, on the Global HIV/AIDS Epidemic, 3.5 million people were infected last year in Africa alone.

If not effectively treated, HIV/AIDS takes a truly terrible toll. In economic terms, the pandemic has turned back the clock on decades of development gains, creating a vicious cycle that exacerbates poverty among the already poor and reduces others to poverty. It displaces or marginalizes populations, making them even more susceptible to HIV infection. In South Africa, where

the epidemic's grip has been especially deadly, AIDS has caused major social and economic disruption. What began as a health issue is now also a development crisis.

In every country where HIV/AIDS rages out of control, all sectors are affected. Public health services have been particularly hard hit, because the demand from the services of public health workers has increased. IMF indicators suggest that in the most afflicted countries health services have been overwhelmed by the epidemic, even as the number of patients is projected to double over the next few years.

HIV/AIDS has hit hardest in countries with limited budget resources. Scarce funds have been allocated to rising health care costs, at the expense of other critical public services. Additionally, because the disease debilitates and incapacitates well before it kills, and because it crosses all socioeconomic lines, it has effectively deprived struggling governments of a generation of civil servants—of urgently needed leadership, experience and expertise. This loss of human resources constitutes a new and insidious form of brain drain that governments can ill afford as they work to promote economic growth, alleviate poverty and improve the quality of life for its citizens.

Education in the affected countries has been particularly hard hit. Even if the demand for education falls over time as fertility rates decline, it will be difficult, if not impossible, to maintain pupil-teacher ratios at constant levels. IMF indicators suggest that by 2010 the proportion of newly trained teachers replacing teachers who have died of AIDS will reach a staggering 67 percent—two in every three. The magnitude of this tragic epidemic further complicates the challenge of raising literacy rates in the developing world. The World Bank estimates that even absent the impact of HIV/AIDS, 55 of the world's poorest countries will be unable to achieve universal primary enrollment by 2015.

HIV/AIDS affects the private sector just as much as the public sector. As mortality rates rise and the working-age population declines in size, employers lose trained, experienced and productive workers. Medical care, death-related benefits and also absenteeism—a very important factor—all contribute to rising personnel costs.

The macroeconomic impacts are clear. When the HIV infection rate exceeds 5 percent in a country, HIV/AIDS begins to have significant economy-wide impacts. At least 24 African nations, along with Haiti, now fit into this category. The consequences are grim. UNAIDS estimates a loss of more than 20 percent of GDP by 2020 in the worst affected countries. The number of destitute families will rise as they face lower incomes, greater numbers of dependents and sharply higher healthcare expenditures. The ripple ef-

fects of continued reductions in labor, savings, and investment will mean lower economic output in the affected countries, inevitably slowing economic growth and causing trade balances to deteriorate further.

The economic ramifications of HIV/AIDS are one aspect of the crisis; the human dimension is another. According to UNAIDS, 42 million people worldwide are living with HIV. Of these cases, more than 28 million are in Africa alone. In 2002, 5 million people were newly infected with HIV; 28 million people have thus far died from the disease; 14 million children have been orphaned by AIDS without having contracted the disease themselves. Given the high mortality rates among young adults, the orphan population will inevitably increase; a recent report issued jointly by UNICEF/UNAIDS/USAID estimates that by the end of this decade the number of orphans will reach 25 million, an increase of nearly 80 percent. Social support systems in the affected countries are tragically inadequate in the face of the crisis. Children thus become part of a vicious cycle, with no one to care for them, still vulnerable to the disease, seeking to survive in a gang or militia—exacerbating social problems in these countries.

Available statistics tell only part of the story, since AIDS often goes unreported. There is no system of accessible AIDS testing and many cases go undiagnosed, given the sensitivity and social stigma too often surrounding AIDS. On the basis of what is available, however, experts agree that in Africa alone the disease threatens an entire generation that will either be lost to HIV/AIDS or severely affected by plummeting life expectancy, collapsing social institutions and decimated workforces.

As we consider our approach to AIDS, our recent experience with SARS should be instructive. With SARS we have learned in a few months what it took years to understand about HIV/AIDS: awareness, early intervention and international cooperation are critical factors in keeping the disease from spreading and in saving lives. We must apply the lessons we are learning from SARS to our efforts to treat and control HIV/AIDS.

A person infected with the HIV/AIDS virus may appear to show signs of the flu, or no symptoms at all for months or even years. Yet diagnosed in time, the disease is treatable. In the industrialized world, for example, research and intervention have reduced mother-to-child transmission of the HIV virus to less than 2 percent. Rigorous testing and surveillance can keep the blood supply safe. Effective, low-cost interventions have been developed. In high-risk groups in industrialized countries intensive education, vigorous political action and extensive drug therapy have been combined to bring the disease largely under control. Now we must

apply these strategies in the developing world, where the disease is raging out of control. Of the total HIV population worldwide, 95 percent live in the developing world. While there is no cure, we know that prompt intervention mitigates the terrible effects of the disease.

