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No. 115

## Senate

The Senate met at 2 p.m. and was called to order by the Honorable JIM WEBB, a Senator from the Commonwealth of Virginia.

### PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Most holy and gracious God, who turns the shadow of night into morning, satisfy our hearts with Your mercy that we may rejoice and be glad all the day. Abide with the Members of this body, permitting the light of Your countenance to calm every troubled thought, and to guide their feet in the way of peace. Perfect Your strength in their weakness and help them to serve You and country to the glory of Your Name. Lord, in a world so uncertain about many things, make our Senators sure of no light but Yours and no refuge but You. Give them courage to seek the truth and wisdom to humbly follow where it leads. We pray in the Redeemer's Name. Amen.

### PLEDGE OF ALLEGIANCE

The Honorable JIM WEBB led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,  
PRESIDENT PRO TEMPORE,  
Washington, DC, July 14, 2008.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JIM WEBB, a Senator

from the Commonwealth of Virginia, to perform the duties of the Chair.

ROBERT C. BYRD,  
President pro tempore.

Mr. WEBB thereupon assumed the chair as Acting President pro tempore.

### RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

### SCHEDULE

Mr. REID. Mr. President, we are going to have an hour of morning business as soon as Senator MCCONNELL and I finish our opening remarks, if any.

Following morning business, the Senate will proceed to the consideration of S. 2731, the global AIDS legislation. As I announced on Friday, there will be no rollcall votes today. Senators should be permitted to vote on amendments tomorrow morning before the recess for the caucus luncheons; if not on amendments, there will be things to vote on.

This week, in addition to considering the global AIDS bill, the Senate may turn to the consideration of LIHEAP, gas prices/market manipulation, Medicare veto override, if, in fact, the President does override that veto on Medicare. We have to wait until the House acts first on that.

### MEASURE PLACED ON THE CALENDAR—S. 3257

Mr. REID. Mr. President, I understand that S. 3257 is at the desk and due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will read the title of the bill for the second time.

The assistant legislative clerk read as follows:

A bill (S. 3257) to extend immigration programs, to promote legal immigration, and for other purposes.

Mr. REID. I object to any further proceedings with respect to the bill.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

Mr. REID. I will come later today and give a full statement on some of the things we will try to do this week. I have other matters now, and I am unable to take care of it. But it should be a very productive week. We had a very good week last week. I would hope we can move through these amendments. We have a finite number of them. I hope people will offer their amendments and use whatever time they feel is appropriate.

I hope we can finish this bill as quickly as possible. It is an important piece of legislation. The President, Senator BIDEN, and Senator LUGAR have been waiting to move this legislation for many months. Hopefully, we can do that this week.

### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each.

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

The ACTING PRESIDENT pro tempore. The clerk the 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.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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EXTENSION OF MORNING  
BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that morning business be extended until 4 p.m. today under the same conditions as under the previous order.

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

Mr. REID. 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. 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.

## ORDER OF PROCEDURE

Mr. REID. Mr. President, I ask unanimous consent that following my remarks, the Senator from North Dakota, Mr. DORGAN, be recognized.

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

## TAKING SENATE ACTION

Mr. REID. Mr. President, on this day, in 1965, former Governor and Democratic Presidential nominee Adlai Stevenson died. Governor Stevenson was the last Presidential nominee from the State of Illinois until this year. We have every hope and confidence that Senator OBAMA will be the next President of the United States.

Governor Stevenson once said:

Public confidence in the integrity of the government is indispensable to faith in democracy; and when we lose faith in the system, we have lost faith in everything we fight . . . for.

With our economy slumping deeper into recession, our financial institutions facing ever-greater challenges, and two wars overseas with little progress or end in sight, the American people are rightly frustrated with their Government. But the progress we made in Congress last week should give the American people a renewed faith that when Republicans abandon their favored path of obstruction to embrace compromise and common ground, we can make progress.

We passed a housing bill that will help 8,500 American families who lose their homes to foreclosure every day and help eliminate the irresponsible practices that created the housing crisis to prevent it from happening again. Sadly, it took us about 130,000 foreclosures to finally get this bill passed. The obstructionism of the Republicans led to 130,000 other homes being foreclosed upon.

With Senator KENNEDY leading the way, we passed the Medicare doctors fix by a veto-proof majority that in-

cluded all Democrats and 18 Republicans.

We completed work on the Foreign Intelligence Surveillance Act, a bill I opposed but the majority of Senators supported.

After weeks of delay, Republicans surprised us by allowing us to proceed to PEPFAR, a bill to increase our investment in the fight against HIV/AIDS in Africa. I appreciate very much the decision by the Republican leaders to abandon their stalling of PEPFAR, which had been going on for months. This legislation is supported by President Bush and virtually every Senator. Just a handful of Republicans have blocked its passage. We should have passed PEPFAR by unanimous consent weeks ago, but now we have a chance to move forward on this legislation.

For the small handful of Republicans who still object to PEPFAR, rest assured that we have done everything reasonable to assuage your concerns. The current version of the bill took many of those concerns into account, and we will allow up to 10 additional amendments. We make a lot out of the 10 amendments, but prior to that agreement being made Friday night, Senators BIDEN and LUGAR changed the bill many times, trying to pacify those who objected to the bill. I am confident that with this agreement in place, we can have a productive debate and send this legislation to the President so that we can reestablish our commitment to the world that America will join and lead this global fight.

The housing stimulus legislation we passed last week is now back in the House of Representatives. The White House plans to send us legislation to include in that bill that will support the success of Fannie Mae and Freddie Mac so that American families will continue to have access to home financing. We certainly wish the President had become engaged in working with us to address this growing crisis long ago, but we are eager to receive and review this legislation. Once we receive the President's proposal, we are determined to review it and act as quickly as possible. Just before coming in here, I spoke with Secretary Paulson. He explained, in some detail, the importance of moving this legislation very quickly.

We are committed to passing legislation that will guarantee a steady flow of funds into the market if conditions require it so that home ownership continues to be accessible to American families. But we have to work to ensure that American taxpayers are not unfairly burdened if Government action becomes necessary.

We also await President Bush's action on the Medicare doctors fix. When a veto-proof majority of 69 Senators joined with 355 Members of the House of Representatives to pass this legislation, we sent a clear and unmistakable message to the President: Sign this bill. Every day that goes by, the integrity of Medicare and TRICARE is

threatened. Every day the President delays, senior citizens, the disabled, and our veterans are put at risk.

There is a reason that all major organizations representing doctors and patients are desperate for this legislation to pass. Already, two States—Alabama and South Carolina—have told Medicare patients that they must resubmit their eligibility for assistance programs. The President vetoing this is going to slow things down even more, and other States will be forced to do this. If the President signs this legislation into law today, as he has the power to do, any further chaos or interruption of care can be avoided.

If the President chooses to veto our bill, I am confident we will have the votes to override it. We have checked with all 9 of the Republicans who voted to allow us to get the 69 that—in effect, voted the first time this way. We checked with the 9 Republicans who voted earlier, and we have heard from 1 additional Republican who said he will vote to override the veto.

I don't know why the President is doing this. All he is doing is creating chaos with senior citizens, with patients who are veterans or on Active Duty, and the disabled. That is a bad choice for the President to make—to protect HMOs and insurance companies. But the longer we go without this bill as law, the longer millions of Americans, including many of our country's most vulnerable, are faced with uncertainty and risk that their health and well-being will be jeopardized.

Finally, we will continue to address the energy crisis this week. This past Thursday, I had a long and productive meeting with former Senator Jim Sasser, who was the moderator, and experts from the oil industry, the airlines, and the financial sector of this country. The group agreed that tapping into the Strategic Petroleum Reserve, as President Bush's father did, would help lower oil prices. The group also agreed that Congress should enact tough legislation to curb energy speculation, with speculators driving up oil prices for their own gain while the American people are left paying the bill. Is that the only problem? Of course not. But is it a problem? Yes.

We continue to work toward bipartisan legislation on speculation.

Will stemming speculation solve the energy crisis? Not totally, but it will lower prices in the near term and bring stability to the market. That is why legislation on speculation is the first part of our plan. I would hope the Republicans would join with us. Part of their plan that is pending—has been rule XIV'd and is here at the desk—has a provision that deals with speculation. I hope they would allow us to move forward on a bipartisan speculation bill and pass it. Then we can move to other issues relating to energy. But we can't have a free-for-all with everyone having their own pet way of solving the energy crisis.

I would hope that we could move toward a bipartisan bill on speculation. As I said, speculation is only the first part of our plan.

For months we have urged Republicans to join us in passing tax extenders that will cut taxes to give American companies reliable incentives for investing in alternative energy sources. The tax extenders bill would speed our move away from oil and toward a cleaner, more efficient energy future using wind, solar, geothermal, and other renewables. It would create hundreds of thousands of good, high-paying, permanent American jobs.

Just as Democrats are keeping an open mind about the need for increased domestic production by insisting that oil companies start drilling on the 68 million acres of American land they lease but are not using, we hope Republicans will join us in finally passing the tax extenders bill. We must stem energy speculation. We must responsibly tap into emergency domestic oil reserves. We must increase domestic production, and we must give American companies tax cuts to develop clean, alternative, renewable energy right here at home.

With less market manipulation, more domestic supply, and incentives to move away from oil toward renewable energy, we can overcome this crisis and set our country on the path toward a cleaner, safer, more affordable energy future. That is the Democratic plan. We hope Senate Republicans will work with us to pass it into law.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota.

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

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

The bill clerk proceeded to call the roll.

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

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

#### ENERGY CHALLENGES

Mr. DORGAN. Mr. President, my colleague, the Senator from Nevada, just described a series of challenges we face. I don't know that I have seen a more daunting time in this country in some long while than the time before us. The issues today of the credit crisis—the subprime loan scandal, bank failures, the threat of bank failures—these are serious issues. I am convinced the quick action by the Federal Reserve Board and the Secretary of the Treasury this weekend was necessary. But on top of that, there is a fiscal policy that is way off track. We are engaged in a war in which none of the cost of the war is paid for. We have a President who insists the entire cost of the war be added to the debt, and an attempt by Congress to change that would result in a Presidential veto. It

is a fiscal policy that is way out of balance.

The President requests a budget to the Congress of roughly \$420 billion in yearly deficits, but that, of course, is not the deficit. The deficit is how much we have to borrow. This President's fiscal policy is off track by the tune of \$600 billion to \$700 billion a year because that is, in fact, what has to be borrowed. He doesn't include in his budget request the cost of the Iraq war, which is very expensive.

We have the subprime loan scandal, the problems in the credit market, the fiscal policy that is off track, a trade policy that means we are running a deficit of over \$2 billion a day every single day by importing more than we are able to export. Then, add to those issues what is happening to energy, particularly the price of oil running up like a Roman candle, \$140 to \$145 a barrel, and suggestions by some big investment banking firms that it may reach \$200 a barrel. What does all of this mean? What do we do about it?

I have mentioned before a trip late one evening over the Pacific Ocean in what was the previous Air Force One, that big, old airplane. I believe it now sits at the Reagan Library in California, a 707. It was the Air Force One that brought John F. Kennedy's body back to Andrews Air Force Base in 1963. It was the Air Force One used by Presidents up until George Bush, the senior, and then it was replaced.

One of the last flights of that airplane was one I was on to Asia, to China, Japan, and Vietnam. A number of my colleagues were on that flight—the majority leader, Senator Daschle. My colleague from Ohio, John Glenn, was also on the flight. It was late at night flying over the Pacific that I had a chance, for the first time, to ask Senator Glenn a lot of questions about the time he rode around this planet in a little space capsule called Friendship 7 by himself orbiting the Earth. I was a very young person at the time of the flight, but I remember vividly the reports on the radio and television about John Glenn lifting off as the first American to orbit the Earth and how excited I was. So that evening, as a U.S. Senator, with my colleague, John Glenn, sitting there, I began peppering him with questions about that spaceflight.

One of the questions I asked was, I had remembered that the city of Perth, Australia, decided to welcome this astronaut flying alone by, when he came to the dark side of the Earth, turning on all the lights. Every light in Perth was on that night. They lit up this city called Perth, Australia, and I asked John Glenn that evening: Did you see the lights of Perth as you reached the dark side of the Earth up there in space alone? Did you see that shining light of Perth?

He said: I did.

The only evidence of human life that existed on the planet below were the lights shining up, a product of energy.

It was perhaps not a surprise to him to understand that product of energy affects our lives every day in every way. Energy is critical to our lives. We get up in the morning, virtually every one of us who is within listening distance, and we flick a switch. That means a light goes on, the product of energy. It means perhaps you brush your teeth with an electric toothbrush, and thus battery energy. It means you shave with an electric razor, perhaps, and use electric energy. You heat up some coffee, electric energy. You take a shower and a hot water heater that runs on either gas or electric energy produces hot water. Then you get in the car to go to work, and you put a key in the ignition and turn it. You use energy, in most cases from gasoline.

Energy affects almost everything we do, and we don't give it a second thought until one day when the lights go out and electricity is gone for 4 days and an entire neighborhood is up in arms. How on Earth can we live without electricity? Or until at some point when gasoline is not available and, therefore, your car is of little value. It happens from time to time.

Now what has happened to our country and to the world with respect to energy policy is, we have a big appetite for energy. We are seeing the price of oil, which is a very important part of our energy appetite, go up, up, up, like a Roman candle, \$140 to \$145 a barrel, and gasoline prices follow suit. A whole lot of folks at this point aren't able to afford to fill the tank with gas. A whole lot of trucking companies can't afford to buy the gas or diesel for their saddle tanks on those big trucks. A lot of airlines can't afford to put jet fuel in the wings these days. So we have a good many airlines going into bankruptcy, and more out of business.

The question is, Why is the price of oil where it is? What has happened? Let me describe a couple things that have happened that lead me to believe we have to take action now, and very aggressive action as well. In the last 12 to 14 months, the price of oil has doubled. Has anything happened in the last year with respect to supply and demand that would justify the price of oil doubling? I can't think of anything, except perhaps there is less demand for gasoline at the moment. Our country is driving less. We have driven something close to 5 or 6 billion fewer miles in this 6-month period than the previous 6-month period. So demand for gasoline is actually down. One would think if that is the case, prices should abate or come down. But they didn't. They went straight up.

Here is what is happening: Explosive growth of speculation in the oil futures market. Speculators in the year 2000 were 37 percent of that market. In 2008, 71 percent of the people in this market are speculators. That is, they are not interested in owning oil. They are interested in contracts for oil with which they can buy and sell and trade and make a profit.

Will Rogers described it decades ago: People buying things they will never get from people who never had it, making money on both sides of the trade. So what about speculators? Are they causing price increases?

Let me share some comments from some people who might know. The senior vice president of ExxonMobil, in April of this year:

The price of oil should be about \$50 or \$55 per barrel.

Another comment:

Experts, including the former head of ExxonMobil, say financial speculation in the energy markets has grown so much over the last 30 years that it now adds up to 30 percent or more to the price of a barrel of oil.

Energy Secretary Bodman takes a different view. He says:

There's no evidence we can find that speculators are driving futures prices [for oil].

Let me give you a couple different views. The CEO of Marathon Oil:

\$100 oil isn't justified by the physical demand in the marketplace.

This is from Clarence Cazelot, CEO of Marathon Oil.

From a chart I have used previously, Mr. Fadel Gheit, who was for 30 or 35 years the top analyst for Oppenheimer & Co., he said:

There's no shortage of oil. I'm convinced that oil prices should not be a dime above \$55 barrel. I call it the world's largest gambling hall. It's open 24/7. Unfortunately, it is totally unregulated. This is like a highway with no cops and no speed limit, and everybody is going 120 miles an hour.

I want to go back to the Energy Secretary's notion that there is really no speculative role. Here is the Washington Post, July 7, a week or so ago:

The wave of investment dollars has flooded commodity markets in recent years and critics say contributed to the runup in prices.

Here is the point:

Investors, including pension funds and Wall Street speculators, have sharply increased their commodity allocations since 2003, from \$13 billion to \$260 billion. This has made financial actors an even larger force on these markets than farmers, airlines, trucking firms, and companies that buy and sell the physical goods to run their businesses.

For decades, trading commodity contracts were considered taboo by most pension funds because the market is so volatile and risky.

That has all changed. Now we have the California pension fund, CalPERS, and other pension programs that are shoving money into the commodities futures. It doesn't mean they want to own oil. They want to speculate.

Walter Lukken is the Acting Chairman of the Commodity Futures Trading Commission. This is the Commission that is supposed to be the referee, the Federal regulator wearing a striped shirt and blowing a whistle when they call the fouls. Markets work, in most cases, but when markets don't work, you have to have a referee. Walter Lukken, the referee for us, says the price of oil is going up because demand is outstripping supply, strong fundamentals are at play. Apparently, he misses the fact from 2003 until now, \$13 billion to \$260 billion, that is an additional \$247 billion have gone into this market driving up the price of oil, hav-

ing almost nothing at all to do with supply and demand.

There is a need, it seems to me, for the Congress to address this issue of excess speculation. Those that need a commodities market are the airlines, trucking companies, farmers, and others so they can hedge risks. There is a legitimate function of hedging risks, and that is what the market was created for. A consumer and producer hedges risk with respect to a physical product, a perfectly legitimate function. But the fact is, those interests that are most concerned about the Congress taking action to address a market that is broken are those who need the markets to hedge risks—airlines, trucking companies, farmers and others—because they know this market is broken. They know this is a market that is supposed to work for them to hedge risk, but now it is completely broken, taken over by speculators.

There is a columnist in the Washington Post this morning who does his usual—he does about two pages of research and then he skips the next five pages, so he never quite gets to the truth. He says this speculation stuff, that is made up. He doesn't use the word "populace." He says they are a bunch of ne'er-do-wells who don't have the foggiest idea what they are talking about. It is not a surprise to me that there are those who believe the current system is working. It certainly works for some, doesn't it?

The OPEC countries must love walking to the bank with our money and making a deposit in their account. The oil companies must love making deposits of our money into their accounts. I understand why some of the investment banks and other market players who are engaged in neck-deep speculation and have been making a lot of money love the status quo. They love what has happened here. It doesn't bother them a bit where the price of oil is, as long as they make money over all this speculation.

What I think we should do is pass legislation similar to that which I have introduced. It is called the End Oil Speculation Act. End oil speculation—how do you do that? You do it through a couple of approaches. No. 1, you take the oil futures market and you require the referee, the Commodity Futures Trading Commission (CFTC), to distinguish between legitimate hedging—that is, those who want to, between a consumer and a producer, hedge their risk with a physical product. You must distinguish between those interests and all other interests who are just in this market to speculate.

With respect to those who are in this market just for pure speculation, establish significant position limits. We can wring the speculation out of this system and should. I am talking about the excess speculation. This oil commodity futures market was created in 1936, and when President Roosevelt signed the bill, he warned about excess speculation. In fact, the bill itself had a provision dealing with excess speculation. Now we find ourselves, all these

decades later, with a dramatic amount of speculation that is wrecking this market. Should we do something? The answer is we must. We don't have a choice. Of course, we should.

My hope is—as the majority leader indicated, we are going to be able to address this issue later this week. My hope is we will be able to take legislation to the floor of the Senate, and if a regulator cannot regulate effectively—and this CFTC apparently cannot—and the head of the regulators has already made a judgment, a judgment he has stated four or five times since January: This market is working fine. This is not about speculation. This is about the fundamentals of supply and demand. What, me worry? Things are fine. Don't worry. Then, at the end of last month, the Chairman apparently had some sort of epiphany, a dream and woke up the next day and said: We have actually been investigating this for 7 months.

One of those statements is not true: Supply and demand at work; don't worry, be happy; or we have been worried for 7 months. It is not clear what position represents the position of the Chairman of the CFTC, but they are positions at dramatic odds with one another.

Let me say in addition, we hope this week we can address some legislation that will bring down the price of gasoline and put downward pressure on oil prices. Even doing that doesn't address, in the long term, what we need to address. All of us understand that. But it does address, in the short term, what we have to do to put some downward pressure on these prices.

I don't think there is any question that the price of oil and gas and the runup is hurting the economy of this country, hurting key industries in this country, certainly hurting American families, and we can do something about it, I believe, in the short term.

In the longer term, some of our colleagues will say: We have to drill. I support that. I don't support drilling everywhere. But it is interesting, the minority party put together a proposal that talks about drilling. But they forgot to include all this area off the coast of Florida. Isn't it interesting, I know why they didn't include it. Because one of their caucus does not want to drill off the coast of Florida, does not want to drill in these eastern waters off the Gulf of Mexico. They also know President Bush does not want to allow U.S. companies to drill off the coast of Cuba, so these were included in their proposals. They are all big drilling advocates, except they don't want to drill where most of the oil exists.

This is a chart of the technically recoverable oil. Let me show where it is. This is the Outer Continental Shelf of the Pacific, this is Alaska, this is the Outer Continental Shelf of the Atlantic, and this is the Gulf of Mexico. We

can see where the bulk of the technically recoverable oil is. I was one of four Senators—Senators BINGAMAN, DOMENICI, and then-Senator Talent—who offered the legislation to open lease 181. Lease 181, which is now 8.3 million acres in the gulf, was opened in 2006. That is an additional 8.3 million additional acres opened for oil and gas leasing.

I have also introduced legislation that opens all this additional area in the eastern Gulf of Mexico and off Cuban waters. So do I support drilling? I do. It is just that the minority side does not support it quite as much as they pretend to support it.

Let me describe this chart. These are the waters off Cuba open for leasing. There is half a million barrels of oil a day that could come into production, and our U.S. companies cannot go in there to compete against other nations to drill for it. Spain is there. Canada is there. India is there. China is there. They all have a desire to drill in that water. We cannot go there because our companies are told by President Bush: No, we have an embargo against Cuba; you can't go after this 500,000 barrels of oil a day in these waters because of our embargo against Cuba. That is absurd, absolutely absurd.

I have said often on the floor of the Senate, we stick little straws in this planet as we circle the Sun and we suck out about 86 million barrels of oil a day. We use one-fourth right here on this little place on the planet called the United States. We have a prodigious appetite for oil. That reflects in many ways the economy we built. We have built a wonderful economy. This is a great place to live. There is no place like it on Earth. But divine providence did some strange things. Most of the oil is under the sands halfway around the world in the Persian Gulf, and most of the demand is in the United States. There is more and more demand ahead of us with respect to China and India. We understand that. We knew that 12 to 14 months ago. So that is not what is causing the runup in prices today.

But we all know, if we look ahead, we need to leapfrog to other technologies, even as we search for additional oil. We will drill for more oil in the right places. Obviously, the chart I showed for the Gulf of Mexico has far more than my friends in the minority would aspire to achieve in other regions.

In addition to drilling in an appropriate way, we need much more conservation. Conservation is the easiest and by far the least expensive way to produce energy because we are such unbelievable wasters of energy. So conservation is, first and foremost, the best place to get additional energy.

Second is efficiency. It doesn't matter what you use—a hot water heater, a furnace, an air-conditioner—it doesn't matter what you use. The dramatic increase in efficiency of every appliance everybody uses, including these light bulbs, can substantially reduce our

need for energy. The incandescent light bulb is on its way out. It will not be too many years when we will not find one in this country because we can light America's houses and commercial facilities with about 80 percent savings of what we have been using in the past.

Finally, and most importantly, in my judgment, as we look forward some years, we have to, as a country, decide to get dramatically involved in renewable energy. We are not nearly there yet. We have some movement toward renewable, but we are not doing what we should do. The debate in the Congress has been about whether we should increase the production tax credits, tax incentives by 1 year. That is pathetic. We ought to say we are going to do this for a decade. America, you can count on where we are headed.

In the next decade, we are going to build substantial capability for wind, solar, biomass, and more. We ought to say here is where America is headed for 10 years. We are nibbling around the edges talking about a 1-year extension of this and that. It is not that we have not tried.

We had a longer extension on the floor of the Senate, but regrettably, the minority side largely blocked it. In fact, they have blocked these extensions three times. Our hope is that we as a country will be able to say our policy is conservation, efficiency, yes, drilling in the right places, but our policy is especially to move forward with substantial and dramatic amounts of new renewable energy.

I know the American people look at the Congress from time to time and wonder if anything can get done. There certainly is an urgency with respect to the policies I described—the fiscal policy that is way off track, a trade policy that is producing \$800 billion a year in trade deficits, a policy that has allowed the subprime loan scam to exist and develop right under the nose of regulators who apparently were dead from the neck up. All these things are urgent needs for this country to address. But none is more urgent at the moment than trying to find a way to put some downward pressure on gas and oil prices that have risen out of sight, in my judgment, disconnected to the supply-and-demand fundamentals of where a market ought to be.

Every American is affected by this runup in prices, and our country is being irreparably damaged by what it costs for us to send all this massive money every single day overseas in search of oil that is produced outside our country's borders.

We need a short-term urgent plan and a long-term thoughtful plan to find our way through this situation and put America on a better course for energy.

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

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

The legislative clerk proceeded to call the roll.

Mr. BROWN. 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.

#### DHL SELLOUT

Mr. BROWN. Mr. President, this summer is turning out to be one of great anxiety and uncertainty for literally thousands of families in southwest Ohio. At this moment, the economic future of more than 8,000 people—8,000 workers and their families—in the Wilmington and surrounding communities hangs in the balance.

DHL, the cargo carrier service, has threatened to shut down its Wilmington hub, a decision that, if successful, threatens both families and surrounding communities. In May, DHL's parent company, the German company Deutsche Post World Net, announced a proposed deal with UPS that would close the Ohio operation.

In 2004, the State of Ohio and the city of Wilmington, a community of 13,000 people, and surrounding counties—Highland County, Greene County, Clark County, and the area around it—proudly laid out the welcome mat for DHL, providing more than \$400 million in incentives only 4 years ago. It was, we thought then, the beginning of a long friendship.

The Wilmington Air Park is the largest employer in a six-county area of Ohio. Literally, in each of the six counties in the region, DHL is the single largest employer. Air Park employees were drawn from 45 counties, more than half of Ohio's 88 counties.

Tomorrow, Americans from across the country will gather around their television sets to enjoy baseball's All Star game in Yankee Stadium. The first pitch will be thrown by Cleveland's All Star pitcher Cliff Lee. During this midsummer classic, fans may notice emblazoned on the walls of Yankee Stadium and on game memorabilia the DHL logo, because DHL is the official carrier of major league baseball. More than 8,000 Ohio workers and their families have helped make DHL a major league player in the North American express delivery business. Their families in the community have supported DHL, worked for DHL, helped build DHL, and State and local governments pitched in, as I said, with \$400 million to build this company and help it thrive in southwest Ohio.

Thankfully, the agreement with UPS and the agreement to shut down is not yet final, and so we fight. This morning, earlier today, Mayor David Raizk, Clinton County Commissioner Randy Riley, and I joined hundreds of DHL, ABX, and Air Star workers to fight for these jobs and this community. Together, I delivered to DHL's headquarters in Wilmington—at their headquarters just outside Wilmington, on the outskirts of Wilmington—I delivered more than 9,000 signatures on petitions to DHL headquarters, petitions

that were denied by DHL management 2 weeks ago when employees and community members tried to deliver them.

DHL needs to hear from these families and they need to understand that good corporate citizenship means more than baseball advertisements and company sponsorships. DHL workers and their families rightfully feel betrayed by the callous decision made by Deutsche Post.

This kind of betrayal does not just eliminate jobs. The community loses revenue, public schools take a hit, the police force, fire department—all take major hits. It is estimated that 10 percent of the Wilmington City school budget is derived from DHL's operations in Wilmington. Hospitals suffer. Clinton Memorial Hospital is a not-for-profit, and people connected with DHL account for a huge percent of their overall operations. They get \$7 million in revenue just from DHL, ABX, and ASTAR, and their overall budget is \$100 million. They don't know how they will be able to continue operations if DHL closes its operations in Wilmington.

There are some 15,000 children of those DHL workers at the Wilmington airport—DHL, ASTAR, and ABX—who will lose their jobs.

Today I stood with the real All Stars, a couple of hundred workers and their families from southwest Ohio at DHL and at their union hall right across the street. In the last few months they have been sending me their stories. I would like to share some of them.

Tara Pratz of Lebanon, a community a few miles from there in Warren County, told me she and her husband relocated to Ohio because they trusted DHL and the promises made to her and workers like her. Reading from her note, she said:

Deutch-Post is nothing more than a corporate terrorist destroying the very lives that built the company.

Kelly Morse of Blanchester also wrote me about moving to Ohio because of the loyalty she felt for DHL. She wrote:

At first we did not want to move, but as a loyal employee I wanted to live close to my employer. DHL needs to be held accountable for the commitments they made to the people, workers, and community of southwest Ohio.

New Vienna resident Beth Carpenter wrote:

My husband is one of the many employees being laid off . . . with the economy the way it is, it is hard enough trying to keep food on the table, let alone to try to do it without a job.

Sherry Barrett, also of New Vienna, wrote, simply:

We are all extremely terrified of what our future holds. . . . We need all of you in our government to fight hard for us and Ohio.

Again, it doesn't need to be this way. DHL has been a good corporate citizen. It can remain a good friend to the people of Ohio. Workers and family members and the community are ready to do whatever it takes—whatever it

takes. This morning in Wilmington it was clear that this community sticks together when times are tough.

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

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

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. (Mr. CARDIN). Without objection, it is so ordered.

#### HIV/AIDS, TB, AND MALARIA REAUTHORIZATION

Mr. FEINGOLD. Mr. President, I rise today to express my strong support for the Tom Lantos and Henry J. Hyde HIV/AIDS, TB, and Malaria Reauthorization Act. Although we have made significant headway over the last 5 years, the HIV/AIDS pandemic remains one of the world's worst public health crises, with millions of people infected around the globe and millions more who have already perished. As chairman of the Senate Foreign Relations subcommittee on Africa, and because of the disease's disproportionate impact on sub-Saharan Africa, I would like to focus my remarks today on that region to illustrate just how critical—and urgent—it is that we pass this bill.

Despite some progress, AIDS remains a severe public health concern in Africa. Indeed, HIV continues to spread, with many countries on the continent experiencing unprecedented drops in population, economic decline, decimation of militaries, and the creation of an entire generation of orphans who know no other life but that of the streets. These societal disruptions have profound consequences for the continent's future and security; already, they are impeding development in the part of the world least able to contain the epidemic or treat its victims.

In December 2007, the Joint United Nations Program on HIV/AIDS—UNAIDS—reported that worldwide, approximately 35 million people live with HIV/AIDS. Similar organizations report that at the current rate, by 2015 more than 62 million people could become newly infected. Currently, over two-thirds of HIV cases are in Africa, which means there are somewhere between 20 million and 24 million adults and children in that continent who are HIV-positive. And these are just the cases we know of—these are just the reported and documented cases. As a point of comparison, the region with the next highest infection rate is Southeast Asia—with some 4 million individuals living with HIV.

