

Even under present law substantial donations turn the parties into matchmakers whose special meetings and receptions give the donors the chance to get their points across to the candidates.

In a footnote, the Court notes evidence in the record of the Democratic Senatorial Campaign Committee establishing exclusive clubs for the most generous donors.

These special clubs and receptions are even more prevalent in the world of soft money fundraising. Both parties sell access to their elected officials for high dollar soft money contributions. This week a Republican fundraiser featuring the President and the Vice President is expected to raise over \$20 million.

The corrupting influence of soft money, or at least the appearance of corruption created by the extraordinary sums raised by party leaders and federal officeholders and candidates, is an argument for the constitutionality of a ban on soft money that those who support the McCain-Feingold bill would have made even if the Colorado II case had come out the other way. But the Court's decision itself is solid support for another independent reason that the soft money ban is constitutional.

Corporations and unions are prohibited from contributing money in connection with federal elections. And individuals are subject to strict limits on their contributions to candidates and parties. The soft money loophole allows those limits to be evaded. This is not just a theoretical possibility, as in the Colorado case. There is a massive avoidance of the federal election laws going on today, as there has been for over a decade. The evidence of this is overwhelming. Soft money is being raised by candidates for the parties, and it is being spent in a whole variety of ways to influence federal elections. In recent years, the parties have used soft money to run ads that are virtually indistinguishable from campaign ads run by the candidates. That is what is going on in the real world.

A soft money ban will end the circumvention of these crucial limits in the law, limits that date back to 1907 in the case of corporations, 1947 in the case of unions, and 1974 in the case of individuals. The Supreme Court's decision yesterday tells us that Congress can constitutionally act to end that evasion.

The remaining question, of course, is whether we will do it. Our vote in this body on April 2 was the first step. When the House returns from the July 4th recess it will take up campaign finance reform, and I am hopeful that it will act decisively to pass a bill that is largely similar to the McCain-Feingold bill. Then it will be up to the Senate to act quickly and send the bill to President Bush for his signature. We are getting close, Mr. President, to finally cleaning up the corrupt soft money decision. The Supreme Court's decision yesterday, unexpected as it was to

many in the Senate and in the legal community, is a major boost for our efforts. The Court has spoken. Now Congress must act.

I yield the remainder of the time under my control to the Senator from New York.

The PRESIDING OFFICER. The Senator from New York.

Mrs. CLINTON. I thank the Chair. Mr. President, I add my thanks and gratitude to my good friend from Wisconsin. He has been a leader on this whole issue of campaign finance reform for so many years. He started as a young boy, and it has taken most of his life. I think progress is being made from a most unlikely source. I applaud the continued perseverance and commitment of the Senator.

HIV/AIDS EPIDEMIC

Mrs. CLINTON. Mr. President, we are in the midst of this very important debate about a Patients' Bill of Rights. I am hoping that before we break for the Fourth of July recess, the doctors, nurses, patients, and families of America will have the relief for which we have all waited for a very long time: making it clear doctors should be making our health care decisions; that nurses, not bookkeepers, should be at our bedsides; and that the Patients' Bill of Rights will be a reality.

I rise today because we have to consider our broad needs for health care not only in our country but around the world. Today as we meet and debate a Patients' Bill of Rights to make sure that Americans have access to the best health care in the entire world, there are millions of people around the world who do not have that opportunity or that right. I speak specifically of those who are suffering from HIV/AIDS.

We should be supporting vigorously the United Nations General Assembly on Meeting the Global HIV/AIDS Challenge and urging them to consider creative tools, such as debt relief, in efforts to combat HIV/AIDS.

As the general assembly is meeting in special session in New York to try to come up with a strategic blueprint for fighting HIV/AIDS worldwide, it is imperative that we in America appreciate that this worldwide epidemic has nowhere near crested. Africa is ravaged. It has just begun to affect India, China, and Russia. This is an epidemic of historic proportions, and it needs a response that is historically appropriate.

Almost 60 million people worldwide have been affected by HIV/AIDS, and over 20 million men, women, and children have died. If current trends continue, 50 percent or more of all 15-year-olds in the most severely affected countries will die of AIDS or AIDS-related illnesses.

We are in the middle of summer vacation. We have many families and young people visiting our Capitol. We are always so happy to have them here and for them to take a few minutes to see their Government in action, but it

is just chilling to imagine American 15-year-olds facing bleak futures as orphans or victims because they were born to infected mothers.

Every American should be concerned with what is going on beyond our borders. We should also be concerned because when it comes to disease today, there are no borders. People get on jet planes, people travel all over the world. There is no disease that is confined to any geographic area any longer. We have to recognize that for us to worry about the HIV/AIDS epidemic in Africa and Asia is not only the right thing to do, it is the smart thing to protect ourselves and to protect our children.

It is also important to recognize that the groundbreaking drug treatments that are keeping people with HIV/AIDS alive today are not available to those who suffer elsewhere. Less than 1 percent of HIV-infected Africans, for example, have access to life-extending antiretroviral medications. The challenges facing us are great, and we should work together to combat this global emergency.

I strongly support the formation of a global fund for infectious diseases such as AIDS, but also including tuberculosis and malaria. We are seeing tuberculosis and malaria in our own country. We are seeing the spread of malaria, which used to be confined to a tropical belt, beginning to move northwards, in part, I believe, because of global warming and desertification, so the mosquitos can travel further north and find hosts who traditionally have not suffered from malaria.

Tuberculosis is becoming epidemic in many parts of the world. In Russia, drug-resistant tuberculosis is a major killer.

