

I yield the floor.

Mr. DOMENICI. Parliamentary inquiry: Is now a time to speak or are we in some kind of special business?

The PRESIDING OFFICER. The Senator may be recognized.

Mr. DOMENICI. I seek recognition, to use 5 minutes as in morning business.

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

TWO-YEAR BUDGETING

Mr. DOMENICI. Mr. President, I know it is late and there is nobody here. Somehow or another, it seems like, when you have things that are moving along and moving rather slowly, you have to regularly call them to the attention of the Senate.

I do not have anything but great praise for how we got here with this bill. Everybody is saying it could not be helped. Senator REID and I understand. A piece of this bill is ours. We could never get it done until late in the session because it seemed as if nobody wanted to understand the problem we had. We couldn't do the things we were supposed to do because there was a misunderstanding in the budget about how to pay for things. So that was done.

The thing is, if Senators had before them tonight, before this bill, a final vote on a measure that said we are going to do this every 2 years instead of every 1 year, and we are going to do a budget resolution for 2 years, do you know what would have happened? It would have passed with 75 votes because people around here understand we do not have to do this every year. You can do it for 2 years, with 2-year budgets and the right to have, in between those appropriations bills, the special kind of special needs appropriations.

It certainly would not be like it is now. You have those now and you have appropriations every year. You have the supplemental appropriations.

I took this minute to say someone, sometime—maybe before I leave here—will do that. I actually believe the House is ready. They voted on it. They didn't have the bill we would have, but we could go to conference. But I just want to use this last few minutes. Nobody is around and I ought to be out of here at home. I have some new grandchildren at home and they can't watch me at this late hour because they are too little, so I should be gone.

But it is good to have an example. Frankly, I think if we had 2-year appropriations, we wouldn't have this because I think the individual bills would be done, if you had, instead of every year, 2 years to do them. I think we would have a lot of time for oversight and other things we do not do. In fact, my memory is not as good as it was and I can't tell you the percent, but a huge amount of the Senate's voting time and floor time is used for just three things: budget, appropriations,

and supplemental appropriations. That is a huge amount of the time. I don't know how we get all the other things done.

So if we could do it every 2 years, it seems to me we would all be the better for it. We would be less apt to have this kind of thing occur with an omnibus, meaning overall, many—all put in one. I yield the floor.

Mr. SESSIONS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TALENT). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

BOY SCOUTS OF AMERICA

Mr. FRIST. Mr. President, in a bit we will be wrapping up. There is a lot of business that is being tended to and it will probably be 30 minutes or so before we officially wrap up. I thought I would address several issues that have come to my attention over the last several days and cover some of the events that have occurred earlier this week.

The first is an issue that leads from what we learned earlier this week when the Department of Defense warned American military bases worldwide to cease officially sponsoring the Boy Scouts of America.

The Department issued its directive in response to a lawsuit filed by the American Civil Liberties Union. The Illinois chapter of the ACLU accuses the U.S. Government of improperly supporting a group which administers a religious oath. The ACLU's legal attack has forced the Defense Department to suspend its decades long tradition of supporting Scouts and it may even prevent Scouts from celebrating their annual jamborees on Defense installations. But it does not stop here.

There is fresh evidence that the ACLU intends to end all Federal support for the Boy Scouts of America. In their view, where there is Government, there cannot be faith. The separation of church and state is a bedrock principle of our Republic, and Americans are grateful that we are free to worship as we choose without Government interference or fear of persecution. But to this legislator, the ACLU's continued attacks on the Boy Scouts is starting to become its own form of persecution.

The Boy Scouts of America is a congressionally chartered organization. It serves a patriotic, charitable, and educational purpose. Furthermore, its support by the Federal Government is outlined in U.S. law. I was a Boy Scout as a young boy in Nashville, TN. All three of my sons, Harrison, Jonathan, and Bryan, have been Boy Scouts here as we have lived in Washington, DC.

