

hope we can zero in on what it is we want to accomplish and find the best method of accomplishing that and get it done in the very near future.

So I think we have lots of challenges before us. I mentioned a couple: energy, pharmaceuticals. We ought to be able to get a budget so we have limitations on our spending. In the Senate, we obviously have not yet begun to deal with the 13 bills that we need on appropriations. We have not started on that.

So I think we have allowed ourselves to get into a pretty tight situation in terms of dealing with the issues. I am pleased that yesterday we were able to at least complete something in the accounting area that will deal with some of the problems we have seen in terms of corporate misbehavior. Hopefully, that will work. So I just wish we could move and get on with the work we know we have to do.

I yield the floor.

The PRESIDING OFFICER (Mrs. CLINTON). The Senator from Illinois.

Mr. DURBIN. Madam President, I ask unanimous consent to be recognized in morning business.

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

14TH INTERNATIONAL CONFERENCE ON AIDS

Mr. DURBIN. Madam President, last Friday, July 12, the 14th International Conference on AIDS closed in Barcelona, Spain. This year's theme was "Knowledge and Commitment for Action."

More than 14,000 doctors, activists, and government officials gathered in Barcelona for the largest AIDS conference ever.

At the last conference, hosted in Durban, South Africa, in the year 2000, the concluding plan, by all the nations that assembled, was to take action on the following items: To spread the use of condoms as a means of avoiding infection; to curb mother-to-child transmission of AIDS and HIV; to empower women to choose their relationships and method of contraception freely; and, finally, to educate people about the risks.

The last 2 years have shown that all four of these activities can be done successfully.

Another success achieved in the past 2 years is the focus shift to providing treatment for all. This has been a result of lower drug costs and the realization that people will not get tested unless there is hope of treatment.

The opening session featured the Barcelona Declaration, which called for action on the following goals by the year 2004: Secure a donation of \$10 billion per year for Global AIDS—\$10 billion—provide 2 million people in the developing world with antiretroviral treatment; third, provide affordable drug treatment in the developed world and universal access to generic brand drugs in the developing world; and

fourth, develop a new global partnership between government and non-government organizations, recognizing the crucial roles that NGOs play in the fight against AIDS.

The Barcelona conference has brought a great deal of attention to HIV/AIDS. Newspapers daily provide America with devastating facts. UNAIDS warns that the AIDS epidemic is just starting. An estimated 5 million new HIV infections occurred worldwide during 2001. That is about 15,000 infections every single day. More than 95 percent of these occur in developing countries. In 2001, 5 infections each minute occurred in young people age 15 to 24, approximately 6,000 young people in total. Worldwide, 13.4 million children have lost at least 1 parent to AIDS. That number is expected to grow to more than 25 million by the year 2010.

We tend to view AIDS and its growth as a Third World problem. We hear the statistics: 40 million infected people in sub-Saharan Africa; 15 million AIDS orphans or more in sub-Saharan Africa; projections by the World Bank that there will be over 20 million infected people in India alone in the next 5 to 10 years; all of the talk about China and Russia.

Never should we overlook the problem in the United States. AIDS is still a problem; HIV infection is a reality. It is growing particularly among the African-American population in America. It is growing particularly among heterosexuals and among women. This is a problem we have not conquered. In fact, we have not confronted it honestly in the United States for too long a period of time.

UNAIDS has just issued a report on the situation in China. The report is called "China's Titanic Peril" because the U.N. agency said, if China doesn't act now, this boat will sink. The Chinese Government estimates 850,000 are infected. The U.N. report indicates the Chinese Government lacks political commitment and thus far has not provided sufficient resources to deal with it. Seventeen percent of the people in China have never heard of the disease. China, India, and Indonesia are on the brink of outbreaks that could dwarf the current epidemic.

AIDS is the leading cause of death in sub-Saharan Africa. More than 28 million Africans are infected with it. HIV/AIDS weakens economic and political stability, national security, and agricultural output, all necessary for continued development.

The cost of AIDS rises each minute that the epidemic grows. Without a drastic change in the global approach to the HIV/AIDS epidemic, it is expected that an additional 45 million people will be living with AIDS by 2010. From the facts reported in the daily newspapers, it is clear that current spending levels are grievously insufficient to address the global epidemic.