I believe we should have a global fund to combat these infectious diseases, and I am very pleased the United States, private donors, and some other nations have taken steps to address the need for money as articulated by Secretary General Kofi Annan. We need between \$7 billion to \$10 billion annually. It is my hope that through a public-private partnership we are able to continue to invest in promoting prevention, treatment, and eventually a vaccine to prevent this devastating disease.

I am old enough to remember polio as a scourge that affected my life. I can remember my mother not letting me go swimming in the local swimming pool because of polio. I remember as though it were yesterday when the announcement of a vaccine was made. What a sense of relief that spread through my house and all of our neighbors, and we all lined up to get that shot we thought would protect us from what had been, up until then, such a serious, overhanging cloud in the lives of young people, as well as older people.

HIV/AIDS extracts a severe economic toll on nations worldwide. The disease spreads so rapidly. No one is immune from it. It has grave consequences for societies, and it threatens the interest

of peace and prosperity around the world.

HIV/AIDS alone will reduce the gross domestic product of South Africa by \$22 billion, or 17 percent, over the next decade. That is why I believe debt relief must also be part of any conversation about a broader global HIV/AIDS strategy.

While most African countries spend less than \$10 per capita on health care, they spend up to five times that amount in debt service to foreign creditors. In fact, the burdens of debt repayment have come into direct conflict with public health efforts in some instances. For example, structural adjustment programs have sometimes required governments to charge user fees for visits to medical clinics, a practice that stands in the way of effective prevention and treatment programs. As discussions of global HIV/AIDS prevention proceeds, consideration should be given to the role of international debt relief in the overall plan to combat HIV/AIDS.

I have written to the U.N. General Assembly President Harri Holkeri to express my support for his efforts and to urge inclusion of debt relief strategies in any effort that comes out of the general assembly.

I also urge our own Government to look more closely at what we can do. In the last administration, we forgave a lot of our bilateral debt for the poorest of the nations, but we should look at expanding beyond the circle of the poorest of the poor to the next poorest of the poor, and we should also look at our multilateral debt.

I am hoping I will find support on both sides of the aisle for a sense-of-the-Senate resolution I will be submitting to express the policy view that debt relief can and should be an important tool.

I have visited African countries. I have visited Asian countries. I have visited HIV/AIDS programs. I have been in places where 12-year-old girls who were sold into prostitution by their families have come home to die in northern Thailand.

I have been in programs in Uganda which have done probably the best job I know of in Africa certainly to spread the message about how to prevent HIV/AIDS. I have listened to the songs that were taken out into villages to tell villagers about this new disease that nobody really knows where it came from or how it arrived, but to warn people about its deadly consequences.

I was fortunate and privileged last year to participate in the United Nations discussion about AIDS, and I sat with AIDS orphans: A young boy from Uganda whose father and then mother died of AIDS, leaving him responsible for his younger brothers and sisters; a young boy from Harlem whose mother died of AIDS; a young boy from Thailand who was also orphaned by this terrible disease.

In some parts of Africa now, one will only find children, and most of them

are orphans. The rate of infection ranges from 15 to 35 percent, and I am deeply concerned we are still in some parts of the world in a state of denial about HIV/AIDS.

Certainly, both India and China face tremendous challenges to educate their population about this disease and to avoid practices that might spread it. It is commonplace in some parts of China for very poor villagers to sell their blood to make a little money. In so doing, they are subjecting themselves to the possible transmission of this terrible disease.

In other parts of Africa and Asia, even the best intentions to immunize children against measles or other communicable diseases lead to tragedy because the sterilization is not up to par and needles are reused, leading to the infection of people with HIV/AIDS.

I have long maintained there is a deep, profound connection between the economic health of a nation and the physical health of that nation's people. That is why we have to act now to address the HIV/AIDS pandemic.

There is so much the United States can and should do. We have the finest health care system in the world. We are the richest nation that has ever existed in the history of the world. We not only should care about people in other parts of the world because of this disease, but we should act in our own self-interest because there will be many parts of the world where it will be difficult, potentially even dangerous, to travel if the entire social structure and economy collapses because of the strain of HIV/AIDS, where tourists and business people from America will be told they should not go to do business. Suppose they are in an accident or suffer injury and might need medical care and that medical care might not be deliverable because the health care system has collapsed under the weight of HIV/AIDS.

I look forward to working with my colleagues in the Senate and in our United States delegation to the United Nations General Assembly special session on these and other desperately needed proposals to halt and reverse the social and economic damage caused by HIV/AIDS and the direct and immediate threat this pandemic poses to America and Americans. I urge my colleagues and I urge our Government and the United Nations to look deeply into the concept of forgiving debt in return for nations doing what we know works to prevent, treat, and eventually find a vaccine for this terrible disease.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate will now

stand in recess until the hour of 2:15 p.m.

Thereupon, the Senate, at 12:52 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer [Mrs. CLINTON].

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

BIPARTISAN PATIENTS PROTECTION ACT—Continued

Mr. REID. Madam President, I ask unanimous consent that there be 45 minutes for debate with respect to the McCain amendment No. 812, which is pending, with the time equally divided and controlled in the usual form with no second-degree amendments in order thereto; that upon the use or yielding back of time the amendment be temporarily laid aside, and Senator GREGG or his designee be recognized to offer the next amendment as under a previous order.

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

Who yields time?

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. 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.

Mr. REID. Madam President, I ask unanimous consent that the time during the quorum call be equally divided.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. KENNEDY. I yield myself 7 minutes.

The PRESIDING OFFICER. The Senator is recognized.

Mr. KENNEDY. Madam President, the cornerstone of an effective patient protection program is the right to timely, fair and independent review of disputed medical decisions. This amendment reaffirms a critical element of that right—the right to an independent appeal process that is not stacked against patients by giving the HMO the right to select the judge and jury.