on weatherization last winter. We should be greatly increasing funding for weatherization as well. I have been working with the Senators from Minnesota, both Senator KLOBUCHAR and Senator COLEMAN, to lead a bipartisan effort. My friend from Vermont and the Presiding Officer have also signed onto that, calling upon the appropriators to increase weatherization funding as well.

If we could provide an additional $40 million to the Weatherization Program, it would help another 15,000 households who are in need of weatherization.

Let me end my comments by saying it is imperative we act both on the legislation to increase funding for the LIHEAP program and then proceed to also increase funding for weatherization as well. It is the least we can do to help some of the most vulnerable citizens avoid a true crisis this winter.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. The time for morning business has expired.

TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA REAUTHORIZATION ACT OF 2008—Continued

The ACTING PRESIDENT pro tempore. The Senate will now continue consideration of S. 2731, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 2731) to authorize appropriation for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

The Senator from New Hampshire is recognized.

Mr. SUNUNU. Mr. President, I rise to speak in support of the legislation before the Senate today. This legislation is really of historic scope and importance, dealing with the global crisis of HIV/AIDS, tuberculosis, and malaria.

There has been a lot said about this legislation. It is certainly not a perfect piece of legislation, and rarely do we see something that fits that description, but when we talk about infections and the impact of HIV/AIDS, tuberculosis, and malaria around the world, it is hard to exaggerate the devastating impact these diseases have had. It is also hard to fully appreciate the positive impact the U.S. leadership in this area has had as well.

Around the world, there are over 30 million people infected with HIV/AIDS. I think perhaps even more striking is that you have 2.6 million deaths attributed to tuberculosis and malaria a year. These are deaths that are preventable. That is why the funding in this legislation is so important, because we know it will not just deal with the spread of HIV/AIDS and new infections around the world, but will also help prevent deaths today, tomorrow, the year after, and the year after.

We have the ability to prevent these illnesses, to treat them as never before, and to save lives. That is why this funding is so badly needed and will be so beneficial. I think this is the greatest humanitarian crisis I have seen, certainly in my lifetime, the spread of these diseases around the world and in particular in Sub-Saharan Africa.

Many people have observed that this legislation includes a dramatic increase in funding, and it certainly does include a significant increase in funding, but it is essential that we allocate these funds to PEPFAR, the President's initiative, and to the global fight because we have seen the dramatic impact and success of the funds we have already allocated and appropriated.

Today, we can look back over the last 5 years and appreciate that 1.7 million people around the world now have the ARVs to treat HIV/AIDS that didn't have them before, 55 million people around the world have been reached with prevention efforts dealing with HIV/AIDS, and 25 million malaria deaths have been prevented. That is a dramatic success, and that is something all of those countries that have participated in this fight should be very proud of.

Under this legislation, the funding and initiative and the effort will continue, with $4 billion to deal with tuberculosis, $5 billion to deal with malaria, and $2 billion in funding for the Global Fund. These are significant sums of money. Many of my colleagues have observed that with such a significant allocation, oversight and accountability are essential. I could not agree more.

We need to ensure, through every avenue possible within the U.S. Government, the Global Fund, and within other relief organizations, that every effort is made to ensure appropriate use of the funds, to ensure the use of efficient allocation, and, of course, to ensure accountability.

We are measuring success, measuring performance better today than we have ever done before. We need to continue to improve that effort. We need to make sure we understand how much it costs to reach an individual or a family with ARVs, how much it costs to get treatment for malaria into the hands of those who can most benefit, how we can reduce those costs, and so on.

The fact that we have not always been able to account for these funds as effectively as we would like is not a reason not to pursue such an important initiative. We have better benchmarks than ever before in this legislation, better standards for accountability and oversight than ever before. The cost of delay isn't measured in days or weeks; the cost of a delay of this legislation is measured in lives. That is why it is so important that we act on the legislation this week, before we break for August, and that we have it signed into law this year.

Only the United States can provide this kind of leadership in terms of public awareness and in financing. It is the U.S. leadership that has been the driving force behind the successes I mentioned earlier—the numbers reached with ARVs, the numbers reached with prevention efforts, the number of lives saved, and the number of malaria deaths prevented.

There are many reasons to undertake a piece of legislation of this scope and importance. We can begin with the humanitarian aspect. There is no greater crisis anywhere in the world than the humanitarian crisis created by the spread of HIV/AIDS and the millions who die every year from malaria, tuberculosis, and the millions of deaths that are preventable. There are the public health aspects that, in the long run, benefit not just those countries that benefit from PEPFAR, but in countries around the world, in the United States and our allies, where improvements in public health, reductions in the number of infections and, in the end, programs lead to healthier and longer lives and a better quality of life.

There are the economic impacts and benefits. It is hard to imagine a disease that has had a greater economic impact in the last 20 or 30 years than HIV/AIDS on the continent of Africa. The economic costs are borne not just by the individuals in those countries where the infection rates are high, but, again, they are borne by neighboring countries, by their trading partners, and they are borne by the economies of the Western World that are called on to provide the humanitarian relief, which could be avoided if we do a better job with prevention and treatment. So there is a humanitarian cost, a public health cost, and there is an economic cost.

Finally, there is also a national security benefit to dealing more effectively with infections of HIV/AIDS and the cost of these diseases. If a public health crisis such as this is allowed to go unchecked and the economic effects are devastating, and we see weakness and collapsing economies around the world, in particular in Sub-Saharan Africa, and the subsequent collapse of civil society brings important government institutions to a halt or renders those institutions dysfunctional, then the United States and our allies will have to deal with the crisis of a failed state.

We have seen the way in which public health crises around the world have contributed to chaos and failure of government institutions and, ultimately, to the potential to lead to a more fertile ground for oppression, terrorism, and a collapse in the rule of law. All of those failures have national security implications not just for the United States, but for our allies around the world.

This is an important piece of legislation for what it does, for those around the world who are affected by HIV/AIDS, but also for what it does in setting us and our allies on the right path to deal with a humanitarian and public health crisis around the world.

I encourage my colleagues to support the legislation, even though in the eyes of some it may not be perfect, because it is certainly something that is necessary, needed, valued, and it is an area of investment that has already had a dramatic and positive impact in the lives of millions around the world.

I yield the floor.

Mr. DURBIN. Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

LOW-INCOME HEATING ASSISTANCE

Mr. SUNUNU. Mr. President, I wish to take this opportunity to speak for a few minutes on a piece of legislation which is not pending but which I know is scheduled to be debated in the coming days in the Senate, and that measure deals with the Low-Income Home Energy Assistance Program or LIHEAP.

Senator SANDERS of Vermont has introduced the Warm in Winter and Cool in Summer Act to address a potential crisis as we enter the fall and winter heating months. Heating assistance for those in economic need—not just in New England but across the country—will become a pressing issue.

I think this is important legislation, and I am pleased to be a cosponsor of Senator SANDERS' initiative to provide emergency funding now so that Congress does not have to deal with it in a crisis mode as the winter months approach.

With heating oil over $4 a gallon, this is an issue that Congress needs to address early and aggressively. It is imperative that those seniors and families who depend on low-income heating assistance in New Hampshire and across the country feel confident that the resources will be there when they need them.

It is also important that Congress address this issue early so States can work with those agencies that administer the heating assistance program. In New Hampshire, the community action programs have done an outstanding job ensuring that appropriate funding is available at different eligibility levels and that this assistance gets to where it is needed as efficiently and effectively as is possible. As we approach this debate, I encourage my colleagues, to give this legislation careful consideration and support because it will make a difference in the lives of millions of people across the country. This bipartisan legislation is also something that we have the ability to pass right now.

In addition, the Senate needs to take up legislation that deals with our nation's energy situation, and I firmly believe that means being proactive on conservation, alternative and renewable clean energy development, and new energy exploration here at home. Congress must stop ruling things out. We have to stop saying: We can't do this, we can't do that. Both sides of the aisle must find ways to work together or we will never reduce our dependence on foreign oil.

As we debate additional low-income heating assistance funding, we need to look at conservation, alternative and renewable energy, and more energy production at home—there is no magic bullet; all of these avenues must be pursued to address the issue in the medium and long term. But for many families, whether heating oil is at $4 a gallon or $3 a gallon, the impact of the cost is dramatic. That is why we also need to have in place a strong Low-Income Home Energy Assistance Program that will make a difference to those families in need.

I look forward to supporting the legislation of my colleague from Vermont and, again, encourage all my colleagues to support the bill.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The majority leader is recognized.

OIL CRISIS

Mr. REID. Mr. President, the Republicans have been talking now for several weeks about needing to do something about oil. But you see, we on this side of the aisle have been talking about doing something about it for a long time—a long time. That is why we brought the global warming bill to the floor. That is why we pushed very hard to have the renewable energy tax credits put in place so the American entrepreneur can invest in solar, wind, and geothermal, creating hundreds of thousands of jobs. We have been stopped doing anything about global warming, we have been stopped doing anything, of course, about renewable energy, which would take tremendous pressure off the oil markets.

We have worked on doing other things. We introduced legislation dealing specifically with gas prices, and we were turned back from doing that. We could not get 60 votes.

The causes of high gas prices we all know are complicated: We have stability problems in Iraq and in Iran, the Middle East; we have problems in Nigeria now, which is the fifth largest producer of oil in the world; the weak dollar is creating more problems; some say the global demand is outpacing supply with India and China coming online to buy a lot of this oil; and the failure of the oil companies to use their record profits to invest in new refining capacity and research alternatives.

Speculation in oil, is that the problem? Of course not. But it is a problem. It is a big problem, and I think there is a lot of agreement to that effect. Economists agree that probably up to 30 percent or more of the price we pay at the pump is due to speculation.

I had a conversation this morning with the head of United Airlines. This man comes with a pretty good resume. I did not meet him until a few months ago when he and a number of people from the airline industry—all the bosses—came to see me lamenting the fact that these companies were in desperate need of help. They explained to me there were airplanes that were filled to capacity every trip they took in America, but they were going to cancel those flights. Why? Because the airplanes they are using use a lot of gas. The flights they took used a lot of kerosene, is basically what they burn. Therefore, they were going to terminate the flights and use airplanes that did not use as much gas because they lose less money. They lose basically money on every flight they take and that we take as consumers.

I met him then the first time. I have had other conversations with him. He is one of the experts we had in a meeting last Thursday to talk about speculation. Today I talked with him because we introduced legislation to deal with speculation to get the energy debate started.

The Republicans, in the bill they have introduced, have a provision about speculation. So they should join with us in allowing us to get this bill to the floor.

Mr. Tilton said to me today he appreciated our working to get this bill done. We have taken parts from Democratic bills and Republican bills to be at a place where we are now. Mr. Tilton said this is extremely important for the industry, to recognize that we in Congress are trying to do something to tamp down speculation.

President Bush said yesterday there is no immediate fix, that it took a while to get to this problem; there is no short-term solution. That is true. When President Bush took office, a gallon of gasoline cost $1.46. Today the average price is $4.11 or $4.12 a gallon. When President Bush took office, a barrel of oil cost $32. Today, with the

volatility involved, it has been up near $150 and has dropped down to $140, but it is very high, certainly more than $32 a barrel.

The President is correct that his administration's energy policy has created a crisis that the American people will suffer long past his Presidency. It is true we need long-term solutions, including a serious commitment to providing tax cuts, as I already talked about, to companies and innovators who are investing in clean alternative fuels that could take us off our addiction to oil—and that is what it is. President Bush identified that in one of his first State of the Union Messages, but he has not done anything about that.

The American people deserve solutions that will ease the pain at the pump and also make the future look better for them. One of those solutions is this bill that has been introduced, the Energy Speculation Act of 2008. We have done that together. We reach out and ask the Republicans to join with us in a bipartisan effort to tamp down speculation. Right now Wall Street traders are raising gas prices with nothing more than a click of a mouse.

In the nearly 8 years of this Bush-Cheney administration, the most oil-friendly administration in the history of the country—both made their fortunes in oil—they have turned a blind eye to this excessive speculation. Our legislation will finally hold the energy futures market to the same standards of accountability that other futures markets are held.

Sadly, for American consumers, the Federal watchdog that is working to do this has been understaffed over the last many years. Part of our legislation gives them more staff, to give them more power to do things. They were tremendously underfunded as a result of the work of Phil Gramm, one of JOHN MCCAIN's chief economic advisers. The 2000 Commodities Futures Modernization Act, which, in effect, allowed traders to buy and sell oil without actually taking physical delivery of it.

We are not saying in our legislation they have to take physical delivery of it. But we know where the problem started. The so-called mouse-click energy market was born as a result of JOHN MCCAIN's chief economic adviser, who, by the way, thinks people who are complaining about high gas prices and the housing crisis are a bunch of whiners. Those are his words.

We talked with one of the most fair, seasoned legislators in Congress, CARL LEVIN, a Senator from Michigan, to get more information on large traders of energy quantities in over-the-counter markets. That is in our legislation—something he came up with.

So we feel we are headed in the right direction. We have gotten help from the CFTC, the man who runs that, we have gotten help from the chairman of the Energy Committee, Senator BINGAMAN, and we are doing our best to address an issue we feel is very important to the American people.

Mr. DURBIN. Will the Senator yield for a question?

Mr. REID. I would be glad to yield to my colleague from Illinois.

Mr. DURBIN. I say, through the Chair, that in a recent hearing of my Appropriations subcommittee, I asked the Acting Chairman of the Commodity Futures Trading Commission, responsible for regulating these energy futures markets: What is the size of the market? There is one exchange known as NYMEX, which is regulated by his commission, there is another known as ISE, based in London, which is coming under regulation, but there is a whole world of trading out there involving futures trading with swaps, over the counter and the like, and he said—this Acting Chairman said—I don't know. I don't know the size of the market.

So when Americans express their concerns about speculation and its impact on oil and ask whether our Government is doing its job to make sure there is no manipulation of the future price of oil, that there is not excessive speculation, the honest answer from Mr. Lukkin and I believe it was honest—is he doesn't know.

This legislation which we are presenting is going to call for more disclosure and more oversight and more reporting of these markets so we will have information and be able to look closely at these trades. I ask the Senator from Nevada, as part of this legislation, is it not a fact that we are going to dramatically increase the number of people working at this commission—100 new full-time employees—and new computer capabilities so they can keep up with the dramatic increase in trading which is taking place, and will have people to deal with the new information that is collected?

Mr. REID. I say to my friend, if you had to put a mark on this legislation—what does it do more than anything else—I would say transparency. It will allow the entity we depend on to allow us to know what is going on with trading of futures, to have more manpower in order to get more information for the American people.

I say to my friend from Illinois it is important that we have transparency. That is what we are talking about. That is why I mentioned Senator Gramm and what he did. He took away transparency so that the American people will have some idea of what is going on.

Mr. DURBIN. If the Senator will yield for one more question—because I see some of my other colleagues on the floor, including Senator DORGAN, who has done some extraordinarily good work on this issue—I ask the Senator from Nevada: A month ago, when I visited the Air Transport Association here in Washington and met with the CEOs of all the major airlines in America—I say half jokingly that it is a good thing you couldn't open the windows on that high floor of that building because some might have been tempted to jump out, they were so despondent about what is happening to their businesses as airlines—and I know the Senator from Nevada has seen flights canceled to his home State, I have seen flights canceled in and out of Chicago, American today announced the layoff of 200 more pilots, more planes being grounded—when this bill has a limitation on the positions, which is the amount that can be traded, does this bill not also protect the right of companies, such as airlines, that want to legitimately hedge so they can be protected from future oil increases, so those legitimate commercial interests can trade on the markets and use this speculation in a positive way to protect them from the uncertainty of oil prices in the future?

Mr. REID. I say to my friend that the direct answer to the point is yes. But talking about 200 pilot layoffs, the last time I flew to Las Vegas was right before the July 4 break. I got on the plane and the pilot said to me, the captain: Senator, good to have you on our plane. He said: You know, there are 950 of us going to be laid off—950 pilots were given notice less than a month ago. Now we have 200 more.

The Senator said in a side remark that these people likely felt like jumping out of that window of that high-rise. My comment to that is, that is fairly valid. They are desperate. These are companies which are the largest companies in America—United Airlines, Delta, Northwest. These companies have been around for a long time and have employed hundreds of thousands of people.

The State of Nevada has two population centers. It is a huge State areawise, some 700 miles tall and some 400 miles wide at its widest part. But the population, 90 percent of the people, live in Reno and Las Vegas. If you want to go to Elko or Ely, you have to drive. It used to be that from Salt Lake to Elko you had a flight every hour. Now there is one a day. There used to be a number of flights from Reno to Elko. None.

Rural America is going to be in deep trouble. We have become an airplane society. We go places in airplanes. That is going to come to a screeching halt unless something is done quickly, because these airlines are cutting the flights as we speak. I repeat, every hour there was a flight from Salt Lake to Elko. Now there is one a day.

Mr. DORGAN. Mr. President, would the Senator from Nevada yield for a question?

Mr. REID. Be happy to.

Mr. DORGAN. I was noticing a story that just moved on the wire, and it says:

> In a big win for the U.S. futures industry, new Senate legislation unveiled on Wednesday would not impose higher margins on oil traders but would still aim to rein in excessive speculation in energy markets.

I want to make a comment about that, because it goes on to say:

> Futures markets participants had feared that earlier legislation introduced by Senator Byron Dorgan to boost significantly the

amount of money, or margin, that speculators would have to put up to trade oil futures would make it into the final anti-speculation bill.

So they paint this as some sort of victory, but let me point out what they missed. Yes, I am the one who authored a bill that said: Let's put in 25 percent margin requirements in order to wring out the speculation in this market. What they missed, however, is that last week we met in a room over here for 3 hours into the evening, and I indicated then that I don't need to have a 25-percent margin requirement if you have position limits that are effective. The bill the majority leader has introduced, which I am cosponsor of, and pleased to be a part of it, does the following: It distinguishes between legitimate hedge trading by commercial producers and purchasers of physical energy commodities for future delivery and their direct counterparties, and all other speculators. Then it establishes real position limits. That is what wrings the speculators out of the system.

Now, there are some who say: Well, speculation is not going on here. There is no issue with speculation. A study done by the House Subcommittee on Oversight and Investigations found that in the year 2000 about 37 percent of those who were in the oil futures market were speculators. Today, it is 71 percent. This market is broken. It has been taken over by speculators. Will Rogers described them as people who are buying things they will never get from people who never had it, making money on both sides of the trade, and grinning all the way to the bank. The problem is they are damaging this economy, hurting American families and destroying this country's airlines and farmers and truckers.

I wanted to make the point to the Senator from Nevada that when someone writes a story and says this is a big victory for the futures market because it doesn't have the 25-percent margin requirement, I was fine with dropping that piece if we had strong position limits that apply against those who aren't engaged in legitimate hedging but, instead, are engaged in pure, raw, unadulterated speculation.

If I might make one other point. This market was set up in 1936 by President Franklin Delano Roosevelt. When he signed the bill, he warned about speculation. He warned about speculators taking over a market. The fact is, the bill that created this market has a provision that deals with excess speculation. Our problem is that under this administration, there is no such thing as regulation. So the regulators, who are supposed to be wearing the striped shirts and blowing the whistles and calling the fouls in these markets, have decided they don't want to regulate. These folks have gone hog wild and destroyed the market for oil futures and driven these prices up to $130, $140 a barrel, far beyond where supply and demand would justify it being.

That is why I wanted to make the point that the bill we introduced last night—and I applaud the majority leader—is a bill that does exactly what we had intended it to do following our meeting last week. Yes, we dropped the new margin requirement, but that is not a failure. We dropped that because we put in very strong position limits to wring the speculation out of these markets. Isn't that the case, I ask the Senator?

Mr. REID. Yes. And let me say to my friend, going back to the President of the United Airlines today—and again let me remind everyone of his background: president of Texaco, vice chairman of Chevron, and now the chief executive officer of United Airlines. He said not only are businesses, including the airline industry—using his words—''patting us on the back,'' but in addition to that, all the banks that have loaned money to these airline companies, all the other entities around our country that are looking at these businesses, such as the airline industry, to succeed, this has a wide-ranging impact on our success as a country. We have to do something about this.

Now, people can criticize this legislation all they want. It is not perfect legislation, but it is very good legislation.

Mr. DORGAN. If I might make an additional point, Mr. President, by asking the Senator from Nevada a question. The issue of position limits is critical. That is why this bill has teeth and bite and could actually accomplish something. We will have some other people here in this Chamber who will come to the floor believing in their policy, which is yesterday forever—drill, drill, drill, drill. Every 20 years, we have another debate about who wants to drill where. But the fact is, that is not a game-changing approach to address energy in a significant way.

We want to do this in 2 steps: No. 1, wring the speculation out of this market and bring down prices, and some say by as much as 40 percent; and No. 2, we see a very different kind of energy future. Yes, we increase production, but we must have conservation, efficiency, renewables, and other things.

So for those who come to the floor and say, well, taking on speculation is too easy, well, it is easy when it is right in front of you. There are some people refusing to recognize it when it is right in front of them.

I want to show this chart to my colleague from Nevada. This chart shows what has happened to the price of oil, and every driver in this country knows that is what has happened to the price of gasoline as well. This red line is the price, and it goes up like a Roman candle: up, up, up, up.

Here is what our Energy Information Administration said. We spend $100 million a year on this agency down at the Department of Energy that has all the people who estimate what is going to happen to the price of oil. Let me show you their estimates. Back in May of last year, here is what the price of oil is going to be—straight across. Kind of a bump here and there. In July, here is the price. January of this year, here is where we think the price of oil will be.

So how is it they could miss it by so far? Because at each of these junctures they took a look at supply and demand and estimated what the price would be. They missed it by a country mile. You would have to be blind to miss it by this far, right?

Why did they miss it? Because this is all about speculation. It has nothing to do with supply and demand—not a thing. And if we say speculation is fine, let's let it damage our country, let's do nothing about it, I think we would be fools. The American people understand you have to take these two steps: No. 1, wring the speculation out of this system and put downward pressure on prices; and then, No. 2, do a new construct with a game-changing plan on energy for the future.

But I ask the Senator from Nevada: Is it not the case that the agency we rely on for estimates has not just been wrong by a foot but wrong by a mile in every case because they could not measure what this excess speculation was going to do to this country?

Mr. REID. Would my friend be good enough to put up the previous chart that is under that one?

Common sense enters into Government as it does in everything. Common sense dictates, when looking at this information we have before us, that we should do something about speculation. Now, this is not information that was dreamed up by some high school student. These were hearings that brought this out, congressional hearings that looked at what took place in 2000 and what took place in 2008. Look at this difference. Look at the difference—a more than 100-percent increase or close to a 100-percent increase as to what has taken place.

If somebody could sue us because we didn't do anything, they should sue us for negligence that we, looking at this chart, would do nothing as it relates to speculation.

Now, I say to my friend, is speculation the only thing we need to do? Of course not. There is a lot more we can do. Do we believe in increasing domestic production? Of course we do. We want to work and increase domestic production, and there are lots of ways we can do that. But it speaks volumes. My friends on the other side of the aisle keep talking about: let's go drill someplace else. The 68 million acres? We will just hang on to that, and that will be part of our balance sheet. We have 68 million acres, and we want other places to go.

I say to my friend, and everyone within the sound of my voice: We listened to the oil companies less than 2 years ago. They said they wanted to drill in the best place they could find in America, in the Gulf of Mexico, the Outer Continental Shelf in the Gulf of Mexico. We agreed with them. We said: OK, 8.3 million acres—because this is what they wanted. We gave it to them.

Everyone should know what they have done in 2 years: Nothing. Nothing. In the area they said was the most ripe for discovering new oil, they have not driven a boat to fish off the side of there. They have done nothing.

Now they are coming to us, these oil companies that have during the past year made $250 billion. Have they built new refineries as we gave them tax incentives to do? Of course not. It appears, some say, they don't want the quantity to go up any more so they keep these prices high.

But separate and apart from that, we know the last 8.3 million acres we gave them they have not so much as gone swimming there, as far as we know.

Mr. DORGAN. If the Senator will yield for one additional question, I would make the observation that we come to the floor of the Senate wanting to do something. I understand there are 100 ideas, some of them long term, some would have an impact in 10 years, some in the sweet by-and-by. But this proposition is about the here and now. What do we do about the here and now with respect to speculation?

There is a radio announcer who was talking once about interviewing an old man—age 85 years old. The radio announcer said: I bet you have seen a lot of changes in your life.

And the old guy said: Yes, and I have been against every one them.

We know some people like that, and they serve in this Chamber. They are against anything.

My question is, wouldn't it make sense for us at least to put this in the bank of progress; that is, to shut down the speculation, put downward pressure on oil and gas prices? If some experts are right—Mr. Gates, for example, a top energy analyst for Oppenheimer & Co. for 30 years, says as much as 40 percent or more of the increase in the price of oil and gas is because of excess speculation. He said to us it is like a casino open 24/7 today, like a highway with no speed limit and no cops.

Let's assume he is right. Other experts have said the same thing. Wouldn't it make sense for all of us at least to agree to take this step and then take the other steps? Let's try to find a way to come together rather than to have all the folks who come to this Chamber say: No, not now, not this. Every single day we hear that.

My hope will be that we will get bipartisan support because it is the right thing to do and it is the right time to do it.

Mr. REID. I say to my friend, the business community is crying for help. They believe this is a big step in the right direction. Our offices are now receiving e-mails and phone calls from all the airline companies, banks that are concerned about them, and hundreds of other business entities that believe this is the right thing to do.

Are these organizations usually those that support Democrats? I am somewhat constrained to say no. They usually are all Republican-oriented businesses. But they know we are doing the right thing. I plead that my Republican friends will join us in helping the American business community. If there are other things that need to be done at a subsequent time, we will try to work with our colleagues on the other side of the aisle. But this is part of their legislation.

Mr. DORGAN. That is right.

Mr. REID. When they introduced their bill, they said speculation was important, so let's focus on speculation.

I want to say one other thing, Mr. President. My friend from North Dakota has been a real activist on this issue and trade issues and others that are important to the American economy. I appreciate his willingness to compromise. This legislation is not everything he wants. If he were King Dorgan, he would have written something else. But we are now in the legislative process, and the Senator from North Dakota and I have been in it for a long time. Legislation is the art of compromise, and that is what we have.

I hope my friends will realize our good faith. I am trying to do something we believe will have tremendous impact on stabilizing oil prices in our country.

Mr. DORGAN. If I might make just one final very brief comment. There are people in this Chamber, in the Republican caucus and the Democratic caucus, who have all spoken of speculation. My hope is that we can come together, work together, and do something in the next week or two, Republicans and Democrats, on this issue. I think we have put together a good bill.

I would say to the Senator from Nevada, one of the things he talked about in the middle of last week was making this a bipartisan initiative in the Chamber of the Senate. I very much hope that can be the case in the coming days.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mrs. MURRAY. Will the majority leader yield?

Mr. REID. I will be happy to.

Mrs. MURRAY. As the majority leader knows, I travel home a long distance every week to Washington State and get in my car and drive for several hours to get to my home. I have been paying these increased gas prices like my constituents. It is shocking. Last weekend I paid $4.45 a gallon to fill up my tank in my car. This is impacting absolutely everybody in my State, my region, just as it is the rest of the Nation.

My constituents say to me: I have been hearing all this talk about drilling. Please tell me that will bring my gas prices down.

I have told my constituents, as we all know—in fact, not just me but the Bush administration's Energy Information Office, this is the Bush administration: The impact on wellhead prices from opening the Pacific, the Atlantic, and the gulf waters to drilling ''is expected to be insignificant.'' I have not said that. This administration, the Bush administration's Energy Information Administration Office, has said that.

I say to my constituents, the drill, drill, drill or, as the Senator from North Dakota called it, ''the forever yesterday policy of drill, drill, drill,'' is not going to have a significant impact at all on their gas prices.

I thank the majority leader for coming forward with a package that we do believe will have an impact on gas prices and deal with the excessive speculation that is in the market today.

We met last week with a number of experts in this field. We have listened to our Republican counterparts as well who agree that speculation is an issue that we can all come together on and on which we can have an immediate impact in passing a bill.

I come to the Senate floor today to thank the majority leader and to ask him, as he puts this bill together, to deal with excessive speculation with the hope that it will, as the experts have told us, begin to reduce gas prices, that we as a caucus, and I hope as a Senate, will begin to look also at the longer term issues affecting energy and investing in alternative energy so we do not continue to be so dependent on oil.

I ask the majority leader his comments on that.

Mr. REID. I say through the Chair to my friend from Washington, I have been to Washington. I have driven a lot of the State of Washington. It is absolutely a beautiful State. Part of it reminds me of Nevada. People think that Washington is a State where the ocean is everyplace, and it is not. Washington is a State where there is desert. So I love the State of Washington.

But the Senator from Washington is in a very good position to understand how I am sure her constituents feel about what we are trying to do; that is, do something to affect this increase in price, to try to tamp down speculation. To have the people of Washington be told this doesn't matter, speculation doesn't matter, let's drill some more off the coast of Washington and not only drill some more, in effect—no one questions the Federal Government owns 200 miles off our coast. That is the Outer Continental Shelf, and that is recognized by international law.

To think that the Federal Government would just give up on that and say: OK, States, do whatever you want—how do the people of Washington feel about that?

Mrs. MURRAY. I say to the majority leader that the people of my State are a very generous people. If there were a real national crisis that we could solve from my home State by drilling off our coast, my constituents would be willing to sacrifice that. But we know that drilling off the Outer Continental Shelf will have a huge economic impact in my State with no result of reducing gas prices. So that is a sacrifice they

should not be asked to give at this time.

As a matter of fact, what I see happening is that the oil companies in this country that hold 68 million acres of land they can drill today, that they are not drilling, are just looking at this crisis we have today as a land grab, that they can reach out, scare all of us, and have this Congress give them more land, including the pristine shores off my State of Washington, never intending to use them.

I was on the Senate floor with Senator BIDEN yesterday as we discussed this issue. He made a very cogent argument. The fact that if we all decided this was it, this was it and we absolutely had to drill everything, and we gave the oil companies the Outer Continental Shelf off the coast of Washington and Oregon and California and his State of Delaware, that a minimal amount of oil in 20 or 30 years may be drilled, but who among us thinks that OPEC—which actually controls the price of gas—if a 3-percent increase in oil came about as an effect of that drilling, wouldn't reduce their capacity by 3 percent in order to keep their prices high and their profits at maximum level?

Let's not sell the American people a bill of goods. Let's not promise them something that cannot be delivered. No one wants to hear empty rhetoric or to give up something that is extremely important to them if the facts are not there to back it and only, by the way, to give oil companies more excessive profits.

Let's do something that is real—and that is what the bill the majority leader and others have introduced does—to deal with the issue of excessive speculation; to do what many experts have told us to bring the price of gas down. Then, for the long term, we, as a body, have to say: What are we going to invest in in this country for the long-term future so we are not so dependent on oil, so that the next generation behind us doesn't come back and hear yesterday forever, drill, drill, drill, as Senator DORGAN has said time and time again is the solution that doesn't work.

We need to get off our dependence on oil. We need to do that in the long run. But in the short term let's deal with the speculation issue and let's pass responsible legislation in a bipartisan way, not as a silver bullet. No one thinks that is the ultimate answer to bring gas prices to what they were a year ago, but it is a step in the right direction. It is a responsible step to meet the important crisis that we face today, coupled with looking at what we will do long term.

