

During the Clinton administration, Eric was instrumental in my efforts to bolster our Nation's armed forces by getting \$48 billion in additional funds for our military through supplemental and congressionally added funds. He also helped me gain \$823 million in military construction funding from 1996 to 2003 to revitalize Mississippi's most critical military bases.

In particular, I should note that Eric's naval experience was significant in helping me bolster the naval shipbuilding industry on the Mississippi Gulf Coast. He was instrumental in bringing together the Navy, the Office of Secretary of Defense, industry, and the Congress to ensure a robust naval shipbuilding program. His work was reflected in the development of the LHD, LHA(R), LPD-17, DD(X), DDG-51, and the Littoral Combat Ship programs.

I know that the citizens of Mississippi benefited from Eric's relentless pursuit of military and economic development projects that will impact the State for years to come. The country, too, should be proud to have had such a champion of strong military ideals fighting to preserve our nation's military power and to properly support our men and women in uniform. As a result of his outstanding performance, Eric was recently awarded the Mississippi Distinguished Civilian Service Medal and the Department of the Navy's Superior Public Service Award.

As Eric moves onto a new and exciting position as Vice President for Programs at Northrop Grumman Corporation, I wish him, his wife Wendy, and their children, Melissa and Matthew, every success. Eric has served our country for more than 27 years, and as he embarks upon his new journey, I wish to take this opportunity to thank him for his service and to wish him nothing but the best in his new career.

TRIBUTE TO JOSEPH VINCENT TREBAT

Mr. REID. Mr. President, the adjournment of the 107th Congress means we shall soon be bidding goodbye to the year 2002. The weeks ahead will be filled with reviews of the headlines and history of 2002. Unfortunately, 2002 marks the passing of an even greater number of individuals who made up what some refer to as the "Greatest Generation." The men and women who sacrificed much and rose to meet the awesome challenges confronting our great nation in the aftermath of World War II are dying off in greater numbers each year.

Today, I wish to recognize the life of one such individual who embodied the self sacrifice, uniquely American optimism, and genuine goodness of this generation—Joseph Vincent Trebat of Mount Prospect, IL. Joseph Trebat passed on to eternal life on August 14th but left behind a legion of family and friends whose lives have been infinitely enriched because of his life.

Joseph Trebat, "Dad" to his six children, "Papa" to his twenty-one grand-

children and two great grandchildren and "Joe" to his beautiful bride of 66 years, Lauretta, will be sorely missed. It is often said of men like Joe that he lived a good life. For Joe, however, it is more important to add that his was a life well led.

Joe's life was truly an American life. The son of Slovak immigrants, Joe grew up in Chicago and was by all accounts a self-made man. He worked his way through college and spent 50 years at the same company. He brought the same dedication to his family. His priorities never changed—work hard, enjoy life and provide a better future for his wife and children. The lives led by his six children: Mary Ann, Tom, Patty, Dottie, Joe and Kathy, evidence Joe's greatest success in life. To meet Lauretta, or "Stella" as Joe lovingly referred to her, is to understand what it means to be in the company of a kind and happy person. Joe may have been born Slovak but his marriage to Lauretta demonstrated he was blessed with the luck of the Irish.

Joe's naturally twinkling eyes could bring cheer to anyone. Those who enjoyed his company, whether joining Joe on the back porch of his house on Wa Pella, playing golf in one of the Trebat Golf Opens or cheering on his beloved Notre Dame, knew they could count on no shortage of laughter and fun. With its number one fan rooting for them from heaven it is no wonder that Notre Dame is experiencing such a winning football season in 2002.

Joe was a gentle giant who will be missed by all. A man for others who's strong faith and love of family was always steadfast and never wavering. When we talk of the "Greatest Generation" it is men like Joe who come to mind. While he will always be missed, he will forever be a model for future generations.

WE NEED A PLAN TO STOP AIDS

Mr. LEAHY. Mr. President, several months ago the Appropriations Committee reported out the fiscal year 2003 Foreign Operations Appropriations bill, and the Senate passed the Homeland Security Supplemental Conference Report.