We have found, and it is generally accepted, that Boy Scouts and Scouting

is a noble tradition, an honorable tradition, that inculcates the very best of our values. Since its founding in the early 20th century, scouting has served America's communities and families with distinction and with honor. The Boy Scouts and the Girl Scouts promote character in leadership by instilling in our youth values such as honor, duty, charity, integrity. These programs help prepare our young people for the ethical and moral choices that they will face throughout our lives.

It is for these reasons that I introduced a bill called the Save Our Scouts bill to reaffirm our longstanding commitment to the tradition of scouting. The legislation stipulates that no Federal law, including any rule, regulation, directive, instruction, or order shall be construed to limit any Federal agency from providing any form of support to the Boy Scouts of America or Girl Scouts of the United States of America or any organization chartered by the Boy Scouts of America or the Girl Scouts of the United States of America.

Activities supported include holding meetings, jamborees, camporees, or other Scouting activities on Federal property, or hosting or sponsoring any official event of such organization.

I am disappointed that this bill did not pass by unanimous consent, but I am hopeful that in the next Congress common sense will prevail and both Chambers will give their unanimous support to protecting the Scouts.

Scouting has served generations of American boys and girls. It has earned its place in the hearts of millions of Americans who look back fondly, just as I do, on that special time of merit badges, hikes, fellowship, and service. I am confident that we will preserve this honorable tradition for years and generations to come.

INDIVIDUALS WITH DISABILITIES ACT OF 2004

On a separate issue, late last night a very important bill called the Individuals with Disabilities Act of 2004 passed and is now on its way to the President's desk for his signature. Several years ago, I had the opportunity in this body to chair what was then called the Subcommittee on Individuals with Disabilities, and over that Congress, that 2-year period, spent a great deal of time focused on this particular legislation called IDEA, Individuals with Disabilities Education Act.

I commend the Senators from New Hampshire and Massachusetts who have done a tremendous job in their bipartisan work on this very important legislation. There are more than 6.5 million children with disabilities who are served through IDEA, along with more than 430,000 special education teachers. The Individuals with Disabilities Act of 2004 carefully addresses the needs of those disabled children and the schools they attend.

The bill refocuses Federal law on outcomes for disabled children, ensuring that States focus on academic results, not process, while still guaranteeing the rights of the child to be protected.

Teachers are now burdened with hours of paperwork that take away from classroom instruction. I have seen the paperwork requirement. Teachers have shown me stacks of forms that are 6 inches, even a foot high, page after page. They are required to complete these forms before they can take care of the needs of those disabled students.

This bill enables those teachers to devote more of their time and more of their energy to the classroom, and in turn their students benefit from more of their undivided attention. The attention is on the students with disabilities rather than on paper.

The staff of Senators GREGG and KENNEDY deserve great credit for their hard work and effort that made final passage of this conference report possible. In particular, I recognize the tremendous work of staff members Denzel McGuire and Connie Gardner for their commitment, their dedication and labor on behalf of disabled students.

As I mentioned, it was late last night that that bill passed, and it is on the way to the President, again a tremendous achievement for this body. I congratulate the chairman and the ranking member on the success of this bill.

MEDICAL MODERNIZATION ACT

Mr. President, because we will be leaving tonight and will not be here over the course of the week, I want to address a bill called the Medicare Modernization Act. Next week is the 1-year anniversary of the Senate's historic passage of this act, the Medicare Modernization Act. Since we will not be here next week, I want to again just mention, on this anniversary, a few days early, the historic significance of this bill.

First, the Medicare Modernization Act represents the most significant improvement to the Medicare Program since its inception almost 40 years ago. It also represents one of the great bipartisan achievements of the 108th Congress. Because we acted, because this bill passed 1 year ago, seniors will gain access to more affordable prescription drugs, the most powerful tool in American medicine today.

