

by four men who yelled anti-gay slurs. The assailants, Juan Gonzales and Maico Amon, both 20, were charged in connection with the incident.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

CORRECTION OF THE RECORD REGARDING RESOURCES FOR MEDICARE PRESCRIPTION DRUGS AND TAX RELIEF

Mr. GRASSLEY. Mr. President, yesterday some on the other side attacked last year's bipartisan tax relief legislation. They were led by the distinguished Majority Leader, Senator TOM DASCHLE. As an example of these claims, I ask unanimous consent to place in the RECORD an article from yesterday's edition of Roll Call Daily.

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

[From the Roll Call Daily, July 25, 2002]

DASCHLE BLAMES BUSH TAX CUT FOR FAILURE ON PRESCRIPTION DRUG REFORM

(By Polly Forster)

Senate Majority Leader Thomas Daschle (D-S.D.) expressed frustration with the chamber's failure to enact a sweeping Medicare prescription drug benefit and blamed President Bush's \$1.35 trillion tax cut for "starving" the opportunity to pass substantial reform.

Daschle also expressed doubt that a conference committee will be able to work out the differences in the House and Senate versions of trade legislation before the Houses recesses this week.

Daschle charged that House Ways and Means Chairman Bill Thomas (R-Calif.) was possibly undermining a key component of the Senate trade bill by revisiting the details of the Trade Adjustment Assistance bill and thereby delaying a final result.

"It sounds like he's trying to undermine the TAA package," Daschle said. "If that's the case, we'll wait until September."

Legislation on prescription drug benefits appeared similarly in flux. Daschle said Democrats were forced to revise their priorities because last year's tax cut shrunk the possibilities available to them.

"We don't have the resources because, in large measure, the tax cut precludes it," Daschle said. "Because of the tax cut and the deficits we are now facing, we've got to be concerned about the overall cost."

But a Senate GOP leadership aide dismissed the validity of that argument, saying

that Democrats now find themselves in a corner and are "grasping at straws" to avoid the blame.

"Because Democrats stopped the bipartisan Finance Committee from doing its work, they've caused every possible drug proposal to fail in the Senate," said the GOP aid.

Since none of the proposals for drug benefit reform passed through the Finance Committee, all measures are subject to a 60-vote threshold.

Senate Finance Chairman Max Baucus (D-Mont.) has spent the last several days in meetings with key lawmakers from both sides in an effort to craft something most Senators could agree to.

Daschle said the goal of the talks is to find a proposal broad enough to win over at least 10 Republicans. "We only got 52" for a Democratic bill, he said, "and we need the other eight. That means we've got to scale back and to broaden our level of support."

Daschle said Democrats will not be offering any more proposals but instead will be looking to craft a bipartisan measure.

Baucus spokesman Michael Siegel said the Senator was looking at two approaches to the issue: using Medicare as the channel to deliver drug benefits and where unavailable using private companies, and also to extending a "catastrophic" coverage bill that was short of nine votes Wednesday.

Daschle said the Senate will stay on the issue as long as it takes, including the early part of September after the recess, until there is a result—possibly forestalling consideration of a bill to create the federal department of Homeland Security.

"It means our highest priority is to get the bill done and we don't do other things until we get it done," he said.

Daschle vowed an equal commitment to retaining the worker protection element in the trade package now in conference.

"We're in no hurry," he said. "It's more important to me to have a good package even if that means we have to wait until October."

A top Senate Democratic aide said negotiations broke down Thursday morning over the TAA element, which would provide health coverage for workers displaced by international trade.

Senate Democrats expected Thomas to concede ground on that part as the House was only just able to pass their bill on the floor.

The breakdown left at least one Senate Democratic leadership aid frustrated. "It's ridiculous for Thomas to be stuck on this because it's his chamber that needs to attract the votes to pass the bill, not the Senate," said the aide.

Mr. GRASSLEY. There is a very sophisticated, well-coordinated campaign on the part of the Democratic Leadership to derail last year's bipartisan tax relief. It seems that everything that ails us as a nation is laid at the feet of the tax cut. I'm sure that the next attack will be that tax relief causes the

Decline of Western Civilization. Or, perhaps, the Democratic Leadership would twist a phrase from Justice Oliver Wendell Holmes and claim that "record high taxes are the price we must pay for a civilized society."

