

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

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

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### CONCLUSION OF MORNING BUSINESS

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

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

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

The assistant legislative clerk read as follows:

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

The Senator from New Hampshire is recognized.

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

There has been a lot said about this legislation. It is certainly not a perfect piece of legislation, and rarely do we see something that fits that description, but when we talk about infections and the impact of HIV/AIDS, tuberculosis, and malaria around the world, it is hard to exaggerate the devastating

impact these diseases have had. It is also hard to fully appreciate the positive impact the U.S. leadership in this area has had as well.

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

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

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

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

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

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

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

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

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

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

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

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