S. 1009 is not directed exclusively to HIV/AIDS; it includes important provisions addressed to tuberculosis and malaria. Unlike HIV/AIDS, which was first diagnosed less than a quarter-century ago, these two terrible diseases have been known and feared for centuries. Tuberculosis claims nearly 3 million lives every year—more than all other infectious diseases combined. Among HIV/AIDS patients, it is the single most common cause of death. In fact, HIV patients are up to 50 percent more likely to convert the latent form of TB into the active, contagious form. Unlike many other infectious diseases, tuberculosis is an airborne disease transmitted like the common cold. Nearly one-third of the world's population is already infected, and cases of multidrug resistant strains, which are far more difficult and expensive to treat, are rising. Overall, tuberculosis is responsible for 25 percent of all preventable deaths in the developing world. S. 1009 authorizes \$150 million for fiscal year 2004 and \$170 million for fiscal year 2005 for programs devoted to tackling TB.

The developing world, especially sub-Saharan Africa is also in the grip of resurgent malaria, as resistance grows to traditionally effective antimalarial drugs. Resurgent malaria is estimated to cause 1 to 3 million deaths annually, and WHO projects between 300 to 500 new cases every year. S. 1009 authorizes \$105 million for fiscal year 2004 and \$125 million for fiscal year 2005 to malaria programs and to the Malaria Vaccine Initiative.

With the worst effects of the pandemic still to come, S. 1009 is timely and urgent. It will help to stop the terrible downward spiral in living standards in the countries it has ravaged, and the destabilization that occurs when families and communities are torn apart. It can save lives.

We can beat back this disease. In my view, S. 1009 provides us with the tools most urgently needed by those on the front lines in the fight against HIV/AIDS. It is vastly superior in its provisions to H.R. 1298. Nonetheless, I will work with my colleagues to strengthen the underlying bill. I urge my colleagues to join me in this effort.

Mr. SESSIONS. Mr. President, I rise today to discuss the issue of health care transmissions of HIV/AIDS in Africa. I want to clarify some important provisions of the bill addressing the spread of HIV/AIDS and other infectious diseases in Africa and the developing world through the health care setting and more specifically the reuse of syringes and needles, in other words, injection devices.

The reuse of syringes and needles is a well-documented practice in the devel-

oping world. Scientists from the WHO, Duke University and the Gates Children Vaccine Program report that the percentage of unsafe injections in sub-Saharan Africa vary from greater than 50 percent to as high as 90 percent in Burkina Faso. In some countries in the study, 60 percent of centers reused syringes/needles. The Safe Injection Global Network, SIGN, an organization affiliated with the World Health Organization, WHO, reports that, "Transmission of bloodborne pathogens, including hepatitis B virus, HBV, Hepatitis C virus, HCV, and acquired immunodeficiency virus, HIV, through unsafe injections has long been reported and causes a heavy burden of disease."

A December, 2002 paper co-authored by physicians from WHO and CDC estimated that in the developing regions that were studied, almost 40 percent of injections were given with reused injection devices. The same study found that unsafe injection practices in developing countries in the year 2000 alone caused 22 million hepatitis B infections, 2 million Hepatitis C infections and resulted in the transmission of the HIV virus to 260,000 people.

The cumulative number of people with HIV, Hep B and Hep C over the years is a significant number that cannot be ignored.

In response to the overwhelming evidence of diseases spread through needle and syringe reuse, and the recognition of the effectiveness of needles with technology features that prevent reuse to stop the spread of disease, Section 306 of this bill includes legislative language "promoting sterile injection practices and technologies."

I want to make the point that sterile injection practices and technologies referred to in Section 306 include injection devices with reuse prevention features.

Furthermore, it is my understanding that "sterile injection practices and technologies" referred to in Section 306 should include injection devices with reuse prevention features, especially since needles or syringes that can be reused are only guaranteed to be sterile during their use. This section should not be interpreted to support needle exchange programs. It is also my understanding that availability and use of reuse prevention injection devices will limit not only the spread of HIV/AIDS, but also have the additional benefit of reducing the incidence of Hepatitis B, Hepatitis C, and other infectious diseases such as the Ebola virus, through non-sterile and unsafe injection practices.

