

whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. SESSIONS).

The PRESIDING OFFICER. The Senator from Rhode Island has the floor.

Mr. REED. Mr. President, I extend my welcome to President Estrada of the Philippines. The Philippines and the United States are allies. We have a special relationship with them, as we have a special relationship with the country I have been speaking about; that is, the country of Liberia.

TREASURY AND GENERAL GOVERNMENT APPROPRIATIONS ACT OF 2001—MOTION TO PROCEED—Continued

Mr. REED. Mr. President, let me conclude my overall remarks by saying, as I began, that we are in the doldrums. We are here but we are not moving. I do not think it is sufficient to simply, on a day-by-day basis, make a little concession here and a little concession there.

I think to get this Senate under full sail again, moving forward, proudly, purposefully, is to once again summon up the spirit which I always thought was inherent in this body, the spirit of vigorous and free and open debate, of vigorous and wide-ranging amendment, unfettered by the individual proclivities of the leader, whoever the leader may be, and then, ultimately, doing our job, which is to vote.

This afternoon, I have tried to suggest several areas where we have neglected that obligation. With respect to Federal judges, it seems to me that there has been an attitude adopted here that our advice and consent is sort of an optional thing. If we do not choose to do it, then no judges will be confirmed. In a way, it is very subversive to the Constitution.

Frankly, I don't think anyone would object if judges were brought to this floor and voted down. That is a political judgment, a policy judgment, a judgment based upon their jurisprudence, their character, a host of issues. But what is so objectionable is this notion of stymying the Constitution by simple nonaction, by pushing it off into the shadows, allowing individual nominees to languish, hoping that no one pays attention to it, and that at the end of the day these judges will go away and more favorable judges will be appointed. I do not think that is the way to operate this Senate.

We have legislation, such as the ESEA, which has been permanently—or apparently permanently—shelved, not because there is something inherently wrong with the bill as it has been presented—we can debate the merits of that—but because to bring it back to the floor would invite amendments that might be uncomfortable. I think that is also wrong.

Then I think we have a measure which everyone claims is critical to our economy, critical to our future national security, critical to our relation-

ships with Asia and China, particularly, over the next several decades. That, too, has been shunted aside, not because of substance, but because of political calculation. Once again, I think that is wrong.

In return, what has been suggested, is: Why don't you take a little of this and a little of that, and we will give you an amendment here, and we just might bring up two judges, but we don't know who they are. That, in comparison, is not an appropriate response to the basic question of: Will the Senate be the Senate?

I would hope that we would return to that spirit, that spirit which I think drew us all here initially, with the hope and the expectation that we would debate and we would vote—we would win some; we would lose some—but ultimately, by debating and by voting, and by shouldering our responsibilities—not avoiding them—the American people would ultimately be the great victors in this Democratic process.

I hope we return to that spirit.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. BENNETT. Mr. President, I appreciate the comments from the Senator from Rhode Island. I will have some responses to them in a moment.

MEASURE PLACED ON THE CALENDAR—S. 2912

Mr. BENNETT. Mr. President, I understand there is a bill at the desk due for its second reading.

The PRESIDING OFFICER. The clerk will read the bill for the second time.

The legislative clerk read as follows:

A bill (S. 2912) to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in the United States to obtain lawful permanent residency status.

Mr. BENNETT. Mr. President, I object to further proceedings on this bill at this time.

The PRESIDING OFFICER. The bill will be placed on the calendar.

The Senator from Utah has the floor.

PROVIDING FOR NEGOTIATIONS FOR THE CREATION OF A TRUST FUND TO COMBAT THE AIDS EPIDEMIC

Mr. BENNETT. Mr. President, I ask unanimous consent that the Foreign Relations Committee be discharged from further consideration of H.R. 3519, and the Senate then proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 3519) to provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development of the International Development Association to combat the AIDS epidemic.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 4018

(Purpose: To authorize additional assistance to countries with large populations having HIV/AIDS, to provide for the establishment of the World Bank AIDS Trust Fund, to authorize assistance for tuberculosis prevention, treatment, control, and elimination, and for other purposes)

Mr. BENNETT. Senator HELMS, for himself and others, has a substitute amendment at the desk, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Utah [Mr. BENNETT] for Mr. HELMS, for himself, Mr. BIDEN, Mr. FRIST, Mr. KERRY, Mr. SMITH of Oregon, Mrs. BOXER, and Mr. FEINGOLD proposes an amendment numbered 4018.

(The text of the amendment is printed in today's RECORD under "Amendments Submitted.")

Mr. BENNETT. Mr. President, I ask unanimous consent that the amendment be agreed to.

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

The amendment (No. 4018) was agreed to.

Mr. HELMS. Mr. President, passage of the Global AIDS and Tuberculosis Relief Act is a priority for this Administration, but that is not why I support it. I am aware of the calamity inflicted by HIV/AIDS on many Third World countries, particularly in Africa.