The Senator from North Dakota has been a leader on this issue. I know he is the chair on the Energy appropriations bill, where he is looking at the investments we can make in alternative energy so we can get off of the same argument of yesterday forever and really begin to be responsible leaders at a critical time in our Nation's history.

It is so easy to come out here and say drill on the Outer Continental Shelf. But I will tell you, in a State such as mine, Washington State, that has an economy that is dependent upon our waters, whether it is our fisheries or our environment or tourism but a place that our Nation should say is absolutely one of critical importance—not just my coast but the rest of the coastal States—we should not jeopardize it to get nothing—to get nothing because, as the Bush administration itself said: The impact on wellhead prices from opening the Pacific, the Atlantic, and the gulf waters to drilling ''is expected to be insignificant.''

Let's focus on doing something that is responsible, that is not just empty rhetoric, that obviously is not a silver bullet to the energy crisis in total but is sincerely a step in the right direction.

I am proud to join my colleague as we move this legislation forward. I look forward to working, I hope, with Members on both sides of the aisle to move forward on this critical piece of legislation.

I yield the floor.

The PRESIDING OFFICER (Mrs. MCCASKILL). The Senator from North Dakota is recognized.

Mr. DORGAN. Madam President, let me make a couple of points. No. 1, this legislation is real. I know people who look at the Congress and look at Washington, DC, and its Government and say, they have not done one thing to address this issue or that issue. This is one thing, and I think a significant thing, that could address the issue of the prices of oil and gas that have doubled in a year, with no justification for that doubling relating to supply and demand. This is one thing.

My hope is, in a Chamber that disagrees so often—my hope is that on this issue of national importance we could agree on this one thing.

I was sitting here thinking about when I was growing up. We raised some livestock and lived in a very small town. My father also had a gas station that he managed. So as a young man, I worked at that gas station. I pumped a lot of gas. People have told me my occupation may not have changed very much.

But the fact is, back in those days when gasoline was priced at a very low price and plentiful, the supplies of energy were plentiful, people did not think much about where is the energy going to come from.

Near my little hometown, they decided to drill an oil well. I had never seen an oil well. I remember as a little boy going out about 1 mile from town, looking at the oil well. There was not much to do in that small town. So you drive out and look at the lights on that drilling rig and stare. How exciting it was. And then it turned out to be a dry hole.

Well, 2 weeks ago, I was in western North Dakota where they are drilling in what is called the Bakken shale. When my colleagues talk about drilling, let me remind them that I asked for an assessment of what is called the Bakken shale formation. The U.S. Geological Survey completed it 2 months ago. It turns out they estimate there is 3.6 to 4.3 billion barrels of oil recoverable in the Bakken shale formation in eastern Montana and western North Dakota. The 3.6 to 4.3 billion is just in the North Dakota portion. The fact is, we have nearly 80 drill rigs right now drilling in that area, producing a great amount of additional oil. So I support that, my colleagues support that. We do support additional production. That additional production is ongoing and happening right now. It will be good for this country.

But the fact is, we are in a situation where we have an urgent need to deal with something that is happening in this country that is damaging our economy. The price of oil has doubled in the past year, and there is no justification in the marketplace for it related to the supply or demand—in fact, demand is going down in this country. We drove 5 or 6 billion fewer miles in the 6-month period than a comparable period before.

Today, we saw another monthly description of inventory going up. So the fact is, there is no justification for prices to have doubled. Now, to do nothing about this issue of speculation, which has run up the price double in a year, is to ignore the obvious. I mean, some might be content to ignore the obvious, not me.

Let's say someone who is grossly obese is brought to the hospital on a stretcher having a heart attack, and a doctor takes a look at this grossly obese patient having a heart attack and says: Well, what we need to do, we need to work first on the weight problem. Let's prescribe a diet.

No, that is not what they would do. They would deal with the heart attack first. That is what we need to do with respect to energy. We need do a lot of things, but first and foremost, we have to find a way to make this futures market work and wring the speculation out of that market and bring down prices.

Now, we have people who talk about the ''free market.'' Well, I am a big fan of markets. I do not know of a better allocator of goods and services than the marketplace. I am a big fan. I used to teach economics in college ever so briefly. The marketplace is something I admire. I want the free market to work. But sometimes the market is broken. Sometimes the arteries to the market are clogged and do not work. That is certainly the case with oil.

How do you make the market in oil? Well, you have the OPEC countries. They formed a cartel. It would be illegal and prosecutable in this country. OPEC forms a cartel. They all close and lock a door and have a suggestion about how much they want to produce and what price they are going to extract for it. That is the front end.

Second, you have oil companies, bigger and stronger through mergers. All of them now have two names: ExxonMobil, ConocoPhillips, they all have two names because they decided to get together and get hitched. So they did mergers. They are all more powerful and have more muscle in the marketplace.

You have OPEC, bigger oil companies with more muscle in the marketplace, and at the other end you have this futures market that has become an orgy of speculation, unbridled speculation. I showed a chart a bit ago that showed over 70 percent of the trades in the oil futures market are not by people who ever want to see a can of oil or carry a 5-gallon can of oil or see a 30-gallon drum of oil.

They are people who want to trade contracts and make money. That might be fun for them. They might be the most satisfied people in the world traipsing back and forth to put our money in their bank accounts in the last year. God bless them.

But if we have our way on the floor of the Senate, that is going to end. Because what is happening when you run up the price of oil—and gasoline doubled—and do the kind of damage that exists in this country today, airlines declaring bankruptcy, cities losing their airlines, family truckers who have been working for 30 years saying they cannot go on because they cannot afford to fill their tanks with diesel fuel, farmers and families trying to figure out: How do I scrape up enough money to fill my tank to be able to drive to work?

The fact is, it does not work for us to allow this to continue. This market is broken. We have a right, it seems to me, to restore the market to its original purpose. Go back and look at the legislation that created the oil futures market. The purpose was to have normal hedging to hedge risk between producers and consumers of a physical product, a perfectly reasonable and necessary thing to do. But what has happened is the market is taken over now by other interests. Those interests are described by a Wall Street Journal article many months ago that piqued my interest in what was going on: investment banks, hedge funds, pension funds, running deep into these futures markets driving up prices. Investment banks buying oil storage capability to buy oil and take it off the market.

That is not the way a market should work or should be expected to work. When a broken market damages this country's economy, we have a right and, in fact, we have a responsibility, in my judgment, to address it. There will be those who disagree very strongly with that which I say. They will be surrounding Capitol Hill with substantial effort to say: This legislation that we introduced last evening will be destructive and damaging.

I say to them: I know what is destructive and damaging, it is doubling the price of oil and gasoline in the last year. That is destructive and damaging to this country, to the families in this country, and to a good many businesses in this country that cannot fly through that storm.

So my hope is we will be able to get some bipartisan support for a piece of legislation that begins to shut down the excess speculation in the market that is damaging this country's economy.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DEMINT. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DEMINT. Madam President, I rise to speak on the bill being considered at this time, the foreign aid bill we call PEPFAR. I would like to speak about it in relation to the overall condition of America, America's economy, so that we can put it in context.

These are very difficult times for our country, we all know. It seems the news keeps getting worse. Obviously, we are at war. As the situation improves in Iraq, Afghanistan seems to be deteriorating. We have to keep our focus on the terrorist problem around the world.

Our economy also seems to be failing or at least slowing at this time. The energy situation is crushing Americans. Just filling up their cars and trucks with gasoline every day becomes more burdensome. People are really hurting. It is very difficult to make ends meet paycheck to paycheck. The mortgage companies and banks are experiencing extreme difficulty, making it harder for people to buy homes and to stay in their homes. Now we hear that the government-sponsored enterprises we call Fannie Mae and Freddie Mac, which are the largest credit organizations in the world, are experiencing difficulty and that we may need to step in this year and bail them out to the tune of $40, $50 billion this year. Families are struggling. Any family that has debt and can't make ends meet, can't meet their expenses, would not consider going out and buying a new gas-guzzling SUV. We wouldn't do it.

Why, at a time when our country is in debt and, as far as we can see, expenses will be more than revenues, would we create the biggest foreign aid bill in history and borrow more money, $50 billion, and send it all around the world to some countries that are much better off than we are? We are doing this in the name of generosity and compassion, helping countries in Africa with the epidemic of AIDS. I supported the program in 2003, and it was a huge, expensive program at the time of $15 billion. Because it has been focused and somewhat accountable, it has been somewhat effective. But now we come back and increase that budget over 300 percent, expand it from countries it was originally designated for to the point where now money is going to the United Nations, to China, India, other countries. Some of these countries are much better off than we are as a nation.

This chart will help my colleagues focus on what we are dealing with and what we should consider as we talk about spending more money at a time when we are at war and our economy is in difficulty and the credit industry is in trouble.

Historically, we have been at about 20 percent of spending as the Federal Government in relation to our total economy, what we call GDP, or gross domestic product. Beginning now, projected spending is increasing dramatically because of retirees and those going on Social Security and Medicare and the fact that younger workers are not coming in at nearly the rate people are retiring. Our expenses as a country are increasing dramatically and will for the foreseeable future. We have no plans to meet this type of spending increase and no place to get the revenue. We are already in so much debt that some of the countries holding our debt are trying to get rid of it. Yet we continue to spend money. This doesn't even reflect all of the expenses we are going to have to continue the war on terror and supplemental emergency spending, such as floods. None of that is in here. So spending is going to increase dramatically. By 2050, which seems a long way off, it is going to go from around 20 to over 40. During that period, we continue to see astronomical increases in spending, with no plans to curtail it.

Perhaps even worse, we need to address our debt. That affects the value of our dollar, interest rates, and the money we have to spend on other priorities. We have never seen anything like this. This is not made up. This comes from the Committee on the Budget, as well as the Congressional Budget Office and the Office of Management and Budget from the administration. This is real.

In 2007, Government debt was 37 percent of our total economy. If we continue spending at the current rate, the U.S. Government's debt will be at 109 percent—larger than our total economy—in a little over 20 years. There is no way we can maintain a successful economy and be the leader of the world with this scenario.

Some of our colleagues have rightly said in private that this is a crisis; we could be close to a meltdown as a nation. Yet what we are doing here this week I consider obscene and completely unacceptable. It is almost unthinkable that we would come in here, at a time when we need to be addressing an energy problem or looking at how we are going to deal with Social Security and Medicare and stay more competitive as a nation and keep jobs here, and talk about expanding the

largest foreign aid program in history, with no thought of where we are.

The world has to look on us and wonder: What are they thinking? They are running out of energy. Yet their laws keep them from developing their own energy supplies. They are in huge debt. Yet they keep giving money away to other countries that are eating our lunch economically, such as China. What are we thinking?

The fact is, we are thinking about the next election instead of the next generation. We have heard comments such as: There is no need to go after any energy in America; it will take 5 or 10 years. That is what President Clinton said when he vetoed a bill that would have given us oil supplies from Alaska 10 years ago. We would today be getting as much oil from Alaska as we are having to buy from Venezuela if we didn't have a President who said we didn't need to be thinking 10 years in the future. I say we need to be thinking 50 years in the future. We don't need to be borrowing more and more money and charging it to our children and grandchildren.

This bill we are talking about this week is all with borrowed money. It is not our generosity. None of us are going to give a penny to help Africa or other nations.

We are going to charge it to our children and grandchildren and walk out of here and feel good about ourselves. And we should be ashamed of ourselves. We should be more accountable to the American people.

This is a devastating chart to look at, yet we ignore it every day. Every spending bill that is put on this floor passes with flying colors, and it seems to be an insult to this body to even suggest we might cut the budget to some realistic level.

I have an amendment we will vote on in a few minutes that takes the level of spending from $50 billion to $35 billion over 5 years. That is still way too much, and we should not be doing it. It is still more than the President asked for. He asked for $30 billion. What it is, is the amount of money that the Congressional Budget Office said that no matter how hard you tried with this PEPFAR Program, you can't spend more than $35 billion effectively in 5 years; without wasting money, you can't spend more than $35 billion.

There is no reason this Senate can't say: Wait a minute. We are in financial trouble as a country. We still want to help people around the world. Let's bring it back to a level that at least is reasonable in the sense that it is all we can spend without wasting it.

My amendment does not change anything about the bill except moves the level from $50 billion to $35 billion. This will not take one dime away from AIDS treatment in Africa because if we keep it at $50 billion or $60 billion or $100 billion, we cannot get any more money to the people we are trying to help. So if we are at $35 billion, we are at the level that is going to help the people we are intending. In fact, it is still more than twice what we started this program with only a few years ago.

I encourage my colleagues to take a moment to think about America and where we are. It is wonderful to be compassionate and generous. But this bill is not about compassion and generosity because none of this money is coming from us or our salaries, and we are not paying for one penny of it by cutting another program or making a sacrifice somewhere else.

We are not being honest about where the money is going because it is no longer an AIDS to Africa program, it is an ''anything anywhere in the world'' program. We at least need to say we have the discipline to bring it back to the level that is the maximum amount our own services tell us we can spend. If we cannot do this, if Members of this Senate cannot take that one, small step of responsibility, we should not be in this body. We certainly should not go out to the American people and pretend we have done something good for them around the world because we have not. We are doing business as usual here, spending like there is no tomorrow, and there might not be if these same folks stay in the Senate and the Congress and continue to spend our money here.

I plead with my colleagues to look at reality, to look at where we are as a country, in debt and spending. Please, let's demonstrate to the American people that we can trim in one place—this massive foreign aid bill, giving money, which we are borrowing, all over the world—that we can, we have the self-discipline. We can walk out of here and say: We at least trimmed it back to the maximum amount they said we could spend.

I hope some of my colleagues are listening. I appeal to them to show one grain, one little bit of sanity here as we approach the future, to take this bill back down to a level that is at least vaguely responsible.

With that, Madam President, I yield back.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Madam President, I thank Senator DEMINT for causing us to confront a very difficult truth; and that is, that we do not have unlimited money. We do have to manage it well.

I, frankly, have been uneasy as to the way this process developed. I supported the previous $15 billion AIDS bill for Africa that was the largest expenditure to fight a disease in the history of the world. I remember thinking the President's plan to double it was a bold, big step, and I hoped to be able to support that. I certainly favored an increase in what we were spending on this program because I think it has made some positive difference. Then I was shocked that out of the blue they added another $20 billion to it. So a 5-year program spending $15 billion on this disease has all of a sudden been converted into a 5-year program that will spend $50 billion.

It is very difficult to spend that kind of money wisely in undeveloped countries. In fact, as the Senator noted, the Congressional Budget Office—our independent analysis branch of the Congress—has concluded we cannot spend that much. They say all we can spend is $35 billion. He has an amendment to bring this bill down to that amount, and I intend to support it. I think that is a very generous increase.

I will note that the G8 nations that are supposed to be participating with us in this—the nations we are supposed to be leading and, in fact, are dramatically leading in this effort worldwide based on the amount of money we have put forth, and with the leadership President Bush has given—those G8 nations recently met and committed to spending $60 billion in the next five years on this project. Obviously, most of it is, of course, the money we are spending. So I do not know that we have the kind of followers that leaders ought to have. We need to stay on those other nations around the world and insist they participate in a generous way.

But I have to tell you, it is not easy to spend this money wisely. Five years ago, when we were talking about this bill, Sir Elton John testified before our committee. He has an AIDS program in Africa, and he works hard at it. They raised a few million dollars. They spend a few million dollars a year. I cannot remember the number. I asked him about that at the committee hearing. I said: Sir, we are talking about $15 billion. What do you think about that? Is that something we can spend wisely? I am sure you try to use your money wisely. What advice do you have?

This is what this man, who has committed much of his life and effort fighting AIDS in Africa, responded:

> I concur with you totally. . . . This is just something that the politicians have to make sure that when the [AIDS] money goes to governments—

That is governments throughout Africa primarily—

> the money is spent in the right way. . . . We are a very small AIDS organization; we can control where everything goes, and we do. We know where every penny goes. But when you get to these vast sums of money that we are talking about here today—

He was talking about $15 billion, not $50 billion—

> you are going to run into those kinds of problems, and I do not personally know myself how you solve them, but I do concur with you that that is a major problem.

Well, that is obvious to us. So we have not had any kind of intensive effort to ensure this money will be spent wisely. It went to the Foreign Relations Committee, and they popped it out with the full funding—$20 billion more than the President originally asked for, and he is the world leader on this, and the money is just passed along. I say to my colleagues, we ought to be more responsible.

I shared with a group of Senators the other day—yesterday, in fact—these figures, following up on Senator DEMINT's comments. In this year, this is what this Congress has done:

We have voted for a $150 billion stimulus package—every penny of that in emergency appropriations, going straight to the debt.

We expanded the GI bill by $60 billion. Everybody wanted to help the soldiers have more education. How could we say no to that? Senator MCCAIN raised a concern that was very legitimate. They attacked him as not caring about veterans. Basically, thank goodness, most of what he asked for got fixed in that bill because it was contrary to what the Defense Department believed was good, and Senator MCCAIN helped us improve that bill.

We passed a $180 billion war supplemental. We spent about $18 billion on a Medicare fix. We now are doing a $50 billion AIDS bill. We are going to have a $15 billion to $18 billion housing bill.

Revenue to the U.S. Treasury, because of the economic slowdown, is going down. So that is a difficulty we face. Last year, after 3 consecutive years of reducing the $400 billion deficit—it fell to $177 billion, and we were feeling pretty good. But now our expenditures are surging, and our revenue is going to be down as a result of the declining taxes because people are not making as much money, they are not making as much overtime, they are not going to get the bonuses they got in the past, which they may well have paid 35 percent on to the U.S. Treasury.

The Wall Street Journal said the deficit this year, instead of $177 billion, would be $500 billion. So I am telling you, we have to be responsible here. Every single billion has to be watched with care, and I wanted to mention it.

I thank Senator BIDEN and Senator LUGAR for their support on an amendment I have offered on this bill. It follows up on an amendment I offered 5 years ago to deal with the concern of how many people are being infected with AIDS as a result of medical treatment—either through blood transfusions or reusing needles in medical settings. We had an estimate 5 years ago that 300,000 people a year were being infected as a result of medical transmissions. It is hard to believe the testimony to that effect. So we came up with a program that required needles that could not be reused, and checking the blood supply before transfusions. I was pleased to see that in the USAID's report on their Web site a few days ago, they have calculated that the efforts to improve the safety of immunizations, made possible through the legislation Senator MCCONNELL and others accepted which I proposed—and it went in that bill—have saved as many as 300,000 lives.

But Dr. Gisselquist, a researcher from Pennsylvania, who raised that issue originally, and some others who supported this concern, believe there are other things that need to be done, and I have offered some additional legislation this time.

I thank Senator BIDEN—I know he cares about it—for accepting this legislation.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. BIDEN. Madam President, I do support the initiative of the Senator from Alabama. I think what he has said about the consequences and effects of what he is doing are absolutely correct. At the appropriate time, with the permission of the Senator from Indiana, and in the context of a unanimous consent agreement here, we would be prepared to accept the amendment. But we are not quite there yet.

While I have the floor, if I could say for the benefit of my colleagues and their staffs who are listening as to the status of where we are, the Senator from Indiana and I think we are very close to the wrapping up of an entire unanimous consent agreement which would allow us to have no more than four votes, including final passage—at least that is the expectation—and that we would be able to do that sometime within the next 2 hours, and we would be out of here relatively early.

On that point, I thank all the Senators who have had amendments for their cooperation in moving this along, I think a great deal more rapidly than anybody anticipated, at least more rapidly than I anticipated we would be able to do.

To conclude where I began, I say to the Senator from Alabama, I think his initiative is first rate. Everything he says about the consequences of what he is talking about is absolutely accurate, as best I know the situation.

In the context of a wrap-up unanimous consent agreement, we will be able to handle all of this. So that is the intention, I say to the Senator.

I am told in the meantime if and when the Senator from Alabama yields the floor, the Senator from Florida is looking to proceed as in morning business for some relatively short period of time.

AMENDMENT NO. 5086

Madam President, I ask unanimous consent that the pending amendments be set aside, and on behalf of Senator VITTER, I send to the desk an amendment to the Vitter amendment, and ask for its immediate consideration.

The PRESIDING OFFICER. Without objection, the clerk will report.

The legislative clerk read as follows:

The Senator from Delaware [Mr. BIDEN], for Mr. VITTER, proposes an amendment numbered 5086.

Mr. BIDEN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To withhold 20 percent of the Federal funding appropriated for the Global Fund until the Secretary certifies that the Global Fund has provided the State Department with access to financial and other data)

On page 60, strike line 2.

On page 60, line 12, strike the period at the end and insert the following: ''; and

''(K) has established procedures providing access by the Office of Inspector General of the Department of State and Broadcasting Board of Governors, as cognizant Inspector General, and the Inspector General of the Health and Human Services and the Inspector General of the United States Agency for International Development, to Global Fund financial data, and other information relevant to United States contributions (as determined by the Inspector General in consultation with the Global AIDS Coordinator).

Mr. BIDEN. Madam President, I wish to correct what I said. I said I send to the desk an amendment to the Vitter amendment. I send the Vitter amendment to the desk, and I ask unanimous consent that we move to its immediate consideration.

The PRESIDING OFFICER. The amendment is now pending.

If there is no further debate, the question is on agreeing to the amendment.

The amendment (No. 5086) was agreed to.

Mr. BIDEN. Madam President, for the benefit of my colleagues, I believe we are down to three amendments. As my grandfather would say, God willing and the creek not rising, we will get a UC that can wrap this up pretty quickly.

I yield the floor.

Mr. SESSIONS. Madam President, I thank Senator BIDEN for his commitment and Senator LUGAR's commitment to this. I know it is quite sincere, and I know this reauthorization will, indeed, save lives. I will note I have a New York Times article from 2004 about 428 Libyan children who were infected with HIV by Bulgarian nurses who were reusing needles. So during our discussion before, we learned there were quite a number of children infected with HIV whose mothers were not infected with HIV, and it indicated they got it from some other source. It was believed that medical transmissions were a part of that. So I believe we can make a difference.

One of the things this legislation calls for is that whenever a circumstance such as this is discovered, that an investigation be undertaken to find out how it occurred so a stop can be put to the tragedy of someone going to a physician—a doctor—or a clinic to get a shot for an infection or a virus or an antibiotic and they come home with a deadly disease. We can do better with that, and I hope we will.

I will note also how proud I have been of Dr. Michael Saag at the Center for AIDS Research at the University of Alabama at Birmingham, a part of the infectious disease program. They have operated programs throughout the world, including Zambia, under a program headed by Dr. Jeff Stringer.

I also wish to thank Senator TOM COBURN. Sometimes people complain that Dr. TOM COBURN holds up bills and doesn't always let them pass by unanimous consent—with no debate, no ability to offer amendments. He felt this

bill needed to be improved. I met with a group from Africa who urged us to oppose the legislation as originally written for a few reasons, primarily because it removed the requirement that a significant percentage of the money from the bill be spent on medical treatment. They said, in fact, we should oppose the bill, even though they would, in many ways, benefit. We had a grandmother come whose daughter died from AIDS and she had her granddaughter with her and the granddaughter was infected with HIV. So it was an emotional moment.

I wish to say that as a result of Senator COBURN's objections to the bill and the willingness of the sponsors and leaders of the bill to listen to Dr. COBURN's complaints and concerns, considerable changes were made that I think made this bill better. I do feel better about that. I wish to say I am pleased that occurred.

So, again, I am going to support the amendment of Senator DEMINT which would reduce the funding to a level above that which President Bush originally asked for, to the level the Congressional Budget Office has said is all we can spend.

I am going to remember—I will not forget—what Sir Elton John said: That it is a responsibility that he felt to everybody who contributed to his program to see that every penny is spent wisely. There is no way this huge increase in spending can effectively occur with this legislation. There is no way it can be passed down through governmental agencies and bureaucracies and be wisely spent. I hope some of the amendments and ideas to ensure integrity in the process will become part of the law.

So I thank the Chair for the opportunity to speak on this. I do believe it will have a positive impact in the world. I do believe the United States should lead, and we are able to lead, but I have to tell my colleagues that we are in a position financially where we can't do everything we would like. We wanted to help the veterans. We wanted to stimulate the economy. We wanted to support housing. We wanted to support a worldwide program to fight disease, as this bill does, but there comes a point in time when we have to ask ourselves: Where are we going to get the money?

I am telling my colleagues, the deficit this year will be more than twice what it was last year. A lot of this spending we approved this year is not going to come out of the budget until next year. Unless the economy dramatically improves, we will probably see less tax revenue next year than this year. Much of this AIDS money would not come out until next year to be spent. So I am worried about that. I think we ought to be responsible. I don't think we have been sufficiently frugal in managing this program and in ensuring that every single penny does what we want it to do and that we are building up the funding at a rate we are sure can be done safely and effectively and protect the taxpayers' money.

So for that reason, I intend to support the amendment of Senator DEMINT and some of the other amendments that call for rigorous monitoring to ensure that the money is spent wisely.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Madam President, I understand that when we finish the work on this Global AIDS relief bill, we are going to take up the urgent matter of speculation in the commodities trading markets specifically with regard to energy and specifically with regard to oil. I wish to speak on that critical subject. Is it my understanding that I should speak as in morning business?

The PRESIDING OFFICER. That is up to the Senator to make that determination.

Mr. NELSON of Florida. Well, I will speak with the existing floor legislation then.

ENERGY CONCERNS

Madam President, it is time for us to address this matter of speculation. We have heard testimony on Capitol Hill from numerous experts in the Agriculture Committee, the Commerce Committee, the Homeland Security Committee, and many others over the course of the last several weeks. All signs are indicating there is something terribly wrong with the markets—the energy markets, the financial markets—and they are having an effect upon each other. Something is clearly causing high gas prices and our people are hurting and we have to get to the bottom of it.

When somebody comes up with a solution, those who are on the other side of that say: No, that is not true. Well, we are going to have to force the issue and get to the bottom of it because now the President has lifted the moratorium on offshore drilling in the areas that have been under a moratorium for decades.

The President is offering that as if that were the solution, instead of taking on the oil speculators. The President implies that by lifting the moratorium, if you drill off the coast in the areas that heretofore had been off limits to drilling, it is going to affect the price of gas but, in fact, the President's own Energy Information Agency has stated in a report they published last year that if you drilled all over the entire offshore, it would not affect the price of gasoline until the year 2030. So the President's own administration is undercutting the very argument the President is saying. So if they know it would not affect gas prices, why are they saying it? They are saying it because they know it is a seductive argument at a time when people are hurting under the strain of paying for $4 gas. It sounds simple: Well, let's go drill. However, the fact is, if we want to drill, why don't we drill?

There are 68 million acres under lease by the oil companies. Let me repeat that figure: 68 million acres under lease by the oil companies that have not been drilled. It is seductive to say: Well, let's drill. Well, then, if we are going to drill, let's drill. Let's drill in what is available with thousands of permits that have already been issued to drill. Why aren't we drilling? If we look at the argument, we will find that to lower gas prices by as much as half, you have to go after the unregulated speculation that keeps driving up the price of crude oil, and up to unrealistic and shockingly high prices, largely because of a legal loophole called the Enron loophole that was enacted in December of 2000.

Oil is hovering now at about $138 a barrel, but recent congressional testimony has told us from a leading industry executive—I am talking about an oil industry executive—that under normal supply and demand, the crude oil price ought to be about $55 a barrel, not $138 a barrel. If you brought that price back down to what normal supply and demand would require, then instead of gas being $4 a gallon, you are talking about gas being around $2.28 a gallon. So that is why a number of us have gotten into this act and offered various bills on speculation.

My legislation, S. 3134, would take us back to the status quo before the Enron loophole was enacted, and it would say you would have to regulate the energy commodity trading markets. That way, I think we could bring gas prices back down to a more realistic level.

So what Senator REID has done is, he has reached out to all these different speculation bills, and he has tried to put them together into a leadership bill that reins in the speculation by imposing position limits so one particular speculator couldn't absorb most of the oil contracts in a particular market, so it would ensure legitimate speculation doesn't get out of hand. Senator REID's approach is a more complicated approach that leaves the door open for unregulated trading, but if it is done right, the approach that the majority leader has taken can get us where we need to be. So I am going to be trying to assist our leader as we try to get this kind of legislation passed.

Now, it is interesting what we have heard coming from the Wall Street investment banks that have a lot of involvement in this speculative bidding up of the price, and what we have heard from the editorial page of the Wall Street Journal, which says that if you attack speculation it is misguided, and they say that the spiking price of a barrel of oil is just the supply and demand question; that the demand exceeds supply.

Just ask yourself if that makes sense. When the Saudis agreed to increase production, there was no drop in the price of oil. They increased the supply, but there was no drop in the price, and the price of oil keeps spiraling on. And one day it jumped up $11 a barrel.

When there is no evidence of any dramatically increased demand, there is plenty of evidence that speculative money is pouring into the energy futures market. If you were making that much money, putting it into that marketplace, why wouldn't you pour your money in there?

Madam President, our airlines are just about to go out of business. The day that oil jumped $11 a barrel, just that $11 a barrel jump cost the airline industry $4 billion extra. The airlines go out and they bid in the speculative market to hedge against increases in the price of jet fuel. But they are hurting so bad because of this marketplace going haywire. There are legitimate hedgers who try to use the futures market. Every CEO of every major airline has written us, all asking us to take action against excessive speculation. In the meantime, you know the drill—the oil companies keep asking loudly, along with the President—they claim they need to drill in new areas off of Florida and off of California. They will argue that this is going to increase the supply of oil.

But what they don't tell us is that in the Gulf of Mexico, there is already 39 million acres under lease, and 32 million acres of that 39 has not been drilled. So why wouldn't they drill?

Well, there is a fact of a balance sheet and assets. The more areas of land and offshore land they can have under lease, the more reserves the oil company accumulates, and the more that is a valuable asset that is added to their books.

This Senator was involved in crafting a compromise 2 years ago on drilling in the Gulf of Mexico. Initially, the proposal was to drill in 2.5 million acres. That was going to go on a beeline straight toward Tampa, FL. This Senator, and others, crafted a compromise of 8.3 million new acres for lease, keeping it away from the coast of Florida and away from the military testing and training area. We have the largest testing and training area for the U.S. military in the world, which is basically the Gulf of Mexico off of Florida. So we worked out that compromise.

But in this argument to lift the moratorium, their side is not telling you that in the 8.3 million new acres they got in the gulf 2 years ago—that did nothing to bring down the price of gasoline and oil. They don't tell you they have not drilled in any of that new 8.3 million acres. It is available, and it is there.

So the fact is, they ought to be sinking wells in the areas they have under lease—68 million acres—before demanding the control of millions of new acres with all the resulting tradeoffs that may occur. What do I mean? For example, States such as my State of Florida or California have an enormous part of their economy depending on pristine beaches. In our State alone, we have a $60 billion-a-year tourism industry. Do we want that threatened? Do we want our economy threatened?