Those two bills contain a total of \$950 million for international programs to combat AIDS, including \$300 million for the Global Fund to Fight AIDS, TB and Malaria. We provided \$250 million for the Global Fund last year, although \$50 million has not yet been disbursed.

That sounds like a lot of money. It is far more than what we were spending on international AIDS programs just two or three years ago. But think about it another way. The amount we expect to provide in 2002 and 2003 to combat AIDS, which threatens the lives of each of the world's 6 billion people—is less than what my own State of Vermont, with a population of only 600,000 people, will spend on health care during that same period.

So while the United States is doing more than ever to combat AIDS, and

we can point to successes in several countries—Uganda, Thailand and Brazil, for example, the reality is that the AIDS pandemic is out of control.

It is spreading faster, not slower. 40 million people are infected. Almost nobody is receiving treatment. 25 million people have died from AIDS-related causes, and at the current rate that number is expected to exceed 65 million by the year 2020.

By any measure, AIDS is a plague of biblical proportions. Over 6 centuries ago, the Bubonic Plague started at a small trading post in the Crimea and quickly spread from port to port. By the time it ran its course, a third of Europe was dead.

It is still remembered as the worst epidemic in the history of the world. No longer. AIDS is making the Bubonic Plague look like a mild case of the flu.

The reality is that despite everything we have done and are doing, we are failing miserably to control this pandemic. Until we develop a strategy that matches the challenge, and until we start thinking in terms of billions, not millions, of dollars, we will continue to fail.

The alternative is unthinkable, but it is by no means impossible—100 million deaths. 200 million. 400 million. This virus spreads exponentially, and so does the cost of controlling it.

When I think about AIDS, I think back to 1990, when Ryan White was alive, and Magic Johnson didn't know he was HIV positive. Even though hundreds of thousands of Americans had already died of the disease, we had gone a decade with two Presidents who refused even to speak the word "AIDS" in public.

In the spring of 1990, we learned that in some African villages, one of every 10 people was infected.

That year, my wife Marcelle and I traveled to Kenya, Uganda and South Africa to see the impact of AIDS first hand. During one visit to Kampala, we met people infected with HIV who were teaching others to protect themselves from the virus.

Those brave people were HIV-positive and knew their time was short. Yet they devoted the time they had left to helping others to live.

When I came home, I gave a speech and said that if we failed to act, by the year 2000 ten million people would die of AIDS.

I was wrong. The number of people who died from this disease during the next 10 years was not 10 million, it was 22 million, and now it is 25 million.

Imagine waking up tomorrow morning and learning that every single man, woman, and child—every single person—in Miami, Minneapolis, Atlanta, Denver, Boston, Seattle, Washington, D.C., New York City, Los Angeles, Chicago, Houston, Philadelphia, San Diego, Detroit, and Dallas combined had a virus for which there was no cure.

That is the reality in Africa today. Every hour, AIDS buries another 250 Africans.

Within the next decade, at the current rate, more than 40 million children in Africa will lose one or both parents to AIDS.

Many of these children will end up on the streets, turning to crime, drugs or prostitution, driving the rates of HIV even higher, perpetuating this vicious cycle.

Progress that has taken decades to achieve is being wiped out. In many African communities, AIDS is doubling infant mortality, tripling child mortality, and slashing life expectancy by as much as a third or a half.

We have always known that improving public health makes it easier to meet other needs—whether it is better education, stronger economies, or more stable societies. The converse is also true. AIDS will defeat these efforts for social and economic development in Africa unless we defeat AIDS first.

This is an enormous challenge for Africa, but it is an even greater challenge for the world.

Every day, another 12,000 people are infected, and millions more continue to suffer needlessly.

In the Caribbean, AIDS is now the leading cause of death among people between the ages of 15 and 44.

In Eastern Europe and Central Asia, the number of new infections has risen faster than anywhere.