Children are the hardest hit and they, Mr. President, are the innocent victims of this sexually transmitted disease. In fact, the official estimate of 28 million children orphaned in Africa alone could easily prove to be a low estimate. This is among the reasons why Senator BILL FRIST wrote the pending amendment, which is based on S. 2845, with solid advice from and by Franklin Graham, president of Samaritan's Purse and son of Billy and Ruth. That is why I support it.

Several items in the pending bill should be carefully noted. First, authorization for appropriations for the World Bank Trust Fund is scaled back from the House proposal of five years to two years. There is no obligation for the U.S. Government to support the trust fund beyond two years.

If the trust fund performs as expected, Congress may decide at that time to make additional funds available. However, if the Trust Fund is not transparent, if there is not strict accountability—and if money is squandered on second rate or politicized projects—I intend to do everything in my power to ensure that Congress does not provide another farthing.

The pending bill requires that twenty percent of U.S. bilateral funding for HIV/AIDS programs be spent to support orphans in Africa. That could be as much as \$60 million. This is one of the provisions on which I insisted, and I wish it could have been an even higher percentage.

I suggest that A.I.D. get together with Nyumbani Orphanage in Nairobi, Kenya, Samaritan's Purse, and the other groups working in the field to develop a plan to address the crisis.

Finally, I insisted that the lions share of bilateral funding, specifically, 65 percent—or as much as \$195 million, be available to faith-based groups and I am gratified that my colleagues have consented to this. At last, it has dawned on Senators that HIV/AIDS legislation and programs designed to address the spread of AIDS are worthless unless they recognize and address seriously the moral and behavioral factors associated with the transmission of the disease.

There is only one 100 percent effective way to stop the spread of AIDS, and that, of course, is abstinence and faithfulness to one's spouse. And it is through churches that this message will be effectively promoted and accepted, not through government bureaucracies. It is no exaggeration to say that policymakers refusing to face up to this obvious fact will be culpable in the deaths of millions.

Mr. President, approval of this bill will be an important accomplishment, and if its provisions are properly implemented it will save lives. The Foreign Relations Committee will work diligently over the next two years to ensure that the intent of Congress is understood and carried out.

Mr. BIDEN. Mr. President, I cannot tell you how pleased I am that the Senate will finally pass the Global AIDS and Tuberculosis Relief Act. HIV/AIDS has been acknowledged as the 21st century's bubonic plague. It is having a devastating impact in Sub-Saharan Africa, destroying the very fabric of African societies. And while Africa is the present day epicenter, there is no guarantee that the disease will not spread throughout the world in a manner that is just as devastating. No corner of the globe is immune.

HIV/AIDS is the only health related issue that has ever been the subject of a meeting of the United Nations Security Council, and the only one that has been the subject of a Security Council Resolution. Why? Because it poses a severe risk to every nation in the international community, but most especially to developing nations which do not have the means to either treat those living with the disease, or to educate those at risk of contracting the disease about how to avoid infection.

I believe that it is past time for the United States to step forward and lead the way in efforts aimed at stopping the spread of the HIV/AIDS. This bill does just that. The funding levels this bill authorizes significantly increase the level of U.S. assistance to combat HIV/AIDS. One of the key elements of this legislation is an authorization for the Secretary of the Treasury to enter into negotiations with the World Bank to create a Trust Fund, the purpose of which is the eradication and prevention of the spread of the virus.

The Trust Fund will allow donations and contributions from governments—the bill authorizes \$150 million as the U.S. contribution—as well as the private sector, so that all sectors in society are working together at an international level to address this crisis. It is truly the best way to do so. The statistics are grim. According to UNAIDS, in 1999 alone 5.4 million people were infected with HIV/AIDS, bringing the total to 34.4 million infections world wide. 2.8 million people died of the disease last year. This does not have to be. We know how to prevent the spread of the disease. We have the means to treat the virus and the opportunistic diseases that kill those infected with HIV/AIDS. Millions of lives can be saved through both treatment and prevention. Through cooperation we can be successful. We must challenge other donors to dedicate the necessary resources to achieve our aim.

The bill also authorizes \$300 million in bilateral assistance to stop the spread of the disease, and to treat it. While I strongly believe that a multilateral approach must be developed to respond to the HIV/AIDS epidemic, I also believe that the United States should do all it can right now to deliver targeted assistance to specific regions and specific treatment programs. The problem of HIV/AIDS is urgent. Bilateral assistance programs can be funded and programs carried out right away, and they should be.

