

A pharmacist gives a gaunt young man his change and explains just when and how to take the medicine. Patients pay what they can. They're required to pay something. It's a way of making sure that the patient wants to be part of the program and will follow treatment regimens carefully. The YRG Center gets a special discount, and Cipla assists in other ways. Lulla says it's been trying for years to sell more generic AIDS drugs in India, but the government has not until recently agreed to Cipla's terms. But Amar Lulla insists that the company's motive isn't money and it isn't publicity.

Mr. LULLA. If you've seen the face of disease and if you've seen the face of death and if you've seen people dying because they can't access medicines, and if you save one life, it is worth it. To some of us, it's very important, you know. And then I can see a lot of cynicism in the media and in the way people do ask us, what is behind all this, you know? What is the motive? What is the motive? But sometimes doing this is an immense joy and serves the need that we all have within us as human beings, you know, to help someone. That's it. There's nothing more to it.

WILSON. Still, nowhere near the two million people in India that it is estimated now need treatment get it. Vivek Divan with the Lawyers Collective AIDS Unit says it's a profound paradox.

Mr. VIVEK DIVAN (Lawyers Collective AIDS Unit). A lot of our clients are dying. They just continue to die. It's a ridiculous situation. It's absurd because, you know, Cipla and Ranbaxy make this medication in this country, and it wasn't available and still isn't more or less available. When you think about it, it is such an absurd situation, it's so starkly absurd that it shocks you sometimes. It makes you laugh also, unfortunately.

WILSON. Late last year the Indian government finally struck a deal with Cipla, and in April, just before the national elections, the government began distributing free antiretrovirals for people with AIDS.

Ms. MEENAKSHI DATTA GHOSH (Director, National AIDS Control Organization). We have treated more than 800 people so far, and we do want to very rapidly accelerate the treatment.

WILSON. Meenakshi Datta Ghosh is the director of the government's National AIDS Control Organization.

Ms. DATTA GHOSH. We have trained teams in 25 medical hospitals, and that's where we are now moving to expand. And so we do believe the numbers getting treated will rapidly pick up.

WILSON. 'Cause 800, you know, for a population this size, seems incredibly small.

Ms. DATTA GHOSH. That's very unfair. We've only been in the treatment less than four months. Since May 2003 onwards, we have concentrated on expanding and widening the availability of services for people living with HIV and for the general population. Political commitment for HIV and AIDS has grown by leaps and bounds. All of this put together has enabled us to commence treatment earlier than perhaps was originally scheduled. And therefore, I do not—it's not entirely correct to say the government has not done anything.

WILSON. By the end of this year, she says, the government aims to provide treatment for 100,000 AIDS patients. India is not alone in the caution with which it has taken on treatment, using the generic AIDS drugs. Scientists and health officials question Cipla's capacity to supply generic drugs to the millions in developing countries who need them and maintain that supply for the rest of their lives. There are also concerns that generics may contribute to the develop-

ment of a more resistant AIDS virus. Again, Cipla's Amar Lulla.

Mr. LULLA. This is such a beautiful argument, such a beautiful one when you don't want the drugs to reach the dying patients. The big pharmacy will say this argument is never advanced. Why? The same drugs, the same side effects, the same risk of developing resistance. Why is it not talked about? Why is it talked about only when you want to make them available to the patients, and you talk all this junk, I mean, such rubbish, it's not even pardonable. So don't give to anybody, right? If you can't give to 40 million, don't give to one million. Don't make these drug available to anybody. Let everybody die. What kind of argument is this? And this is such a con, such a lie, it's a crime on humanity, and everybody repeats it, you know. That's a pity.

WILSON. Some of the suspicions about generics and the quality of Cipla's three-in-one pill Triomune were answered by a recent study that was published in the British journal *Lancet*. As doctors had already noted, Triomune was just as effective at suppressing the AIDS virus as brand-name medications. Brenda Wilson, NPR News.