In 1993, experts asked the world for \$2 billion annually to slow the spread and

to save \$900 billion in associated costs. Only recently, the level of global spending has climbed to \$2.8 billion. Think of that, a 9-year period of time when we did not respond to this epidemic as it spun out of control. This is well below the actual need today of \$10 billion every year to fight this epidemic that is circling the globe.

A World Health Organization mathematical model estimates that only \$9 billion can be usefully spent per year: \$4.8 billion on prevention, \$4.2 billion on treatment. This number assumes the medical infrastructures in developing countries will remain at current capacities. Jeffrey Sachs, a well-known development economist based at Columbia University in New York, suggests that investing in infrastructures would raise the yearly cost to about \$15 billion.

I have been to some of these countries suffering with AIDS. Many of my colleagues have. You see that the medical infrastructure is virtually primitive. Not only do they not have clinics, they don't have water that is safe to drink. Imagine trying to treat an epidemic under those conditions. An investment in the public health infrastructures of these countries can mean we could put money into stopping and slowing this epidemic.

The United States spends more than \$10 billion domestically to fight the disease, but we contribute only \$1.1 billion to fight AIDS abroad. A few weeks ago, I brought an amendment to the floor asking that we make a commitment on an emergency basis to put \$500 million more into fighting the AIDS epidemic. I am sorry to report my colleagues would not support me on that amendment. It is unfortunate. I believe, sadly, that in years to come we will look back on this as a missed opportunity to do something about an epidemic that will literally affect the lives of all of our children and grandchildren and affect the stability of the world.

What are the contributing causes to the global epidemic? No. 1 is lack of education. Eighty percent of those most at risk receive no information or any help with prevention. Just a few years back, 10 or 12 years ago, 30 percent of the pregnant women in Uganda were HIV positive. That number is now down to 11 percent. Was there a massive infusion of money into Uganda? There was, a selective infusion of money into public education. It worked. They preached ABC, which is very basic: Abstinence, which is the first advice to be given; make certain that if you are going to be sexually active, you are monogamous; and third, make certain you rely on condoms for protection if you don't accept the other two as a premise for your lifestyle. It is very fundamental, but it worked. It dramatically reduced the HIV infection rate among those who were pregnant.

We need programs that are going to change the habits of people. We have to understand poverty creates desperation. There is something we have to

understand, which the Presiding Officer made a point of in the city of Chicago many years ago after she had returned from a trip to South Asia—I heard her speech; I remember it well—in which she said, the biggest single indicator of the likelihood of progress in a developing nation is the way they treat their women. If women are treated with respect, if they are given a voice in the society, if they can help decide their fate, you will have a more progressive society; you will find a country able to respond to many crises, not just the health crisis.

We in the United States have to understand that though we don't lead the world in foreign aid, per capita, we certainly want to make certain that our investment in foreign aid focuses on improving the role and voice of women in developing countries. Women who are not treated as slaves or chattel can make life decisions that will save their lives, enrich their children's lives, and give them a marital situation with hope instead of despair. That should be part of our approach in dealing with AIDS as well.

This epidemic is going to get worse before it gets better. We have to understand that the United States has, beyond a moral responsibility, a political responsibility in terms of this HIV/AIDS epidemic. There was a time a century ago when the problems around the world were in fact on the other side of the world; they couldn't, frankly, make it to the United States; many of these people who were sick would die on the way. We now know that any problem on the other side of the world is a 10- or 12-hour airplane flight from being our problem.

Let us understand we cannot take the current course that is being suggested by this administration. To give a symbolic amount of money this year to the global AIDS effort is in fact to invite further disaster on the people around the world and on the people of the United States. To go, as the administration has said, along the route that would suggest next year we would make no contribution to the global AIDS fund suggests perhaps that they believe the epidemic is going to wait for us to catch up with it. It won't. Then finally to say that maybe 2 years from now we will put another \$300 million in, that kind of halfhearted, weak attempt to meet our moral and political obligation will mean the AIDS epidemic will continue to grow, not just in Africa, not just in Asia, but around the world.

Taking a meaningful, positive step forward in supporting prevention of AIDS research and education is in the best interest of the United States.

