Mrs. CLINTON. Mr. President, we are in the midst of this very important debate about a Patients' Bill of Rights. I am hopeful that before we break for the Fourth of July recess, the doctors, nurses, patients, and families of America will have the relief for which we have all waited for a very long time: making it clear doctors should be making health-care decisions; that nurses, not bookkeepers, should be at our bedside; and that the Patients' Bill of Rights will be a reality.

I rise today because we have to consider our broad needs for health care not only in our country but around the world. Today I want to take a few minutes to talk to you about the Patients' Bill of Rights to make sure that Americans have access to the best health care in the entire world, there are millions of people around the world who do not have that opportunity or that privilege. Many of those who are suffering from HIV/AIDS.

We should be supporting vigorously the United Nations General Assembly on Meeting the Global HIV/AIDS Challenge. We should urge them to consider creative tools, such as debt relief, in efforts to combat HIV/AIDS.

As the general assembly is meeting in special session in New York to try to come up with a strategic blueprint for fighting HIV/AIDS worldwide, it is imperative that we in America appreciate that this worldwide epidemic has nowhere near crested. Africa is ravaged. It has just begun to affect India, China, and Russia. This is an epidemic of historic proportions, and it needs a response that is equally appropriate.

Almost 60 million people worldwide have been affected by HIV/AIDS, and over 20 million men, women, and children have died. If current trends continue, 50 percent or more of all 15-year-olds in the most severely affected countries will die of AIDS or AIDS-related illnesses.

We are in the middle of summer vacation. We have many families and young people visiting our Capitol. We are always so happy to have them here and for them to take a few minutes to discuss the Patients' Bill of Rights. I am delighted to tell you that they have seen our Government in action, but it is just chilling to imagine American 15-year-olds who will most likely not make it home.

I believe we should have a global fund to combat these infectious diseases, and I am very pleased the United States, private donors, and some other nations have taken steps to address the need for money as articulated by Secretary General Kofi Annan. We need between $7 billion to $10 billion annually. It is my hope that through a public-private partnership we are able to continue to invest in promoting prevention, treatment, and eventually a vaccine to prevent this devastating disease.

I am old enough to remember polio as a scourge that affected my life. I can remember my mother not letting me go swimming in the local swimming pool because of polio. I remember as though it were yesterday when the announcement of a vaccine was made. What a sense of relief that spread through my house and all of our neighbors, and we all lined up to get that shot we thought would protect us from what had been, up until then, such a serious, overarching cloud in the lives of young people, as well as older people.

HIV/AIDS is a severe economic toll on nations worldwide. The disease spreads so rapidly. No one is immune from it. It has grave consequences for societies, and it threatens the interest of peace and prosperity around the world.

HIV/AIDS alone will reduce the gross domestic product of South Africa by $22 billion, or 17 percent, over the next decade. That is why I believe debt relief must also be part of any conversation about a broader global HIV/AIDS strategy.

While most African countries spend less than $10 per capita on health care, they spend up to five times that amount in debt service to foreign creditors. In fact, the burdens of debt repayment have come into direct conflict with public health efforts. In some instances, for example, structural adjustment programs have required governments to charge user fees for visits to medical clinics, a practice that stands in the way of effective prevention and treatment programs. As discussions of global debt relief proceed, consideration should be given to the role of international debt relief in the overall plan to combat HIV/AIDS.

I have written to the U.N. General Assembly President Harri Holkeri to express my support for his efforts and to urge inclusion of debt relief strategies in any effort that comes out of the general assembly.

I also urge our own Government to look more closely at what we can do. In the last administration, we forgave a lot of our bilateral debt for the poorest of the nations, but we should look at expanding beyond the circle of the poor to the next poorest of the poor, and we should also look at our multilateral debt.

I am hoping that I will find support on both sides of the aisle for a sense-of-the-Senate resolution I will be submitting to express the policy view that debt relief can and should be an important tool.

I have visited African countries. I have visited HIV/AIDS programs. I have been in places where 12-year-old girls who were sold into prostitution by their families have come home to die in northern Thailand.

I have been in programs in Uganda which have done probably the best job I know about in Africa in spreading the message about how to prevent HIV/AIDS. I have listened to the songs that were taken out into villages to tell villagers about this new disease that nobody really knows where it came from or how it arrived, but to warn people about its deadly consequences.

I was fortunate and privileged last year to participate in the United Nations discussion about AIDS, and I sat with AIDS orphans: A young boy from Uganda whose father and then mother died of AIDS, leaving him responsible for his younger brothers and sisters; a young boy from Harlem whose mother died of AIDS; a young boy from Thailand who was also orphaned by this terrible disease.

In some parts of Africa now, one will only find children, and most of them are orphans. The rate of infection ranges from 15 to 35 percent, and I am deeply concerned we are still in some parts of the world in a state of denial about HIV/AIDS.

Certainly, both India and China face tremendous challenges to educate their population about this disease and to avoid practices that might spread it. It
is commonplace in some parts of China for very poor villagers to sell their blood to make a little money. In so doing, they are subjecting themselves to the possible transmission of this terrible disease.

