

cost effective and his projection that blood safety efforts would prove to be similarly cost effective.

In fact, on a day when we are discussing \$15 billion for Global AIDS, the benefits of an additional \$1 billion here or \$289 million there—I think you would all be stunned at the numbers involved in solving this problem. These estimates I am going to give you were provided by the World Health Organization.

Clean, new needles and syringes for every injection, given by medical personnel educated in the proper use of injections in Africa would cost \$24 million for all 12 nations included in the Global AIDS initiative. Just \$24 million would provide safe and clean needles for every necessary injection in Africa.

Clean, safe blood transfusions, administered by medical personnel trained in the proper indications for transfusions—\$46 million for all 12 nations. So for \$46 million, we can completely eliminate the problem of transfusions, which WHO admits could be 10 percent of the problem of all the problem of AIDS in Africa.

There are so many tragic aspects to this problem.

Hard-working frontline doctors and nurses inadvertently contribute to the spread of the very diseases they are struggling to prevent.

At the HELP Committee hearing, it was very encouraging to hear the testimony of Dr. John Ssemakula, a physician from Uganda, who was able to describe the great strides his country has made in cleaning up injection practices.

Dr. Ssemakula was also able to convey the plea of the dedicated men and women on the frontlines of health care in Uganda, that they be provided with the equipment they need to provide safe injections.

These are intelligent, educated, well-intentioned people, and they simply want enough syringes to provide patients with safe health care.

The health care system in developing nations frequently does not provide either necessary education in proper injection procedures or, for those providers who are striving to follow model practices, the relatively inexpensive supplies necessary to succeed.

We are dealing with, frankly, with our health care providers worldwide, a double standard that is indefensible. You are tempted to say, it is an immoral double standard. Let me tell you about this troubling aspect of the problem. In developed nations, the general public has been made aware of the risk associated with unsafe medical care. We know in America you want safe health care. We insist on it. We spend what it takes to do it. We have needles that are safe to protect nurses and doctors from accidental pricks, much less the patient who goes to get a shot.

When the use of contaminated blood and blood products results in the spread of HIV here, we act. The health

community, the Federal and State regulators, and the American public immediately demand guaranteed safety, and very quickly we see that they get this. The safety of blood and blood products is now something Americans take for granted.

Every unit of blood in this country is screened for HIV, hepatitis B, and hepatitis C. When it became clear that the reuse of contaminated needles put patients at risk, we acted. It is clear that many developing nations, including those in Africa within the President's Global AIDS initiative, have not yet been able to achieve similar results.

This is where a disturbing double standard arises. The World Health Organization, the U.S. Government's Centers for Disease Control, and other organizations with employees in the developing nations openly caution their travelers to these areas, including their own workers, that blood is likely untested and needles likely reused. This is described as posing a risk of infection of hepatitis B, C, and HIV.

Numerous workers, including our own embassy employees and AIDS workers in Africa, can tell of being instructed to ask for plasma expanders rather than dangerous blood transfusions or being cautioned to purchase and provide their own new, clean syringes when they go to the doctor.

When formulating public statements and policy for these very same African nations, however, many of these organizations continue to maintain that contaminated blood and reused needles are not significant problems and do not pose substantial health risks to African patients.

We have made some progress. We have had a number of hearings on this subject. I have become more convinced than I was when we started that this is an unacceptable practice. It is an unacceptable situation in Africa and one that can be fixed for less than \$100 million a year. We can provide tested, safe blood for every transfusion in Africa, and we can provide clean, unused needles for every injection at a cost of less than \$100 million a year. That is tremendous news. We are on the road to making some progress.

I have talked to top officials in the World Health Organization and the U.S. Government. We believe that with Director Tobias' new position in the State Department as sort of an American global AIDS czar that he is attuning himself to this issue, that the CDC, at my request, is conducting research to develop a plan to attack this problem. Health and Human Services is conducting a study which we expect to receive back in a matter of weeks that will review independently all the other existing studies of AIDS transmission in Africa to attempt to determine just how big a problem this really is. And now we are at a point where we are putting this new money into the program.

