

As I said previously, PEPFAR management has not been abiding by the letter of the law. The Office of the U.S. Global AIDS Coordinator at the Department of State has been excluding several spending categories from the treatment and care calculation. A smaller denominator makes it easier for the program to meet the treatment calculation. In reality, hundreds of millions of dollars more should be going to treatment and care if the law were followed. Millions more patients could be receiving lifesaving antiretroviral treatment.

A Government Accountability Office report released in March 2013 highlighted how OGAC has been excluding a significant portion of PEPFAR appropriations, categorized as "Other" activities, from this calculation. In fiscal year 2008, this "Other" category accounted for about 15 percent of PEPFAR country budgets, or \$574 million. By fiscal year 2012, the category increased to 21 percent of PEPFAR country budgets, or \$710 million. Over the same timeframe, total spending on treatment and care decreased from \$1.8 billion to \$1.4 billion.

This "Other" category includes spending for health systems strengthening, strategic information, management and operations, and laboratory strengthening. OGAC told GAO it had excluded the "Other" category based on OGAC's interpretation of the intent of the treatment spending requirement. They have also not included any of OGAC's administrative costs.

As one directly involved with PEPFAR throughout my time in the Senate, I can say firmly the treatment spending requirement was intended for all of PEPFAR's appropriations, not just a portion.

PEPFAR's operational plan for fiscal year 2011 shows that PEPFAR received about \$5.0 billion for all bilateral activities, including headquarters administrative costs. To be meeting the treatment spending requirement as written, PEPFAR should have planned to spend about \$2.5 billion on treatment and care. Instead, it spent \$1.6 billion. That figure about \$900 million short of what should be going to direct treatment and care services that fit the categories already in law.

I understand the need for PEPFAR to invest in some capacity building and other ancillary development. A nation needs labs to check HIV test results, for example. Labs and clinics need health professionals, and a host government needs to be able to track the program results. However, we have seen time and again how development programs get off track, lose focus, and fail to meet their goals. They spend money on activities that are noble but ineffective. For example, in 2012, the U.S. Agency for International Development used millions of dollars to fund an economic development program in Morocco that included pottery classes, even though Moroccans have been making pottery for thousands of years.

Not only so, but the classes were poorly designed. The instructor only used materials not available in Morocco, and the class's translator was not fluent in English. Ultimately, the development program failed.

To prevent mission creep and failure, Congress put a treatment and care requirement in law to ensure more than half of go to direct treatment and care services, which have a clear and measurable impact on the lives of those living with this HIV/AIDS.

I call on PEPFAR to follow the letter of the law when it comes to spending on treatment and care. All PEPFAR appropriations should be entered into the denominator of this equation. No funding will be lost from doing so. Rather, hundreds of millions of additional dollars will be going to essential treatment and care. Millions of new patients could start receiving new life.

I will continue to monitor whether PEPFAR is following this definition in the future. Given that 26 million people worldwide need antiretroviral treatment, we cannot afford to let PEPFAR get off track.

Mr. CORKER. Mr. President, first, I want to say I appreciate Senator COBURN's work on the PEPFAR Program. He has been a tireless advocate and has made this program better, more efficient, and more focused. PEPFAR has saved millions of lives since President Bush signed it into law in 2003. I was pleased to work with Chairman MENENDEZ and our colleagues in the House on legislation, the PEPFAR Stewardship and Oversight Act, which continues its important work, and I truly appreciate the support Senator COBURN offered to this critical effort. PEPFAR is the single most successful program to date to address the HIV/AIDS epidemic in Africa and the largest commitment by any nation to combat a single disease internationally. In fact, due to PEPFAR, almost 6 million people are receiving life-sustaining antiretroviral treatment, millions have avoided infection, and more than 11 million pregnant women received HIV testing and counseling last year. PEPFAR has also provided care and support to nearly 15 million people, including more than 4.5 million orphans and vulnerable children. This is significant progress, but there is still work to do. The PEPFAR Stewardship and Oversight Act renews Congress's commitment to this vital program and ensures this work will continue our progress towards an AIDS-free generation.

As my colleague Senator COBURN has stated, a provision in the PEPFAR Stewardship and Oversight Act extends authority from the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 that requires "more than half of the amounts appropriated for bilateral global HIV/AIDS assistance" be spent on programs that provide treatment and care to HIV/AIDS patients. We in-

cluded an extension of this authority in the 2013 bill because it is important to ensure the program remains focused on treating and caring for patients. The plain language of the provision requires the "more than half" calculation to be made on all "amounts appropriated or otherwise made available to carry out the provisions of section 104A of the Foreign Assistance Act of 1961." We expect this requirement to be followed going forward.