Assistance is desperately needed, for example, in Africa. The countries in the sub-Saharan region cannot wait for the negotiation of a World Bank Trust Fund; they must have help now. The news which came out of the International AIDS Conference in Durban was grim. Gross Domestic Product could be cut by as much as 20% due to the impact of HIV/AIDS in some African countries, according to a study released at the conference. African countries are among the poorest in the world. They cannot afford to have their incomes diminished to such a degree. According to the World Bank,

AIDS is now the fourth leading cause of death worldwide and the leading cause of death in Sub-Saharan Africa. At all levels, the impact of AIDS in Africa is staggering: At the regional level, more than 13 million Africans have already died, and another 23 million are now living with HIV/AIDS. That is two-thirds of all cases on earth. At the national level, the 21 countries with the highest HIV prevalence in the world are in Africa. In Botswana and Zimbabwe, one in four adults is infected. In at least 10 other African countries, adult prevalence rates exceed 10 percent. At the individual level, a child born in Zambia or Zimbabwe today is more likely than not to die of AIDS at some point in her lifetime. In many other African countries, the lifetime risk of dying of AIDS is greater than one in three. The HIV/AIDS epidemic is not only an unparalleled public health problem affecting large parts of Sub-Saharan Africa, it is an unprecedented threat to the region's development. In many countries, the disease is reversing decades of hard-won development progress.

We cannot ignore these facts. The time to act is now. The sooner we ad-

dress this crisis in Africa as well as the rest of the developing world, the better. The directives in this bill represent the best of the current proposals to do so. The World Bank and the Export-Import Bank of the United States both recently announced that they would make funds available for loans to African countries to help them purchase drugs to treat HIV/AIDS. While I welcome any efforts to procure drugs for this purpose, I do not believe that extending more loans to nations currently facing crippling debt burdens will, in the long run, prove to be the most useful strategy. Grants and no strings attached assistance, the aid provided in this bill, are what is needed.

I want to make it clear that this bill represents only the beginning of the United States' commitment to fighting HIV/AIDS. Sustained dedication of resources will be needed to continue the fight, and we in the Senate must ensure that such resources continue to be channeled towards eliminating the threat of HIV/AIDS. This bill is a good first step in our efforts.

Mr. FRIST. Mr. President, a bipartisan group of members of the Senate Foreign Relations Committee have today sent to the Senate for consideration a landmark legislative initiative to combat one of the great human tragedies of our time, the HIV/AIDS epidemic. The Global AIDS and Tuberculosis Relief Act of 2000 reflects the combination of many initiatives proposed by members of the Foreign Relations Committee. All initiatives share a common purpose of arresting the progress of the disaster and caring for the victims so far.

The initiative cannot come too soon. The cost in human life and productivity, as well as the potential societal and economic disruptions AIDS has and will cause assure us of one distinct possibility: All goals of the United States in Africa and the developing world—goals we share with them—will be seriously compromised, if not completely undermined, by AIDS. Growing trade, better education and health, stronger democracies, efforts toward peace—all will be undermined by a disease that is positioned to sap the life from the most promising and productive generations.

Two characteristics of this pandemic that distinguish it from the other great killers have impressed me the most and shaped the Senate's recent initiative to support the efforts to combat HIV/AIDS worldwide.

The first is the fact that AIDS affects the younger members of a community in their most productive years. It thus contorts and eventually turns on its head the already strained economic equation by effectively reversing the proposition of dependants to productive members of a family. In short, it has struck at the heart of the extended families, changing the breadwinners from a source of needed food or income to a burden. That is to say nothing of the grief, personal loss and often shame associated with death from AIDS.

The second is that the estimated number of orphans from AIDS in Africa, for example, already exceeds 10 million, and is expected to approach 40 million in coming years. Many of those children will themselves be HIV-positive. The prospect of 40 million children without hope, health and often without any support whatsoever is as dangerous as it is tragic. These children are susceptible to substance abuse, prostitution, banditry or, as we have seen so often on the continent, child soldiery. It will be an economic strain on weakening or completely broken economies, and an extremely volatile element in strained societies.

The human cost of AIDS is already alarmingly high, and the trends are increasingly terrifying—even apocalyptic.

Sub-Saharan Africa has been far more severely affected by AIDS than any other part of the world. It is our greatest challenge. I have seen the effects of its ravages on the people of that continent firsthand. The potential is clearly written in the appalling statistics of the disease today.

According to December 1999 United Nations data, some 23.3 million adults and children are infected with the HIV virus in the region, which has about 10 percent of the world's population but nearly 70 percent of the worldwide total of infected people. In Botswana, Namibia, Zambia, and Zimbabwean estimated 20 percent to 26 percent of adults are infected with HIV, and 13 percent of adults in South Africa were infected as the end of 1997.

An estimated 13.7 million Africans have lost their lives to AIDS, including 2.2 million who died in 1998. The overall rate of infection among adults in sub-Saharan Africa is about 8 percent compared with a 1.1 percent infection rate worldwide.

AIDS has surpassed malaria as the leading cause of death in sub-Saharan Africa, and it kills many times more people than Africa's armed conflicts.