In India, the infection rate is skyrocketing. In China, only 4 percent of the Chinese population knows how AIDS is transmitted, and according to public health experts it is spreading far faster than the government has acknowledged.

It is a grim picture, but there is a great deal we can do. We do not have a cure for AIDS and there is no vaccine in sight, but we know how to protect ourselves from the HIV virus. We can provide basic care to the sick, and mobilize communities to support the growing number of AIDS orphans.

We know how, for pennies a day, to treat the half of all AIDS patients who will otherwise die from the pneumonia, tuberculosis, or meningitis that prey upon weak immune systems. We have to get these drugs, as well as retroviral drugs which have been available in wealthy countries for years, to people in poor countries who need them.

We know how to reduce the transmission of AIDS from mothers to children.

We know all these things, but even so, we are failing. The disease is spreading out of control. What we lack, even after all these years, is a global plan.

This administration, like the one before it and the one before that, has no plan for how to mount a global campaign to effectively combat the most deadly virus the world has ever faced. There is no strategy for dealing with 40 million AIDS orphans, no strategy for getting treatment to the 40 million people infected today, or the 50 million who will be infected in another 3 years, no strategy for expanding education

and prevention programs on the scale that is called for.

It is not enough to point to a few success stories, as important as they are. We have to look at the big picture. Despite everything we have done and are doing, we have failed miserably. This deadly pandemic is out of control, and the amount of money being spent is a pittance of what is needed.

If we are going to conquer—or at least control—this disease, we need to think differently about it. It sounds cliché and it has probably been said many times before, but we need the health equivalent of the Manhattan Project, or putting a man on the moon. We need to increase our investment not linearly, but exponentially. Where we are spending millions, we need to spend billions.

According to public health experts, the world must increase funding on AIDS by at least a factor of five to at least \$10 billion per year.

And \$10 billion is a lot of money, but put it in perspective: It is about the same amount as the U.S. Government spends each year on office supplies. It is less than 1 percent of our Federal budget.

Unless we start treating AIDS as a global health catastrophe, not just someone else's problem, we will face a far worse, and far more costly, crisis in the future.

How do we begin?

The Global Fund to Fight AIDS, TB and Malaria is the funding mechanism the world has created, with strong support from the United States. It is not a substitute for other effective international health programs, like those run by USAID, but we know that USAID cannot do this alone. We need a multilateral approach, and the Global Fund is that approach.

Congress has appropriated \$250 million for the Fund so far. Some have argued that we should wait to see how the Fund performs, before we do more. I understand that caution. We have seen how other global funds failed to meet expectations. It would make sense to wait, if we were not talking about the worst health crisis in human history.

We simply cannot wait to see if the Global Fund is going to succeed, because we cannot afford to let it fail. We must do whatever is necessary to make sure it does not fail. That means spending a lot more than \$250 million. The Administration needs to approach the Global Fund as it has al-Qaida failure is not an option.

That said, money is not the only issue. The Fund must not allow itself to be turned into a tool controlled by the governments of AIDS-affected countries. Unless there are reasonable checks and balances on the proposed and actual uses of these funds, there will be a high risk that the fund will turn into a major source of patronage and income-supplementation for the elites.

To assure this, nongovernmental organizations and other civil society

groups must have a strong and clear voice in the global governance, national oversight, and local implementation of Fund-sponsored activities. To date, this has been respected more in rhetoric than in reality, and many local groups have been deeply disappointed with the nearly total government control of access to Fund resources and even the proposal process in many countries.

The Fund would probably respond that this is being addressed, but the message I am hearing from the field is that this is a closed and tightly controlled resource pool in most places. To its credit, the Bush administration has been one of the strongest supporters of a larger role and voice for NGOs, and some of the developing country governments represented on the fund's Board have been the most resistant.