I look forward to working with Senator COBURN and the Office of the Global AIDS Coordinator to ensure that the provision as intended by Congress is properly carried out.

Mr. CORKER. Mr. President, the Globe Fund to Fight AIDS, Tuberculosis and Malaria has recently made significant improvements and reforms, including building new data collection and reporting mechanisms. S. 1545, the PEPFAR Stewardship and Oversight Act, takes advantage of these reforms and provides for additional public reporting from the Global Fund on import duties and taxes on Global Fund services and commodities under section 4(b)(1)(F). This reporting is intended to identify discriminatory duties and taxes levied upon the Global Fund, and therefore should not be construed to require the reporting of de minimus administrative charges or nondiscriminatory fees. In addition, in order to allow the Global Fund time to develop the data collection systems required to implement this reporting, it is our intention that these requirements become fully effective as soon as is practicable, but no later than the end of the 2015 fiscal year. In the meantime, the Global Fund's efforts to meet the requirements of section 4(b)(1)(F) with additional reporting on these matters should be sufficient to meet the requirements in our legislation.

Mr. MENENDEZ. Mr. President, I thank the ranking member for his comments and work on this legislation. The reforms being made by the Global Fund are important and we both share the view that the reporting requirements for the Global Fund on import duties and taxes ought to be understood to provide flexibility until the end of the 2015 fiscal year.

#### NATIONAL PEDIATRIC RESEARCH NETWORK ACT

Mr. BROWN. Madam President, I wish to praise the passage of the National Pediatric Research Network Act, signed into law by President Obama on November 27, 2013. I was proud to introduce this bipartisan legislation along with my colleague and friend Senator WICKER.

I am a longtime supporter of expanded pediatric medical research and, as a member of the House and later of the Senate, have fought to increase funding to carry out these essential efforts. This bipartisan bill promises to build on the important body of work in pediatric research that the National

Institutes of Health, NIH, already supports.

This law authorizes the NIH to establish a number of multi-institution consortia conducting high-impact research into the most challenging pediatric issues of our day. These research networks will allow for the participation of multiple institutions through the use of a "hub and spoke" arrangement, with one or more central pediatric medical centers collaborating with other supporting sites.

Network applicants can focus on any type of pediatric research agenda, from basic laboratory research through later stage translational research and clinical investigations on a variety of pediatric disorders and diseases.

Importantly, the act will bridge the research gap between pediatric and adult conditions. Only 5 to 10 percent of the NIH's annual research budget is devoted to pediatric research, despite children comprising approximately 20 percent of the U.S. population.

Additionally, this act promises to strengthen our collective focus on pediatric rare diseases or conditions, such as spinal muscular atrophy, muscular dystrophy, Down syndrome, and Fragile X.

We are all aware that the NIH faces tight budgets and that these fiscal challenges are not going away overnight. Thus, Members on both sides of the aisle came together in support of this research model to promote efficiency and the sharing of resources. Modeled after the successful Cancer Centers and other successful networked initiatives, this law reflects the current fiscal climate and seeks to do more with less.

The National Pediatric Research Network Act could not have been enacted without the support of thousands of families, care providers, pediatric researchers and research institutions across the country. I would especially like to thank FightSMA and the Coalition for Pediatric Medical Research for organizing a grassroots effort that led to strong bipartisan support in both houses of Congress, and to Cincinnati Children's Hospital Medical Center, Nationwide Children's Hospital in Columbus, and Akron Children's Hospital for their endorsement and hard work in support of the bill.

The legislation received the strong support of Parent Project Muscular Dystrophy, the Children's Hospital Association, Federation of Pediatric Organizations, Kakkis EveryLife Foundation, National Down Syndrome Society, and the National Organization for Rare Disorders.

Finally, I would like to recognize Madison Reed, a valiant Ohio teenager living with SMA, for sharing her story with me when I visited Nationwide Children's Hospital earlier this year. The National Pediatric Research Network Act has given hope to thousands of families like hers, across Ohio and the country, that collaborative pediatric research will speed knowledge

from bench to bedside, allowing young people with medical concerns to lead healthier and fuller lives.