Since 2003 there has been a significant bipartisan effort to address this crisis with the creation of the President's Emergency Plan for AIDS—or PEPFAR as it is more commonly known. PEPFAR authorized some \$19 billion over 5 years for HIV/AIDS, tu-

berculosis and malaria and yet in 2007 alone, 2.5 million people around the globe were infected with HIV—or the equivalent of some 6,800 per day, 4,600 of whom live in Africa. And while 4,600 Africans are being infected every day, some 6,000 Africans are dying from AIDS-related illness—many without ever realizing they were HIV-positive or, if they did know, without ever having access to any treatment for their illness. In other words, despite a ground-breaking initiative to raise the profile of the disease, to work with local communities and national health systems, and to coordinate among the international community, Africa's future remains in peril.

HIV/AIDS is spreading in African countries that are already hard hit by a range of other problems including rampant poverty, political instability and a lack of basic services and education. The result is decreased state capacity and an undermining of the development of civil society. HIV does not discriminate, and it is hitting members of Africa's political leadership, its college-trained professionals, and its skilled labor forces. And as it takes its toll on these groups, it is having a devastating effect on entire generations. I saw this firsthand just under a decade ago when I traveled to Zimbabwe, and I have seen it since in other trips to Africa.

At that time, reports were noting that life expectancy had dropped from 65 to 39 because of the epidemic. As I walked past the parliament building in Harare, I asked how old one had to be to become a legislator. The answer? Forty. And now, even as it copes with a new, devastating political and humanitarian crisis, Zimbabwe is experiencing even lower life expectancy rates—37 for men and just 34 for women—even lower than the minimum age to be elected a member of Parliament in that country.

Despite the critical assistance of the United States, the cold hard facts—the numbers of those infected and dying—show that even more help is needed from the international community. Last August, on a trip to Uganda, I met with a number of health experts—from government health workers to civil society representatives—to discuss how the United States can build on the good work that began with PEPFAR, and provide a more vigorous response to the disease.

We discussed what had worked and what had not, and they told me very clearly that in order to put a dent in the devastating impact of this pandemic, we need to focus not only on treatment but equally, if not more, on prevention. They shared examples of why, in order to help those most vulnerable, HIV/AIDS efforts need to include programs that address gender inequity, family planning, food and nutrition, and social stigma. And they were unequivocally clear that we need to work closely with national governments and local communities to help



build strong, sustainable health infrastructures that can provide assistance to their own citizens.

I mention Uganda because it has been a rare example of success on the continent. The government's early recognition of the crisis and its initial comprehensive policies—including a well-organized public education campaign—are credited with helping to bring adult HIV prevalence down from around 15 percent in the early 1990s to just over 5 percent in 2001. Unfortunately by 2006, scientists were suggesting that Uganda's HIV prevalence rates were once again rising. Indeed, I heard that same concern from most, if not all, of the people I met there, as well as from the President of Uganda himself.

The underlying message was that focusing on treatment is not enough. In the case of Uganda, given the rising infection rates—as with many other parts of the world—the emphasis on treatment fails to address the factors driving the epidemic. Don't get me wrong—Ugandans are grateful for U.S. HIV/AIDS funding—but they made it clear that future support would be more effective if it were more comprehensive, and corresponded more closely to national needs, conditions, and initiatives.

It has become a common refrain that we cannot treat our way out of this global pandemic and I continue to believe that is the case. As long as infection rates are rising, treatment and care costs will increase, as will the disease's burden on key vulnerable populations as well as their families, communities, and countries.

Scientific evidence supports the anecdotal evidence I heard from many in Uganda. It confirms there is much to be gained by integrating the treatment and care of other diseases—particularly tuberculosis but also more common, preventable ailments—with HIV programs and expanded informational awareness campaigns that encourage health knowledge and capacities. Part of the challenge of addressing HIV/AIDS is that the disease does not sit easily within any particular policy area and although there are important domestic components related to health and human services, these are also clearly questions of foreign policy and international assistance. All of these need to be integrated into a harmonious whole.

And that is why today I encourage my colleagues to support The Tom Lantos and Henry J. Hyde HIV/AIDS, TB, and Malaria Reauthorization Act and to reject any amendments that would undermine this bipartisan legislation. This bill is not perfect but, if passed, it will put global AIDS programs on the road to greater sustainability and will significantly increase our commitment to reversing the crisis.

We all know there can be no quick fix or shortcut to success, but we have before us now legislation that maintains

and expands the United States' response to the HIV/AIDS pandemic. Passing this bill will ensure the continuation of U.S. leadership to prevent, contain, and combat HIV/AIDS, tuberculosis, and malaria in a way that advances a broader range of global health and development objectives. To do anything less would not only be bad policy, it would be short-sighted and counterproductive.

The PRESIDING OFFICER. The majority leader is recognized.

#### EXTENSION OF MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the morning hour be extended to 4:30, with all other conditions of the previous order remaining in effect.

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

The Senator from Virginia is recognized.

#### FANNIE MAE AND FREDDIE MAC

Mr. WEBB. Mr. President, we are going to be talking this week quite a bit about the situation with Freddie Mac and Fannie Mae. We had news this weekend that the Federal Reserve and Treasury are intending to intervene to shore up Freddie Mac and Fannie Mae.

This situation underscores the depth and the persistence of our Nation's housing crisis. Last week, I joined a bipartisan majority of Senators in voting to approve a housing bill that is intended to strengthen oversight in Fannie Mae and Freddie Mac, to allow the FHA to guarantee up to \$300 billion in new loans for at-risk subprime borrowers. But I think it would be useful at this time to review a few recent data points in other areas because they should cause all of us some concern about where we are heading and the decisions we are making as fiduciaries of the public trust.

In March of this year, Bear Stearns, the Nation's fifth largest investment banking firm, was battered by what its officials termed a sudden liquidity crisis regarding or related to its large exposure to devalued mortgage-backed securities.

At that time, Bear Stearns, JPMorgan, and the Federal Reserve reached a negotiated deal. JPMorgan purchased 95 million newly issued shares of Bear's common stock, and the Fed, which in reality means the people who pay the taxes in our country, became responsible for up to \$29 billion in losses if the collateral provided by Bear Stearns for the loan proves to be worth less than their original claims. That is \$29 billion guaranteed by American taxpayers in the private market.

This decision was unprecedented. Never before had the Fed bailed out a financial entity that was not a commercial bank. The Fed's unprecedented role has generated a widespread debate on the implications of these types of

interventions. Many have had concerns that the Government's action tells the market that the Fed is willing to help a large and failing financial enterprise, which, in many people's view, sets a bad precedent in terms of corporate responsibility.

And by way of information, Bear Stearns' CEO earned \$38.4 million in 2006. They did not file a proxy statement in 2008; his compensation was not available for 2007. But I will say that again. In 2006, previous to this crisis, the CEO made \$38.4 million.

Last week, IndyMac Bank of Pasadena, CA was closed by the Federal Office of Thrift Supervision, and the FDIC, the Federal Deposit Insurance Corporation, was named conservator and therefore took over this bank's operations. According to the FDIC, the bank's board of directors was dissolved, the CEO was fired, and upper management may remain, although this has not yet been determined. But the new CEO in this situation is now an FDIC employee and is therefore compensated per a Government payscale. As conservators, the FDIC will operate the bank to maximize the value of the institution for further sale and to maintain banking services.

So when we look at the situation we are now facing with Fannie Mae and Freddie Mac, I think it is important to lay down three guiding principles. The first is, we do need to ensure that the measures we are taking protect these Americans who remain at risk of foreclosure. We have to take some proper action now so that this crisis does not grow deeper. But we also need to be very sensitive to the thousands of workers, many of whom live in this area, who have built careers at Fannie Mae and Freddie Mac. Many of those workers have their retirement savings tied up in the plummeting stock of these formerly robust companies. But as we focus rightly on those two concerns, on the homeowners and on the workers, we also need to be equally clear that any solution to this crisis has to be fair to the American taxpayers who ultimately are going to foot the bill. When times go bad like this, quite often the people who are paying the taxes are people who do not even own stock, or maybe it is somebody who makes \$40,000 a year driving a truck who now is being asked to put money up to preserve an entity where, again, we see executive compensation and stock values over the years have increased.

Paul Krugman wrote a piece in the New York Times today addressing elements of this issue. I want to read a portion of it.

The case against Fannie and Freddie begins with their peculiar status: although they're private companies with stockholders and profits, they're "government-sponsored enterprises" established by Federal law, which means that they receive special privileges. The most important of these privileges is implicit: it's the belief of investors that if Fannie and Freddie are threatened with failure, the Federal Government will come to their rescue.

This implicit guarantee means that profits are privatized but losses are socialized. If Fannie and Freddie do well, their stockholders [and the corporate executives] reap the benefits, but if things go badly, Washington picks up the tab. Heads they win, tails we lose. Such one-way bets can encourage the taking of bad risks, because the down side is someone else's problem.

Mr. President, I ask unanimous consent to have the entire New York Times article printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, July 14, 2008]

FANNIE, FREDDIE AND YOU

(By Paul Krugman)

And now we've reached the next stage of our seemingly never-ending financial crisis. This time Fannie Mae and Freddie Mac are in the headlines, with dire warnings of imminent collapse. How worried should we be?

Well, I'm going to take a contrarian position: the storm over these particular lenders is overblown. Fannie and Freddie probably will need a government rescue. But since it's already clear that that rescue will take place, their problems won't take down the economy.

Furthermore, while Fannie and Freddie are problematic institutions, they aren't responsible for the mess we're in.

Here's the background: Fannie Mae—the Federal National Mortgage Association—was created in the 1930s to facilitate homeownership by buying mortgages from banks, freeing up cash that could be used to make new loans. Fannie and Freddie Mac, which does pretty much the same thing, now finance most of the home loans being made in America.

The case against Fannie and Freddie begins with their peculiar status: although they're private companies with stockholders and profits, they're "government-sponsored enterprises" established by federal law, which means that they receive special privileges.

The most important of these privileges is implicit: it's the belief of investors that if Fannie and Freddie are threatened with failure, the federal government will come to their rescue.

This implicit guarantee means that profits are privatized but losses are socialized. If Fannie and Freddie do well, their stockholders reap the benefits, but if things go badly, Washington picks up the tab. Heads they win, tails we lose.

Such one-way bets can encourage the taking of bad risks, because the downside is someone else's problem. The classic example of how this can happen is the savings-and-loan crisis of the 1980s: S&L owners offered high interest rates to attract lots of federally insured deposits, then essentially gambled with the money. When many of their bets went bad, the feds ended up holding the bag. The eventual cleanup cost taxpayers more than \$100 billion.

But here's the thing: Fannie and Freddie had nothing to do with the explosion of high-risk lending a few years ago, an explosion that dwarfed the S&L fiasco. In fact, Fannie and Freddie, after growing rapidly in the 1990s, largely faded from the scene during the height of the housing bubble.

Partly that's because regulators, responding to accounting scandals at the companies, placed temporary restraints on both Fannie and Freddie that curtailed their lending just as housing prices were really taking off. Also, they didn't do any subprime lending, because they can't: the definition of a subprime loan is precisely a loan that

doesn't meet the requirement, imposed by law, that Fannie and Freddie buy only mortgages issued to borrowers who made substantial down payments and carefully documented their income.

So whatever bad incentives the implicit federal guarantee creates have been offset by the fact that Fannie and Freddie were and are tightly regulated with regard to the risks they can take. You could say that the Fannie-Freddie experience shows that regulation works.

In that case, however, how did they end up in trouble?

Part of the answer is the sheer scale of the housing bubble, and the size of the price declines taking place now that the bubble has burst. In Los Angeles, Miami and other places, anyone who borrowed to buy a house at the peak of the market probably has negative equity at this point, even if he or she originally put 20 percent down. The result is a rising rate of delinquency even on loans that meet Fannie-Freddie guidelines.

Also, Fannie and Freddie, while tightly regulated in terms of their lending, haven't been required to put up enough capital—that is, money raised by selling stock rather than borrowing. This means that even a small decline in the value of their assets can leave them underwater, owing more than they own.

And yes, there is a real political scandal here: there have been repeated warnings that Fannie's and Freddie's thin capitalization posed risks to taxpayers, but the companies' management bought off the political process, systematically hiring influential figures from both parties. While they were ugly, however, Fannie's and Freddie's political machinations didn't play a significant role in causing our current problems.

Still, isn't it shocking that taxpayers may end up having to rescue these institutions? Not really. We're going through a major financial crisis—and such crises almost always end with some kind of taxpayer bailout for the banking system.

And let's be clear: Fannie and Freddie can't be allowed to fail. With the collapse of subprime lending, they're now more central than ever to the housing market, and the economy as a whole.

Mr. WEBB. Looking at or thinking about Mr. Krugman's piece, we should also recall that the chief executives of those two companies last year earned multimillion-dollar compensation packages. We respect the guidance and the leadership that allows corporate CEOs to make these kinds of compensation, but at the same time, we should not be asking the taxpayers of this country, many of whom do not even own stocks, if we are buttressing the activities of these companies, to continue to assist financially this type of corporate compensation.

We have seen one example with the recent IndyMac Bank failure where the FDIC came in and the acting CEO gets a regular Federal salary. I urge all of my colleagues to think about this this week, that, as Mr. Krugman says, "the profits are privatized," meaning the small group of people who own stocks take advantage when things go well, and sometimes we talk about economic Darwinism and how the fact that they make that sort of compensation relates to their talent, "but losses are socialized" meaning that everyone in the country ends up having to pay when things go wrong in order to protect the system from falling apart.

Well, the bottom line of that is, if our taxpayers are going to be required to chip in to solve the problem, they should not be alone. The executives who are involved in the operations of these institutions should also be willing to do the same.

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

The PRESIDING OFFICER. The clerk will call the roll.

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

The majority leader is recognized.

## CONCLUSION OF MORNING BUSINESS

Mr. REID. Mr. President, I have talked to the distinguished ranking member of the Foreign Relations Committee and explained to him where we are. I am very happy we have an agreement to move forward on PEPFAR. That agreement is that we have 10 amendments. They are amendments we worked on hard. We did it all day Thursday and Thursday night, and then Friday, of course, perfecting the agreement, and we now have consent to move to the bill.

Here is the problem that faces the majority: By our moving to PEPFAR, it opens a spot where somebody can move to proceed to something else, anything that is on the calendar. Anyone can come in and move to that piece of legislation, and file a cloture motion with it, which would force us to be on that matter. I cannot allow that to happen.

I say this with the deepest respect for all my Republican colleagues, but we have had a little bit of mischievous legislation being thrown about here, and so if I move to something else to fill that spot to keep someone else from moving to something else, we on this side would be very happy to leave that dormant, do nothing with it, and move forward and complete PEPFAR. There would be no harm to anyone in doing this. But it would seem to me there would be a lot of harm if—I will not mention any names—the two or three likely suspects walked over here and moved to proceed to something else. I think it would create a lot of problems.

This PEPFAR legislation dealing with global AIDS is extremely important. The President wants it. I do not know of a single Democrat who does not want it. I think most Republicans—I think the vast majority of Republicans—want this. So I would hope we are not going to get off track because of some folks over here who have tended to make me kind of look for a sucker punch to be thrown at any time. I think we would all be ill-advised to not finish PEPFAR at this time.

Mr. President, I would ask that morning business be closed. That being



the case, I think the order is now in effect that once it is closed, we would be on PEPFAR.

Is that right; I ask the Chair?

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. Mr. President, I would ask that morning business be closed.

The PRESIDING OFFICER. Morning business is closed.

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

The PRESIDING OFFICER. Under the previous order, the motion to proceed to S. 2731 is agreed to, and the Senate will proceed to the consideration of the measure, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (S. 2731) 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.

Thereupon, the Senate proceeded to consider the bill, which had been reported from the Committee on Foreign Relations, with an amendment to strike all after the enacting clause and insert in lieu thereof 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.

## 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, 1/3 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.”;

(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 and statistical analysis 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.”; and

(6) by inserting after paragraph (12), as redesignated, the following:

“(13) **STRUCTURAL HIV PREVENTION.**—The term ‘structural HIV prevention’ means activities or programs designed to—

“(A) address environmental factors that could create conditions conducive to the spread of HIV; and

“(B) determine the best ways to remedy such factors by enhancing life skills and promoting changes in laws, policies, and social norms.”.

#### 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) improve human health capacity; 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 treatment of at least 3,000,000 individuals with HIV/AIDS and support additional treatment through coordinated multilateral efforts;

“(C) support care for 12,000,000 individuals with 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, treatment, and care;

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

“(I) 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 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;

“(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) 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;

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

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

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

“(11) include programs to reduce the transmission of HIV through structural prevention efforts, particularly addressing the heightened vulnerabilities of women and girls to HIV in many countries; and

“(12) 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; and

“(C) other mechanisms to reduce the transmission of HIV;

“(13) increase support for prevention of mother-to-child transmission;

“(14) 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;

“(15) increase the coordination of HIV/AIDS programs with development programs;

“(16) 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;

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

“(18) 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 and other structural prevention activities, 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;

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

“(20) 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 in terms of sequencing;

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

“(22) 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;

“(23) 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;

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

“(25) 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.

“(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 (J), an examination of additional planned means of preventing the transmission of HIV including medical male circumcision, maintenance of a safe blood supply, and other tools.

“(M) 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) structural prevention activities;

“(ii) activities directed toward men and boys;

“(iii) activities to enhance educational, microfinance, and livelihood opportunities for women and girls;

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

“(v) programs targeted toward gender-based violence and sexual coercion;

“(vi) strategies to meet the particular needs of adolescents;

“(vii) assistance for victims of rape, sexual abuse, assault, exploitation, and trafficking; and

“(viii) programs to prevent alcohol abuse.

“(N) 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.

“(O) 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.

“(P) 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 ethical recruiting practices for health care workers; and

“(vi) increase the sustainability of health programs.

“(Q) 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.

“(R) A strategy to better coordinate HIV/AIDS assistance with nutrition and food assistance programs.

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

“(T) A description of planned resource distribution and global investment by region.

“(U) 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.

“(V) 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 \$10,000,000 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.”

#### **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 or significantly rising incidence of HIV/AIDS, countries with large populations and inadequate health infrastructure, countries in which a concentrated HIV/AIDS epidemic could become generalized to the entire population of the country, and in countries whose governments demonstrate a commitment to combating HIV/AIDS.”

(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, including education and services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing illicit drug use.”

“(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)”;

(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), by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013”;

(3) in subsection (l), by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013”;

(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; and

“(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.”.

(b) 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), by striking “during any of the fiscal years 2004 through 2008” and inserting “during any of the fiscal years 2009 through 2013”; 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) is making available for public review, according to the Fund Board's policies and practices on disclosure of information, a regular collection and analysis of performance data of Fund grants, which shall cover principal recipients and 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) is responsible for 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 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; and

“(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.”.

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.—

“(1) IN GENERAL.—The Director of the Office shall—

“(A) expedite the implementation of the Federal strategic plans for the conduct and support of research on, and development of, a microbicide for use in developing countries to prevent the transmission of the human immunodeficiency virus; and

“(B) annually review and, as appropriate, revise such plan to prioritize funding and activities relative to their scientific urgency and potential market readiness.

“(2) COORDINATION.—In implementing, reviewing, and prioritizing elements of the plan described in paragraph (1), the Director of the Office shall consult with—

“(A) 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;

“(B) the microbicide research and development community; and

“(C) health advocates.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.”.

(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 carry out research on, and development of, a microbicide for use in developing countries to prevent the transmission of the human immunodeficiency virus. The Director shall ensure that there are a sufficient number of employees and structure dedicated to carrying out such activities.”.

(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 shall fully implement the Centers’ microbicide agenda to support research and development of microbicides for use in developing countries 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, shall develop and implement a program to facilitate availability and accessibility of microbicides that prevent the transmission of HIV if such microbicides are proven safe and effective.

(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.”.

(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 treatment of at least 3,000,000 individuals with HIV/AIDS;

“(iii) support additional treatment through coordinated multilateral efforts;

“(iv) support care for 12,000,000 individuals with 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;

“(v) 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;

“(vi) 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

“(vii) 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;

“(B) strengthen the capacity to deliver primary health care in developing countries, especially in sub-Saharan Africa; and

“(C) help 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.

“(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; and

“(B) moving toward universal access to HIV/AIDS prevention counseling and services.”

(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;

(G) in subparagraph (H), as redesignated—

(i) by striking the period at the end and inserting “, including education and services demonstrated to be effective in reducing the transmission of HIV infection without increasing illicit drug use; and”; and

(H) 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, through structural prevention programs;

“(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.”;

(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) nutritional counseling;

“(III) income-generating activities and livelihood initiatives;

“(IV) maternal and child health care;

“(V) primary health care;

“(VI) the diagnosis and treatment of other infectious or sexually transmitted diseases;

“(VII) substance abuse and treatment services; and

“(VIII) 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 appropriate screening and to improve laboratory capacities, infection control, and adherence; and

“(G) activities to—

“(i) improve the effectiveness of national responses to HIV/AIDS; and

“(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  
(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.”;

(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.

“(C) Key components of a transition toward a more sustainable approach toward fighting HIV/AIDS, tuberculosis, and malaria and thus priorities for such compacts include—

“(i) building capacity to expand the size of the trained health care workforce in partner countries and improve its retention, safety, deployment, and utilization of skills and to improve public health infrastructure and systems;

“(ii) partner governments increasing their national investments in health and education systems, as called for in the Abuja Declaration;

“(iii) increasing the focus of United States government efforts to address the factors that put women and girls at greater risk of HIV/AIDS and to strengthen the legal, economic, educational, and social status of women, girls, orphans, and vulnerable children and encouraging partner governments to do the same;

“(iv) building on the New Partners Initiative and other efforts currently underway to strengthen the capacities of community- and faith-based organizations and civil society in partner countries to contribute to country efforts to prevent or manage the effects of HIV/AIDS, tuberculosis, and malaria epidemics and to improve health care delivery;

“(v) improving the coordination of efforts to combat HIV/AIDS, tuberculosis, and malaria with broader national health and development strategies;

“(vi) promoting HIV/AIDS-related laws, regulations, and policies that support voluntary diagnostic counseling and rapid testing, pediatric diagnosis, rapid, tariff-free regulatory procedures for drugs and commodities, and full inclusion of people living with HIV/AIDS in a multi-sectoral national response.

“(vii) sharing and implementing findings based on program evaluations and operations research; and

“(viii) reducing the disease burden of HIV/AIDS, tuberculosis, and malaria through improved prevention efforts.

“(D) Such compacts should also take into account the overall national health and develop-

ment and national HIV/AIDS and public health strategies of each country and should contain provisions including—

“(i) the specific objectives that the country and the United States expect to achieve during the term of a compact;

“(ii) the respective responsibilities of the country and the United States in the achievement of such objectives;

“(iii) regular benchmarks to measure, where appropriate, 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) the methods by which the compact is intended to address the factors that put women and girls at greater risk of HIV/AIDS and to strengthen the legal, economic, educational, and social status of women, girls, orphans, and vulnerable children;

“(vi) the methods by which the compact will strengthen the health care capacity, including the training, retention, deployment, and utilization of health care workers, improve supply chain management, and 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) proposed mechanisms to provide oversight;

“(viii) 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) a plan to ensure appropriate fiscal accountability for the use of assistance.

“(2) LOCAL INPUT.—In entering into a compact 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.

“(3) 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);

“(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) with respect to tuberculosis—

“(I) the increase in the number of people treated and the number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes through, or in coordination with, HIV/AIDS programs;

“(II) a description of drug resistance rates among persons treated;

“(III) the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization; and

“(IV) a detailed description of efforts to integrate HIV/AIDS and tuberculosis prevention, treatment, and care programs; and

“(iv) 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;

“(v) 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;

“(vi) 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’;

“(vii) 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;

“(viii) 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);

“(ix) 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;

“(x) 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;

“(xi) 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;

“(III) medication-assisted drug treatment for individuals with HIV or at risk of HIV; and

“(IV) HIV prevention programs demonstrated to be effective in reducing HIV transmission without increasing drug use;

“(xii) 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; 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, to prevent, treat, or monitor HIV/AIDS—

“(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 Government should prioritize the achievement of the following goals by not later than December 31, 2015:

“(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 cure of at least 85 percent of those cases detected.”

(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) activities 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 (g); 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) DEFINITIONS.—Section 104B(g) of such Act, as redesignated, 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.”.

(e) 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 antimalaria 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 and in accordance with section 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 1151d–4), the

Secretary of Health and Human Services, through the Centers for Disease Control and Prevention and the National Institutes of Health, shall conduct appropriate programmatic relevant clinical and operational research to identify and evaluate new diagnostics, treatment regimens, and interventions to prevent and control malaria.

“(g) **MONITORING.**—To ensure that adequate malaria controls are established and implemented, the Centers for Disease Control and Prevention shall carry out appropriate surveillance and evaluation activities to monitor global malaria trends and assess environmental and health impacts of malarial control efforts. Such activities shall complement the work of the World Health Organization, rather than duplicate such work.

“(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 committees of Congress 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 “\$50,000,000,000 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 behavioral change programs, including 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 country involved in HIV/AIDS prevention activities.

“(2) **PREVENTION STRATEGY.**—

“(A) **ESTABLISHMENT.**—In carrying out paragraph (1), the Global AIDS Coordinator shall establish a 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 behavioral change programs, including 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, 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.”; and

(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.”.

UNANIMOUS-CONSENT REQUEST—S. 3186

Mr. REID. Mr. President, I now ask unanimous consent that upon disposition of S. 2731/H.R. 5501, the global AIDS legislation, the Senate then proceed to Calendar No. 835, S. 3186, which is a bill to provide for the Low-Income Home Energy Assistance Program.

The PRESIDING OFFICER. Is there objection?

Mr. LUGAR. Mr. President, reserving the right to object.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, I have asked the leader for clarification of the situation. My understanding is that, as things stood, we would be automatically moving on to discussion of PEPFAR. I appreciate the anxiety of the leader with regard to the situation, but, at the same time, from our standpoint on this side of the aisle, I have been advised we would need to object to that simply because the agreement our Members feel they have realized would be that we would move to PEPFAR today and have the debates on PEPFAR, as opposed to additional material.

Mr. REID. Mr. President, I would say to my friend that is absolutely what we are going to do. The only way we would not do that is if you object to it. I have explained in more detail than probably everyone wants to hear, but we have a situation now, procedurally in the Senate, where there is a spot open. It has nothing to do with PEPFAR. It is separate and apart from PEPFAR. There is an empty spot there that anyone can walk in here—any Senator can walk in here—and move to anything we have on the calendar. By doing that, of course, they could also accompany that with a cloture motion, and that is what we would be on. That would take away from what the President wants and, I would say, 90 Senators want. So I am not trying to take advantage of anyone. No one loses anything, nothing, other than the ability to sucker punch the entire Senate.

So I would say to my friend, the distinguished Senator from Indiana, if we are on this matter here, I would be happy to—and no harm can be done. If people do not want us to move to that, I could not do it. I could not do it anyway. I would have to have 60 Senators to agree to that. This is simply an effort to allow us to complete PEPFAR—without using the term too many times; this is the third time I have used it—without the entire Senate being sucker punched.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

#### MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that we now proceed to a period of morning business, that Senator LUGAR be recognized to speak for up to one-half hour, and that following his speech, I be recognized.

The PRESIDING OFFICER. Is there objection to the majority leader's previous request?

Mr. LUGAR. I object.

The PRESIDING OFFICER. Objection is heard.

Is there objection to the majority leader's pending request?

Without objection, it is so ordered.

Mr. REID. Mr. President, I further ask unanimous consent that if and when we get on the PEPFAR legislation, the distinguished Senator from Indiana be recognized for an opening statement on the bill.

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

The Senator from Indiana is recognized.

#### PEPFAR

Mr. LUGAR. I thank the leader.

I rise today in support of S. 2731, the Tom Lantos and Henry J. Hyde United States Global Leadership Act Against HIV/AIDS, Tuberculosis, and Malaria. I thank Chairman JOE BIDEN for working with me and other Republicans to achieve a bipartisan approach for the reauthorization of our Nation's program to combat these diseases. I believe we will have an excellent bill before us that will preserve the best aspects of the President's Emergency Plan For AIDS Relief—PEPFAR—and expand the efforts of the United States to stem the tide of AIDS, tuberculosis, and malaria worldwide.

The HIV/AIDS pandemic, coupled with the impact of tuberculosis and malaria, is rending the socioeconomic fabric of communities, nations, and an entire continent. The U.S. National Intelligence Council and innumerable top officials, including President Bush, have stated the HIV/AIDS pandemic is a threat to national and international security.

Communities are being hobbled by the disability and the loss of consumers and workers at the peak of their productive, reproductive, and care-giving years. In the most heavily affected areas, communities are losing a whole generation of parents, teachers, laborers, health care workers, peacekeepers, and police.

United Nations projections indicate that by 2020, HIV/AIDS will have depressed GDP by more than 20 percent in the hardest hit countries. The World Bank recently warned that while the global economy is expected to more than double over the next 25 years, Africa is at risk of being left behind.

Many children who have lost parents to HIV/AIDS are left entirely on their own, leading to an epidemic of orphan-headed households. When they drop out of school to fend for themselves and their siblings, they lose the potential for economic empowerment that an education can provide. Alone and desperate, they sometimes resort to transactional sex or prostitution to survive and risk becoming infected with HIV themselves.

I believe that in addition to our own national security concerns, we have a humanitarian duty to take action. Five years ago, HIV was a death sentence



for most individuals in the developing world who contracted that disease. Now there is hope. We should never forget that behind each number is a person—a human being—a life the United States can touch or even save.

PEPFAR has provided treatment to an estimated 1.4 million men, women, and children infected with HIV/AIDS in Africa and elsewhere. Before the program began, only 50,000 people in all of sub-Saharan Africa were receiving life-saving antiretroviral drugs. Today, three times that many are being treated in Kenya alone. PEPFAR also has focused on prevention programs, with the target of preventing 7 million new HIV infections. As Americans, we should take pride in our Nation's efforts to combat these diseases overseas.

We should understand that our investments in disease prevention programs have yielded enormous foreign policy benefits during the last 5 years. PEPFAR has helped to prevent instability and societal collapse in a number of at-risk countries; it has stimulated contributions from other wealthy nations to fight AIDS; it has facilitated deep partnerships with a generation of African leaders; and it has improved attitudes toward the United States and Africa and other regions of the world. In my judgment, the dollars spent on this program can be justified purely on the basis of the humanitarian results we have achieved, but the value of this investment clearly extends to our national security and to our national reputation.

I wish to emphasize three points that should guide our deliberations. First, it is important that Congress move now to reauthorize the program. The authorization expires in 2½ months. Partner governments and implementing organizations in the field have indicated that without certainty of reauthorization of this bill, they may delay expanding their programs to meet PEPFAR goals. Certainty of U.S. action is an important matter of perception, delivering something similar to consumer confidence to these nations. It may be intangible, but it will profoundly affect the behavior of individuals, groups, and governments engaged in the fight against HIV/AIDS. The continuity of our efforts to combat aids, malaria, and tuberculosis, and the impact of our resources on the commitments of the rest of the world will be maximized if we act now.