Up until passage of that bill, this powerful tool in American medicine, prescription drugs, was not a part of the Medicare Program. They were not covered under Medicare at all. To me, it made no sense. To this Congress, it made no sense to deny affordable access to seniors to prescription drugs in this program if you are going to be promising it, if your obligation to them is true health care security.

Seniors and individuals with disabilities will enjoy better and more cost-effective care through disease management and chronic care management because of this bill. They will have access to expanded preventive care, such as annual physical exams, because of this bill. The overall quality of care will improve over time because Medicare will begin, for the first time in the program, to measure and, indeed, pay for quality performance.

We will also improve health care safety and efficiency through means such as electronic prescribing and other innovative reforms. We know this whole process of electronic prescribing or e-prescriptions will have a direct impact on reducing those unintended and unnecessary medical errors. It will improve patients' safety for our seniors when they receive their care.

Because we acted a year ago, seniors and individuals with disabilities will soon enjoy true health security. I am pleased to say that real help already is in place. The bill will not be fully implemented for another year yet but already help is in place. Less than 1 year after the Medicare bill became law, nearly 6 million seniors were already getting substantial savings on their prescription drugs through that Medicare prescription drug discount card.

As an aside, if you are a senior and you are receiving prescription drugs today, you are on prescription drugs today, and you do not have that Medicare prescription drug discount card, please call 1-800-MEDICARE and talk to the Medicare representatives and ask them how you can get that card because that card can give you immediate savings.

If you are a low-income senior, it is especially important because if you sign up for that card before the end of December, you get an additional \$600 value on that card. I say an additional \$600 value; that is in addition to the discounts of 15 or 20 or 25 or even 30 percent that everyone gets on that Medicare discount card.

I have a couple of examples in my home State of Tennessee. Almata Chesney of Knoxville, TN, came to a drug card enrollment event I hosted in May. I had the opportunity to host several of these events across the State to help educate our seniors as to the advantages of this card. She enrolled in the prescription drug discount card program and is now saving over \$230 every month. Before she had the card, before we passed the bill, she didn't have the card. She was having to pay an additional \$230 which she is not paying today. That is \$230 in savings that is in her pocket now, so she can save or invest or spend. Now, \$230 a month is nearly \$3,000 a year because of that prescription drug card that she can get through Medicare, that she got through Medicare.

Mary Surber, 86 years old, also signed up for a card at an event I held in October in Knoxville. She will save over \$2,000 a year, a savings of 87 percent of her annual drug bills. Again, this Medicare Modernization Act in this first phase, where you can get that Medicare drug discount card, has huge potential savings for seniors who are on prescription drugs.

The Medicare Modernization Act is helping younger Americans gain access to more affordable health insurance coverage through portable and tax-free health savings accounts.

The health savings account, although we passed it in the Medicare bill, is

available for people in this body, our colleagues. I do encourage my fellow Senators and other Federal employees to look at a health savings account. For the first time in the Federal Employees Health Benefits Program, FEHBP, our health care program, you can have that option of getting a health savings account. I look forward to looking at it very closely, and I expect I will sign up for a health savings account in the next couple of weeks, and I encourage others to look at that.

The advantage of these health savings accounts—and, again, they are new with the Medicare Modernization Act—is that they are portable. You can take them with you. If you change jobs, the personal savings account, health savings account, you can take it with you from job to job. If you don't use that savings account in 1 year, the good thing about it is you can roll it over to the next year. So it has this rollover component. It has the savings component which grows tax free. The interest actually grows, but you can put in money tax free and you can take money out tax free.

So these health savings accounts are tremendous. They are already giving younger Americans and others more control over their health care choices and hard-earned dollars, health savings accounts, being a high deductible policy coupled with this personal, portable health savings account that did become rolled over.