#### TRIBUTE TO JACK HANNA

Mr. PORTMAN. Madam President, today I wish to honor "Jungle" Jack Hanna for his 35 years of service to the Columbus Zoo and Aquarium. Jack is a world-renowned conservationist, author, television personality, lifelong adventurer, and champion of the Columbus Zoo.

In 1978, Jack Hanna joined a small zoo in Columbus, Ohio as the executive director. The challenges he faced as director were staggering. The zoo was outdated, the animals had little contact with the outside world, and the attendance was low. Jack worked to increase attendance by offering educational and entertainment programs at the zoo. Under his leadership, the Columbus Zoo and Aquarium became the world-class facility it is today. The Columbus Zoo is a state-of-the-art park with exceptional attractions such as Zoombezi Bay waterpark and Jungle Jack's Landing. The park has also expanded its reach outside of Columbus to include The Wilds near Cambridge, OH.

Jack's work as a conservationist has saved endangered animals and habitats around the globe. He helped found Partners in Conservation, and is an active supporter of St. Jude Children's Research Hospital, the Mountain Gorilla Veterinary Project, and the SeaWorld Busch Gardens Conservation Fund.

Jack was named director emeritus in 1992 of the Columbus Zoo but has continued to spur economic development and promote central Ohio since that time. Jack has made countless television appearances since 1983 on shows such as "Good Morning America," the "Late Show with David Letterman," FOX News programs, and CNN News programs. We still watch him today on his latest syndicated TV series, "Jack Hanna's Into the Wild."

I have had the opportunity to meet with Jack over the years and have witnessed his genuine love of animals and wildlife firsthand. He is a passionate advocate for conservation, and his skill for sharing the majesty of nature has opened the minds of millions of readers, viewers, and listeners.

The Columbus Zoo is an asset to central Ohio because of Jack Hanna's work and inspiration. I congratulate him on his service to our State.

#### TRIBUTE TO NICHOLE DISTEFANO

Mrs. MCCASKILL. Madam President, as we come to the end of 2013, I wish to pay tribute to a friend and a stellar long-term staff member of mine, Nichole Distefano. Nichole left my office earlier this year to pursue an exceptional opportunity with the Environmental Protection Agency. She spent more than 6 years as an indispen-

sable member of my Washington, DC, staff and was an exceptional member of staffs of mine going back to 2004.

Nichole is affectionately known as "H" in our office, initially because of the "h" in her first name and later for reasons best not shared on the Senate floor but related to her tenacity and direct nature. Nichole was the absolute rock and foundation of our legislative staff during her tenure.

She was, in fact, the first legislative aide that I hired. It did not matter—although was a shock to some—that she had no previous experience in DC. I knew she would dive right into her responsibilities with attention to detail and skill. In fact, within 2 years on the staff, she assumed responsibility for my government reform portfolio, which encompassed the issues that I focused on most intently during my first 6 years in the Senate. During that time we promoted her four times and continually increased her responsibility. In each case, she performed beyond even my highest expectations. There was no challenge and no issue Nichole could not tackle.

Nichole's policy accomplishments are too many to number. She was our lead staffer on earmark reform work; whistleblower legislation for both Federal employees and contractors; our complex regulatory reform efforts; everything and anything that had to do with empowering our inspectors general. She led all the office work on screening policies at the airports along with handling innumerable challenging situations with the GSA in regards to Missouri and was the lead staffer in writing bills to curb some of the excesses that we discovered in that Agency. She also patiently waded through all of the difficult policy and politics of energy issues, including the challenging and politically sensitive debate on cap and trade. There was no detail too small for Nichole to master and no nuance she could not grasp. One of her earliest policy responsibilities had to do with an energy issue much smaller than cap and trade, however. She prepared legislation dealing with the measurement of gasoline as it relates to temperature—hot gas was not the most exciting issue. It involved no bright lights and no headlines, just hard, complicated, solid, public policy work—the exact kind of thing Nichole thrived at. Those issues that take more than a cut-and-paste memo were Nichole's specialty.

I have known Nichole since she was 8 years old, as the granddaughter of a strong public servant, Carole Roper Park Vaughn, who served with me in the Missouri State Legislature. As Nichole ran around Carole's Jefferson City office, Carole helped instill in her that leadership spark. In 2004, when I ran for Governor, I hired Nichole for the first time to help run our Kansas City volunteer crew. By the end, most people on staff thought she was the one really running our KC office—and for all intent and purposes, she was.

By our 2006 Senate race, she became my rural outreach director, helping us