Sub-Saharan Africa is the only region in which women are infected with HIV at a higher rate than men. According to UNAIDS, women make up an estimated 55 percent of the HIV-positive adult population in sub-Saharan Africa, as compared with 35 percent in the Caribbean, the next highest-ranking region, and 20 percent in North America. Young women are particularly at risk. A U.N. study found girls aged 15-19 to be infected at a rate of 15 percent to 23 percent, while infection rates among boys of the same age were 3 percent to 4 percent.

The African AIDS epidemic is having a much greater impact on children than is the case in other parts of the world. An estimated 600,000 African infants become infected with HIV each year through mother to child transmission, either at birth or through breast-feeding.

At least 7.8 million African children have lost either their mother or both parents to AIDS, and thus are regarded

by UNAIDS as "AIDS orphans." South Africa is expected to have one million AIDS orphans by 2004. An estimated 10 million or more African children will have lost either their mother or both parents to AIDS by the end of the year 2000. In some urban areas of Africa, orphans comprise up to 15 percent of all children. Many of these children are themselves infected with HIV/AIDS and often face rejection from their extended families and from their communities.

In its January 17, 2000 issue. Newsweek projected that there will be 10.4 million African AIDS orphans by the end of 2000. UNAIDS reports that AIDS orphans, suspected of carrying the disease, generally run a greater risk of being malnourished and of being denied an education.

At current infection and growth rates for HIV/AIDS, the National Intelligence Council estimates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing three-fold or more in the next ten years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse or child soldiery.

The majority of governments in areas of sub-Saharan Africa facing the greatest burden of AIDS orphans are largely ill-prepared to adequately address the rapid growth in the number of children who have no means of support, no education nor access to other opportunities.

Donors must focus on adequate preparations for the explosion in the number of orphans and the burden they will place on families, communities, economies, and governments. Support structures and incentives for families, communities and institutions which will provide care for children orphaned by HIV/AIDS, or for the children who are themselves infected by HIV/AIDS, will become increasingly important as the number of AIDS orphans increases dramatically.

By providing a knowledge, skills, and hope orphaned children might not otherwise have, education is an especially critical part of a long term strategy. Education is the key to providing opportunity and fighting poverty, and education is essential to winning the battle against the HIV/AIDS epidemic.

The legislation does not focus solely on Africa, but reflects the fact that the grip of the disease is tightening around the developing world. Some of the mechanisms are new and yet untested. But in their design, their potential for being the most effective tools at our disposal is clear.

We need to be mindful that the United States can be a great force for good in the world. Certainly, Americans are very charitable and compassionate people, and the political will exists to take a more aggressive posture toward combating AIDS.

However, our job is to determine how best to use our limited resources to maximize their potential for good on the African continent. These are life and death decisions which cannot be addressed simply by allocating more funds, confident that we have thus done our part. How we direct or allocate those resources has the potential to significantly affect the situation.

Questions and issues involved in life and death decisions are not easy. They are decisions based on the understanding that you cannot help or save all in need in a situation, but must make decisions based on the best information and understanding of your strengths and limitations.

Over the next two years, the legislation authorizes \$300 million per year for ongoing HIV/AIDS programs worldwide. That represents a significant increase in our commitment and is well above the President's request. The United States has been a leader in AIDS prevention programs and in AIDS treatment and programs to mitigate the devastating societal and economic effects of the epidemic. We should continue that leadership and even strengthen it.

Additionally, the legislation authorizes \$100 million to the Global Alliance for Vaccines Initiative, known by its acronym, GAVI, which receives both public and private funding to provide existing vaccines to children worldwide, and to provide incentives for the development of new vaccines. Often, companies determine that it is not possible to commit the capital to research and development toward developing vaccines for diseases such as malaria. While the potential number of recipients is great, the potential number of purchasers is very small. By providing a clear purchaser for the future, GAVI addresses much of the questions involving the risks of investing in such research.

The legislation goes beyond incentives alone. Over two years, it commits \$20 million to the International AIDS Vaccine Initiative, or IAVI, a group which is committed to developing the ultimate weapon against the continued spread of HIV: a vaccine.

The legislation does not seek to act unilaterally, but has two critical elements which will help use our leadership position to leverage greater cooperation to combat the epidemic.

First, it seeks to establish a global trust for programs to combat the transmission of HIV and to respond to the devastation of AIDS. Under the legislation, the United States can contribute up to \$150 million per year for two years to capitalize the fund. Of that, \$50 million annually is specifically targeted to address the great human tragedy and most daunting challenge of AIDS orphans. Undoubtedly, the initial generous contribution of the United States will spur many more commitments from other nations.

The legislation does not leave the question of orphans to the trust fund alone. It also directs the United States

to begin coordinating a global strategy to address the orphans crisis, especially in caring for them and educating them. This is in addition to the specific focus on education and care of orphans in Africa mandated in the initial authorization of ongoing programs and in the trust fund. Only education can provide the tools for these children to escape the poverty, violence and exploitation that they will often face. The strong emphasis on this explosive and frightening problem is one of the most forward looking approaches to international health yet considered by Congress. I cannot overemphasize the importance of these provisions.