All of this was in the Medicare Modernization Act that was all passed by this body in a bipartisan way over a year ago—almost a year ago. I am deeply thankful for the cooperation and the hard work and dedication of my colleagues in this body to overcome years of partisan gridlock. We had hunkered down for years, having affordable access to seniors through Medicare, yet we never did it. It used to be just talk. But, indeed, a year ago we delivered that on the floor of the Senate. We finally have offered seniors the security they need and the choices they deserve.

I am very proud of our health care accomplishments, proud they provide a platform to build on on which we can take our next steps to making health care more affordable and more available and more dependable for all Americans.

Although we are bringing, really, tonight—and we will come back on December 7 for a very short period—to a close the 108th Congress, I am very excited about looking to that agenda in the 109th Congress on health care, where we address what bothers most Americans today, or what bothers most Americans, and that is the soaring cost of health care.

That has a huge impact on the number of uninsured in this country, as we look at issues such as medical liability, where in States such as Florida and

Ohio and Pennsylvania there is a medical liability crisis, a lawsuit abuse crisis which has a direct impact on raising the cost of health care but, probably even more importantly, diminishing the access to health care in ways that are hurting people—hurting the quality of care, hurting the access where moms or future moms are losing their obstetricians; where you have to worry, if you are driving through parts of Ohio or Florida that, if you have an accident, if you are so unfortunate to have an accident, that there might not be a trauma surgeon on call.

Because of the impact these unnecessary frivolous lawsuits are having, it is driving physicians out of the practice of medicine, out of obstetrics. No longer can they afford to take a call at these trauma centers.

We have a great foundation to build on as we address health savings accounts, health care security and prescription drugs for seniors and individuals with disabilities. In that bill, we open the door to paying for performance and paying for quality of ownership of health care accounts, of stressing chronic disease management, managing for illnesses such as diabetes and hypertension, of being able to look at health care in an integrated way of pulling all the little stovepipes together in a way to the benefit of individual patients.

There has been real progress in the past, and I look forward to a really exciting future as we go forward to address this new agenda in health care that focuses on the individual patient, focusing on consumer-driven medicines, focusing on provider-friendly health care that is patient-centered and that is the model of the future, the model that we will continue to work toward.

SUDAN

Mr. FRIST. Mr. President, the fourth issue I want to mention is an issue that even before the last recess—I remember on the night before closing the Senate down we had a period of time similar to this before the final business and the final what we call wrapup was brought to the floor—I was talking about this very same issue. I was talking about a similar type of issue a year ago, and I am going to bring it back to the floor right now because it is an issue that is close to my heart. It is an issue that affects me in profound ways. It is an issue that I don't have the answer to yet, and no one does, but it is an issue that by continually focusing a shining light on it, by educating others, we can change the course of humanity in this part of the world. This part of the world is the Sudan in Africa.

This week the Sudan Government agreed once more to make peace with its southern region. Civil war has gone on for about 23 years. About 5 million people have been displaced from homes. Over 2 million people have died in this civil war which has now gone on for about a quarter of a century.

I have spent a little time in Sudan. I was there in August a couple of weeks before the Republican Convention, and I was there about 10 months or 11 months ago as well. I was there the year before that and the year before that. So the Sudan is close to my heart.

While it is encouraging news that we are much closer to peace and the international community is hopeful, we still can't overlook a crisis. Again, this is a north-south civil war on which we are making real progress. But in the whole western part of this huge vast country of Sudan is a region called Darfur. This Darfur region that is about the size of France is a region that is in crisis.

For 22 months, the Sudanese Government has waged war against the people of the Darfur region. Despite two United Nations Security Council resolutions, pressure from the international community and neighboring countries, the government of Khartoum continues its genocidal campaign. Last week Khartoum ostensibly agreed to halt attacks, but within hours of their agreement Sudanese police raided a camp in southern Darfur destroying homes and driving out civilians.

Tens of thousands of innocent victims have died as a result of government-sponsored violence, and 1.8 million more have been displaced from this Darfur region. Entire villages have been burned to the ground. Women have been raped and children have been abducted and executed. Special United Nations envoy Jan Pronk warns that Darfur is on the brink of anarchy.