Underscoring this point, last fall the Ministers of Health of the 12 African focus countries receiving PEPFAR assistance wrote to us saying:

Without an early and clear signal of the continuity of PEPFAR's support, we are concerned that partners might not move as quickly as possible to fill the resource gap that might be created. Therefore, services will not reach all who need them. . . . The momentum will be much greater in 2008 if we know what to expect after 2008.

Secondly, our bill expands the flexibility of current law so that U.S. ef-

forts in each country can be tailored to its unique situation. I have consulted extensively with American officials who are implementing PEPFAR. Most believe that adding new restrictions to the law can limit the flexibility of those charged with implementation in 2009 and beyond. We don't know who that will be and, more importantly, we don't know what the challenges of 2013 will be, although we can probably say with confidence the landscape will be very different than it is today. As the Institute of Medicine said, the Global Leadership Act is a "learning organization." We should pass a bill that allows PEPFAR to expand and evolve its program implementation, utilizing the experience it has gained in its initial years of operation.

I understand some Members identify concerns or areas that they believe deserve specific emphasis. As Senators study the record of PEPFAR to date, I believe they will find that the vast majority of the authorities needed for the next phase of our efforts already are in existing legislation. This flexibility is preserved in the House bill and in the bill before us today.

The one directive in the Leadership Act that I believe must be maintained holds that 10 percent of funding be devoted to programs for orphans and vulnerable children. There were few programs focused on the needs of these children before the Leadership Act, and we remain in the early stages of the effort to serve them. Before the advent of PEPFAR, neither the United States nor anyone else had much experience in programs that support children infected with or affected by HIV/AIDS. After several years of effort, we have made some progress, but our programs are not yet as firmly established as they can be.

The AIDS orphans crisis in sub-Saharan Africa has implications for political stability, development, and human welfare that extend far beyond that region. The American people strongly back this effort, and the maintenance of this directive will help to ensure that we remain attentive to those who need our support the most. The directive will also help ensure the success of the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, a bill I drafted and which was cosponsored by 11 Senators. That bill was signed into law on November 8, 2005.

The third point I would underscore is this is an authorization bill subject to the annual budget and appropriations process. It is meant to establish policy and the overall parameters of spending on the PEPFAR program. The \$50 billion figure is based on what we believe can be spent efficiently and effectively in the years ahead. It presumes that funding will gradually increase over the coming 5-year period. Of the \$50 billion authorized, \$5 billion has been reserved for malaria and \$4 billion has been reserved for tuberculosis.

I understand some Members would spend less than \$50 billion, while others would choose to spend more.

But this is a reasonable target that has emerged from good-faith negotiations between Congress and the White House. I believe it will maximize the humanitarian and foreign policy benefits of the PEPFAR Program.

We have an opportunity this week to establish policy on a bipartisan basis that will be a triumph for the United States of America. We have the 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 very important result.

I look forward to the passage of this important legislation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that I be allowed to speak for the remainder of the time on this side in morning business.

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

Mr. NELSON of Florida. Mr. President, I thank the Senator from Indiana for his and Senator BIDEN's leadership in getting this legislation to the floor.

This Senator has just returned from Africa over the July 4th recess. Four countries in southeastern Africa—Kenya, Tanzania, Uganda, and Rwanda—is where PEPFAR has been concentrated. Out of the \$3 billion that is being spent per year in Africa, for example, \$500 million of that goes just to the country of Kenya.

As the distinguished Senator from Indiana has said, it is very true that the attitudes about the United States—as a result of us being out there with this very effective program that is turning people's lives around, which, in fact, is taking people who were nothing but skin and bones and now being able to live a somewhat normal life, it has increased the favorability toward the United States enormously all over the continent. It has had a tremendous effect. For example, in Kampala, Uganda, I visited a PEPFAR program. It was not only giving the antiviral drugs—and these were to a lot of the children of the refugees who live in this squalor you could not believe, but, in addition, if their bodies won't take the drugs because they are malnourished, there is a food program that goes along with it through USAID. The combination of the two—a year ago in Ethiopia, the same thing—by getting their little bodies up to where, nutritionally, they can accept the HIV antiviral drugs, it has had a tremendous effect.

On this particular PEPFAR Program, there was much more—a school for the children. The children wore uniforms. The children were learning science, math, English, and all the studies that will give them some opportunity for a fruitful and productive life. So now, as the leadership of our Senate Foreign

Relations Committee has come forth with an extension and expansion of this program, it is absolutely necessary that we pass it.

You cannot do any better than the good will—just think about the globe and about where America may not be held in the highest of esteem. But it is held in the highest esteem in Africa. It is in large part as a result—

Mr. REID. Mr. President, I ask my friend to yield for a unanimous consent request.

Mr. NELSON of Florida. I yield to the majority leader for that purpose.

Mr. REID. Mr. President, it is my understanding that we had a half hour under morning business. I told Senator NELSON he could use the remaining approximately 10 minutes of that time and I would be recognized thereafter. Is there any concern about that? Is that still in effect?

Mr. President, it is no big deal. It might make it easier for everybody. I will ask unanimous consent that I be recognized when Senator NELSON finishes his statement.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. NELSON of Florida. Mr. President, I say to the majority leader. I would have asked that, but this Senator thought that was locked in with the previous unanimous consent. I thank the majority leader for the opportunity.

Mr. President, the United States has benefited enormously because of the good will. That is one thing. But when you see these folks who have been bedeviled with this terrible, terrible infliction suddenly have a chance for a normal life as a result of these lifegiving drugs, when properly administered, along with the food programs as well, indeed it is one of the least things we can do.

Is it not in the capacity of the United States to help the rest of the world? Of course it is. Is it not within our ethos to want to help the rest of the world? It certainly is. Just as a byproduct of that, the people of Africa are recognizing the leadership that the United States has taken. They are appreciative.

I must say that there was a part of this African trip that was very disturbing to me, and that was the grave situation in Zimbabwe. That is as a result of the disastrous regime of Robert Mugabe.

Last Friday, a bunch of us Senators had joined Senators FEINGOLD and ISAKSON, who are leaders on the African Affairs Subcommittee of the Foreign Relations Committee, in introducing a resolution to rebuke Robert Mugabe and support U.S. efforts at the United Nations to impose tougher sanctions on the Mugabe regime. Although the U.S.-sponsored resolution failed to overcome the vetoes of China and Russia—listen to that: the vetoes of China and Russia—in the Security Council on Friday—we kind of get an

indication of where their attitude is about a democratically elected government in Zimbabwe—it is critical for us to continue to work with the U.N. and our African Union partners to help bring about a political solution for the desperate people in Zimbabwe.

On this most recent trip, I didn't go to Zimbabwe. I wasn't welcome. It was a striking survey of the governments that I saw in those four countries, a new African leadership, strong economic growth, the rule of law, political stability—what a contrast with the old ways of dealing with people such as Mugabe, in a government that is marked with autocracy, corruption, and the rule of law through the barrel of a gun. Well, what is clearly in the interest of the people of Zimbabwe and the rest of the world is stability in Zimbabwe. And it is important that we continue to press forward.

In east Africa, the rule of law does have some new applications—for example, the Government of Kenya. There, the whole place was being torn apart because of a dispute in the December election. Finally, after much violence and with as many as 5,000 deaths—if you can believe it—because of the violence following the election, the business community, the government community, and the two opposition parties came together and said: We have to have a better way. They formed this unity government. Thus far, it has worked. Let's see how it continues.

But in the aftermath of September 11, we know all too well how instability and weak governance and corruption can sow the seeds of radicalization and terrorism. Now, however destitute and downtrodden the heroic people of Zimbabwe, however, those heroic people have risen up against Mugabe's machine at the ballot box on March 29 and they cast their votes overwhelmingly for Morgan Tsvangirai and his Movement for Democratic Change. That opposition party won 48 percent of the vote against 43 percent for Mugabe.

But then, of course, Mugabe initiated a reign of terror and intimidation in the lead-up to this farce of a runoff election. His state-sponsored violence against opposition members, against supporters, against civilians, in an attempt to consolidate his power, ultimately caused the opposition candidates to withdraw from the election. He had to take refuge in the Dutch Embassy. This recent runoff was declared neither credible nor fair by independent election monitors. Mugabe was the only candidate left. He was declared the winner.

Since the initial election back in March, the opposition party said that 86 of its supporters have been killed and 200,000 of its supporters forced from their homes by militias loyal to Mugabe's party.

If you will go back decades, Mugabe took over in a new country of Zimbabwe when he had thrown off the colonial rule under the old Rhodesia. Mugabe was looked upon as a freedom fighter

and someone who was going to bring a fresh break, a fresh government that was going to be a democratic government. He has long been celebrated by his fellow African leaders for his role as a liberation leader for Zimbabwe. In recent years, Mugabe has too often been coddled as his failings have come to light. Two weeks ago, unfortunately, the African Union allowed him to take his seat as the head of state among the leaders in their annual meeting that was in Sharm el-Sheikh.

Those African Union leaders were split over how to deal with Mugabe, but they allowed him to be seated. Many leaders, including South African President Mbeki, who serves as the South African Development Community's designated mediator, have stood by as Mugabe has trampled human rights, as he has silenced the press, as he has undermined the rule of law, and he has run the once-thriving Zimbabwean economy into the ground.

South Africa worked behind the scenes to sink the U.S.-sponsored resolution on Zimbabwe at the U.N. last week. This is quite distressing, given that South Africa is where it is today because of the international sanctions to end apartheid.

So now because of these ruinous economic policies, Zimbabwe is the world's fastest shrinking economy. It has a negative GDP of minus 6 percent. It has skyrocketing inflation. Zimbabwe's central bank stopped posting inflation figures in January when inflation stood at, unbelievably, over 100,000 percent. A loaf of bread cost 30 billion Zimbabwean dollars—a loaf of bread.

The sinking economy and the government-orchestrated political intimidation and murder has caused a massive refugee flight into the neighboring countries. According to a recent report by Human Rights Watch, there is now estimated to be 1.5 million Zimbabweans who have fled across the border into South Africa.

The international community must honor the courage of the Zimbabwean people and help them take back their country from the brink of ruin.

Recent reports show that a Chinese ship loaded with more than 1 million pounds of arms bound for Zimbabwe was eventually turned away by the dock workers in Durban, South Africa, a reminder of the support Mugabe continues to receive from around the world.

The United States is going to have to continue to work in the U.N. and with the African Union to immediately call for Robert Mugabe to step down and to push for a number of practical solutions for the crisis in Zimbabwe.

First is an international arms embargo and stricter sanctions. Although our backed resolution in the United Nations last Friday failed, we must continue to work on an international framework to impose sanctions on international arms, travel, and an asset embargo. We have to get Mugabe

to understand that his totalitarian, dictatorial ways have to change.

Then we need to press for any new power sharing arrangement. Any new mediation must secure agreement with the opposition, with Tsvangirai in the lead, and provide support in setting up new institutions. We can assist the transitional government by helping to provide a framework for future elections and reforms.

We need to help them economically. The African Union, led by Zimbabwe's largest trading partners, including South Africa, Zambia, Congo, and Botswana, should put together a package of aid and reconstruction funding to help the ravaged people of Zimbabwe stand on their feet. The United States and Europe can play a leading role in backing that effort with the support that we are so generously quick to offer.

The situation in Zimbabwe is dire, and the United States must take the lead in rebuking Robert Mugabe in calling for a new dawn for Zimbabwe.

It is a time in which when you see the success, the beginnings of political stability, the beginnings of economic blossoming in countries such as Kenya and Tanzania and Uganda and Rwanda, we know the same thing can be done in a place such as Zimbabwe.

Just think, in those last two countries I mentioned, Uganda and Rwanda, look from where they have come. It was not too many years ago that there was a brutal dictator named Idi Amin. A lot of people have seen the movie "The Last King of Scotland," which tells about the brutality of that regime. But as soon as Idi Amin was gone, the former President came in again and became almost as bad, Obote. It wasn't until another strong man, a general named Museveni, came on that he has brought stability for the last couple of decades.

Look at the country immediately to the south of Uganda. Look at Rwanda. Look at what has happened to Rwanda, a country, just 14 years ago, in 1994, because there was the hatred between the two tribes, the Hutus and the Tutsis—the Hutus were in charge of the government. They allowed the militias, the gangs, the thugs to reign and use as an excuse the downing of the President's airplane, and they unleashed a reign of terror that was nothing short of mass slaughter, genocide, of which, unbelievably, within 100 days, 1 million people were slaughtered and hacked to death by machetes. That was 14 years ago.

The general who took over and is now the President of Rwanda, the opposite tribe, a Tutsi, said: We are not going the same way. We are not going to take revenge.

You can imagine when his army came in and invaded the capital city of Rwanda and they saw bodies strewn all over the streets rotting, corpses that dogs were eating the flesh, and when his soldiers found out that their entire families had been wiped out, hacked to death with machetes, you can imagine

the problem of discipline that general, now the new President of Rwanda, had in trying to exert discipline.

The President told me in our meeting that was a very difficult time because a soldier would go to his home and find his entire family slaughtered, and he felt that he would have to take the revenge into his own hands, despite the order that the general had given him. The general, the new President, then would have that soldier arrested, even though you can understand the feeling of outrage of seeing 50 members of his family slaughtered.

The President told me also the story about the notes that he would get from members of his army that said: Mr. President, it is not going to please you because you have given orders to the contrary, but I could not stand by and see these people who have slaughtered my family get away with it. And then that soldier would take the revenge and that soldier would then turn the gun on his own self and commit suicide.

But the general's orders took hold. He established a government. It was a government where they would go through under Rwandan law and try those people. They would try to bring about reconciliation. And 14 years later, after 1 million people were slaughtered in a 100-day period, Rwanda is on its way back with some stability, some economic promise, and some economic progress.

This is what can happen in Africa, and this is what needs to happen in Zimbabwe. Soon there are going to be elections in South Africa bringing in a new President. If present President Mbeki will not move, since they are the biggest influence on Zimbabwe because of their trade relationship, if he will not move, then there is another election in South Africa that will elect a new leader, and maybe that new leader will move to bring sanctions on Zimbabwe so that, once again, the promise of Africa will become realized, as so many countries in Africa today are realizing.

Madam President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. STABENOW). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. WHITEHOUSE). Without objection, it is so ordered.

Mr. KYL. I ask I be allowed to speak in morning business for 30 minutes.

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

Mr. KYL. Mr. President, I want to speak about the bill which we had hoped to have taken up by now, the PEPFAR Reauthorization Act. Because of some procedural questions, we are not on the bill right now, but I thought I would utilize this time to make some remarks about the bill which I hope we

will be able to begin dealing with in the not too distant future.

This bill is called PEPFAR, as I said, but that stands for the President's Emergency Plan for AIDS Relief. It is a program that President Bush brought to the Congress in 2003 and was enacted. It authorized \$15 billion over a 5-year period for the purpose primarily of supporting the treatment of AIDS in Africa and elsewhere.

Between 2004 and 2008, according to the Bush administration, PEPFAR has supported a cure for about 10 million people infected by HIV/AIDS, including children orphaned by AIDS. It prevented 7 million new HIV infections. It supported efforts to provide support to another 2 million HIV-infected people.

As a result, I think when the President indicated in his State of the Union speech that he wanted to reauthorize the program, most of us in the Congress, in the House and in the Senate, were supportive of that. I supported the initial legislation and fully intended to support the reauthorization.

There is one little catch. When the President made his announcement, he offered to double the amount of the authorization from \$15 billion to \$30 billion. I swallowed rather hard because doubling the amount is a big change in the amount of money available, but I assumed I would be able to support the reauthorization of the bill. However, when the bill was written in the House of Representatives and then sent over to the Senate, two things happened. First, one of the things that made the legislation effective in the first place was that we had several conditions attached to it as to how the money would be spent. We were very careful to ensure that the money was spent appropriately. That is one of the reasons it has been effective.

And, secondly, when the bill was written in the House of Representatives, lo and behold, it was not doubled from \$15 to \$30 billion, it was more than tripled to \$50 billion.

Now, there was not anything magical about \$50 billion; it seemed like a nice, round, symbolic number. As a result, several of us at that point said: Wait a minute. That is a lot of money. In Washington when a program doubles, that is something. When it more than triples, it bears some looking into.

Because of many of the problems with the substance of the bill, as well as this tripling of the amount from \$15 to \$50 billion, several of us began to take a harder look at it. Then, as the gas crisis hit, the housing crisis hit, and we find that more and more Americans are feeling the real pinch of a downturn in our economy, the question began to solidify: Should America be committing to spend \$50 billion on this program, which at \$15 billion was quite successful, without at least considering whether we can reduce the amount and certainly taking a look at the substantive provisions of it to see if it can get back to the original purpose rather

than some of the expanded purposes under the House bill.

That is why several of us said, when the bill came through the Senate Foreign Relations Committee: We object to simply passing the bill out of the Senate without any opportunity to amend it, certainly without any opportunity to reduce the amount of it and without an opportunity to fix it. I know some of us were criticized. But I would hope that when we talk about some of the changes that have already been agreed to, those who were critical of us who said: No, we are not going to automatically pass it, would at least acknowledge there have been numerous improvements in the bill because of the negotiation process which ensued.

I wish to particularly thank Senators COBURN, BURR, and ENZI for working on several provisions of the bill and, frankly, restoring the original purpose of PEPFAR in the process. They did a good job. Let me note two or three of the areas with which I think they did a good job. One key to PEPFAR working in the first place was that at least 55 percent of the funding had to go directly to the treatment of AIDS patients. That was a good thing. Once the House said: No, we can spend this money on other things, too, you could see the same kind of problems with some other foreign aid bills, where money is going to governments or NGOs and you never see it again.

As a result, what Senators COBURN, BURR, and ENZI did was say: Look, we need to get back to the proposition that at least half the bilateral AIDS funding is spent on treatment, for treatment for HIV/AIDS. That, in fact, was agreed to. But I would note, again, that the original House and Senate bills proposed simply eliminating that treatment floor.

Another thing they negotiated was to strengthen the protection of funding for abstinence and fidelity programs, clarifying that 50 percent of any funding had to go to those kinds of programs. I would note, again, that the original House and Senate bills eliminated the requirement in the previous law that a third of the prevention funds would go to abstinence education.

Another thing that they did to make the bill better was to protect faith-based groups and others from discrimination in all funding. Again, the House and Senate bills had very weak conscience clauses, so-called conscience clause provisions. This was, again, an improvement of the bill which would not have occurred if we had simply agreed to the unanimous consent that we pass the bill that had been posed earlier and that some of us had objected to.

To some extent, it strengthens the Global Fund transparency and accountability. This is an area that needs additional strengthening. But there is a part of this bill that is not the bilateral U.S. money, it goes into this big Global Fund. And the Global Fund is

not well monitored. It is very possible for our funding to be wasted as a part of that.

Again, there was nothing in the original House and Senate bills on this and they at least got some strengthening of the Global Fund transparency and accountability provisions.

Another provision was to protect AIDS patients from substandard medicine, which again was not in the original language. There were other things. My point is that when those of us objected originally to passing the bill as it came out of the House, we were criticized: Well, this is a perfect bill, we were told. It turns out it was not so perfect after all.

That is point No. 1. Point No. 2, there are some additional things which should be done to the substance of the bill. Point No. 3 deals with the amount of money that is being spent.

Here are some of the remaining areas that are problematic: The bill would not prohibit funding for countries such as China, Russia, and India, countries that are quite wealthy, that have their own nuclear weapons and space exploration programs. Russia is awash in petrodollars. China has hundreds of billions of dollars in its foreign currency reserve, has an exploding military budget, and so on. So, certainly, we ought to limit the funding of the bill to countries that actually need the money.

Secondly, it adds a variety of lower priority programs to spend the extra money above the \$15 billion, including—well, I am not going to mention all of these, but educating males about the dangers of visiting prostitutes. That is a fine thing, but is that a priority that we need to spend this money on? Addressing the inheritance rights of women and orphans. There is money in here for legal aid and the like, legal aid services.

There is mission creep in the new legislation. It calls for PEPFAR dollars to support nutrition programs, drinking water and sanitation and income-generation activities and livelihood activities—legal services, as I said.

All of these might be fine, but this is not the PEPFAR program, this is foreign aid. There are not any kind of constraints on this mission creep that ought to be in existence if we are going to authorize this kind of money for it.

The bill diverts funding from AIDS treatment for other purposes. I mentioned legal services and substance abuse and so on. It doubles the funding for the U.N.-affiliated Global Fund, which disregards U.S. policies on positions such as abortion and needle exchange and has been linked to funding for corrupt and criminal regimes.

It strikes current law regarding the inadmissibility into the United States of HIV-positive aliens. It calls for a strategy and objective over the next 5 years with these funds to train and hire 140,000 new nurses and other health care professionals in these countries.

This at a time when the United States is drastically in need of health

care professionals and nurses. We are wealthy and can afford to be a very generous country, but we also have needs in this country. I mentioned the water development projects and so on. I happen to be familiar, and Senator THUNE has offered an amendment on this, with the needs in the United States of America for water development in our Native American communities, on Indian reservations.

There is a study out right now that demonstrates the need that many, thousands of our Native Americans have to rely on water being hauled to their communities, which they then take to their individual hogans or residences. We need water development right here in the United States for American citizens, and I might add to whom we have a trust responsibility, at least as a priority before we send money abroad for folks who do not fall into that same category.

The final point I wished to make is that this legislation, at \$50 billion of authorization, is more than we can afford. The Congressional Budget Office, in fact, says that if it is authorized at \$50 billion, we cannot efficaciously spend more than about \$34 billion. In other words, it is very hard to spend that much money, at least to do so without a lot of waste, fraud, and abuse.

As a result, even the Congressional Budget Office, the nonpartisan entity that we ask for advice on such things, said we could not spend more than \$34 billion in that event. As I said, \$50 billion is the amount of the authorization here.

To put it in perspective, what is \$50 billion? What could we spend \$50 billion on? We passed a new GI bill. It could pay for the GI bill twice. It could pay for the Apollo Program to land a man on the Moon twice. It could pay for about half the entire interstate defense highway system. It could pay the pensions of our military veterans for over a year. Now, \$50 billion is a lot of money. As I said, I do not know of anybody who would not be willing, especially if we are able to clean up some of the other language in the bill, to authorize it at \$15 billion, maybe to even double it to \$30 billion, but \$50 billion?

I note President Bush has, at least in more recent months, begun to focus on the wasteful Washington spending, the programs he believes spend too much money, and to put some fiscal discipline on the Congress. In fact, since the Democratic Party takeover of the Congress, the President has threatened to veto more than 25 authorization and appropriations bills. This amounts to about \$188 billion in spending because of his view that this is excessive beyond what the American taxpayer can be burdened with.

I will note a couple of those. But it illustrates where the President has been willing to say: I am going to veto a bill. That is his ultimate authority here. In the case of the Labor-HHS 2008 Appropriations Act, the President

would have vetoed the bill by exceeding his request by \$9 billion. Now, this is \$35 billion more than the previous funding, \$20 billion more than the President announced in his State of the Union speech that he would be willing to reauthorize the bill at.

He would have vetoed \$2.3 billion beyond the budget in the Commerce State and Justice Appropriations Act in 2008; \$2.2 billion in the Department of Homeland Security Appropriations Act.

Then, for some authorizations—because this is an authorization, not an appropriation—the Water Quality Financing Act, H.R. 720, which authorizes Federal spending for State clean water revolving funds, that bill would have been vetoed for providing \$14 billion in excess above the current \$5.6 billion authorization.

I know many of my colleagues have said a \$50 billion authorization for PEPFAR is not a big deal because it is only an authorization, not an appropriation. But that certainly was not the position of the administration when it threatened to veto this bill that was over \$14 billion more than what the President wanted, or H.R. 1495, the Water Resources Development Act, which authorized water infrastructure projects. That bill was vetoed for going about \$7 billion over what the President had authorized or had budgeted.

So it is kind of difficult to understand how the administration or my colleagues can support more than tripling a foreign aid program by spending \$50 billion on PEPFAR when the administration was so keen, and I believe correctly so, to finally put the stake down in the ground and say: I am going to veto legislation that is \$2 billion or \$3 billion or \$7 billion over what it should be, including authorizations.

As I said before, we are very wealthy and therefore should be and can be a very generous country. But we also have to establish our priorities. Changing this legislation and tripling the money is not necessarily going to make it triply effective. In fact, if anything, as I said, I think it is going to make it less effective.

I make this point: We have now an American economy which is struggling and American families who are struggling with their budgets. They do not need additional liabilities, either in terms of taxes or more debt, which they and their children and grandchildren are going to have to pay. Someone has to pay for the \$50 billion. I do not know where the money is going to come from. Are we going to take it from other spending? Not likely. Are we going to increase taxes to pay for it? Quite conceivably. Or are we going to add it to the deficit? That is the only other choice.

So \$50 billion does not grow on trees. It is very easy to be generous with other people's money. But we are talking about the taxpayers' money. I think, when we are taking about tax-

payer money, we need to be good stewards of it. More than tripling a program to get it up to \$50 billion in foreign aid is more than I think most Americans—if you put the question to them and said: Is this what you want to do with \$50 billion of your money, I would bet you the vast majority of Americans would say: Look, we are willing to be generous, provide something for that program but not \$50 billion.

That brings me to my final point. In prioritizing, and that is what Congress needs to do, prioritizing what we spend our money on, we have to look at our domestic needs as well. I have supported some increases in funding for years on programs that I think are very important. The answer has always been: Well, there is not enough money. We would love to help you out, Senator KYL, but there is not enough money. OK. Now we have gone from \$15 billion to \$50 billion that we are ready to spend on PEPFAR.

So, clearly, the majority around here has decided, along with the administration, that we can afford to spend \$50 billion on something. My approach would be to say: OK, if we have decided we can afford to spend \$50 billion, why don't we only spend part of that on PEPFAR, and why don't we spend part of it on America for what we know are top priorities?

We have already decided we can afford to spend \$50 billion. How about some priority for American spending as well? I can think of a lot of things that almost all of us would agree upon as good projects for spending some of this money.

I mentioned before the fact that the U.S. Government has a trust responsibility to Native Americans in this country. We have an obligation to help them pay for what is important to them. Health care. We passed an Indian health care bill. So I asked: Are there additional health care needs? Well, mostly they were taken care of thanks to Senators MURKOWSKI and DORGAN in the Indian health bill, which I was happy to support.

There are two other needs on Indian reservations that are drastic, emergencies, and an embarrassment in that we in the Congress are not able to meet these requirements for the Native American population. Yet we are willing to spend \$50 billion on this foreign aid program. This trust responsibility includes public safety and drinking water. There are Federal Government reports that identify needs in both of these areas. As a result, Senator THUNE and I have an amendment which would designate \$2 billion—\$1 billion for public safety, \$1 billion for drinking water—for Indians on reservations. Is that too much to ask, out of \$50 billion, that we take \$2 billion and authorize programs for public safety and water development on Indian reservations? To me, this would be a better prioritization of funding.

I mentioned reports. There is a 2004 report by the Department of Interior

inspector general. Here is what it says in part: That some Indian detention facilities were egregiously unsafe, unsanitary, and a hazard to both inmates and staff. BIA's detention program is riddled with problems and is a national disgrace. A recent 2008 Department of Interior study, called the Shubnum report, confirms that tribal jails are still grossly inefficient and says:

[O]nly half of the offenders are being incarcerated who should be incarcerated, the remaining are released through a variety of informal practices due to severe overcrowding in existing detention facilities.

Life and safety of officers and inmates are at risk for lack of adequate Justice Facilities and programs in Indian Country.

It goes on to recommend that we construct or rehabilitate 263 detention facilities at a cost of about \$8.4 billion over the next 10 years. So there is a need identified for American citizens.

What the Thune-Kyl amendment asks is that we take a billion out of PEPFAR and apply it to this \$8.4 billion need. I have personally visited detention facilities in Arizona. I have witnessed firsthand their deplorable conditions. The Navajo Nation, to mention one, in New Mexico, Utah, and Arizona is about the size of the State of West Virginia. It has a population of more than 180,000 people. In fact, it is over 200,000, if you count all of them. Yet a number of its detention facilities have been closed for health and safety reasons. It has bed space—this place, the size of West Virginia—for 59 inmates. That is to serve a total of over 50,000 inmates booked in its facilities in 2007. I think everyone would agree this is a deplorable state of affairs. This represents only a fraction of its needs.

There is much more we can discuss. When people are released, it is impossible to protect the people of the community.

Let me briefly turn to water. The managers' amendment to S. 2731 includes assistance to foreign countries for safe drinking water and adequate sanitation. This is supposed to be an AIDS bill. Why are we providing drinking water facilities abroad? I concede that they are a good thing to do, and there is a need for them, but when there is a very big crisis in our country, primarily involving people to whom we have a trust responsibility, why aren't we prioritizing funding for those projects?

According to the Indian Health Service, safe and adequate water supplies and waste disposal facilities are lacking in approximately 11 percent of American Indian and Alaska Native homes compared to 1 percent for the U.S. general population. In some areas of Indian country the figure is as high as 35 percent. In Arizona, the Navajo Nation estimates that approximately 30 percent of the households on the reservation do not have direct access to a public water system and are forced to haul water long distances to provide drinking water. I have seen it. They

have water trucks, and they fill them at some central location. They come to another central location. People drive up in their pickup trucks and fill their gallon jugs and barrels, take them back to their hogans, and so on. That is in the United States today. If we have decided that we can afford to spend \$50 billion on something, starting with a \$15 billion AIDS program, then why not double that to \$30 billion, as the President originally proposed, and spend some of the rest of the money on American requirements?

This lack of a reliable potable water supply in Indian country results in a high incidence of disease and infection as a result of waterborne contaminants. IHS estimates that for every dollar it spends on safe drinking water and sewage systems, it achieves a twentyfold return in terms of health benefits. The cost to provide American Indians and Alaska Natives with safe drinking water and adequate sewage is estimated to be over \$2.3 billion. Delivering water to the people within the tribe would be several billion on top of that.

These are priorities in the United States. I wouldn't be raising it except for the fact that there seems to be an assumption that we can afford to spend \$50 billion. My point is, if we can afford to spend \$50 billion, let's at least take a little bit of that money and spend it on Americans.

In conclusion, I supported PEPFAR when it was authorized 5 years ago. Because of its success, I would vote to extend the original funding policy for another 5 years. I would even consider the doubling which the President had asked for in his State of the Union speech. For the United States to have the resources to continue funding U.S. Government responsibilities both to our citizens and to be generous with others around the globe, we need a strong economy that creates wealth. I can think of a lot of things we could do with part of this \$50 billion to improve our economy so that we will be better able to help others in the future. I have discussed some of them. I will continue to work to improve this bill. It will take some time in this body, but I think it is worth moving forward.

I hope we will be able to move forward on the 10 amendments we have agreed to. I won't describe all of the amendments. They have been described. One of them I have mentioned Senator THUNE and I will offer. I hope we will have a process by which we consider these things; that my colleagues will be open to their adoption, and at the end of the day, when we do pass a PEPFAR bill, it will be a bill we can all be proud of that will meet the purposes of the original legislation, that will not waste American taxpayer dollars, and that will prioritize American needs as well as those with respect to foreign aid programs.