The legislation also addresses the increasing threat of tuberculosis worldwide. The diseases' resurgence is a clear and direct threat to the United States' public health. Astonishingly, the World Health Organization estimates that one third of the world's population is infected with tuberculosis. With the increasingly drug resistant strains of the disease emerging yearly, the urgency of the initiative is critical. The legislation authorizes \$60 million each year for two years for programs to combat the disease. That figure represents a substantial increase in our efforts to ensure our own safety and health and to combat the scourge worldwide.

Overall, this legislation represents a clear recognition of the importance to our own health and security to combating infectious disease worldwide. More significantly, though, it is a monumental new commitment by the United States to combat the death and suffering of our fellow humans. It is a great demonstration of America's generosity and our hope to improve the lives and potential of all people.

Mr. KERRY. I am pleased to join the distinguished chairman of the Foreign Relations Committee, Mr. HELMS, and the Chairman of the Africa Subcommittee, Dr. FRIST, in bringing this very important bill to the Senate.

Mr. President, the human toll of the AIDS crisis in Africa is stupefying. More than 30 million people now live with AIDS and annual AIDS-related fatalities hit a record 2.6 million last year. Ninety-five percent of all cases are found in the developing world. AIDS is now the leading cause of death in Africa and the fourth leading cause of death in the world. In at least 5 African countries, more than 20 percent of adults are HIV-positive.

The AIDS epidemic is more devastating than wars: in 1998 in Africa, 200,000 people died from armed conflict; 2.2 million died from AIDS—more than 5,000 Africans died every day from the disease.

This week, the U.S. Census Bureau announced new demographic findings for Africa. Because of AIDS, Botswana, Zimbabwe and South Africa will experience negative population growth in the next five years. Without AIDS, these countries would have experienced a 2-3 percent increase in population.

Children born within the past 5 years in Namibia, Swaziland and Zimbabwe can expect to die before the age of 35. Without AIDS, their life expectancy would have been 70. In addition, a new and very troubling statistic was announced this week: UNAIDS reported that 55 percent of all HIV-infections were in women. So AIDS is not only robbing societies of young women but also of the child they might have had.

It is not hyperbole to say that this is Africa's worst social catastrophe since slavery, and the world's worst health crisis since the bubonic plague.

Other parts of the world are going down the same path as Africa. Infection rates in Asia are climbing rapidly, with several countries, especially India, on the brink of large-scale expansion of the epidemic. When I was in India in December, epidemiologist from our government as well as Indian officials admitted that the number of cases in Asia could surpass those of Africa by the year 2010.

In addition, countries of the former Soviet Union and Eastern Europe are especially vulnerable, as Russia is experiencing one of the highest increases in infection rates of any single country in the world last year. Is this the kind of world we want for the 21st century? In this age of remarkable biotechnical and biomedical breakthroughs, when we have cures of impotence and treatments for depression, do we want to ignore a public health crisis of biblical proportions? When we're talking about the democratization of the developing world, when we're talking about the triumph of capitalism and open markets, when we're talking about the benefits of globalization, we cannot remain silent—as rich as we are in talent, technology and money—about the threat AIDS poses to our national security.

Mr. President, last week, the 13th annual International Conference on AIDS was taking place in Durban, South Africa. It was the first time this international conference is being held in a country in the epicenter of the AIDS pandemic in the developing world.

A number of important breakthroughs have been announced from the Conference and the Senate should be aware of them:

Pharmaceutical companies have announced that they are prepared to offer their life-extending therapies to the developing world at no cost or at a very discounted rate. Merck will provide Botswana with \$100 million in medicine over the next five years. Abbott Laboratories confirmed that it will initiate a charitable program in Tanzania, Burkina Faso, Romania and India. Boehringer Ingelheim will give away one of the most important drugs in preventing the transmission of HIV from mother to child—Viramune—to developing countries over the next 5 years. Similarly, Pfizer recently promised to give South Africa its effective product—Diflucan—which is used for treating a deadly brain infection associated with AIDS.

These are all important developments. Access to these pharmaceutical products has historically been prevented by high price, and these companies should continue to work with governments and philanthropies like the Bill & Melinda Gates Foundation—which today is announcing another \$90 million in grants to combat AIDS in the developing world. The contribution made by Bill and Melinda Gates to fighting infectious diseases cannot be overstated. Through their philanthropy, they have given countries which are being ravaged by disease a fighting chance.

Fighting and winning the war against AIDS is more than just giving away medicine. We must continue to bolster the research into a cure. To this end, a number of significant biomedical breakthroughs have come out of Durban. The most significant is the announcement by the International AIDS Vaccine Initiative of human trials of a new vaccine candidate against AIDS. Development of an effective AIDS vaccine is critical especially in Africa where preventive measures—such as encouraging change in high-risk behaviors and debunking deadly myths—will do little to slow the spread of HIV in countries which have a 20 or 25 percent infection rate. It is clear that the only hope for these countries is a cure: that means, developing an effective vaccine and assuring its affordable distribution.