In States such as mine, the State of California, and many other States, there are these delicate bays and estuaries where so much marine life is spawned. Do we want that threat? No. I admit everything is a tradeoff. So why can't we balance the interests here by protecting the economic interests, the environmental interests, and the military interests against the interests to have additional oil drilling by utilizing the 68 million acres to drill on, already leased, including the 32 million acres available in the Gulf of Mexico that is under lease but hasn't been drilled? It is too much of a commonsense question that people like to ignore. This Senator is going to continue to demand that we answer that in a commonsense way.

Let me point out something else. By the lifting of the moratorium, which the President has just done on Monday, it would lift the moratorium all up and down the eastern seaboard, from Maine all the way down to the Keys in the State of Florida. That would open in the Atlantic the area off of the Cape Canaveral Air Force Station and the Kennedy Space Center. Do you think we ought to be having oil rigs out there where we are dropping the solid rocket boosters of every space shuttle flight, and where the defense satellites that are being launched out of the Cape Canaveral Air Force Station, on whose ride to space are expendable booster rockets, with the first stages dropping off into the Atlantic—should we threaten that capability of our national security? Yet what Senator MCCONNELL is going to offer as a Republican alternative is to allow this drilling in all of the areas offshore of the United States, with the exception that the Governor of an individual State could veto drilling off that State.

Do we, the United States, whose main function as a government is to provide for the national security, want a Governor of an individual State to have veto power over whether the military interests of the Nation are going to be able to be conducted off the shore of that particular State? I think the answer is clearly no. You can't let a single individual, with their point of view of a State, say we are going to drill out there and kill that military testing and training area or in the case of Cape Canaveral, the area where we have to launch our rockets into space. Yet this is what we have come to.

So why do we want, in this system of tradeoffs, a tradeoff against the interests of our national security, our environment, and our individual State economies? It is simply not worth it if you have an alternative. The alternative is to go ahead and drill in the 68 million acres you already have under lease. We are not opposed to drilling. We want to make sure we approach this, as you make the decisions of tradeoff, in a commonsense way. That is what a lot of people do not understand. We simply cannot allow the administration to take advantage of the situation, to give away the store, before this President leaves office in about 5 months.

Instead, we need to do something that is going to reduce gas prices by curbing the profiteering and the excessive speculation on the unregulated markets. That is the real solution for the short term. Then, for the long term, we must rapidly develop alternative fuels and vehicles and have a legitimate alternative to petroleum as a means of the source of energy as we propel ourselves forward in this country in this century.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. BIDEN. Madam President, for the benefit of my colleagues, I am going to propound, very shortly, two unanimous consent requests relative to the legislation. I wanted to make sure Senator LUGAR has copies of them.

The first one relates to the Sessions amendment. Then the second relates to wrapping up the entirety of the bill, all remaining amendments. With the Senator's permission, I will proceed.

Madam President, I ask unanimous consent that it be in order for Senator SESSIONS to substitute an amendment on promoting blood safety for the amendment he currently has listed under the agreement with respect to S. 2731, with no second-degree amendments in order to the amendment; that the Sessions amendment be agreed to and the motion to reconsider be laid upon the table; that the Sessions amendment on the list be deleted, and that no point of order be in order to the bill based on section 305.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. BIDEN. Madam President, that means the Sessions amendment is now agreed to; is that correct?

The PRESIDING OFFICER. We do not have the amendment.

AMENDMENT NO. 5087

Mr. BIDEN. Madam President, I send the amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Delaware [Mr. BIDEN], for Mr. SESSIONS, proposes an amendment numbered 5087.

Mr. BIDEN. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment (No. 5087) is as follows:

(Purpose: To advise the public about the risks of contracting HIV from blood exposures, to investigate unexplained infections, and to promote universal precautions in health care settings)

On page 20, line 13, strike ''and'' and all that follows through ''(C)'' on line 14, and insert the following:

''(C) promoting universal precautions in formal and informal health care settings;

''(D) educating the public to recognize and to avoid risks to contract HIV through blood exposures during formal and informal health care and cosmetic services;

''(E) investigating suspected nosocomial infections to identify and stop further nosocomial transmission; and

''(F)

On page 28, line 13, insert ''public education about risks to acquire HIV infection from blood exposures, promotion of universal precautions, investigation of suspected nosocomial infections'' after ''safe blood supply,''.

On page 102, line 21, strike ''and'' and all that follows through ''(xii)'' on line 22, and insert the following:

''(xii) building capacity to identify, investigate, and stop nosocomial transmission of infectious diseases, including HIV and tuberculosis; and

''(xiii)''

On page 132, between lines 12 and 13, insert ''public education about risks to acquire HIV infection from blood exposures, promoting universal precautions, investigating suspected nosocomial infections,''.

Mr. BIDEN. Madam President, I urge passage of the amendment by voice vote.

The PRESIDING OFFICER. Is there further debate? If not, the question is on agreeing to the amendment.

The amendment (No. 5087) was agreed to.

Mr. BIDEN. Madam President, I ask unanimous consent that no further amendments be in order to S. 2731; that the Senate then proceed to vote in relation to the pending amendments in the order listed below; that prior to each vote there be 4 minutes equally divided and controlled in the usual form; that after the first vote in the sequence, each succeeding vote be limited to 10 minutes each; that upon disposition of all of the amendments, and prior to voting on final passage of H.R. 5501, the House companion, there be 40 minutes of debate, with the time equally divided and controlled between the chair and ranking member; that upon the use or yielding back of that time, the Senate proceed to vote on passage of H.R. 5501, as amended, with any other provisions of the previous order remaining in effect.

The amendments in question are the Gregg amendment, No. 5081; the Kyl amendment, No. 5082; and the DeMint amendment, No. 5077.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. BIDEN. Madam President, I believe we are looking for a unanimous consent to begin the first amendment in the series of votes at 5 o'clock.

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

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

Mr. BIDEN. Madam President, I ask unanimous consent that the order of the votes that was set out in the unanimous consent agreement begin at 5 o'clock, the first vote beginning at 5 o'clock.

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

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

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

AMENDMENT NO. 5081

Mr. GREGG. Madam President, is the regular order now that we are to proceed to a vote on a series of amendments?

The PRESIDING OFFICER. A series of amendments with 2 minutes of debate on each side preceding each amendment vote.

Mr. GREGG. Is the first amendment my amendment relating to the inspector general?

The PRESIDING OFFICER. The first amendment is the amendment, of the Senator from New Hampshire, Mr. GREGG.

Mr. GREGG. Madam President, I will go forward, and I guess the Senator from Indiana will close.

This amendment seems to me to be eminently reasonable in the sense that all it does—it is certainly not partisan in any way—is set up an independent inspector general for this specific program. Why does this program need an independent, specific inspector general? It is because under the present law, where we have over $15 billion being spent over 5 years, we have five different inspectors general looking at these programs, and it has been pretty clear that they haven't had time to do it very effectively. Only one inspector general has spent any time, in fact, and that has been the USAID inspector general. By requiring the program to increase threefold, we are dramatically increasing the responsibility relative to spending money, but the USAID inspector general isn't going to have time to increase their efforts significantly in this account. So it is very important that we have an independent inspector general.

This is especially true because almost every country that these dollars are going to go into is a country which rates very low on the international evaluation of transparency, integrity, and functioning of the government in a way that we would deem to be efficient and effective. We cannot afford to have U.S. tax dollars wasted, and we certainly don't want to have them going to processes which are corrupt. The way to avoid that is to set up a specific inspector general for this account.

I wouldn't ask for it if we weren't expanding it so dramatically. But when you take a program and triple its size, you better have someone looking over the shoulders of the folks spending that money. That is why we need an independent inspector general relative to this account.

I yield the remainder of my time, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second. The yeas and nays are ordered.

The Senator from Indiana is recognized for 2 minutes.

Mr. LUGAR. Madam President, while I agree with the oversight goals the Senator has suggested, the underlying bill we are debating has a very strong inspector general infrastructure, and it operates at much less cost than the cost that would be assumed by the Senator's amendment.

PEPFAR has set a high standard for results-based, accountable development programs both within our own Government and in the international community. PEPFAR has been among the most evaluated of new programs in the U.S. Government, with five GAO reports already completed and a sixth on the way.

I believe we now have a strong system of oversight already in the bill that recognizes the participation of many agencies in our antidisease programs, and this system has extensive experience and continuity of oversight over these programs. I believe we should retain this system. Therefore, I hope Members will oppose the amendment.

The PRESIDING OFFICER. The question is on agreeing to the amendment of the Senator from New Hampshire. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Massachsetts in (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Arizona (Mr. MCCAIN) and the Senator from Virginia (Mr. WARNER).

The PRESIDING OFFICER (Mr. SCHUMER). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 44, nays 51, as follows:

[Rollcall Vote No. 179 Leg.]

YEAS—44

Alexander	Crapo	McCaskill
Allard	DeMint	McConnell
Barrasso	Dole	Roberts
Bond	Ensign	Sessions
Brownback	Enzi	Shelby
Bunning	Feingold	Smith
Burr	Graham	Snowe
Chambliss	Grassley	Specter
Coburn	Gregg	Sununu
Cochran	Hatch	Tester
Coleman	Hutchison	Thune
Collins	Inhofe	Vitter
Corker	Isakson	Voinovich
Cornyn	Klobuchar	Wicker
Craig	Kyl	

NAYS—51

Akaka	Biden	Brown
Baucus	Bingaman	Byrd
Bennett	Boxer	Cantwell

Cardin	Kerry	Nelson (FL)
Carper	Kohl	Nelson (NE)
Casey	Landrieu	Pryor
Clinton	Lautenberg	Reed
Conrad	Leahy	Reid
Dodd	Levin	Rockefeller
Domenici	Lieberman	Salazar
Dorgan	Lincoln	Sanders
Durbin	Lugar	Schumer
Feinstein	Martinez	Stabenow
Hagel	Menendez	Stevens
Harkin	Mikulski	Webb
Inouye	Murkowski	Whitehouse
Johnson	Murray	Wyden

NOT VOTING—5

Bayh	McCain	Warner
Kennedy	Obama	

The amendment (No. 5081) was rejected.

Mr. BIDEN. Mr. President, I move to reconsider the vote.

Mr. LEAHY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 5082

The PRESIDING OFFICER. There is now 4 minutes of debate equally divided in relation to the vote on the Kyl amendment, No. 5082. Who yields time?

The Senator from Arizona is recognized.

Mr. KYL. I would like my colleagues' attention so I can briefly explain the amendment.

Mr. President, this will take a moment. This is a very simple amendment. We have tried to authorize $50 billion over 5 years. All my amendment says is that in those 5 years, the last year will have $10 billion authorized—in other words, one-fifth of the total. And that if there is an appropriation exceeding that amount, that there would be a point of order against it.

The reason for it is very simple. Under the current law, we have exceeded the authorization by about $4 billion, actually close to $5 billion. What that does is to affect the baseline for the following reauthorization.

All we are trying to do is to say if this is $50 billion—that is $10 billion a year. The House actually has it designated as such, the Senate does not. All I am saying is, is not even designate each year as 10, just make sure the last year is 10.

One reason for doing that is to make sure that is the baseline for the subsequent reauthorization. That is all we are trying to do. This is a very simple, very easy amendment to support. I would think those who are strongly in support of PEPFAR would agree to this amendment because it would grant further assurances about the program not having mission creep and expanding more than it should in future years, that would make some folks feel better about it.

Mr. President, I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, I ask Senators to oppose this amendment. Because of the anticipated funding curve over the next 5 years, this amendment likely would have the effect of cutting funds available in the final year by several billion dollars.

We should retain the flexibility to spend less than $10 billion now, while spending more than $10 billion in future years, if needed, when our programs are reaching more individuals with treatment and prevention services.

We want the program to expand at a rational pace based on thoughtful goals and on the developing capacity to absorb investments. Our agencies have demonstrated they know how to achieve this. We should retain the flexibility that will give them the best opportunity to succeed.

I ask Senators to oppose the amendment.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, that is a reasonable argument. My amendment does not preclude the reasonable ramping up of the money. But what we are hoping to do is to keep the appropriation to $50 billion—actually it is now $48 billion. Under current law, at $15 billion authorized, we are spending just under $20.

In other words, the appropriations have exceeded the authorization. All I am trying to do is not prevent the internal adjustment to allow the full expenditure of the amount authorized but to prevent an appropriation above that. That is why the point of order would only apply to appropriations that exceed the authorized amount in the final year.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. BIDEN. Mr. President, I want the Senator to have the last word, so I would ask that he have another 15 seconds to respond to what I am going to say.

Let's get this straight. This is an authorization. This is not an appropriation. I understand the Senator's concern. But we may need to, in terms of rationally ramping up the expenditures of this money without wasting the $48 billion, be spending $11 or $12 billion in the fifth year.

His concern is that becomes the baseline for the next 5 years. We are not authorizing for the next 5 years. We are authorizing for this 5 years. All we are doing is authorizing.

So I would strongly urge us to vote against this amendment.

The PRESIDING OFFICER. The Senator from Arizona has 15 seconds to sum up.

Mr. KYL. Mr. President, I appreciate the hard work both the chairman and the ranking member have put in. Their arguments have been made. I ask my colleagues to improve the bill a little bit by adopting our amendment.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Arizona (Mr. MCCAIN) and the Senator from Virginia (Mr. WARNER).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 28, nays 67, as follows:

[Rollcall Vote No. 180 Leg.]

YEAS—28

Alexander	Craig	Inhofe
Allard	Crapo	Isakson
Barrasso	DeMint	Kyl
Bond	Ensign	McConnell
Bunning	Enzi	Sessions
Burr	Graham	Thune
Chambliss	Grassley	Vitter
Coburn	Gregg	Wicker
Corker	Hatch	
Cornyn	Hutchison	

NAYS—67

Akaka	Feingold	Nelson (NE)
Baucus	Feinstein	Pryor
Bennett	Hagel	Reed
Biden	Harkin	Reid
Bingaman	Inouye	Roberts
Boxer	Johnson	Rockefeller
Brown	Kerry	Salazar
Brownback	Klobuchar	Sanders
Byrd	Kohl	Schumer
Cantwell	Landrieu	Shelby
Cardin	Lautenberg	Smith
Carper	Leahy	Snowe
Casey	Levin	Specter
Clinton	Lieberman	Stabenow
Cochran	Lincoln	Stevens
Coleman	Lugar	Sununu
Collins	Martinez	Tester
Conrad	McCaskill	Voinovich
Dodd	Menendez	Webb
Dole	Mikulski	Whitehouse
Domenici	Murkowski	Wyden
Dorgan	Murray	
Durbin	Nelson (FL)	

NOT VOTING—5

Bayh	McCain	Warner
Kennedy	Obama	

The amendment (No. 5082) was rejected.

Mr. BIDEN. Mr. President, I move to reconsider the vote.

Mr. LUGAR. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 5077

The PRESIDING OFFICER. There are now 4 minutes of debate equally divided prior to a vote in relation to the DeMint amendment No. 5077. Who yields time?

The Senator from South Carolina.

Mr. DEMINT. Mr. President, since the President introduced his bill to reauthorize the PEPFAR program several months ago, a lot has changed. Our economy has continued to slow. We have passed a housing bill that allows up to $300 billion of risky loans to be added to the Federal debt. We have now been told by Secretary Paulson that it is likely we will have to come up with $40 to $50 billion in the next year to prop up the Government-sponsored enterprises of Fannie Mae and Freddie Mac. I appeal to my colleagues to consider reducing the amount of authorization for this PEPFAR bill to $35

billion. The Congressional Budget Office tells us we cannot spend more than $35 billion over a 5-year period without wasting, that the mechanisms are not there. For us, in the face of what we are dealing with, to go beyond what the Congressional Budget Office tells us we can spend and authorize $50 billion at this time is irresponsible. I encourage my colleagues to vote for this amendment to reduce the authorization amount to $35 billion.

I retain the remainder of my time.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, the President and Members of the House of Representatives have carefully examined the PEPFAR situation and strongly recommended the $50 billion authorization. In the event we were to pass this amendment, it would be a severe blow to United States leadership and prestige on this issue, because it would profoundly affect the calculations of individuals, groups, and governments that we are trying to engage in this fight against HIV/AIDS. These commitments, many of them, are contingent upon our action today. I believe the $50 billion figure will maximize the humanitarian and foreign policy benefits of the PEPFAR program. We have an opportunity to save lives on a massive scale and preserve the fabric of numerous fragile societies. I ask my colleagues to continue to work together for this result. I oppose the amendment.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. How much time do I have remaining?

The PRESIDING OFFICER. There is 32 seconds.

Mr. DEMINT. Mr. President, with due respect to my colleague, apparently there is nothing magic about $50 billion, because today we arbitrarily cut $2 billion and sent it somewhere else. Again, the Congressional Budget Office says that nothing will be sacrificed. No aid will be taken away from Africans with AIDS and others we are trying to help, because within the 5-year period we cannot spend $50 billion effectively and efficiently. Let's show some restraint in this body and at least move it to the maximum figure we can do effectively.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. BIDEN. Mr. President, currently we are spending $6.3 billion a year. This amendment is based in part on the Congressional Budget Office report that assumes PEPFAR, tuberculosis, and malaria spending for fiscal 2009 will only be $1.5 billion. That false assumption stems from the fact that the Congressional Budget Office is evaluating this authorization act as if it were starting from zero. That is how they get the $35 billion. It is not starting from zero. It is starting from $6.3 billion. Slashing funding will require slashing targets set in this bill, including prevention of 12 million HIV infections; care for 12 million people, including 5 million orphans and vulnerable children; treatment of millions of people with AIDS, according to a formula that climbs as appropriations rise over time; and a major expansion of efforts to combat tuberculosis and malaria together which claim 6.3 million lives a year.

The PRESIDING OFFICER. The question is on agreeing to amendment No. 5077.

Mr. BIDEN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Arizona (Mr. MCCAIN) and the Senator from Virginia (Mr. WARNER).

The PRESIDING OFFICER (Ms. CANTWELL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 31, nays 64, as follows:

[Rollcall Vote No. 181 Leg.]

YEAS—31

Alexander	Craig	Kyl
Allard	Crapo	McCaskill
Barrasso	DeMint	McConnell
Bond	Ensign	Nelson (NE)
Brownback	Enzi	Roberts
Bunning	Graham	Sessions
Burr	Grassley	Thune
Chambliss	Gregg	Vitter
Coburn	Hutchison	Wicker
Corker	Inhofe	
Cornyn	Isakson	

NAYS—64

Akaka	Feingold	Nelson (FL)
Baucus	Feinstein	Pryor
Bennett	Hagel	Reed
Biden	Harkin	Reid
Bingaman	Hatch	Rockefeller
Boxer	Inouye	Salazar
Brown	Johnson	Sanders
Byrd	Kerry	Schumer
Cantwell	Klobuchar	Shelby
Cardin	Kohl	Smith
Carper	Landrieu	Snowe
Casey	Lautenberg	Specter
Clinton	Leahy	Stabenow
Cochran	Levin	Stevens
Coleman	Lieberman	Sununu
Collins	Lincoln	Tester
Conrad	Lugar	Voinovich
Dodd	Martinez	Webb
Dole	Menendez	Whitehouse
Domenici	Mikulski	Wyden
Dorgan	Murkowski	
Durbin	Murray	

NOT VOTING—5

Bayh	McCain	Warner
Kennedy	Obama	

The amendment (No. 5077) was rejected.

Mr. BIDEN. I move to reconsider the vote.

Mr. LUGAR. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

CHANGE OF VOTE

Mr. DOMENICI. Madam President, on rollcall vote 181, I voted ''yea.'' It was my intention to vote ''nay.'' Therefore, I ask unanimous consent that I be permitted to change my vote since it will not affect the outcome.

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

(The foregoing tally has been changed to reflect the above order.)

Mrs. CLINTON. Madam President, I rise today in strong support of S. 2731, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. This legislation would provide a substantial increase in our resources to address these devastating diseases on a global scale. It will enable us to increase the number of health professionals, expand treatment, and prevent new infections, thus improving the lives and futures of millions in countries around the world.

I am particularly pleased to see the advances that this bill makes in providing information about effective interventions, such as those that can prevent the perinatal transmission of HIV and save the lives of newborns. It also will allow us to implement new strategies to protect women and girls from HIV infection. This bill is an important step in our fight against global AIDS, and I would urge all of my colleagues in the Senate to vote for it.

I would like to draw attention to several provisions in this legislation which I believe will help to improve our efforts to combat AIDS around the world. One of these is an increased emphasis on identifying and replicating best practices in service delivery, a science known as operations research.

Let me give you an example of how operations research can help to improve our response to global AIDS. In the developing world, about 1 out of every 3 children born to mothers with HIV end up with the virus—a tragic statistic and one we know how to prevent. We have learned from our experience in the United States, where less than 100 cases of perinatal transmission were recorded in 2005, that providing access to critically needed, life-extending drugs can significantly reduce cases of mother-to-child transmission of HIV. With data from operations research, we will be able to understand how we can, in low resource settings, improve testing, education, and treatment options in order to reduce mother-to-child transmission to levels that are comparable to those we see in the United States. And prevention of mother-to-child transmission of HIV is just one of the areas where the data from operations research can transform our ability to maximize the U.S. investment in global AIDS funding.

Earlier this year, I introduced the PEPFAR Accountability and Transparency Act to expand our investment in operations research. I am pleased to note that several of the provisions from that legislation have been incorporated into this bill, which will require the government to incorporate

plans to improve program monitoring, evaluation and operations research into its overall strategic plan for AIDS. Doing so will allow us to determine the effectiveness of the interventions we are funding, so that we can replicate those that are working well, and examine ways to improve those that could be better. The bill would also increase the dissemination of research findings, so that information about cost-effective interventions will be available with people working to combat diseases in their own communities, shared through a ''best practices'' report compiled and published annually by our government.

I am also pleased to see that this legislation increases our efforts to address the vulnerability of women and girls to HIV infection. According to the United Nations, more than 15 million women were living with HIV at the end of 2007, accounting for slightly less than half of all those living with HIV. But in the places that are hardest hit by epidemic, AIDS has a disproportionate impact upon women. In sub-Saharan Africa, for example, 61 percent of those living with HIV are women. And we are not doing enough to help women protect themselves against infection, particularly young women. Studies completed in 17 countries in 2003 show that more than 75 percent of the young women surveyed could not identify ways to protect themselves against HIV infection.

Last year, I joined Representative BARBARA LEE in introducing the Protection Against Transmission of HIV for Women and Youth (PATHWAY) Act, which would require the President to develop and implement an HIV prevention strategy that addresses the particular vulnerabilities of women and girls—the links between gender-based violence, lack of educational and economic opportunity, human trafficking and sexual exploitation, and increased risk for HIV infection. I am pleased to see that this legislation contains a strong emphasis on addressing the needs of women and girls. It will require the inclusion of programs to address the needs of women and girls, in the President's 5-year strategy to combat global AIDS, and will provide clear guidance to help integrate gender across prevention, care and treatment programs. With this increased commitment, we will be able to help prevent additional HIV infections among women, and increase access to care and treatment. Doing so will help not only women living with HIV, but the families for whom so many of these women are the primary caregivers.

In addition to requiring a strategy to address the needs of women and girls, the PATHWAY Act also repealed requirements that one-third of prevention funding under PEPFAR be spent on abstinence until marriage programs. I believe that we need to repeal this hard spending requirement in order to give countries the flexibility to tailor prevention programs to their local needs. Both the Government Accountability Office and the Institute of Medicine have produced reports demonstrating that such spending requirements impact the ability of in-country programs to carry out effective interventions. The bill we are voting on today removes the abstinence earmark and replaces it with a requirement to submit reports on spending if in-country funding for abstinence and monogamy promotion drop below certain levels. I am hopeful that this compromise will allow countries to tailor their prevention messages to the epidemic that exists, and improve the efficacy of our efforts to halt the spread of HIV, and I will monitor implementation of this provision to ensure that it does not also constrain the ability of grantees to help prevent as many new infections as possible.

This bipartisan legislation is an opportunity for us to renew our commitment as a nation to fighting the global scourges of AIDS, tuberculosis, and malaria. It improves our ability to care for those in need, to help countries torn apart by these epidemics, to combat the dangerous stigma that often still exists around these diseases, and to prevent new infections. Today's vote represents a critical step in our efforts to halt and reverse the burden of these diseases, and I am proud to join my colleagues in supporting this bill.

Mr. DODD. Madam President, I rise in strong support of the Global HIV/AIDS, tuberculosis, and malaria reauthorization bill and urge its immediate passage. As a member of the Senate Foreign Relations Committee and chairman of its Subcommittee on Western Hemisphere, Peace Corps, and Narcotics Affairs, I can say that of all the global challenges we face, few are more daunting in scope or immediate in need than the scourge of HIV/AIDS. In so many parts of the world, the global HIV/AIDS pandemic threatens to undermine all of our other efforts to bring stability and prosperity to the world.

As a result of the original law Congress passed in 2003, the United States has provided lifesaving drugs to nearly 1.5 million men, women and children; supported care for nearly 7 million people, including 2.7 million orphans and vulnerable children; and prevented an estimated 150,000 infant infections around the world. Through this law alone, we as a nation have shown the world that Americans are a compassionate, caring and generous people. It is a spirit I know to be true throughout our remarkable country. Our sustained commitment to the treatment, prevention, and care of HIV/AIDS globally through this law has helped us make great strides toward helping repair our Nation's image overseas so badly damaged by the war in Iraq. So, I tell my colleagues, the eyes of the world are upon us. We must reauthorize this program and we cannot wait another day to do it.

I want to thank and commend the chairman and ranking member of the Senate Foreign Relations Committee, Senator BIDEN and Senator LUGAR, for crafting this bipartisan legislation that will continue the success of the 2003 law and make many important improvements to the program. I would like to take a minute to highlight a few of what I believe are the most critical improvements. Following that, I want to go into a bit more detail about provisions in this bill that I am proud to have authored, along with my colleague Senator GORDON SMITH, relating to the prevention of mother-to-child transmission of HIV and the treatment of children living with this disease.

To begin with, the bill increases the authorization of appropriations to $50 billion, allowing for incremental increases in funding over the course of the next 5 years. HIV/AIDS killed more than 2 million people last year, including 330,000 children under the age of 15, and an estimated 2.5 million people including 420,000 children were newly infected. These numbers are staggering. Absent an increase in our funding commitment, we may well lose all the hard-fought gains we've made against this disease.

The bill also eliminates the restrictive ''one-third earmark'' limiting prevention funding to abstinence-until-marriage programs. The Institute of Medicine and the Government Accountability Office, GAO, both concluded that the one-third abstinence earmark unduly limited flexibility for the people implementing HIV/AIDS programs on the ground. In fact, the GAO found that in order to meet the one-third spending requirement, country teams reported having to divert funds from prevention of mother-to-child transmission services.

The bill sets several key targets for HIV/AIDS prevention, treatment and care as well as targets to expand the healthcare workforce in order to help achieve staffing levels recommended by the World Health Organization. The bill moves from a reliance on a healthcare workforce that was already in place in the developing world under the original law to investing new funds to train new healthcare workers and paraprofessionals, especially nurses and doctors, under the reauthorization bill. The various targets in the bill will help move the program toward sustainability over the long term. That can only be achieved by a bold, sustained effort to train and retain new healthcare workers, including adding new workers to the most rural of areas.

The legislation repeals the provision in current law barring the admission into the U.S. of individuals who are HIV positive or have AIDS. This policy is an international embarrassment and its repeal should be maintained in the final bill. Because of this law, the President has to seek a waiver from his own State Department to invite guests to White House events related to this program. The U.S. cannot even host an international conference on HIV/AIDS. The time to repeal this statutory ban

that discriminates solely on the basis of an HIV/AIDS diagnosis is long past due.

I would like to take a moment now to highlight a couple of key provisions included in this bill that were drawn from legislation I introduced earlier this year with my colleague, Senator GORDON SMITH. Our bill, the Global Pediatric HIV/AIDS Prevention and Treatment Act, and the bill before us today set a target for the prevention and treatment of mother-to-child transmission of HIV that, within 5 years, will reach 80 percent of pregnant women in those countries most affected by HIV/AIDS in which the U.S. has such programs.

The bill also calls for integrating care and treatment with prevention of mother-to-child transmission programs, increasing access of women in these programs to maternal and child health services, and a timeline for expanding access to prevention of mother-to-child regimes. The ultimate goal of these policy improvements is to improve the health outcomes of HIV-affected women and their families and to improve followup and continuity of care.

I also want to thank the chairman and ranking member of the Foreign Relations Committee for including an amendment I offered in committee that will convene a prevention of mother-to-child expert panel which will report to the Office of the Global AIDS Coordinator and the public within a year on a plan for the scale-up of mother-to-child transmission prevention services. This provision was not included in the House-passed bill but I urge my colleagues to maintain it in the bill that is sent to the President.

We can prevent the transmission of HIV mother-to-child. We know how to do it. In the industrialized world, the standard of care involving a complex drug regimen has reduced mother-to-child transmission rates to as low as 2 percent. By the end of 2007, 34 percent of HIV-infected pregnant women around the world received the medicines they need to prevent transmission of HIV to their babies, a substantial increase from 14 percent in 2005. While this is considerable progress, still almost two-thirds of HIV-positive pregnant women did not receive the medicines necessary to prevent the transmission of HIV to their baby. That is why the target in the bill is so crucial.

I am in the unique position of serving on both the Foreign Relations Committee and the Health, Education, Labor and Pensions Committee where I have spent many years working to improve the health and welfare of children and families. We have made great strides through the Ryan White CARE Act program in this country toward ensuring that children and their families receive adequate, family-centered care and treatment for HIV/AIDS. In the United States, we have reached a point where a child living with HIV/AIDS no longer faces certain death. Thanks to antiretroviral, ARV, therapy, many children born infected with HIV/AIDS now have the opportunity to grow up healthy. However, long-term survival remains a dream that eludes most of the 2.5 million HIV-infected children around the world.

Globally, HIV/AIDS infection rates in children continue to outpace the rate at which they are treated. Every day approximately 1,100 children across the globe are infected with HIV, the vast majority through mother-to-child transmission during pregnancy, labor or delivery or soon after through breastfeeding. Approximately 90 percent of these infections occur in Africa.

With no medical intervention, HIV-positive mothers have a 25 to 30 percent chance of passing the virus to their babies during pregnancy and childbirth. Without proper care and treatment, half of these newly-infected children will die before their second birthday and 75 percent will die before their fifth. Sadly, although children represent close to 16 percent of HIV infections, they are only 10 percent of those receiving treatment.

That is why the bill before us today also includes a 5-year target that the number of children receiving care and treatment for HIV/AIDS is proportionate to their infection rate in each country funded under this program. One cannot lag behind the other and, with passage of this bill, they won't.

I thank the chairman and ranking member again for working with me to include these vital provisions for children and families. I believe they will have an enormous impact on the long-term health and survival of the millions of men, women and children affected by HIV/AIDS.

I would be remiss if I did not take a moment to highlight an area where I believe the bill regrettably does not incorporate the lessons learned over the past 5 years about addressing HIV/AIDS, and that is the lack of language in the bill facilitating linkages between HIV/AIDS activities and family planning activities.

I recognize that Members have strong feelings on this issue. But family planning providers serve millions of women in developing countries that are now at the center of the global HIV/AIDS pandemic. Moreover, it is critical that this program continue to support voluntary family planning counseling and referral as a core component of prevention of mother-to-child transmission and other HIV-service programs. I look forward to working to ensure that this program links HIV/AIDS activities and family planning activities.