This clarification is important to ensure that the Coordinator of the HIV/AIDS Program at the State Department understands the importance of providing injection devices with reuse prevention features to prevent the spread of HIV/AIDS and other infectious diseases.

Studies may vary as to exact percentage of infectious disease spread by

various known causes. But all should agree that the use of sterile injection devices with reuse prevention features is one effective, economical, and immediately available step that can be taken to prevent one of the most significant causes of the spread of infectious diseases, especially among children who receive injections for immunization and other health care.

It has been estimated that there are about 1.5 billion injections administered in Africa each year. Since some injection devices with reuse prevention features can be obtained for as little as approximately 5 cents each, the entire continent of Africa could be supplied with safe injection devices at a cost of less than \$100 million dollars per year. Doing so could virtually eliminate the spread of HIV and other diseases in Africa from injection device re-use, in a manner that is cost-effective and with measurable results.

During a March 27, 2003 hearing I chaired in the Senate Health, Education, Labor and Pensions Committee on the transmission of AIDS in Africa, David Gisselquist, PhD, testified that, "From the 16 available large studies in Africa with sufficient data on injections, an average of 28 percent of HIV infections is associated with medical injections."

In a December 2002 WHO report the authors list four studies with findings of 8 percent, 15 percent, 41 percent and 45 percent attributable to contaminated injections resulting in HIV infections, thus suggesting that the WHO 2.5 percent model was conservative. Even the WHO in its own report stated "[i]n the year 2000, four decades after the widespread availability of single-use injection equipment and two decades into the HIV pandemic, contaminated injections account for close to a third of new HBV infections, 40 percent of new HCV infections and 5 percent of new HIV infections. These infections translate to a substantial preventable burden of acute hepatitis, AIDS, hepatocellular carcinoma and end-stage liver disease."

Even if the proportion of cases from injections is much lower than that by heterosexual transmission, it is an important component of the problem and we must act quickly. If healthcare procedures account for a high percentage of the cases of HIV infections in Africa, then we must immediately and radically change our prevention procedures.

Therefore, I plan to work with the Secretary of the Department of Health and Human Services to request an independent group to examine the available studies on the number of HIV/AIDS cases that are caused by the unsafe re-use of needles. This study will help clarify and highlight the dangerous impact of needle re-use in the spread of HIV/AIDS. I recommend that the independent organization draw a panel of experts from different public health organizations to compile this study and make available their findings in 90 days.

I plan to request this study to help understand the true impact of health care transmission and especially unsafe needle re-use in the spread of HIV in Africa and to ensure that our policies reflect the best science about the causes of the HIV/AIDS epidemic in Africa and other parts of the developing world.

I am glad this evening to join with my colleagues in support of the President's initiative to combat global HIV/AIDS and to deliver a bill prior to his departure for the G-8 summit in France which commences on June 1, 2003. The bill authorizes \$15 billion over 5 years for HIV/AIDS programs and it is my desire that some of this money be used to eliminate the transmission of HIV/AIDS in the health care setting and especially by the re-use of injection devices.

Mr. ALEXANDER. Mr. President, this is an historic moment for us. The United States Senate is going to step up to the plate and declare in a bipartisan manner that we will meet our moral obligation and help those countries most afflicted by HIV/AIDS.

The scourge of AIDS knows no borders; it is the greatest plague of our time. Over 40 million people worldwide are infected with HIV/AIDS today. Thirty million of those are in Africa. Nearly half, or twenty million, of those infected are in the fourteen countries highlighted for special attention in the President's Emergency Plan for AIDS Relief, which is authorized in the bill before us today.

Now is the time for the Senate to act. I support the bipartisan global AIDS bill that passed the House, and urge my colleagues to do the same. The Bipartisan Global AIDS bill authorizes the President's 5-year, \$15 billion plan to combat HIV/AIDS, mirroring President Bush's emphasis on treatment and care. The bill provides funding to the Global Fund to Fight AIDS—up to \$1 billion per year—but it limits contributions to be no more than one-third of those monies contributed by other sources. This limitation provides the President with leverage to encourage other countries to donate to the global fund.

The bill supports the approach that Uganda has had so much success with called "ABC," which stands for: abstain, be faithful, and use a condom. When I met with the First Lady of Uganda Tuesday, she told me how this approach of emphasizing abstinence was a return to traditional African values that is working well. From 1991 to 2001, the prevalence of HIV/AIDS among pregnant women in Uganda has declined from 21 percent to 6 percent, thanks largely to "ABC." In Botswana, by contrast, a nurse told me 97 percent of the pregnant patients she saw were HIV-positive, and the national rate was 43 percent among pregnant women in 2000—seven times Uganda's rate. In fact, on Monday, I will be chairing a hearing in the African Affairs Subcommittee to look more closely at the

Ugandan model and how it can be applied in other countries.

