

Families USA, and advocates for compassionate end-of-life health care with us as well.

The last time Congress looked at this—and the Acting President pro tempore, I think, remembers this—during a period in the early 1990s, the people who stood with me for the kickoff of the Healthy Americans Act were spending millions to pretty much beat each other's brains out. That was the last time the Congress and the President, during the Clinton years, debated health care.

So this is a different climate, certainly a different climate for businesses in Ohio and Oregon. What I hear from businesses at home—unlike in 1993, the Clinton years, when they said: We cannot afford fixing health care—they are now saying: We cannot afford the status quo. That is why they are joining Senator BENNETT and I and others on these proposals.

My hope is as Congress looks at the evidence, whether it is the Wall Street Journal reporting on promising developments—very often people think of Europe and socialized countries—the Wall Street Journal is putting on the front page of the paper—a publication that clearly favors private health care coverage—an example of a country in Europe where they seem to be making great progress.

So as we devise our own system, one that is uniquely American, I and Senator BENNETT want to work with every Member of the Senate—I think I can speak for Senators BILL NELSON, LAMAR ALEXANDER, JUDD GREGG, and the others we have been talking to—that we think this is the premier domestic issue of our time. Certainly, the conflict in Iraq is the premier national security issue. But the premier domestic issue at home is fixing American health care.

I think based on the evidence that comes in every day, we know what needs to be done. Now the question is making sure there is the political will to go forward. I look forward to working with the Acting President pro tempore, who has a great interest in these matters, and all our colleagues.

Mr. President, I yield the floor.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASEY). Without objection, it is so ordered.

TUBERCULOSIS

Mr. BROWN. Mr. President, every day an estimated 4,400 lives are lost around the world to tuberculosis—day in, day out, yesterday, today, and tomorrow. Fifteen lives will be lost, roughly, in the few minutes of my remarks.

Tuberculosis is an urgent global crisis that demands our attention and our response. Two billion people—two billion people—one-third of the world's population, carry around with them the tuberculosis bacterium. As many as 10 million to 15 million in the United States alone are infected with the TB bacterium. Most will not get sick, but many of them are in some jeopardy.

Nine million people, practically the population of my State of Ohio, become sick with active tuberculosis every year, and 1.6 million people will die.

We struggle with many diseases that are beyond our scientific understanding, but tuberculosis is not one of them. These deaths are preventable. TB is the greatest curable infectious killer worldwide.

Much of the good work of the legislation this Senate passed last night will be undermined if we do not do a better job of controlling tuberculosis. Our investments in development will do little to improve economic conditions if entire populations—as are so many in Africa, especially, and India, especially—are reeling from this disease.

Combating TB is fundamental to sustaining economic development in poor countries. My colleagues know this.

Congress—following the leadership of the Foreign Operations Subcommittee Chairman, PAT LEAHY, and ranking member, JUDD GREGG—has made great strides in investing greater resources in global health. Diseases such as HIV and malaria have received tremendous increases over the past several years, and I hope this trend will continue.

Last night, the Senate did something about this. The amendment I offered last night, with Senators BROWNBACK, DURBIN, BOXER, and SMITH, added \$90 million in funding for our international efforts against tuberculosis, bringing total spending to \$200 million. Undoubtedly, that will save lives.

Combating TB must go hand in hand with the fight against HIV. Up to 50 percent of people who are HIV positive develop tuberculosis. As many as half the deaths from HIV in Africa actually are deaths from tuberculosis. It is the leading cause of death among people who are HIV positive all over the world.

HIV infection weakens a person's immune system, making it 50 times more likely that person will develop active tuberculosis. So if someone is carrying the TB bacterium in their body—as is a third of the world's people—if they get infected with HIV or have some other disease or weakness—from malnutrition or something else—they are much more likely to develop active tuberculosis.

To compound that, unchecked, drug-resistant tuberculosis, including deadly XDR-TB, threatens to reverse progress made against AIDS and TB worldwide. In today's world, extensively drug-resistant TB—so-called XDR-TB—poses a grave public health threat never more than a plane ride away.

This past June, we got a wakeup call when an American boarded a plane to

Europe while infected with drug-resistant tuberculosis. Luckily, his was not the most virulent strain. But his example shows us clearly that this disease does affect America and that more resources for TB are needed to prevent, identify, treat, and control extensively drug-resistant tuberculosis.

We need to heed that wakeup call and act before it is too late. It is within our power. There is no mystery here. We know what to do. We know how to treat and cure regular so-called garden-variety tuberculosis. We know how to treat and cure multidrug-resistant tuberculosis in an overwhelming majority of cases. And we know how to treat, generally, extensively drug-resistant—XDR-TB—tuberculosis and cure people of that. It is within our means. Treating regular, garden-variety TB costs only \$20 per person. It is a small price to pay to save our lives.

I thank my colleagues, including the junior Senator from Pennsylvania for his support of this issue. Last night was a victory for people in the developing world who are so often victims of tuberculosis, who so often suffer from that. It is also a victory for people in our country, a few of whom have TB, but most—but the many more people who are a plane ride away or are potentially exposed to this tuberculosis bacteria.

I thank my colleagues.

FOREIGN OPERATIONS APPROPRIATIONS

Mr. FEINGOLD. Mr. President, I strongly oppose coercive abortion or involuntary sterilization, and was pleased that the fiscal year 2008 Foreign Operations Appropriations bill included a provision prohibiting U.S. funds from going to any organization or program that directly supports such horrific practices. Unfortunately, the amendment offered by Senator BROWNBACK undermined this provision by allowing the President to deny funds to any organization or program that he claims supports such practices. This administration has misused similar language to deny resources to the United Nations Population Fund simply because this agency has programs in China, where the government practices coercive abortions to enforce its one child policy. In fact, however, the UNFPA's program in China is specifically designed to pressure the Chinese to end the use of coercive tactics, and this amendment would undermine the good work that the UNFPA does.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

● Mrs. CLINTON. Mr. President, as we consider legislation to provide funding for our important international development and assistance programs, I would like to take the opportunity to highlight the issue of quality basic education and the ways in which increasing access to basic education can improve social, economic, and health