In other parts of Africa and Asia, even the best intentions to immunize children against measles or other communicable diseases can lead to tragedy because the sterilization is not up to par and needles are reused, leading to the infection of people with HIV/AIDS. I have long maintained there is a deep, profound connection between the economic health of a nation and the physical health of that nation’s people. That is why we have to act now to address the HIV/AIDS pandemic.

There is so much the United States can and should do. We have the finest health care system in the world. We are the richest nation that has ever existed in the history of the world. We not only should care about people in other parts of the world because of this disease, but we should act in our own self-interest because there will be many parts of the world where it will be difficult, potentially even dangerous, to travel if the entire social structure and economy collapses because of the strain of HIV/AIDS, where tourists and business people from America will be told they should not go to do business. Suppose they are in an accident or suffer injury and might need medical care and that medical care might not be deliverable because the health care system has collapsed under the weight of HIV/AIDS.

I look forward to working with my colleagues in the Senate and in our United States delegation to the United Nations General Assembly special session on these and other desperately needed proposals to halt and reverse the social and economic damage caused by HIV/AIDS and the direct and immediate threat this pandemic poses to America and Americans. I urge my colleagues and I urge our Government and the United Nations to look deeply into the concept of forgiving debt in return for nations doing what we know works to prevent, treat, and eventually find a vaccine for this terrible disease. I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate will now stand in recess until the hour of 2:15 p.m.

Thereupon, the Senate, at 12:52 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer [Mrs. CLINTON].

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

The PRESIDING OFFICER. The clerk will call the roll.

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

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

BIPARTISAN PATIENTS PROTECTION ACT—Continued

Mr. REID. Madam President, I ask unanimous consent that there be 45 minutes for debate with respect to the McCain amendment No. 812, which is pending, with the time equally divided and controlled in the usual form with no second-degree amendments in order thereto; that upon the use or yielding back of time the amendment be temporarily laid aside, and Senator GREGG or his designee be recognized to offer the next amendment as under a previous order.

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

Who yields time?

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

The PRESIDING OFFICER. The clerk will call the roll.

Mr. REID. 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. REID. Madam President, I ask unanimous consent that the time during the quorum call be equally divided. The PRESIDING OFFICER. Without objection, it is so ordered.

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

The PRESIDING OFFICER. The clerk will call the roll.

Mr. REID. 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. KENNEDY. I yield myself 7 minutes.

The PRESIDING OFFICER. The Senator is recognized.

Mr. KENNEDY. Madam President, the cornerstone of an effective patient protection program is the right to timely, fair and independent review of disputed medical decisions. This amendment reaffirms a critical element of that right—the right to an independent appeal process that is not stacked against patients by giving the HMO the right to select the judge and jury.

This is a critical difference between our approach to that issue and the approach of the alternative legislation before the Senate. Under their bill, the HMO gets to select the provider, the independent appeals organization. Under our bill, neither the HMO nor the patient selects the appeals organization. Instead, it must be selected by a neutral and fair appeals process. This amendment puts the Senate on record as supporting that fair and impartial appeal process.

The approach of allowing one party to a dispute—in this case the HMO—to select the judge and jury to a dispute is so inherently unfair that it has been rejected out of hand by virtually every expert who has considered the issue. It flies in the face of every principle and precedent founded on fair play.

We don’t allow it in our civil court procedures. We don’t allow it in our criminal procedures. Doesn’t a child with cancer whose HMO has overruled her doctor deserve at least the same basic fairness we provide for rapists and murderers?

The unfair approach of allowing one party to the dispute is not only alien to our court system, it is prohibited under the Federal Arbitration Act. It is unacceptable under the standards of the American Arbitration Association. It is rejected by the standards of the American Bar Association. Of the 39 States that have created independent review organizations, 33 do not allow it; neither should the Senate.

Do we understand, in the 39 States that have created independent review organizations, 33 do not allow the HMO to select and pay the independent reviewer; and neither should the Senate.

Under the fair external review approach we have in Medicare and in most States, the reviewer decides the plan is right about half the time and decides the patient is right about half the time. In the financial services industry, the industry gets to select the reviewer in disputes, and the industry wins 99.6 percent of the time. No wonder HMOS want that system: it makes a mockery of the whole idea of independent review. A vote for this amendment is a vote against making this bill a mockery of everything that a true Patients’ Bill of Rights should stand for.

And how ironic it is that the sponsors of the competing proposal are vociferous supporters of the President’s principle that we should preserve good State laws. But under this amendment, the 39 State external appeals systems currently in place would be wiped out. Do we understand? There is one provision in the two major pieces of legislation before us; that is, the McCain-Edward bill and the Breaux-Frist bill. In the Breaux-Frist bill, their appeals provision effectively preempts all of those 39 States. They have to do what is in their legislation. As I pointed out, that is the process by which the HMO selects the independent reviewer. They