MONTAGNE. It's 11 minutes before the hour.

ADDITIONAL STATEMENTS

TRIBUTE TO JOHN A. FORLINES JR.

• Mrs. DOLE. Mr. President, I rise to salute a true gentleman who has just announced his retirement from the position of Chairman and CEO of the Bank of Granite based in Granite Falls, NC: Mr. John A. Forlines Jr. John is a man of great integrity and ability.

John's bank has become legendary, as it is often called "the best little bank in America." However, his achievements extend beyond his professional life, for he is also well known for an outstanding history of service to his community, state and his country.

I had the pleasure of serving with John as a trustee for Duke University, and I was continually impressed with his intelligence, his dedication and his great enthusiasm for Duke University and higher education. A native of Graham, NC and a graduate of Duke, John joined the U.S. Army finance department in 1940, and eventually rose to the rank of Major.

John's extraordinary career with the Bank of Granite began in 1954, when he assumed the position of President. Soon after, he was named chairman of the North Carolina School of Banking at the University of North Carolina-Chapel Hill, and began his lifelong relationship with the American Bankers Association. He was later named Chairman of the North Carolina Banking Association. John's work has resulted in the continued growth of stronger communities across North Carolina. Through his work he has provided the capital for many businesses to be established and grow, creating good jobs. He work also financed countless homes for families and individuals across the state.

In addition, John has furthered his commitment to the communities of

North Carolina through his dedication to service in his personal life. He serves on the Board of Elders of First Presbyterian Church in Lenoir, NC. He also holds positions on the Board of Directors for the North Carolina Citizens for Business and Industry; Caldwell County Hospice Inc.; Piedmont Venture Partners; and The Forest at Duke, a retirement community.

John's dedication to his profession and community has been recognized through the years with numerous honors and distinctions. These accolades include Financial World Magazine CEO of the Year for banks \$300-\$500 million in assets from 1992 to 1995. He received Duke University's Distinguished Alumni Award in 1994; and was inducted into the North Carolina Business Hall of Fame in 1999.

John Forlines epitomizes the American spirit through his entrepreneurial skills and his ever present commitment to family and community. He serves as an inspiration to us all. I appreciate his warm friendship and his tremendous service on behalf of all North Carolinians.●

RECOGNITION OF DR. ROBERT K. STUART

• Mr. HOLLINGS. Mr. President, I wish to recognize and congratulate Dr. Robert K. Stuart for his accomplishments in the fight against cancer. He is a long-time leader in the medical cancer community on a professional and personal level. For his devotion to make a difference in the lives of others, Dr. Stuart deserves to be honored. He has fought cancer on many levels and is a model of inspiration to his community.

I ask that a recent Post and Courier article be printed in the RECORD, so that all my colleagues can see the extraordinary accomplishments of this man.

The material follows:

[From the Post and Courier, July 10, 2004]
CANCER DOCTOR, SURVIVOR TO JOIN LANCE
ARMSTRONG ON TOUR
(By David Quick)

Cancer survival and cycling were forever linked when Texan Lance Armstrong survived testicular cancer and won not one, but five consecutive—and perhaps six—Tour de France races.

But long before Armstrong would become a household name, oncologist Dr. Robert K. Stuart was in the trenches fighting the war on one of humankind's most deadly diseases and using cycling as an escape and a way to stay strong physically and emotionally.

This October, the worlds of Armstrong and Stuart will come together for a week during the Bristol-Myers Squibb Tour of Hope, a 3,200-plus-mile relay from Los Angeles to Washington, DC. Stuart is one of 20 cyclists selected to participate in the tour from among more than 1,000 applicants.

Besides riding four hours every day, Stuart and the other cyclists, along with Armstrong, will be making stops along the way, spreading the message of hope and encouraging cancer patients to participate in new treatments, often referred to as clinical trials.

Stuart certainly has earned the honor.