With that, I urge my colleagues to act quickly to pass this bill to reauthorize a program that has helped save the lives of millions of men, women and children. The President has asked Congress to pass the bill. The leading organizations advocating for reauthorization of this program have called on Congress to pass the bill. The House has already passed the bill. It is time for the Senate to do the same. I implore my colleagues to put aside their differences and support passage of this bill.

Mr. COLEMAN. Madam President, I strongly support the reauthorization of the President's emergency plan for AIDS relief. The fight against pandemic AIDS is an important international priority, and I am very pleased that we can work toward a bipartisan consensus on this legislation. We have the benefit of 5 years of lessons learned to integrate into this bill, and the resources that we are putting into action through this measure will deliver lifesaving medicines, basic health care infrastructure and hope to millions of people around the global who face the threat of HIV/AIDS, malaria and tuberculosis.

I have had a particular interest in the area of health care infrastructure in Africa, and have worked closely with my colleagues Senators DURBIN and FEINGOLD on legislation relating to this. I am very pleased that some of our language and ideas have been integrated into the current PEPFAR bill. The fact of the matter is that we face great challenges in the area of health infrastructure in Africa, including serious shortages of health care workers, clinics, and hospitals in many areas of the host countries that limit our ability to reach the millions of people who need care and treatment. It is my view that at least some of the answers may be found in the private sector, and it is my hope that U.S. agencies will reach out to the private sector to help us meet the overwhelming needs of the affected countries.

I would like to share with my colleagues the success of one unique nonprofit from my home State that has harnessed the powerful force of franchising to establish a sustainable network of health clinics and pharmacies in two PEPFAR countries. This program, run by the HealthStore Foundation, was established more than a decade ago to ''prevent needless death and illness by sustainably improving access to essential medicines.'' Since that time, the HealthStore Foundation has established a network of more than 65 franchises in Kenya, serving roughly 525,000 patients and customers in 2007. Currently, the program is expanding to Rwanda, and the first franchise should be open within a few weeks. By 2012, the HealthStore Foundation plans to expand its network to over 14 countries serving millions of patients per year.

Each HealthStore franchise is locally owned and operated by a licensed nurse or by a community health worker. Some hire employees, creating still more jobs, mostly for women. HealthStore operates as a typical franchisor, and franchises are licensed under the Child and Family Wellness Shops, CFW shops, brand name. The model incorporates key elements of any successful franchise network:

strong branding, proven operating systems and training; strict quality controls enforced through regular inspections; and well-chosen locations. It is worth noting that franchising the distribution of health care and pharmaceuticals has also helped to curtail incentives for corruption, as franchisees risk losing their business if they fail to comply with franchise system standards.

I describe the HealthStore Foundation program as a ''microfranchise'' model, because this model shares many of the unique characteristics of the microlending efforts led by the Grameen Bank. In Kenya, clinics are easily accessible, located within an hour's walk of the communities they serve. Each clinic offers a range of government-approved, tested medicines and products along with basic health care services from licensed nurses. Up front costs for each franchise unit are modest, and the stores generate a steady income for their owners. To ensure that capital is available, the HealthStore Foundation provides financing for up to 88 percent of the required initial capital, although many owners raise funds through family and friends. Most importantly, these clinics operate to turn a profit, and it is the long-term maintenance of this profit that sustains the system.

Franchising delivers certain competitive advantages, including economies of scale, centralized distribution of high-quality drugs, central management of regulatory and legal issues, and a critical mass of locations that can share best practices and leverage resources. Apart from the benefits accrued through these competitive advantages, franchise owners also receive extensive training, marketing and promotions support, technical advice, and an established, trusted brand name.

The genius of the HealthStore Foundation's strategy for building a sustainable infrastructure of health care delivery in Kenya and Rwanda is the adoption of the franchise business model. Franchising is such a tried and true business strategy in this country that most Americans take it for granted, but franchising is taking place all around us. In fact, a recent report by the International Franchise Association Educational Foundation shows that roughly 909,000 franchise businesses in the United States account for 21 million jobs and more $2.3 trillion in annual economic activity, and franchising has been growing at a faster pace than the overall economy. In the United States, franchising is a business strategy that works because an entrepreneur with a great idea or great product can quickly and efficiently develop a network of businesses to deliver a consistent, high quality product in every State, city and town across the Nation.

The goal of this legislation is to halt the spread of pandemic diseases in a large part of the world. Certainly, the HealthStore Foundation has proven that microfranchise businesses can be capable partners in this effort, but the ownership opportunities provided by franchising also offer us other benefits. We know that ownership is a powerful incentive. Ownership gives people a stake in the future. In Kenya, owning a HealthStore clinic has become an attractive career choice for health care workers, helping to slow the pace of emigration of these trained professionals. The microfranchise model also supports the development of a strong small business infrastructure in villages and towns throughout the PEPFAR regions, and the lessons learned through franchised health care clinics can be repeated in other kinds of businesses.

For these reasons, the Senate should work with U.S. agencies to consider microfranchise business creation among the strategies for putting these resources to work in the PEPFAR region. In order to continue to raise awareness around this important approach that has been tried by the HealthStore Foundation, I plan to follow up this statement with a colloquy with one of my Senate colleagues.

Mr. ENZI. Madam President, I rise today to reiterate my continued support for the passage of the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008. The compromise that many of my colleagues were able to support is what I call the third way. Many on both sides of the aisle would prefer to have it changed one way or another to assuage some of their concerns with the policies set out in the bill, and I can understand those concerns. However, now is the time to put away our partisan politics and pass a bill that will reach to save over 3 million more lives, care for more than 12 million more people affected by HIV/AIDS and continue to stop the spread of the disease by spreading the messages about prevention. That is the bottom line—it saves lives and it really is a shining example of the generosity and goodness of America and her people. Senators COBURN, BURR and I worked with Senators BIDEN and LUGAR and many other members of the Senate to reach an agreement that we all think is fair, just and conscientious.

As I mentioned the other day, I have been to Africa more than once, so I have seen first hand the tremendous benefit that this program has achieved and I am confident that this bill will allow it to achieve even more. Now I know that some of us are concerned about, and have legitimate disagreements, over the high authorization level attached to this bill. I have always supported having a fair debate on this issue on the Senate floor and I hope to find a fiscally responsible way to address this crisis by having every member vote on a number that is reasonable and get the job done. There is an urgent need to meet this world health crisis, and America has never turned her back when there is such a profound and pressing crisis affecting those who are far less fortunate. I again want to reiterate my support for this discussion and for the continuation of the floor process to have this bill passed as quickly as possible.

I believe that the American people support these humanitarian efforts, and as their elected Representatives, we have the solemn responsibility to see to it that their hard-earned dollars are being spent wisely and effectively. I happen to believe that it is critical that the bulk of these funds are spent for the specific benefit of people who are infected—for their direct medical care and treatment. I personally am satisfied that we have secured a bill that will do just that. In fact, in order to assure that this does happen, we have built in safeguards to ensure transparency and accountability throughout this bill so that we may better monitor the outcomes of this program and easily find the areas that are in need of improvement.

We have come a long way in assuring that over half of these funds will be focused on treating people directly, so that the funds will follow the individuals affected by HIV/AIDS. The more we are focusing our efforts on treatment, the less likely these funds will be spent on so called extraneous provisions that so many of my colleagues are concerned about.

I hope that we can all agree to act on this bill in a timely manner without partisan politics. This is a good bill; it will save lives. As I said the other day, I urge all my colleagues to vote for passage and send a message to the world's nations that America will always be there for those who cannot help themselves—our commitment is to ridding the world of these dread diseases, and we are resolute in our determination to reach that goal.

Ms. MIKULSKI. Madam President, I rise today to applaud the passage of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. I am proud to have voted in support of this legislation that reauthorizes the President's Emergency Plan for AIDS Relief, PEPFAR, and provides much-needed foreign aid to countries to combat these devastating diseases.

Currently, more than 33 million people worldwide live with HIV/AIDS. My own dear State of Maryland is one of the hardest hit States in the U.S. Maryland has the ninth highest AIDS rate in the Nation and the Baltimore metropolitan area has the second highest rate of AIDS cases compared to other cities in the country. Today, by providing $50 billion over the next 5 years to 120 countries we are recommitting ourselves to fighting the deadly diseases of HIV/AIDS, tuberculosis, and malaria. These global health problems affect not just patients, but their families and communities.

This act provides funding for education, prevention, research, care, and

treatment for HIV/AIDS, tuberculosis, and malaria. It expands programs to increase access to care for children and expands the international health workforce to train and retain health care workers who can provide much-needed care. As the champion of the Nurse Reinvestment Act, I understand how critical it is for any country to have a large enough health care workforce available to treat such destructive diseases.

I would like to honor and thank the men and women who work hard daily to make a difference in the fight against these deadly diseases. There are many great organizations throughout the state of Maryland that have been on the front lines for decades fighting HIV/AIDS, tuberculosis and malaria in the U.S. and worldwide. The National Institutes of Health is home to some of the most significant advances made to treat HIV/AIDS and the Johns Hopkins Bloomberg School of Public Health has been an international leader in creating innovative programs to fight disease epidemics. The University of Maryland is home to the Institute of Human Virology, where some of the world's most renowned scientists are undertaking groundbreaking research, such as developing an AIDS vaccine. I am also proud of organizations like Catholic Relief Services, which is headquartered in Baltimore, that work tirelessly all over the world to provide assistance and compassion to those who suffer the physical, economic, social and emotional toll of these diseases. We have made giant leaps forward because of their efforts.

I have always fought in the Senate to fund important programs that assist individuals living with HIV/AIDS, as well as fund the research that will one day lead to a cure. I will continue the battle and stand sentry to fight and prevent HIV/AIDS, tuberculosis, and malaria in Maryland and around the world.

Mr. LEAHY. Madam President, I support this bill, which extends the authorization of United States HIV/AIDS programs administered by the Office of the Global AIDS Coordinator, and includes several important changes to the former authorization act. I commend Senators BIDEN and LUGAR, and their capable staff, for the outstanding work they have done, over many months, to get this bill through committee and to the Senate floor.

This administration will not be remembered for its foreign policy achievements. In fact our country's reputation and leadership have been badly damaged in the past 7 years, due to colossal blunders by this White House that will take years to overcome. But I do credit President Bush for his consistent support for significant increases in funding to combat HIV/AIDS around the world.

The Congress, of course, has surpassed the President's requests by increasing funding for the PEPFAR program by $2 billion over the past 5 years. We will continue to support this program whoever is the next President.

In addition to authorizing $50 billion over 5 years for HIV/AIDS programs, the bill would call for increased U.S. contributions to the global fund to fight AIDS, TB and malaria. The global fund is a mechanism for multilateral cooperation which has strong support in Congress, although the President has consistently cut funding for it. Like PEPFAR, the global fund is providing antiretroviral drugs to increasing numbers of people infected with HIV, and it is expanding its prevention programs in many countries that are not PEPFAR focus countries.

This bill does authorize considerably more—$20 billion more—than what the President initially proposed. Some Senators in the other party have objected to that increase. Madam President, $50 billion is a lot of money. But those same Senators have never uttered a word of objection to spending hundreds of billions of dollars in emergency, off budget funding for a war that could have been avoided, has cost thousands of lives, that has made us less secure.

There is little doubt these additional funds will be needed, although the capacity to use such large increases will take time to build. Ultimately, it will be a matter for the Appropriations Committee. At this point we are a long way from having the budget allocation to fund these amounts, so we should not be under any illusions. It is one thing to authorize funding, but quite another to appropriate the money. Were we to try to meet this level today, we would have nothing left to meet other pressing demands and threats around the world. We cannot put all our eggs in one basket without causing serious damage to other critical foreign policy programs.

There is also the question of how much we can do bilaterally and how much should be done through the global fund. We need to know what the right balance is—something the President has repeatedly ignored in his budget requests.

This bill tackles many other issues, including how best to allocate HIV/AIDS funds. When the Republicans were in the majority at the time of the first PEPFAR authorization, the Congress took a prescriptive approach, even legislating percentages of the funds that must be used for treatment or prevention, or which types of organizations could receive funding. We are still struggling with that misguided legacy.

My own view is that the less Congress injects itself into matters of global health the better, because the result is too often that politics and ideology take precedence over what is in the best interest of public health in a particular country. Every country has different conditions, different capacity, and different social traditions, and trying to legislate in Washington the approach that should be used in Mali or Bangladesh or Brazil is fraught with problems.

To me, the bottom line is simple. We are a country whose economy dwarfs all others. AIDS is a global pandemic—with over 33 million people infected—that knows no geographical boundaries. It threatens us all, but in some countries the needs are far greater. In Africa, people suffering from AIDS succumb from malnutrition and water borne illnesses. Others, in Haiti or Asia, suffer in pitiful conditions with no one to care for them. From Cambodia to Cameroon, grandmothers are caring for five, six, seven children on an income of a dollar or two a day.

The PEPFAR program represents the best face of America. It is one way for the United States to mitigate some of the damage to our image, by saving lives in countries where AIDS no longer has to mean a death sentence.

We need to do a better job of making sure that our PEPFAR and global fund dollars are used as effectively as possible, which has not always been the case. The oil producing countries, which are making huge profits and yet contribute little to the global fund, need to do a lot more. And the Congress needs to give the public health professionals at PEPFAR, the U.S. Agency for International Development, and the Global Fund the flexibility to make decisions based on the health needs of each country.

Again, I commend Senators BIDEN and LUGAR, and their staffs, for completing this bill.

Mr. DURBIN. Madam President, I rise to speak in support of section 305 of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. Section 305 would make an important change in our laws that is long overdue.

Under current law, foreign students, tourists, refugees and immigrants with HIV are prohibited from entering the United States. Section 305 would eliminate this HIV travel ban. I was pleased to join Senator KERRY and Senator SMITH as an original cosponsor of the HIV Nondiscrimination in Travel and Immigration Act, the original version of this provision.

Our immigration laws treat people with HIV differently than people with any other medical condition. HIV is the only disease specifically listed in U.S. law as a bar to entering the United States. For all other medical conditions, the Secretary of Health and Human Services determines whether the public health risk justifies a bar to admission.

Only 11 other countries have such harsh travel restrictions for people with HIV. Listen to the other countries with HIV travel bans: Armenia, Colombia, Iraq, Oman, Qatar, Russia, Saudi Arabia, Solomon Islands, South Korea, Sudan, and Yemen. Even China recently took steps to overturn its HIV travel ban. Does the United States

really want to be in the company of Sudan when it comes to the treatment of people with HIV?

This HIV travel ban undermines our global leadership in the fight against AIDS and is incompatible with the goals of PEPFAR.

How can we tell other countries to end discrimination against people with HIV when we ourselves treat people with HIV who want to travel to our country differently than those with any other medical condition?

The travel ban for persons with HIV was enacted in 1993, at a time when there was fear and misunderstanding about this disease. The travel ban is a relic of an earlier time. Hasn't our knowledge about HIV and tolerance for people with HIV expanded enough in the 15 years to eliminate the travel ban?

The travel ban does not further any public health goals. Eliminating the ban will simply return the authority to the Secretary of Health and Human Services to decide whether or not persons with HIV should be admitted into our country, as they do for all other diseases.

Our laws already require that anyone who wants to immigrate here demonstrate that they are unlikely to become an economic burden to the U.S. Government, which ensures that lifting the HIV travel ban would not have a significant financial cost.

Over 200 organizations, including the American Medical Association, the American Public Health Association and the World Health Organization, oppose the HIV travel ban. A broad range of faith-based groups, including the U.S. Conference of Catholic Bishops, support lifting the HIV travel ban.

The HIV travel ban allows for a discretionary, case-by-case waiver process, but it is available only to a restricted group of visa applicants, and it is cumbersome and time-consuming. Let's take just one example: when Chicago hosted the Gay Games in 2006, the organizers had to work with various government agencies for several months before securing a waiver for persons with HIV to attend the event.

We will take an important step towards ending discrimination against people with HIV by lifting this travel ban and treating persons with HIV the same way we treat those with other medical conditions. That is consistent with the goals of PEPFAR and the U.S. leadership role in fighting discrimination against people with HIV around the world.

I urge my colleagues to support this legislation.

Mr. SMITH. Madam President, let me first commend the work of Senators LUGAR and BIDEN for their leadership in chaperoning this bill through the committee and on to the Senate floor. And, I am a proud cosponsor of this legislation. I also want to thank them for including the Kerry/Smith language on lifting the HIV/AIDS travel ban. This legislation is an important commitment to meeting the global challenges of this epidemic.

Right now, PEPFAR is on schedule to achieve its goals of supporting treatment for 2 million AIDS patients with life-saving antiretroviral therapies; preventing the transmission of 7 million new cases of the disease; and supporting care for 10 million people infected and affected with HIV/AIDS, including orphans and most vulnerable the world's children.

Despite what we have witnessed on the Senate floor over the past few weeks, PEPFAR, since its inception, has enjoyed wide bipartisan support. More importantly, it has served as a powerful demonstration of our Nation's leadership on global health issues and our Nation's collective compassion to the most vulnerable throughout the world.

In the past, I have had the fortune of working with Senator BOXER on The Stop Tuberculosis (TB) Act Now Act. Based on the recommendations of the World Health Organization and the Stop TB Partnership, this legislation would increase the resources available to combat TB in countries with high drug resistant TB infection rates. For people infected with AIDS, TB is often deadly. We have worked to have key provisions of this legislation included in the bill.

Senator DODD and I have worked closely with the Senate Foreign Relations Committee chair and ranking member to include provisions from our pediatric HIV/AIDS bill. This legislation, the Global Pediatric HIV/AIDS Prevention and Treatment Act, would increase the number of children receiving treatment under PEPFAR. Specifically, it would expand services to prevent thousands of new mother-to-child transmission cases.

Lastly, this legislation should serve as a mirror of reflection on our own Nation's policies related to individuals living with HIV/AIDS. I have sought in my years in the Senate to help in this fight, pushing for more funding, authoring the Early Treatment for HIV Act and helping Oregon's largest HIV/AIDS service provider, Cascade AIDS, where I am able. I honor the good work that Cascade AIDS has done in Oregon from education and testing to hospice care at Our House and food services through Esther's Pantry. Cascade AIDS truly proves the good in Oregonians in answering the many needs of those living with HIV/AIDS.

Yet while we have come a long way from the stigma, fear-mongering, and rampant discrimination of the 1980s against those living with HIV/AIDS, our Nation continues to discriminate. As many of you may not know, the United States is 1 of only 12 Nations with an HIV immigration and visitor travel ban. Although we are the leader in public and private HIV research, we also legally ban people from entering the country who are HIV positive. It does not matter whether the individual seeks to enter the U.S. to attend a global health conference, conduct business, vacation, or visit family or friends—they are all categorically banned from entering the U.S. because they are HIV-positive. HIV/AIDS is the only medical condition that serves as permanent grounds for inadmissibility to the U.S. Even TB and leprosy are left to the discretion of the Health and Human Services Secretary in determining admissibility. While individuals with HIV can seek a waiver from inadmissibility, it is cumbersome, restrictive, and ineffective.

As a result, the U.S. has made it clear to individuals with HIV/AIDS worldwide that they are unwelcome in our country—period. The other Nations that have put the ''unwelcome mat'' out to individuals with HIV/AIDS include Russia, Saudi Arabia, South Korea, and Sudan. Aside from the U.S., only 11 other Nations have a ban. Even China, fearing embarrassment with hosting the upcoming Olympics, recently acted to remove its ban on HIV-positive visitors. It is time we join China and most of the rest of the world.

Senator KERRY and I have introduced legislation, which was been included in this bill, to simply return the authority to the Department of Health and Human Services—as with other diseases—to decide whether or not HIV should be grounds for inadmissibility to the U.S. This ban is a byproduct of the ignorance surrounding HIV in the 1980s and 1990s. By lifting this ban, we can finally set free the specters of phobia from our past and fully embrace our global leadership on HIV/AIDS. I urge my colleagues to join with me and Senator KERRY in removing this stigma from our immigration policy.

The PRESIDING OFFICER. Under the previous order, the question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. Under the previous order, the Committee on Foreign Relations is discharged from further consideration of H.R. 5501, and the Senate will proceed to its consideration, which the clerk will report by title.

The legislative clerk read as follows:

A bill (H.R. 5501) to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

The PRESIDING OFFICER. All after the enacting clause is stricken and the text of S. 2731, as amended, is inserted in lieu thereof.

The question is on the third reading of the bill.

The bill, as amended, was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. There is now 40 minutes equally divided for debate.

Who yields time?

The Senator from Delaware.

Mr. BIDEN. Madam President, I yield myself 1 minute.

For the benefit of our colleagues, there is 40 minutes of debate equally divided, but it is not the intention of the majority to use that 40 minutes. For planning purposes, I do not think we will use more than 8 minutes.

I yield 5 minutes to my friend from Ohio, Senator BROWN.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, I thank the senior Senator from Delaware.

I rise in support of this very important legislation that the Senate, I hope, passes this evening. HIV, as we know, debilitates and kills. It orphans children. It fractures communities. It drains resources from fragile economies. In addition to what it does to human beings, it destabilizes fragile governments in the poorest countries in the world.

It is a human tragedy, the dimensions of which have humbled the world community.

I thank the Senator from Delaware for his terrific work and leadership on this legislation, and the senior Senator from Indiana, Mr. LUGAR, who has been a leader in combating global poverty, and especially fighting for public health, combating malaria, AIDS, and tuberculosis.

I met a young man recently who now lives in my hometown of Mansfield, OH. He grew up in the Lake Victoria region of Kenya. He is now married to a Mansfielder, after he came to this country. He himself had malaria, which caused his weight to drop to 110 pounds at one point.

Now that he is healthy again, he is finishing his degree at Oberlin College, not far from where I live. His life's goal is to train more health workers to work in Africa to combat TB, HIV, and malaria.

I was, earlier this evening, talking with Senator MCCASKILL about how we can, with relatively small amounts of money, cure tuberculosis. With literally $20, $30, $40 a patient, over a period of 6 months we can give them medicine so they, in fact, can be made whole. It is the combination of TB and HIV together—people get TB, their resistance goes down, and that is what kills the most people with HIV in Africa and increasingly in India and other places around the world. The combination of TB and HIV is ravaging Africa.

In 2006, 65 percent of new HIV cases and 72 percent of all HIV-related deaths occurred in Africa. TB killed half a million Africans last year.

As important, what happens with TB does not stay necessarily in Africa. We saw what happened just a year or so ago when a young man from Atlanta, a professional, who had TB—he was not probably sure he had TB—flew around the world and could have very likely infected people in an airplane with TB. People who are immigrants who come here, people who are traveling abroad and come here from other countries, and Americans traveling around the world, all can be infected with TB.

With PEPFAR, we are making a huge investment in services, in prevention of these diseases. Now our investment will grow. We obviously need to do more. What we are doing with PEPFAR with a scaled-up investment will mean significant numbers of children won't be dying from HIV and won't be dying from TB.

Investing more in family planning is one of the best ways of preventing mother-to-child transmission of HIV. To address this issue, this week I am introducing the Senate companion to Representative MCCOLLUM's bill, a Congressman from St. Paul, MN, legislation entitled ''Focus on Healthy Families Worldwide Act,'' a bill which will significantly scale up U.S. involvement in global family planning.

When I think of PEPFAR, I am reminded that we constantly need to think about how our actions affect people directly in ways we don't fully understand, and in terms of our lives of plenty, we need to be committed to help. This is major landmark legislation. What Senator BIDEN and Senator LUGAR are doing is so very important to our place in the world, to a more peaceful world, to a more healthy, developing world, but also to a more healthy United States because it really will matter in this country. It will help to preserve our public health infrastructure, and it deeply matters to people all over the world, especially in our country.

I yield back the remainder of my time.

Mr. LUGAR. Madam President, on the minority side, I wish to recognize the Senator from Oklahoma, Mr. COBURN. I thank the distinguished Senator from Ohio for his very generous comments.

I yield 10 minutes to the distinguished Senator from Oklahoma.

Mr. COBURN. First of all, let me thank Senator BIDEN and Senator LUGAR for their hard work, and the staffs especially, as well as the White House, in working with us to accomplish what I think—and I believe others think—were significant policy changes that will make a real difference for people in other countries. There is no question about it.

I never approached, in any of my negotiations with the White House or either of the staffs, the cost of this bill, and I am concerned about that. We all should be concerned. The $50 billion, we are going to authorize it, and this is one that is going to get spent. This money is going to be appropriated. Everybody knows that. The question, then, becomes, where is it going to come from?

Although I think this is our most successful foreign policy initiative in my lifetime—I was born after the Marshall Plan started or thereabouts—I think this is the most effective thing we have done to build American prestige, esteem, and respect and thankfulness that we have done in my lifetime. When we look at the 2 million people who are now vibrant and vigorous and not wasting, who don't have a secondary disease such as Senator BROWN talked about, what it does is it gives them hope, but it ought to give us hope. So I am extremely appreciative of the very cooperative attitude.

It has been said in recent days that you can't work with me. You can't negotiate with TOM COBURN. Well, I will tell my colleagues we negotiated a pretty good fix to a pretty good bill that is going to make a lot of difference in a lot of people's lives. Talking about the Genetic Nondiscrimination Act, people said it couldn't work, but we passed that bill, didn't we? We fixed it. We made it to where it met all sides and all comers, and we did something great.

I wish to spend a very short amount of time talking about priorities. I think this bill is a priority for our country—making a real difference.

How are we going to afford to appropriate this $50 billion? The only way we are going to afford to really do it and do it effectively and not charge the $50 billion to JOE BIDEN'S grandchildren or TOM COBURN'S grandchildren or DICK LUGAR'S grandchildren is if we go about making harder choices about the waste, fraud, and abuse that is in our present system. If you add up what the IGs say, what the GAO says, what the CBO says, and what the CRS says, we have $300 billion every year that is wasted. It is either wasted or defrauded.

So my challenge as we finish this bill, which is going to pass—and it is the right thing to do; you heard me say it; it is the right thing to do—is we only have half our work done, because if we walk away after the commitment of saying we are going to make a difference in Africans' lives and we don't make a difference in our grandchildren's lives by getting rid of the waste that can pay for this so that there is no additional debt, we will have failed. So that is my plea to the Members of this body.

JIM DEMINT made a good plea. He showed you what is getting ready to happen to us. He is right. We have precarious financial markets today. We have a credit crisis. We have a housing crisis. We have a debt crisis. We have a trade deficit crisis. Those things are fixable, but we have to fix them with the same kind of zeal, the same kind of community that we did on this bill.

So my challenge to the chairman and the ranking member is, as we appropriate this money—and we know it is going to happen—let's start making the same hard choices we made as we negotiated this bill about the waste and abuse and fraud—$80 billion worth of waste and fraud in Medicare alone. Let's do it. Let's don't just give it lip service; let's leave a legacy for the next generation so they can not only be

proud about what we have done as great humanitarians by helping people with a deadly infectious disease, but let's leave the same legacy to our grandchildren by being responsible. That means we are going to have to take some heat because anything we get rid of that is not efficient and not effective, somebody likes, somebody benefits from.

So my plea to the Members of this body as we pass this is let's do the second half of the job. Let's get rid of the waste, fraud, and abuse. There is $70 billion worth of waste and fraud in the Pentagon. There is $30 billion worth of contracting fraud. There is $24 billion worth of IT waste every year out of $64 billion we spend on IT. So we can do it. My challenge to us—and my thanks to the chairman and the ranking member—is let's finish the job when we get down to appropriating. Let's really do our homework. Let's give America not only lower gas prices, let's give them lower costs for their kids and grandkids in the future.

With that, I yield back the remainder of my time.

Mr. BIDEN. Madam President, I yield myself 30 seconds.

I wish to make clear in the RECORD that I have never had any trouble working with TOM COBURN. He is correct. We did work on this. He is one smart fellow. He knew a great deal about the substance of this legislation but also the financing of it. I wish to thank him and his staff for his cooperation and thank him for his compliment to our staffs on the committee. I share his view about them, but also it has always been a pleasure to work with him.

I yield 5 minutes of our time to the Senator from Massachusetts, Mr. KERRY.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KERRY. I thank you very much, Madam President.

Let me begin by thanking the chairman of our Foreign Relations Committee, Senator BIDEN, and the ranking member, Senator LUGAR, for their leadership and their efforts to help bring the Senate to where it is today. I appreciate what they have done to help elevate this program and bring it down to a new stage.

The truth is that for two shamefully sluggish decades, the Senate and the Congress and the country really ignored this issue and were somewhat timid, even scared of it for a lot of different reasons. We lost a lot of time in leading the fight against HIV/AIDS on a global basis.

In 1999, I guess it was, Senator Frist and I were privileged to work together and bring an effort to the floor of the Senate, working as cochairs, ultimately, of CSIS's task force that was put together. We wrote a piece of legislation that ultimately drew broad support from the Foreign Relations Committee. I am pleased to say that one of the important points people began to understand about this issue—not partisan and not ideological—was when the then-chair, I think, Senator Jesse Helms, came onboard and became a cosponsor of our effort. That effort ultimately transformed itself, with President Bush's support, into PEPFAR, when he picked up the cry for some $15 billion.

I will tell everybody that initially many of us had suspicions that it was going to be a public relations effort, not a real one. In fact, I think President Bush has probably transformed this effort into the single most important piece of his legacy. As Senator COBURN just said, this is perhaps now one of the most important programs the United States is doing on a global basis, and it has made a profound difference.

My wife and I had the privilege of being in South Africa and Botswana last November. I will never forget visiting the Umgeni School in KwaNgcolosi near Durban, where there was an incredible display of community effort that had been brought together because the United States was putting this money into the organizational effort of community caretaking. I saw children, orphaned children who, long before the years that they should have been, had become the caretakers for a whole family of brothers and sisters. I saw what they refer to as AIDS grannies who assumed responsibilities because of the deaths within the family for the caretaking of people who were HIV positive. It was impressive, and the gratitude of people toward the United States, the connection they had with us as a result of this, is one of the most significant foreign policy initiatives in which we have engaged.

So I am very grateful to Senator BIDEN and Senator LUGAR and the committee itself for its work and to the Senate now for embracing this measure which will take us to the next tier.

Two and a half million people will be infected in this next year; 2.1 million people are going to die of AIDS. The challenge of human infrastructure to be able to deliver the antiretroviral drugs, to be able to reach people, to even begin to tackle some of the infrastructure issues and deal with the mythology that works against us, to deal with denial in governments such as South Africa itself. Some of the AIDS workers I met with—we had to kick out the press and kick out public people in order to get them to talk openly and honestly about the difficulties they were having because the Government itself was engaged in some denial, and they feared retribution. It is our effort, our taxpayer money, our initiative, our caring that is making a difference in those lives and breaking down those barriers of denial. I think all of us in the Senate ought to be profoundly proud of this initiative and this effort.

I am also pleased that in this legislation there are two items that I thought were important. One is creating advanced market mechanisms where we can say to people where there is no market for the creation of a vaccine that that market will be there. Norway, Canada, the Gates Foundation, and others are involved—Germany and others are involved now in providing that kind of market assurance. In that legislation, there is an additional effort to engage us similarly in helping to provide those market assurances so that drug manufacturers will invest in the creation of vaccines, knowing that indeed there will be a market down the road.