And, we have a responsibility to act in this increasingly intertwined world because, together with all the benefits associated with globalization, we also now are facing a range of new threats that know no borders and move without prejudice—international crime, cyber-terrorism, drug-trafficking and infectious diseases.

We are seeing a rise in the number of previously unknown lethal and potent disease agents identified since 1973—the ebola virus, hepatitis C, drug-resistant tuberculosis, West Nile virus and HIV. These diseases affect all of us, including American citizens. New Yorkers know the scare associated with these heretofore unknown diseases—last summer New York City was held captive by an encephalitis scare and new outbreaks this year have already been spotted in pigeons. There was a shock in the scientific community when it was discovered that outbreak of the mosquito-borne disease in New York was not, as scientists had believed, St Louis encephalitis; instead, it was a deadly variant of West Nile virus, a disease hitherto found only in Africa, the Middle East and parts of West Asia. United States health officials now fear that the disease may now become prevalent in the Americans. Similarly, it is foolhardy and dangerous to believe that any infectious disease can be adequately contained in one region. We are all at-risk.

Militaries are not immune; in fact, they are in some cases even more susceptible to upheaval and instability

from infectious diseases, especially AIDS. Some militaries in Africa have HIV-infection rates which top 40 percent. These military forces could be part of the solution for democratization in Africa in terms of peacekeeping and conflict prevention; instead, African armed services are losing their military effectiveness and adding to the social instability.

It is projected that Africa will be home to 40 million children, orphaned by AIDS, by the year 2010. Zambia is a country of 11 million people—half a million of them will be AIDS orphans. We know from other regions of the world—like Cambodia and Burma—that exploited children are common targets by rogue militias and narco- and other criminal organizations. It is clearly in our interest to stem this activity.

Likewise, economies are not immune. In fact, development of the last 20 years is being reversed in the countries hardest-hit by AIDS. AIDS cost Namibia almost 8 percent of its GDP in 1996. Tanzania will experience a 15 to 25 percent drop in its GDP because of AIDS over the next decade. Over the next few years, Kenya's GDP will be 14.5 percent less than it would have been absent AIDS. AIDS consumes more than 50 percent of already meager health budgets. In many African countries, the total annual per capita health-care budget is \$10. 80 percent of the urban hospital beds in Malawi are filled with AIDS patients—all is a direct threat on evolving democratic development and free-market transition. Mozambique and Botswana have two of the world's fastest growing economies but this economic growth cannot be maintained when those countries' workforces are being decimated with the daily deaths of hundreds of people in their most productive years. In the Cote d'Ivoire, a teacher dies of complications associated with AIDS every school day. In South Africa, businesses owners often hire and train two employees for one job, knowing that one will probably die from AIDS.

As we celebrated the passage this year of the Africa Trade bill, how can we seriously think that a vibrant market for products or investment can be formed on a continent which will lose up to 20 percent of its population in the next decade? To lure investors, the continent has already had to battle underdevelopment and racism, but now, some people in the developed world will see Africa as only as a place of disease. This is wrong and it is a direct threat to our national economic interests.

Governments are not immune. This epidemic is causing leadership crises in some African countries. President Benjamin Mkapa of Tanzania reported last week that "some ministries lose about 20 employees each month to AIDS."

African governments are grappling with the devastation wrought by HIV on their economies and their societies. It is difficult to fathom the challenges they face with this public health crisis,

and some of the actions sometimes baffle western observers. Some critics have recently pointed to the questions raised by President Thabo Mbeki of South Africa as to the origins of AIDS and as to the proper course of treatment. When it comes to dealing with AIDS, there are moral questions, there are budgetary constraints, there are political decisions. But there are also some biomedical truths. Senator FRIST and I have discussed these issues with the distinguished ambassador from South Africa and followed up with President Mbeki when he came to Washington on a state visit. Leadership is necessary from both the United States and from Africa—this issue cannot be solved by one nation alone. But no one country can ignore it either. President Mbeki has focused his attention on fighting the AIDS epidemic by fighting poverty. In his remarks in Durban, he missed an opportunity by refusing to state unequivocally that HIV causes AIDS. And, I fear, his questions will allow those who engaged in risky and unsafe practices to continue. Only bashing pharmaceutical companies is not helpful in the fight against AIDS, and the participants at the International Conference on AIDS rightly passed a resolution in support of the tested science of AIDS.

One can argue—and I do not at all subscribe to that argument—that Africa does not matter to the security interests of the United States. Some even mock the suggestion. I believe that this is not an issue of which any decent rational human being can be dismissive. One humanitarian terms, on political terms, on cultural terms, on economic terms, on historical terms, no one should dare be dismissive. We are linked to everything that is happening in Africa, starting back to our nation's and civilization's earliest history, and we are now tied by the new forces of globalization and technology. And I hope that we will always be tied by who we are and what we are as nation. This really tests the fiber of our country, in a sense, and questions whether we are prepared to deal with this threat.