I urge my colleagues to act now to ensure that a certain amount of this

money—it would be less than 5 percent, probably closer to 2 percent—be dedicated to dealing with the medical transmission problem. We need to do that. Sure, they can spend more than that if they want to, but this is the minimum amount that virtually guarantees tremendous success against medical transmissions.

Let's do that as part of our legislation. We can go home and know that we made a difference.

Some say: Well, JEFF, we are picking up on this issue. We really don't need any direction on how to spend our money. Just give it to us, and we will spend it like we want. I generally am sympathetic to agencies not being micromanaged. But with the resistance we continue to see from the World Health Organization and American organizations that deal with this issue, we need to ensure that this much money gets spent.

There was a conference in September in Africa. Thousands of people attended who deal with the AIDS epidemic. The WHO entity issued a press release after that meeting—again just a matter of weeks ago—WHO issued a news release dismissing the significance of medical transmission. This caused a group of scientists who were at the meeting to issue a statement of their own contracting it. They said in effect, WHO continues to reject evidence that stopping HIV transmission through unsterile health care could slow the spread of disease.

So we have a continuing problem, continuing to stick with numbers that do not appear to be justified and policies that need to be changed. It is time for us to take a step to save lives. The very thought that we could knock down maybe in 18 months' time, instead of 1,000 people being infected a day by the health care transmission of HIV in Africa, why it could be down to 200; and then in 2 or 3 years down to virtually zero? That is possible. Which would we rather do? Prevent the contraction of a deadly disease or try to deal with the consequences of the disease once a person is infected?

This is the right step. I thank Senator MCCONNELL for his interest and the President for his leadership.

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

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

HABITAT FOR HUMANITY

Mr. DASCHLE. Mr. President, 13 years ago, Habitat for Humanity International, HFHI, decided to expand its services to include projects in my State. Today, I would like to congratulate HFHI's 14 South Dakota affiliates

on the occasion of the 200th Habitat home constructed in South Dakota since 1990. I believe I speak for all South Dakotans when I say that their services have been invaluable to many families in our State.

The lack of affordable housing for the lowest income households is a serious problem across the country. According to the 2003 State of the Nation's Housing report issued by the Joint Center for Housing Studies of Harvard University, three in 10 U.S. households have housing affordability problems. More than 14 million households spend more than half of their income for housing, and 75 percent of them are in the bottom 20 percent of the population by income.

Having to pay a disproportionate share of income for housing frequently leads to other problems and tensions for many families. Too often, the available housing is substandard, and overcrowded. Many of these families live on the edge, financially, and live in fear of eviction or foreclosure. Families may have to sacrifice spending for other basics, including food and utilities. Children in these families also tend to pay a price. They suffer when their parents have to work two or more jobs, or odd hours, sacrificing family time. Unstable housing arrangements and frequent moves can also interfere with a child's ability to succeed in school.

Habitat for Humanity recognizes that when communities come together, they can help solve this problem, one family at a time. Their accomplishments would not be possible without the thousands of volunteers who help support a struggling family, and provide them with the opportunity to turn a Habitat house into their very own home. Volunteers from across South Dakota have donated thousands of hours of hard labor to give 200 families a shot at the American dream.

I would like to take a moment to thank Pat Helgeland, the Executive Director of Habitat for Humanity in South Dakota, and everyone associated with South Dakota's affiliates for their solid commitment and hard work. They are truly making an important difference in the lives of their partner families.

Every time I visit with Habitat volunteers, I am impressed by their energy and spirit as they raise funds, select a site, select a partner family, and build the house. I was pleased to sponsor a house in Brookings, SD, that will now become a home for a mother and her three children.

I am also encouraged to know that Habitat for Humanity is engaged in a similar effort at the international level. From Thailand to Zimbabwe to Peru, its services provide exciting opportunities for home ownership. We should be proud, for example, that HFHI played a key role in providing tools and materials needed to rebuild or repair family homes damaged by years of conflict in Afghanistan.

So today I wish to extend my congratulations and thanks to all those

who helped build 200 new houses in South Dakota, as well as those who are involved in bringing this important model to communities across the globe. Their efforts are truly inspirational.