Thirteen million "AIDS orphans" around the world have lost their parents to AIDS—the bill authorizes funds to aid those children. Time is of the essence. Every moment we delay, more people are dying and becoming infected.

I know many of us see imperfections in the bill, and want to amend it. I'm one of them. In fact, I've introduced an AIDS Corps bill that would make a great amendment to this bill. I'm going to withhold that amendment in the interest of getting a good bill quickly to the President's desk, but I want to take a moment to talk about it in hope that we can adopt this proposal or something similar in the future.

The House bill includes language to establish a program where health professionals can volunteer their services to travel abroad to countries most afflicted by HIV/AIDS and provide training and care. This is a needed service. One exacerbating problem for poorer countries afflicted by HIV/AIDS is the lack of a strong health care infrastructure. In many African countries, traditional healers are more relied upon than medical doctors—these traditional healers may have little or no knowledge about testing for HIV or providing advice on how to prevent or treat it.

Health professionals from countries like the United States can take a couple of months away from their practice to travel to other countries in need and provide necessary training to allow in-country care-providers to better respond to the HIV/AIDS pandemic.

And American health professionals have shown an interest in answering the call. A number of non-profit groups help doctors volunteer their services, groups like Doctors Without Borders, US Doctors for Africa, and the International Medical Corps.

My amendment takes the language from the House bill and improves on it in three important ways:

No. 1, it names the volunteers the "AIDS Corps" to help increase the profile of the group so as to better attract qualified medical professionals to give of their time and volunteer.

No. 2, it provides more flexibility for the length of time health professionals can serve—so that those who can only volunteer for a few months won't be excluded.

No. 3, it provides the same liability coverage to volunteering doctors as is provided for federal employees who provide health care services.

I hope that at some future date we can consider these changes that will allow any new corps of medical volunteers established by the President under this act to function more effectively.

Now is not the time to put such an amendment forward.

We need to pass this bill quickly so the administration can begin its implementation and President Bush can use

it to encourage other countries to join us in this effort at the upcoming G-8 summit.

I urge my colleagues, let us pass this bill without amendment tonight so that the President can sign it as early as tomorrow, and we will be one step closer to reversing the trend of this growing menace and start reducing its impact around the world.

Mr. DODD. Mr. President, no challenge is more daunting in scope or immediate in need than the Global AIDS crisis. I rise today with the utmost urgency to speak of this modern-day plague and to urge my colleagues to ensure that the legislation currently pending before the United States Senate is both swift in its passage and effective in its nature.

The global AIDS pandemic threatens to undermine all of our other efforts to bring stability and prosperity to the world. AIDS is an unparalleled crisis, and it threatens to have a potentially irreversible effect. Every country around the globe will, in one way or another, feel the devastating impact of this disease; no nation will be spared.

Certainly, I applaud the administration for its initiative on this important issue. We all do. And, the bill currently before this chamber—which closely reflects the Administration's requests—provides a good framework for battling this crisis. However, it has some serious shortcomings—shortcomings that will greatly impact its chances of success. That is why this chamber must ensure that any AIDS legislation it passes will be effective on the ground. In order to do this, we must look carefully at the facts, and at the reality of the situation. This must be our first priority.

Mr. President, there are well over 42 million people currently living with HIV/AIDS. In 2001 alone, there were approximately five million new infections. Even worse is that the number of infections continues to grow at an alarming rate. There are 15,000 new infections every day, and half of these infections—half—are in children between 15 and 24 years of age.

Without a doubt, the region hardest hit by this pandemic is sub-Saharan Africa. Approximately 70 percent of the worldwide total of people with HIV/AIDS live in that part of the world, and well over 29 million people are currently infected. The overall rate of infection among adults in the region is close to nine percent, compared with 1.2 percent worldwide, and in seven countries, the infection rate is over 20 percent.

Experts contend that the severity of the AIDS pandemic in that region is directly related to its wide-spread poverty, lack of education, ill-equipped and underfunded health systems, and local taboos that stigmatize and ostracize those who are infected. Even more devastating to the region is that the AIDS pandemic creates a vicious circle of events that, despite international aid, increasingly hinders the ability of affected societies to help themselves.

This vicious circle is pervasive throughout all sectors of society. Skilled workers, teachers, farmers, management executives, and government officials alike are falling prey to AIDS. In fact, according to UNAIDS, by 2020, the most affected countries will experience a loss of more than 20 percent of their gross domestic product.