I yield the floor.

The PRESIDING OFFICER. The assistant majority leader.

Mr. DURBIN. Mr. President, I would like to respond to the Senator from Arizona. I don't quarrel with his premise that we need to spend a lot more money when it comes to Native Americans. Senator BYRON DORGAN tried valiantly for months to bring Indian health care to the floor. He ran into a lot of obstacles. I think all of us believe when it comes to Native Americans, there is a lot more we need to do. But it strikes me as fundamentally unfair to argue that money should be taken from fighting a global epidemic of HIV/AIDS, the problem of tuberculosis and malaria, and divert that money and put it into help for Native Americans.

Has America reached that point? Is that what the choices have come to, that we cannot join the world in trying to stop this global AIDS epidemic to the extent we know is necessary?

If there is anyone who believes that the \$50 billion over 5 years suggested in this bill is adequate to the challenge, they haven't sat down to take an honest look. This is indeed a global epidemic. There are parts of this bill that have been criticized by some. I would like to address one of them. It is the argument that somehow we have gone adrift. We are no longer talking about prevention and medication, but we are talking about unrelated elements. One criticism is that this bill addresses the global AIDS epidemic in terms of food and water. I can tell you point blank that the best medicine in the world is no help to a person who is suffering from malnutrition or a person whose water supply is contaminated, making them sick when they take the expensive drugs.

I have seen it in Africa, where people receiving the antiretroviral medications are wasting away because of malnutrition. We can't save their lives from starvation simply by stopping the onset of HIV infection. So we need, if we are going to do this honestly, to take a serious and comprehensive look at the challenge.

This is a rarity in a way, that the Members on the Democratic side and the overwhelming majority on the Republican side are of one mind. We support the President. The President was right when he initiated the PEPFAR Program to deal with global AIDS and the global fight to address those countries that are not part of PEPFAR. But we need to come together now and try to pass this bill for the President and, more importantly, for those who are the victims of this global epidemic.

I will be the first in line when Senator KYL offers his amendment to help those Native Americans who are being shortchanged and deprived because of our inadequate funding. But at the risk of being slightly political for a moment, were we not fighting a war in Iraq that costs \$10 billion to \$15 billion a month, there would be a lot more to spend in America. That war, which is now in its sixth year, with no end in sight, has drained our Treasury of over

\$700 billion that could have been spent for curing diseases, dealing with Native Americans in the United States, expanding education, expanding health care and clinics in our own country, more medical research. Instead, we have been shoveling this money as fast as we can out of our Treasury into Iraq and making it part of our permanent national deficit. That is the reality of what we face.

It is hard to imagine that Iraq, an oil-rich country, one of the richest in the world with oil, is still waiting on U.S. taxpayers to spend more money to help them out of the current problems they face. It is time for the Iraqis to step up and defend their own country, govern their own country, and spend their own money on their own problems.

After almost 6 years, it is overdue. If they do that, there would be a lot more money in the United States for our priorities. A strong America begins at home. It begins by bringing this war to an end, bringing our combat troops home.

When we have suggestions from the Iraqis that it is time for America to leave, I think we ought to take them. We ought to start bringing our brave men and women, who have risked their lives, home to the hero's welcome they deserve. Waiting for another 10, 20, 50, or 100 years, as some have suggested, is ludicrous. The United States cannot afford it, and it is no favor to Iraq to create that kind of long-term dependency.

I sincerely hope we can resolve this. I hope we can pass the President's bill. I support it. I hope there is adequate bipartisan support. Then when Senator KYL and others come forward and ask us to find money to help Native Americans, they can count on many of us on the Democratic side.

Mr. KYL. Will the assistant minority leader yield for one quick point?

Mr. DURBIN. Of course.

Mr. KYL. Having mentioned my name and alluded to the fact that we had a hard time getting the Indian health bill to the floor, I hope my colleague would acknowledge the fact that one of the people central in getting that bill to the floor and getting it passed was the Senator from Arizona. It was because of my strong commitment to get that done. I will work with anybody, not only to deal with the Indian health matter but also local law enforcement and the water development problems that we talked about with Native Americans. I know my colleague understands that is my position.

Mr. DURBIN. There is no question of the Senator's sincerity. Senator DORGAN tried to lead the fight on this side, and Senator KYL was a great help in that regard. Let the record be clear. If there is to be future help for Indian Health Services and other Native American needs, I am certain the Senator from Arizona will be part of that effort.

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

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

Mr. COBURN. Mr. President, I ask unanimous consent that I be allowed to speak in morning business for approximately 10 to 12 minutes.

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

Mr. COBURN. Mr. President, I have supporting material related to PEPFAR that I will ask to be printed in the RECORD, which I will deliver to the desk.

PEPFAR's unique contribution has been treatment. By any measure, PEPFAR has been a success. We have helped almost 2 million people with AIDS live longer. We have prevented millions of new infections. We have cared for millions of people more. And we have prevented hundreds of thousands of babies—newborn children—who were born to infected moms from being infected with the HIV virus.

PEPFAR was different from all our previous efforts precisely because we treated it like a disease rather than a development problem. We ran it like a medical program and not a foreign aid poverty program. Rather than funding the usual beltway contractors who like to write reports, give advice, and convene meetings, we put pills in the hands of doctors, nurses, and a legion of community-based health care workers riding out to the bush on mopeds with medicine in their backpacks. We treated people with HIV like patients we can save instead of victims. And we told them the truth about where HIV comes from.

If you go to Nairobi or Soweto or Kampala and ask people what PEPFAR is about, they will tell you it is about treatment. Have we spent billions on prevention? Yes. But ask anyone in Africa what PEPFAR is, and they will say: It is about HIV and AIDS treatment. It was AIDS treatment that was the innovation of PEPFAR. We had been funding prevention messages long before we had PEPFAR, although certainly not to the extent as we did after PEPFAR started. But what was new, what was miraculous, what rocked Africa, was the medical treatment.

And it has worked. It was not easy. With a tiny staff, the AIDS coordinator achieved the impossible—what many had said could not be done—bringing high-tech medical innovation to the lowest tech settings on Earth. It is still just as hard today as it was then, especially as we start in new countries.

The path of least resistance is always the status quo: contractors and “social marketing” and reports and “technical assistance” and “capacity building” and meetings. Without statutory mandates, that path will always look more appealing to people who have been asked to do the impossible. That is why PEPFAR reauthorization could not re-

treat on its mandated treatment priority.

Take it out of the law, and despite all the rhetoric and good intentions, it will always be easier to fund something else. Maybe treatment would not have been eliminated, but it would have taken a back street, maybe by small cuts, by not building new clinics in the harder places, by letting the shortage of doctors become an excuse to not get creative. The commitment to treatment would have eroded over time, and before we knew it, PEPFAR would have become just another failing foreign aid program like so many others.

It does not matter what people say their intentions are, because people come and go and promises are hard to keep. What matters is what the law requires, and so it is encouraging to be able to assure the American people today that PEPFAR's unique innovation—cutting-edge HIV/AIDS medical care—has been preserved in this bill.

For that, there are a lot of people to thank, starting first with the President and his staff, who first reached out to try to broker this critical compromise. Of course, the bill managers, Chairman BIDEN and Senator LUGAR, and their staff were patient, constructive, and deserve all the thanks in the world. They were quick, thorough, honest, and at all times operated in good faith. Senators ENZI and BURR and their staff were incredible to work with, and their commitment to this cause is commendable.

The compromise language has a number of critical features that make it worthy of passage.

First and most important, the compromise restores the critical focus of PEPFAR on medical treatment. The House bill eliminated the provision in current law that required that 55 percent of all funding go to “therapeutic medical care” of people with HIV. The managers' substitute preserves this focus by requiring that “more than half” of the money goes to that medical care. This time, the law will also clarify what was meant by “therapeutic medical care,” so that there is no longer any confusion that this treatment money can be spent on ARV—antiretroviral—treatment, care for opportunistic infections, and medical monitoring of folks who do not yet need antiretroviral therapy.

Prioritizing treatment is not a radical policy. It is the same policy we have right here in the United States. In this country, this year, we are spending 63 percent of all domestic AIDS funding on treatment and 14 percent on prevention. Prevention is cheap, so you can still make prevention a big priority without spending nearly the money necessary for treatment.

The substitute also restores an ambitious target linked to funding. The original law had the 55-percent allocation, but it also had an ambitious target of treating 2 million people with antiretroviral drugs. The House-passed reauthorization only targeted 3 million

people on treatment—a pretty underwhelming figure that meant adding only 1 million people on PEPFAR treatment rolls. That 1 million would have been a 50-percent increase in results, while funding was more than tripling in the bill.

Some have argued that this funding includes a lot of other things besides AIDS and so you cannot make that comparison. That is just not true. The original bill included malaria, it included TB, and it included the Global Fund. So it is an apples-to-apples comparison to say that the funding for AIDS, TB, malaria, and the Global Fund was \$15 billion the first time this bill was authorized and that then, in this bill, \$50 billion is authorized for those same things at this time.

That is a tremendous amount of money, and the targets for what we expect to achieve with that money must go up at the same rate the funding goes up. The compromise language appropriately links the target number to appropriations. As the funding goes up from the current funding level, the treatment target has to go up by the same percentage above the current goal of 2 million people. That means that if all the money authorized in this bill is appropriated, the number of people treated will exceed more than 5 million. Those extra millions of lives saved are a major accomplishment of the Senate bill. Those are lives. Those are individuals who would otherwise succumb to HIV.

However, the formula does not end there. Treatment costs per patient right now are fairly high—anywhere from \$800 to \$1,000 per patient. Some drugs are as low as \$80 or at most around \$200 per person, so we are talking 80 percent of the treatment costs that are not being spent on direct medical care now. That 80 percent represents overhead and infrastructure which should be reduced over time as the efficiencies are built in and clinics are expanded.

To account for that, the compromise language also requires that the target number for treatment increases by the same percent that cost-per-patient decreases over time. This ensures that the cost savings are reinvested right back into treatment rather than diverted to other activities.

Another key element of the compromise is the protection of PEPFAR patients from substandard medicines. From the earliest days of PEPFAR, there were some calling for the United States to buy cheap, copycat drugs for PEPFAR patients, including drugs that were not approved by the FDA or any other rigorous regulatory body of any country. These are drugs we would never treat our domestic patients with here in the United States. This is no abstract threat. Today, under the Orwellian named “quality assurance” process at the Global Fund, American dollars may be used to purchase drugs that have met no standard except that they have been put on an application for a WHO prequalification.

When this conflict arose shortly after PEPFAR was first authorized, the President rightly insisted that we would not treat the African AIDS patients like lab rats or guinea pigs. We would treat them with the same standards we treat American patients: They would only receive drugs with FDA approval or equivalent. To help expedite the approval of some international products that were likely safe and effective but had not been through the FDA process, the President established an emergency review process to speed up approval while still ensuring that PEPFAR patients get the same standard of care we expect for our domestic patients. Since then, others have generally agreed that all appropriate safe and effective drugs make it through this new process with proper and direct speed.

In direct contradiction of this more moral approach, the House bill took bilateral PEPFAR programs down the same scary path that the Global Fund has gone. It required that PEPFAR purchase the cheapest drugs available on the world market, without requiring any standard of safety and efficacy. Under such a provision, African patients would have been treated worse than lab rats—receiving drugs that the United States would never use for its patients, never purchase through Medicaid, Medicare, or the Ryan White Care Act.

The bill managers are to be commended for modifying this provision in their substitute to require that drugs purchased by PEPFAR have FDA approval or its equivalent in other developed countries. We can all breathe a little easier as we seek to put 5 million people on ARVs. We want those 5 million people to thrive as long as possible on first-line drugs before they experience a treatment failure. You should not be relegated to unsafe drugs just because you are poor and living in Africa.

There are quite a few other improvements in this substitute bill that the managers and the President helped to broker, but I will not take any more time. Suffice it to say that most of my outstanding concerns have been met through our negotiations, and I am confident that PEPFAR's success in the future is no longer in jeopardy.

PEPFAR was not broken. It did not need fixing. It just needed reauthorization. The managers' substitute does that. I am confident that lives are going to be saved because of the good faith in the bill and of the bill managers and the President and my other colleagues who are associated with it.

Mr. President, I ask unanimous consent to have the supplementary material I referred to printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

FROM GOOD INTENTIONS TO BAD AIDS POLICY:  
THE MORAL HAZARDS OF REDESIGNING  
PEPFAR

(By Daniel Patrick Moynihan)

The President's Emergency Plan for AIDS Relief (PEPFAR) has received praise from across the political spectrum, both for its principles and for its successes in fighting HIV/AIDS in some of the world's poorest countries. Announced by President George W. Bush in the 2003 State of the Union Address, PEPFAR fights HIV/AIDS primarily in countries with generalized epidemics. These countries are mostly, though not exclusively, in Africa.

PEPFAR's successful track record is a result of its focus on three points:

Treating those infected with HIV,  
Preventing new HIV infections, and  
Ensuring, through bilateral programs, that assistance is in accord with U.S. policy.

Bills under consideration in the U.S. House and Senate (H.R. 5501 and S. 2731) represent significant departures from the current law. These bills are hugely expensive, and would take existing U.S. policy off its present, successful course.

Rather than simply reauthorizing PEPFAR, Congress seeks to rewrite it, vastly expanding funding while removing structural guidance that stipulates how it is apportioned. The structure of the original PEPFAR law was essential for keeping it focused on its prevention and treatment objectives. The congressional bills fail to do this. Both more than triple the \$15 billion cost of the original program, yet neither adjusts the targets of the program to reflect this increase. Instead, both propose to spend tens of billions of dollars on projects not directly related to the fight against HIV/AIDS. This proposed spending duplicates existing programs, and diverts resources into social engineering projects at odds with the values of many Americans.

To achieve PEPFAR's goal, policy must continue to be guided by strong requirements that will direct funding toward effective prevention and treatment strategies, rather than a diffuse set of general development goals.

From Good Intentions to Good Policy: The Original Design of PEPFAR. As proposed by President Bush in 2003, PEPFAR was built around three priorities:

Providing medicine to treat those who have HIV/AIDS in those countries where the disease affects the general population,

Funding local programs that aim to prevent new HIV infections, and

Providing palliative care to those suffering from HIV/AIDS, including children orphaned as a result of HIV-infected parents.

To justify its ambitious agenda and \$15 billion price tag, the original law used three structural features to keep the program focused on its priorities: ambitious targets, spending requirements, and an emphasis on bilateral agreements.

The law set ambitious targets for the number of people in its treatment, prevention, and care programs. These goals were so ambitious that they could not be met were the money lost to waste or corruption, or simply diverted to other development activities not directly providing treatment, care, or prevention of HIV/AIDS.

The law also provided strong guidance so that the money would be spent in proportion to the law's priorities. It did this in two distinct but related sections of the law. The first, a "Sense of Congress" resolution, declared that 55 percent of the funds should be spent on medicine and treatment, 10 percent on orphans and children affected by HIV, 20 percent on prevention programs, and 15 percent on palliative care. This gave the Global

AIDS Coordinator some idea how to balance the competing ends of the bill. The next section, which actually allocated the funds, made the first two elements of this non-binding resolution into binding spending requirements. Though it did not make binding that 20 percent be spent on prevention, it did require that one-third of funds spent on prevention be spent on programs that promote abstinence outside of marriage and fidelity within it. By requiring that the money be spent according to these specific percentages, rather than authorizing particular dollar amounts, the law ensured that its priorities would always be implemented in the same proportions, even were Congress later to appropriate funds at amounts different than the law had authorized.

The law required that PEPFAR deliver aid through bilateral arrangements with each of the partner countries, rather than through multilateral organizations. This procedural safeguard gave the U.S. its best opportunity to make sure the funds were spent on its priorities. It was consistent with the President's belief that welfare and aid programs work best when they support civil society, rather than supplant it with an international bureaucracy.

The bills in the House and the Senate undermine these principles. They set goals too low for their budgets, remove most of the spending mandates under the guise of "flexibility," and add radical new agendas on which the unstructured and abundant funds are to be spent.

Funding Should Fit Program Goals. In asking Congress to reauthorize PEPFAR for the next five years, the Bush Administration sought to increase the budget by 100 percent to \$30 billion over five years. However, the President sought to increase its goals by a mere 20 percent to 70 percent (depending on the criterion) over that period. Some Members of Congress have complained that the Administration's goals are too low to justify doubling the funding. They note that the program is on track to meet its original goals of 2 million treated, 7 million infections prevented, and 10 million people in care, while staying close to its original budget of \$15 billion—\$18 billion. Given such a history, the Administration's moderately increased goals should require only moderately increased funding, particularly now that so much early infrastructure has been laid in the focus countries and some efficiencies of scale may be expected.

The Administration defends its lower goals on the grounds that they are realistic given local infrastructure. It also notes that its proposed goals represent a U.S. commitment to treat a number of people equal to the commitment of all other aid-donor nations combined. For the U.S. to treat more would not demand enough of the world community. It also expresses doubts that in 2013 there will be as many people to be treated in the focus countries as some of its critics predict.

If the Administration's request is disproportionate to its goals, the bills in the House and the Senate are even more so. Both bills add an additional \$20 billion to the President's request—more than the entire first five years of the program—while barely changing the Administration's underwhelming new goals. The bills authorize up to \$9 billion to fight other diseases common in Africa (i.e., tuberculosis and malaria), and they authorize billions more in contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. After taking all these into account and after assuming full funding of the bills' priorities, the Congressional Budget Office concluded that the bills would still have at least \$15 billion left over. To date, no one in either chamber has adequately explained what will be done with the "extra" billions.

Congress could improve the fit between PEPFAR's funding and its goals by making the latter more ambitious. For example, Senators Tom Coburn (R-OK), Jon Kyl (R-AZ), Saxby Chambliss (R-GA), and Richard Burr (R-NC) have introduced S. 2749, the Save Lives First Act of 2008. This bill would set PEPFAR's treatment goal at providing HIV/AIDS treatment and pre-treatment medical monitoring to 7 million people, about one-half of them in sub-Saharan Africa—an increase from 3 million in the House and Senate bills. It would also reinstitute the provision in current law allocating at least 55 percent of all PEPFAR funds to treatment. To treat that many people is estimated to cost between \$8.4 billion and \$11.5 billion.

Higher goals require more money, but the draft bills' proposed goals for treatment, prevention, and care are not by themselves high enough to justify even the Administration's \$30 billion price tag. Activities extraneous to the original program are likely to make up the difference. Whether Congress decides to increase PEPFAR's treatment goals along the lines of the Save Lives First Act, or whether it sticks with its current goals, a \$50 billion budget would still include extra billions likely to be spent on purposes irrelevant to PEPFAR.

**"Flexibility" Means Blank Check Worth Billions.** The original PEPFAR law contained binding requirements that 55 percent of all funds be spent on medical treatment, and 10 percent on orphans and vulnerable children. It further required that 33 percent of the prevention funds be spent on abstinence and fidelity programs. The spending restrictions (except for that regarding orphans) have been criticized, both by NGOs that disagree with U.S. priorities, and by bureaucrats who implement the program.

Both the House and the Senate strip out these funding requirements for prevention and treatment. (The Senate bill even strips out most of the nonbinding "Sense of Congress" resolutions of the original law.) The House bill gives the Global AIDS Coordinator complete control over 55 percent of the funding, and the Senate bill writes a blank check for 90 percent of the funds. Beyond this, the bills provide some vague guidance, but not hard requirements, on how money will be spent. The Global AIDS Coordinator is left to prioritize the multiple goals and agendas of the bills.

**New Funds and Radical New Agendas.** The proposed legislation expands the activities eligible for PEPFAR funding well beyond the scope of the original program, offering some clues about how its "extra billions" could be spent. Some of these new agendas are duplicative of other foreign aid programs and are irrelevant to fighting HIV/AIDS. For example, the legislation promotes micro-finance, education, general health care, and food security, among other new programs.

The bills also add a number of radical new agendas that change the focus of PEPFAR, are at odds with the values of many Americans, and trample on the cultural values of the partner countries. For example, the bills before Congress make it U.S. policy to teach safer drug-use techniques to injection drug users, and safer sex techniques to prostitutes, injection drug users, and men who have sex with men (MSM). The original law made no special provisions for outreach to these populations, reflecting the fact that infections among these risk groups are marginal to the generalized epidemic in sub-Saharan Africa, as opposed to the epidemics concentrated among these groups in countries such as Russia and Thailand. Where it did mention them, the original law sought to eradicate prostitution and to encourage injection drug users to stop, recognizing that

public health policy should not enable such high-risk behavior but seek to end it. In a clear policy reversal, the proposed legislation strips out the original commitment to eradicate prostitution, and makes PEPFAR dollars available to activities intended to make illicit drug use "safer." Not coincidentally, it also allows PEPFAR to expand to include more focus countries in Europe and Asia where the epidemics are concentrated among prostitutes and drug users.

The bills would also commit the U.S. to altering the relations between men and women in developing countries to reflect the values of Western gender activists. The bills encourage U.S. intervention on sensitive cultural topics that are not scientifically demonstrated to have direct impacts on rates of HIV/AIDS morbidity or mortality, but very well might offend those whom U.S. policy is designed to help. Whatever merits these provisions might have as aspirations, they were not in the original bill, they would do nothing to stop the AIDS emergency in sub-Saharan Africa, and they would commit the U.S. to agendas that are likely to be unpopular in partner countries.

**Conclusion: Compassionate Aid Is Effective Aid.** The three structural features of the original law—ambitious targets, spending restraints, and an emphasis on bilateral agreements—have helped PEPFAR stay on target. In the process, the U.S. has created a strong precedent for combating HIV/AIDS in poor countries with generalized epidemics. PEPFAR's commitment to abstinence and fidelity programs, which was and is still ridiculed by many activists and others, is now recognized to have a measurable impact on HIV infection rates.

Rather than write a blank check to an unelected bureaucracy, Congress should retain firm control over PEPFAR, which touches on such delicate issues as sex, marriage, and the relations between men and women. Congress should insist that PEPFAR retain its focus on preventing new HIV infections and treating those infected with HIV/AIDS. PEPFAR should not duplicate the efforts of America's other aid programs. Lawmakers should insist that the funds authorized and appropriated for PEPFAR will not support activities irrelevant to fighting HIV/AIDS in countries with generalized epidemics. Congress should authorize funds for PEPFAR at a level appropriate to its central goals. If Congress wishes to fund other activities, it should do so by increasing the budget for other assistance programs rather than diffusing PEPFAR's focus.

America's PEPFAR partners are waiting on congressional reauthorization before setting their own budgets, putting pressure on Congress to move quickly. Hasty passage of the existing House and Senate bills, however, would not allow them to make their plans either, since so many funding decisions would still be left to the discretion of the Global AIDS Coordinator in the next administration, and subject to the annual appropriations process and the lobbying of NGOs. With lives at stake, strategic efficiency and effectiveness are paramount. Ambitious goals, clear spending directives, and a reassertion of successful U.S. policies will maintain the structure and proportion that have leveraged America's generous intentions into a highly effective policy.

#### MYTHS V. FACTS—RE: GLOBAL AIDS LEGISLATION (PEPFAR)

**Myth: "We Can't Treat Our Way Out of This Epidemic."**

**Fact:**

We have to walk and chew gum—we must prevent future infections but we must respond to the desperate and dying TODAY.

Prevention efforts may prevent new infections, and therefore prevent FUTURE treatment need, but prevention efforts do nothing to abate the treatment need in the next 5 years, which is the time period the reauthorization bills address.

Treatment need is determined by numbers infected 5-10 years ago.

This argument is like going into a post-Katrina New Orleans and spending most of the relief funds on building better levees to prevent a future disaster rather than rescuing the people waving frantically on rooftops for help.

Obviously both need to be done, but no one would claim that it was somehow more humane to focus more effort and funding on the future prevention than the immediate humanitarian disaster.

Treatment, is prevention. Treatment prevents new infections several ways:

It requires dramatic scale-up of diagnostic screening—meaning we will identify most infected people.

It will give us the opportunity to do education and prevention messaging with the people who are transmitting HIV rather than wasting money on mass media campaigns targeting mostly uninfected people. Nobody ever got HIV from someone who wasn't infected with HIV.

It identifies pregnant women with HIV so that their babies can be saved from infection.

It lowers viral load. There are quite a few studies out now showing that reduced viral load dramatically reduces the transmission of the virus.

**Myth: Flexibility—"Earmarks" or "Allocations" dictating how much money has to be spent on a certain activity are too inflexible and don't allow countries to respond to their needs appropriately.**

**Fact:**

The allocations are not country-specific, they apply to the whole pot of money. If one country needs to spend less money on treatment, there are other countries where treatment is particularly expensive and can use the extra.

Other donors such as the Global Fund can come in and fund other priorities for the country—the American people are committed to treatment being the priority for PEPFAR.

Public health has taught us how to control infectious disease and it doesn't require flexibility. It requires a formula—find every case, treat every case, work with every case to find other cases and prevent transmission to new cases. This doesn't change no matter what the circumstances on the ground are.

This argument is disingenuous—the other side only wants to eliminate the allocations that take money away from beltway contractors—those for treatment and abstinence, because those contractors don't do treatment or abstinence. The other allocations have been left in the bill, and in fact, new ones added in the House version. You can't simultaneously criticize allocations but add in new ones.

**Myth: Drug prices have gone down so we don't need to reserve as much for treatment costs anymore to meet our treatment targets.**

**Fact:**

If it's now cheaper than expected to meet targets, then we should raise our targets to save and treat more people. We only are treating a small fraction of people in need of treatment in the developing world.

**Myth: Eliminating baby AIDS is unrealistic.**

**Fact:**

Dramatic gains are seen when universal testing of pregnant women and newborns is provided and appropriate prophylaxis of infections that are identified through that testing.

In states in the U.S. that have adopted this standard of care, new cases have been virtually eliminated.

In Botswana, a country that used to have HIV infection rates as high as 50% of child-bearing-aged women, they instituted these policies. Now 92% of pregnant women are being tested, and the drop in HIV+ mothers delivering infected babies dropped from 35% to 4% from 2004–2007, with 13,000 HIV-infected moms being identified annually.

A recent study, the largest to date, just came out with findings that 99 percent of babies were born uninfected if an infected mother was diagnosed and proper treatment was administered.

However, a World Health Organization report found that access to AIDS drugs is severely limited in developing countries, with fewer than 10 percent of pregnant women with HIV in those countries having access to medication.

As a result, about 1,800 babies become infected with HIV each day. Prevention of mother-to-child-transmission (PMTCT) is cheap per life saved: Estimated cost of PMTCT drugs to support treatment of (1) mother/child pair is US\$167 (generics) and US\$318 (branded).

We haven't even come close to meeting the need in PEPFAR focus countries.

Estimated 1.15 million pregnant women with HIV/AIDS living in PEPFAR countries.

In 2006 PEPFAR proved ARV Prophylaxis to only 294,000 (25.5%).

And now PEPFAR is expanding beyond the focus countries to other countries—the need just will keep growing:

Estimated 2.1 million pregnant women estimated to be living with HIV/AIDS in developing countries (1.7 million in sub-Saharan Africa –85%).

Of the estimated 2.3 million (1.7–3.5 million) children under the age of 15 years living with HIV, well over 90% are thought to have become infected through mother-to-child transmission.

Mr. COBURN. Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader is recognized.

#### ORDER OF PROCEDURE

Mr. REID. Mr. President, I ask unanimous consent that during the pendency of the PEPFAR matter, there be no motions to proceed in order.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### ORDER OF BUSINESS

Mr. REID. Mr. President, in this body, both sides need to exercise good faith. I appreciate very much what the distinguished Republican leader has been able to work out in the last couple hours. We are going to do our very best. This is a very difficult time we find ourselves in in our country. We have housing matters for which I have had three calls today from the Secretary of the Treasury, and he does not call me very often. It is a very serious situation we have with housing. We are trying to get the House to do what we think is right for this country. We know the energy issue is right for our trying to do something.

So, Mr. President, I am going to do my very best. I have expressed to the

distinguished Republican leader, unless there is something I do not understand that comes up untoward, we are going to have all those 10 amendments debated and voted upon. And I indicated to the Republican leader that there will be no cloture filed unless he thinks it is appropriate. And if he does not want his fingerprints on it, I will do it on my own, but he will be closely advised of anything we do in that regard.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, let me just say to the majority leader, this is a good way to go forward. This consent agreement was rather painfully achieved last week, and I am glad to hear his representation that we will vote on the 10 amendments. I think all of our Members are more than happy to have short time agreements, process the amendments, and move on.

Mr. REID. Mr. President, on behalf of Senators BIDEN and LUGAR, I call up the managers' amendment, which Senator LUGAR was on the floor wanting to do earlier today, but because of issues he was unable to do that. So this is the substitute amendment.

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

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

The PRESIDING OFFICER. The reported committee amendment is withdrawn.

#### AMENDMENT NO. 5075

(Purpose: In the nature of a substitute)

The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID], for Mr. BIDEN, for himself and Mr. LUGAR, proposes an amendment numbered 5075.

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

The PRESIDING OFFICER. Under the previous order, the substitute is agreed to and the bill will be treated as original text for the purpose of further amendment.

The amendment (No. 5075) was agreed to.

Mr. REID. 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. DEMINT. Mr. 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. 5077

Mr. DEMINT. Mr. President, I ask unanimous consent that the pending

amendment be set aside, and I call up amendment No. 5077 for its immediate consideration.

The PRESIDING OFFICER. There is no pending amendment.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. DEMINT] proposes an amendment numbered 5077.

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

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

The amendment is as follows:

(Purpose: To reduce to \$35,000,000,000 the amount authorized to be appropriated to combat HIV/AIDS, tuberculosis, and malaria in developing countries during the next 5 years)

On page 130, line 1, strike "\$50,000,000,000" and insert "\$35,000,000,000".

#### AMENDMENT NO. 5078

Mr. DEMINT. Mr. President, I call up amendment No. 5078 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. DEMINT] proposes an amendment numbered 5078.

Mr. DEMINT. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To limit the countries to which Federal financial assistance may be targeted under this Act)

At the appropriate place, insert the following:

#### SEC. \_\_. FUNDING LIMITATION.

Notwithstanding any other provision of this Act, amounts authorized to be appropriated under this Act may only be targeted toward those countries authorized for funding under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (Public Law 108–25).

#### AMENDMENT NO. 5079 TO AMENDMENT NO. 5078

Mr. DEMINT. Mr. President, I send a second-degree amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. DEMINT] proposes an amendment numbered 5079 to amendment No. 5078:

At the end of the amendment, strike the period and add a comma and the following: "and shall not be made available to such countries, or other countries through the Global Fund to Fight AIDS, Tuberculosis and Malaria, for any organization or program which supports or participates in the management of a program of coercive abortion or involuntary sterilizations."

Mr. DEMINT. Mr. President, I rise today to speak against this foreign aid bill and in favor of a couple of amendments that will restore some integrity to it.