We cannot stand by as the people of Darfur suffer. We cannot allow another Rwanda. They are calling out to us. They are pleading for our help. We have a responsibility to act.

In about mid-August, I visited a refugee camp called Touloum in the country of Chad. The country of Chad is just to the west of Sudan and just to the west of this Darfur region, which is in the western aspect of Sudan. Touloum is several hours northeast from the capital N'Djamena.

I met with refugees and community leaders in this refugee camp. What I saw and what I have heard in Touloum in this camp was truly appalling. Thousands of refugees were housed in dust-covered tents. Many more lived in makeshift shelters of gathered wood and plastic sheathing. Some of the itinerant refugees just moving into the camp and waiting to get into the camp had simple sticks with either clothes or sheets or rugs, pulled together and slept there for days waiting to get into the refugee camp.

I remember the moms and many children running around, some way or another. The children are fairly malnourished and having been on the road for a period of time walking through the bush, what we call cachectic in medicine but skinny and clearly no muscle tissue at all and sunken faces but still smiling, still playing, and still fash-

ioning, with a piece of balled up cloth, playing soccer.

There was a lot of dust there. The rainy season had not quite yet hit.

I had the opportunity to speak with a gentleman named Asman Adam Abdallah. In Darfur, he had been a man of prominence, an officer of his tribe, a government official. He was from a village called Jemeza just north of the regional capital of El Fasher.

During the attack on his village, he became separated from his family. That tends to be the rule. He didn't know if his family was still alive. He didn't know how he would be able to go back to find them.

He told me their story—recounting that he watched 15 people of his village killed one by one by one by one. It had taken him about 18 days to reach the safety of this refugee camp called Touloum.

Sudanese Government planes bombarded Asman and his fellow survivors as they trekked first to the Tine, which is a town on the Sudanese-Chadian border.

Another refugee in that Touloum camp described how during a raid on her village several soldiers grabbed a baby to check and look at what the sex, what the gender of that child was. The soldiers began arguing back and forth as to whether to kill that little baby boy. She overheard one soldier remarking but "he is so young." It appeared that the soldiers were under orders to kill all male children.

I heard of a mentally disabled 15-year-old boy being thrown into a burning house and an old paralyzed man burned alive in his hut. I heard stories of women raped in front of their own children.

I asked one refugee in Touloum what would it take for him to go home. He said to me: I will go if you come with me and stay with me.

The Janjaweed attacks described to me were disturbingly similar. The Janjaweed are preceded by aerial attacks by Government planes flying overhead.

In some cases, soldiers in government uniforms participate on the ground and they made references, according to these witnesses and the villagers whom we talked to, references to orders from Khartoum. Survivors tell of racial slurs being probed at them as the Janjaweed swept through their villages, killed the men, killed the boys, and razed the homes.

The dictatorship in Khartoum claims it has no control over the Janjaweed, but I believe otherwise. I believe if they were sincere in their efforts to make peace, peace indeed would be at hand. The direct line between the Government of Sudan, the Janjaweed, and the raping, the pillaging and murder is so direct that I am convinced, with an order from the top, the crisis would stop. It would immediately end.

The regime in Khartoum, however, has cynically concluded it can survive a moderate amount of diplomatic pressure and continue the genocide. I refer,

again, to this to be "genocide." Indeed, it was in the Senate that, through a resolution which was unanimously accepted, we called it genocide. That is what it is.

Khartoum seems to believe it can ignore the mostly rhetorical pressure that has been brought to bear by the international community. That, unfortunately, has been what the international community has done. The light has been shone on the tragedy that has occurred there, but the response from the international community has not yet been as strong or as bold as it must be.

Khartoum believes the threat of a Chinese veto at the United Nations Security Council will protect it from more serious sanctions. We have to prove them wrong.