AIDS is also having a debilitating effect on our hemisphere. In Guyana, almost 3 percent of the adult population is infected, and in Haiti, a nation long-suffering from substantial economic and political instability, more than 6 percent of its adult population are living with the virus. Indeed, throughout Latin America and the Caribbean, over 1.9 million people are infected, and in some Caribbean countries, the rates of prevalence are second only to sub-Saharan Africa.

Throughout the world, AIDS is killing millions of parents, and often leaves young children in the precarious position of having to supply food, money, and medicine for their families. The World Bank estimates that there are currently 15.6 million AIDS orphans, and this number is expected to double by 2010. Many of these children, especially girls, quit school and become victims of sexual violence or commercial sex workers. And, due to lack of resources and education, only a fraction of these children know that they are infected. Most do not even believe that they are at risk or know how AIDS is spread.

I urge my colleagues to carefully examine this situation. Many of these children are not promiscuous because of childish recklessness. Certainly, children do not desire to become commercial sex workers. They are children. Given the chance, they would play games and go to school, as do most children. However, in many cases, their reality, as well as the obligation to provide for their families, forces them into this lifestyle.

I know that citing the successful efforts in the nation of Uganda, some of my colleagues argue that United States AIDS assistance should focus on the promotion of abstinence among children. Certainly, encouraging young, unmarried children to abstain is a worthy goal. We can teach them to abstain, we can urge them to abstain, and we should. However, we can not ignore the multitude of factors with which we are faced. We must remember that the Uganda plan worked because it encouraged abstinence, monogamy, and distributed condoms—the “ABC” model. Most of all, it worked because the President of that nation made it a national priority to educate his people about HIV/AIDS.

In my view, the most important distinction among regions of the world has been the ability of affected nations to deal with the AIDS crisis and to educate their people about it, as well as the ability of infected people to pay for a variety of life-saving or life-prolonging treatments.

I know we can all remember a time in the United States when in schools, television advertisements, and billboards, we strove to educate Americans about HIV/AIDS. In fact, this effort continues, and with much success. Coupled with access to state-of-the-art treatments, Americans with HIV are able to live longer and healthier lives than ever before. But it is important to realize that the methods used to progress in one area of the world will not necessarily be effective in another. In many regions, AIDS infection stems from an intricate social reality—one with many contributing factors. In most of these countries, poverty deprives the people of effective systems of health information, health education, and health care. AIDS counseling is often unavailable, and HIV testing is difficult for many to obtain. Lack of resources to buy and distribute the expensive drugs that prolong life for those infected with HIV, as well as the rarity of sex education and prevention methods, have compounded these problems.

Therefore, we must not ignore the widespread destitution caused by this disease, which forces many people—children and adults—into a lifestyle that dramatically increases their risk of infection. Any effort to fight AIDS must be accompanied by an effort to fight poverty and build infrastructure; it must be focused on helping people to help themselves. It is my hope that as the Senate addresses the issue of foreign aid in the coming year, it pays particular attention to the other myriad needs on the continent of Africa, as well as in other poverty-stricken regions throughout the world.

In addition, we must not ignore existing institutions, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria. While I strongly support the provision in this bill authorizing up to \$1 billion for the Global Fund in fiscal year 2004, I am concerned that the Bush Administration will instead choose to follow its fiscal year 2004 budget request, and only allocate \$200 million for this important institution. Indeed, such a decision would threaten the ability of the Global Fund to continue its important work; it would be a step backwards in our fight against AIDS.

And lastly, although this bill will serve to combat HIV/AIDS in twelve African countries, as well as Haiti and Guyana, it is absolutely essential that we focus our efforts not only on these countries, but on the world at large. HIV/AIDS is a global problem and it needs a global response. My amendment designating Caribbean countries as priority countries for United States support was an attempt to give additional attention where it is most needed.

To highlight the necessity of this global approach, I would like to bring to the attention of my colleagues a report on AIDS, which was published in January 2000 by the Central Intelligence Agency, CIA. This report states

that by 2010, the focal point of infections will most likely shift from sub-Saharan Africa to Nigeria, Ethiopia, India, Russia, and China. There will be approximately 50 to 75 million infected people in these countries alone, and according to the CIA, the AIDS crisis will contribute to political instability and slow democratic development. These are dire predictions, and we have an obligation to address them.

Our intentions are noble and our conviction is real. But in order to achieve all of these vital goals, we must fully and sensibly commit ourselves to the fight against AIDS. That means providing the necessary resources to prevent and treat this illness, sufficiently funding important organizations and vaccine research, educating people about AIDS, providing a truly global response, and ensuring that our efforts are effective and grounded on the realities of those in need. And, as we consider this bill, it is crucial to remember that it is only a first step. In order to succeed, we must also change the reality in which this disease thrives.