Finally, we are going to allow people who are HIV positive to be able, on a case-by-case basis appropriately approved, to come to the United States as experts or otherwise on a humane basis to be able to travel to the country. We are one of only 12 nations that don't allow it. President George Herbert Walker Bush thought we should do this, President Clinton thought we should do this, President Bush thinks we should do this, and obviously a majority of the Senate thinks we should do this. I think that is adopting a humane and sensible policy. The International AIDS Committee has held two conferences, one in Canada and one in Mexico, simply because they wanted Americans to take part, but nobody could travel into this country, so the conference couldn't be held here. I think it is a wise policy, and I appreciate the fact that the leadership of Senator BIDEN and Senator LUGAR on this legislation was able to fight to hold on to that.

This is a good bipartisan moment for the Senate. Most importantly, it is a good moment for the American people because it reflects our values and I think will help us to be better understood and better appreciated in many parts of the world where today we have to climb back from our former reputation.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. LUGAR. Madam President, the distinguished Senator from Arizona has sought time, and I wish to give him that time, but I simply wish to thank Senator KERRY for his leadership throughout the past decade, starting with the task force which he mentioned and his work all the time and his work all the time with Senator BIDEN, with me on the Foreign Relations Committee. Likewise, I thank Senator COBURN for his gracious remarks and his leadership and his ability to work with all of us in a bipartisan way to fashion this bill. I believe that is the spirit that has characterized success in this endeavor. I am grateful for that.

I wish to express a special appreciation to Shellie Bressler, Paul Foldi, Dan Diller, and Ken Myers of the Senate Foreign Relations Staff on the Republican side, who have been so instrumental in working on this bill. Of course, I thank profoundly my colleague, Senator JOE BIDEN, our chairman, and his remarkable staff. It has

been a joy, once again, to work with them on something that is so important.

I recognize the presence of the Senator from Arizona. I believe we still have 5 minutes on this side; is that right?

The PRESIDING OFFICER. The Senator has 12½ minutes remaining.

Mr. LUGAR. I yield that to Senator KYL.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. KYL. Madam President, I thank both Senator LUGAR for his courtesies, as well as Senator BIDEN. I appreciate the fact that we have had an opportunity to make some changes in this bill which, while modest, do improve it. Senator COBURN talked about some of the more important ones. I supported PEPFAR. When the President announced in his State of the Union speech that he would request Congress to double the authorization for PEPFAR, I swallowed kind of hard but said, if it has done a good job, which we will find out, maybe that is all right.

What we have found is that at the present level of authorization—$15 billion—it has been a successful program. That is the good news. Unfortunately, when the bill was written, many of the policy provisions that made it a success were changed. That has required some amendments to be adopted to get closer to the original purpose.

Unfortunately, some policy issues remain. I wish to note that my objections to the bill relate to two primary points. First is a couple of policy issues, and second is the amount of money being authorized. I will just mention three issues. Notwithstanding the positive changes of which Senator COBURN spoke, we still have a significant mission creep. You cannot go from $15 billion—the amount authorized today—to $50 billion without having substantial mission creep. You cannot spend it all on the original purpose of the program. Indeed, we add things such as nutrition, legal aid, and others that are quite far afield from the original mission, which was primarily the treatment of AIDS patients.

Secondly, we still have the problem that it deals with far more countries, including wealthy ones, than the poor countries we should be focusing on here. Unfortunately, we were not able to constrain it to a list of more needy countries that would receive this aid.

The third policy problem, spoken about before, is the doubling of funding for the U.N. Global AIDS Fund, which has had significant problems. I think they have been well identified. It disregards U.S. policy on matters such as abortion, needle exchange, and others. While many of the policy problems have been resolved, there are still policy problems with this legislation. If the amount of money was much less than it is, this would be less significant. At $50 billion, these policy changes can be magnified. Due to the cooperation of the colleagues I have already mentioned, $2 billion of the authorization has been diverted to some needs in the United States. I am grateful for my colleagues' cooperation on that.

There is a lot we could do with money—$10 billion, $15 billion—in the United States that we have not been able to do because of a lack of funding. If we are going to commit to authorize $50 billion to deal with some difficult issues, it seems to me we could have diverted more than $2 billion of that to deal with some of our needs in the United States.

But that brings me to the second points of my concern with the bill and that is the pure sticker shock of $50 billion. We are more than tripling the current authorization of $15 billion. As we heard earlier this afternoon, I don't think there is any intention of appropriating less than that amount of money. If anything, we should be appropriating more than that. Because one of my amendments was not adopted, there is no limitation on how much money could be appropriated. So we have gone from $15 billion to $50 billion. That is a lot of money in anybody's budget—especially at a time in the United States when we are facing several crises.

I was down at the White House this afternoon with the Secretary of the Treasury. We have a crisis dealing with a couple of the mortgage holders, we have a Fannie and Freddie problem, as well as other potential liabilities that will fall on the shoulders of American taxpayers. We need to take these issues on because they are critical to our economy and indeed have ramifications throughout the world. But they all involve the U.S. taxpayers potentially picking up the tab. We don't have any choice. We need to do it. Gas prices are high.

We are going to take up energy on the floor next, I hope. That is a huge problem. People are hurting because they are paying high gas prices and high food prices also. This is not the time for us to be tripling a worthy program to $50 billion when we are facing some huge crises here at home. It seems to me we need to make sure we are in better financial condition to face those crises rather than authorizing another $50 billion in foreign aid.

Now, we will hear the argument that this is to do. Nobody denies that. The argument is not is this a good thing. Of course, it is. There is an argument about whether moving from $15 billion to $50 billion more than triples the good that is done. I have heard nobody make that argument. In fact, the only way you can spend that much money is to increase the mission beyond what it is today. The CBO—a nonpartisan office—makes the point that at a $50 billion authorization, no more than $34 billion could be effectively spent.

The point is there is only so much you can do on these programs—especially without good policy to ensure that the money is spent wisely. There could be, and I submit will be, a tremendous amount of waste if we authorize this program at $50 billion.

So for all these reasons, but primarily and, frankly, because of the huge unmet needs we have at home and the uncertain future we have here and the things that we are going to have to do to shore up our financial system and make sure our economy can continue to operate strongly, I cannot support a bill that authorizes $50 billion in this foreign aid. Our country needs to be strong, and we need to deal with the crises here at home. We are a wealthy nation; we can afford to be a generous nation. We all want to be generous. We have supported the program in its current form.

The only question here is whether we can efficaciously go from $15 billion to $50 billion. I find the answer to that question, at this point, to be no. To be strong, we have to be strong here at home, and then we can help people abroad. Reluctantly—because I realize the President supports this program strongly—I must oppose the program. I express the appreciation of those who helped adopt one of the amendments I proposed. I think it will make a modest difference.

On behalf of taxpayers, we should not be committing to spend $50 billion at this time.

Mr. LUGAR. Madam President, we are prepared to yield back the remainder of the time on our side.

Mr. BIDEN. Madam President, I yield myself a couple of minutes. After final passage, I will go through the thank-yous that are robustly warranted to the staff and individuals and Senators who are still here serving, and some who are not serving here, who have laid the groundwork for us to get to this point.

In a small village in Otse, Botswana, there is a rural health clinic run by a retired nurse in her seventies. Their patient log is a simple, handwritten ledger. It lists in chronological order the patients who have come in to her for treatment. The ledger has several columns, including one where, if the patient died, there is a mark made in red ink.

On a visit to this clinic last summer by minority and majority staff, this nurse, I am told by our staff, held up this ledger that showed an array of red marks in the early part of this decade. Then, a few years ago, something drastic happened. The nurse explained, with great excitement, to our staffs:

> Look, no red marks. The red marks have stopped.

There is one reason for that dramatic turn of events in this small village in Africa, and that is PEPFAR, which I think would more appropriately be named the ''President of the United States fund.'' But it is nonetheless called PEPFAR, which is confusing to people.

The bottom line is what the President of the United States of America, all the Senators, and others who have

not been mentioned today are about to do, began to change the life of that village.

In 2003, President Bush and this Congress launched the largest public health program in the history of the world. It is saving lives—millions of them. The funerals that were a daily occurrence have been reduced in number, and millions of people around the world have been given hope.

We have to sustain and build on this progress, and that is what we are doing today. That is what we are about to vote on. This bill we are about to vote on will set the course for the next 5 years and, hopefully, beyond. I am confident that, with the hard work of our House counterparts, this bill we are going to pass today will, in fact, be moved very quickly and be sent to the President's desk for signature.

We set forth very ambitious targets for care, treatment, and prevention. We must do all three. We cannot treat our way out of this disease, but we have succeeded at treatment in a way that nobody ever envisaged when JOHN KERRY, RUSS FEINGOLD, and others started talking about this a long time ago. Five years ago, when we stood on the floor, I don't think anybody thought that the treatment side of this ledger would be as successful as it has been. I expect and hope that we are going to continue to see this kind of progress.

There are a lot of people to thank. I will do that after we pass the bill. For the moment, I wish to thank the President of the United States, President George Bush. His decision to launch this initiative was bold, and it was unexpected. I believe historians will regard it as his single finest hour. That is not a backhanded compliment. It would be a fine hour under the tenure of any President of the United States of America.

I wish to thank—quite frankly, I don't do it often enough around here—the American people for their generosity. Let me say it again—the generosity of the American people. Senator KYL makes the point that we have serious needs here at home. Yes, the American people are overwhelmingly supporting what we are doing today, knowing the cost and knowing there will be tradeoffs. I also appreciate the hard work of thousands of men and women in our Government and of the governments of our foreign partners, and their partners in the private sector, who are working on the ground around the world and have made this possible.

I yield back the remainder of the time and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is, Shall the bill pass?

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Massachusetts (Mr. KENNEDY) and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Arizona (Mr. MCCAIN) and the Senator from Virginia (Mr. WARNER).

Further, if present and voting, the Senator from Virginia (Mr. WARNER) would have voted ''yea.''

The PRESIDING OFFICER (Mr. CASEY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 80, nays 16, as follows:

[Rollcall Vote No. 182 Leg.]

YEAS—80

Akaka	Domenici	Mikulski
Alexander	Dorgan	Murkowski
Baucus	Durbin	Murray
Bayh	Enzi	Nelson (FL)
Bennett	Feingold	Nelson (NE)
Biden	Feinstein	Pryor
Bingaman	Grassley	Reed
Bond	Hagel	Reid
Boxer	Harkin	Roberts
Brown	Hatch	Rockefeller
Brownback	Inouye	Salazar
Burr	Isakson	Sanders
Byrd	Johnson	Schumer
Cantwell	Kerry	Shelby
Cardin	Klobuchar	Smith
Carper	Kohl	Snowe
Casey	Landrieu	Specter
Chambliss	Lautenberg	Stabenow
Clinton	Leahy	Stevens
Coburn	Levin	Sununu
Cochran	Lieberman	Tester
Coleman	Lincoln	Thune
Collins	Lugar	Voinovich
Conrad	Martinez	Webb
Corker	McCaskill	Whitehouse
Dodd	McConnell	Wyden
Dole	Menendez	

NAYS—16

Allard	DeMint	Kyl
Barrasso	Ensign	Sessions
Bunning	Graham	Vitter
Cornyn	Gregg	Wicker
Craig	Hutchison	
Crapo	Inhofe	

NOT VOTING—4

Kennedy	Obama
McCain	Warner

The bill (H.R. 5501), as amended was passed, as follows:

H.R. 5501

Resolved, That the bill from the House of Representatives (H.R. 5501) entitled ''An Act to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.'', do pass with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.
Sec. 4. Purpose.
Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of an updated, comprehensive, 5-year, global strategy.
Sec. 102. Interagency working group.
Sec. 103. Sense of Congress.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Voluntary contributions to international vaccine funds.
Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
Sec. 203. Research on methods for women to prevent transmission of HIV and other diseases.
Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
Sec. 205. Facilitating effective operations of the Centers for Disease Control.
Sec. 206. Facilitating vaccine development.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.
Sec. 302. Assistance to combat tuberculosis.
Sec. 303. Assistance to combat malaria.
Sec. 304. Malaria Response Coordinator.
Sec. 305. Amendment to Immigration and Nationality Act.
Sec. 306. Clerical amendment.
Sec. 307. Requirements.
Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.
Sec. 309. Prevention of mother-to-child transmission expert panel.

TITLE IV—FUNDING ALLOCATIONS

Sec. 401. Authorization of appropriations.
Sec. 402. Sense of Congress.
Sec. 403. Allocation of funds.

TITLE V—MISCELLANEOUS

Sec. 501. Machine readable visa fees.

TITLE VI—EMERGENCY PLAN FOR INDIAN SAFETY AND HEALTH

Sec. 601. Emergency plan for Indian safety and health.

SEC. 2. FINDINGS.

Section 2 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601) is amended by adding at the end the following:

''(29) On May 27, 2003, the President signed this Act into law, launching the largest international public health program of its kind ever created.

''(30) Between 2003 and 2008, the United States, through the President's Emergency Plan for AIDS Relief (PEPFAR) and in conjunction with other bilateral programs and the multilateral Global Fund has helped to—

''(A) provide antiretroviral therapy for over 1,900,000 people;

''(B) ensure that over 150,000 infants, most of whom would have likely been infected with HIV during pregnancy or childbirth, were not infected; and

''(C) provide palliative care and HIV prevention assistance to millions of other people.

''(31) While United States leadership in the battles against HIV/AIDS, tuberculosis, and malaria has had an enormous impact, these diseases continue to take a terrible toll on the human race.

''(32) According to the 2007 AIDS Epidemic Update of the Joint United Nations Programme on HIV/AIDS (UNAIDS)—

''(A) an estimated 2,100,000 people died of AIDS-related causes in 2007; and

''(B) an estimated 2,500,000 people were newly infected with HIV during that year.

''(33) According to the World Health Organization, malaria kills more than 1,000,000 people per year, 70 percent of whom are children under 5 years of age.

''(34) According to the World Health Organization, ⅓ of the world's population is infected with the tuberculosis bacterium, and tuberculosis is 1 of the greatest infectious causes of death of adults worldwide, killing 1,600,000 people per year.

''(35) Efforts to promote abstinence, fidelity, the correct and consistent use of condoms, the delay of sexual debut, and the reduction of concurrent sexual partners represent important elements of strategies to prevent the transmission of HIV/AIDS.

''(36) According to UNAIDS—

''(A) women and girls make up nearly 60 percent of persons in sub-Saharan Africa who are HIV positive;

''(B) women and girls are more biologically, economically, and socially vulnerable to HIV infection; and

''(C) gender issues are critical components in the effort to prevent HIV/AIDS and to care for those affected by the disease.

''(37) Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence may be vulnerable to the disease or its socioeconomic effects.

''(38) Lack of health capacity, including insufficient personnel and inadequate infrastructure, in sub-Saharan Africa and other regions of the world is a critical barrier that limits the effectiveness of efforts to combat HIV/AIDS, tuberculosis, and malaria, and to achieve other global health goals.

''(39) On March 30, 2007, the Institute of Medicine of the National Academies released a report entitled 'PEPFAR Implementation: Progress and Promise', which found that budget allocations setting percentage levels for spending on prevention, care, and treatment and for certain subsets of activities within the prevention category—

''(A) have 'adversely affected implementation of the U.S. Global AIDS Initiative';

''(B) have inhibited comprehensive, integrated, evidence based approaches;

''(C) 'have been counterproductive';

''(D) 'may have been helpful initially in ensuring a balance of attention to activities within the 4 categories of prevention, treatment, care, and orphans and vulnerable children';

''(E) 'have also limited PEPFAR's ability to tailor its activities in each country to the local epidemic and to coordinate with the level of activities in the countries' national plans'; and

''(F) should be removed by Congress and replaced with more appropriate mechanisms that—

''(i) 'ensure accountability for results from Country Teams to the U.S. Global AIDS Coordinator and to Congress'; and

''(ii) 'ensure that spending is directly linked to and commensurate with necessary efforts to achieve both country and overall performance targets for prevention, treatment, care, and orphans and vulnerable children'.

''(40) The United States Government has endorsed the principles of harmonization in coordinating efforts to combat HIV/AIDS commonly referred to as the 'Three Ones', which includes—

''(A) 1 agreed HIV/AIDS action framework that provides the basis for coordination of the work of all partners;

''(B) 1 national HIV/AIDS coordinating authority, with a broadbased multisectoral mandate; and

''(C) 1 agreed HIV/AIDS country-level monitoring and evaluating system.

''(41) In the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, of April 26–27, 2001 (referred to in this Act as the 'Abuja Declaration'), the Heads of State and Government of the Organization of African Unity (OAU)—

''(A) declared that they would 'place the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans';

''(B) committed 'TO TAKE PERSONAL RESPONSIBILITY AND PROVIDE LEADERSHIP for the activities of the National AIDS Commissions/Councils';

''(C) resolved 'to lead from the front the battle against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases by personally ensuring that such bodies were properly convened in mobilizing our societies as a whole and providing focus for unified national policymaking and programme implementation, ensuring coordination of all sectors at all levels with a gender perspective and respect for human rights, particularly to ensure equal rights for people living with HIV/AIDS'; and

''(D) pledged 'to set a target of allocating at least 15% of our annual budget to the improvement of the health sector'.''.

SEC. 3. DEFINITIONS.

Section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602) is amended—

(1) in paragraph (2), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs of the House of Representatives, the Committee on Appropriations of the Senate, and the Committee on Appropriations'';

(2) by redesignating paragraph (6) as paragraph (12);

(3) by redesignating paragraphs (3) through (5), as paragraphs (4) through (6), respectively;

(4) by inserting after paragraph (2) the following:

''(3) GLOBAL AIDS COORDINATOR.—The term 'Global AIDS Coordinator' means the Coordinator of United States Government Activities to Combat HIV/AIDS Globally.''; and

(5) by inserting after paragraph (6), as redesignated, the following:

''(7) IMPACT EVALUATION RESEARCH.—The term 'impact evaluation research' means the application of research methods and statistical analysis to measure the extent to which change in a population-based outcome can be attributed to program intervention instead of other environmental factors.

''(8) OPERATIONS RESEARCH.—The term 'operations research' means the application of social science research methods, statistical analysis, and other appropriate scientific methods to judge, compare, and improve policies and program outcomes, from the earliest stages of defining and designing programs through their development and implementation, with the objective of the rapid dissemination of conclusions and concrete impact on programming.

''(9) PARAPROFESSIONAL.—The term 'paraprofessional' means an individual who is trained and employed as a health agent for the provision of basic assistance in the identification, prevention, or treatment of illness or disability.

''(10) PARTNER GOVERNMENT.—The term 'partner government' means a government with which the United States is working to provide assistance to combat HIV/AIDS, tuberculosis, or malaria on behalf of people living within the jurisdiction of such government.

''(11) PROGRAM MONITORING.—The term 'program monitoring' means the collection, analysis, and use of routine program data to determine—

''(A) how well a program is carried out; and

''(B) how much the program costs.''.

SEC. 4. PURPOSE.

Section 4 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7603) is amended to read as follows:

''SEC. 4. PURPOSE.

''The purpose of this Act is to strengthen and enhance United States leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases as part of the overall United States health and development agenda by—

''(1) establishing comprehensive, coordinated, and integrated 5-year, global strategies to combat HIV/AIDS, tuberculosis, and malaria by—

''(A) building on progress and successes to date;

''(B) improving harmonization of United States efforts with national strategies of partner governments and other public and private entities; and

''(C) emphasizing capacity building initiatives in order to promote a transition toward greater sustainability through the support of country-driven efforts;

''(2) providing increased resources for bilateral and multilateral efforts to fight HIV/AIDS, tuberculosis, and malaria as integrated components of United States development assistance;

''(3) intensifying efforts to—

''(A) prevent HIV infection;

''(B) ensure the continued support for, and expanded access to, treatment and care programs;

''(C) enhance the effectiveness of prevention, treatment, and care programs; and

''(D) address the particular vulnerabilities of girls and women;

''(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS, tuberculosis, and malaria;

''(5) reinforcing efforts to—

''(A) develop safe and effective vaccines, microbicides, and other prevention and treatment technologies; and

''(B) improve diagnostics capabilities for HIV/AIDS, tuberculosis, and malaria; and

''(6) helping partner countries to—

''(A) strengthen health systems;

''(B) expand health workforce; and

''(C) address infrastructural weaknesses.''.

SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE REPORTS.

Section 5 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7604) is amended by inserting '', with the exception of the 5-year strategy'' before the period at the end.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHENSIVE, 5-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—Section 101(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611(a)) is amended to read as follows:

''(a) STRATEGY.—The President shall establish a comprehensive, integrated, 5-year strategy to expand and improve efforts to combat global HIV/AIDS. This strategy shall—

''(1) further strengthen the capability of the United States to be an effective leader of the international campaign against this disease and strengthen the capacities of nations experiencing HIV/AIDS epidemics to combat this disease;

''(2) maintain sufficient flexibility and remain responsive to—

''(A) changes in the epidemic;

''(B) challenges facing partner countries in developing and implementing an effective national response; and

''(C) evidence-based improvements and innovations in the prevention, care, and treatment of HIV/AIDS;

''(3) situate United States efforts to combat HIV/AIDS, tuberculosis, and malaria within the broader United States global health and development agenda, establishing a roadmap to link investments in specific disease programs to the broader goals of strengthening health systems and infrastructure and to integrate and coordinate HIV/AIDS, tuberculosis, or malaria programs with other health or development programs, as appropriate;

''(4) provide a plan to—

''(A) prevent 12,000,000 new HIV infections worldwide;

''(B) support—

''(i) the increase in the number of individuals with HIV/AIDS receiving antiretroviral treatment above the goal established under section 402(a)(3) and increased pursuant to paragraphs (1) through (3) of section 403(d); and

''(ii) additional treatment through coordinated multilateral efforts;

''(C) support care for 12,000,000 individuals infected with or affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children affected by HIV/AIDS, with an emphasis on promoting a comprehensive, coordinated system of services to be integrated throughout the continuum of care;

''(D) help partner countries in the effort to achieve goals of 80 percent access to counseling, testing, and treatment to prevent the transmission of HIV from mother to child, emphasizing a continuum of care model;

''(E) help partner countries to provide care and treatment services to children with HIV in proportion to their percentage within the HIV-infected population in each country;

''(F) promote preservice training for health professionals designed to strengthen the capacity of institutions to develop and implement policies for training health workers to combat HIV/AIDS, tuberculosis, and malaria;

''(G) equip teachers with skills needed for HIV/AIDS prevention and support for persons with, or affected by, HIV/AIDS;

''(H) provide and share best practices for combating HIV/AIDS with health professionals;

''(I) promote pediatric HIV/AIDS training for physicians, nurses, and other health care workers, through public-private partnerships if possible, including through the designation, if appropriate, of centers of excellence for training in pediatric HIV/AIDS prevention, care, and treatment in partner countries; and

''(J) help partner countries to train and support retention of health care professionals and paraprofessionals, with the target of training and retaining at least 140,000 new health care professionals and paraprofessionals with an emphasis on training and in country deployment of critically needed doctors and nurses and to strengthen capacities in developing countries, especially in sub-Saharan Africa, to deliver primary health care with the objective of helping countries achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization;

''(5) include multisectoral approaches and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further transmission of HIV infections, with a particular focus on the needs of families with children (including the prevention of mother-to-child transmission), women, young people, orphans, and vulnerable children;

''(6) establish a timetable with annual global treatment targets with country-level benchmarks for antiretroviral treatment;

''(7) expand the integration of timely and relevant research within the prevention, care, and treatment of HIV/AIDS;

''(8) include a plan for program monitoring, operations research, and impact evaluation and for the dissemination of a best practices report to highlight findings;

''(9) support the in-country or intra-regional training, preferably through public-private partnerships, of scientific investigators, managers, and other staff who are capable of promoting the systematic uptake of clinical research findings and other evidence-based interventions into routine practice, with the goal of improving the quality, effectiveness, and local leadership of HIV/AIDS health care;

''(10) expand and accelerate research on and development of HIV/AIDS prevention methods for women, including enhancing inter-agency collaboration, staffing, and organizational infrastructure dedicated to microbicide research;

''(11) provide for consultation with local leaders and officials to develop prevention strategies and programs that are tailored to the unique needs of each country and community and targeted particularly toward those most at risk of acquiring HIV infection;

''(12) make the reduction of HIV/AIDS behavioral risks a priority of all prevention efforts by—

''(A) promoting abstinence from sexual activity and encouraging monogamy and faithfulness;

''(B) encouraging the correct and consistent use of male and female condoms and increasing the availability of, and access to, these commodities;

''(C) promoting the delay of sexual debut and the reduction of multiple concurrent sexual partners;

''(D) promoting education for discordant couples (where an individual is infected with HIV and the other individual is uninfected or whose status is unknown) about safer sex practices;

''(E) promoting voluntary counseling and testing, addiction therapy, and other prevention and treatment tools for illicit injection drug users and other substance abusers;

''(F) educating men and boys about the risks of procuring sex commercially and about the need to end violent behavior toward women and girls;

''(G) supporting partner country and community efforts to identify and address social, economic, or cultural factors, such as migration, urbanization, conflict, gender-based violence, lack of empowerment for women, and transportation patterns, which directly contribute to the transmission of HIV;

''(H) supporting comprehensive programs to promote alternative livelihoods, safety, and social reintegration strategies for commercial sex workers and their families;

''(I) promoting cooperation with law enforcement to prosecute offenders of trafficking, rape, and sexual assault crimes with the goal of eliminating such crimes; and

''(J) working to eliminate rape, gender-based violence, sexual assault, and the sexual exploitation of women and children;

''(13) include programs to reduce the transmission of HIV, particularly addressing the heightened vulnerabilities of women and girls to HIV in many countries; and

''(14) support other important means of preventing or reducing the transmission of HIV, including—

''(A) medical male circumcision;

''(B) the maintenance of a safe blood supply;

''(C) promoting universal precautions in formal and informal health care settings;

''(D) educating the public to recognize and to avoid risks to contract HIV through blood exposures during formal and informal health care and cosmetic services;

''(E) investigating suspected nosocomial infections to identify and stop further nosocomial transmission; and

''(F) other mechanisms to reduce the transmission of HIV;

''(15) increase support for prevention of mother-to-child transmission;

''(16) build capacity within the public health sector of developing countries by improving health systems and public health infrastructure and developing indicators to measure changes in broader public health sector capabilities;

''(17) increase the coordination of HIV/AIDS programs with development programs;

''(18) provide a framework for expanding or developing existing or new country or regional programs, including—

''(A) drafting compacts or other agreements, as appropriate;

''(B) establishing criteria and objectives for such compacts and agreements; and

''(C) promoting sustainability;

''(19) provide a plan for national and regional priorities for resource distribution and a global investment plan by region;

''(20) provide a plan to address the immediate and ongoing needs of women and girls, which—

''(A) addresses the vulnerabilities that contribute to their elevated risk of infection;

''(B) includes specific goals and targets to address these factors;

''(C) provides clear guidance to field missions to integrate gender across prevention, care, and treatment programs;

''(D) sets forth gender-specific indicators to monitor progress on outcomes and impacts of gender programs;

''(E) supports efforts in countries in which women or orphans lack inheritance rights and other fundamental protections to promote the passage, implementation, and enforcement of such laws;

''(F) supports life skills training, especially among women and girls, with the goal of reducing vulnerabilities to HIV/AIDS;

''(G) addresses and prevents gender-based violence; and

''(H) addresses the posttraumatic and psychosocial consequences and provides postexposure prophylaxis protecting against HIV infection to victims of gender-based violence and rape;

''(21) provide a plan to—

''(A) determine the local factors that may put men and boys at elevated risk of contracting or transmitting HIV;

''(B) address male norms and behaviors to reduce these risks, including by reducing alcohol abuse;

''(C) promote responsible male behavior; and

''(D) promote male participation and leadership at the community level in efforts to promote HIV prevention, reduce stigma, promote participation in voluntary counseling and testing, and provide care, treatment, and support for persons with HIV/AIDS;

''(22) provide a plan to address the vulnerabilities and needs of orphans and children who are vulnerable to, or affected by, HIV/AIDS;

''(23) encourage partner countries to develop health care curricula and promote access to training tailored to individuals receiving services through, or exiting from, existing programs geared to orphans and vulnerable children;

''(24) provide a framework to work with international actors and partner countries toward universal access to HIV/AIDS prevention, treatment, and care programs, recognizing that prevention is of particular importance;

''(25) enhance the coordination of United States bilateral efforts to combat global HIV/AIDS with other major public and private entities;

''(26) enhance the attention given to the national strategic HIV/AIDS plans of countries receiving United States assistance by—

''(A) reviewing the planning and programmatic decisions associated with that assistance; and

''(B) helping to strengthen such national strategies, if necessary;

''(27) support activities described in the Global Plan to Stop TB, including—

''(A) expanding and enhancing the coverage of the Directly Observed Treatment Short-course (DOTS) in order to treat individuals infected with tuberculosis and HIV, including multi-drug resistant or extensively drug resistant tuberculosis; and

''(B) improving coordination and integration of HIV/AIDS and tuberculosis programming;

''(28) ensure coordination between the Global AIDS Coordinator and the Malaria Coordinator and address issues of comorbidity between HIV/AIDS and malaria; and

''(29) include a longer term estimate of the projected resource needs, progress toward greater sustainability and country ownership of HIV/AIDS programs, and the anticipated role of the United States in the global effort to combat HIV/AIDS during the 10-year period beginning on October 1, 2013.''.

(b) REPORT.—Section 101(b) of such Act (22 U.S.C. 7611(b)) is amended to read as follows:

''(b) REPORT.—

''(1) IN GENERAL.—Not later than October 1, 2009, the President shall submit a report to the appropriate congressional committees that sets forth the strategy described in subsection (a).

''(2) CONTENTS.—The report required under paragraph (1) shall include a discussion of the following elements:

''(A) The purpose, scope, methodology, and general and specific objectives of the strategy.

''(B) The problems, risks, and threats to the successful pursuit of the strategy.

''(C) The desired goals, objectives, activities, and outcome-related performance measures of the strategy.

''(D) A description of future costs and resources needed to carry out the strategy.

''(E) A delineation of United States Government roles, responsibility, and coordination mechanisms of the strategy.

''(F) A description of the strategy—

''(i) to promote harmonization of United States assistance with that of other international, national, and private actors as elucidated in the 'Three Ones'; and

''(ii) to address existing challenges in harmonization and alignment.

''(G) A description of the manner in which the strategy will—

''(i) further the development and implementation of the national multisectoral strategic HIV/AIDS frameworks of partner governments; and

''(ii) enhance the centrality, effectiveness, and sustainability of those national plans.

''(H) A description of how the strategy will seek to achieve the specific targets described in subsection (a) and other targets, as appropriate.

''(I) A description of, and rationale for, the timetable for annual global treatment targets with country-level estimates of numbers of persons in need of antiretroviral treatment, country-level benchmarks for United States support for assistance for antiretroviral treatment, and numbers of persons enrolled in antiretroviral treatment programs receiving United States support. If global benchmarks are not achieved within the reporting period, the report shall include a description of steps being taken to ensure that global benchmarks will be achieved and a detailed breakdown and justification of spending priorities in countries in which benchmarks are not being met, including a description of other donor or national support for antiretroviral treatment in the country, if appropriate.