I wish to make it clear that I believe this legislation aims to do something very important. A lot of people are suffering in Africa with AIDS, and the President's Emergency Plan For AIDS Relief—or PEPFAR, as we call it—is designed to provide treatment and prevention assistance to those in need. This is a program I voted for in 2003, and it is something I think every American would consider a worthy cause. But the simple fact is, we cannot afford every worthy cause around the world. Our budget is broken and our Nation is headed toward financial collapse. Yet this bill spends \$50 billion, which is more than a 300-percent increase over the original \$15 billion authorization. None of this money is paid for. Instead, it is all borrowed money. It passes the bill on to our children and grandchildren. This is not generosity; I am afraid it is thievery.

So we have conflicting goals. On one hand, we want to help people suffering in Africa. On the other hand, we want to balance our budget and prevent people from suffering in America. As Ronald Reagan said, "America is a great Nation because America is a good Nation." Americans have always prided themselves on reaching out to people in need, and we should do so. However, if we bankrupt our own country, we will no longer be able to extend a helping hand to others. That is why I am offering an amendment—this first amendment, No. 5077—to reduce the spending in this bill from \$50 billion to \$35 billion. This would still provide a more than 100 percent increase over the original program while maintaining some integrity to our budget process.

The Senator from Kentucky, Mr. BUNNING, has an amendment that would reauthorize the program at current levels with no increase in spending. That is something I support because at a time when we need to be dramatically reducing the size and scope of government, just keeping the program at its current spending levels is generous.

My amendment would allow for the program to actually grow from \$15 billion to \$35 billion. This is still way too much money, in my opinion, but it would save American taxpayers \$15 billion over the next 5 years, which is no small amount of money. Besides saving Americans money, this amendment would not actually take a thing away from people in Africa who benefit from this program.

The fact is, this foreign aid program cannot spend \$50 billion on its intended purposes. According to the Congressional Budget Office, PEPFAR can only spend \$35 billion over the next 5 years to meet the needs of those who are suffering. Our aid workers in many African nations have said as much, and their statements are backed up by the Congressional Budget Office's own estimate of this budget.

In reality, the money that cannot be spent to directly treat and prevent the spread of AIDS, tuberculosis, and ma-

laria will be siphoned off for other things authorized in this bill, none of which are directly related to the prevention or treatment of these three diseases. For example, the bill authorizes the expenditure of funds to provide legal services, empower women, ensure safe drinking water and sanitation, provide treatment for alcohol abuse, and address the inheritance rights of women and girls, and study transportation patterns, just to name a few. In addition, some of this \$35 billion would be siphoned off to build an even larger bureaucracy here in the United States.

One U.S. aid worker in Africa said:

We spend 4 months writing our Country Operation Plan only to send it to Washington and have it rewritten without our input.

Four months of effort for no reason certainly sounds like a waste of effort, and it diminishes our success.

Unfortunately, as we have all seen around here, the bigger the pot of money gets, the more waste and fraud we have, and accountability completely disappears. If we really care about those suffering from AIDS, we need to ensure that as many dollars as possible reach the people who are truly in need. The measure of America's greatness is not found in the amount of money we provide but in the effectiveness of our efforts.

I encourage my colleagues to support my amendment. It saves \$15 billion without taking anything away from people who are hurting in Africa. Most importantly, it restores some honesty and integrity to this bill.

Another problem with this bill is that it expands the scope of this program to new countries that were not part of the original program. The bill explicitly adds central Asia, Eastern Europe, and Latin America to the list of PEPFAR's focused countries. The bill also contains vague language expanding the program to other nations.

This is yet another example of the dishonesty of Congress. We say this bill is about addressing AIDS in Africa, but really it is about foreign aid all over the globe. The original program focused on countries that had widespread, generalized epidemics, but this bill allows the program to expand to a number of new countries that have problems only in limited areas. We can fix this problem with the bill by limiting the list of focused countries to those included in the original 2003 authorization.

That is what my amendment does, amendment No. 5078, and this is what it says:

Notwithstanding any other provision of this Act, funds authorized under this Act shall be targeted only toward those countries authorized for funding under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

So we keep the program focused on its original intent.

Last week, the majority leader pointed out that the purpose of this bill is to specifically help people in Africa. Ac-

cording to the Washington Times, he told reporters:

While we're fiddling around here on this in Washington, people are dying. This is big-time stuff, this is very important to one whole continent.

I agree with him, but the bill he has brought up spreads money to more than three continents beyond Africa. If we are going to spend this kind of money, we need to be honest about what we are spending it on. This bill is supposed to be about the treatment of AIDS, tuberculosis, and malaria in Africa. The cost of this program will only continue to increase dramatically if we continue to allow funds to go to other countries.

I have also offered a second-degree amendment to prevent American taxpayers from having to support forced abortions around the world. My amendment simply says that none of the funds in this bill may be awarded to any organization or program which supports or participates in the management of a program of coerced abortion or involuntary sterilization.

In addition to the things I described before that fall outside the stated purpose of the bill, the provision of funds to organizations that perform and/or support coercive abortion in China is perhaps the worst. This not only kills innocent unborn children, it violates the human rights of women in China.

This bill authorizes \$2 billion to the United Nations Global Fund in 2009 and designates such funds in the following 4 years. This means that over the 5-year life of the bill, the United States will likely provide at least \$10 billion to the United Nations Global Fund.

Restrictions against funding forced abortions are in the current PEPFAR bill, but they do not apply to the Global Fund. We know that the Global Fund has provided at least two large grants in 2004 and 2006 to the various agencies within the Chinese Government, including the National Population and Family Planning Commission, which runs China's one-child-per-family program. In fact, we have here—and I wish to submit them for the record—the grants themselves which explicitly state that they were made to the various agencies within the Chinese Government, including the National Population and Family Planning Commission. I have the number, which I would like to have printed in the RECORD. One of these grants spent almost \$59 million in 2004 and the second was over \$11 million in 2006.

It is quite clear that my concerns about how funds can be used in the Global Fund are real and serious. It is very obvious that unless we pass this amendment to clearly prohibit funds, they can and likely will be used by the Chinese agency that carries out coercive abortions.

Instead of working to ensure that the United Nations Global Fund does not provide grants to Chinese Government agencies that force women to have

abortions, the sponsors of the bill doubled the U.S. contributions to the Global Fund to \$2 billion.

The Bush administration has fought to prohibit funding to organizations that perform or support coercive abortions. In testimony before Congress on February 17, 2005, Secretary of State Condoleezza Rice said:

We have been outspoken with the Chinese about this terrible practice, and of course, as Secretary of State, I will enforce Kemp-Kasten to make certain that we are not funding anything that remotely as related to these policies.

I just do not believe that either the administration or any Member of the Congress could ever argue that we should not do everything we can to ensure that American taxpayers' money does not go to the Chinese National Population and Family Planning Commission.

Now, many of my colleagues may not believe this because it is so outrageous, but it is true. Many outside groups supporting this bill don't want anyone to know about it because they don't believe we should do anything that restricts abortions—even those performed against the will of the mother. Even some people who oppose spending money on coercive abortions have been convinced to look the other way because they want this bill to pass. We cannot turn a blind eye to this problem with the bill.

My amendment is germane, it is allowable under the unanimous consent agreement, and I encourage all of my colleagues to support it. We need to make absolutely certain that American families are not giving their hard-earned tax dollars to organizations that force women in China and around the world to have abortions.

I encourage my colleagues to support these amendments.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I saw the majority leader. I wonder if he needs time to speak or wrap up. I will be glad to forego if he wants to do that. I will speak for 10 or 15 minutes as in morning business, but I will be glad to wait for the majority leader to see if he wishes to speak.

The PRESIDING OFFICER. The Senator is recognized for 10 minutes.

JOHN WHITEHEAD

Mr. ALEXANDER. Mr. President, sometimes American lives are lived so eloquently that nothing needs to be written about them. Sometimes even eloquent lives can be eloquently written about. Such was the case over the Fourth of July weekend. When I had a little extra time, I came across Peggy Noonan's article in the Wall Street Journal on July 5 about John Whitehead of New York.

John Whitehead was on Normandy Beach. He chaired Goldman Saks. He was President Reagan's Deputy Secretary of State. He headed the International Rescue Commission. He has

been in the middle of New York's efforts after 9/11. As Peggy Noonan wrote, he is a model public citizen.

For the eloquence of his life and the eloquence of her article, I ask unanimous consent that it be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

A DAY AT THE BEACH  
(By Peggy Noonan)

It was May 1944, and 22-year-old John Whitehead of Montclair, N.J., an ensign on the USS Thomas Jefferson, was placed in charge of five of the landing craft for the invasion of Europe. Each would ferry 25 soldiers from the TJ, as they called it, onto the shore of France. John's landing site was to be a 50-yard stretch of shoreline dubbed Dog Red Beach. It fell near the middle of the sector called Omaha Beach which in turn fell in the middle of the entire assault.

The TJ sailed to Portsmouth Harbor, which was jam-packed with ships. On June 1 the Army troops arrived, coming up the gangway one by one. "They were very quiet," John said this week. Word came on June 4 that they'd leave that night, but they were ordered back in a storm. The next morning June 5, the rain was still coming down, but the seas were calmer. Around 8 that night, they cast off to cross the channel. The skies were dark, rain lashed the deck, and the TJ rolled in the sea. At midnight they dropped anchor nine miles off the French coast. They ate a big breakfast of eggs and bacon. At 2 a.m. the crew began lowering the Higgins boats—"a kind of floating boxcar, rectangular, with high walls"—over the side by crane. The soldiers had to climb down big nets to get aboard. "They had practiced, but as Eisenhower always said, 'In wartime, plans are only good until the moment you try to execute them.'"

The Higgins boats pitched in the choppy water. The soldiers, loaded down "like mountaineers" with rifles, flamethrowers, radio equipment, artillery parts, tarps, food, water, "70 pounds in all"—had trouble getting from the nets to the boats. "I saw a poor soul slip from the net into the water. He sank like a stone. He just disappeared in the depths of the sea. There was nothing we could do." So they boarded the boats on the deck and hoisted them into the sea.

It took John's five little boats four hours to cover the nine miles to the beach. "They were the worst hours of our lives. It was pitch black, cold, and the rain was coming down in sheets, drenching us. The boats were being tossed in the waves, making all of us violently sick. We'd all been given the big breakfast. Hardly anyone could hold it down. Packed in like that, with the boat's high walls, a cry went up: 'For Christ's sake, do it in your helmet!'"

"Around 4 a.m. the dawn broke and a pale light spread across the sea, and now we could see that we were in the middle of an armada—every kind of boat, destroyers, probably the greatest array of sea power ever gathered."

Now they heard the sound, the deep boom of the shells from the battleships farther out at sea, shelling the beach to clear a path. Above, barely visible through clouds, they saw the transport planes pushing through to drop paratroopers from the 82nd and 101st Airborne Divisions. "Those were brave men."

At 5 a.m. they were close enough to shore to see landmarks—a spit of land, a slight rise of a bluff. In front of them they saw some faster, sleeker British boats trying desperately to stay afloat in the choppy water. As the Americans watched, three of the

boats flipped over and sank, drowning all the men. A British navigator went by in a different kind of boat. "He was standing up and he called out to my friend in a very jaunty British accent, 'I say, fellows, which way is it to Pointe du Hoc?' That was one of the landmarks, and the toughest beach of all. My friend yelled out that it was up to our right. 'Very good!' he cried out, and then went on by with a little wave of his hand."

Closer to shore, a furious din—"It was like a Fourth of July celebration multiplied by a thousand." By 6 a.m. they were 800 yards from shore. All five boats of the squadron had stayed together. The light had brightened enough that John could see his wristwatch. "At 6:20 I waved them in with a hard chop of my arm: Go!"

They faced a barrier, made a sharp left, ran parallel to the shore looking for an opening, got one, turned again toward the beach. They hit it, were in a foot or two of water. The impact jarred loose the landing ramps to release the soldiers as planned. But on John's boat, it didn't work. He scrambled to the bow, got a hammer, pounded the stuck bolt. The ramp crashed down and the soldiers lunged forth. Some were hit with shrapnel as they struggled through to the beach. Others made it to land only to be hit as they crossed it. The stuck ramp probably saved John's life. After he'd rushed forward to grab the hammer, he turned and saw the coxswain he'd been standing next to had been hit and killed by an incoming shell.

The troops of Omaha Beach took terrible fire. Half the soldiers from John's five boats were killed or wounded. "It was a horrible sight. But I had to concentrate on doing my job." To make room for the next wave of landings, they raised the ramp, backed out, turned around and sped back to the TJ. "I remember, waving hello to the soldiers in the in-coming boats, as if we were all on launches for a pleasure cruise. I remember thinking how odd that such, gestures of civility would persist amid such horror."

Back at the TJ, he was told to take a second breakfast in the wardroom—white tablecloths, steward's mates asking if he'd like more. He thought it unreal: "from Dog Red Beach to the Ritz." He heard in the background the quiet boom of the liberation of Europe. Then back to a Higgins boat for another run at the beach. This time the ramp lowered, and he got off. Dog Red Beach was secure. The bodies of the dead and wounded had been carried up onto a rise below a bluff. He felt thankful he had survived. "Then I took a few breaths and felt elated, proud to have played a part in maybe the biggest battle in history."

John went on to landings in Marseilles, Iwo Jima and Okinawa. After he came home, he went on to chair Goldman Sachs, work in Ronald Reagan's State Department, and head great organizations such as the International Rescue Committee. He is, in that beautiful old phrase, a public citizen.

But if you asked him today his greatest moment, he'd say that day on the beach, when he was alive and grateful for it. "At that moment, dead tired, soaked to the skin, I would not have wanted to be anywhere else in the world."

It is silly to think one generation is "better" than another. No one born in 1920 is, by virtue of that fact, better than someone born in 1960. But it is true that each era has a certain mood, certain assumptions—in John's era, sacrifice—and each generation distinguishes itself in time, or doesn't. John's did. He himself did. And what better day than today to say: Thanks, John.



## ENERGY

Mr. ALEXANDER. Mr. President, the majority leader, Senator REID, has spoken about an energy roadmap. He talked about it on Friday. He talked about it again today. I am glad he is talking about it. I want to make a suggestion to him, which I hope he can accept. I am sure that in his home State, Nevada, as well as in my home State, Tennessee, the first thing out of anybody's mouth has to do with gasoline prices.

I try to read on the floor of the Senate regularly letters that have been e-mailed to me from Tennesseans whose lives are changed by the \$4 and \$4.25 gasoline. What Senator REID said in his remarks was that he has an energy roadmap. I say, with great respect, that I am afraid his roadmap is only half a roadmap because he is willing to use less energy but not willing—as far as I can tell—to find more energy.

In 1961, President Kennedy said: Let's go to the Moon in 10 years. But if the astronauts had a roadmap that took them only halfway there, they would be floating in space. That is where I am afraid we would be as a country if we only do half our job as we address \$4 gasoline.

The problem that we have is a very simple one, even though a difficult one. It has to do with economics 101, the law of supply and demand. We have low supplies and more demand because around the world, the Chinese, the Indians, and others are growing wealthier and using more oil, from which gasoline is made.

Mr. President, the only real solution to the \$4, \$4.25 gasoline prices is to find more and use less—find more, as well as use less.

Now, the majority leader's suggestions that he mentioned—and I don't think they are part of the bill yet—include some very promising ideas. Curb speculation. We on the Republican side have introduced legislation that would put 100 more cops on the beat to curb speculation. Say that oil produced in America should be used here. That is what is happening today.

Increase our focus on renewable energy; renewable energy is important. It is only 3 percent of the total amount of electricity that we use in the United States today. We have a long way to go before solar, wind, and other energy of that kind can be a major part of what we need to do. Most of that is devoted to electricity. Of course, that is important. On the Republican side, we have supported that.

But what we have done on our side is introduce legislation that would do both: find more and use less. We don't do that with the hope that we will have a Republican bill because we don't want to see a Democratic bill either. We want an American bill. We believe our legislation deserves—and will earn—Democratic support. In fact, Democratic Senators have voted for some of the provisions in our legislation before.

In terms of finding more oil, we propose allowing deep sea exploration—give a State the option to drill for oil, if the State wishes to do that, and then take 37 percent of that money and put it into the State treasury for universities, beach nourishment, lowering taxes, or whatever. Put 12½ percent into the Land and Water Conservation Fund and half to the Federal Treasury. We could unlock, conservatively, 1 million barrels of oil a day if we were to allow deep sea exploration.

Today the President has taken off the Presidential moratorium on deep sea exploration. So it is up to us in the Congress to say: Will we or will we not find more oil by exploring in the deep seas off our coast?

Two, we have suggested in our legislation that we take the moratorium off oil shale development in four Western States. That could produce, over time, 2 million barrels a day. Just those two ideas—drilling offshore and oil shale—would increase by one-third the American production of oil, almost all of which we use here. So that is the supply part.

We are also interested in using less. The most promising way to do that, I believe—and 44 of us have agreed, and I will bet many do on the other side—has to do with plug-in electric cars and trucks. When I first started talking about that, people thought I had been out in the sun too long. In fact, Nissan, General Motors, Toyota, and Ford are all going to be selling us cars that we can plug in at night—hybrid cars. Three quarters of us drive less than 40 miles a day, and I am one of those. I can drive back and forth to the Senate using very little gasoline, if any. We could electrify half of our fleet of cars and trucks in the United States. That would take time, but it would be a clear direction toward using less oil.

With just those provisions I have talked about—finding more and using less—we could cut our oil imports in half. That would reduce your gas prices.

If you are driving a plug-in electric vehicle, by the way, there is plenty of electricity. At night, while we are asleep, most utilities have plenty of cheap electricity they would sell us. You plug your car or truck in at night for just about the same amount of charge that your water heater would use, and you could fill up with 60 cents of electricity instead of \$100 worth of gasoline.

Just these three ideas—deep sea exploration, oil shale, and plug-in vehicles—would cut oil imports in half. We are ready to do that.

We would like for the majority leader to bring to the floor of the Senate an energy bill that is directed toward reducing the price of gasoline. Let each Democratic Senator put up their best idea, and let the Republicans put up our best ideas. Let's have a debate and votes, and they would probably take 60 votes.

We cannot get everything done before we leave in August, or even before Oc-

tober, but we can begin. From the day the United States of America—the third largest producer of oil and the user of a quarter of all of the oil in the world—finds more and uses less, the future expected price of oil will go down, and today's price of oil will stabilize and begin to go down.

I say to my friend, the majority leader, as one Senator, I welcome his interest and attention to energy, and specifically to gasoline prices. We Republicans have offered—44 of us—a slimmed-down bill, a modest bill. We don't say drill everywhere offshore. We don't say drill in Alaska in this piece of legislation. We say give States the option, and lift the moratorium on oil shale. Make electric plug-in cars and trucks commonplace and cut our oil imports in half over time. That is the way to reduce gasoline prices.

We hope if we are able in this Senate to act like a Senate and spend a week or two on this legislation and consider a number of amendments, we can come up with a result and we can go home to our constituents in August and say: Yes, we got a result. And when we come back in September, if we can do more, we will. When we come back in January, if we can do more, we will.

Everybody in Tennessee is saying to me: Senator ALEXANDER, why don't you get together and work something out? I would like to do that, Mr. President. I didn't come here to play politics, talk trash, or stick my fingers in the eyes of the other side.

In my first speech on, for example, U.S. history, the majority leader, who was then the whip, was on the Senate floor, and he stood up and cosponsored my bill. Senator KENNEDY got 20 cosponsors for it. It is now law today. Surely, if we can do that with U.S. history summer academies, we can do it with gasoline prices when it is the No. 1 issue.

Last Tuesday we had a bipartisan breakfast that was attended by 14 Senators. We heard from Senators CONRAD, CHAMBLISS, DOMENICI, and BINGAMAN. We talked about what we could agree on that had to do with both finding more and using less.

We cannot repeal the law of supply and demand. We know that mostly on the Republican side we talk about supply. Over on the Democratic side, they talk about demand. We have to put it together if we want to bring gasoline prices down. That is what we should be doing. I think that opportunity exists today.

In that closed room last Tuesday—and there is another bipartisan breakfast in the morning—I heard some Senators say things such as:

If we cannot deal with this across party lines, we don't deserve to be here.

I think that is right, and most Americans feel that way.

The majority leader has many issues that have to be dealt with in the next 2 or 3 weeks. I hope he can find a way to bring his best ideas to the floor and allow us to do the same. Let's bring up

the debates and let's talk and let's vote and come to a result, and let's begin to lower gasoline prices. From the day the United States of America says to the world that we are going to find more American oil and we are going to use less oil, the expected price of oil and gas will begin to go down, and so will today's price of gas and oil go down.

I yield the floor.

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

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

#### MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators allowed to speak therein for up to 10 minutes each.

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

#### FORECLOSURE PREVENTION ACT OF 2008

Mr. KOHL. Mr. President, I am very pleased that the Senate has passed legislation which will help our troubled housing market. This bill will reform the oversight of the government-sponsored enterprises—Fannie Mae, Freddie Mac and the Federal Home Loan Banks—and also provided much needed relief for communities and homeowners combating foreclosures.

The first piece of this large housing bill is the Federal Housing Finance Regulatory Reform Act. This legislation will modernize the regulation of Fannie Mae, Freddie Mac, and the Federal Home Loan Banks and expands their housing mission. By creating one regulator for the GSEs, it will make it easier for them to respond to the housing market and continue to create affordable housing opportunities for Americans across the country.

The bill also includes key provisions which will help homeowners and communities combat foreclosures. Foreclosed properties drive down the property value of surrounding homes, and communities are losing tax revenue, which will impact public services. Communities need the ability to take excess homes and make them livable again in order to recover lost revenue. The \$4 billion in CDBG funding included in this bill will allow for States and local municipalities to rehabilitate foreclosed properties and then get them back onto the market for homeowners to purchase or to be made into affordable rental housing. This money is vital to the economic recovery of communities that have been devastated by foreclosure.

Additionally, the bill has funding for housing counselors to help homeowners avoid foreclosure. Housing counselors

will be able to reach troubled homeowners and find viable and affordable solutions in order to keep them in their homes. One of the most creative provisions to help at risk homeowners is the Hope for Homeownership Program in FHA. This program will allow homeowners who are behind on their mortgage payments to refinance into a fixed-rate FHA insured mortgage and ultimately stay in their homes. The quicker these provisions are signed into law, the quicker families and communities can respond to their housing needs.

I am very pleased that the amendment which myself, Senators COLLINS, LINCOLN, and MIKULSKI offered was agreed to and incorporated into the bill. There are many problems that are a result of the collapsing housing market, and the emergence of financial scam artists is one of them. The amendment will better protect homeowners from scam artists trying to steal the equity out of their homes.

The passage of this housing bill is the first step to help our country from the collapse of the housing market. I hope that the House will act quickly and Congress can produce a comprehensive piece of legislation which the President will sign.

#### FISA ADMENDMENTS ACT

Mr. NELSON of Florida. Mr. President, the CONGRESSIONAL RECORD for July 9, 2008, inadvertently omitted my written statement for the RECORD. The text is as follows:

Mr. President, I believe that we must pass a new FISA bill that enables our intelligence community to get the information it needs to stop terrorist plots while also protecting our civil liberties, by requiring a court order before any American is targeted for eavesdropping.

But I don't believe in blanket immunity for the phone companies. That's why, in the Intelligence Committee, I offered language to deny immunity to the telecommunications companies for their alleged participation in the President's warrantless wiretapping program. But that amendment failed—and failed miserably.

During floor consideration of the FISA bill, Senator FEINSTEIN and I offered a compromise amendment that would have required the FISA court to review the actions of telecommunications companies who participated in the President's warrantless wiretapping program. But it failed too.

Now I am backing an amendment by Senator BINGAMAN that would at least delay immunity until the inspectors general of the U.S. Government complete their investigation of the President's warrantless wiretapping program. Upon completion of the report, the Senate will have ninety days to act before immunity is granted to the telecommunications companies. This will allow us time to change some minds if real wrongdoing is found.

Overall, I believe this legislation significantly improves civil liberties pro-

tections for Americans while enabling our intelligence community to listen in on terrorists. This is an important step forward and I will support this legislation.

#### HONORING OUR ARMED FORCES

SPECIALIST ESTELLE "LEE" TURNER

Mr. JOHNSON. Mr. President, I rise today to pay tribute to SPC Estelle "Lee" Turner and his heroic service to our country. As a member of the Army's Echo Company, 1st Battalion, 506th Infantry Regiment, 4th Brigade Combat Team, 101st Airborne Division based in Fort Campbell, KY, SPC Turner was serving in support of Operation Enduring Freedom. On July 2, 2008, he died in a hospital in Bethesda, MD after being mortally wounded by an IED in Afghanistan.

Lee had already served his country for 6 years in the Army two decades earlier, having finished his military service in 1989. Yet this wasn't enough. Even though he had gone above and beyond, Lee still had the drive to be a hero. After moving to Sioux Falls in 2004, he reenlisted in the Army at the age of 39, after the Army had raised its age limit. He looked forward to being deployed to Afghanistan, his first tour in the war on terror. His wife recalls, "He never seemed worried about it, this is something he believed in. He thought it was right."

Raised in a military family, patriotism was instilled in his heart from a young age. Lee's father served in the Navy for 18 years, and his grandfather was an Army soldier who served in World War II. His younger brother John is in the Army, and his wife is an Army reservist. Lee's awards and decorations include the Army Good Conduct Medal, the National Defense Service Medal, the Army Combat Action Badge, and the Purple Heart. Lee enjoyed racing and fixing cars, and playing guitar. He had a fierce devotion to his family, and he will be deeply missed by those who survive him: his wife Leah, his daughter Lyda, his siblings, John and "Gucci", and his mother Gloria.

Specialist Turner gave his all for his soldiers and his country. Our Nation owes him a debt of gratitude, and the best way to honor his life is to emulate his commitment to our country. Mr. President, I join with all South Dakotans in expressing my deepest sympathy to the family and friends of Specialist Turner. He will be missed, but his service to our Nation will never be forgotten.

#### IDAHOANS SPEAK OUT ON HIGH ENERGY PRICES

Mr. CRAPO. Mr. President, in mid-June, I asked Idahoans to share with me how high energy prices are affecting their lives, and they responded by the hundreds. The stories, numbering over 1,000, are heartbreaking and

touching. To respect their efforts, I am submitting every e-mail sent to me through [energy\\_prices@crapo.senate.gov](mailto:energy_prices@crapo.senate.gov) to the CONGRESSIONAL RECORD. This is not an issue that will be easily resolved, but it is one that deserves immediate and serious attention, and Idahoans deserve to be heard. Their stories not only detail their struggles to meet everyday expenses but also have suggestions and recommendations as to what Congress can do now to tackle this problem and find solutions that last beyond today. I ask unanimous consent to have today's letters printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Like many other single parents out there, we have to commute to work for better-paying jobs and cannot take public transportation because they won't stop at daycare and the store on the way home from work. So, yes, like every family, whether single or not, you have to drive and cannot ride your bike, but give me a break. And tell me why the airlines are now charging a \$75 escort fee for your child under 12 flying alone (it was \$30 last year), and this is to walk them from the counter to the plane. Tell me how much gas does that use? And their reason for increased cost is the fuel prices. So that is \$150 round trip to walk from the counter to the plane on top of the airline charge. What is going to be the next excuse—charging to use the restroom during the flight?

I seriously believe this is going to extremely out of hand before it gets any better. And is anyone going to do anything about all of this? I do not think so!!!

Thank you,

TRACY, Star.

Dear Senator Crapo, When gas hit \$2 a gallon, my husband and I agreed that neither of us expected the price to ever go below \$2 and that the price would continue to increase because of increased demand from China and India and the Iraq war. In 2006, we traded in a mid-80s Saturn and bought a Toyota Prius because of its gas mileage. As the price of gas continued to increase, my husband bought a scooter to commute to work whenever the weather is dry. The scooter gets 90+ miles to the gallon. Being a stay-at-home mom for a while with our daughter, I consolidate errands into a single trip whenever I can and handle as many things as I can over the telephone. Gas is now over \$4 a gallon (. . . diesel is almost \$5!), but everyday I still see huge shiny pickup trucks and SUVs driven by solo drivers commuting to work.

Would I like gas to be cheaper? Sure, but it is not reasonable to expect that it is going to happen any time soon. Domestic oil reserves cannot be developed quickly enough for us to seriously depend on that strategy. We must reduce demand and become more efficient.

Our grandparents and parents supported the war effort by reducing their personal consumption of oil, metal, clothing and food (among other items). Why do our leaders (you!) insist that citizens are unable to rise to the occasion and change our consumption?

Do I support destroying the Alaskan wilderness so my fellow Idahoans can commute in SUV's? No!

Do I support fighting wars over oil so we can go water skiing and speed boating at Lucky Peak? No!

Do I support subsidizing and coddling the American car industry which has stubbornly refused to offer fuel efficient cars? No!

If Boise had a light rail system, would we use it to visit family and run errands in Meridian, Nampa and Caldwell? You bet!

Senator Crapo, please be a leader who does not ask citizens to wallow in anger and pity. Establish your leadership and vision around responsible use and investment in the future!

Best regards,

KIMBERLY, Boise.

Dear Mr. Crapo: Thank you so much for trying to fight this battle for us. I do not think there is a family in the U.S. that is not being affected by our high fuel costs. For many of us, we have long considered our fuel as a necessity but with the prices we now are paying, it is becoming a luxury!

My husband and I are getting close to retirement, so we have been trying to plan and save for that time. With these fuel charges, I will have to reduce my 401K payments because I drive 25 miles to work each day. Sure, I could try and buy a smaller car to reduce my fuel bill, but my car is fairly new and paid for and it does not seem economically feasible to trade it in and start making payments on a smaller car.

No, we won't go without food or shelter, but we will be tightening our belts on other aspects of our lives. Our Saturday drives, date nights, and trips to visit our grandkids will be greatly reduced. These are the things that we have worked hard to achieve and enjoy and now will not be able to do so.

I greatly encourage our country to begin using our own resources. Domestic drilling and refining is the answer. Sure, I care about the environment and harming wildlife, but I care more about the human aspect of this crisis. Our human way life has become harmed. Why aren't the environmentalists worrying about that? With technology what it is today, there are fewer chances of oil spills or environmental issues. I also know that, with our technology, it will not take eight to ten years to get this oil into production. I think we need to begin drilling in ANWR and off the coast of California immediately.

As a citizen I will do my part to help with energy conservation but I also expect our legislatures to step up and do their part and stop being controlled by special interest environmentalists.

Thank you once again for your efforts.

JEANNETTE, Idaho Falls.

As seniors on a pension and Social Security, I think we are among the hardest hit. I think it is criminal that neither energy nor food is included in the COLA. It is going to be a long time before these prices come down and I think it is time the COLA is based on something a little more realistic. We cannot live without either one of these items. Also living in rural Idaho, we do not have any public transportation. I truly think the government would just as soon that we would all die off so they do not have to deal with us.

DONNA.

Dear Senator Mike Crapo: If you really care about one of the most crippling economic problems facing our nation, it is the impact of the greed of the oil industry infrastructure.