The fund is one important vehicle for getting critical programs going in highly affected countries, but we should not confuse this with a comprehensive global approach. There are still critical needs for direct bilateral assistance, particularly when that assistance is often channeled, as it is with USAID funds, to service NGOs, as well as an overall coordination and policy role for UNAIDS, and a technical role for the World Health Organization. Responding to AIDS and the Global Fund are not fully synonymous.

The world faces immense challenges from global warming, to the threat of nuclear, chemical and biological weapons, to poverty on a vast scale. We cannot ignore any of these challenges, because they all bear on the security of future generations of Americans.

But when those same future generations look back at this time and place, I believe they will judge us, more than anything, on how we responded to AIDS. It is the most urgent, the most compelling, moral issue of our time.

I urge the President, who has shown real leadership in focusing our country and the world on combating terrorism, to think differently about AIDS. It cannot be just another problem we deal with in the normal course of business. As serious a threat as international terrorism is and we are spending many billions of dollars to protect ourselves from terrorists, measured by the number of victims it pales compared to AIDS.

The administration needs to get serious. Earlier this year, the White House opposed efforts by the Congress, including by some Republicans, to provide \$500 million in emergency funding to combat AIDS. Because of the White House's objection, Senator DURBIN's amendment was defeated.

Subsequently, the President refused to designate \$200 million for HIV/AIDS, in the Homeland Security Supplemental, including \$100 million for the Global Fund, as an emergency. As a result, those funds are not available.

If AIDS is not an emergency, nothing is. Over two decades have passed since AIDS was first identified, yet we still

do not have a plan. A hundred million dollars here or there isn't a strategy. Even \$10 billion isn't a strategy. The Administration needs to spell out in clear terms a plan for dealing with each component of the AIDS crisis care for orphans, treatment for the infected, and prevention. It needs to do this on a country scale and a global scale, and it needs to commit our share of the funds to implement it.

It won't be cheap. The Manhattan Project wasn't cheap either, but that is what we need. It will cost far, far more if we waste another ten years.

The Congress has showed over and over that it is ready. The administration needs to lead.

CONTINUING THE FIGHT AGAINST THE HIV/AIDS PANDEMIC

Mr. BIDEN. Mr. President, it is with mixed feelings that I rise to speak on the HIV/AIDS bill that the Senate passed by unanimous consent tonight. This is the second time this year that the Senate passed a bill to combat the spread of HIV/AIDS overseas. As you recall, in July we unanimously passed a comprehensive bill to fight the deadly disease. The bill contained new authorities for the Department of Health and Human Services, authorized money for a contribution to the Global Fund for AIDS, Tuberculosis and Malaria, authorized the Secretary of the Treasury to enter into negotiations to improve the Heavily Indebted Poor Countries Initiative, and authorized funds for our bilateral assistance programs at the Agency for International Development.

The funding levels and authorities provided in the bill the Senate passed in July reflected an understanding of the enormity of the problem, what it will take to address it, and the Senate's dedication to doing so. Unfortunately, our colleagues in the House of Representatives had neither the understanding nor the will to consider all of the provisions in the bill.

Instead, the Republican led House slow rolled conversations and negotiations on the bill for so long that four months later we were still unable to come to an agreement on the original provisions in the Senate passed bill. What we are left with is a stripped down version of what the Senate passed. Our original bill authorized \$2.172 billion in fiscal year 2003 and \$2.576 billion in fiscal year 2004. The House insisted that we slash the title containing Health and Human Services authorities. The only version of the bill they would agree to authorizes a billion dollars less in fiscal year 2003 to fight HIV/AIDS overseas.

The Senate provided \$1 billion for the Global Fund to Combat AIDS, tuberculosis and malaria this fiscal year, giving a clear indication that we believe that the Fund is an important mechanism through which to meet the resource needs of countries highly affected by the disease. The compromise

with the House authorizes \$250 million less in fiscal year 2003.

