

BUNNING be added as a cosponsor of this resolution.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. TALENT. Mr. President, I spoke on this last night, and my friend and colleague from Missouri has covered the ground well, but I wish to say a couple things that I think are important to emphasize.

The first is, it is becoming increasingly obvious to everyone around the world that there is no reason, other than market protection, not to permit a biotech product into Europe. It is not bad for the environment. It is good for the environment.

In 2001 alone, biotechnology reduced the application of pesticides by 46 million pounds in addition to reducing soil erosion and creating an environment more hospitable to wildlife.

It would be good for the environment of Europe and the world to allow a biotech product there. It would be good for them, frankly, to start using it in raising their own product.

It is also increasingly obvious that there is no safety hazard. Practically everybody in America has eaten biotech corn or product made from biotech soybeans. There has not been a single case or suspicion of anybody being hurt by it. And, of course, there would not be because producers have been adjusting plant genetics for decades and decades and decades. This is just a new way of doing a very old and a time-honored thing that is very important to the production of the agriculture and to the advancement of human welfare.

I congratulate the administration on filing this WTO action. It is, if anything, overdue. I congratulate my friend and colleague for his comments. I hope the Senate can get behind the resolution just as quickly as possible and support the administration in this effort.

I know the support for biotech is bipartisan in this Chamber. I believe very strongly that it is overwhelming. I know we have tried to do this quickly this week, and maybe too quickly. Maybe we will not get it done today but I hope we can get it done soon and the Senate can go on record.

I close by saying, it is not just a question anymore of fairness and fair trade and the truth prevailing—as important as all those issues are. It is a question of hunger in the world. To me, the turning point was when the European Union countries not only refused to take the biotech product themselves, which I don't even think is defensible, but then they began trying to convince African countries that are in danger of famine to turn down shipments of safe, nutritious U.S. humanitarian biotech food aid.

This is now a question of trying to get food to people who are starving. That is too much, even for the European Union. I think it is time we said it. That is the point of this WTO ac-

tion. That is the point of our resolution. That is the reason my colleague from Missouri has spoken on this important issue late at the end of this week. That is the reason I wanted to come down to the floor and join him in his comments.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, before I begin, I should note my good friend, the senior Senator from Missouri, is on the floor. He had to put a unanimous consent request earlier, knowing that under the procedures we follow, it would be objected to by the senior Senator from West Virginia.

I will tell my friend from Missouri that in my 29 years here, I have never heard an objection so eloquently stated as was stated by the senior Senator from West Virginia. I think of the number of times we all make these requests, and most of the time unanimous consent requests are granted, as the Senator knows. For example, he recently made one allowing the junior Senator to speak and for me to follow. I can't help but think it would be nice if sometimes it wouldn't get so raucous around here, if we could hear more of the words of Senator BYRD in this regard. He included a history, geography and literature lesson, all in a simple "I object." It makes life better.

I wish my friend from Missouri a good break, as I do my friend, the distinguished Presiding Officer. He will soon, I am sure, be heading to New Hampshire, as I will to Vermont.

GLOBAL HEALTH AND THE PRESIDENT'S BUDGET

Mr. LEAHY. Mr. President, I rise to speak on a far more serious matter. I listened to the speech the President gave at the Coast Guard Academy a few days ago. I must say that this Democrat agrees with so many of the things the President said. I was especially pleased to hear him speak about the importance of foreign aid to America's security. But I became concerned after I looked behind the rhetoric of the President's speech. I wanted to see if the President's own budget request reflected his words. It does not.

At the Coast Guard Academy, the President spent a good deal of time talking about the global AIDS crisis, the worst public health threat in human history. I commend President Bush for that. He has shown great leadership on AIDS, although a bipartisan group in Congress has been pushing for action on AIDS for years.

The bill we passed last week, an authorization bill, authorized \$15 billion over 5 years to combat AIDS, tuberculosis and malaria. It is an important step forward. It showed that we are beginning to take the AIDS pandemic seriously. But before we all applaud ourselves and pat ourselves on the back, let's have a dose of reality. This was an authorization bill. It does not appropriate any money.

For all intents and purposes, it is like writing a check without enough money in the bank. I can recall a meeting on a different subject where someone was offering a pledge of close to \$1 billion to fund an initiative. Kidding around, I said: I will double that. I will give you my check for \$2 billion. In fact, I had \$138 in a checking account.

That is what we have done here. By passing the AIDS authorization bill, we have promised to write a check without enough money in the bank.

Let me explain. The President's budget request contains only about half of the \$3 billion authorized for AIDS for fiscal year 2004. It remains to be seen whether the promise of that bill—a promise with which I agree—will be fulfilled. To do that, the President is going to have to submit a budget amendment for the balance of these funds.