About 7 years ago I first went into Sudan. Osama bin Laden left Sudan about 1996 and shortly thereafter I had the opportunity to first go into the Sudan as part of a medical mission team. I have been able to visit the Sudan, Uganda, Kenya, and now Chad, the countries surrounding Sudan, as part of this medical mission work. A little hospital called Lui in southern Sudan that I visited this August now sees about 40,000 patients a year. There is still no running water there, and there is still no electricity. There is a generator, but there is still no village-wide electricity. It is in the southern region of Sudan.

The first few times we flew into that area, there was no hospital, or the hospital had been locked up, with landmines all around, for about 18 years, and we could not operate in the little hospital. That has been closed down for almost two decades. So the first operations were performed in a little schoolhouse. I remember vividly driving up and they said, this is where you will be operating. It was clearly a little schoolhouse because you walked into the room we were operating in the next day and there was a big chalkboard there. There was a chalkboard on the opposing wall, literally. Within 24 hours we did those first operations.

After a couple of years operating in the schoolhouse, the landmines were taken out. It was demined. The old hospital was demined. Today, as I said, from the first few patients, almost 40,000 patients were seen last year, with thousands of operations performed, still under primitive conditions.

Once you have a health care entity or a doctor-patient relationship or surgery being performed, all of a sudden trust is reestablished. And although there was no village there at the time because people had been displaced from their homes and driven back into the surrounding hills, once that doctor-patient relationship began, soon thereafter a little commercial activity started and people would come and camp outside the facility. Then the next year I would go back and instead of having one little cart there selling tobacco or maize, there would be five

or six. The next year there would be 30. Now there is a huge market. Now there is a church that has opened and a school that has opened. It has become a village now with people coming from hundreds of miles around to this, still, only full-service hospital or clinic in southern Sudan.

In the southern Sudan, this region of Lui, I also had the opportunity to go up to the Nuba mountains, which was an interesting first trip for me because the Nuba mountains had been closed for a period of time to all aid. There was no United Nations aid coming in because the Government at that time—again, this was 6 or 7 years ago—said it was too dangerous and they would not let relief agencies go in. I had the opportunity to go in. The fact I could get in—at the time I was a U.S. Senator but predominantly traveling as a medical missionary—it was safe enough for us, so aid could go in and aid is going in from around the world to that part of the world.

I had the opportunity to go to Bapong, a town in the upper west. I remember flying into Bapong and we treated a patient right off the field we landed in. Somebody brought a patient there. I remember vividly the patient would have died, if we had not come in, because of a huge abscess, infection, in his thigh. I remember it so vividly. By that very simple procedure, very, very simple procedure, this man's life was saved. In fact, as a surgeon, it was a very easy procedure, but there was a medic—we called him a medic; a medicine man—no formal training, who was responsible for the villagers. Because of superstition and because he had never done it, he did not know how far he could actually cut with the knife and the patient still be able to live. By grabbing his hand and my hand wrapped around his hand, it gave him confidence to go a little bit deeper. When we went a little bit deeper, the infection was released. I remember the joy in his face because he realized that action, indeed, had in essence saved this patient's life.

In Bapong, I was told by regional leaders that the government was deliberately targeting civilians and denying them basic medical needs. Ten days after my visit, government forces attacked Bapong and killed 2,000 people.

It is long past time for the Sudanese Government to cease and desist activities that have resulted in civil war and punishment. Countless innocent people have died. Now the crisis is risking—I hope it does not occur—but there is a risk of it spilling over into neighboring countries.

This fall, the Senate and House unanimously passed resolutions pressing for the immediate suspension of Sudan's membership on the United Nations Commission on Human Rights. All 535 legislators, 100 in this body and 435 in the House of Representatives, agreed that Sudan's membership on a commission to protect human rights is a travesty, a cruel trick at the same

time that such oppression and death is going on in the Darfur region. It defies all decency that a nation that is actively engaged in genocide against its own people could occupy a position of honor and authority on a commission in the United Nations devoted to human rights. It does not make sense. It is wrong.