The Senate legislation included a bill I introduced in April which authorizes the Secretary of the Treasury to move forward with negotiations for deeper debt relief for poor countries—especially those facing a health crisis like HIV/AIDS. More debt relief provides poor countries more resources to devote to healthcare. The House insisted that we eliminate even Sense of Congress language about debt relief from the bill despite the fact that it is now clear—and the World Bank itself has recently announced—that unless the current debt relief program is enhanced, the debt levels of those poor countries will remain too high. How can we expect to developing nations struggling under crippling debt to adequately meet the needs engendered by a severe health emergency such as HIV/AIDS? We cannot.

I am bitterly disappointed in the decisions made by our House colleagues on the issues I have outlined above. Time and time again we have been given information about the human consequences of the spread of the disease. Three million people died of AIDS in 2001, according to the Joint United Nations Program on HIV/AIDS. Over half a million of them were children. Over a million of them were women, who are the primary care givers in any society. There are currently over 40 million people living with AIDS.

Time and time again, we have been alerted to the security implications of the spread of HIV. In January of 2000 the National Intelligence Council issued an estimate entitled the Global Infectious Disease Threat and Its Implications for the United States in which it states:

The persistent infectious disease burden is likely to aggravate and in some cases, may even provoke economic decay, social fragmentation, and political destabilization in the hardest hit countries in the developing and former communist worlds. . . . Some of the hardest hit countries in Sub-Saharan Africa—and possibly later in South and Southeast Asia—will face a demographic upheaval as HIV/AIDS and associated diseases reduce human life expectancy by as much as 30 years and kill as many as a quarter of their populations over a decade or less, producing a huge orphan cohort.

That same month the United Nations Security Council convened the first ever session on a health issue to discuss the security implications of HIV/AIDS.

On October 1 of this year, the National Intelligence Council released another report, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China*, which details the impact that HIV/AIDS is expected to have on those countries through the year 2010. The findings in the report were grim:

International efforts to combat HIV/AIDS to date have not checked the spread of the disease in these countries.

None of these five countries will be able to halt rising infection rates un-

less they channel more resources into education and health services—resources that these countries do not have.

Vaccines are currently being developed and tested, however even if a vaccine is developed soon it will be ineffective against the HIV/sub-types common in Ethiopia, Russia, China, India and Nigeria.

A vaccine that is 75 percent effective would have to be given to 50 percent of the population in order stop the spread of HIV, according to some experts.

Given the security threat and humanitarian concerns that HIV/AIDS poses throughout the world, I wish that my House colleagues had dealt with all of the provisions in the Senate passed bill in a serious and constructive way. We need to use all of the resources at our disposal to deal with this threat because make no mistake, the threat is very real.

There is no question that we are left with a bill that is significantly more parochial. However, I will say that there are some very good things in the legislation. First, we are able to keep the fiscal year 2004 authorization levels that were in the original Senate bill. \$1.2 billion for the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria in fiscal year 2004 is a much more realistic contribution, than the 2003 level.

Second, the bill contains a provision which requires the administration to produce a report which outlines a comprehensive integrated strategy to combat the global HIV/AIDS pandemic. A scattershot approach will not stop the disease from spreading. In addition to being well funded, our programs must be well thought out.

This bill establishes the position of Special Coordinator for HIV/AIDS at the State Department, which I think is critical. As there are several agencies involved in providing assistance to fight the spread of HIV/AIDS overseas. In order to avoid duplication and omissions, it is imperative that there be an office which coordinates and oversees all the activities being carried out.

Finally, the bill contains a section which asks the Agency for International Development to develop a plan to empower women to prevent the spread of HIV/AIDS. The plan is to include education for women and girls, and to provide access to programs which focus on economic independence for women such as micro-finance loans. In addition, this section authorizes money for product development of topical microbicides, medications which kill the HIV virus, that women can use to protect themselves without having to obtain the consent of a partner unwilling to use preventative measures.

HIV/AIDS is the worst plague mankind has ever known. No corner of the globe is safe. It has hit hardest in the areas of the world with the least resources with which to respond. I would argue that we should help these nations on purely humanitarian grounds. To those for whom self-interest is a