It also remains to be seen whether the Foreign Operations Subcommittee will get the allocation that supports that amount.

The bill we passed also authorized \$1 billion for the global fund to fight AIDS and TB and malaria. Again, another promise. For fiscal year 2004, the President has only budgeted \$200 million for the Global Fund, that is one-fifth of the amount we authorized. In addition, it is a cut of \$150 million from what was appropriated last year.

There is another problem. While the President's fiscal year 2004 budget for foreign operations does include approximately \$1.2 billion to combat HIV/AIDS, it robs Peter to pay Paul to pay for increases in HIV/AIDS programs, as the President's budget cuts other essential international health programs anywhere from 5 to 63 percent.

Let's take a look at the chart. The information on this chart, incidentally, is from the United States Agency for International Development.

Child survival and maternal health programs are cut by 12 percent. These are the programs that provide life-saving child immunizations. They also help to reduce needless pregnancy-related deaths each year. People will be astounded when they hear how many of these types of deaths occur each year. Six hundred thousand deaths. Many of these deaths could be easily prevented if we just put more resources into these programs. Instead, the President's budget cuts these programs by 12 percent.

It would cut programs for vulnerable children by 63 percent.

It would cut programs to combat other infectious diseases such as measles.

Measles kill 1 million children—not 100,000 or 200,000—but 1 million children a year. Again, this is something which is easily preventable. Every one of us can just go to the doctor's office and get our children and grandchildren immunized against measles. In many poor nations, parents and grandparents do not have that luxury. They need our help.

Does the President's budget show leadership on this issue? No. It cuts the programs which help combat measles, as well as polio, SARS, and other deadly diseases by 32 percent.

These are not my numbers, these are the administration's numbers. These numbers are in the President's budget.

Are we in favor of stopping children in poor countries from dying of measles? Of course we are. Are we in favor of fighting SARS? Of course we are. Are we in favor of fighting polio? Of course we are. Who is going to say they are against it? No one.

But, when you look at this budget, there are cuts to these and other critical international health programs. These cuts also include programs for disease surveillance. In the past, these funds for disease surveillance have been used to strengthen the World Health Organization's ability to respond quickly to outbreaks like SARS.

Everybody in this Chamber knows we will have another outbreak of either SARS or, perhaps, something far worse. There is no question that we need disease surveillance programs, because every one of these diseases is just one airplane trip away from the United States. Why would we want to cut funds for these programs?

The President's budget would also cut funds for drug resistance, which is a looming public health crisis. Many lifesaving antibiotics are already virtually useless because of resistance caused by the misuse of these drugs. The President's budget cuts funds to combat drug resistance.

While the President's budget would increase funding to combat AIDS—although nowhere near the amount promised in the bill we passed last week—it does so by cutting the budget for other global health programs.

These cuts will hurt children the most in countries where vaccines costing a few pennies make the difference between life and death. That is not acceptable.

If somebody said to us, look at those five children, you can save their lives by spending a dollar, would we do it? Of course, we would do it. Why then does the President's budget do the opposite by cutting these programs? I find this deeply troubling.

These are not Democratic or Republican programs. I have been joined time and again by colleagues on the other side of the aisle who support these initiatives in both the Senate and the House.

Mr. President, anyone who knows anything about public health knows that building the health infrastructure in developing countries is essential if you are going to effectively combat AIDS. It is the same thing with child nutrition. It is the same thing with maternal and reproductive health. You don't fight AIDS in a vacuum. It isn't an either/or proposition. People who are malnourished, who are in poor health, who have weak immune systems, who are at risk of other infec-

tions, are far more vulnerable to AIDS. It is common sense.

In addition to helping to combat AIDS, these international health programs are vitally important for their own sake. They save millions of lives for very little money. They fight diseases that we eradicated in the U.S. years ago. When I was growing up, the municipal pool would close in the summer because of polio. You never hear of such things anymore. We should be doing the same thing overseas with these types of diseases—making them a thing of the past.

Over the past 5 years, we have built up these global health programs, and each year they yield more and more results. It would be unconscionable to cut these programs. But that is exactly what the President is asking Congress to do—cut these programs.

Last week, Republicans opposed our amendments to correct some serious problems in the AIDS bill—problems they acknowledged. They said we could not take time to get the bill right, because we needed to act quickly so the President could point to this bill as a sign of U.S. leadership at the Group of Eight meeting in France next month.