I applaud the President and Secretary Colin Powell for their effort to bring accountability to the Khartoum Government. This administration has shown immense leadership in addressing the crisis in Darfur. The United States is providing over 80 percent of the supplies flowing to Darfur in eastern Chad. It is something that we as a Nation should be proud of, we are proud of.

Since February of 2003, we, this body, our Government, have provided \$218 million for Sudan. The Senate foreign operations bill provides \$611 million more for fiscal year 2005 and an additional \$75 million for African Union peacekeeping activities.

In September, Secretary Powell came before the Senate Foreign Relations Committee and unflinchingly declared the situation in Darfur to be government-sponsored genocide.

Last month, the President authorized the use of three C-130 transport planes to convey 3,300 Rwandan and Nigerian peacekeeping troops into Darfur. We have much to be proud of, but there is much more to do.

The United Nations Security Council is concluding its 2-day meeting in Nairobi, Kenya, right now. During this week's meeting, council members discussed all sorts of approaches, mainly carrot-and-stick approaches, to bringing Khartoum into compliance with those international human rights standards.

U.N. Ambassador Jack Danforth, a former colleague of ours from this body, has worked hard to press the U.N. to take bold and concrete action. I support him with every fiber in my body for this critical work, for this difficult work, for this challenging work.

As you can tell, I am deeply committed to the future of the Sudanese people. I will be back there on a regular basis. What I learn, I do bring back to this floor. And whether it is translating it into our Sudan Peace Act of years ago, or into our observations and declaration of genocide in the Darfur region, or increasing aid to that part of the world to facilitate peace, or to support the tremendous leadership and tremendous work of Ambassador Danforth, we must be there as a nation. And we will be there as a Senate.

The plight of the Sudanese people calls out to all freedom-loving nations, not just to the United States. So I encourage other nations to look, to observe, but then to act, and to assist or work side by side with the United States of America as we address these challenges.

As a Senator speaking on this floor, as a physician, as a doctor, as a human

being who cherishes life, I believe it is our duty to answer that call.

CLEAN WATER

Mr. FRIST. Mr. President, I am going to mention one final topic as we wait for the final wrapup business to be concluded. It is a topic that is related to the topic I just discussed because it centers on the continent of Africa. It focuses on a different issue, but an issue that has real global consequence.

I traveled to Africa last year with our colleagues from this body, Senator WARNER, Senator DEWINE, Senator ENZI, Senator ALEXANDER, and Senator COLEMAN. We visited a project to bring clean water to people. This was down in the southern part of Africa in Mozambique. The project is to get clean water to the village of Tshalala, Mozambique.

This particular project is funded by a wonderful organization whose leadership I admire tremendously, supported by generous people all over this country, indeed, around the world, the group called Living Water International.

Now, this was out in the bush. It was out in a very rural area. The project was located in a neighborhood that was small. It was a very dusty, very poor neighborhood. But that neighborhood had clean water, and it came from a simple well with a hand pump. We all pumped from this well. It functioned easily. It became the whole centerpiece, of course, and the real focus for that entire community.

Access to clean water is a women's issue. It is a public health issue. It is a sanitation issue. But I started by saying it is a women's issue because it is the women in Africa—all over the continent in Africa, in Mozambique and in Tshalala—who, before having a well, would be the ones who would walk for, not just minutes, but hours in order to get water for their family. But women in that part of Tshalala did not have to walk miles with jugs of water to provide for their families. Instead, the well supplied their households with clean drinking and bathing water.

What Living Water International does is very simple. It teaches residents to drill wells. It trains them in sanitation and equips them with the tools and knowledge to maintain water equipment.

The pump we saw in Tshalala cost, in American dollars, about \$2,800. It improves the standard of living. It spares many of the women that backbreaking labor. It saves them time and allows them to be with their children. This well saves the lives of dozens of villagers.