The racketeering (oh, well, what else should I call it?) of the oil industry is having massive inflationary impact on this nation, severely damaging this nation's transportation system. The ripple effects will be far-reaching and crippling over the long term. Damage to the transportation infrastructure with loss of service through airline cutbacks, will have long term impact on the entire travel industry, in turn impacting the entire economy. Fewer flights and fewer airline routes (and bankrupt carriers) require less

airplanes, impacting aircraft production (loss of airplane orders and jobs at Boeing), resulting in fewer jobs, and fewer hours worked. Resultant higher ticket prices make discretionary travel (vacations) less affordable impacting hotels, motels, theme parks, rental cars, etc. Look further still and it not hard to visualize the massive ripple: less hotel and motel supplies purchased, restaurant food, new automobiles for the rental car industry, etc.

The airline industry, trucking, farming, plastics (and other products reliant on petrochemicals) and food production are all suffering from the unchecked corporate oil industry greed. Greed that only promises to worsen, as the oil industry blackmails us with obvious threat of higher prices without access to protected areas for drilling. Yet they actually do nothing too relieve the bottlenecks nor improve their existing production infrastructure. Nor is it a short term solution. They claim investment, in what, additional tracts of land to grow their holdings, and exploration, to lock in future production, but provide no meaningful major expenditure that has improved current production that is of benefit to the American consumer. When was the last new refinery opened, or the old existing infrastructure modernized, unless required by regulation, or replacement due to industrial accident or breakdown? The number of competitors has shrunk thru buyouts and mergers over the years, serving to destroy the competitive market, and pricing at the pump, is nothing short of collusion, thinly veiled as competitive free market pricing. And the oil industry gets wiser on how to game the congress and the people. And you sit still for it!

We need very badly the long term solutions you speak of, however, we need action now with a high priority placed on bringing a cessation to the greed based damage to this nation's economy and the severe economic burden being endured by the voters you elected officials collectively represent.

If it is bad now, think of the winter heating bill citizens in the nation's cold climate will shortly face when winter is once again upon us.

So vital is this industry to our nation's economy, it is past time to regulate it! I repeat, it is past time to regulate the oil industry!

Our government regulates electricity, natural gas, and telephone infrastructure, and the FCC TV & radio. How is the oil industry any different? How is the oil dependency/infrastructure of this nation less vital? They are no longer serving this nation's interest in a responsible manner, have made a complete mockery of congressional investigations (with the aid of some members of congress), and basically have the United States of America over a barrel!

A good place to start would be to make speculation illegal (dealing through third party brokers & traders illegal. If a person/company does not actually physically handle the actual product, it should be made illegal to profit from it by brokering or speculation.).

How many airlines have to fold, how many truckers go under, and how much unnecessary inflation must this nation endure before our elected (for now) officials really do something meaningful? It is said oil is higher due to the shrinking dollar. Oil has driven the dollar down and is a major player in our current inflation. It impacts the United States, it ripples thru the world.

Have you asked yourselves why the voters think less of our elected officials (per polls) than our President? Are you really happy with that?

Your email implies you care. Then prove it to the voters you represent. Start the Congress on a path to put control and regulation

on [the oil] industry so very vital to the nation's economy and infrastructure.

How long must we wait for Congress to stop the ongoing damage to our dollar, cost of living (including food), and our transportation infrastructure? What could be more important to both the short-term and long-term wellbeing of this country and its citizens in your list of priorities?

On another but still related issue, where is this nation's long range planning? If I might cite an example; Japan after WWII as a nation set its sights on consumer electronics and the automobile. Look where they are today with those technologies and look at our once proud auto industry, now a cripple. Kennedy pointed this nation toward the moon—within ten years. It was a national plan and a priority. What are this nation's long-term goals? Do you know? Why do not we the people know?

These items should rise above petty politics. They should be without party ownership and bickering. And a declaration of persona non grata made toward the oil lobby and their bought and paid for elected officials.

Thank you for asking for my story, but it is really a much larger story than my story; it is our story.

JOHN.

Dear Senator Crapo: It is good to hear from you and know that at least one politician in Washington has their head on straight. Thank you for representing those of us who do not buy the "man-caused global warming" hoax. I believe it is a natural cycle the earth has gone thru many times before and will continue to undergo.

I believe all Americans want clean air, water and a healthy environment which can all be accomplished while simultaneously drilling in ANWAR, off coast regions and exploring other natural resources available domestically.

Sincerely,

MIKE, Emmett.

Dear Senator Crapo: Thank you for the opportunity to provide input on what I think is the most important issue we should have faced at least twenty years ago. Yet, I know that mustering the political will to make the changes we needed to make would have been very difficult then. Nonetheless, here we are in 2008 and, being Americans, we will face this crisis with intelligence and determination.

Frankly, I put the rising prices into this perspective. I drive a Hyundai Accent and average about 34 mpg and drive about 11,000 miles per year. So, I buy about 325 gallons annually. Gasoline has increased \$1.75 over the last short while. So, on average I'm paying an additional \$47 per month. Sure, I'd rather spend that on something else, but that really is not that bad. My wife drives our Toyota 4 Runner. Her commute is short and other than that, we only use that vehicle for recreation . . . about 4,000 to 5,000 miles per year. Again, I can live with it.

To my way of thinking, the increased gas prices have been a blessing. It has finally brought the discussion of energy management to forefront where it has needed to be for some time. Not only is our economic well being at stake, but the security of America as well. Were it not for oil, would we have ever even heard of Saddam Hussein? And, too, we are finally coming to agreement that climate change is real and are showing signs that we may actually address it. If higher gas prices are the cost of getting to have this discussion, so be it.

What should we do about gas prices, you ask? Nothing. Market forces will bring down gas consumption which should have a moder-

ating effect on prices. People are opting for more fuel efficient cars which may stimulate the auto industry. And finally, I think the federal government should take a more active role with our currency issues to keep the dollar from falling much further. I know there is reluctance to that idea, but the circumstances seem to warrant it.

Regards,

PETE, Boise.

Dear Senator Crapo: I do not agree with your assessment regarding the high price of gas. We are being gouged by the oil companies, and I will prove my point.

Oil is at about \$130 a barrel. There are 42 gallons in a US barrel, which equates to \$3.09 a gallon for crude. Add to this the price for refining say \$0.40 distribution \$0.25. State and federal Taxes and about \$0.25 a gallon a gas station makes and you will see that we are already over \$4 a gallon.

How do the oil companies make these massive profits every quarter? In the United States, we have to import 40% of our oil the other 60% comes from Alaska, Texas, California, the Gulf, etc. Are we paying \$130 a barrel to the oil companies for oil coming out of our own back yard? You people blame China and India for the cost of fuel today. For your information, I have been to both countries. They do not have the amount of cars we Americans have. In fact, they are a bicycle society.

I am fed up with Congress and the Senate for not taking any action on this issue; in fact, President Bush is quiet on the subject.

I have always been [conservative], but I fear that this coming election [conservatives will not fare well], mainly due oil prices which has a ripple effect and cause unemployment, rise in food prices etc. The hardest hit people in our society are the old people of which I am one.

Sincerely,

GEORGE.

Our current monthly gas budget has almost tripled with the increase during the past year. With my husband working out of town (300+ miles weekly commute) and I'm working for a non-profit that reimburses me @\$40/mile, we are going in the hole. As our state representative, you and your family should be feeling the same affects of the energy prices that we are, and helping correct this problem. Are you?

Respectfully,

MARCIA.

Dear Senator: I am a hard-working Idahoan who has to change my behavior because of high energy costs, but I also understand that sometimes you have to pay the piper. Nobody likes to go on a diet or take medicine. Yet in order to get well, we have to do things we do not like. This is one of those times. The answer to our energy problem is not to find some way to ignore or go around what made us fat and sick. And, I mean that quite literally. Furthermore, you know as well as I do that local oil will be the same price as global oil. The market price is the price regardless of where it comes from. You do no favor to the public with this tactic. Feel free to quote me.

JIM.

We are unable to see our children who live 500 to 1000 miles away due to gas prices. We are getting older and live on retirement income, thus we are unable to help them out with gas for making a trip to Idaho. I expect we will never get to see them again.

ROBERT and PEGGY, Emmett.

Senator Crapo for the last three years, I have been traveling to Missoula, Montana,

for medical treatments for cancer and I had a stint placed. I was traveling every three weeks for treatments and I am happy to say that the cancer is in remission as of now but Non Hodgkin's Lymphoma cannot be cured, it can be treated usually but not cured, and it keeps coming back. I am not only faced with expenses at the Cancer Center and doctor, but I have a diseased liver and they have no idea why the tests are showing such high levels in the tests. It seems all of this has hit more or less all at once in traveling and taking the tests. I have to stay overnight at times, and this, of course, creates more expenses which the government or the insurance and Medicare does not cover. My nest egg for retirement is getting eaten up each month, and it will run out. I worry about my wife if something happens to me.

I hope that someone reads this that can help me and others in the same boat. Thank you for giving me this chance to air my concerns about my health and what all it is taking to handle the situation so far.

Sincerely

GEORGE, Salmon.

#### OBJECTION TO THE NOMINATION OF HUSEIN CUMBER

Mr. WYDEN. Mr. President, I stand today to object to any unanimous consent agreement in connection with the nomination of Mr. Husein Cumber to be a member of the Surface Transportation Board, or STB. I don't take this action lightly, and I would like to take a few moments to briefly describe why I am placing a hold on his nomination.

Railroads and transportation infrastructure are the lifeblood of our economy. My home State of Oregon has recently been the victim of a short line railroad that has subverted consumer protections established by Congress in an attempt to reduce service and raise rates. The STB is the last line of defense against companies that are more interested in maximizing profits than they are in their legal obligations as a common carrier.

To be an effective safeguard against this activity, the STB needs board members with in-depth experience and knowledge of a broad range of rate, service and railroad merger issues. The law says that members of the STB should possess professional standing and demonstrated knowledge in the fields of transportation or transportation regulation. I am very concerned that Mr. Cumber doesn't possess any of these qualities.

Mr. Cumber's nomination requires this body to seriously review his record of accomplishment in light of these requirements and demonstrated abilities. I have compared Mr. Cumber's record with those of other current and former members of the STB, and I would like to share some of my findings with you today.

First, Chairman Charles Nottingham, a licensed attorney. Chairman Nottingham has 4 years of experience in the Federal Highway Administration working on everything from funding analysis to policy development. He has an additional 4 years at the state level as the Transportation Commissioner and CEO of Virginia DOT. He was the counsel to the Committee on Government

Reform in the U.S. House of Representatives. Chairman Nottingham is unquestionably qualified for the duties required of a board member and a good example of what the STB needs in a nominee.

Vice Chairman Francis Mulvey, with a Ph.D. in Economics, is likewise qualified. He has legislative experience as the Staff Director for the Railroad Subcommittee in the House of Representatives. He was the Deputy Assistant Inspector General for Rail, Transit, and Special Programs in the Department of Transportation. He was the Assistant Director charged with analyzing transportation issues at the GAO. His experiences outside government are equally valuable: He was the Programs Manager for the National Academy of Sciences, Transportation Research Board. He was also the Vice President for Research with the American Bus Association. Again, Vice Chairman Mulvey is an exemplary member and a model for future nominees.

Former Chairman Linda Morgan, an attorney with a Georgetown law degree, was supremely qualified to work on the STB. For 15 years she held various positions with the Senate Committee on Commerce, Science, and Transportation. While there, she was responsible for much of the legislation that established the framework for today's surface transportation system. She also served as the general counsel of the committee.

Former Chairman Roger Nober was the counselor to the Deputy Secretary of Transportation for a year before joining the STB. Before that he spent 4 years as the chief counsel for the Committee on Transportation and Infrastructure of the House of Representatives. For the 4 years before that, he held a variety of positions on that committee's staff. And for the 4 years before that, he put his Harvard law degree to use in New York City. His breadth of experience, most of it relating to transportation issues, made him very well qualified to serve as a board member and chairman.

Former Vice Chairman Wayne Burkes served in the Mississippi legislature for 14 years; 4 years in the House of Representatives, and 10 years in the Senate. He served on the Highways and Transportation Committee all 14 years. After his time in the legislature, he then spent 10 years as the Mississippi Transportation Commissioner for the Central District. His understanding of transportation issues was certainly unquestioned.

Even a cursory review of current and former board member qualifications makes it clear what kind of nominee this important regulatory body requires. I would like to bring the Senate's attention now to our current nominee, Mr. Husein Cumber. There are stark differences between what you have just heard and what I will present to you now.

Mr. Cumber's regulatory experience in transportation is limited to his short tenure as a political appointee at the Department of Transportation—1 year as the Deputy Chief of Staff, and some time as the Assistant to the Secretary for Policy. For his private sector expertise, he can point to his year as the spokesman for Florida East Coast Industries. And before that, he was a political fundraiser for President George W. Bush and Governor Jeb Bush. He was what some referred to as a fundraising wunderkind. One story noted that he "devours business cards like most mortals do potato chips." Developing these political relationships, he said, allowed him to "meet some great people and there's going to be a payoff in the end."

The President has nominated Mr. Cumber to work on a vital regulatory board with the capacity to impact our economy, our infrastructure, and the wages of hard-working Americans across the Nation. Reviewing the qualifications of other members, be they PH.D.s, attorneys, or career legislators, I see that broad experience in regulatory, policy, and economic matters surrounding rail transportation is essential. Understanding the common carrier obligation of the rail industry is essential. Advocacy for consumers in the face of enormous pressure from powerful industry representatives is essential.

Mr. Husein Cumber is, by all accounts, a hard-working man. But hard work alone is not sufficient qualification for nomination to the board of an important consumer protection agency. It is also essential that a nominee have demonstrated experience and expertise in the issues that come before the agency.

I recently met with Mr. Cumber to discuss his nomination. I found him to be polite, personable, and eager. I did not, however, find him to be knowledgeable of the critical issues that have come before the STB. His experiences in lobbying and fundraising stand out and will no doubt help him in his future endeavors outside of government. But what is important here is what he has been nominated to do while serving in a government position.

Members of the Surface Transportation Board have to make important decisions affecting our Nation's transportation policy from the moment they are sworn in. They do not have time for on-the-job training.

Mr. Cumber's nomination to the STB may in fact be "the payoff in the end" he has been working toward. But a seat on the Surface Transportation Board shouldn't be a payoff. It's not a prize to be won—it is a job to be done. And it is a job to be done by someone armed with credentials and credibility, not by someone armed with only cash and connections.

I am compelled to object to this nomination for the reasons I have provided.

My hope is that the administration will acknowledge the importance of the STB in their search for a qualified nominee and keep looking for one.

#### ADDITIONAL STATEMENTS

#### RECOGNIZING MONFORTON SCHOOL

• Mr. BAUCUS. Mr. President, I wish today to recognize the achievements of an outstanding teacher and her seventh grade students. This is a story of community and folks coming together to make their town a better place to live. The students at Monforton School in Bozeman, MT, with their teacher, Sally Broughton, saw a playground at the school that was outdated and unsafe. These ambitious young people then sprung into action and set out to inform the principal, school board, other students, and community members of the subpar condition of the playground and gathered input and support for building a new playground.

In the Montana spirit of folks working together to make their community a better place to live, local businesses pitched in by donating nearly \$40,000 worth of supplies and labor toward completion of the playground. Monforton parent and carpenter, Alan Ripley, worked with students to design the octagonal climbing structure for the playground. The students spent countless hours with volunteers in building the playground.

Thanks to the work of these students, their teacher, and the community all Monforton students now have a safe playground at their school. The efforts of these fine young people have not gone unnoticed. The Corporation for National and Community Service honored the students and their teacher, Sally Broughton, with the 2008 Spirit of Service Award, and We the People: Project Citizen presented them with the Montana Project Citizen Award for their contributions to the community.

This spirit of service is prevalent at Monforton School as all students participate in service-learning projects. Classroom lessons are combined with meaningful service to their community. Through these efforts students have been responsible for improving the food service at the school, constructing a walking path, and informing the larger community about the need for a new jail and a warning system for Hyalite Dam among other projects.

I would like to join the chorus recognizing the seventh grade students of Monforton and their teacher, Sally Broughton. They are a perfect example of how Montana's world-class education system is preparing children across Big Sky country to meet the challenges they will face. These outstanding young people are the future of

our Nation, and I am sure that they will continue to serve and make many contributions to their communities.●

#### TRIBUTE TO MARIAN ORFEO

● Mr. KERRY. Mr. President, I would like to take this opportunity to congratulate Ms. Marian Orfeo, director of Planning and Coordination with the Massachusetts Water Resources Authority, MWRA, on being named the new president of the National Association of Clean Water Agencies, NACWA.

Ms. Orfeo has been an environmental champion for the city of Boston, State of Massachusetts, and the Nation. She is an exceptional leader and public steward dedicated to the improvement of Boston's water quality and public health.

Ms. Orfeo has worked for with MWRA, a founding member of NACWA, for nearly 20 years. The Authority provides wholesale water and sewer services to 2.5 million people in 61 communities across eastern and central Massachusetts 24 hours a day, 7 days a week.

As the director of Planning and Coordination, her responsibilities include long-range planning to construct and renew MWRA's water and wastewater facilities, as well as infrastructure and short-term strategic business planning for all agency functions. She also manages the Authority's performance reporting system and is a member of the steering committee for the MetroFuture initiative of the Boston Metropolitan Area Planning Council.

Before joining the Authority, Ms. Orfeo previously worked in Boston city government for 16 years. She held a range of positions including operations, administration and finance, and planning.

She has been an active member of NACWA since 1994, was elected to its board of directors in 2000, and has chaired the Association's Legislative Policy, Strategic Planning, Finance, and Awards Committees. Ms. Orfeo is also a consistent champion for the need to develop a new, holistic approach to the nation's complex 21st century water challenges.

Being elected NACWA president is not only an impressive personal accomplishment but will help secure NACWA's role as the leading advocate for responsible national policies that advance clean water and a healthy environment.

Mr. President, I congratulate Marian Orfeo on becoming president of NACWA. I am certain the association will greatly benefit from her able leadership.●

#### CONGRATULATING THE OLDENBURG GROUP

● Mr. KOHL. Mr. President, I would like to congratulate Oldenburg Group on the 150th anniversary of the Oldenburg Lake Shore product line. The Oldenburg Group has a major pres-

ence in Milwaukee and Rhinelander, WI. What began on the shores of Lake Superior as a line of outboard motors has grown into a significant contributor to our Nation's defense.

As a qualified small business with both military and commercial product lines, Oldenburg Group has shown that they are a leader within the Nation's defense industry. Their products support the U.S. Navy with refueling systems to allow our ships to remain at sea and ready. They support the U.S. Army with systems for offloading war-fighting equipment when no port facility is available, as well as supporting the U.S. Department of Defense in many other ways as well. Oldenburg Group's history of customer satisfaction and excellence is immensely important as it contributes daily to the security of our Nation.

It is because of quality products and exceptional support service that the U.S. Department of Defense trusts Oldenburg Group to provide vital equipment and services used by the military. Oldenburg's dedication to continually looking toward the future and considering how products can practically be applied to homeland security is one reason for their considerable success, and I congratulate that spirit.●

#### MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

#### EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations and a withdrawal which were referred to the Committee on Armed Services.

(The nominations received today are printed at the end of the Senate proceedings.)

#### MESSAGE FROM THE HOUSE

##### ENROLLED BILL SIGNED

At 6:43 p.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

S. 2967. An act to provide for certain Federal employee benefits to be continued for certain employees of the Senate Restaurants after operation of the Senate Restaurants are contracted to be performed by a private business concern, and for other purposes.

#### MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S. 3257. A bill to extend immigration programs to promote legal immigration and for other purposes.

#### REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DORGAN, from the Committee on Appropriations, without amendment:

S. 3258. An original bill making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2009, and for other purposes (Rept. No. 110-416).

By Mr. DURBIN, from the Committee on Appropriations, without amendment:

S. 3260. An original bill making appropriations for financial services and general government for the fiscal year ending September 30, 2009, and for other purposes (Rept. No. 110-417).

By Mrs. MURRAY, from the Committee on Appropriations, without amendment:

S. 3261. An original bill making appropriations for the Departments of Transportation and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2009, and for other purposes (Rept. No. 110-418).

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. DORGAN:

S. 3258. An original bill making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2009, and for other purposes; from the Committee on Appropriations; placed on the calendar.

By Mr. WHITEHOUSE (for himself and Mr. DURBIN):

S. 3259. A bill to amend title 11, United States Code, with respect to the priority of certain high cost credit debts; to the Committee on the Judiciary.

By Mr. DURBIN:

S. 3260. An original bill making appropriations for financial services and general government for the fiscal year ending September 30, 2009, and for other purposes; from the Committee on Appropriations; placed on the calendar.

By Mrs. MURRAY:

S. 3261. An original bill making appropriations for the Departments of Transportation and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2009, and for other purposes; from the Committee on Appropriations; placed on the calendar.

By Mrs. HUTCHISON:

S. 3262. A bill to reauthorize the women's entrepreneurial development programs of the Small Business Administration, and for other purposes; to the Committee on Small Business and Entrepreneurship.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. FEINGOLD (for himself, Mr. ISAKSON, Mr. CARDIN, Mr. HARKIN, Mr. WHITEHOUSE, Mr. KERRY, Mr. NELSON of Florida, Mr. DURBIN, Mrs. BOXER, Mr. LEAHY, Mrs. CLINTON, Mr. SUNUNU, Mr. CHAMBLISS, Ms. SNOWE, Mrs. DOLE, Mr. INHOFE, Mr. SPECTER, Mr. STEVENS, Mr. MARTINEZ, and Mr. SMITH):

S. Res. 611. A resolution expressing the sense of the Senate on the crisis in



Zimbabwe, and for other purposes; considered and agreed to.

By Mr. BIDEN (for himself, Mr. KERRY, and Mr. CASEY):

S. Res. 612. A resolution expressing the sense of the Senate that President George W. Bush, President Dmitry Medvedev of the Russian Federation, and other participants in the 2008 Group of Eight (G8) Summit in Toyako, Hokkaido, Japan should work together to foster a more constructive relationship, and that the Government of the Russian Federation should eschew behaviors that are inconsistent with the Group's objectives of protecting global security, economic stability, and democracy; considered and agreed to.

By Mr. NELSON of Nebraska (for himself, Ms. COLLINS, Mr. BAUCUS, Mr. SMITH, Mr. KERRY, Mr. ROBERTS, Mr. DODD, Mr. HATCH, Mr. BROWN, Mr. BUNNING, and Mr. BINGAMAN):

S. Res. 613. A resolution designating the week beginning September 8, 2008, as "National Direct Support Professionals Recognition Week"; considered and agreed to.

#### ADDITIONAL COSPONSORS

S. 617

At the request of Mr. SMITH, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. 617, a bill to make the National Parks and Federal Recreational Lands Pass available at a discount to certain veterans.

S. 999

At the request of Mr. COCHRAN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 999, a bill to amend the Public Health Service Act to improve stroke prevention, diagnosis, treatment, and rehabilitation.

S. 1738

At the request of Mr. BIDEN, the names of the Senator from Pennsylvania (Mr. CASEY) and the Senator from Minnesota (Mr. COLEMAN) were added as cosponsors of S. 1738, a bill to establish a Special Counsel for Child Exploitation Prevention and Interdiction within the Office of the Deputy Attorney General, to improve the Internet Crimes Against Children Task Force, to increase resources for regional computer forensic labs, and to make other improvements to increase the ability of law enforcement agencies to investigate and prosecute predators.

S. 2035

At the request of Mr. SPECTER, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 2035, a bill to maintain the free flow of information to the public by providing conditions for the federally compelled disclosure of information by certain persons connected with the news media.

S. 2042

At the request of Ms. STABENOW, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 2042, a bill to authorize the Secretary of Health and Human Services to conduct activities to rapidly advance treatments for spinal muscular atrophy, neuromuscular dis-

ease, and other pediatric diseases, and for other purposes.

S. 2204

At the request of Mr. WHITEHOUSE, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2204, a bill to assist wildlife populations and wildlife habitats in adapting to and surviving the effects of global warming, and for other purposes.

S. 2422

At the request of Mr. WHITEHOUSE, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2422, a bill to amend title 18, United States Code, to prohibit certain computer-assisted remote hunting, and for other purposes.

S. 2549

At the request of Mrs. CLINTON, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2549, a bill to require the Administrator of the Environmental Protection Agency to establish an Interagency Working Group on Environmental Justice to provide guidance to Federal agencies on the development of criteria for identifying disproportionately high and adverse human health or environmental effects on minority populations and low-income populations, and for other purposes.

S. 2579

At the request of Mr. INOUE, the names of the Senator from Maryland (Mr. CARDIN), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Iowa (Mr. GRASSLEY) and the Senator from Tennessee (Mr. ALEXANDER) were added as cosponsors of S. 2579, a bill to require the Secretary of the Treasury to mint coins in recognition and celebration of the establishment of the United States Army in 1775, to honor the American soldier of both today and yesterday, in wartime and in peace, and to commemorate the traditions, history, and heritage of the United States Army and its role in American society, from the colonial period to today.

S. 2618

At the request of Ms. KLOBUCHAR, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 2618, a bill to amend the Public Health Service Act to provide for research with respect to various forms of muscular dystrophy, including Becker, congenital, distal, Duchenne, Emery-Dreifuss, Facioscapulohumeral, limb-girdle, myotonic, and oculopharyngeal muscular dystrophies.

S. 2668

At the request of Mr. KERRY, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. 2668, a bill to amend the Internal Revenue Code of 1986 to remove cell phones from listed property under section 280F.

S. 2844

At the request of Mr. LAUTENBERG, the name of the Senator from New

York (Mr. SCHUMER) was added as a cosponsor of S. 2844, a bill to amend the Federal Water Pollution Control Act to modify provisions relating to beach monitoring, and for other purposes.

S. 3038

At the request of Mr. GRASSLEY, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 3038, a bill to amend part E of title IV of the Social Security Act to extend the adoption incentives program, to authorize States to establish a relative guardianship program, to promote the adoption of children with special needs, and for other purposes.

S. 3122

At the request of Ms. KLOBUCHAR, her name was added as a cosponsor of S. 3122, a bill to amend the Commodity Exchange Act to provide for the regulation of oil commodities markets, and for other purposes.

S. 3134

At the request of Ms. KLOBUCHAR, her name was added as a cosponsor of S. 3134, a bill to amend the Commodity Exchange Act to require energy commodities to be traded only on regulated markets, and for other purposes.

S. 3185

At the request of Ms. KLOBUCHAR, her name was added as a cosponsor of S. 3185, a bill to provide for regulation of certain transactions involving energy commodities, to strengthen the enforcement authorities of the Federal Energy Regulatory Commission under the Natural Gas Act and the Federal Power Act, and for other purposes.

S. 3186

At the request of Mr. SANDERS, the names of the Senator from New Jersey (Mr. LAUTENBERG), the Senator from Nevada (Mr. REID), the Senator from Florida (Mr. NELSON), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from Montana (Mr. BAUCUS), the Senator from Michigan (Mr. LEVIN) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 3186, a bill to provide funding for the Low-Income Home Energy Assistance Program.

S. 3223

At the request of Mr. KERRY, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 3223, a bill to establish a small business energy emergency disaster loan program.

S. 3233

At the request of Mr. BINGAMAN, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 3233, a bill to promote development of a 21st century energy system to increase United States competitiveness in the world energy technology marketplace, and for other purposes.

S. 3237

At the request of Mr. CASEY, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 3237, a bill to assist volunteer

fire companies in coping with the precipitous rise in fuel prices.

S. 3240

At the request of Mr. SESSIONS, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 3240, a bill to promote energy production and security in the United States, and for other purposes.

# STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WHITEHOUSE (for himself and Mr. DURBIN):

S. 3259. A bill to amend title 11, United States Code, with respect to the priority of certain high cost credit debts; to the Committee on the Judiciary.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3259

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the "Consumer Credit Fairness Act".

## SEC. 2. EFFECTS OF HIGH COST CREDIT ON BANKRUPTCY PROCEEDINGS.

(a) DEFINITIONS.—Section 101 of title 11, United States Code, is amended—

(1) by redesignating paragraph (27B) as paragraph (27C); and

(2) by inserting after paragraph (27A) the following:

"(27B) The term 'high cost consumer credit transaction' means an extension of credit by a 'creditor' (as defined in section 103 of the Truth in Lending Act (15 U.S.C. 1602(f)), resulting in a consumer debt that has an applicable annual percentage rate (as determined in accordance with section 107(a) of the Truth in Lending Act (15 U.S.C. 1606(a)), and including costs and fees incurred in connection with the extension of such credit) that exceeds the lesser of—

"(A) the sum of 15 percent and the yield on United States Treasury securities having a 30-year period of maturity; or

"(B) 36 percent."

(b) SUBORDINATION.—Section 510 of title 11, United States Code, is amended by adding at the end the following:

"(d)(1) For the purpose of distribution under this title, an allowed claim arising from a high cost consumer credit transaction shall be subordinated to all other claims.

"(2) Any lien securing a claim subordinated under paragraph (1) shall be transferred to the estate."

## SEC. 3. EXCLUSION.

Section 707(b) of title 11, United States Code, is amended by adding at the end the following:

"(8) Paragraph (2) shall not apply if the debtor's petition resulted from a high cost consumer credit transaction."