''(J) A description of how operations research is addressed in the strategy and how such research can most effectively be integrated into care, treatment, and prevention activities in order to—

''(i) improve program quality and efficiency;

''(ii) ascertain cost effectiveness;

''(iii) ensure transparency and accountability;

''(iv) assess population-based impact;

''(v) disseminate findings and best practices; and

''(vi) optimize delivery of services.

''(K) An analysis of United States-assisted strategies to prevent the transmission of HIV/AIDS, including methodologies to promote abstinence, monogamy, faithfulness, the correct and consistent use of male and female condoms, reductions in concurrent sexual partners, and delay of sexual debut, and of intended monitoring and evaluation approaches to measure the effectiveness of prevention programs and ensure that they are targeted to appropriate audiences.

''(L) Within the analysis required under subparagraph (K), an examination of additional planned means of preventing the transmission of HIV including medical male circumcision, maintenance of a safe blood supply, public education about risks to acquire HIV infection from blood exposures, promotion of universal precautions, investigation of suspected nosocomial infections and other tools.

''(M) A description of efforts to assist partner country and community to identify and address social, economic, or cultural factors, such as migration, urbanization, conflict, gender-based violence, lack of empowerment for women, and transportation patterns, which directly contribute to the transmission of HIV.

''(N) A description of the specific targets, goals, and strategies developed to address the needs and vulnerabilities of women and girls to HIV/AIDS, including—

''(i) activities directed toward men and boys;

''(ii) activities to enhance educational, microfinance, and livelihood opportunities for women and girls;

''(iii) activities to promote and protect the legal empowerment of women, girls, and orphans and vulnerable children;

''(iv) programs targeted toward gender-based violence and sexual coercion;

''(v) strategies to meet the particular needs of adolescents;

''(vi) assistance for victims of rape, sexual abuse, assault, exploitation, and trafficking; and

''(vii) programs to prevent alcohol abuse.

''(O) A description of strategies to address male norms and behaviors that contribute to the transmission of HIV, to promote responsible male behavior, and to promote male participation and leadership in HIV/AIDS prevention, care, treatment, and voluntary counseling and testing.

''(P) A description of strategies—

''(i) to address the needs of orphans and vulnerable children, including an analysis of—

''(I) factors contributing to children's vulnerability to HIV/AIDS; and

''(II) vulnerabilities caused by the impact of HIV/AIDS on children and their families; and

''(ii) in areas of higher HIV/AIDS prevalence, to promote a community-based approach to vulnerability, maximizing community input into determining which children participate.

''(Q) A description of capacity-building efforts undertaken by countries themselves, including adherents of the Abuja Declaration and an assessment of the impact of International Monetary Fund macroeconomic and fiscal policies on national and donor investments in health.

''(R) A description of the strategy to—

''(i) strengthen capacity building within the public health sector;

''(ii) improve health care in those countries;

''(iii) help countries to develop and implement national health workforce strategies;

''(iv) strive to achieve goals in training, retaining, and effectively deploying health staff;

''(v) promote the use of codes of conduct for ethical recruiting practices for health care workers; and

''(vi) increase the sustainability of health programs.

''(S) A description of the criteria for selection, objectives, methodology, and structure of compacts or other framework agreements with countries or regional organizations, including—

''(i) the role of civil society;

''(ii) the degree of transparency;

''(iii) benchmarks for success of such compacts or agreements; and

''(iv) the relationship between such compacts or agreements and the national HIV/AIDS and public health strategies and commitments of partner countries.

''(T) A strategy to better coordinate HIV/AIDS assistance with nutrition and food assistance programs.

''(U) A description of transnational or regional initiatives to combat regionalized epidemics in highly affected areas such as the Caribbean.

''(V) A description of planned resource distribution and global investment by region.

''(W) A description of coordination efforts in order to better implement the Stop TB Strategy and to address the problem of coinfection of HIV/AIDS and tuberculosis and of projected challenges or barriers to successful implementation.

''(X) A description of coordination efforts to address malaria and comorbidity with malaria and HIV/AIDS.''.

(c) STUDY.—Section 101(c) of such Act (22 U.S.C. 7611(c)) is amended to read as follows:

''(c) STUDY OF PROGRESS TOWARD ACHIEVEMENT OF POLICY OBJECTIVES.—

''(1) DESIGN AND BUDGET PLAN FOR DATA EVALUATION.—The Global AIDS Coordinator shall enter into a contract with the Institute of Medicine of the National Academies that provides that not later than 18 months after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the Institute, in consultation with the Global AIDS Coordinator and other relevant parties representing the public and private sector, shall provide the Global AIDS Coordinator with a design plan and budget for the evaluation and collection of baseline and subsequent data to address the elements set forth in paragraph (2)(B). The Global AIDS Coordinator shall submit the budget and design plan to the appropriate congressional committees.

''(2) STUDY.—

''(A) IN GENERAL.—Not later than 4 years after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the Institute of Medicine of the National Academies shall publish a study that includes—

''(i) an assessment of the performance of United States-assisted global HIV/AIDS programs; and

''(ii) an evaluation of the impact on health of prevention, treatment, and care efforts that are supported by United States funding, including multilateral and bilateral programs involving joint operations.

''(B) CONTENT.—The study conducted under this paragraph shall include—

''(i) an assessment of progress toward prevention, treatment, and care targets;

''(ii) an assessment of the effects on health systems, including on the financing and management of health systems and the quality of service delivery and staffing;

''(iii) an assessment of efforts to address gender-specific aspects of HIV/AIDS, including gender related constraints to accessing services and addressing underlying social and economic vulnerabilities of women and men;

''(iv) an evaluation of the impact of treatment and care programs on 5-year survival rates, drug adherence, and the emergence of drug resistance;

''(v) an evaluation of the impact of prevention programs on HIV incidence in relevant population groups;

''(vi) an evaluation of the impact on child health and welfare of interventions authorized under this Act on behalf of orphans and vulnerable children;

''(vii) an evaluation of the impact of programs and activities authorized in this Act on child mortality; and

''(viii) recommendations for improving the programs referred to in subparagraph (A)(i).

''(C) METHODOLOGIES.—Assessments and impact evaluations conducted under the study shall utilize sound statistical methods and techniques for the behavioral sciences, including random assignment methodologies as feasible. Qualitative data on process variables should be used for assessments and impact evaluations, wherever possible.

''(3) CONTRACT AUTHORITY.—The Institute of Medicine may enter into contracts or cooperative agreements or award grants to conduct the study under paragraph (2).

''(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out the study under this subsection.''.

(d) REPORT.—Section 101 of such Act, as amended by this section, is further amended by adding at the end the following:

''(d) COMPTROLLER GENERAL REPORT.—

''(1) REPORT REQUIRED.—Not later than 3 years after the date of the enactment of the Tom

Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the Comptroller General of the United States shall submit a report on the global HIV/AIDS programs of the United States to the appropriate congressional committees.

''(2) CONTENTS.—The report required under paragraph (1) shall include—

''(A) a description and assessment of the monitoring and evaluation practices and policies in place for these programs;

''(B) an assessment of coordination within Federal agencies involved in these programs, examining both internal coordination within these programs and integration with the larger global health and development agenda of the United States;

''(C) an assessment of procurement policies and practices within these programs;

''(D) an assessment of harmonization with national government HIV/AIDS and public health strategies as well as other international efforts;

''(E) an assessment of the impact of global HIV/AIDS funding and programs on other United States global health programming; and

''(F) recommendations for improving the global HIV/AIDS programs of the United States.

''(e) BEST PRACTICES REPORT.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the Global AIDS Coordinator shall publish a best practices report that highlights the programs receiving financial assistance from the United States that have the potential for replication or adaption, particularly at a low cost, across global AIDS programs, including those that focus on both generalized and localized epidemics.

''(2) DISSEMINATION OF FINDINGS.—

''(A) PUBLICATION ON INTERNET WEBSITE.—The Global AIDS Coordinator shall disseminate the full findings of the annual best practices report on the Internet website of the Office of the Global AIDS Coordinator.

''(B) DISSEMINATION GUIDANCE.—The Global AIDS Coordinator shall develop guidance to ensure timely submission and dissemination of significant information regarding best practices with respect to global AIDS programs.

''(f) INSPECTORS GENERAL.—

''(1) OVERSIGHT PLAN.—

''(A) DEVELOPMENT.—The Inspectors General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services, and the United States Agency for International Development shall jointly develop 5 coordinated annual plans for oversight activity in each of the fiscal years 2009 through 2013, with regard to the programs authorized under this Act and sections 104A, 104B, and 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–4).

''(B) CONTENTS.—The plans developed under subparagraph (A) shall include a schedule for financial audits, inspections, and performance reviews, as appropriate.

''(C) DEADLINE.—

''(i) INITIAL PLAN.—The first plan developed under subparagraph (A) shall be completed not later than the later of—

''(I) September 1, 2008; or

''(II) 60 days after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

''(ii) SUBSEQUENT PLANS.—Each of the last four plans developed under subparagraph (A) shall be completed not later than 30 days before each of the fiscal years 2010 through 2013, respectively.

''(2) COORDINATION.—In order to avoid duplication and maximize efficiency, the Inspectors General described in paragraph (1) shall coordinate their activities with—

''(A) the Government Accountability Office; and

''(B) the Inspectors General of the Department of Commerce, the Department of Defense, the Department of Labor, and the Peace Corps, as appropriate, pursuant to the 2004 Memorandum of Agreement Coordinating Audit Coverage of Programs and Activities Implementing the President's Emergency Plan for AIDS Relief, or any successor agreement.

''(3) FUNDING.—The Global AIDS Coordinator and the Coordinator of the United States Government Activities to Combat Malaria Globally shall make available necessary funds not exceeding $15,000,000 during the 5-year period beginning on October 1, 2008 to the Inspectors General described in paragraph (1) for the audits, inspections, and reviews described in that paragraph.''.

(e) ANNUAL STUDY; MESSAGE.—Section 101 of such Act, as amended by this section, is further amended by adding at the end the following:

''(g) ANNUAL STUDY.—

''(1) IN GENERAL.—Not later than September 30, 2009, and annually thereafter through September 30, 2013, the Global AIDS Coordinator shall complete a study of treatment providers that—

''(A) represents a range of countries and service environments;

''(B) estimates the per-patient cost of antiretroviral HIV/AIDS treatment and the care of people with HIV/AIDS not receiving antiretroviral treatment, including a comparison of the costs for equivalent services provided by programs not receiving assistance under this Act;

''(C) estimates per-patient costs across the program and in specific categories of service providers, including—

''(i) urban and rural providers;

''(ii) country-specific providers; and

''(iii) other subcategories, as appropriate.

''(2) PUBLICATION.—Not later than 90 days after the completion of each study under paragraph (1), the Global AIDS Coordinator shall make the results of such study available on a publicly accessible Web site.

''(h) MESSAGE.—The Global AIDS Coordinator shall develop a message, to be prominently displayed by each program receiving funds under this Act, that—

''(1) demonstrates that the program is a commitment by citizens of the United States to the global fight against HIV/AIDS, tuberculosis, and malaria; and

''(2) enhances awareness by program recipients that the program is an effort on behalf of the citizens of the United States.''.

SEC. 102. INTERAGENCY WORKING GROUP.

Section 1(f)(2) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—

(1) in subparagraph (A), by inserting '', partner country finance, health, and other relevant ministries,'' after ''community based organizations)'' each place it appears;

(2) in subparagraph (B)(ii)—

(A) by striking subclauses (IV) and (V);

(B) by inserting after subclause (III) the following:

''(IV) Establishing an interagency working group on HIV/AIDS headed by the Global AIDS Coordinator and comprised of representatives from the United States Agency for International Development and the Department of Health and Human Services, for the purposes of coordination of activities relating to HIV/AIDS, including—

''(aa) meeting regularly to review progress in partner countries toward HIV/AIDS prevention, treatment, and care objectives;

''(bb) participating in the process of identifying countries to consider for increased assistance based on the epidemiology of HIV/AIDS in those countries, including clear evidence of a public health threat, as well as government commitment to address the HIV/AIDS problem, relative need, and coordination and joint planning with other significant actors;

''(cc) assisting the Coordinator in the evaluation, execution, and oversight of country operational plans;

''(dd) reviewing policies that may be obstacles to reaching targets set forth for HIV/AIDS prevention, treatment, and care; and

''(ee) consulting with representatives from additional relevant agencies, including the National Institutes of Health, the Health Resources and Services Administration, the Department of Labor, the Department of Agriculture, the Millennium Challenge Corporation, the Peace Corps, and the Department of Defense.

''(V) Coordinating overall United States HIV/AIDS policy and programs, including ensuring the coordination of relevant executive branch agency activities in the field, with efforts led by partner countries, and with the assistance provided by other relevant bilateral and multilateral aid agencies and other donor institutions to promote harmonization with other programs aimed at preventing and treating HIV/AIDS and other health challenges, improving primary health, addressing food security, promoting education and development, and strengthening health care systems.'';

(C) by redesignating subclauses (VII) and VIII) as subclauses (IX) and (XII), respectively;

(D) by inserting after subclause (VI) the following:

''(VII) Holding annual consultations with nongovernmental organizations in partner countries that provide services to improve health, and advocating on behalf of the individuals with HIV/AIDS and those at particular risk of contracting HIV/AIDS, including organizations with members who are living with HIV/AIDS.

''(VIII) Ensuring, through interagency and international coordination, that HIV/AIDS programs of the United States are coordinated with, and complementary to, the delivery of related global health, food security, development, and education.'';

(E) in subclause (IX), as redesignated by subparagraph (C)—

(i) by inserting ''Vietnam,'' after ''Uganda,'';

(ii) by inserting after ''of 2003'' the following: ''and other countries in which the United States is implementing HIV/AIDS programs as part of its foreign assistance program''; and

(iii) by adding at the end the following: ''In designating additional countries under this subparagraph, the President shall give priority to those countries in which there is a high prevalence of HIV or risk of significantly increasing incidence of HIV within the general population and inadequate financial means within the country.'';

(F) by inserting after subclause (IX), as redesignated by subparagraph (C), the following:

''(X) Working with partner countries in which the HIV/AIDS epidemic is prevalent among injection drug users to establish, as a national priority, national HIV/AIDS prevention programs.

''(XI) Working with partner countries in which the HIV/AIDS epidemic is prevalent among individuals involved in commercial sex acts to establish, as a national priority, national prevention programs, including education, voluntary testing, and counseling, and referral systems that link HIV/AIDS programs with programs to eradicate trafficking in persons and support alternatives to prostitution.'';

(G) in subclause (XII), as redesignated by subparagraph (C), by striking ''funds section'' and inserting ''funds appropriated for HIV/ AIDS assistance pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671)''; and

(H) by adding at the end the following:

''(XIII) Publicizing updated drug pricing data to inform the purchasing decisions of pharmaceutical procurement partners.''.

SEC. 103. SENSE OF CONGRESS.

Section 102 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7612) is amended by adding at the end the following:

''(d) SENSE OF CONGRESS.—It is the sense of Congress that—

''(1) full-time country level coordinators, preferably with management experience, should head each HIV/AIDS country team for United States missions overseeing significant HIV/AIDS programs;

''(2) foreign service nationals provide critically important services in the design and implementation of United States country-level HIV/AIDS programs and their skills and experience as public health professionals should be recognized within hiring and compensation practices; and

''(3) staffing levels for United States country-level HIV/AIDS teams should be adequately maintained to fulfill oversight and other obligations of the positions.''.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended—

(1) by inserting after subsection (c) the following:

''(d) TUBERCULOSIS VACCINE DEVELOPMENT PROGRAMS.—In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013, which shall be used for United States contributions to tuberculosis vaccine development programs, which may include the Aeras Global TB Vaccine Foundation.'';

(2) in subsection (k)—

(A) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(B) by striking ''Vaccine Fund'' and inserting ''GAVI Fund''.

(3) in subsection (l), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(4) in subsection (m), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.

(a) FINDINGS; SENSE OF CONGRESS.—Section 202(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(a)) is amended to read as follows:

''(a) FINDINGS; SENSE OF CONGRESS.—

''(1) FINDINGS.—Congress makes the following findings:

''(A) The establishment of the Global Fund in January 2002 is consistent with the general principles for an international AIDS trust fund first outlined by Congress in the Global AIDS and Tuberculosis Relief Act of 2000 (Public Law 106–264).

''(B) The Global Fund is an innovative financing mechanism which—

''(i) has made progress in many areas in combating HIV/AIDS, tuberculosis, and malaria; and

''(ii) represents the multilateral component of this Act, extending United States efforts to more than 130 countries around the world.

''(C) The Global Fund and United States bilateral assistance programs—

''(i) are demonstrating increasingly effective coordination, with each possessing certain comparative advantages in the fight against HIV/AIDS, tuberculosis, and malaria; and

''(ii) often work most effectively in concert with each other.

''(D) The United States Government—

''(i) is the largest supporter of the Global Fund in terms of resources and technical support;

''(ii) made the founding contribution to the Global Fund; and

''(iii) is fully committed to the success of the Global Fund as a multilateral public-private partnership.

''(2) SENSE OF CONGRESS.—It is the sense of Congress that—

''(A) transparency and accountability are crucial to the long-term success and viability of the Global Fund;

''(B) the Global Fund has made significant progress toward addressing concerns raised by the Government Accountability Office by—

''(i) improving risk assessment and risk management capabilities;

''(ii) providing clearer guidance for and oversight of Local Fund Agents; and

''(iii) strengthening the Office of the Inspector General for the Global Fund;

''(C) the provision of sufficient resources and authority to the Office of the Inspector General for the Global Fund to ensure that office has the staff and independence necessary to carry out its mandate will be a measure of the commitment of the Global Fund to transparency and accountability;

''(D) regular, publicly published financial, programmatic, and reporting audits of the Fund, its grantees, and Local Fund Agents are also important benchmarks of transparency;

''(E) the Global Fund should establish and maintain a system to track—

''(i) the amount of funds disbursed to each subrecipient on the grant's fiscal cycle; and

''(ii) the distribution of resources, by grant and principal recipient, for prevention, care, treatment, drug and commodity purchases, and other purposes;

''(F) relevant national authorities in recipient countries should exempt from duties and taxes all products financed by Global Fund grants and procured by any principal recipient or subrecipient for the purpose of carrying out such grants;

''(G) the Global Fund, UNAIDS, and the Global AIDS Coordinator should work together to standardize program indicators wherever possible;

''(H) for purposes of evaluating total amounts of funds contributed to the Global Fund under subsection (d)(4)(A)(i), the timetable for evaluations of contributions from sources other than the United States should take into account the fiscal calendars of other major contributors; and

''(I) the Global Fund should not support activities involving the 'Affordable Medicines Facility-Malaria' or similar entities pending compelling evidence of success from pilot programs as evaluated by the Coordinator of United States Government Activities to Combat Malaria Globally.''.

(b) STATEMENT OF POLICY.—Section 202(b) of such Act is amended by adding at the end the following:

''(3) STATEMENT OF POLICY.—The United States Government regards the imposition by recipient countries of taxes or tariffs on goods or services provided by the Global Fund, which are supported through public and private donations, including the substantial contribution of the American people, as inappropriate and inconsistent with standards of good governance. The Global AIDS Coordinator or other representatives of the United States Government shall work with the Global Fund to dissuade governments from imposing such duties, tariffs, or taxes.''.

(c) UNITED STATES FINANCIAL PARTICIPATION.—Section 202(d) of such Act (22 U.S.C. 7622(d)) is amended—

(1) in paragraph (1)—

(A) by striking ''$1,000,000,000 for the period of fiscal year 2004 beginning on January 1, 2004'' and inserting ''$2,000,000,000 for fiscal year 2009,''; and

(B) by striking ''the fiscal years 2005–2008'' and inserting ''each of the fiscal years 2010 through 2013'';

(2) in paragraph (4)—

(A) in subparagraph (A)—

(i) in clause (i), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013'';

(ii) in clause (ii)—

(I) by striking ''during any of the fiscal years 2004 through 2008'' and inserting ''during any of the fiscal years 2009 through 2013''; and

(II) by adding at the end the following: ''The President may waive the application of this clause with respect to assistance for Sudan that is overseen by the Southern Country Coordinating Mechanism, including Southern Sudan, Southern Kordofan, Blue Nile State, and Abyei, if the President determines that the national interest or humanitarian reasons justify such a waiver. The President shall publish each waiver of this clause in the Federal Register and, not later than 15 days before the waiver takes effect, shall consult with the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives regarding the proposed waiver.''; and

(iii) in clause (vi)—

(I) by striking ''for the purposes'' and inserting ''For the purposes'';

(II) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(III) by striking ''prior to fiscal year 2004'' and inserting ''before fiscal year 2009'';

(B) in subparagraph (B)(iv), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(C) in subparagraph (C)(ii), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''; and

(3) by adding at the end the following:

''(5) WITHHOLDING FUNDS.—Notwithstanding any other provision of this Act, 20 percent of the amounts appropriated pursuant to this Act for a contribution to support the Global Fund for each of the fiscal years 2010 through 2013 shall be withheld from obligation to the Global Fund until the Secretary of State certifies to the appropriate congressional committees that the Global Fund—

''(A) has established an evaluation framework for the performance of Local Fund Agents (referred to in this paragraph as 'LFAs');

''(B) is undertaking a systematic assessment of the performance of LFAs;

''(C) has adopted, and is implementing, a policy to publish on a publicly available Web site—

''(i) grant performance reviews;

''(ii) all reports of the Inspector General of the Global Fund, in a manner that is consistent with the Policy for Disclosure of Reports of the Inspector General, approved at the 16th Meeting of the Board of the Global Fund;

''(iii) decision points of the Board of the Global Fund;

''(iv) reports from Board committees to the Board; and

''(v) a regular collection and analysis of performance data and funding of grants of the Global Fund, which shall cover all principal recipients and all subrecipients;

''(D) is maintaining an independent, well-staffed Office of the Inspector General that—

''(i) reports directly to the Board of the Global Fund; and

''(ii) compiles regular, publicly published audits of financial, programmatic, and reporting aspects of the Global Fund, its grantees, and LFAs;

''(E) has established, and is reporting publicly on, standard indicators for all program areas;

''(F) has established a methodology to track and is publicly reporting on—

''(i) all subrecipients and the amount of funds disbursed to each subrecipient on the grant's fiscal cycle; and

''(ii) the distribution of resources, by grant and principal recipient, for prevention, care,

treatment, drugs and commodities purchase, and other purposes;

''(G) has established a policy on tariffs imposed by national governments on all goods and services financed by the Global Fund;

''(H) through its Secretariat, has taken meaningful steps to prevent national authorities in recipient countries from imposing taxes or tariffs on goods or services provided by the Fund;

''(I) is maintaining its status as a financing institution focused on programs directly related to HIV/AIDS, malaria, and tuberculosis;

''(J) is maintaining and making progress on—

''(i) sustaining its multisectoral approach, through country coordinating mechanisms; and

''(ii) the implementation of grants, as reflected in the proportion of resources allocated to different sectors, including governments, civil society, and faith- and community-based organizations; and

''(K) has established procedures providing access by the Office of Inspector General of the Department of State and Broadcasting Board of Governors, as cognizant Inspector General, and the Inspector General of the Health and Human Services and the Inspector General of the United States Agency for International Development, to Global Fund financial data, and other information relevant to United States contributions (as determined by the Inspector General in consultation with the Global AIDS Coordinator).

''(6) SUMMARIES OF BOARD DECISIONS AND UNITED STATES POSITIONS.—Following each meeting of the Board of the Global Fund, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall report on the public website of the Coordinator a summary of Board decisions and how the United States Government voted and its positions on such decisions.''.

SEC. 203. RESEARCH ON METHODS FOR WOMEN TO PREVENT TRANSMISSION OF HIV AND OTHER DISEASES.

(a) SENSE OF CONGRESS.—Congress recognizes the need and urgency to expand the range of interventions for preventing the transmission of human immunodeficiency virus (HIV), including nonvaccine prevention methods that can be controlled by women.

(b) NIH OFFICE OF AIDS RESEARCH.—Subpart 1 of part D of title XXIII of the Public Health Service Act (42 U.S.C. 300cc–40 et seq.) is amended by inserting after section 2351 the following:

''SEC. 2351A. MICROBICIDE RESEARCH.

''(a) FEDERAL STRATEGIC PLAN.—The Director of the Office shall—

''(1) expedite the implementation of the Federal strategic plans required by section 403(a) of the Public Health Service Act (42 U.S.C. 283(a)(5)) regarding the conduct and support of research on, and development of, a microbicide to prevent the transmission of the human immunodeficiency virus; and

''(2) review and, as appropriate, revise such plan to prioritize funding and activities relative to their scientific urgency and potential market readiness.

''(b) COORDINATION.—In implementing, reviewing, and prioritizing elements of the plan described in subsection (a), the Director of the Office shall consult, as appropriate, with—

''(1) representatives of other Federal agencies involved in microbicide research, including the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, the Director of the Centers for Disease Control and Prevention, and the Administrator of the United States Agency for International Development;

''(2) the microbicide research and development community; and

''(3) health advocates.''.

(c) NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES.—Subpart 6 of part C of title IV of the Public Health Service Act (42 U.S.C. 285f et seq.) is amended by adding at the end the following:

''SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.

''The Director of the Institute, acting through the head of the Division of AIDS, shall, consistent with the peer-review process of the National Institutes of Health, carry out research on, and development of, safe and effective methods for use by women to prevent the transmission of the human immunodeficiency virus, which may include microbicides.''.

(d) CDC.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317S the following:

''SEC. 317T. MICROBICIDE RESEARCH.

''(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention is strongly encouraged to fully implement the Centers' microbicide agenda to support research and development of microbicides for use to prevent the transmission of the human immunodeficiency virus.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2009 through 2013 to carry out this section.''.

(e) UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.—

(1) IN GENERAL.—The Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, may facilitate availability and accessibility of microbicides, provided that such pharmaceuticals are approved, tentatively approved, or otherwise authorized for use by—

(A) the Food and Drug Administration;

(B) a stringent regulatory agency acceptable to the Secretary of Health and Human Services; or

(C) a quality assurance mechanism acceptable to the Secretary of Health and Human Services.

(2) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.

SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF PARTNER COUNTRIES.

(a) IN GENERAL.—Title II of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621) is amended by adding at the end the following:

''SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF PARTNER COUNTRIES.

''(a) STATEMENT OF POLICY.—It shall be the policy of the United States Government—

''(1) to invest appropriate resources authorized under this Act—

''(A) to carry out activities to strengthen HIV/AIDS, tuberculosis, and malaria health policies and health systems; and

''(B) to provide workforce training and capacity-building consistent with the goals and objectives of this Act; and

''(2) to support the development of a sound policy environment in partner countries to increase the ability of such countries—

''(A) to maximize utilization of health care resources from donor countries;

''(B) to increase national investments in health and education and maximize the effectiveness of such investments;

''(C) to improve national HIV/AIDS, tuberculosis, and malaria strategies;

''(D) to deliver evidence-based services in an effective and efficient manner; and

''(E) to reduce barriers that prevent recipients of services from achieving maximum benefit from such services.

''(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE MANAGEMENT SYSTEMS.—

''(1) IN GENERAL.—Consistent with the authority under section 129 of the Foreign Assistance Act of 1961 (22 U.S.C. 2152), the Secretary of the Treasury, acting through the head of the Office of Technical Assistance, is authorized to provide assistance for advisors and partner country finance, health, and other relevant ministries to improve the effectiveness of public finance management systems in partner countries to enable such countries to receive funding to carry out programs to combat HIV/AIDS, tuberculosis, and malaria and to manage such programs.

''(2) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the Secretary of the Treasury such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.

''(c) PLAN REQUIRED.—The Global AIDS Coordinator, in collaboration with the Administrator of the United States Agency for International Development (USAID), shall develop and implement a plan to combat HIV/AIDS by strengthening health policies and health systems of partner countries as part of USAID's 'Health Systems 2020' project. Recognizing that human and institutional capacity form the core of any health care system that can sustain the fight against HIV/AIDS, tuberculosis, and malaria, the plan shall include a strategy to encourage postsecondary educational institutions in partner countries, particularly in Africa, in collaboration with United States postsecondary educational institutions, including historically black colleges and universities, to develop such human and institutional capacity and in the process further build their capacity to sustain the fight against these diseases.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the item relating to section 203, as added by section 203 of this Act, the following:

''Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.''.

SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE CENTERS FOR DISEASE CONTROL.

Section 307 of the Public Health Service Act (42 U.S.C. 242l) is amended—

(1) by amending subsection (a) to read as follows:

''(a) The Secretary may participate with other countries in cooperative endeavors in—

''(1) biomedical research, health care technology, and the health services research and statistical analysis authorized under section 306 and title IX; and

''(2) biomedical research, health care services, health care research, or other related activities in furtherance of the activities, objectives or goals authorized under the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.''; and

(2) in subsection (b)—

(A) in paragraph (7), by striking ''and'' after the semicolon at the end;

(B) by striking ''The Secretary may not, in the exercise of his authority under this section, provide financial assistance for the construction of any facility in any foreign country.''

(C) in paragraph (8), by striking ''for any purpose.'' and inserting ''for the purpose of any law administered by the Office of Personnel Management;''; and

(D) by adding at the end the following:

''(9) provide such funds by advance or reimbursement to the Secretary of State, as may be necessary, to pay the costs of acquisition, lease, construction, alteration, equipping, furnishing

or management of facilities outside of the United States; and

''(10) in consultation with the Secretary of State, through grant or cooperative agreement, make funds available to public or nonprofit private institutions or agencies in foreign countries in which the Secretary is participating in activities described under subsection (a) to acquire, lease, construct, alter, or renovate facilities in those countries.''.

(3) in subsection (c)—

(A) by striking ''1990'' and inserting ''1980''; and

(B) by inserting or ''or section 903 of the Foreign Service Act of 1980 (22 U.S.C. 4083)'' after ''Code''.

SEC. 206. FACILITATING VACCINE DEVELOPMENT.

(a) TECHNICAL ASSISTANCE FOR DEVELOPING COUNTRIES.—The Administrator of the United States Agency for International Development, utilizing public-private partners, as appropriate, and working in coordination with other international development agencies, is authorized to strengthen the capacity of developing countries' governmental institutions to—

(1) collect evidence for informed decision-making and introduction of new vaccines, including potential HIV/AIDS, tuberculosis, and malaria vaccines, if such vaccines are determined to be safe and effective;

(2) review protocols for clinical trials and impact studies and improve the implementation of clinical trials; and

(3) ensure adequate supply chain and delivery systems.

(b) ADVANCED MARKET COMMITMENTS.—

(1) PURPOSE.—The purpose of this subsection is to improve global health by requiring the United States to participate in negotiations for advance market commitments for the development of future vaccines, including potential vaccines for HIV/AIDS, tuberculosis, and malaria.

(2) NEGOTIATION REQUIREMENT.—The Secretary of the Treasury shall enter into negotiations with the appropriate officials of the International Bank of Reconstruction and Development (World Bank) and the GAVI Alliance, the member nations of such entities, and other interested parties to establish advanced market commitments to purchase vaccines to combat HIV/AIDS, tuberculosis, malaria, and other related infectious diseases.