If we don't act with urgency, sensibility, clarity, and deliberation, we will be condemning to death countless men, women, and children throughout the world. We must act now. We can not afford to fail.

Mr. SESSIONS. Mr. President, the underlying bill provides too much money to the global fund. The administration requested \$200 million next year for the global fund. This bill funds the global fund to the tune of \$1 billion.

Let me begin by saying I do not think we should be giving the global fund anything. They have not earned our trust. They have not proven they can do a better job of fighting AIDS than the President can do through direct assistance.

Let me share an exchange I had with Sir Elton John at a hearing on the AIDS issue.

SESSIONS. Thank you for that commitment. It has made a difference. I talked to a businessman who does a lot of work around the world, and he said that in developing nations, the absolute key is not to give the money too high up the ladder. If you are giving the money to the people doing the work, they will work wonderfully, and things will happen beautifully. If you give it too high up, it does not get to the people who do the work in an effective way. Many of you have foundations and are leading groups that are smaller, where you can be more effective. We are talking about, if we were to do what Ms. Thurman asked, tripling our contribution to \$2.5 billion. Do you have any suggestions as to how we can make sure that that money actually reaches its greatest potential?

Sir ELTON JOHN. I concur with you totally. What that money has to go toward is training people to build an infrastructure so that people can get the drugs they need in remote parts of countries, and it needs to run on a government level. But I know what you are saying. I do not know how you do that, because I am just a singer. This is something that the politicians have to make sure that when the money goes to governments, the money is spent in the right way. I have said before that we are a very small AIDS organization; we can control where everything

goes, and we do. We know where every penny goes. But when you get to these vast sums of money that we are talking about there today, you are going to run into those kinds of problems, and I do not personally know myself how you solve them, but I do concur with you that that is a major problem.

Sir Elton John's statement is relevant to the issue of whether to take massive amounts of money and give it to this global bureaucracy.

The General Accounting Office recently completed an exhaustive study of the global fund. I strongly recommend that my colleagues read this report.

Here are some of the findings.

The Secretariat's office has 63 staff members who have an average salary of \$174,603. This is the average.

Compared to recipient countries' average annual salaries, or even to the U.S.'s average annual salary, no country even comes close.

The average annual salary of the 73 recipient countries where such figures are known is \$3,020, over \$171,000 less than the average global fund salary.

Even the average U.S. citizen only makes \$36,300 a year. A job with the global fund would give a U.S. worker a potential \$138,000 payraise.

Americans work hard to pay their taxes. In times of economic trouble, they have to work even harder. We have a fiduciary duty to the taxpayers.

We owe it to them to make sure these precious resource are used as wisely as possible, especially when we are deciding how to address a deadly epidemic.

Disease specialists within the United Nations estimate that it would cost \$1,400 to \$4,200 a year per patient to treat HIV/AIDS effectively in sub-Saharan Africa with antiretroviral drugs. That means that by simply eliminating one average Secretariat employee's wages, between 42 and 125 AIDS patients could be helped to lead better lives.

I want these funds in the hands of someone I can trust. Do I have concerns about giving money to the Federal bureaucracy? Of course. But this is a judgment call. Who do you trust most with these dollars, the global fund, or President Bush?

I trust President Bush. I trust the United States of America.

Our of \$862 million in funds received, the global fund has only distributed \$20 million to actual AIDS prevention grants. Meanwhile, they are spending exorbitant amounts on salary and bureaucracy.

President Bush has a proven record. He gets results. I cannot say the same for the global fund.

The Democratic Leader says he will offer an amendment to "guarantee a robust American commitment to the Global Fund to fight AIDS."

This statement implies three things—

1. That America's current commitment to the global fund is not robust. Not true.

2. That the bill we are considering does not provide a robust commitment. Not true.

3. By voting for this amendment, you will guarantee a commitment to the global fund that is more robust than you would by voting against it. Not true.

Let me take these one at a time. First, Is America's current commitment to the global fund robust? Absolutely.

To date, we have contributed a total of \$300 million out of a total \$862 million, 32 percent. Our commitment next year is \$350 million out of \$832 million. The next highest nation is Italy at \$100 million.

Does the bill we are considering represent a robust commitment to the global fund? I submit that \$1 billion is an overly robust commitment.

The President stated that \$200 million for the global fund is what is needed next year. This bill authorizes \$1 billion. This bill is five times what the President requested.

The bill is more than every nation's pledges combined. Last year, the total was \$832 million. This bill provides \$1 billion. I guess too much is never enough for the other side.