## SUBMITTED RESOLUTIONS

### SENATE RESOLUTION 611—EX-PRESSING THE SENSE OF THE SENATE ON THE CRISIS IN ZIMBABWE, AND FOR OTHER PURPOSES

Mr. FEINGOLD (for himself, Mr. ISAKSON, Mr. CARDIN, Mr. HARKIN, Mr. WHITEHOUSE, Mr. KERRY, Mr. NELSON of Florida, Mr. DURBIN, Mrs. BOXER, Mr. LEAHY, Mrs. CLINTON, Mr. SUNUNU, Mr. CHAMBLISS, Ms. SNOWE, Mrs. DOLE, Mr. INHOFE, Mr. SPECTER, Mr. STEVENS, Mr. MARTINEZ, and Mr. SMITH) submitted the following resolution; which was considered and agreed to:

S. RES. 611

Whereas, over the last eight years, the Zimbabwean African National Union-Patriotic Front (ZANU-PF), led by Robert Mugabe, has increasingly turned to violence and intimidation to maintain power amidst a deteriorating crisis;

Whereas the gross domestic product of Zimbabwe has decreased over 40 percent in the last decade, inflation is estimated by United Nations Deputy Secretary-General Asha-Rose Migiro at over 10,500,000 percent, unemployment is now over 80 percent, and more than 4,000,000 people have fled the country;

Whereas presidential and parliamentary elections were held on March 29, 2008, in Zimbabwe amidst widespread reports of voting irregularities and intimidation in favor of the ruling ZANU-PF party and Robert Mugabe;

Whereas the Zimbabwe Electoral Commission refused to release results, despite calls to do so by the African Union (AU), the European Union (EU), the Republic of South Africa, the Southern African Development Community (SADC), United Nations Secretary-General Ban Ki-Moon, and the United States;

Whereas the official results of the election, announced five weeks later, showed that Robert Mugabe won 43.2 percent of the vote, while Morgan Tsvangirai, leader of the opposition party Movement for Democratic Change (MDC), won 47.9 percent of the vote;

Whereas, in the wake of the elections, Robert Mugabe launched a brutal campaign of state-sponsored violence against opposition members, supporters, and other civilians in an attempt to consolidate his power;

Whereas United States Ambassador to the United Nations Zalmay Khalilzad stated on April 16, 2008, that he was "gravely concerned about the escalating politically motivated violence perpetrated by security forces and ruling party militias";

Whereas Secretary of State Condoleezza Rice stated on April 17, 2008, that Robert Mugabe has "done more harm to his country than would have been imaginable" and that "the last years have been really an abomination" and called for the AU and SADC to strengthen efforts to achieve a political resolution to the crisis;

Whereas Human Rights Watch reported on April 19, 2008, that the Mugabe regime had developed a network of informal detention centers to intimidate, torture, and detain political opponents;

Whereas the Mugabe regime has, in violation of the Vienna Convention on Diplomatic Relations, done at Vienna April 18, 1961 (23 U.S.T. 3229), harassed United States and other diplomats in retaliation for their repeated protest of recent violence, including by detaining the United States ambassador's vehicle for several hours on May 13, 2008, and

detaining five United States embassy staff and two local embassy workers on June 5, 1998, one of whom was physically assaulted;

Whereas reports of killings, abductions, beatings, torture, and sexual violence against civilians in Zimbabwe have continued, resulting in some 10,000 people being assaulted and at least 30,000 displaced;

Whereas the MDC and Presidential candidate Tsvangirai withdrew from the June 27, 2008, runoff presidential election, citing intensified political repression and killings of their supporters;

Whereas the Mugabe regime persisted with the runoff election, despite the protest of many leaders in Africa, the EU, SADC, the United Nations Security Council, and the United States Government;

Whereas results from the runoff election unsurprisingly declared Robert Mugabe, the only standing candidate, as the winner with 85 percent of the vote, and he was sworn into office;

Whereas SADC, the Pan-African Parliament, and AU Observer missions to Zimbabwe made statements on June 29 and 30, 2008, finding that the elections fell short of accepted African Union standards, did not give rise to free, fair, or credible elections, and did not reflect the will of the people of Zimbabwe;

Whereas, on June 4, 2008, the Mugabe regime banned the operations of non-governmental organizations in Zimbabwe, including those who provide food and aid to millions of Zimbabweans suffering at the result of a ZANU-PF's policies, exacerbating the humanitarian crisis and leaving newly displaced victims of political violence without assistance;

Whereas Nelson Mandela has described the situation in Zimbabwe as a "tragic failure of leadership," while the Government of Botswana has refused to recognize the election outcome as legitimate and has said that representatives of the administration should be excluded from SADC and African Union meetings;

Whereas the African Union passed a resolution on July 1, 2008, expressing concern for the loss of life in Zimbabwe and the need to initiate political dialogue to promote peace, democracy, and reconciliation;

Whereas the MDC reported on July 9, 2008, that 129 of its supporters have been killed since the first round of elections, including 20 since the runoff election, 1,500 of its activists and officials are in detention, and 5,000 are missing or unaccounted for; and

Whereas the Group of Eight (G8) industrialized nations, at their annual summit, issued a joint statement on July 8, 2008, rejecting the June 27, 2008, election and legitimacy of the Mugabe regime, as well as committing to further measures against those responsible for the violence: Now, therefore, be it

*Resolved*, That it is the sense of the Senate—

(1) to support the people of Zimbabwe, who continue to face widespread violence, political repression, a humanitarian emergency, and economic adversity;

(2) to condemn the Mugabe regime for its manipulation of the country's electoral process, including the March 29, 2008, election and the June 27, 2008, runoff election and the regime's continued attacks against, and intimidation of, opposition members and supporters and civil society;

(3) to reject the results of the June 27, 2008, presidential runoff election in Zimbabwe as illegitimate because of widespread irregularities, systematic violence by the Mugabe regime, and the boycott of the MDC;

(4) to encourage the President's continued efforts to tighten and expand sanctions on

those individuals responsible for violations of human and political rights in Zimbabwe;

(5) to applaud the Governments of Benin, Botswana, Liberia, Kenya, Nigeria, Senegal, Sierra Leone, and Zambia for condemning the violent derailment of the runoff election at the African Union summit in Sharm El-Sheikh;

(6) to encourage all members of the United Nations Security Council to vote in favor of the proposed resolution that would authorize a United Nations Special Representative to support the negotiations process, impose an international arms embargo, and strengthen financial penalties on those individuals most responsible for undermining democratic processes;

(7) to encourage the African Union to initiate an inclusive political dialogue between both parties and deploy a protection force to prevent attacks, assist victims, and prevent the security situation from further deteriorating;

(8) to urge leaders in Africa to engage directly in the effort to achieve an expeditious political resolution to the crisis;

(9) to urge the United States Government and the international community to assemble a comprehensive economic and political recovery package for Zimbabwe in the event that a political resolution is reached and a truly democratic government is formed; and

(10) to support a lasting democratic political solution that reflects the will and respects the rights of the people of Zimbabwe, including mechanisms to ensure that future elections are free and fair, in accordance with regional and international standards.

SENATE RESOLUTION 612—EXPRESSING THE SENSE OF THE SENATE THAT PRESIDENT GEORGE W. BUSH, PRESIDENT DMITRY MEDVEDEV OF THE RUSSIAN FEDERATION, AND OTHER PARTICIPANTS IN THE 2008 GROUP OF EIGHT (G8) SUMMIT IN TOYAKO, HOKKAIDO, JAPAN SHOULD WORK TOGETHER TO FOSTER A MORE CONSTRUCTIVE RELATIONSHIP, AND THAT THE GOVERNMENT OF THE RUSSIAN FEDERATION SHOULD ESCHEW BEHAVIORS THAT ARE INCONSISTENT WITH THE GROUP'S OBJECTIVES OF PROTECTING GLOBAL SECURITY, ECONOMIC STABILITY, AND DEMOCRACY

Mr. BIDEN (for himself, Mr. KERRY, and Mr. CASEY) submitted the following resolution; which was considered and agreed to:

S. RES. 612

Whereas the leaders of 6 major industrialized democracies, including France, West Germany, Italy, Japan, the United Kingdom, and the United States, gathered in 1975 for a summit meeting in Rambouillet, France, and for annual meetings thereafter under a rotating presidency known as the Group of Six (G6);

Whereas the G6 was established based on the mutual interest of its members in promoting economic stability, global security, and democracy;

Whereas, in 1976, membership of the G6 was expanded to include Canada;

Whereas the members of the G7 share a commitment to promote security, economic stability, and democracy in their respective nations and around the world;

Whereas Russia was integrated into the G7 in 1998 at the behest of President William Jefferson Clinton following Russian President Boris Yeltsin's decision to pursue reforms and assume a neutral position on the acceptance of additional members into the North Atlantic Treaty Organization (NATO);

Whereas the members of the G8 face common challenges, including climate change, violent extremism, global economic volatility, pandemic disease, nuclear proliferation, and trafficking in narcotics, persons, and weapons of mass destruction;

Whereas President Dmitry Medvedev, Prime Minister Vladimir Putin, and other leaders of the Russian Federation have regularly expressed a desire for the Russian Federation to play a leading role in international affairs;

Whereas the Russian Federation and other members of the international community all stand to benefit if the Russian Federation is an active, constructive partner in addressing the broad range of challenges confronting the global community;

Whereas the Russian Federation has evidenced the capacity and willingness to cooperate with the United States and other nations in the interest of global security in certain areas pertaining to arms control and weapons proliferation, notably through its participation in the Six-Party Talks regarding North Korea and its support of the incentives package offered by leading countries to Iran if that country would suspend its uranium enrichment program;

Whereas the United States and Russia have safely deactivated and destroyed thousands of nuclear, chemical, and biological weapons and provided upgraded storage and transportation of nuclear materials through the Nunn-Lugar program;

Whereas the United States and other countries participating in the June 2002 G8 Summit in Kananaskis, Canada agreed to raise up to \$20,000,000,000 over 10 years to support nonproliferation projects in Russia and other nations through the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction;

Whereas participants in the July 2006 G8 Summit in St. Petersburg, Russia launched the Global Initiative to Combat Nuclear Terrorism to improve the physical protection of nuclear materials, suppress illicit trafficking of such materials, and bolster the capacity of willing partner nations to respond to acts of nuclear terrorism;

Whereas the United States and the Government of the Russian Federation pledged in the April 2008 Sochi Strategic Framework Declaration to negotiate a "legally binding post-START arrangement" for the purposes of extending provisions of the 1991 Strategic Arms Reduction Treaty;

Whereas, notwithstanding these successes, the potential for collaboration between the United States and the Government of Russian Federation has been seriously undermined by the manner in which the leaders of the Russian Federation have conducted aspects of Russia's foreign policy;

Whereas the Government of the Russian Federation has unilaterally suspended implementation of the 1991 Treaty on Conventional Armed Forces in Europe (CFE Treaty) and has yet to fulfill its commitment to withdraw Russian forces from Georgia and Moldova pursuant to the 1999 Istanbul Summit Declaration of the Organization for Security and Cooperation in Europe;

Whereas the CFE Treaty has played a key role in enhancing the stability of the Euro-Atlantic region;

Whereas the Adapted CFE Treaty, which will not enter into force until the Russian Federation fulfills commitments made at the Istanbul Summit, will provide greater flexi-

bility for the Russian Federation in return for improved transparency and verification;

Whereas the Government of the Russian Federation has attempted to undermine the territorial integrity of the Republic of Georgia through its support of the breakaway provinces of South Ossetia and Abkhazia;

Whereas the United Nations Observer Mission in Georgia has concluded that a military aircraft belonging to the Russian Federation shot down an unarmed Georgian drone on April 20, 2008, while flying over Abkhazia;

Whereas the conduct of Russian trade and energy policy has created a widespread perception that the Government of the Russian Federation is using oil and gas exports and economic policy as a means of political pressure on countries that seek closer ties with the United States and Euro-Atlantic partners;

Whereas the behavior of the Russian Federation as it relates to several neighboring countries has contributed to the erosion of regional peace and security;

Whereas such actions are inconsistent with the G8's objectives of protecting global security, economic stability, and democracy, hinder cooperation with the Government of the Russian Federation, and undermine the standing of the Russian Federation as a respected member of the international community;

Whereas there has been considerable disagreement between the Government of the United States and the Government of the Russian Federation regarding proposals to place ballistic missile defense interceptor and radar sites in Poland and the Czech Republic, respectively;

Whereas certain developments inside the Russian Federation and the Russian Government's conduct of domestic policy have undermined confidence in the Russian Federation's ability and capability to serve as a full partner in the work of the international community;

Whereas the Department of State's Country Report on Human Rights Practices for 2007 stated that, in Russia, "continuing centralization of power in the executive branch, a compliant State Duma, corruption and selectivity in enforcement of the law, media restrictions, and harassment of some NGOs eroded the government's accountability to its citizens";

Whereas, in June 2008, a report released by Human Rights Watch concluded that Russian "law enforcement and security forces involved in counterinsurgency [in the North Caucasus] have committed dozens of extrajudicial executions, summary and arbitrary detentions, and acts of torture and cruel, inhuman or degrading treatment";

Whereas the Government of the Russian Federation has failed to successfully prosecute individuals responsible for the murder of critics of the Kremlin, including journalist Anna Politkovskaya and Alexander Litvinenko;

Whereas the 2008 Annual Report of Reporters without Borders noted a sharp increase in government pressure on the independent media in Russia, reporting that at least 2 journalists were forcibly sent to psychiatric hospitals in 2007 and others were badly beaten or kidnapped prior to the local and parliamentary elections in 2007;

Whereas Transparency International ranked Russia 143 out of 179 countries for perceived corruption in 2007;

Whereas there is increasing concern about violent nationalism and xenophobia in the Russian Federation and the 2008 Annual Report of the United States Commission on International Religious Freedom reports that there has been a "sharp rise in violent

crimes against persons [in Russia] on account of their religion or ethnicity”;

Whereas, in the handling of the Yukos Oil Company case and numerous other judicial actions, the Government of the Russian Federation has permitted the politicization of Russia's legal system;

Whereas these developments have seriously damaged international confidence in the institutions and laws of the Russian Federation and hindered the ability of the United States and other partners to work with the Russian Federation in addressing a broad range of pressing global, regional, and domestic challenges;

Whereas the people of the Russian Federation and the people of the United States have been disadvantaged by the resulting damage to relations between the countries;

Whereas President Dmitry Medvedev, in an interview with the Reuters News Service on June 25, 2008, stated that “freedom, democracy and the right to private property” should define Russia's behavior;

Whereas the United States believes that adherence on the part of the Government of the Russian Federation to the values articulated by President Medvedev would provide a foundation for improved cooperation with the Russian Federation;

Whereas adherence to the values articulated by President Medvedev would also help repair damage to the international reputation of the Russian Federation and advance the goals of security, prosperity, and representative governance that should be the common ambition of all members of the G8;

Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) in order to build a more constructive relationship with the Government of the Russian Federation and its people, the President of the United States and other leaders of the G8 nations should—

(A) pursue a broad agenda of cooperation with the leaders of the Russian Federation; and

(B) encourage Russia's transformation into a more liberal and democratic polity;

(2) the Government of the United States and the Government of the Russian Federation should work to ensure the continued success of Nunn-Lugar initiatives and non-proliferation and counterterrorism programs through—

(A) additional funding;

(B) access to sensitive facilities;

(C) effective safety and security measures to prevent proliferation of nuclear, chemical, and biological weapons and weapons-related materials and technology; and

(D) cooperation between the United States and Russia to enhance these objectives on a worldwide basis;

(3) the Government of the United States and the Government of the Russian Federation, working within the International Atomic Energy Agency and United Nations Security Council, should renew demands for Iran to cease its nuclear enrichment activities and fully disclose any prior weapons-related work;

(4) the Government of the United States and the Government of the Russian Federation should negotiate a legally-binding successor agreement to the 1991 Strategic Arms Reductions Treaty and address all outstanding concerns regarding the 1991 Treaty on Conventional Armed Forces in Europe;

(5) the leaders of the Russian Federation should adopt foreign and domestic policies that are consistent with “freedom, democracy and the right to private property”, as articulated by President Dmitry Medvedev;

(6) the Government of the Russian Federation should take immediate steps to restore the freedom and independence of the coun-

try's media in accordance with its obligations under the International Covenant on Civil and Political Rights;

(7) the Government and officials of the Russian Federation should refrain from portraying the North Atlantic Treaty Organization (NATO) as a threat to the Russian Federation and fully utilize the consultative mechanisms that exist through the NATO-Russia Council to facilitate cooperation between the countries of NATO and the Russian Federation;

(8) the United States, in coordination with other members of the G8, should—

(A) encourage the Government of the Russian Federation to address the challenges facing its society, including widespread corruption, a deteriorating health care system, growing instability in the North Caucasus, and an increasingly serious demographic crisis; and

(B) stand ready to assist the people and Government of the Russian Federation in those efforts;

(9) just as the United States welcomed the increasing prosperity and political development of Germany, Japan, and the nations Eastern Europe in the aftermath of former conflicts, the United States should welcome the emergence of the Russian Federation as a strong, successful, democratic partner in addressing global challenges; and

(10) the leaders of the Russian Federation should respect the rights of sovereign, democratic governments in neighboring countries and their prerogative to seek membership in Euro-Atlantic institutions.

#### SENATE RESOLUTION 613—DESIGNATING THE WEEK BEGINNING SEPTEMBER 8, 2008, AS “NATIONAL DIRECT SUPPORT PROFESSIONALS RECOGNITION WEEK”

Mr. NELSON of Nebraska (for himself, Ms. COLLINS, Mr. BAUCUS, Mr. SMITH, Mr. KERRY, Mr. ROBERTS, Mr. DODD, Mr. HATCH, Mr. BROWN, Mr. BUNNING, and Mr. BINGAMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 613

Whereas direct support workers, direct care workers, personal assistants, personal attendants, in-home support workers, and paraprofessionals (referred to in this preamble as “direct support professionals”) are the primary providers of publicly funded long term support and services for millions of individuals;

Whereas a direct support professional must build a close, trusted relationship with an individual with disabilities;

Whereas a direct support professional assists an individual with disabilities with the most intimate needs, on a daily basis;

Whereas direct support professionals provide a broad range of support, including—

(1) preparation of meals;

(2) helping with medications;

(3) bathing;

(4) dressing;

(5) mobility;

(6) getting to school, work, religious, and recreational activities; and

(7) general daily affairs;

Whereas a direct support professional provides essential support to help keep an individual with disabilities connected to the family and community of the individual;

Whereas direct support professionals enable individuals with disabilities to live meaningful, productive lives;

Whereas direct support professionals are the key to allowing an individual with dis-

abilities to live successfully in the community of the individual, and to avoid more costly institutional care;

Whereas the majority of direct support professionals are female, and many are the sole breadwinners of their families;

Whereas direct support professionals work and pay taxes, but many remain impoverished and are eligible for the same Federal and State public assistance programs on which the individuals with disabilities served by the direct support professionals must depend;

Whereas Federal and State policies, as well as the Supreme Court, in *Olmstead v. L.C.*, 527 U.S. 581 (1999), assert the right of an individual to live in the home and community of the individual;

Whereas, in 2008, the majority of direct support professionals are employed in home and community-based settings and this trend is projected to increase over the next decade;

Whereas there is a documented critical and growing shortage of direct support professionals in every community throughout the United States; and

Whereas many direct support professionals are forced to leave jobs due to inadequate wages and benefits, creating high turnover and vacancy rates that research demonstrates adversely affects the quality of support to individuals with disabilities: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the week beginning September 8, 2008, as “National Direct Support Professionals Recognition Week”;

(2) recognizes the dedication and vital role of direct support professionals in enhancing the lives of individuals with disabilities of all ages;

(3) appreciates the contribution of direct support professionals in supporting the needs that reach beyond the capacities of millions of families in the United States;

(4) commends direct support professionals as integral in supporting the long-term support and services system of the United States; and

(5) finds that the successful implementation of the public policies of the United States depends on the dedication of direct support professionals.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 5073. Mr. BUNNING submitted an amendment intended to be proposed by him to the bill S. 2731, 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; which was ordered to lie on the table.

SA 5074. Mrs. DOLE submitted an amendment intended to be proposed by her to the bill S. 2731, supra; which was ordered to lie on the table.

SA 5075. Mr. LUGAR (for Mr. BIDEN (for himself and Mr. LUGAR)) submitted an amendment intended to be proposed by Mr. LUGAR to the bill S. 2731, supra.

SA 5076. Mr. THUNE (for himself, Mr. KYL, Mr. JOHNSON, Mr. TESTER, and Mr. DOMENICI) submitted an amendment intended to be proposed by him to the bill S. 2731, supra; which was ordered to lie on the table.

SA 5077. Mr. DEMINT proposed an amendment to the bill S. 2731, supra.

SA 5078. Mr. DEMINT proposed an amendment to the bill S. 2731, supra.

SA 5079. Mr. DEMINT proposed an amendment to amendment SA 5078 proposed by Mr. DEMINT to the bill S. 2731, supra.

## TEXT OF AMENDMENTS

**SA 5073.** Mr. BUNNING submitted an amendment intended to be proposed by him to the bill S. 2731, to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, malaria, and for other purposes; which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. AUTHORIZATION OF APPROPRIATIONS.**

(a) IN GENERAL.—Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 is amended by striking “2004 through 2008” and inserting “2009 through 2013”.

(b) MALARIA VACCINE DEVELOPMENT PROGRAMS.—Section 302(m) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(m)) is amended by striking “2004 through 2008” and inserting “2009 through 2013”.

**SA 5074.** Mrs. DOLE submitted an amendment intended to be proposed by her to the bill S. 2731, to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, malaria, and for other purposes; which was ordered to lie on the table; as follows:

On page 1, line 5, strike “and Henry J. Hyde” and insert “, Henry J. Hyde, and Jesse Helms”.

**SA 5075.** Mr. LUGAR (for Mr. BIDEN (for himself and Mr. LUGAR)) submitted an amendment intended to be proposed by Mr. LUGAR to the bill S. 2731, 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; as follows:

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.

**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; and

“(C) 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, 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 promi-

nently 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”;

(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)”;

(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; and

“(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.

“(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 Admin-

istrator 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. 242i) 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 non-profit 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; and

“(B) moving toward universal access to HIV/AIDS prevention counseling and services.”

(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 postconflict 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.”.

(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.

“(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; and

“(xii) 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.**—

“(A) **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 organiza-

tion, 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 multi-drug 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 multi-sectoral 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 “\$50,000,000,000 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 country 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, 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.

**SA 5076.** Mr. THUNE (for himself, Mr. KYL, Mr. JOHNSON, Mr. TESTER, and Mr. DOMENICI) submitted an amendment intended to be proposed by him to the bill S. 2731, 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; which was ordered to lie on the table; as follows:

In section 401(a), strike “\$50,000,000,000” and insert “\$48,000,000,000”.

At the end, add the following:

## 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 and water 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) 25 percent for the construction, rehabilitation, and replacement of Federal Indian detention facilities;

(B) 2.5 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) 1 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 20 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 45 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 5 percent to provide 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), 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.).

**SA 5077.** Mr. DEMINT proposed an amendment to the bill S. 2731, 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; as follows:

On page 130, line 1, strike “\$50,000,000,000” and insert “\$35,000,000,000”.

**SA 5078.** Mr. DEMINT proposed an amendment to the bill S. 2731, 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; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . FUNDING LIMITATION.**

Notwithstanding any other provision of this Act, amounts authorized to be appropriated under this Act may only be targeted toward those countries authorized for funding under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (Public Law 108-25).

**SA 5079.** Mr. DEMINT proposed an amendment to amendment SA 5078 proposed by Mr. DEMINT to the bill S. 2731, 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; as follows:

At the end of the amendment, strike the period and add a comma and the following:

“and shall not be made available to such countries, or other countries through the Global Fund to Fight AIDS, Tuberculosis and Malaria, for any organization or program which supports or participates in the management of a program of coercive abortion or involuntary sterilizations.”

**NOTICE: REGISTRATION OF MASS MAILINGS**

The filing date for 2008 second quarter mass mailings is Friday, July 25, 2008. If your office did no mass mailings during this period, please submit a form that states “none.”

Mass mailing registrations, or negative reports, should be submitted to the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510-7116.

The Public Records office will be open from 9 a.m. to 6 p.m. on the filing date to accept these filings. For further information, please contact the Public Records office at (202) 224-0322.

**OVER-THE-ROAD BUS TRANSPORTATION ACCESSIBILITY ACT OF 2007**

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 829, H.R. 3985.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 3985) to amend title 49, United States Code, to direct the Secretary of Transportation to register a person providing transportation by an over-the-road bus as a motor carrier of passengers only if the person is willing and able to comply with certain accessibility requirements in addition to the other existing requirements, and for other purposes.

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

Mr. REID. Mr. President, I ask unanimous consent that the bill be read a third time, passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 3985) was ordered to a third reading, was read the third time, and passed.

**CRISIS IN ZIMBABWE**

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 611.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 611) expressing the sense of the Senate on the crisis in Zimbabwe, and for other purposes.

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

Mr. REID. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that all statements relating to this resolution be printed in the RECORD.

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

The resolution (S. Res. 611) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

**S. RES. 611**

Whereas, over the last eight years, the Zimbabwean African National Union-Patriotic Front (ZANU-PF), led by Robert Mugabe, has increasingly turned to violence and intimidation to maintain power amidst a deteriorating crisis;

Whereas the gross domestic product of Zimbabwe has decreased over 40 percent in the last decade, inflation is estimated by United Nations Deputy Secretary-General Asha-Rose Migiro at over 10,500,000 percent, unemployment is now over 80 percent, and more than 4,000,000 people have fled the country;

Whereas presidential and parliamentary elections were held on March 29, 2008, in

Zimbabwe amidst widespread reports of voting irregularities and intimidation in favor of the ruling ZANU-PF party and Robert Mugabe;

Whereas the Zimbabwe Electoral Commission refused to release results, despite calls to do so by the African Union (AU), the European Union (EU), the Republic of South Africa, the Southern African Development Community (SADC), United Nations Secretary-General Ban Ki-Moon, and the United States;

Whereas the official results of the election, announced five weeks later, showed that Robert Mugabe won 43.2 percent of the vote, while Morgan Tsvangirai, leader of the opposition party Movement for Democratic Change (MDC), won 47.9 percent of the vote;

Whereas, in the wake of the elections, Robert Mugabe launched a brutal campaign of state-sponsored violence against opposition members, supporters, and other civilians in an attempt to consolidate his power;

Whereas United States Ambassador to the United Nations Zalmay Khalilzad stated on April 16, 2008, that he was “gravely concerned about the escalating politically motivated violence perpetrated by security forces and ruling party militias”;

Whereas Secretary of State Condoleezza Rice stated on April 17, 2008, that Robert Mugabe has “done more harm to his country than would have been imaginable” and that “the last years have been really an abomination” and called for the AU and SADC to strengthen efforts to achieve a political resolution to the crisis;

Whereas Human Rights Watch reported on April 19, 2008, that the Mugabe regime had developed a network of informal detention centers to intimidate, torture, and detain political opponents;

Whereas the Mugabe regime has, in violation of the Vienna Convention on Diplomatic Relations, done at Vienna April 18, 1961 (23 U.S.T. 3229), harassed United States and other diplomats in retaliation for their repeated protest of recent violence, including by detaining the United States ambassador's vehicle for several hours on May 13, 2008, and detaining five United States embassy staff and two local embassy workers on June 5, 1998, one of whom was physically assaulted;

Whereas reports of killings, abductions, beatings, torture, and sexual violence against civilians in Zimbabwe have continued, resulting in some 10,000 people being assaulted and at least 30,000 displaced;

Whereas the MDC and Presidential candidate Tsvangirai withdrew from the June 27, 2008, runoff presidential election, citing intensified political repression and killings of their supporters;

Whereas the Mugabe regime persisted with the runoff election, despite the protest of many leaders in Africa, the EU, SADC, the United Nations Security Council, and the United States Government;

Whereas results from the runoff election unsurprisingly declared Robert Mugabe, the only standing candidate, as the winner with 85 percent of the vote, and he was sworn into office;

Whereas SADC, the Pan-African Parliament, and AU Observer missions to Zimbabwe made statements on June 29 and 30, 2008, finding that the elections fell short of accepted African Union standards, did not give rise to free, fair, or credible elections, and did not reflect the will of the people of Zimbabwe;

Whereas, on June 4, 2008, the Mugabe regime banned the operations of non-governmental organizations in Zimbabwe, including those who provide food and aid to millions of Zimbabweans suffering at the result of a ZANU-PF's policies, exacerbating the

humanitarian crisis and leaving newly displaced victims of political violence without assistance;

Whereas Nelson Mandela has described the situation in Zimbabwe as a “tragic failure of leadership,” while the Government of Botswana has refused to recognize the election outcome as legitimate and has said that representatives of the administration should be excluded from SADC and African Union meetings;

Whereas the African Union passed a resolution on July 1, 2008, expressing concern for the loss of life in Zimbabwe and the need to initiate political dialogue to promote peace, democracy, and reconciliation;

Whereas the MDC reported on July 9, 2008, that 129 of its supporters have been killed since the first round of elections, including 20 since the runoff election, 1,500 of its activists and officials are in detention, and 5,000 are missing or unaccounted for; and

Whereas the Group of Eight (G8) industrialized nations, at their annual summit, issued a joint statement on July 8, 2008, rejecting the June 27, 2008, election and legitimacy of the Mugabe regime, as well as committing to further measures against those responsible for the violence: Now, therefore, be it

*Resolved*, That it is the sense of the Senate—

(1) to support the people of Zimbabwe, who continue to face widespread violence, political repression, a humanitarian emergency, and economic adversity;

(2) to condemn the Mugabe regime for its manipulation of the country's electoral process, including the March 29, 2008, election and the June 27, 2008, runoff election and the regime's continued attacks against, and intimidation of, opposition members and supporters and civil society;

(3) to reject the results of the June 27, 2008, presidential runoff election in Zimbabwe as illegitimate because of widespread irregularities, systematic violence by the Mugabe regime, and the boycott of the MDC;

(4) to encourage the President's continued efforts to tighten and expand sanctions on those individuals responsible for violations of human and political rights in Zimbabwe;

(5) to applaud the Governments of Benin, Botswana, Liberia, Kenya, Nigeria, Senegal, Sierra Leone, and Zambia for condemning the violent derailment of the runoff election at the African Union summit in Sharm El-Sheikh;

(6) to encourage all members of the United Nations Security Council to vote in favor of the proposed resolution that would authorize a United Nations Special Representative to support the negotiations process, impose an international arms embargo, and strengthen financial penalties on those individuals most responsible for undermining democratic processes;

(7) to encourage the African Union to initiate an inclusive political dialogue between both parties and deploy a protection force to prevent attacks, assist victims, and prevent the security situation from further deteriorating;

(8) to urge leaders in Africa to engage directly in the effort to achieve an expeditious political resolution to the crisis;

(9) to urge the United States Government and the international community to assemble a comprehensive economic and political recovery package for Zimbabwe in the event that a political resolution is reached and a truly democratic government is formed; and

(10) to support a lasting democratic political solution that reflects the will and respects the rights of the people of Zimbabwe, including mechanisms to ensure that future elections are free and fair, in accordance with regional and international standards.

## REGARDING G8 SUMMIT IN JAPAN

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of S. Res. 612.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. 612) expressing the sense of the Senate that President George W. Bush, President Dmitry Medvedev of the Russian Federation, and other participants in the 2008 Group of Eight (G8) Summit in Toyako, Hokkaido, Japan should work together to foster a more constructive relationship, and that the Government of the Russian Federation should eschew behaviors that are inconsistent with the Group's objectives of protecting global security, economic stability, and democracy.

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

Mr. REID. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to this measure be printed in the RECORD.

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

The resolution (S. Res. 612) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

### S. RES. 612

Expressing the sense of the Senate that President George W. Bush, President Dmitry Medvedev of the Russian Federation, and other participants in the 2008 Group of Eight (G8) Summit in Toyako, Hokkaido, Japan should work together to foster a more constructive relationship, and that the Government of the Russian Federation should eschew behaviors that are inconsistent with the Group's objectives of protecting global security, economic stability, and democracy.