(3) REQUIREMENTS.—In negotiating the United States participation in programs for advanced market commitments, the Secretary of the Treasury shall take into account whether programs for advance market commitments include—

(A) legally binding contracts for product purchase that include a fair market price for up to a maximum number of treatments, creating a strong market incentive;

(B) clearly defined and transparent rules of program participation for qualified developers and suppliers of the product;

(C) clearly defined requirements for eligible vaccines to ensure that they are safe and effective and can be delivered in developing country contexts;

(D) dispute settlement mechanisms; and

(E) sufficient flexibility to enable the contracts to be adjusted in accord with new information related to projected market size and other factors while still maintaining the purchase commitment at a fair price.

(4) REPORT.—Not later than 1 year after the date of the enactment of this Act—

(A) the Secretary of the Treasury shall submit a report to the appropriate congressional committees on the status of the United States negotiations to participate in programs for the advanced market commitments under this subsection; and

(B) the President shall produce a comprehensive report, written by a study group of qualified professionals from relevant Federal agencies and initiatives, nongovernmental organizations, and industry representatives, that sets forth a coordinated strategy to accelerate development of vaccines for infectious diseases, such as HIV/AIDS, malaria, and tuberculosis, which includes—

(i) initiatives to create economic incentives for the research, development, and manufacturing of vaccines for HIV/AIDS, tuberculosis, malaria, and other infectious diseases;

(ii) an expansion of public-private partnerships and the leveraging of resources from other countries and the private sector; and

(iii) efforts to maximize United States capabilities to support clinical trials of vaccines in developing countries and to address the challenges of delivering vaccines in developing countries to minimize delays in access once vaccines are available.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT OF 1961.—

(1) FINDING.—Section 104A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(a)) is amended by inserting ''Central Asia, Eastern Europe, Latin America'' after ''Caribbean,''.

(2) POLICY.—Section 104A(b) of such Act is amended to read as follows:

''(b) POLICY.—

''(1) OBJECTIVES.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention and treatment of HIV/AIDS and the care of those affected by the disease. It is the policy objective of the United States, by 2013, to—

''(A) assist partner countries to—

''(i) prevent 12,000,000 new HIV infections worldwide;

''(ii) support—

''(I) the increase in the number of individuals with HIV/AIDS receiving antiretroviral treatment above the goal established under section 402(a)(3) and increased pursuant to paragraphs (1) through (3) of section 403(d); and

''(II) additional treatment through coordinated multilateral efforts;

''(iii) support care for 12,000,000 individuals infected with or affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children affected by HIV/AIDS, with an emphasis on promoting a comprehensive, coordinated system of services to be integrated throughout the continuum of care;

''(iv) provide at least 80 percent of the target population with access to counseling, testing, and treatment to prevent the transmission of HIV from mother-to-child;

''(v) provide care and treatment services to children with HIV in proportion to their percentage within the HIV-infected population of a given partner country; and

''(vi) train and support retention of health care professionals, paraprofessionals, and community health workers in HIV/AIDS prevention, treatment, and care, with the target of providing such training to at least 140,000 new health care professionals and paraprofessionals with an emphasis on training and in country deployment of critically needed doctors and nurses;

''(B) strengthen the capacity to deliver primary health care in developing countries, especially in sub-Saharan Africa;

''(C) support and help countries in their efforts to achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization; and

''(D) help partner countries to develop independent, sustainable HIV/AIDS programs.

''(2) COORDINATED GLOBAL STRATEGY.—The United States and other countries with the sufficient capacity should provide assistance to countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, and Latin America, and other countries and regions confronting HIV/AIDS epidemics in a coordinated global strategy to help address generalized and concentrated epidemics through HIV/AIDS prevention, treatment, care, monitoring and evaluation, and related activities.

''(3) PRIORITIES.—The United States Government's response to the global HIV/AIDS pandemic and the Government's efforts to help countries assume leadership of sustainable campaigns to combat their local epidemics should place high priority on—

''(A) the prevention of the transmission of HIV;

''(B) moving toward universal access to HIV/AIDS prevention counseling and services;

''(C) the inclusion of cost sharing assurances that meet the requirements under section 110; and

''(D) the inclusion of transition strategies to ensure sustainability of such programs and activities, including health care systems, under other international donor support, or budget support by respective foreign governments.''.

(b) AUTHORIZATION.—Section 104A(c) of such Act is amended—

(1) in paragraph (1), by striking ''and other countries and areas.'' and inserting ''Central Asia, Eastern Europe, Latin America, and other countries and areas, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates.'';

(2) in paragraph (2), by striking ''and other countries and areas affected by the HIV/AIDS pandemic'' and inserting ''Central Asia, Eastern Europe, Latin America, and other countries and areas affected by the HIV/AIDS pandemic, particularly with respect to refugee populations or those in post-conflict settings in such countries and areas with significant or increasing HIV incidence rates.''; and

(3) in paragraph (3)—

(A) by striking ''foreign countries'' and inserting ''partner countries, other international actors,''; and

(B) by inserting ''within the framework of the principles of the Three Ones'' before the period at the end.

(c) ACTIVITIES SUPPORTED.—Section 104A(d) of such Act is amended—

(1) in paragraph (1)—

(A) in subparagraph (A)—

(i) by inserting ''and multiple concurrent sexual partnering,'' after ''casual sexual partnering''; and

(ii) by striking ''condoms'' and inserting ''male and female condoms'';

(B) in subparagraph (B)—

(i) by striking ''programs that'' and inserting ''programs that are designed with local input and''; and

(ii) by striking ''those organizations'' and inserting ''those locally based organizations'';

(C) in subparagraph (D), by inserting ''and promoting the use of provider-initiated or 'opt-out' voluntary testing in accordance with World Health Organization guidelines'' before the semicolon at the end;

(D) by redesignating subparagraphs (F), (G), and (H) as subparagraphs (H), (I), and (J), respectively;

(E) by inserting after subparagraph (E) the following:

''(F) assistance to—

''(i) achieve the goal of reaching 80 percent of pregnant women for prevention and treatment of mother-to-child transmission of HIV in countries in which the United States is implementing HIV/AIDS programs by 2013; and

''(ii) promote infant feeding options and treatment protocols that meet the most recent criteria established by the World Health Organization;

''(G) medical male circumcision programs as part of national strategies to combat the transmission of HIV/AIDS;'';

(F) in subparagraph (I), as redesignated, by striking ''and'' at the end; and

(G) by adding at the end the following:

''(K) assistance for counseling, testing, treatment, care, and support programs, including—

''(i) counseling and other services for the prevention of reinfection of individuals with HIV/AIDS;

''(ii) counseling to prevent sexual transmission of HIV, including—

''(I) life skills development for practicing abstinence and faithfulness;

''(II) reducing the number of sexual partners;

''(III) delaying sexual debut; and

''(IV) ensuring correct and consistent use of condoms;

''(iii) assistance to engage underlying vulnerabilities to HIV/AIDS, especially those of women and girls;

''(iv) assistance for appropriate HIV/AIDS education programs and training targeted to prevent the transmission of HIV among men who have sex with men;

''(v) assistance to provide male and female condoms;

''(vi) diagnosis and treatment of other sexually transmitted infections;

''(vii) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

''(viii) assistance to facilitate widespread access to microbicides for HIV prevention, if safe and effective products become available, including financial and technical support for culturally appropriate introductory programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring.''; and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C)—

(i) by inserting ''pain management,'' after ''opportunistic infections,''; and

(ii) by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following:

''(D) as part of care and treatment of HIV/AIDS, assistance (including prophylaxis and treatment) for common HIV/AIDS-related opportunistic infections for free or at a rate at which it is easily affordable to the individuals and populations being served;

''(E) as part of care and treatment of HIV/AIDS, assistance or referral to available and adequately resourced service providers for nutritional support, including counseling and where necessary the provision of commodities, for persons meeting malnourishment criteria and their families;'';

(3) in paragraph (4)—

(A) in subparagraph (C), by striking ''and'' at the end;

(B) in subparagraph (D), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following:

''(E) carrying out and expanding program monitoring, impact evaluation research and analysis, and operations research and disseminating data and findings through mechanisms to be developed by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in coordination with the Director of the Centers for Disease Control, in order to—

''(i) improve accountability, increase transparency, and ensure the delivery of evidence-based services through the collection, evaluation, and analysis of data regarding gender-responsive interventions, disaggregated by age and sex;

''(ii) identify and replicate effective models; and

''(iii) develop gender indicators to measure outcomes and the impacts of interventions; and

''(F) establishing appropriate systems to—

''(i) gather epidemiological and social science data on HIV; and

''(ii) evaluate the effectiveness of prevention efforts among men who have sex with men, with due consideration to stigma and risks associated with disclosure.'';

(4) in paragraph (5)—

(A) by redesignating subparagraph (C) as subparagraph (D); and

(B) by inserting after subparagraph (B) the following:

''(C) MECHANISM TO ENSURE COST-EFFECTIVE DRUG PURCHASING.—Subject to subparagraph (B), mechanisms to ensure that safe and effective pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market, provided that such pharmaceuticals are approved, tentatively approved, or otherwise authorized for use by—

''(i) the Food and Drug Administration;

''(ii) a stringent regulatory agency acceptable to the Secretary of Health and Human Services; or

''(iii) a quality assurance mechanism acceptable to the Secretary of Health and Human Services.'';

(5) in paragraph (6)—

(A) by amending the paragraph heading to read as follows:

''(6) RELATED AND COORDINATED ACTIVITIES.—'';

(B) in subparagraph (B), by striking ''and'' at the end;

(C) in subparagraph (C), by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following:

''(D) coordinated or referred activities to—

''(i) enhance the clinical impact of HIV/AIDS care and treatment; and

''(ii) ameliorate the adverse social and economic costs often affecting AIDS-impacted families and communities through the direct provision, as necessary, or through the referral, if possible, of support services, including—

''(I) nutritional and food support;

''(II) safe drinking water and adequate sanitation;

''(III) nutritional counseling;

''(IV) income-generating activities and livelihood initiatives;

''(V) maternal and child health care;

''(VI) primary health care;

''(VII) the diagnosis and treatment of other infectious or sexually transmitted diseases;

''(VIII) substance abuse and treatment services; and

''(IX) legal services;

''(E) coordinated or referred activities to link programs addressing HIV/AIDS with programs addressing gender-based violence in areas of significant HIV prevalence to assist countries in the development and enforcement of women's health, children's health, and HIV/AIDS laws and policies that—

''(i) prevent and respond to violence against women and girls;

''(ii) promote the integration of screening and assessment for gender-based violence into HIV/AIDS programming;

''(iii) promote appropriate HIV/AIDS counseling, testing, and treatment into gender-based violence programs; and

''(iv) assist governments to develop partnerships with civil society organizations to create networks for psychosocial, legal, economic, or other support services;

''(F) coordinated or referred activities to—

''(i) address the frequent coinfection of HIV and tuberculosis, in accordance with World Health Organization guidelines;

''(ii) promote provider-initiated or 'opt-out' HIV/AIDS counseling and testing and appropriate referral for treatment and care to individuals with tuberculosis or its symptoms, particularly in areas with significant HIV prevalence; and

''(iii) strengthen programs to ensure that individuals testing positive for HIV receive tuberculosis screening and to improve laboratory capacities, infection control, and adherence; and

''(G) activities to—

''(i) improve the effectiveness of national responses to HIV/AIDS;

''(ii) strengthen overall health systems in high-prevalence countries, including support for workforce training, retention, and effective deployment, capacity building, laboratory development, equipment maintenance and repair, and public health and related public financial management systems and operations; and

''(iii) encourage fair and transparent procurement practices among partner countries; and

''(iv) promote in-country or intra-regional pediatric training for physicians and other health professionals, preferably through public-private partnerships involving colleges and universities, with the goal of increasing pediatric HIV workforce capacity.''; and

(6) by adding at the end the following:

''(8) COMPACTS AND FRAMEWORK AGREEMENTS.—The development of compacts or framework agreements, tailored to local circumstances, with national governments or regional partnerships in countries with significant HIV/AIDS burdens to promote host government commitment to deeper integration of HIV/AIDS services into health systems, contribute to health systems overall, and enhance sustainability, including—

''(A) cost sharing assurances that meet the requirements under section 110; and

''(B) transition strategies to ensure sustainability of such programs and activities, including health care systems, under other international donor support, or budget support by respective foreign governments.''.

(d) COMPACTS AND FRAMEWORK AGREEMENTS.—Section 104A of such Act is amended—

(1) by redesignating subsections (e) through (g) as subsections (f) through (h); and

(2) by inserting after subsection (d) the following:

''(e) COMPACTS AND FRAMEWORK AGREEMENTS.—

''(1) FINDINGS.—Congress makes the following findings:

''(A) The congressionally mandated Institute of Medicine report entitled 'PEPFAR Implementation: Progress and Promise' states: 'The next strategy [of the U.S. Global AIDS Initiative] should squarely address the needs and challenges involved in supporting sustainable country HIV/AIDS programs, thereby transitioning from a focus on emergency relief.'.

''(B) One mechanism to promote the transition from an emergency to a public health and development approach to HIV/AIDS is through compacts or framework agreements between the United States Government and each participating nation.

''(2) ELEMENTS.—Compacts on HIV/AIDS authorized under subsection (d)(8) shall include the following elements:

''(A) Compacts whose primary purpose is to provide direct services to combat HIV/AIDS are to be made between—

''(i) the United States Government; and

''(ii)(I) national or regional entities representing low-income countries served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform; or

''(II) countries or regions—

''(aa) experiencing significantly high HIV prevalence or risk of significantly increasing incidence within the general population;

''(bb) served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform; and

''(cc) that have inadequate financial means within such country or region.

''(B) Compacts whose primary purpose is to provide limited technical assistance to a country or region connected to services provided within the country or region—

''(i) may be made with other countries or regional entities served by an existing United

States Agency for International Development or Department of Health and Human Services presence or regional platform;

''(ii) shall require significant investments in HIV prevention, care, and treatment services by the host country;

''(iii) shall be time-limited in terms of United States contributions; and

''(iv) shall be made only upon prior notification to Congress—

''(I) justifying the need for such compacts;

''(II) describing the expected investment by the country or regional entity; and

''(III) describing the scope, nature, expected total United States investment, and time frame of the limited technical assistance under the compact and its intended impact.

''(C) Compacts shall include provisions to—

''(i) promote local and national efforts to reduce stigma associated with HIV/AIDS; and

''(ii) work with and promote the role of civil society in combating HIV/AIDS.

''(D) Compacts shall take into account the overall national health and development and national HIV/AIDS and public health strategies of each country.

''(E) Compacts shall contain—

''(i) consideration of the specific objectives that the country and the United States expect to achieve during the term of a compact;

''(ii) consideration of the respective responsibilities of the country and the United States in the achievement of such objectives;

''(iii) consideration of regular benchmarks to measure progress toward achieving such objectives;

''(iv) an identification of the intended beneficiaries, disaggregated by gender and age, and including information on orphans and vulnerable children, to the maximum extent practicable;

''(v) consideration of the methods by which the compact is intended to—

''(I) address the factors that put women and girls at greater risk of HIV/AIDS; and

''(II) strengthen elements such as the economic, educational, and social status of women, girls, orphans, and vulnerable children and the inheritance rights and safety of such individuals;

''(vi) consideration of the methods by which the compact will—

''(I) strengthen the health care capacity, including factors such as the training, retention, deployment, recruitment, and utilization of health care workers;

''(II) improve supply chain management; and

''(III) improve the health systems and infrastructure of the partner country, including the ability of compact participants to maintain and operate equipment transferred or purchased as part of the compact;

''(vii) consideration of proposed mechanisms to provide oversight;

''(viii) consideration of the role of civil society in the development of a compact and the achievement of its objectives;

''(ix) a description of the current and potential participation of other donors in the achievement of such objectives, as appropriate; and

''(x) consideration of a plan to ensure appropriate fiscal accountability for the use of assistance.

''(F) For regional compacts, priority shall be given to countries that are included in regional funds and programs in existence as of the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

''(G) Amounts made available for compacts described in subparagraphs (A) and (B) shall be subject to the inclusion of—

''(i) cost sharing assurances that meet the requirements under section 110; and

''(ii) transition strategies to ensure sustainability of such programs and activities, including health care systems, under other international donor support, and budget support by respective foreign governments.

''(3) LOCAL INPUT.—In entering into a compact on HIV/AIDS authorized under subsection (d)(8), the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall seek to ensure that the government of a country—

''(A) takes into account the local perspectives of the rural and urban poor, including women, in each country; and

''(B) consults with private and voluntary organizations, including faith-based organizations, the business community, and other donors in the country.

''(4) CONGRESSIONAL AND PUBLIC NOTIFICATION AFTER ENTERING INTO A COMPACT.—Not later than 10 days after entering into a compact authorized under subsection (d)(8), the Global AIDS Coordinator shall—

''(A) submit a report containing a detailed summary of the compact and a copy of the text of the compact to—

''(i) the Committee on Foreign Relations of the Senate;

''(ii) the Committee on Appropriations of the Senate;

''(iii) the Committee on Foreign Affairs of the House of Representatives; and

''(iv) the Committee on Appropriations of the House of Representatives; and

''(B) publish such information in the Federal Register and on the Internet website of the Office of the Global AIDS Coordinator.''.

(e) ANNUAL REPORT.—Section 104A(f) of such Act, as redesignated, is amended—

(1) in paragraph (1), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''; and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) by striking subparagraph (C) and inserting the following:

''(C) a detailed breakdown of funding allocations, by program and by country, for prevention activities; and

''(D) a detailed assessment of the impact of programs established pursuant to such sections, including—

''(i)(I) the effectiveness of such programs in reducing—

''(aa) the transmission of HIV, particularly in women and girls;

''(bb) mother-to-child transmission of HIV, including through drug treatment and therapies, either directly or by referral; and

''(cc) mortality rates from HIV/AIDS;

''(II) the number of patients receiving treatment for AIDS in each country that receives assistance under this Act;

''(III) an assessment of progress towards the achievement of annual goals set forth in the timetable required under the 5-year strategy established under section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and, if annual goals are not being met, the reasons for such failure; and

''(IV) retention and attrition data for programs receiving United States assistance, including mortality and loss to follow-up rates, organized overall and by country;

''(ii) the progress made toward—

''(I) improving health care delivery systems (including the training of health care workers, including doctors, nurses, midwives, pharmacists, laboratory technicians, and compensated community health workers, and the use of codes of conduct for ethical recruiting practices for health care workers);

''(II) advancing safe working conditions for health care workers; and

''(III) improving infrastructure to promote progress toward universal access to HIV/AIDS prevention, treatment, and care by 2013;

''(iii) a description of coordination efforts with relevant executive branch agencies to link HIV/AIDS clinical and social services with non-HIV/AIDS services as part of the United States health and development agenda;

''(iv) a detailed description of integrated HIV/AIDS and food and nutrition programs and services, including—

''(I) the amount spent on food and nutrition support;

''(II) the types of activities supported; and

''(III) an assessment of the effectiveness of interventions carried out to improve the health status of persons with HIV/AIDS receiving food or nutritional support;

''(v) a description of efforts to improve harmonization, in terms of relevant executive branch agencies, coordination with other public and private entities, and coordination with partner countries' national strategic plans as called for in the 'Three Ones';

''(vi) a description of—

''(I) the efforts of partner countries that were signatories to the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases to adhere to the goals of such Declaration in terms of investments in public health, including HIV/AIDS; and

''(II) a description of the HIV/AIDS investments of partner countries that were not signatories to such Declaration;

''(vii) a detailed description of any compacts or framework agreements reached or negotiated between the United States and any partner countries, including a description of the elements of compacts described in subsection (e);

''(viii) a description of programs serving women and girls, including—

''(I) HIV/AIDS prevention programs that address the vulnerabilities of girls and women to HIV/AIDS;

''(II) information on the number of individuals served by programs aimed at reducing the vulnerabilities of women and girls to HIV/AIDS and data on the types, objectives, and duration of programs to address these issues;

''(III) information on programs to address the particular needs of adolescent girls and young women; and

''(IV) programs to prevent gender-based violence or to assist victims of gender based violence as part of, or in coordination with, HIV/AIDS programs;

''(ix) a description of strategies, goals, programs, and interventions to—

''(I) address the needs and vulnerabilities of youth populations;

''(II) expand access among young men and women to evidence-based HIV/AIDS health care services and HIV prevention programs, including abstinence education programs; and

''(III) expand community-based services to meet the needs of orphans and of children and adolescents affected by or vulnerable to HIV/AIDS without increasing stigmatization;

''(x) a description of—

''(I) the specific strategies funded to ensure the reduction of HIV infection among injection drug users;

''(II) the number of injection drug users, by country, reached by such strategies; and

''(III) medication-assisted drug treatment for individuals with HIV or at risk of HIV;

''(xi) a detailed description of program monitoring, operations research, and impact evaluation research, including—

''(I) the amount of funding provided for each research type;

''(II) an analysis of cost-effectiveness models; and

''(III) conclusions regarding the efficiency, effectiveness, and quality of services as derived from previous or ongoing research and monitoring efforts;

''(xii) building capacity to identify, investigate, and stop nosocomial transmission of infectious diseases, including HIV and tuberculosis; and

''(xiii) a description of staffing levels of United States government HIV/AIDS teams in

countries with significant HIV/AIDS programs, including whether or not a full-time coordinator was on staff for the year.''.

(f) AUTHORIZATION OF APPROPRIATIONS.—Section 301(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631(b)) is amended—

(1) in paragraph (1), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(g) RELATIONSHIP TO ASSISTANCE PROGRAMS TO ENHANCE NUTRITION.—Section 301(c) of such Act is amended to read as follows:

''(c) FOOD AND NUTRITIONAL SUPPORT.—

''(1) IN GENERAL.—As indicated in the report produced by the Institute of Medicine, entitled 'PEPFAR Implementation: Progress and Promise', inadequate caloric intake has been clearly identified as a principal reason for failure of clinical response to antiretroviral therapy. In recognition of the impact of malnutrition as a clinical health issue for many persons living with HIV/AIDS that is often associated with health and economic impacts on these individuals and their families, the Global AIDS Coordinator and the Administrator of the United States Agency for International Development shall—

''(A) follow World Health Organization guidelines for HIV/AIDS food and nutrition services;

''(B) integrate nutrition programs with HIV/AIDS activities through effective linkages among the health, agricultural, and livelihood sectors and establish additional services in circumstances in which referrals are inadequate or impossible;

''(C) provide, as a component of care and treatment programs for persons with HIV/AIDS, food and nutritional support to individuals infected with, and affected by, HIV/AIDS who meet established criteria for nutritional support (including clinically malnourished children and adults, and pregnant and lactating women in programs in need of supplemental support), including—

''(i) anthropometric and dietary assessment;

''(ii) counseling; and

''(iii) therapeutic and supplementary feeding;

''(D) provide food and nutritional support for children affected by HIV/AIDS and to communities and households caring for children affected by HIV/AIDS; and

''(E) in communities where HIV/AIDS and food insecurity are highly prevalent, support programs to address these often intersecting health problems through community-based assistance programs, with an emphasis on sustainable approaches.

''(2) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.''.

(h) ELIGIBILITY FOR ASSISTANCE.—Section 301(d) of such Act is amended to read as follows:

''(d) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961, under this Act, or under any amendment made by this Act or by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, for HIV/AIDS prevention, treatment, or care—

''(1) shall not be required, as a condition of receiving such assistance—

''(A) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

''(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

''(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).''.

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) POLICY.—Section 104B(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to read as follows:

''(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States should support the objectives of the Global Plan to Stop TB, including through achievement of the following goals:

''(1) Reduce by half the tuberculosis death and disease burden from the 1990 baseline.

''(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the successful treatment of at least 85 percent of the cases detected in countries with established United States Agency for International Development tuberculosis programs.

''(3) In support of the Global Plan to Stop TB, the President shall establish a comprehensive, 5-year United States strategy to expand and improve United States efforts to combat tuberculosis globally, including a plan to support—

''(A) the successful treatment of 4,500,000 new sputum smear tuberculosis patients under DOTS programs by 2013, primarily through direct support for needed services, commodities, health workers, and training, and additional treatment through coordinated multilateral efforts; and

''(B) the diagnosis and treatment of 90,000 new multiple drug resistant tuberculosis cases by 2013, and additional treatment through coordinated multilateral efforts.''.

(b) PRIORITY TO STOP TB STRATEGY.—Section 104B(e) of such Act is amended to read as follows:

''(e) PRIORITY TO STOP TB STRATEGY.—In furnishing assistance under subsection (c), the President shall give priority to—

''(1) direct services described in the Stop TB Strategy, including expansion and enhancement of Directly Observed Treatment Short-course (DOTS) coverage, rapid testing, treatment for individuals infected with both tuberculosis and HIV, and treatment for individuals with multidrug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

''(2) funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development.''.

(c) ASSISTANCE FOR THE WORLD HEALTH ORGANIZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—Section 104B of such Act is amended—

(1) by redesignating subsection (f) as subsection (h); and

(2) by inserting after subsection (e) the following:

''(f) ASSISTANCE FOR THE WORLD HEALTH ORGANIZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing multiple drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB).''.

(d) ANNUAL REPORT.—Section 104B of such Act is amended by inserting after subsection (f), as added by subsection (c) of this section, the following:

''(g) ANNUAL REPORT.—The President shall submit an annual report to Congress that describes the impact of United States foreign assistance on efforts to control tuberculosis, including—

''(1) the number of tuberculosis cases diagnosed and the number of cases cured in countries receiving United States bilateral foreign assistance for tuberculosis control purposes;

''(2) a description of activities supported with United States tuberculosis resources in each country, including a description of how those activities specifically contribute to increasing the number of people diagnosed and treated for tuberculosis;

''(3) in each country receiving bilateral United States foreign assistance for tuberculosis control purposes, the percentage provided for direct tuberculosis services in countries receiving United States bilateral foreign assistance for tuberculosis control purposes;

''(4) a description of research efforts and clinical trials to develop new tools to combat tuberculosis, including diagnostics, drugs, and vaccines supported by United States bilateral assistance;

''(5) the number of persons who have been diagnosed and started treatment for multidrug-resistant tuberculosis in countries receiving United States bilateral foreign assistance for tuberculosis control programs;

''(6) a description of the collaboration and coordination of United States anti-tuberculosis efforts with the World Health Organization, the Global Fund, and other major public and private entities within the Stop TB Strategy;

''(7) the constraints on implementation of programs posed by health workforce shortages and capacities;

''(8) the number of people trained in tuberculosis control; and

''(9) a breakdown of expenditures for direct patient tuberculosis services, drugs and other commodities, drug management, training in diagnosis and treatment, health systems strengthening, research, and support costs.''.

(e) DEFINITIONS.—Section 104B(h) of such Act, as redesignated by subsection (c), is amended—

(1) in paragraph (1), by striking the period at the end and inserting the following: ''including—

''(A) low-cost and effective diagnosis, treatment, and monitoring of tuberculosis;

''(B) a reliable drug supply;

''(C) a management strategy for public health systems;

''(D) health system strengthening;

''(E) promotion of the use of the International Standards for Tuberculosis Care by all care providers;

''(F) bacteriology under an external quality assessment framework;

''(G) short-course chemotherapy; and

''(H) sound reporting and recording systems.''; and

(2) by redesignating paragraph (5) as paragraph (6); and

(3) by inserting after paragraph (4) the following:

''(5) STOP TB STRATEGY.—The term 'Stop TB Strategy' means the 6-point strategy to reduce tuberculosis developed by the World Health Organization, which is described in the Global Plan to Stop TB 2006–2015: Actions for Life, a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015.''.

(f) AUTHORIZATION OF APPROPRIATIONS.—Section 302 (b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b)) is amended—

(1) in paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2004 through 2008'' and inserting ''a total of $4,000,000,000 for the 5-year period beginning on October 1, 2008.''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013.''.

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT OF 1961.—Section 104C(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting ''treatment,'' after ''control,''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 303 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, and Malaria Act of 2003 (22 U.S.C. 7633) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking ''such sums as may be necessary for fiscal years 2004 through 2008'' and inserting ''$5,000,000,000 during the 5-year period beginning on October 1, 2008''; and

(B) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(2) by adding at the end the following:

''(c) STATEMENT OF POLICY.—Providing assistance for the prevention, control, treatment, and the ultimate eradication of malaria is—

''(1) a major objective of the foreign assistance program of the United States; and

''(2) 1 component of a comprehensive United States global health strategy to reduce disease burdens and strengthen communities around the world.

''(d) DEVELOPMENT OF A COMPREHENSIVE 5-YEAR STRATEGY.—The President shall establish a comprehensive, 5-year strategy to combat global malaria that—

''(1) strengthens the capacity of the United States to be an effective leader of international efforts to reduce malaria burden;

''(2) maintains sufficient flexibility and remains responsive to the ever-changing nature of the global malaria challenge;

''(3) includes specific objectives and multisectoral approaches and strategies to reduce the prevalence, mortality, incidence, and spread of malaria;

''(4) describes how this strategy would contribute to the United States' overall global health and development goals;

''(5) clearly explains how outlined activities will interact with other United States Government global health activities, including the 5-year global AIDS strategy required under this Act;

''(6) expands public-private partnerships and leverage of resources;

''(7) coordinates among relevant Federal agencies to maximize human and financial resources and to reduce duplication among these agencies, foreign governments, and international organizations;

''(8) coordinates with other international entities, including the Global Fund;

''(9) maximizes United States capabilities in the areas of technical assistance and training and research, including vaccine research; and

''(10) establishes priorities and selection criteria for the distribution of resources based on factors such as—

''(A) the size and demographics of the population with malaria;

''(B) the needs of that population;

''(C) the country's existing infrastructure; and

''(D) the ability to closely coordinate United States Government efforts with national malaria control plans of partner countries.''.

SEC. 304. MALARIA RESPONSE COORDINATOR.

Section 304 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7634) is amended to read as follows:

''SEC. 304. MALARIA RESPONSE COORDINATOR.

''(a) IN GENERAL.—There is established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally (referred to in this section as the 'Malaria Coordinator'), who shall be appointed by the President.

''(b) AUTHORITIES.—The Malaria Coordinator, acting through nongovernmental organizations (including faith-based and community-based organizations), partner country finance, health, and other relevant ministries, and relevant executive branch agencies as may be necessary and appropriate to carry out this section, is authorized to—

''(1) operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities to reduce the prevalence, mortality, and incidence of malaria;

''(2) provide grants to, and enter into contracts and cooperative agreements with, nongovernmental organizations (including faith-based organizations) to carry out this section; and

''(3) transfer and allocate executive branch agency funds that have been appropriated for the purposes described in paragraphs (1) and (2).

''(c) DUTIES.—

''(1) IN GENERAL.—The Malaria Coordinator has primary responsibility for the oversight and coordination of all resources and international activities of the United States Government relating to efforts to combat malaria.