From a public health standpoint, from a sanitary standpoint, it saves lives. It is exactly the sort of resource that is lacking in much of the world. Clean water ranks high among the world's health problems. The statistics are staggering. They should alarm any person of conscience.

What are they? According to the World Health Organization, over 1.8 million people die each year as a result of diarrheal disease. Almost all of it is caused by waterborne illness—1.8 million people.

Over 40 percent of the world's population, most of it in undeveloped regions of Africa and Asia, live without access to clean water. Without intervention, the problem could get much worse. In the next 50 years, 3 billion people will join the human family. Most will live in areas that lack clean water.

Economies in the poorest regions of the world will be unable to develop unless good water systems are in place. Agriculture alone consumes anywhere from 70 to 90 percent of available water supplies. Manufacturing, likewise, is nearly impossible without clean water.

Just as important, unsafe water poses a clear security threat. Water basins do not follow national borders, and conflict over them will escalate as safe water becomes even scarcer. These conflicts may come to threaten our own national security.

Modest, pragmatic, clean water projects that yield real measurable benefits will make things better. While we would like to build First World water systems everywhere, we obviously have to acknowledge limits of time and resources.

Over the last several decades, the United States, the United Nations, Japan, and dozens of other nations and organizations have worked to bring the world clean water. Despite sincere efforts, we have not made enough progress. There is much more to be done. Access to clean water has even declined in some parts of the world.

Our experiences in Africa showed us the magnitude of the problem we face. They offer four important lessons about how we can improve access to clean water, to safe water, to healthy water around the globe.

First, any strategy must involve the entire community that it serves.

Local businesses, nonprofits, and individuals should own, maintain, and improve the water sources that serve them. Without adequate local support and local expertise, water systems will fall apart.

We should also promote cost-sharing with water users to create a sense of ownership. At the Tshalala well, for example, community members contribute 5 percent of the total cost toward maintenance.

Second, the U.S. and other developed nations must mobilize both public and private resources to confront this problem.

This may require legislative action. A strategy should leverage resources to increase our projects' scale and avoid duplication of effort. Private organizations can provide a vast reserve of humanitarian and hydrological expertise. We should work to build coalitions of governments, international organizations, water utilities, and other private

enterprises, foundations, scientific institutions, and NGOs.

Third, education should play a key role in any strategy.

Simple hand washing, for example, prevents disease transmission. But a single set of dirty hands can contaminate an entire water source. This aspect is going to take more than simple outreach. Real hygiene improvements will happen only if people have access to adequate, reliable, convenient water resources.

Fourth, where appropriate, clean water should rank high among our health aid priorities.

The developed world spends billions on health aid. Health care professionals have long understood the strong connection between clean water, basic sanitation, and good health.

Last year, USAID spent less than \$325 million for international drinking water supply and sanitation. Less than \$20 million of this amount went to Africa—the very region that has the most severe water crisis. Clearly, these are inadequate sums.

Our large and worthy investment in the battle against HIV/AIDS in Africa and around the world cannot succeed without clean water; they are interrelated. And neither can our vision for a safer, healthier, and more prosperous world.

The people of the world need clean water to live. They deserve it. With our help and firm commitment, they can get it.

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

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

MORNING BUSINESS

Mr. FRIST. Mr. President, I ask unanimous consent that there now be a period of morning business, with Senators speaking for up to 10 minutes each.

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

CONDOLEEZA RICE

Mr. FRIST. Mr. President, I come to the Senate floor to applaud President Bush on his nomination of Dr. Condoleezza Rice for Secretary of State. She is an outstanding choice, and the American people are fortunate to have a public servant of her talent and intellect.

During her tenure as National Security Advisor, Dr. Rice has been a steady and trusted confidant to the President. In her role of crafting policy and helping guide decision making, she has demonstrated extraordinary skill. But this should come as no surprise.