Many in the media agree with this concept and rarely, if ever, challenge the factual basis for these attacks on last year's tax cut bill. Well, let me tell my friends in the Democratic Leadership, I'm going to correct the record every time. It's fine to attack tax relief, if you must, on ideological grounds. If the Democratic Leadership thinks we need to maintain record levels of taxation and keep growing government. That's something on which we can disagree.

On facts, however. I'm going to correct the use of incorrect data. I'm also going to compare the record of the Democratic Leadership against the specific attack on the tax cut.

A couple days ago, I corrected the record on incorrect data used with respect to the scoring of permanent death tax relief. Today, I'm going to take the latest attack and compare it with the record of the Democratic Leadership.

The Roll Call Daily article is entitled "Daschle blames Bush Tax Cut for Failure on Prescription Drug Reform." According to the article, the Distinguished Majority Leader said and I quote:

We don't have the resources, because, in large measure, the tax cut precludes it. Because of the tax cut and the deficits we are now facing, we've got to be concerned about the overall cost.

Now, I noticed this same point being made by others in the Democratic Leadership. I must say the Democratic Leadership spends a lot of time coordinating messages. They are very good at it. Perhaps, though, if less time were spent on perfecting partisan attacks on the President and Congressional Republicans, we might resolve more problems. After all, isn't that what we're paid to do? That is, do the People's business.

So, the charge is the tax cut ate the surplus and there's not enough money left for a Medicare prescription drug benefit. It's all the President's fault. It's the fault of the bipartisan budget resolution. Boy, do I get tired of hearing this stuff. It gets very old.

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

COMPARISON OF BUSH, DEMOCRATIC, AND SENATE PASSED BUDGETS

(Fiscal year 2002 through 2011)

	Bush budget	Democratic alternative	Senate passed
Project Surplus	5.6 T	5.6 T	5.6 T
• Social Security Trust Fund (for debt payoff)*	2.0 T	2.5 T	2.5 T
• Medicare Trust Fund (for debt payoff)*		0.4 T	**0.4 T
Projected Available Surplus	3.6 T	2.7 T	2.7 T
Tax Cuts	1.6 T	745 B	1.2 T
High Priority Needs	212 B	744 B	849 B
• Education	13 B	139 B	308 B
• Prescription Drugs	153 B	311 B	300 B
• Defense	62 B	100 B	69 B
• Agriculture	-1 B	88 B	58 B

COMPARISON OF BUSH, DEMOCRATIC, AND SENATE PASSED BUDGETS—Continued

(Fiscal year 2002 through 2011)

	Bush budget	Democratic alternative	Senate passed
• Health Coverage		80 B	36 B
• Enforcement	-48 B	18 B	-41 B
• Other	33 B	8 B	119 B
Strengthen Social Security:			
• Using Social Security Trust Fund Surplus	600 B		
• Using non-Social Security, Non-Medicare Surplus		750 B	
Interest	461 B	490 B	572 B
Unallocated	***845B		129 B

*Because these trust funds are not needed in short term to pay benefits, these amounts are used to pay down publicly-held debt.

**Senate passed GOP resolution raids Medicare Trust Fund in 2002, 2005, 2006, 2007.

***Includes \$526 B from Medicare Trust Fund (OMB scoring).

Mr. GRASSLEY. Under that Democratic Alternative, “resources,” that’s the term Senator DASCHLE used, set aside for a Medicare prescription drug benefit were \$311 billion. Under the bipartisan budget resolution, guess what, it’s about the same number, \$300 billion. That’s right, both sides allocated basically the same resources, \$311 billion versus \$300 billion for Medicare improvements and a prescription drug benefit. So, the Democratic budget had prevailed, we’d basically be where we are today.

There’s another part of the record we have to examine. It’s last year’s Democratic Alternative tax relief package. The Democratic alternative was supported by all members of the Democratic Leadership and all but three members of the Democratic Caucus. Well, guess what. All of those Senators voted for a \$1.260 trillion tax cut. That’s 93 percent of the cost of the bipartisan tax relief. So, apparently 7 percent is a big difference. It’s a big enough difference for the Democratic Leadership to blame President Bush and the bipartisan group of Senators that supported the tax relief package.