''(2) SPECIFIC DUTIES.—The Malaria Coordinator shall—

''(A) facilitate program and policy coordination of antimalarial efforts among relevant executive branch agencies and nongovernmental organizations by auditing, monitoring, and evaluating such programs;

''(B) ensure that each relevant executive branch agency undertakes antimalarial programs primarily in those areas in which the agency has the greatest expertise, technical capability, and potential for success;

''(C) coordinate relevant executive branch agency activities in the field of malaria prevention and treatment;

''(D) coordinate planning, implementation, and evaluation with the Global AIDS Coordinator in countries in which both programs have a significant presence;

''(E) coordinate with national governments, international agencies, civil society, and the private sector; and

''(F) establish due diligence criteria for all recipients of funds appropriated by the Federal Government for malaria assistance.

''(d) ASSISTANCE FOR THE WORLD HEALTH ORGANIZATION.—In carrying out this section, the President may provide financial assistance to the Roll Back Malaria Partnership of the World Health Organization to improve the capacity of countries with high rates of malaria and other affected countries to implement comprehensive malaria control programs.

''(e) COORDINATION OF ASSISTANCE EFFORTS.—In carrying out this section and in accordance with section 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4), the Malaria Coordinator shall coordinate the provision of assistance by working with—

''(1) relevant executive branch agencies, including—

''(A) the Department of State (including the Office of the Global AIDS Coordinator);

''(B) the Department of Health and Human Services;

''(C) the Department of Defense; and

''(D) the Office of the United States Trade Representative;

''(2) relevant multilateral institutions, including—

''(A) the World Health Organization;

''(B) the United Nations Children's Fund;

''(C) the United Nations Development Programme;

''(D) the Global Fund;

''(E) the World Bank; and

''(F) the Roll Back Malaria Partnership;

''(3) program delivery and efforts to lift barriers that would impede effective and comprehensive malaria control programs; and

''(4) partner or recipient country governments and national entities including universities and civil society organizations (including faith- and community-based organizations).

''(f) RESEARCH.—To carry out this section, the Malaria Coordinator, in accordance with section 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 1151d–4), shall ensure that operations and implementation research conducted under this Act will closely complement the clinical and program research being undertaken by the National Institutes of Health. The Centers for Disease Control and Prevention should advise the Malaria Coordinator on priorities for operations and implementation research and should be a key implementer of this research.

''(g) MONITORING.—To ensure that adequate malaria controls are established and implemented, the Centers for Disease Control and Prevention should advise the Malaria Coordinator on monitoring, surveillance, and evaluation activities and be a key implementer of such activities under this Act. Such activities shall complement, rather than duplicate, the work of the World Health Organization.

''(h) ANNUAL REPORT.—

''(1) SUBMISSION.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the President shall submit a report to the appropriate congressional committees that describes United States assistance for the prevention, treatment, control, and elimination of malaria.

''(2) CONTENTS.—The report required under paragraph (1) shall describe—

''(A) the countries and activities to which malaria resources have been allocated;

''(B) the number of people reached through malaria assistance programs, including data on children and pregnant women;

''(C) research efforts to develop new tools to combat malaria, including drugs and vaccines;

''(D) the collaboration and coordination of United States antimalarial efforts with the World Health Organization, the Global Fund, the World Bank, other donor governments, major private efforts, and relevant executive agencies;

''(E) the coordination of United States antimalarial efforts with the national malarial strategies of other donor or partner governments and major private initiatives;

''(F) the estimated impact of United States assistance on childhood mortality and morbidity from malaria;

''(G) the coordination of antimalarial efforts with broader health and development programs; and

''(H) the constraints on implementation of programs posed by health workforce shortages or capacities; and

''(I) the number of personnel trained as health workers and the training levels achieved.''.

SEC. 305. AMENDMENT TO IMMIGRATION AND NATIONALITY ACT.

Section 212(a)(1)(A)(i) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by striking '', which shall include infection with the etiologic agent for acquired immune deficiency syndrome,'' and inserting a semicolon.

SEC. 306. CLERICAL AMENDMENT.

Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631 et seq.) is amended by striking the heading for subtitle B and inserting the following:

"Subtitle B—Assistance for Women, Children, and Families".

SEC. 307. REQUIREMENTS.

Section 312(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7652(b)) is amended by striking paragraphs (1), (2), and (3) and inserting the following:

''(1) establish a target for the prevention and treatment of mother-to-child transmission of HIV that, by 2013, will reach at least 80 percent of pregnant women in those countries most affected by HIV/AIDS in which the United States has HIV/AIDS programs;

''(2) establish a target that, by 2013, the proportion of children receiving care and treatment under this Act is proportionate to their numbers within the population of HIV infected individuals in each country;

''(3) integrate care and treatment with prevention of mother-to-child transmission of HIV programs to improve outcomes for HIV-affected women and families as soon as is feasible and support strategies that promote successful follow-up and continuity of care of mother and child;

''(4) expand programs designed to care for children orphaned by, affected by, or vulnerable to HIV/AIDS;

''(5) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with, or referred to, appropriate maternal and child services; and

''(6) develop a timeline for expanding access to more effective regimes to prevent mother-to-child transmission of HIV, consistent with the national policies of countries in which programs are administered under this Act and the goal of achieving universal use of such regimes as soon as possible.''.

SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV.

Section 313(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7653(a)) is amended by striking ''5 years'' and inserting ''10 years''.

SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION EXPERT PANEL.

Section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7652) is amended by adding at the end the following:

''(c) PREVENTION OF MOTHER-TO-CHILD TRANSMISSION EXPERT PANEL.—

''(1) ESTABLISHMENT.—The Global AIDS Coordinator shall establish a panel of experts to be known as the Prevention of Mother-to-Child Transmission Panel (referred to in this subsection as the 'Panel') to—

''(A) provide an objective review of activities to prevent mother-to-child transmission of HIV; and

''(B) provide recommendations to the Global AIDS Coordinator and to the appropriate congressional committees for scale-up of mother-to-child transmission prevention services under this Act in order to achieve the target established in subsection (b)(1).

''(2) MEMBERSHIP.—The Panel shall be convened and chaired by the Global AIDS Coordinator, who shall serve as a nonvoting member. The Panel shall consist of not more than 15 members (excluding the Global AIDS Coordinator), to be appointed by the Global AIDS Coordinator not later than 1 year after the date of the enactment of this Act, including—

''(A) 2 members from the Department of Health and Human Services with expertise relating to the prevention of mother-to-child transmission activities;

''(B) 2 members from the United States Agency for International Development with expertise relating to the prevention of mother-to-child transmission activities;

''(C) 2 representatives from among health ministers of national governments of foreign countries in which programs under this Act are administered;

''(D) 3 members representing organizations implementing prevention of mother-to-child transmission activities under this Act;

''(E) 2 health care researchers with expertise relating to global HIV/AIDS activities; and

''(F) representatives from among patient advocate groups, health care professionals, persons living with HIV/AIDS, and non-governmental organizations with expertise relating to the prevention of mother-to-child transmission activities, giving priority to individuals in foreign countries in which programs under this Act are administered.

''(3) DUTIES OF PANEL.—The Panel shall—

''(A) assess the effectiveness of current activities in reaching the target described in subsection (b)(1);

''(B) review scientific evidence related to the provision of mother-to-child transmission prevention services, including programmatic data and data from clinical trials;

''(C) review and assess ways in which the Office of the United States Global AIDS Coordinator collaborates with international and multilateral entities on efforts to prevent mother-to-child transmission of HIV in affected countries;

''(D) identify barriers and challenges to increasing access to mother-to-child transmission prevention services and evaluate potential mechanisms to alleviate those barriers and challenges;

''(E) identify the extent to which stigma has hindered pregnant women from obtaining HIV counseling and testing or returning for results, and provide recommendations to address such stigma and its effects;

''(F) identify opportunities to improve linkages between mother-to-child transmission prevention services and care and treatment programs; and

''(G) recommend specific activities to facilitate reaching the target described in subsection (b)(1).

''(4) REPORT.—

''(A) IN GENERAL.—Not later than 1 year after the date on which the Panel is first convened, the Panel shall submit a report containing a detailed statement of the recommendations, findings, and conclusions of the Panel to the appropriate congressional committees.

''(B) AVAILABILITY.—The report submitted under subparagraph (A) shall be made available to the public.

''(C) CONSIDERATION BY COORDINATOR.—The Coordinator shall—

''(i) consider any recommendations contained in the report submitted under subparagraph (A); and

''(ii) include in the annual report required under section 104A(f) of the Foreign Assistance Act of 1961 a description of the activities conducted in response to the recommendations made by the Panel and an explanation of any recommendations not implemented at the time of the report.

''(5) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Panel such sums as may be necessary for each of the fiscal years 2009 through 2011 to carry out this section.

''(6) TERMINATION.—The Panel shall terminate on the date that is 60 days after the date on which the Panel submits the report to the appropriate congressional committees under paragraph (4).''.

TITLE IV—FUNDING ALLOCATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended by striking ''$3,000,000,000 for each of the fiscal years 2004 through 2008'' and inserting ''$48,000,000,000 for the 5-year period beginning on October 1, 2008''.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that the appropriations authorized under section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, as amended by subsection (a), should be allocated among fiscal years 2009 through 2013 in a manner that allows for the appropriations to be gradually increased in a manner that is consistent with program requirements, absorptive capacity, and priorities set forth in such Act, as amended by this Act.

SEC. 402. SENSE OF CONGRESS.

Section 402(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672(b)) is amended by striking ''an effective distribution of such amounts would be'' and all that follows through ''10 percent of such amounts'' and inserting ''10 percent should be used''.

SEC. 403. ALLOCATION OF FUNDS.

Section 403 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673) is amended—

(1) by amending subsection (a) to read as follows:

''(a) BALANCED FUNDING REQUIREMENT.—

''(1) IN GENERAL.—The Global AIDS Coordinator shall—

''(A) provide balanced funding for prevention activities for sexual transmission of HIV/AIDS; and

''(B) ensure that activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence as to the source of infections and in consultation with the government of each host county involved in HIV/AIDS prevention activities.

''(2) PREVENTION STRATEGY.—

''(A) ESTABLISHMENT.—In carrying out paragraph (1), the Global AIDS Coordinator shall establish an HIV sexual transmission prevention strategy governing the expenditure of funds authorized under this Act to prevent the sexual transmission of HIV in any host country with a generalized epidemic.

''(B) REPORT.—In each host country described in subparagraph (A), if the strategy established under subparagraph (A) provides less than 50 percent of the funds described in subparagraph (A) for activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, the Global AIDS Coordinator shall, not later than 30 days after the issuance of this strategy, report to the appropriate congressional committees on the justification for this decision.

''(3) EXCLUSION.—Programs and activities that implement or purchase new prevention technologies or modalities, such as medical male circumcision, public education about risks to acquire HIV infection from blood exposures, promoting universal precautions, investigating suspected nosocomial infections, pre-exposure pharmaceutical prophylaxis to prevent transmission of HIV, or microbicides and programs and activities that provide counseling and testing for HIV or prevent mother-to-child prevention of HIV, shall not be included in determining compliance with paragraph (2).

''(4) REPORT.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall—

''(A) submit a report on the implementation of paragraph (2) for the most recently concluded fiscal year to the appropriate congressional committees; and

''(B) make the report described in subparagraph (A) available to the public.'';

(2) in subsection (b)—

(A) by striking ''fiscal years 2006 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(B) by striking ''vulnerable children affected by'' and inserting ''other children affected by, or vulnerable to,''; and

(3) by adding at the end the following:

''(c) FUNDING ALLOCATION.—For each of the fiscal years 2009 through 2013, more than half of the amounts appropriated for bilateral global HIV/AIDS assistance pursuant to section 401 shall be expended for—

''(1) antiretroviral treatment for HIV/AIDS;

''(2) clinical monitoring of HIV-seropositive people not in need of antiretroviral treatment;

''(3) care for associated opportunistic infections;

''(4) nutrition and food support for people living with HIV/AIDS; and

''(5) other essential HIV/AIDS-related medical care for people living with HIV/AIDS.

''(d) TREATMENT, PREVENTION, AND CARE GOALS.—For each of the fiscal years 2009 through 2013—

''(1) the treatment goal under section 402(a)(3) shall be increased above 2,000,000 by at least the percentage increase in the amount appropriated for bilateral global HIV/AIDS assistance for such fiscal year compared with fiscal year 2008;

''(2) any increase in the treatment goal under section 402(a)(3) above the percentage increase in the amount appropriated for bilateral global HIV/AIDS assistance for such fiscal year compared with fiscal year 2008 shall be based on long-term requirements, epidemiological evidence, the share of treatment needs being met by partner governments and other sources of treatment funding, and other appropriate factors;

''(3) the treatment goal under section 402(a)(3) shall be increased above the number calculated under paragraph (1) by the same percentage that the average United States Government cost per patient of providing treatment in countries receiving bilateral HIV/AIDS assistance has decreased compared with fiscal year 2008; and

''(4) the prevention and care goals established in clauses (i) and (iv) of section 104A(b)(1)(A) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(b)(1)(A)) shall be increased consistent with epidemiological evidence and available resources.''.

TITLE V—MISCELLANEOUS

SEC. 501. MACHINE READABLE VISA FEES.

(a) FEE INCREASE.—Notwithstanding any other provision of law—

(1) not later than October 1, 2010, the Secretary of State shall increase by $1 the fee or surcharge authorized under section 140(a) of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103–236; 8 U.S.C. 1351 note) for processing machine readable nonimmigrant visas and machine readable combined border crossing identification cards and nonimmigrant visas; and

(2) not later than October 1, 2013, the Secretary shall increase the fee or surcharge described in paragraph (1) by an additional $1.

(b) DEPOSIT OF AMOUNTS.—Notwithstanding section 140(a)(2) of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103–236; 8 U.S.C. 1351 note), fees collected under the authority of subsection (a) shall be deposited in the Treasury.

TITLE VI—EMERGENCY PLAN FOR INDIAN SAFETY AND HEALTH

SEC. 601. EMERGENCY PLAN FOR INDIAN SAFETY AND HEALTH.

(a) ESTABLISHMENT OF FUND.—There is established in the Treasury of the United States a fund, to be known as the ''Emergency Fund for Indian Safety and Health'' (referred to in this section as the ''Fund''), consisting of such amounts as are appropriated to the Fund under subsection (b).

(b) TRANSFERS TO FUND.—

(1) IN GENERAL.—There is authorized to be appropriated to the Fund, out of funds of the Treasury not otherwise appropriated, $2,000,000,000 for the 5-year period beginning on October 1, 2008.

(2) AVAILABILITY OF AMOUNTS.—Amounts deposited in the Fund under this section shall—

(A) be made available without further appropriation;

(B) be in addition to amounts made available under any other provision of law; and

(C) remain available until expended.

(c) EXPENDITURES FROM FUND.—On request by the Attorney General, the Secretary of the Interior, or the Secretary of Health and Human Services, the Secretary of the Treasury shall transfer from the Fund to the Attorney General, the Secretary of the Interior, or the Secretary of Health and Human Services, as appropriate, such amounts as the Attorney General, the Secretary of the Interior, or the Secretary of Health and Human Services determines to be necessary to carry out the emergency plan under subsection (f).

(d) TRANSFERS OF AMOUNTS.—

(1) IN GENERAL.—The amounts required to be transferred to the Fund under this section shall be transferred at least monthly from the general fund of the Treasury to the Fund on the basis of estimates made by the Secretary of the Treasury.

(2) ADJUSTMENTS.—Proper adjustment shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or less than the amounts required to be transferred.

(e) REMAINING AMOUNTS.—Any amounts remaining in the Fund on September 30 of an applicable fiscal year may be used by the Attorney General, the Secretary of the Interior, or the Secretary of Health and Human Services to carry out the emergency plan under subsection (f) for any subsequent fiscal year.

(f) EMERGENCY PLAN.—Not later than 1 year after the date of enactment of this Act, the Attorney General, the Secretary of the Interior, and the Secretary of Health and Human Services, in consultation with Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)), shall jointly establish an emergency plan that addresses law enforcement, water, and health care needs of Indian tribes under which, for each of fiscal years 2010 through 2019, of amounts in the Fund—

(1) the Attorney General shall use—

(A) 18.5 percent for the construction, rehabilitation, and replacement of Federal Indian detention facilities;

(B) 1.5 percent to investigate and prosecute crimes in Indian country (as defined in section 1151 of title 18, United States Code);

(C) 1.5 percent for use by the Office of Justice Programs for Indian and Alaska Native programs; and

(D) 0.5 percent to provide assistance to—

(i) parties to cross-deputization or other cooperative agreements between State or local governments and Indian tribes (as defined in section 102 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a)) carrying out law enforcement activities in Indian country; and

(ii) the State of Alaska (including political subdivisions of that State) for carrying out the Village Public Safety Officer Program and law enforcement activities on Alaska Native land (as defined in section 3 of Public Law 103–399 (25 U.S.C. 3902));

(2) the Secretary of the Interior shall—

(A) deposit 15.5 percent in the public safety and justice account of the Bureau of Indian Affairs for use by the Office of Justice Services of the Bureau in providing law enforcement or detention services, directly or through contracts or compacts with Indian tribes under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.); and

(B) use 50 percent to implement requirements of Indian water settlement agreements that are approved by Congress (or the legislation to implement such an agreement) under which the United States shall plan, design, rehabilitate, or construct, or provide financial assistance for the planning, design, rehabilitation, or construction of, water supply or delivery infrastructure that will serve an Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)); and

(3) the Secretary of Health and Human Services, acting through the Director of the Indian Health Service, shall use 12.5 percent to provide, directly or through contracts or compacts with Indian tribes under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)—

(A) contract health services;

(B) construction, rehabilitation, and replacement of Indian health facilities; and

(C) domestic and community sanitation facilities serving members of Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) pursuant to section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

Mr. BIDEN. Mr. President, I move to reconsider the vote by which the bill was passed and to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. BIDEN. Mr. President, I have refrained from thanking the people who need to be thanked on the incredible work that was done to get us to the point of such overwhelming passage on this legislation. I tell my colleagues that there are no more votes, so I want to make clear we are not holding anybody up here, but I want to take about 5 minutes to talk about the work done by our staffs and some of our predecessors in this body to produce the result we have today.

And I might add, way ahead of time Senator LUGAR's staff and my staff have been coordinating this every step of the way with the House. So hopefully—God willing and the creek not rising—we are going to be able to produce something for the President's desk within a matter of days so that we are not going to have to go to conference.

There are a lot of people to thank, but let me start saying that this was a long time in coming.

The first bit of thanks, and I want to reiterate it again, goes to President Bush. I have been extremely critical of President Bush's foreign policy. I have been extremely critical of what I believe the damage his foreign policy has done to our image and/or standing in the world. But I must say the President of the United States has led us to this incredible moment, where this is the single largest effort on the part of any country in the history of the world to go out and literally save and extend the lives of tens of millions of people. This is a gigantic accomplishment. So first the credit should go to President Bush. Because, in fact, without his making it clear and at the very end of this process, making it clear—I am told to some of his Republican colleagues—how important this was, not merely to him but to the United States, this would have never happened. That is an unusual position for me to be in, but

credit should go where it is due, and credit is due to President Bush and his administration and the many people who have worked both in the White House and in the various Departments in order to get to this moment.

I also want to thank an extraordinary combination of people. It is presumptuous of me to say this, but the chemistry between the minority and majority staffs on the Foreign Relations Committee is extraordinary. I have had the great privilege of working with my colleague Senator LUGAR for a long time. We have been working together for over 30 years. To the best of my knowledge, there has never been a harsh word, a raised voice, a single solitary slight that ever has gone across the aisle between the Senator and me. There is no one in this body whose judgment on foreign policy I respect as much as this Senator. There is no one in the Congress, and quite frankly there is no one else in the country, whose judgment on matters relating to our national security and foreign policy I respect more, and I thank him. I thank him for his friendship and I also thank him in this specific case for his leadership and that of his staff.

I wish to express my personal appreciation to Shannon Smith. Shannon Smith was new to my staff. She came up on the Hill at a time where she was able to be the catalyst, along with a few other people I will name, to produce the result we have today. I can say to Shannon I am absolutely confident—absolutely confident—that if you do nothing else in your professional life than what you put together with Senator LUGAR's staff today, you will have had a significant life, because very few people ever get put in a position where they arrive at a moment in history where they literally can change the path of people's lives in other parts of the world.

I know that sounds like hyperbole, but it is literally true. Few people get that opportunity. So you should relish it. You deserve it.

I also thank Brian McKeon of my staff, who has been with me since he was a kid out of Notre Dame. I guess it is now 20-some years, with a brief interlude where he went off to law school and clerked for the Federal Court and then came back as our legal counsel. I don't know anybody who knows his way around this body better than Brian does, and I don't know anybody who doesn't respect him. He is an incredible asset to have on this committee. And I should also credit Sherman Patrick, Steve Feldstein and Julie Baker on the staff of the Committee.

I would be remiss if I didn't say that it is hard on the Foreign Relations Committee—it is kind of like when Senator LUGAR and I first got here. There was a unified staff. I mean literally when I came here, Senator Fulbright was the chairman and there was a unified staff. The chairman hired everybody, but he didn't hire anybody without the consultation and agreement of the minority. We have essentially arrived at the same place without having to go through that process.

There is Shellie Bressler, who has traveled the world with Shannon, went to those places. I am not being solicitous, Shellie, when I say you should understand that you made history. You helped make history.

People wonder whether we underpay the staff here. I say to the American people all the time, and the people of Delaware, and I mean it sincerely, the single best buy they get in everything they purchase is the incredible talent of the staff who work in this Congress and in the Federal Government. These people could go out and be making three and four times what they are now, but they are incredibly bright and dedicated, and Shellie, I am telling you, you will be able to tell your children and grandchildren and your great-grandchildren that you made something consequential happen.

I can say the same about Paul Foldi, who works for Senator LUGAR. But I want to remind Senator LUGAR, he used to work for me. He is a Delaware guy. Paul was actually foolish enough to help me when I tried the folly of attempting to get the nomination for President. I don't want to ruin his reputation. He has gone right since then. He is now working for a solid Republican. But Paul has been incredible. And Dan Diller has been as well.

I have managed many bills in my career, and have had some few successes, so I apologize, because I usually don't take this much time to talk about the staff, but this has been a staff-driven success and they deserve the attention and the recognition.

I also thank, in the Office of Legislative Counsel, Matt McGhie and Kevin Davis, whom I have not spoken to, but the staff has spoken to constantly and who worked tirelessly to prepare many drafts of this bill and numerous amendments that have been developed over the past several months.

In the other body, I also thank Peter Yeo and David Abramowitz and Pearl Alice-Marsh on the staff of Chairman BERMAN, as well as Chairman BERMAN. We are indebted to the House committee for striking the initial compromise that got us to this point, and we built on the House bill. We have consulted them regularly—I would guess many times a day, when I say regularly, in the last few weeks—in the hope that they will be able to approve the Senate-passed bill, which is my expectation.

Finally, in the administration, several people have devoted many hours, and maybe a lot more than that, moving this bill forward. In the Office of the Global AIDS Coordinator, great credit goes to Ambassador Mark Dybul, a very talented public servant, who testified before our committee, and who has spent a lot of time with our staffs and helped design and implement the PEPFAR program and made several contributions to the compromises developed over the past few months to get us to the 80-plus vote. I am embarrassed to say I don't remember the actual count, but I think it was over 80 people who voted for this.

I thank, and his staff particularly, Myron Meche, and Tom Walsh, who contributed a great deal to this moment. Also, at the White House, Deb Fiddelke and David Boyer of the Office of Legislative Affairs have been critical in this process.

Most of all, I want to thank in absentia the two people after whom this bill is named. Tom Lantos was a friend of all of us, but he was a particular friend of mine. Tom Lantos was a very successful businessman, an economics professor teaching at San Francisco State University, advising a number of banks, as well as two major unions on their financial investments. I met him when I was a young Senator, and I asked him on a lark whether he would come and be my foreign policy and economic adviser, and he came and worked for me. He came and worked for me—although, knowing Tom, he never worked for anybody.

But Tom Lantos, with his great Hungarian charm—everyone says Ireland has a Blarney Stone. I am absolutely confident the Blarney Stone is only a chip of the stone that is somewhere buried in Lake Balaton, in Hungary.

Tom became a close friend. Annette and his entire family are close personal friends still. Tom's daughter came to work with me as well, an 18-year-old graduate of Yale Law School, who graduated from Yale with honors at age 18.

He was an incredible man who, after a terrible tragedy in Guyana, where the San Francisco Congressman was shot dead, went home, ran for that seat with my encouragement, and ultimately became the chairman of the House Foreign Affairs Committee.

And Henry Hyde, with whom I had many disagreements philosophically but was always a gentleman, became a great friend of both Senator LUGAR and myself. This is the Lantos-Hyde legislation. It is named after them.

I know some of my colleagues will sort of wonder whether I am going overboard, but I also want to thank, in absentia—and I will thank him through Dot Helms—Jesse Helms. Jesse Helms had a conversion on the way to Damascus on AIDS. Jesse Helms started as a very hard edged guy, mirroring the attitudes of some of the most fundamentalist folks out there talking about AIDS, that it was a scourge because of a lot of things that I will not go into. This is a man who not only became convinced of the necessity of this legislation, he became a disciple of pushing this legislation.

Here in the Senate, and I will end with this, I don't know how we can talk about the success here without recognizing on the Republican side Senator BROWNBACK, a very conservative Member of the Senate who worked very hard.

I do not think this would have happened without DICK DURBIN being on the floor of the Senate almost every day for the past 5 or 6 years, pounding away, talking—I do not mean literally, but it seemed like almost every day for the last 5 years—about the moral responsibility we had as a nation to deal with this problem because we could—because we could—because we had the capacity.

Senator LUGAR has already mentioned—again, I apologize going on for so long, but these people deserve credit—JOHN KERRY. This has been a passion of JOHN KERRY's for the last 10 years. JOHN KERRY, when this was not at all popular, was not at all sort of the flavor of the day, JOHN KERRY was banging away at the need for us to attend to this problem. I think he is owed a debt of gratitude for his persistence and consistency.

Also, the former majority leader, Dr. Frist, a doctor who came from Tennessee, and he got deeply involved in this process and his credibility as a great transplant surgeon sort of transcended the politics of this issue. He deserves great credit.

One of the guys who maybe was—every once in a while there is sort of a spark that ignites the kindling and gets it all going. I always kid him, but Richard Holbrooke—and I say affectionately, who drives me crazy sometimes—but Richard Holbrooke and Senator FEINGOLD were on a trip to Africa. Senator FEINGOLD, who has been passionate about this issue, was chairman of the African Affairs Subcommittee—or he may have been ranking member at that time. In fairness, I cannot remember which it was. Senator Holbrooke going through a torturous confirmation process with the help of Senator LUGAR and myself—was finally confirmed and did a great job there.

He picked up the phone in classic Holbrooke fashion and called Senator FEINGOLD and said: We are going to Africa. They went to, I think—I would stand corrected by Senator FEINGOLD, but I believe it was 12 countries in 14 days. They didn't go for this purpose, but in the process they visited clinics and the rest and they saw the depth, breadth, and consequence of this problem. Richard Holbrooke, according to RUSS FEINGOLD, called Kofi Annan on the plane and said: Kofi, we need a Security Council meeting on AIDS.

And Kofi Annan said: I am told we don't have health care Security Council meetings.

They had it, and that was also a major moment. So I thank Senator FEINGOLD as well.

I could go on. There are others I am sure I left out, but in my years in the Senate, they were some of the people who delivered us this moment.

Last, and I will not say any more because I am going to yield to Senator WYDEN to ask a unanimous consent—but, again, nothing works in this place unless it is bipartisan. No one has the credibility that is more recognized to produce those kinds of bipartisan results than my colleague, Senator LUGAR, who deserves incredible credit for this bill.

I am told by staff Senator WYDEN wishes to ask unanimous consent about an issue.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. LUGAR. If the Senator will yield, I just thank the Senator for his wonderful comments about so many very dear friends, both of ours and of the Senate.

I thanked a few people earlier on, but I really thank the Senator for his comprehensive views. I think it was well worth both the time, as well as the thoughtfulness of his remarks. They will be remembered by our staffs and by our friends.

I will not make further comments because I know other Senators are wanting to transact business, and we appreciate their patience.

Mr. BIDEN. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

CAROLINE PRYCE WALKER CONQUER CHILDHOOD CANCER ACT OF 2007

Mr. WYDEN. Mr. President, on behalf of Senator JACK REED and myself, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1553, the Caroline Pryce Walker Conquered Childhood Cancer Act, which was received from the House, the bill be read three times and passed, the motion to reconsider be laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. COBURN. Reserving the right to object, and I ask the indulgence of the Senator from Oregon for just a moment?

Caroline Pryce Walker was known to me. I attended her funeral. Her mother is a dear friend of mine in the House. So there are personal connections with my position on this bill.

This body, as well as the House, less than a year ago, reformed NIH. We did some very important things. One of the things we did was take out of the hands of politicians the direction that gives us the best opportunity to cure cancer. We put it back in the hands of peer-reviewed scientific study, which we know will accomplish much more than when we put our hands on it.

There are problems with this bill. One is that it has a registry at the CDC. There are already two registries now at NEH. There is no way to fix that, so the American taxpayer is going to get to pay for two.

The second thing is, as we direct $30 million to this outside of what they are already doing, that means $30 million isn't going to be available for childhood or juvenile rheumatoid arthritis, isn't going to be available for juvenile diabetes—where there might be greater hopes of saving more children and making greater impact.

I have great reservations when we start making the decisions on where the scientific inquiry ought to go and it is not connected at all with real science or peer-reviewed science. However, there are changes in this bill and DEBORAH PRYCE has been a great contributor to the body in the House. I have held her in my arms as she has cried over this lost young child and, with reservation, I will not object to this bill. But I must say we are going down the wrong path. We are penny-wise and pound-foolish because we want to do what is emotionally pleasing but scientifically stupid. We are going in this direction.

I am going to allow this. I will not object. I will not object on this bill so this bill will be a great last accomplishment for DEBORAH PRYCE. It will be a fitting tribute to her daughter and all the other children. But I will tell you, we will get less, not more, by doing this in terms of the research and the benefit for the children who have childhood cancer in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, before he leaves the floor—and I know we have colleagues who are waiting. I will not speak long—I want to express my appreciation to the Senator from Oklahoma for the judgment he has made in letting Senator REED's bill pass tonight. I know the Senator from Oklahoma cares very deeply about the health care of our young people. He and I served on the health subcommittee in the other body. We can have debates about the merits of specific ways to address health issues. I share the view of the Senator from Oklahoma with respect to making sure there is not a meddling by politicians in scientific matters. But tonight, on this legislation, legislation that has passed the other body 416 to 0, the judgment that has been made by the Senator from Oklahoma is in the interests of all of the youngsters of our country who are suffering so greatly, and their families.

Like the Senator from Oklahoma, I have sat with them as well, with constituents. I just want to express my appreciation that the Conquer Childhood Cancer Act introduced by my colleague, Senator REED, is going to pass tonight. This legislation would provide critical resources for the treatment, prevention, and cure of childhood cancer.

We had a victim of childhood cancer in my home State, Jenessa Boey Byers. She passed away from cancer last December, and she was only 8. She battled cancer, not once but twice. She beat her cancer back into remission. She lost that second battle with cancer, but it never really beat her.

I will remember always, going to see her in the hospital. What she said to me is that she was a warrior in the