Let's be serious. If the White House had wanted, they easily could have supported those amendments and made this a better bill. We also could have made sure that this bill got to the President's desk in plenty of time. It is clear to me that the other side's opposition had a lot more to do with political ideology than the President's travel schedule. And, that is simply not enough to justify the provisions in the bill that are going to make it more difficult to prevent the spread of AIDS. As a result, the President will go to France with an AIDS bill that is only half funded.

In addition, he is going to use that bill to urge other nations to do more to fight AIDS. Now, I agree that other nations should do more. This is not something the U.S. could or should do alone. But the world should ask the President, the leader of the wealthiest nation on earth, whether he is going to back up his own words with deeds.

When he asks others to do more, as he should, his own budget should not slash funding for the Global Fund to Fight AIDS and for other international health programs. The world should also ask why the United States is spending less than 1 percent on programs to combat poverty, including global health. After all, we are the wealthiest Nation on Earth. It is not only in our security interests, but also our moral responsibility, to do more.

Mr. President, at the Coast Guard Academy, President Bush spoke about other important foreign aid programs, such as the Peace Corps, Famine Fund, and the Millennium Challenge initiative. Not surprisingly, these are some of the programs his foreign aid budget favors.

But he did not mention that his budget not only slashes funding for

global health but also for development assistance, which pays for everything from children's education, to agriculture research, to democracy building. His budget cuts food aid and assistance to refugees—the world's most vulnerable people. And, we have all seen the images of refugee camps around the world. People pushed from their homes because of famine or war or natural disasters often end up living in horrendous conditions.

This is not compassionate conservatism. It may conserve money, but it is not compassionate. It is shameful.

More to the point, the President's national security strategy recognizes the essential role of foreign aid. While we read about the importance of foreign aid in his national security strategy, we don't see it in his budget request.

Look at this chart. Food aid is cut by 17 percent. International disaster assistance for floods and earthquakes and wars is cut by 18 percent.

We hear a lot of speeches on the floor talking about our moral responsibility to the rest of the world.

While we may feel good about giving these speeches, I do not feel good about the lofty rhetoric that bears little resemblance to reality. And, unfortunately, we have another great example of this in the President's budget request. Great speeches, bad reality.

The President should do what he says. He should do what he is asking others to do. He should submit a budget amendment for the \$3 billion authorized to fight AIDS. He also should request the funds to prevent the cuts to other vital global health programs.

Most importantly, he should start treating foreign aid for what it is: a critical investment in America's security. Less than 1 percent of the Federal budget is used to combat the conditions that cause poverty and conflict around the world. This is woefully inadequate. It shortchanges America's future. It invites insecurity.

One would have thought that if September 11 taught us anything, it was that business as usual is no longer tolerable. As I have said before, the President deserves credit for his Millennium Challenge initiative. It provides some additional foreign aid funds.

But, I ask Senators to look behind the curtain to see how it is funded. Some is new money. Sadly, the rest is from cuts to other essential programs.

And let's keep things in perspective. Before we congratulate ourselves too much, let's remind everyone that the Millennium Challenge, on an annual basis, amounts to less than what my own little State of Vermont of 600,000 people spends on public education. That is not a serious response to the challenges we face.

I also credit the President for his famine fund initiative, but I question what the real point is. He already has the authority he needs to respond to famines. The problem is that his fiscal year 2004 budget would cut title II food aid by more than the amount the famine fund would add. Again, robbing

Peter to pay Paul. Unfortunately, both Peter and Paul are starving.

If we are going to lead, and especially if we are going to ask others to do more, we are going to have to stop playing shell games with the foreign aid budget. Leadership is good policy. Leadership means resources. Leadership means ideas. Leadership is not a press release.

Senator FEINSTEIN, Senator HAGEL, Senator SMITH, and so many others, Democrats and Republicans, have spoken out about the need for substantially more resources to protect America's interests abroad. When are we going to stop talking and start acting?

As I have told the President before, I would strongly support him on these issues. But, I am not going to support empty rhetoric. I want to see the money. It is one thing to go on foreign trips and talk to leaders and say: Look at this AIDS authorization bill I have. But, it does not make much sense if the money is not there. And, in this budget, the money is not there.

I call on the President: Let's forget the politics. Let's come up with the right ideas on AIDS. Let's come up with the right ideas on the Millennium Challenge Account. But, once we have the right policies, let's put real resources behind these policies. And, to pay for these increases, we should not cut programs for global health, disaster assistance, refugees, food aid, development assistance, and immunizations.

Let's get rid of the rhetoric. Let's put some reality in there. If we do that, then the United States can show the promise and the moral leadership a great Nation should show.