I make this statement for one basic reason. The issues of budgeting, prescription drugs, and tax relief are important matters. Certainly everyone of us hears about these issues when we are back home. They are issues that our constituents expect us to resolve. Folks back home expect us to be intellectually honest in debating these important matters. When we debate these issues, we ought to be consistent in what we’re saying.

TAKING OUR STAND AGAINST HIV/AIDS

Mr. FRIST. Mr. President, I spent the first 20 years of my career studying and working in medicine. I graduated from medical school in 1978. After that, I trained as a surgical resident for eight years. I then worked as a heart and lung transplant surgeon until I was elected to the United States Senate in 1994. During that time, HIV/AIDS went from a disease without a name to a global pandemic claiming nearly 20 million people infected.

It’s hard to imagine an organism that cannot survive outside the human body can take such an immense toll on human life. But HIV/AIDS has done just that—already killing thirteen million people. Today more than 40 mil-

lion people—including three million children—are infected with HIV/AIDS. HIV/AIDS is a plague of biblical proportions.

And it has only begun to wreak its destruction upon humanity. Though one person dies from AIDS every ten seconds, two people are infected with HIV in that same period of time. If we continue to fight HIV/AIDS in the future as we have in the past, it will kill 68 million people in the 45 most affected countries between 2000 and 2020. We are losing the battle against this disease.

There is neither a cure nor a vaccine for HIV/AIDS. But we do have reliable and inexpensive means to test for it. Also, because we know how the disease is spread, we know how to prevent it from being spread. We even have treatments that can suppress the virus to almost undetectable levels and significantly reduce the risk of mothers infected with HIV/AIDS from passing the disease to their children.

We have many tools at our disposal to fight the spread of HIV/AIDS. But are we using those tools as effectively as possible? The gloomy statistics prove overwhelming that we are not. What we must do is focus on what is truly needed and what is proven to work and marshal resources towards those solutions. We have beaten deadly diseases on a global scale before; we can win the battle against HIV/AIDS too.

More than 70 percent of people infected with HIV/AIDS worldwide live in Sub-Saharan Africa. But the devastation of the disease—and its potential to devastate in the future—is by no means limited to Africa. HIV/AIDS is global and lapping against the shores of even the most advanced and developed nations in the world.

Asia and the Pacific are home to 6.6 million people infected with HIV/AIDS—including 1 million of the five million people infected last year. Infections are rising sharply—especially among the young and injecting drug users—in Russia and other Eastern European countries. And the Americas are not immune. Six percent of adults in Haiti and four percent of adults in the Bahamas are infected with HIV/AIDS.

I believe the United States must lead the global community in the battle against HIV/AIDS. As Sir Elton John said in testimony before a committee on which I serve in the United States

Senate, “What America has done for its people has made America strong. What America has done for others has made America great.” Perhaps in no better way can the United States show its greatness in the 21st century—and show its true selflessness to other nations—than leading a victorious effort to halt the spread of HIV/AIDS.

But solving a global problem requires global leadership. International organizations, national governments, faith-based organizations and the private sector must coordinate with each other and work together toward common goals. And, most importantly, we must make communities the focus of our efforts. Though global leadership must come from places like Washington, New York and Brussels, resources must be directed to where they are needed the most—to the men and women in the villages and clinics and schools fighting HIV/AIDS on the front lines.

Adequate funding is and will remain crucial to winning the battle against HIV/AIDS. But just as crucial as the amount of funding is how it is spent. Should we spend on programs that prevent or lower the rate of infection? Should we spend on treatments that may prolong the life of those who are already infected? Should we spend on the research and development of a vaccine? The answer is yes . . . to all three questions.

We can only win the battle against HIV/AIDS with a balanced approach of prevention, care and treatment, and the research and development of an effective vaccine. HIV/AIDS has already infected tens of millions of people and will infect tens of millions more. We need to support proven strategies that will slow the spread of the virus and offer those already infected with the opportunity to live as normal lives as possible. And if our goal is to eradicate HIV/AIDS—and I believe that is an eminently achievable goal—then we must develop a highly effective vaccine.

But even with proven education programs or free access to anti-retroviral drugs or a vaccine that is 80 to 90 percent effective, our ability to slow the spread of HIV/AIDS and treat those already infected would be hampered. The infrastructure to battle HIV/AIDS in the most affected areas is limited at best. We need to train healthcare workers, help build adequate health facilities, and distribute basic lab and computer equipment to make significant