But even if you subscribe to the view that the AIDS disaster in Africa is not a threat to our national security, you have to at least recognize that unfettered spread of this horrendous virus to other regions of the world—including North America—is certainly a threat. As goes Africa, so goes India and China—and no one in this Senate can make the argument that an India or a China, destabilized by a public health catastrophe, can be ignored in terms of our national security interests.

The window of opportunity is now open to making a real difference in Africa and improving global health, and that is why I am so pleased that the Senate is acting with all dispatch to make a significant contribution to fighting the epidemic in Africa. This bill builds upon the work of many of our most thoughtful and distinguished

colleagues. It includes initiatives that Congresswoman NANCY PELOSI, Senator FRIST and I began many months ago to speed vaccine development, to deal with AIDS orphans and to alleviate the suffering of those infected with HIV on the African continent. It also incorporates the plan Senator FRIST, Congressman LEACH and I have devised to inaugurate AIDS prevention grants from the World Bank. Senator DURBIN and I proposed a plan to assist AIDS orphans, and the spirit of that legislation is found throughout this bill. Senator BOXER and Senator GORDON SMITH have called for funding increases to AIDS prevention programs in Africa; Senator MOYNIHAN and Senator FEINGOLD have a proposal to target money to prevent further infection among infants. Their contributions can be seen in this bill.

The work of the appropriators has been and will continue to be vital in funding programs to assist Africa. I commend Senator LEAHY and Senator MCCONNELL for increasing funding for the existing appropriations accounts on global health in the Foreign Operations bill and I am very grateful that they have agreed to fund the Global Alliance for Vaccines and Immunizations (GAVI) which I have been urging for a year now.

I would also like to acknowledge the significant contribution of the distinguished Senator from North Carolina, Mr. HELMS. I commend the Chairman and our ranking member, Senator BIDEN, for their leadership. They have ensured that this session will not close until we have passed the largest single response by our Nation to the global AIDS epidemic.

It is my hope that the other body will move to pass these vital proposals with all necessary speed. It is clearly in our national interests—security, economic, political, health and moral—to do all we can to solve this crisis. Let me be clear on this, Mr. President, my commitment to this issue is not transitory. I will not rest on this legislative victory. I will be back next year and every year after that until this public health disaster is over.

Mr. FEINGOLD. Mr. President, I rise in support of the Global AIDS and Tuberculosis Relief Act of 2000. This bill recognizes the awesome and terrible scope of the HIV/AIDS epidemic, and responds with what is truly required to address it—a program far more comprehensive and substantial than what is entailed in the status quo.

The numbers one must use to describe the crisis are numbing. More than 70 percent of all people living with AIDS live in sub-Saharan Africa, and as the ranking member of the Senate Subcommittee on Africa, I have seen firsthand the devastating toll that the disease has taken in the region. In Africa alone, 15,900,000 people have died because of AIDS, and the World Bank has identified the disease as the fastest-growing threat to development in the region. Life expectancies are dropping dramatically, and the social fall-

out from this horrific upheaval has forced us to confront the disease not just as an epidemiological threat, but as a security threat as well. Nearly 4,500,000 children have HIV and more are being infected at the rate of one child every minute. According to UNAIDS, by the end of 1999, AIDS had left 13,200,000 orphaned children in its wake.

This bill is a serious effort to confront this monstrous crisis. It will provide hundreds of millions of dollars in assistance to strengthen prevention efforts, to combat mother-to-child transmission, to improve access to testing, counseling, and care, and to assist the orphans left in the wake of the disease. Through a new AIDS trust fund, it will leverage U.S. assistance with a multi-lateral approach and through innovative partnerships with the private sector. The bill provides support to the Global Alliance for Vaccines and Immunizations and to the International AIDS Vaccine Initiative, so that even as we address the urgent needs of the present, we work toward a solution in the future. The bill insists that AIDS education be provided to troops trained under the auspices of the African Crisis Response Initiative. It recognizes the inextricable link between HIV/AIDS and the resurgence of tuberculosis. It goes beyond the President's request and beyond anything that this Congress has contemplated since the epidemic began.

The bill is not perfect, of course. The needs are great and the problem multifaceted. I would still like to see this Congress address the important issue of access to pharmaceuticals, and to put strong language into statute that would prohibit the executive branch from pressuring countries in crisis to revoke or change laws aimed at increasing access to HIV/AIDS drugs, so long as the laws in question adhere to existing international regulations governing trade. This bill does not absolve this Senate of a continued responsibility to address the global AIDS crisis. But it is remarkable, all the same.