I note that major donor organizations such as the Gates Foundation and the Kaiser Foundation and others have made a commitment to this. The United States has to meet and exceed that commitment as well. We have to make certain that the Senate reverses the sad, terrible vote we cast just a few

weeks ago, saying that we are not going to put more money on an emergency basis to fight the AIDS epidemic. I hope my colleagues in the Senate, as they reflect on the Barcelona conference and the commitment of thousands of leaders around the world, the HIV/AIDS epidemic, will put pressure on this administration to go beyond the rhetoric, beyond juggling the books, about \$500 million over a 3-year period of time, and make a meaningful commitment that will save lives.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

PRESCRIPTION DRUG COVERAGE

Ms. STABENOW. Madam President, I first commend my friend from Illinois for his advocacy on this critical issue. He has been here time and again with amendments to do what needs to be done. I thank him for his advocacy and concern, deep concern, about this issue.

In a related issue—relating to health care—this morning I am in the Chamber with my colleague from Florida to urge our colleagues on the other side of the aisle to join us in proceeding to the critical debate on the issue of prescription drugs. I cannot think of a more important issue facing our country than making sure that lifesaving medicines are available to our seniors, to our families, to anyone who needs them, and that we are lowering prices so that our small businesses can see their health care premiums go down to a reasonable level.

Large manufacturers, such as the big three automakers, that are in Michigan, and others all across the country who are seeing explosions in their health care costs need to know there is some relief in sight, there is a way to get this into a manageable situation. We have plans to address that, to provide Medicare coverage for our seniors—it is long overdue for prescription drugs—and to lower prices to everybody through increased competition and making sure our laws work and the opportunities for competition exist.

I was concerned to come to the floor last evening and find that a simple motion to proceed to debate the bill was objected to by our friend from New Hampshire and by others on the other side of the aisle—just to proceed to the debate. The leader told us we will have a full 2 weeks in a very crowded schedule to focus on this issue because it is so incredibly important. There is nothing more important to the quality of life of our citizens, to the cost to the economy, and there is nothing more important right now than addressing this issue of lowering prices and the issue of corporate responsibility, quite frankly, with the drug companies and how we make sure that lifesaving medicine is available to all of our citizens at an affordable price and that our seniors have a real promise of Medicare caps, because without covering outpatient prescriptions, we are no longer keeping the promise of Medicare.

So I come to the floor today to urge our colleagues to take away their objection and allow us to proceed to the debate. We have 2 weeks to work out the specifics, to work together on the right kind of plan. But we need to get to that debate.

The Governors of the country are meeting right now, and in fact the Governor from Michigan leads that organization. The Governors' conference, according to the paper, focuses on health costs. This morning, I tuned in to C-SPAN to listen to some of the discussion they were having on prescription drug prices and the costs to our Governors. It says in the paper:

Despite signs of a gradual national recovery, the State's woes are expected to persist well into the current fiscal cycle. Their biggest problems are the ballooning costs of prescription drugs and Medicare.

We in the Senate have an opportunity to do something about that right now. The Governors are asking us to do that. Businesses are asking us, as are families, seniors, and workers. Every worker who has had to have their salary capped or frozen so that the employer can afford the rising cost of their health care plans has asked us to do something about this.

I want to take just a moment to bring forward the urgency of this issue by sharing some stories that have come into my Web site. I have set up something called a prescription drug people's lobby, asking people in Michigan to share their stories and join with us. We know the reason this is being held up, unfortunately, in the Senate is that there are far more drug company lobbyists than there are people's voices talking about what is affecting them and their families. There are six lobbyists for every one Member of the Senate. So we have a responsibility to speak for them and make sure their stories are told.

I start with Melissa Askin from Romulus, MI, who was the first person to sign up for our Michigan prescription drug people's lobby on May 22. I thank Melissa for that. She wrote in her story:

I guess my story is no different from the many Americans, when it comes to deciding if I can afford food to live or medications. It boils down to a choice these days: what can I afford to keep myself alive once I pay my bills.

I am 68 years old, my husband is deceased, and I have no family. I have had a heart bypass, both carotid arteries in my neck cleaned out, and now in April I was operated on for cancer, not to mention several other surgeries. I am supposed to be on nine medications, however, at the price of these meds, I can only afford three.

I don't know what will happen with me by not being able to be on the meds I can't afford, but it makes me wonder what I'm living for. I feel like nobody cares.

Melissa needs to know that we care, we in the Senate care—not by our