REMEMBERING PAUL WELLSTONE

Mr. REID. Mr. President, I rise today with a heavy heart. It was one year ago on October 25 that I lost my friend, and this body lost a great Senator. We all have our own memories of Paul Wellstone.

We remember the passion of his beliefs. He was an uncompromising idealist who stuck to his principles and never wavered. When he fought for an issue like mental health parity, you knew he would never give up.

We remember Paul Wellstone for his bravery, because even when his cause was unpopular, he followed his heart. He used to say, "We should never separate the lives we live from the words we speak," and he followed that path.

We remember what an inspiring speaker Paul could be. The first time I heard him was in the Capitol Rotunda at a ceremony for new Senators, and I was immediately impressed. Later, he came to Las Vegas and spoke to a convention of the Veterans of Foreign Wars. I have never seen a group so fired up.

We remember his physical strength and stamina, even in the last year of his life when he was in so much pain. He worked out at the Capitol Police gym, and he still holds the record there for doing the most chin-ups.

We remember Paul for his unassuming nature. He waged his first campaign in an old green school bus. There is no telling how many mechanics across the State of Minnesota worked on that vehicle to keep it running.

We remember Paul Wellstone for all these reasons. Most of all, we will always remember how easily he made friends and how deeply he touched people.

In this Chamber he had good friends on both sides of the aisle. But Paul Wellstone also befriended working people, like the janitors who cleaned his Senate office. One night, Paul waited until midnight so he could meet them in person and tell them thanks. And in Minnesota, the affection for Paul Wellstone cut across all segments of the population.

A few days before he lost his life, Paul was riding around the State with Peg McGlinch, a member of my staff who is a Minnesota native, and her father. They were running behind schedule, as is often the case on those hectic campaign trips, but when they spotted some union workers on a picket line, there was no question that they would stop and offer support. As Paul hopped out of the nondescript car, people seemed shocked to see him, until one woman ran over, gave him a big hug, and declared, "You're my hero."

Paul Wellstone was a hero to a lot of people. I went to Minnesota after his

death, and I was amazed at the spontaneous memorial that sprang up all around his campaign headquarters. I saw thousands of flowers and candles. I read handwritten notes thanking Paul for work he had done to help people, and looked at pictures of him with people whose lives he had affected.

And one thing I will never forget was a crayon drawing of a train chugging up into the sky, with a child's simple scrawl that read, "Paul Wellstone, the Little Engine that Could."

Paul Wellstone clearly had a special relationship with the people of Minnesota. His relationship with his beloved wife, Sheila, was also extraordinary. And their lovely daughter Marcia, who also perished in the tragic accident, was so much like both of them. She was an amalgam of all their best qualities.

Today, as we remember how much Paul Wellstone meant to so many people, our hearts go out to his family—his sons Mark and David, his grandchildren, and other family members. Also to the families of Paul's staff members who were lost with him: Mary McEvoy, Will McLaughlin, and Tom Lopic.

I said my heart was heavy today, and that is true. Paul Wellstone was my friend and I miss him. But I also feel grateful today that I had the opportunity to know this remarkable man, and I am grateful for my memories of him, which will never die.

SENATOR PAUL WELLSTONE MENTAL HEALTH EQUITABLE TREATMENT ACT OF 2003

Mr. THOMAS. Mr. President, in memory of the anniversary over the weekend of the death of our friend Paul Wellstone, I rise to reiterate my support for the mental health parity legislation on which he worked tirelessly. I am a proud original cosponsor of S. 486. The Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003, which was reintroduced this year by Senators DOMENICI and KENNEDY in honor of Senator Paul Wellstone. This important legislation will provide people with a mental illness more access to treatment.

Specifically, S. 846 prohibits a group health plan that offers mental health benefits from placing discriminatory caps, access limitations, financial requirements or other restrictions on treatment that are different from other medical and surgical benefits. In other words, S. 486 treats physical and mental health equally. This bill is modeled after the mental health benefits provided through the Federal Employees Health Benefits Plan, but provides a special exemption for small employers from such requirements.

I have long advocated on behalf of our Nation's rural health care delivery system and mental health parity is a key step to increasing access to mental health services in rural areas. The Domenici-Kennedy bill is crucial to