This bill has the unanimous support of the Senate Foreign Relations Committee. Senators HELMS, BOXER, FRIST, KERRY, and BIDEN have worked on it tirelessly. It includes provisions originally drafted in the Mother-to-Child HIV Prevention Act, a bill authored by Senator MOYNIHAN of which I was proud to be an original co-sponsor. It reflects the admirable work of the House and in particular of Congresswoman BARBARA LEE and Congressman LEACH, and it should reach the President's desk quite quickly. Rarely does such a substantive, ground-breaking bill enjoy this degree of bipartisan consensus. It is a tribute to my colleagues and a testimony to the undeniable magnitude and urgency of the crisis that the Senate stands ready to pass this legislation today.

Just days ago, U.S. Ambassador to the United Nations Richard Holbrooke testified before the Senate Foreign Re-

lations Committee. When he was speaking about the AIDS crisis, he spoke of its impact and of the place the epidemic has already taken in history, and said, "All of us will have to ask ourselves, when our careers are done, did we address this problem?" This bill is an important part of the answer to that question.

Mrs. BOXER. Mr. President, today the Senate is taking a big step forward in the fight against international AIDS and Tuberculosis. Today's passage of H.R. 3519, the Global AIDS and Tuberculosis Relief Act of 2000, will help those throughout the world who are suffering from these deadly infectious diseases.

I am particularly pleased that this legislation includes two bills that I introduced earlier in the 106th Congress. In February, I introduced the Global AIDS Prevention Act (S. 2026). This legislation authorizes \$300 million in bilateral aid for those nations most severely affected by HIV and AIDS. It calls on the United States Agency for International Development to make HIV and AIDS a priority in its foreign assistance program and undertake a comprehensive, coordinated effort to combat HIV and AIDS. This assistance will include primary prevention and education, voluntary testing and counseling, medications to prevent the transmission of HIV and AIDS from mother to child, and care for those living with HIV or AIDS.

H.R. 3519 also includes legislation I introduced last year, the International Tuberculosis Control Act (S. 1497). This bill authorizes \$60 million in aid to fight the growing international problem of tuberculosis. With this legislation, the United States Agency for International Development will coordinate with the World Health Organization, the Centers for Disease Control, the National Institutes of Health, and other organizations toward the development and implementation of a comprehensive tuberculosis control program. This bill also sets as a goal the detection of at least 70 percent of the cases of infectious tuberculosis and the cure of at least 85 percent of the cases detected by 2010.

H.R. 3519 has other important provisions as well. The bill includes a \$10 million contribution to the International AIDS Vaccine Initiative and a \$50 million contribution to the Global Alliance for Vaccines and Immunizations. It also contains provisions calling for the establishment of a World Bank AIDS Trust Fund with the Secretary of the Treasury authorized to provide \$150 million for payment to the fund.

I want to thank all of the members of the Senate Foreign Relations Committee for their work on this legislation. I am particularly grateful for the efforts of Chairman HELMS in pushing this bill forward.

This is an important step in the fight against AIDS and TB. I have no doubt that greater resources will be needed in

future years to continue this effort. I am hopeful that the Senate will continue to treat the issue of infectious diseases with the seriousness it deserves.

There are 34 million people today living with HIV/AIDS, and one-third of the world's population is infected with tuberculosis. Much more needs to be done, and I am proud of the Senate for taking this action today.

Mr. BENNETT. Mr. President, I ask unanimous consent that the bill be read a third time and passed, as amended, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 3519), as amended, was read the third time and passed.

TREASURY AND GENERAL GOVERNMENT APPROPRIATIONS ACT OF 2001—MOTION TO PROCEED—Continued

Mr. BENNETT. Mr. President, I will now turn to the subject that has been raised today and yesterday and last week and repeatedly in the last few weeks. That is the subject of why the Senate is not proceeding on the pace and with the vigor we all think it should. We have heard from the Senator from Rhode Island and others today about how the majority leader has somehow dictatorially brought everything to a terrible halt and wouldn't it be wonderful if we went back to the great spirit of cooperation and comity that allows us to get things done. I agree absolutely that it would be wonderful to return to the spirit of cooperation and comity that would allow things to be done, but I think it is pointing the finger in the wrong place to attack the majority leader.

Let me share with you my experience this last week. Monday of this week was July 24, which in my home State is the biggest day of the year. July 24 happens to be the day that Brigham Young and the first group of Mormon pioneers entered Salt Lake Valley and put down roots that have now become not only Salt Lake Valley but the State of Utah. Every year we celebrate that historic event with a major parade. It is one of the requirements for a politician to be in that parade. Senator HATCH and I always confer about whether or not we will be able to make the parade because we don't want to miss votes. There have been times when we have had to miss the parade to be here to do our appropriate duty.

On Friday of last week, I went to the staff of the leadership and said: What is going to happen on Monday? I was told: We will be on energy and water. There will be amendments and there will be votes.

I then went to the subcommittee chairman of the Appropriations Committee and said to him—this being Senator DOMENICI—how important will the votes be and how many will there be?