Third, the majority leader is implying that by voting for this amendment, you will guarantee a commitment to the global fund that is more robust than you would by voting against it.

The House is not going to spend more than \$1 billion on the global fund. So you can vote to increase the funding, but that will just send the bill to conference where the funding will be reduced to the House amount, or preferably, lower.

Here is the real point. The President has indicated his determination in having Congress send him a final bill before he departs for the June 1-3 G8 Summit in Evian, France.

At the G8 Summit, the President intends to use this bill as a catalyst and leverage in requesting that the world's leading powers make combating global HIV/AIDS a significant element in their foreign assistance programs.

If this amendment is adopted, the President will not have it for the G8 summit. He will not be able to use our \$1 billion commitment to leverage other nations to make similarly generous commitments.

The other G8 countries contributions are paltry compared to ours. The next highest country is Italy who contributed \$100 million. The rest are half that amount. The Gates Foundation contributes more to the global fund than most G8 countries.

If my colleagues want to maximize the global contribution to the global fund, they should vote against this amendment so we can get this bill signed into law and President Bush can have the strongest possible hand at this summit.

In conclusion, there is a lot in this bill I do not like. There are provisions I would change. I think there is way too much money in this bill for the global fund.

I have amendments I would like to offer. Some are pretty important.

Some would be adopted overwhelmingly. But if it means we avoid a lengthy conference and allow the President to make the strongest possible case at the summit in June, I am willing to withhold. There will be other chances to improve this bill. I urge my colleagues to do the same.

Ms. MIKULSKI. Mr. President, I support the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

For 20 years, HIV/AIDS has spread from the devastated region of sub-Saharan Africa to the entire world. It is the fourth leading cause of death in the world, killing over 22 million people.

But HIV/AIDS doesn't just kill people. It destroys economies. It ruins nations. It menaces our children and stifles hope.

Forty-two million people worldwide have HIV/AIDS. Thirteen million children are now orphans because of its wrath. Three million children are infected. The vast majority of the afflicted live in Africa, but the disease continues to spread at an alarming rate. The peoples of Eastern Europe, China, India and Central Asia are under assault. The world cannot afford a mediocre response to this disease's assault on human life.

While the experts know how this disease spreads, we can't afford to rely on one solution. Abstinence, being faithful and condoms is an approach that has been successful in Uganda. The ABC approach is now being followed in other countries as well. But this won't stop rape, sexual abuse and prostitution. We cannot expect women and children refugees to overcome their vulnerability to HIV/AIDS by themselves. They deserve real help—help with empowerment, help in fighting the sex and trafficking industries, and help in keeping their predators away.

We also need to help the families that are ruined by AIDS. The costs of caring for a family member afflicted with AIDS are severe, even worse if the person affected is the family's primary wage earner. America must stand up and ensure that families can afford the treatment and care they need to dull the spread and impact of HIV/AIDS.

This disease affects whole societies and nations, not just the infected individuals and their families. Economies suffer when labor forces can no longer survive, much less be productive. When the most educated and vital members of society get HIV, economies contract rather than grow. National security suffers when military forces contract HIV, often at rates up to 5 times as high as civilians.

But the HIV/AIDS pandemic is not the only threat we need to fight. Tuberculosis and malaria compound the problems of HIV/AIDS in developing countries, where 6 million people died of HIV/AIDS, tuberculosis, or malaria in 2002.

The nations and peoples of the world must share the burden of responding to the HIV/AIDS pandemic. Eliminating

the scourge of AIDS won't be easy and it won't be cheap.

That's why the U.S. needs to make a real contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The \$500 million the U.S. has pledged to the fund falls far short of the \$7 billion it will need over the next two years to carry out its critical mission. We can do better. We must.

America also needs to encourage concerted international action beyond these important monetary contributions. HIV/AIDS is not a unilateral threat. The world must make a sustained, comprehensive global effort to provide a coordinated program of treatment, care and prevention. Together, we must combine the best of our values, service, technology, expertise and diplomacy to fight the great international menace of HIV/AIDS.

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 is a good step toward this goal. I applaud President Bush for joining our cause by proposing an Emergency Plan for AIDS Relief, a new mission to help countries in Africa and the Caribbean region address the HIV/AIDS pandemic by providing money, expertise and training. This measure recognizes the critical link between HIV/AIDS care, treatment, prevention, and education efforts. It also responds to the need for health care systems that actually provide the right treatment.

I'm proud to vote for this bill because I see as a culmination of our efforts here in the Senate to make this issue less about partisanship, and more about people. I've fought for so many years to provide a more adequate response to HIV/AIDS. I commend my colleagues for uniting in this effort.