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

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

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2003

Mr. FRIST. Mr. President, last Wednesday marked an important day in the progress of medicine and national policy. I am pleased to note that on that day the Health, Education, Labor, and Pensions Committee voted unanimously to report out S. 1053, the Genetic Information Nondiscrimination Act of 2003.

For more than 6 years, I have had the opportunity to work with Senators SNOWE, JEFFORDS, ENZI, GREGG, HAGEL, COLLINS, and DEWINE on this important legislation. I believe with the invaluable contributions of Senators DASCHLE and KENNEDY that we brought to the forefront of the congressional agenda solid legislation that will provide patients with real protection against ge-

netic discrimination in health insurance.

I will first express how much I appreciate the work of my colleague on this issue, the Senator from New Hampshire, Mr. JUDD GREGG, who is chairman of the Health, Education, Labor and Pensions Committee. It is his commitment and dedication to this issue that is primarily responsible for getting us to this point of reporting out this Genetic Information Nondiscrimination Act.

At this juncture, I also commend President Bush for his commitment to ensuring strong protections against genetic discrimination and for calling attention to this critical matter.

We began work on this issue many years ago. It was interesting when we started this work—well, not many years, about 5 years ago. But when we started this work, it was way off in the future that we anticipated decoding of the human genome would actually occur, but we were able to identify the problem, recognizing that the advances in technology, this unraveling of the genetic code, which was so revolutionary in thought at the time, would indeed introduce new challenges to the way we handled health information.

So we jump a few years later and now we can look back, and over the last few weeks the complete decoding of the human genome has been announced. That is about three billion bits of information that we did not know about a year ago. Now we know.

Just last month, America celebrated two wonderful milestones in medical science. Scientists working in collaboration with the National Human Genome Research Institute at the NIH, National Institutes of Health, published a final draft documenting that entire sequence of the human genetic code. The publication occurred more than 2 years ahead of schedule. I should also add, it came under budget. There are very few things we do in Washington that are completed ahead of schedule and under budget. This tremendous discovery, this unraveling of the genetic code of the human genome, is one of them.

The publication of this occurred more than 2 years ahead of schedule, as I mentioned, but also almost 50 years to the day from the historic publication by two icons in terms of science, Dr. James Watson and Dr. Francis Crick. The helix, called the DNA, which is a double helix—all of us have seen pictures of almost a figure 8, a three dimensional helix which was described now a little over 50 years ago. The dazzling accomplishment of this decoding of the human genome has ushered in a new era which we will see unfold over the next few years, next 5, 10 years, which will enable us to better understand diseases, how the human body functions but, importantly, how diseases affect that functioning of the human body.

This decoding has also begun to expand our understanding of human de-

velopment throughout life, health, and disease processes. Specifically, the discovery of disease genes—that is, variations in the genetic code that can be associated with the manifestation of symptoms and what becomes disease—brings promises for hope for ultimately not just prevention of those diseases but also treatment and cure. Scientists very likely will be able to design drugs to treat specific genes or the manifestation of these genes. In my own field of heart and lung transplantation and other types of transplantation of tissues, organs may be specifically engineered for use in the field of transplantation. Even preventive care, where we are woefully inadequate in terms of knowledge but also in application of that knowledge today, may potentially be based in large part to genetic testing.

This potential explosion of knowledge, which is exciting to me as a scientist and as a physician, is also associated with risk. When I first joined my distinguished colleague from Maine, Senator SNOWE, in this effort several years ago, almost one-third of women who were offered a test for breast cancer risk—and this is a genetic test—at the National Institutes of Health declined. They said, no. They say: I understand that test may be able to tell whether I will get breast cancer but I decline.

You ask why. They say: The only reason, and the reason I say no, is the risk that information will be used by a health insurance company or an employer against me. What if that information got out?

I strongly believe then, as I do now, that we have an obligation, a responsibility, to protect people from the threat that their genetic information can be used against them in any way. I would say that from a medical standpoint, and from a societal standpoint, this is a moral responsibility. It is a practical responsibility. If unchecked, the fear of genetic discrimination will prevent individuals from participating, whether it is in research studies, or in the gathering of information that can be used and applied more broadly to people, either in this country or indeed across the globe. It will prevent people from taking advantage of the new technologies which can be and, in fact, almost certainly will be lifesaving. It will keep people from getting tests, even from discovering that they are not at risk for genetically related diseases. Also, the fear of genetic discrimination has the potential to prevent citizens from making informed health decisions.

If one does not have that information, they simply are not going to be able to make informed health care decisions, whether it is in lifestyle or to determine whether or not they need an annual cardiac or heart catheterization once a year, or if they have the gene for breast cancer so that they would go and get mammographies more often. If they refused to get the test because of