Whereas the leaders of 6 major industrialized democracies, including France, West Germany, Italy, Japan, the United Kingdom, and the United States, gathered in 1975 for a summit meeting in Rambouillet, France, and for annual meetings thereafter under a rotating presidency known as the Group of Six (G6);

Whereas the G6 was established based on the mutual interest of its members in promoting economic stability, global security, and democracy;

Whereas, in 1976, membership of the G6 was expanded to include Canada;

Whereas the members of the G7 share a commitment to promote security, economic stability, and democracy in their respective nations and around the world;

Whereas Russia was integrated into the G7 in 1998 at the behest of President William Jefferson Clinton following Russian President Boris Yeltsin's decision to pursue reforms and assume a neutral position on the acceptance of additional members into the North Atlantic Treaty Organization (NATO);

Whereas the members of the G8 face common challenges, including climate change, violent extremism, global economic volatility, pandemic disease, nuclear proliferation, and trafficking in narcotics, persons, and weapons of mass destruction;

Whereas President Dmitry Medvedev, Prime Minister Vladimir Putin, and other

leaders of the Russian Federation have regularly expressed a desire for the Russian Federation to play a leading role in international affairs;

Whereas the Russian Federation and other members of the international community all stand to benefit if the Russian Federation is an active, constructive partner in addressing the broad range of challenges confronting the global community;

Whereas the Russian Federation has evidenced the capacity and willingness to cooperate with the United States and other nations in the interest of global security in certain areas pertaining to arms control and weapons proliferation, notably through its participation in the Six-Party Talks regarding North Korea and its support of the incentives package offered by leading countries to Iran if that country would suspend its uranium enrichment program;

Whereas the United States and Russia have safely deactivated and destroyed thousands of nuclear, chemical, and biological weapons and provided upgraded storage and transportation of nuclear materials through the Nunn-Lugar program;

Whereas the United States and other countries participating in the June 2002 G8 Summit in Kananaskis, Canada agreed to raise up to \$20,000,000,000 over 10 years to support nonproliferation projects in Russia and other nations through the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction;

Whereas participants in the July 2006 G8 Summit in St. Petersburg, Russia launched the Global Initiative to Combat Nuclear Terrorism to improve the physical protection of nuclear materials, suppress illicit trafficking of such materials, and bolster the capacity of willing partner nations to respond to acts of nuclear terrorism;

Whereas the United States and the Government of the Russian Federation pledged in the April 2008 Sochi Strategic Framework Declaration to negotiate a “legally binding post-START arrangement” for the purposes of extending provisions of the 1991 Strategic Arms Reduction Treaty;

Whereas, notwithstanding these successes, the potential for collaboration between the United States and the Government of the Russian Federation has been seriously undermined by the manner in which the leaders of the Russian Federation have conducted aspects of Russia's foreign policy;

Whereas the Government of the Russian Federation has unilaterally suspended implementation of the 1991 Treaty on Conventional Armed Forces in Europe (CFE Treaty) and has yet to fulfill its commitment to withdraw Russian forces from Georgia and Moldova pursuant to the 1999 Istanbul Summit Declaration of the Organization for Security and Cooperation in Europe;

Whereas the CFE Treaty has played a key role in enhancing the stability of the Euro-Atlantic region;

Whereas the Adapted CFE Treaty, which will not enter into force until the Russian Federation fulfills commitments made at the Istanbul Summit, will provide greater flexibility for the Russian Federation in return for improved transparency and verification;

Whereas the Government of the Russian Federation has attempted to undermine the territorial integrity of the Republic of Georgia through its support of the breakaway provinces of South Ossetia and Abkhazia;

Whereas the United Nations Observer Mission in Georgia has concluded that a military aircraft belonging to the Russian Federation shot down an unarmed Georgian drone on April 20, 2008, while flying over Abkhazia;

Whereas the conduct of Russian trade and energy policy has created a widespread perception that the Government of the Russian Federation is using oil and gas exports and economic policy as a means of political pressure on countries that seek closer ties with the United States and Euro-Atlantic partners;

Whereas the behavior of the Russian Federation as it relates to several neighboring countries has contributed to the erosion of regional peace and security;

Whereas such actions are inconsistent with the G8's objectives of protecting global security, economic stability, and democracy, hinder cooperation with the Government of the Russian Federation, and undermine the standing of the Russian Federation as a respected member of the international community;

Whereas there has been considerable disagreement between the Government of the United States and the Government of the Russian Federation regarding proposals to place ballistic missile defense interceptor and radar sites in Poland and the Czech Republic, respectively;

Whereas certain developments inside the Russian Federation and the Russian Government's conduct of domestic policy have undermined confidence in the Russian Federation's ability and capability to serve as a full partner in the work of the international community;

Whereas the Department of State's Country Report on Human Rights Practices for 2007 stated that, in Russia, "continuing centralization of power in the executive branch, a compliant State Duma, corruption and selectivity in enforcement of the law, media restrictions, and harassment of some NGOs eroded the government's accountability to its citizens.";

Whereas, in June 2008, a report released by Human Rights Watch concluded that Russian "law enforcement and security forces involved in counterinsurgency [in the North Caucasus] have committed dozens of extrajudicial executions, summary and arbitrary detentions, and acts of torture and cruel, inhuman or degrading treatment";

Whereas the Government of the Russian Federation has failed to successfully prosecute individuals responsible for the murder of critics of the Kremlin, including journalist Anna Politkovskaya and Alexander Litvinenko;

Whereas the 2008 Annual Report of Reporters without Borders noted a sharp increase in government pressure on the independent media in Russia, reporting that at least 2 journalists were forcibly sent to psychiatric hospitals in 2007 and others were badly beaten or kidnapped prior to the local and parliamentary elections in 2007;

Whereas Transparency International ranked Russia 143 out of 179 countries for perceived corruption in 2007;

Whereas there is increasing concern about violent nationalism and xenophobia in the Russian Federation and the 2008 Annual Report of the United States Commission on International Religious Freedom reports that there has been a "sharp rise in violent crimes against persons [in Russia] on account of their religion or ethnicity";

Whereas, in the handling of the Yukos Oil Company case and numerous other judicial actions, the Government of the Russian Federation has permitted the politicization of Russia's legal system;

Whereas these developments have seriously damaged international confidence in the institutions and laws of the Russian Federation and hindered the ability of the United States and other partners to work with the Russian Federation in addressing a

broad range of pressing global, regional, and domestic challenges;

Whereas the people of the Russian Federation and the people of the United States have been disadvantaged by the resulting damage to relations between the countries;

Whereas President Dmitry Medvedev, in an interview with the Reuters News Service on June 25, 2008, stated that "freedom, democracy and the right to private property" should define Russia's behavior;

Whereas the United States believes that adherence on the part of the Government of the Russian Federation to the values articulated by President Medvedev would provide a foundation for improved cooperation with the Russian Federation;

Whereas adherence to the values articulated by President Medvedev would also help repair damage to the international reputation of the Russian Federation and advance the goals of security, prosperity, and representative governance that should be the common ambition of all members of the G8;

Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) in order to build a more constructive relationship with the Government of the Russian Federation and its people, the President of the United States and other leaders of the G8 nations should—

(A) pursue a broad agenda of cooperation with the leaders of the Russian Federation; and

(B) encourage Russia's transformation into a more liberal and democratic polity;

(2) the Government of the United States and the Government of the Russian Federation should work to ensure the continued success of Nunn-Lugar initiatives and non-proliferation and counterterrorism programs through—

(A) additional funding;

(B) access to sensitive facilities;

(C) effective safety and security measures to prevent proliferation of nuclear, chemical, and biological weapons and weapons-related materials and technology; and

(D) cooperation between the United States and Russia to enhance these objectives on a worldwide basis;

(3) the Government of the United States and the Government of the Russian Federation, working within the International Atomic Energy Agency and United Nations Security Council, should renew demands for Iran to cease its nuclear enrichment activities and fully disclose any prior weapons-related work;

(4) the Government of the United States and the Government of the Russian Federation should negotiate a legally-binding successor agreement to the 1991 Strategic Arms Reductions Treaty and address all outstanding concerns regarding the 1991 Treaty on Conventional Armed Forces in Europe;

(5) the leaders of the Russian Federation should adopt foreign and domestic policies that are consistent with "freedom, democracy and the right to private property", as articulated by President Dmitry Medvedev;

(6) the Government of the Russian Federation should take immediate steps to restore the freedom and independence of the country's media in accordance with its obligations under the International Covenant on Civil and Political Rights;

(7) the Government and officials of the Russian Federation should refrain from portraying the North Atlantic Treaty Organization (NATO) as a threat to the Russian Federation and fully utilize the consultative mechanisms that exist through the NATO-Russia Council to facilitate cooperation between the countries of NATO and the Russian Federation;

(8) the United States, in coordination with other members of the G8, should—

(A) encourage the Government of the Russian Federation to address the challenges facing its society, including widespread corruption, a deteriorating health care system, growing instability in the North Caucasus, and an increasingly serious demographic crisis; and

(B) stand ready to assist the people and Government of the Russian Federation in those efforts;

(9) just as the United States welcomed the increasing prosperity and political development of Germany, Japan, and the nations Eastern Europe in the aftermath of former conflicts, the United States should welcome the emergence of the Russian Federation as a strong, successful, democratic partner in addressing global challenges; and

(10) the leaders of the Russian Federation should respect the rights of sovereign, democratic governments in neighboring countries and their prerogative to seek membership in Euro-Atlantic institutions.

#### NATIONAL DIRECT SUPPORT PROFESSIONALS RECOGNITION WEEK

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of S. Res. 613.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 613) designating the week beginning September 8, 2008, as "National Direct Support Professionals Recognition Week."

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

Mr. REID. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to this matter be printed in the RECORD.

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

The resolution (S. Res. 613) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

#### S. RES. 613

Whereas direct support workers, direct care workers, personal assistants, personal attendants, in-home support workers, and paraprofessionals (referred to in this preamble as "direct support professionals") are the primary providers of publicly funded long term support and services for millions of individuals;

Whereas a direct support professional must build a close, trusted relationship with an individual with disabilities;

Whereas a direct support professional assists an individual with disabilities with the most intimate needs, on a daily basis;

Whereas direct support professionals provide a broad range of support, including—

(1) preparation of meals;

(2) helping with medications;

(3) bathing;

(4) dressing;

(5) mobility;

(6) getting to school, work, religious, and recreational activities; and

(7) general daily affairs;

Whereas a direct support professional provides essential support to help keep an individual with disabilities connected to the family and community of the individual;

Whereas direct support professionals enable individuals with disabilities to live meaningful, productive lives;

Whereas direct support professionals are the key to allowing an individual with disabilities to live successfully in the community of the individual, and to avoid more costly institutional care;

Whereas the majority of direct support professionals are female, and many are the sole breadwinners of their families;

Whereas direct support professionals work and pay taxes, but many remain impoverished and are eligible for the same Federal and State public assistance programs on which the individuals with disabilities served by the direct support professionals must depend;

Whereas Federal and State policies, as well as the Supreme Court, in *Olmstead v. L.C.*, 527 U.S. 581 (1999), assert the right of an individual to live in the home and community of the individual;

Whereas, in 2008, the majority of direct support professionals are employed in home and community-based settings and this trend is projected to increase over the next decade;

Whereas there is a documented critical and growing shortage of direct support professionals in every community throughout the United States; and

Whereas many direct support professionals are forced to leave jobs due to inadequate wages and benefits, creating high turnover and vacancy rates that research demonstrates adversely affects the quality of support to individuals with disabilities: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the week beginning September 8, 2008, as “National Direct Support Professionals Recognition Week”;

(2) recognizes the dedication and vital role of direct support professionals in enhancing the lives of individuals with disabilities of all ages;

(3) appreciates the contribution of direct support professionals in supporting the needs that reach beyond the capacities of millions of families in the United States;

(4) commends direct support professionals as integral in supporting the long-term support and services system of the United States; and

(5) finds that the successful implementation of the public policies of the United States depends on the dedication of direct support professionals.

#### PROGRAM

Mr. REID. Mr. President, we are going to be able to move through this PEPFAR legislation. It would be good for our country if we pass it. I also have spoken to the Speaker. She agrees with me and Senator McConnell that we should move this housing fix quickly. The President and his people have submitted to us some language that we think, from all we can tell, is appropriate. Senator Dodd is agreeing we should move forward. I think there is a sense we should do this within the next couple of days. This is something that is important.

With the housing crisis, the main reason we do this is to make sure people understand that we have faith in our financial markets. Fannie and Freddie, we believe, with the attention

being focused on them over the week-end and today, have stabilized, and that is the way it should be. We are going to try to move forward on this very quickly.

#### ORDERS FOR TUESDAY, JULY 15, 2008

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 10 a.m. tomorrow, Tuesday, July 15; that following the prayer and pledge, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business for up to 1 hour, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the second half; that following morning business, the Senate resume consideration of S. 2731, the Global AIDS bill, and when the Senate resumes consideration of the bill, the majority leader or his designee be recognized to move to table the DeMint amendment No. 5078. I further ask the Senate stand adjourned from 12:30 to 2:15 p.m. to allow for the weekly policy luncheons.

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

Mr. REID. I would say, Mr. President, Senators should expect the first vote of the day to occur as early as 11 a.m. tomorrow morning.

#### ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. REID. Mr. President, if there is no further business to be brought before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 7:27 p.m., adjourned until Tuesday, July 15, 2008, at 10 a.m.

#### NOMINATIONS

Executive nominations received by the Senate:

##### IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS VICE CHIEF OF STAFF, UNITED STATES AIR FORCE, AND APPOINTMENT TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTIONS 8034 AND 601:

##### To be general

LT. GEN. WILLIAM M. FRASER III

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

##### To be lieutenant general

MAJ. GEN. LARRY D. JAMES

THE FOLLOWING AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12212:

##### To be major general

BRIG. GEN. KELLY K. MCKEAGUE

##### IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED

WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

##### To be lieutenant general

MAJ. GEN. ROBERT E. DURBIN

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

##### To be lieutenant general

LT. GEN. RONALD L. BURGESS, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

##### To be lieutenant general

LT. GEN. JOHN F. KIMMONS

##### IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE OF LIEUTENANT GENERAL IN THE UNITED STATES MARINE CORPS WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

##### To be lieutenant general

MAJ. GEN. GEOGE J. FLYNN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

##### To be brigadier general

COLONEL JUAN G. AYALA  
COLONEL RONALD F. BACZKOWSKI  
COLONEL WILLIAM B. CROWE  
COLONEL MICHAEL G. DANA  
COLONEL WILLIAM M. FAULKNER  
COLONEL WALTER L. MILLER, JR.  
COLONEL JOSEPH L. OSTERMAN  
COLONEL CHRISTOPHER S. OWENS  
COLONEL GREGG A. STURDEVANT  
COLONEL GLENN M. WALTERS

##### IN THE ARMY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

##### To be lieutenant colonel

STEPHEN L. AKI  
RODRIGUE ALEANDRE  
JOEL O. ALEXANDER  
EDWARD W. ALLEN II  
PAUL M. ALLMON  
TODD K. ALSTON  
LISA L. ANDERSON  
SEAN D. ANDERSON  
WILLIAM J. ANDERSON  
CARMEN R. ANTHONY  
MICHAEL J. ARNOLD  
OSWALDO C. ARROYO  
SPENCER O. ASHFORD  
HOUSTON E. BAKER  
RONALD L. BAKER  
SHERWOOD P. BAKER II  
ROY D. BANZON  
CHARLES H. BARBER  
DALLIS L. BARNES  
KIMMIE M. BARTENSLAGER  
MICHAEL A. BAUMEISTER  
KIRBY D. BEARD  
DAVID M. BEDARD  
LAMONICA BELL  
CHRISTOPHER A. BENN  
THOMAS F. BENTZEL  
CRAIG S. BESAW  
DERELL M. BIBBS  
JOHN C. BIVONA, JR.  
CHARLES E. BLEDSOE  
ELIZABETH E. BLEDSOE  
MICHAEL D. BLOMQUIST  
JAMES W. BOGART  
LAURA B. BOZEMAN  
STEVEN R. BRADDOM  
JAMES T. BRADY II  
WILLIAM T. BRENNAN  
CHRISTOPHER M. BRIDGES  
JOHN C. BROOKIE  
CHRISTOPHER L. BROWN  
EVAN J. BROWN  
JAMES L. BROWN  
KEYVYN M. BRYANT  
SHATRECE B. BUCHANAN  
CLYDE M. BUCKLEY  
GREGORY N. BURN  
BRENDEN D. BURKE  
ADAM W. BUTLER  
DAVID B. BYERS  
JILL F. CAHILL  
LINNIE W. CAIN, JR.  
EARL D. CALSB  
JOHN C. CALHOUN  
MIKE A. CALVIN  
WILLIAM J. CAMPBELL III  
JASON A. CARRICO  
JEFFERY A. CARTER  
WILLIAM D. CARUSO  
YONG S. CASSE  
ERNEST R. CHAMBERS  
JOSEPH H. CHAN  
JEAN R. CHAUSSE

QUINZEL E. CHESTNUT  
DAVID D. CHIPCHASE  
HARRIET A. CLANCY  
SHAY V. COATES  
GREGORY H. COILE  
WILLIAM C. COKER  
ROBERT M. COLLINS  
JOSE A. COLONRODRIGUEZ  
AARON J. COOK  
ALANNA M. COOK  
JOHN L. COOMBS  
KENNETH J. COON  
JAMES W. CRAFT III  
JACOB E. CRAWFORD III  
CARMELO A. CRESPOAGUADO  
ELISABETH G. CROOKS  
LANCE G. CURTIS  
FRANK G. DAVIS II  
PAUL M. DAVIS  
STEPHEN R. DAVIS  
TOYA J. DAVIS  
ROBERT A. DAWSON  
GLENN A. DEAN III  
RICHARD B. DEBANY  
ELIZABETH DELBRIDGEKEOUGH  
ROY A. DESILVA  
CHRISTOPHER E. DEXTER  
PAUL D. DISMER  
ROBERT A. DIXON, JR.  
WILLIE L. DRUMGOLD, JR.  
JEROME C. DUFFY, JR.  
PAUL R. DWIGANS  
LANCE R. ELDRED  
MICHAEL G. ELLIOTT  
BRUCE E. ELLIS  
KEVIN L. ELLISON  
MICHAEL F. ENNABE  
MARK A. EVANS  
MARK M. EVANS  
MARY V. EWING  
DALE L. FARRAND  
ANN G. FINLEY  
TODD J. FISH  
JAMES R. FLANDERS  
MICHAEL E. FOSTER, SR.  
SABRINA E. FRANCIS  
DANIEL L. FURBER  
KENNETH L. GAMBLES  
GAVIN J. GARDNER  
CRAIG R. GARDUNIA  
ANTHONY GAUTIER  
KEVIN L. GEISBERT  
LANCE G. GIDDENS  
FRANK V. GILBERTSON  
TIMOTHY M. GILHOOL  
AMERICUS M. GILL III  
KEVIN D. GILSON  
BRETT F. GORDON  
STEPHANIE E. GRADFORD  
MARKO K. GRAHAM  
PETER N. GREANY  
ALEXANDER E. GREENWICH  
AMANDA P. GREIG  
SCOT W. GREIG  
CRAIG L. GROSENHEIDER  
SUSAN M. GROSENHEIDER  
GREGORY H. GRZYBOWSKI  
JAMES E. GULLEY, JR.  
MARTY G. HAGENSTON  
RICHARD T. HAGGERTY  
MARC A. HAMILTON  
YEE C. HANG  
MATHEW J. HANNAH  
STEVEN G. HANSON  
DIANA M. HARDY  
CYNTHIA HARGROW  
DARYL M. HARP  
RASHANN D. HARRIS  
TERRECE B. HARRIS  
STACIE I. HATTEN  
JON HAWKINS  
SHAWN L. HAWKINS  
ANTHONY L. HAYCOCK  
JERED F. HELWIG  
MARK E. HENRIE  
THOMAS J. HENTHORN, JR.  
SEAN A. HILBER  
COFIELD B. HILBURN  
STEVEN B. HINES  
JOHN B. HINSON  
RICHARD J. HOERNER  
DEAN M. HOFFMAN IV  
MARK A. HOLLINGSWORTH  
JAMES P. HOOPER  
KAROLYN I. HOOPER  
JANE M. HOSTETTLER  
HEIDI J. HOYLE  
ROBERT S. HRIBAR  
KAREN S. HUBBARD  
WILLIAM T. HUNT, JR.  
DONALD W. HURST III  
NOAH HUTCHER  
ANDREW J. HYATT  
ERIC G. IACOBUCCI  
SULA L. IRISH  
ALICIA D. JACKSON  
WILLIAM D. JACKSON  
VERNON E. JAKOBY  
MARK A. JOHNSON  
WILLIAM C. JOHNSON, JR.  
ERNEST C. JONES  
DOUGLAS M. KADETZ  
JOHN D. KAYLOR, JR.  
NELSON G. KERLEY, JR.  
CHARLES F. KIMBALL  
FEDERICA L. KING  
JOHN C. KIRALY

NORMAN B. KIRBY, JR.  
STEPHEN L. KNOTTS  
CHARLES H. KOEHLER III  
MICHAEL K. KOLB  
JOHN N. KOTZMAN  
CHRISTINA M. KRYCH  
CALYES L. KYNARD II  
JEFFERY M. LACAZE  
CHRISTOPHER J. LACKOVIC  
CYNTHIA LANG  
TRACY L. LANIER  
KELLY D. LAUGHLIN  
ROBERT N. LAW  
JOSEPH H. LAWSON III  
RICARDO LEBRON  
WILLIAM E. LEE III  
WON S. LEE  
KENNETH M. LEEDS, JR.  
CHRISTOPHER D. LELJEDAL  
CYNTHIA A. LERCH  
DOUGLAS A. LEVIEU  
JOHN D. LOONEY  
CARLOS E. LOPEZGUZMAN  
ROBERT W. LOVE, JR.  
DOUGLAS S. LOWREY  
SIDNEY J. LOYD  
ERIC W. LUDWIG  
BRIAN J. LYTTLE  
EDWARD D. MADDOX  
ROBIN L. MAHADY  
VICTOR M. MARRERO  
GARY A. MARTIN  
MICHAEL B. MARTIN  
JOHN P. MAYER  
ROBERT A. MCCASLIN  
WILLIAM J. MCCLARY  
DAVID J. MCCONNELL  
RANDY E. MCGEE  
DENNIS M. MCGOWAN  
MICHAEL T. MCTIGUE  
KEITH J. MOVEIGH  
SIDNEY W. MELTON  
GERARDO V. MENESES  
CHRISTOPHER D. MEREDITH  
MARI E. MEW  
ROBERT J. MICELI  
ROBERT E. MIDDLETON  
KENDRA L. MILLIKEN  
DAVID L. MORGAN III  
CALVIN A. MORRIS  
JOSEPH R. MORROW  
ROBERT S. MOTT  
MARC A. MUELLER  
HAKEM A. MUHAMMAD  
IAN D. MURDOCH  
VERNON L. MYERS  
MICHAEL T. NAIFEH  
PAUL J. NAROWSKI II  
JUDSON P. NELSON, JR.  
THOMAS D. NETZEL  
DANA A. NORTON  
VINCENT C. NWAFOR  
ERIC P. OLSON  
GREGORY QUEENDO  
GERARD J. OVERBEY  
GEORGE PADILLA  
KIYOUNG A. PAK  
CHRISTOPHER PALFI  
KEVIN P. PAUL  
WANDA L. PEE  
ELIJAH PETTY, JR.  
CHARLES G. PHILLIPS  
TERESA A. PLEINIS  
PEYTON POTTS  
SHAWN B. POWELL  
DEMETRIUS R. PRICE  
IVAN J. QUINONES  
ERIC C. RANNOU  
AUDREY RANSOM  
CRAIG M. RAVENELL  
JOHN A. REDINGER II  
JAMES E. REXFORD  
MARK A. RIDGLEY  
HAROLD T. RIGGINS III  
STEPHEN J. RILEY  
EARL W. RILINGTON, JR.  
AARON D. ROBERSON  
ROCHELLE C. ROBERSON  
KRISTIAN A. ROGERS  
JUAN ROSAS  
GEORGE L. ROSS  
MATTHEW H. RUEDI  
GREGORY M. RUPKALVIS  
MARK W. RUSSELL  
THOMAS J. RYAN  
RANDI E. RZESZOT  
ROY E. SALLYER  
GREGORY E. SANDERS  
ANTHONY J. SATTERFIELD  
ARI J. SCHEIN  
BRADLEY C. SCHUTZ  
MATTHEW M. SCHWIND  
TOMMIE L. SHERRILL  
ERIC P. SHIRLEY  
SCOTT A. SHORE  
CRAIG M. SHORT  
PAUL D. SHULER  
GLENN T. SIMPKINS  
JONATHAN B. SLATER  
ZORN T. SLIMAN  
ERIC J. SLOUGHFY  
PHILLIP E. SMALLWOOD  
CATHERINE A. SMITH  
CRYSTAL S. SMITH  
JAMES M. SMITH  
GARY M. SOLDATO  
WILLIAM E. SPARROW

GARY E. SPEAROW  
MARC A. SPENCER  
KATHRYN A. SPLETSTOSER  
CHARLES A. STAMM  
JOYCE B. STEWART  
SCOTT W. STEWART  
WILLIAM L. STEWART, JR.  
TIMOTHY R. STIANSEN  
LAWRENCE R. STILLER  
MARK T. STINER  
DANIEL L. STONE  
DONALD W. STONER III  
CHRISTOPHER G. STRACK  
DARYL L. STRONG  
CRAIG TACKETT  
MARK E. TALBOT  
RICHARD J. TATE  
CLINT C. TAYLOR  
JOHN M. THANE  
ROBERT J. THOMAS  
JAMES M. THORNE  
LEE M. TONSMIRE  
MILES E. TOWNSEND  
MICHAEL E. TRAXLER  
PATRICK J. UNZICKER  
LUIS A. URBINA  
VINCENT C. VALLEY  
ANGEL L. VELEZ  
MENDEL D. WADDELL  
LAURA K. WAGES  
THOMAS L. WAILD, JR.  
ALLEN F. WALKER  
SUSAN M. WALTON  
TIMOTHY A. WARNER  
EUGENE WARREN  
DONALD A. WEYLER  
KEVIN S. WHITE  
CRAIG A. WHITTEN  
DEAN E. WILEY  
DONALD B. WILHIDE  
JIMMIE L. WILLIAMS, JR.  
JOSEPH V. WILLIAMS  
DONALD K. WOLS  
CARL E. WOMACK, JR.  
JERRY L. WOOD  
GLENN W. WOOLGAR  
CHARLES WORSHIM III  
BROADUS H. WRIGHT III  
TIMOTHY W. ZIMMERMAN

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THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT  
TO THE GRADE INDICATED IN THE UNITED STATES ARMY  
UNDER TITLE 10, U.S.C., SECTION 624:

*To be lieutenant colonel*

EARL E. ABONADI  
MARCUS P. ACOSTA  
ROY H. ADAMS III  
ARTHUR A. ADDELMAN  
EDWARD J. ALCOCK  
ROBERT F. ALVARO  
MICHAEL R. ANDERSON  
STEVEN ANGETHAL  
RICHARD T. APPELHANS  
KRIS A. ARNOLD  
RAUL M. ARROCHA  
ERIC E. ASLAKSON  
MATTHEW D. ATKINS  
MICHAEL A. BACHAND  
JOSEPH A. BAIRD  
STEVEN L. BAIRD  
MARION P. BAKALORZ  
MATTHEW C. BALLARD  
JOHN L. BARETT, JR.  
LEE A. BAUBLITZ  
PHILIP A. BAUDE  
HASHEM BAYATPOOR  
TERRY A. BAYLISS  
JAME T. BAZIL  
WILLIAM V. BECK  
SHANNON D. BEEBE  
ROY L. BEHNE  
JOHN A. BENEDICT  
ERIC J. BENEFIELD  
DAVID W. BERNARD  
ALLEN T. BERRY  
TODD A. BERRY  
WOLFGANG T. BIGGERSTAFF  
KIM T. BIVIN  
ERIC W. BLAIR  
NANCY E. BODYK  
MATTHEW A. BOEHNKE  
JOSE R. BRACERO, JR.  
DAVID M. BRADSHAW  
MONICA P. BRADSHAW  
JOHN D. BRANCH  
STEVEN E. BREWER  
SCHUYLER M. BRISTOW  
SCOTT D. BROOKS  
JASON M. BROWN  
MICHAEL L. BROWN  
DANIEL W. BURNETT  
GUY M. BURROW  
THOMAS M. BUTLER  
JASON T. CALDWELL  
JAVIER E. CARDONA  
CHARLES A. CARLTON  
ROBERT H. CARR  
TANIA M. CHACHO  
MICHAEL A. CHANDANAIS

EUGENE R. SHAY, JR.  
 EUGENE V. SHELLEY  
 EULYS B. SHELL II  
 THOMAS R. SHENK  
 AARON R. SHIELDS  
 JOHN A. SINCLAIR  
 NANDKUMAR R. SINGH  
 SCOTT H. SINKULAR  
 DALE K. SLADE  
 DARREN R. SMITH  
 STEPHEN M. SMITH  
 ROBERT SOBESKI  
 BRIAN T. SOLDON  
 MICHAEL J. SORRENTINO  
 STEVEN J. SPARLING  
 JOHN F. SPENCER III  
 JEFFREY W. STANSFIELD  
 JEFFREY A. STARKE  
 BRIAN L. STEED  
 TAMMY L. STOCKING  
 GEOFFREY M. STOKER  
 OLIN K. STRADER  
 JASON T. STRICKLAND  
 ANN L. SUMMERS  
 FRANK F. TANK  
 RALPH M. TAYLOR  
 AARON P. TIPTON  
 PAUL J. TODD  
 THOMAS B. TREDWAY  
 MICHAEL F. TREVETT  
 DAVID W. TROTTER  
 JAMES D. TURINETTI IV  
 CURTIS L. TYGART  
 ROBERT H. VALIEANT  
 VERNON N. VANDYNE  
 BRETT P. VANPOPEL  
 JUAN C. VEGA  
 JONATHAN W. VERNAU  
 WILLIAM T. VIAR  
 GREGORY C. VIGGIANO  
 LISA C. VINING  
 ROBERT A. VITT  
 GLENN J. VOELZ  
 DALE L. VOLKMAN  
 TERESA A. WARDELL  
 JASON F. WEECE  
 JOHN W. WEIDNER  
 KENNETH M. WEILAND II  
 DON L. WILLADSEN  
 DAVID G. WILLIAMS  
 DAVID T. WILLIAMS  
 JEFFREY N. WILLIAMS  
 BRETT D. WILSON  
 DAVID N. WILSON  
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 LARRY N. WITTWER  
 KEVIN P. WOLFA  
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 JASON A. WOODFORD  
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 JON W. YOUNG  
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 PAUL M. ZEPPS, JR.  
 SCOTT M. ZNAMENACEK  
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 THE FOLLOWING NAMED  
 TO THE GRADE INDICA  
 ARMY UNDER TITLE 10.  
  
*To be lieut*  
  
 JEFFREY W. ABBOTT  
 BRIAN W. ADAMS  
 JAY R. ADAMS  
 JOHNNY D. ADAMS  
 LAMAR D. ADAMS  
 MARK E. ADAMS  
 KEVIN D. ADMIRAL  
 LAWRENCE AGUILLARD II  
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 BARBI L. ALEANDRE  
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 MAXWELL J. AMMONS  
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THOMAS D. ZIVKOVIC

AIR FORCE NOMINATION OF LT. GEN. WILLIAM M. FRASER III, TO BE GENERAL, WHICH WAS SENT TO THE SENATE ON APRIL 23, 2008.