There are certainly provisions in this bill that concern me. I've voted to try to change some of them. But I'm not going to let those concerns stand in the way of my support for a stronger U.S. and international response to the AIDS pandemic. While this bill is not perfect, it is a good start that may save millions of lives.

By passing this bill, the United States is taking real action to live up to its responsibilities as the strongest country in the world. We can show that we really do care about improving the lives and futures of people in the developing world. The American people should be proud of this American leadership.

The PRESIDING OFFICER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

(The bill will be printed in a future edition of the RECORD.)

Mr. LUGAR. Mr. President, I thank all Senators for their diligence and faithfulness in working to this late hour. I thank our leader, Senator FRIST; likewise, Senator DASCHLE. I always appreciate working with my col-

league, Senator BIDEN. We have a good relationship on the committee, and we are very appreciative that the Senate has given us this bill this evening.

The PRESIDING OFFICER. Does the Senator move to reconsider the vote?

Mr. LUGAR. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The majority leader.

Mr. FRIST. Mr. President, what we have just done is significant in many ways. We have addressed for the first time in a comprehensive way one of the greatest humanitarian, moral, and public health challenges this country has ever seen, and, I would argue, the greatest humanitarian challenge we have had to face in the last 100 years.

We addressed this health challenge in a comprehensive way. We addressed it with an authorization for \$15 billion over 5 years. It was just a few years ago we were spending a total of \$100 million a year, and now it is going to be approximately \$3 billion a year.

As has been stated again and again over the course of the evening, the afternoon, and around lunch when we first began talking on the bill, what we have done is shown that the United States is not just a good nation but is indeed a great nation, that we will lead in the global fight against this destructive virus that has killed 23 million people, that is affecting the lives of over 45 million people today, and that, as we have said today, will likely take the lives of 60 million others and will create probably another 40 million orphans over the next two decades.

This is our first step. I congratulate the chairman of the Foreign Relations Committee for bringing us to this point. Many of us have been working for 3, 4, and 5 years even to bring us to this point. I thank him for his tremendous leadership in accomplishing this goal.

I will be happy to yield to my colleague, Senator ENZI.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I congratulate everybody who was involved in the bill. This was not easy work. There were a lot of different personalities and opinions. It is a huge issue with a lot of detail. There is a lot of room for error and misunderstandings and different amendments.

I am so pleased that people on both sides of the aisle worked through all the difficulties, both ends of the building worked through all the difficulties, and that we arrived at this position.

I particularly congratulate the majority leader for the outstanding job he has done through all the years he has worked on AIDS. This would not have come to our attention and a vote tonight if it had not been for the diligence of Senator FRIST.

I also thank the chairman of the Foreign Relations Committee for all the

work he has done on the bill. He has been through more variations of this bill than almost anybody, except Senator FRIST, and was willing to find a position that would get this bill passed. He did that in the best kind of spirit and took some stands against a bill that had his name on it. That is very difficult work for a Senator to do, and he did it in the best spirit of making sure we were taking care of the work.

It is one of the more universal bills we have done since I have been in the Senate.

I congratulate everyone for coming together and finishing this bill.

MEASURE RETURNED TO THE CALENDAR—S. 1054

The PRESIDING OFFICER. The majority leader.

Mr. FRIST. Mr. President, I ask unanimous consent that S. 1054 be placed back on the calendar.

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

UNANIMOUS CONSENT AGREEMENT—NOMINATION OF S. MAURICE HICKS, JR., TO BE UNITED STATES DISTRICT JUDGE

Mr. FRIST. Mr. President, as in executive session, I ask unanimous consent that at 5:30 p.m. on Monday, May 19, the Senate proceed to executive session and a vote on the confirmation of Executive Calendar No. 172, S. Maurice Hicks, Jr., to be a United States District Judge for the Western District of Louisiana. I further ask unanimous consent that following that vote, the President be immediately notified of the Senate's action and the Senate then return to legislative session.

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

MORNING BUSINESS

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to a period for morning business.

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

U.S.-TURKEY RELATIONS

Mr. STEVENS. Mr. President, I ask unanimous consent that the letter I just received, as President pro tempore, from the Prime Minister of Turkey be printed in the RECORD. The Prime Minister discusses the importance of the Turkish-U.S. partnership and shares his views regarding the recent developments in Iraq. He calls upon "the distinguished members of the U.S. Congress to work hand-in-hand with their Turkish colleagues to further strengthen the cooperation and solidarity between our two countries . . .".

There being no objection, the material was ordered to be printed in the RECORD, as follows: