

A pharmacist gives a gaunt young man his change and explains just when and how to take the medicine. Patients pay what they can. They're required to pay something. It's a way of making sure that the patient wants to be part of the program and will follow treatment regimens carefully. The YRG Center gets a special discount, and Cipla assists in other ways. Lulla says it's been trying for years to sell more generic AIDS drugs in India, but the government has not until recently agreed to Cipla's terms. But Amar Lulla insists that the company's motive isn't money and it isn't publicity.

Mr. LULLA. If you've seen the face of disease and if you've seen the face of death and if you've seen people dying because they can't access medicines, and if you save one life, it is worth it. To some of us, it's very important, you know. And then I can see a lot of cynicism in the media and in the way people do ask us, what is behind all this, you know? What is the motive? What is the motive? But sometimes doing this is an immense joy and serves the need that we all have within us as human beings, you know, to help someone. That's it. There's nothing more to it.

WILSON. Still, nowhere near the two million people in India that it is estimated now need treatment get it. Vivek Divan with the Lawyers Collective AIDS Unit says it's a profound paradox.

Mr. VIVEK DIVAN (Lawyers Collective AIDS Unit). A lot of our clients are dying. They just continue to die. It's a ridiculous situation. It's absurd because, you know, Cipla and Ranbaxy make this medication in this country, and it wasn't available and still isn't more or less available. When you think about it, it is such an absurd situation, it's so starkly absurd that it shocks you sometimes. It makes you laugh also, unfortunately.

WILSON. Late last year the Indian government finally struck a deal with Cipla, and in April, just before the national elections, the government began distributing free antiretrovirals for people with AIDS.

Ms. MEENAKSHI DATTA GHOSH (Director, National AIDS Control Organization). We have treated more than 800 people so far, and we do want to very rapidly accelerate the treatment.

WILSON. Meenakshi Datta Ghosh is the director of the government's National AIDS Control Organization.

Ms. DATTA GHOSH. We have trained teams in 25 medical hospitals, and that's where we are now moving to expand. And so we do believe the numbers getting treated will rapidly pick up.

WILSON. 'Cause 800, you know, for a population this size, seems incredibly small.

Ms. DATTA GHOSH. That's very unfair. We've only been in the treatment less than four months. Since May 2003 onwards, we have concentrated on expanding and widening the availability of services for people living with HIV and for the general population. Political commitment for HIV and AIDS has grown by leaps and bounds. All of this put together has enabled us to commence treatment earlier than perhaps was originally scheduled. And therefore, I do not—it's not entirely correct to say the government has not done anything.

WILSON. By the end of this year, she says, the government aims to provide treatment for 100,000 AIDS patients. India is not alone in the caution with which it has taken on treatment, using the generic AIDS drugs. Scientists and health officials question Cipla's capacity to supply generic drugs to the millions in developing countries who need them and maintain that supply for the rest of their lives. There are also concerns that generics may contribute to the develop-

ment of a more resistant AIDS virus. Again, Cipla's Amar Lulla.

Mr. LULLA. This is such a beautiful argument, such a beautiful one when you don't want the drugs to reach the dying patients. The big pharmacy will say this argument is never advanced. Why? The same drugs, the same side effects, the same risk of developing resistance. Why is it not talked about? Why is it talked about only when you want to make them available to the patients, and you talk all this junk, I mean, such rubbish, it's not even pardonable. So don't give to anybody, right? If you can't give to 40 million, don't give to one million. Don't make these drug available to anybody. Let everybody die. What kind of argument is this? And this is such a con, such a lie, it's a crime on humanity, and everybody repeats it, you know. That's a pity.

WILSON. Some of the suspicions about generics and the quality of Cipla's three-in-one pill Triomune were answered by a recent study that was published in the British journal *Lancet*. As doctors had already noted, Triomune was just as effective at suppressing the AIDS virus as brand-name medications. Brenda Wilson, NPR News.

MONTAGNE. It's 11 minutes before the hour.

ADDITIONAL STATEMENTS

TRIBUTE TO JOHN A. FORLINES JR.

• Mrs. DOLE. Mr. President, I rise to salute a true gentleman who has just announced his retirement from the position of Chairman and CEO of the Bank of Granite based in Granite Falls, NC: Mr. John A. Forlines Jr. John is a man of great integrity and ability.

John's bank has become legendary, as it is often called "the best little bank in America." However, his achievements extend beyond his professional life, for he is also well known for an outstanding history of service to his community, state and his country.

I had the pleasure of serving with John as a trustee for Duke University, and I was continually impressed with his intelligence, his dedication and his great enthusiasm for Duke University and higher education. A native of Graham, NC and a graduate of Duke, John joined the U.S. Army finance department in 1940, and eventually rose to the rank of Major.

John's extraordinary career with the Bank of Granite began in 1954, when he assumed the position of President. Soon after, he was named chairman of the North Carolina School of Banking at the University of North Carolina-Chapel Hill, and began his lifelong relationship with the American Bankers Association. He was later named Chairman of the North Carolina Banking Association. John's work has resulted in the continued growth of stronger communities across North Carolina. Through his work he has provided the capital for many businesses to be established and grow, creating good jobs. He work also financed countless homes for families and individuals across the state.

In addition, John has furthered his commitment to the communities of

North Carolina through his dedication to service in his personal life. He serves on the Board of Elders of First Presbyterian Church in Lenoir, NC. He also holds positions on the Board of Directors for the North Carolina Citizens for Business and Industry; Caldwell County Hospice Inc.; Piedmont Venture Partners; and The Forest at Duke, a retirement community.

John's dedication to his profession and community has been recognized through the years with numerous honors and distinctions. These accolades include Financial World Magazine CEO of the Year for banks \$300-\$500 million in assets from 1992 to 1995. He received Duke University's Distinguished Alumni Award in 1994; and was inducted into the North Carolina Business Hall of Fame in 1999.

John Forlines epitomizes the American spirit through his entrepreneurial skills and his ever present commitment to family and community. He serves as an inspiration to us all. I appreciate his warm friendship and his tremendous service on behalf of all North Carolinians.●

RECOGNITION OF DR. ROBERT K. STUART

• Mr. HOLLINGS. Mr. President, I wish to recognize and congratulate Dr. Robert K. Stuart for his accomplishments in the fight against cancer. He is a long-time leader in the medical cancer community on a professional and personal level. For his devotion to make a difference in the lives of others, Dr. Stuart deserves to be honored. He has fought cancer on many levels and is a model of inspiration to his community.

I ask that a recent Post and Courier article be printed in the RECORD, so that all my colleagues can see the extraordinary accomplishments of this man.

The material follows:

[From the Post and Courier, July 10, 2004]

CANCER DOCTOR, SURVIVOR TO JOIN LANCE
ARMSTRONG ON TOUR
(By David Quick)

Cancer survival and cycling were forever linked when Texan Lance Armstrong survived testicular cancer and won not one, but five consecutive—and perhaps six—Tour de France races.

But long before Armstrong would become a household name, oncologist Dr. Robert K. Stuart was in the trenches fighting the war on one of humankind's most deadly diseases and using cycling as an escape and a way to stay strong physically and emotionally.

This October, the worlds of Armstrong and Stuart will come together for a week during the Bristol-Myers Squibb Tour of Hope, a 3,200-plus-mile relay from Los Angeles to Washington, DC. Stuart is one of 20 cyclists selected to participate in the tour from among more than 1,000 applicants.

Besides riding four hours every day, Stuart and the other cyclists, along with Armstrong, will be making stops along the way, spreading the message of hope and encouraging cancer patients to participate in new treatments, often referred to as clinical trials.

Stuart certainly has earned the honor.

In addition to being an avid cyclist, cancer doctor and researcher, he survived kidney cancer himself in 1991 and was the primary caregiver to his wife, Charlene, who recovered from leukemia after being diagnosed in 2000.

And he's been a leader in fighting cancer in South Carolina for nearly two decades—starting the hematology/oncology division at the Medical University of South Carolina in 1985, leading a surgical team in performing the state's first bone-marrow transplant in 1987, and being one of two who wrote the proposal for federal funding of what later would be called the Hollings Cancer Center.

"He's just done so much for MUSC," says Dr. Rayna Kneuper Hall, who heads the research hospital's breast cancer program. "I'd say he is a true pioneer in the fields of hematology and oncology here. He had a vision of it (the division) and was able to make it come true."

Despite his monumental resume, Hall says Stuart is humble, has deep compassion for his patients, and continues to be a good teacher and mentor to medical school students. "He has an amazing memory. He can remember every patient he's ever seen and is able to recall a specific case to demonstrate a (cancer) situation. For students, it really helps to hear it in the context of a patient."

For Stuart, his proudest accomplishment is having a hand in training 40 specialists in the fields of hematology and oncology, as well as having helped his patients.

"At this stage in my career, my legacy is more about people than it is publication. I have more than a hundred papers, but to me, the people are so much more important."

A LOUISIANA BOY

Stuart was born the second of five boys to Walter and Rita Stuart in Grosse Tete, La., a small village across the Mississippi River from Baton Rouge. One of his grandmothers was a Cajun and the other was Creole.

Walter Stuart worked for Kaiser Aluminum. Because both he and his wife were worried about the limited opportunities for their children in the village, they jumped at a job transfer to Northern California, where Robert would start elementary school.

However, when Kaiser planned to transfer Walter next to either British Guyana in South America or Ghana in Africa, the Stuarts decided to move to New Orleans, where Walter took a job as a banker.

"I consider New Orleans as home," says Stuart, "because between birth and high school graduation, it's where I spent the most time."

For the Stuarts, educating their children was paramount. All five sons received advanced degrees. In addition to Robert, another became a doctor, one a lawyer, one received a master's of business administration and the other a master of fine arts.

Robert attended Jesuit High School in New Orleans, whose most famous alums include singer Harry Connick Jr. and baseball player Rusty Staub, and got a traditional liberal arts education. He took Latin, Greek, math and physics and was urged to attend a Catholic university.

He picked Georgetown University.

Stuart says being in Washington, D.C., at the height of the turbulent 1960s—1966 through 1970—was exciting. "You just had the feeling that you were living in the center of the universe. I got at least as much education from reading *The Washington Post* every day as I did going to school and it (reading the *Post*) was a lot cheaper."

He, of course, did the hippie thing. He grew his hair out and had a mustache, which he's shaved only once since then, and believed that the Vietnam War was wrong. Stuart recalls a very moving protest he participated

in that involved marching past the White House, shouting the name of a dead soldier and then putting the name of the soldier in a casket at the Capitol.

"It took hours and hours to finish naming all those soldiers, and I think it served as a preview of the Vietnam War Memorial," he says.

"My father thinks it was unfortunate that I lived in Washington at that time because now I question government. I'm more prone to say, 'Why should we do that?' than I am, 'My country, right or wrong.' But I am an American and think I'm as patriotic as people who don't think about things."

CHOOSING A NEW FRONTIER

Stuart went from Georgetown straight into medical school at Johns Hopkins University in Baltimore.

When he was in his first year, he became acquainted with the chief resident in urology. Stuart asked why he had chosen urology, and the resident said it was because he was influenced by a urology professor in school.

"I can remember saying to myself: 'That won't happen to me.' I vowed to pick my specialty entirely on rational grounds and, of course, the exact opposite happened."

"I ran into some people in what was then a new field, oncology. I thought these guys were like trying to climb Mount Everest with no oxygen and no tools. To me, what they were trying to do was monumental because back then cancer was a death sentence. Everybody died from it. These guys were determined that things were so bad that they had to get better and that they were going to make it happen . . . I was personally inspired."

At the time—the mid-1970s—there was no standard therapy for cancer, Stuart says.

Another inspiration came as a third-year med student. He volunteered for a rotation on the oncology in-patient service. His instructor assigned him only one patient because she was so sick, suffering from acute myeloid leukemia, or AML.

"I couldn't do much as a student, but I basically stayed up all night with her. She died the next afternoon and I was shattered. . . . My instructor said to me that AML was the worst leukemia of all and 'don't take it personally.' But I did take it personally."

After doing his internal medicine residency at Johns Hopkins, the school hired him as a faculty member in 1979. Stuart focused on acute leukemia and bone-marrow transplantation, which he admits remains "the thing that challenges me most today."

About the same time, Stuart and another doctor began studying and treating patients with aplastic anemia, a rare disease where the bone marrow simply fails and stops producing red blood cells. While not a cancer, its standard therapy at the time was a bone-marrow transplant.

They also developed alternative therapies and worked on a 7-year-old, whose father later started a foundation focusing on research that has made numerous advances in treating the disease. "One of the most satisfying things about having a career in medicine is looking at the progress that's been made," Stuart says of the improving rates of survival for both AML and aplastic anemia.

MAKING A MARK AT MUSC

In 1985, a friend and "brilliant scientist," Dr. Makio Ogawa at the Veterans Administration Hospital in Charleston, asked Stuart to interview for MUSC's new hematology/oncology division. Ogawa, a bone-marrow researcher, had met Stuart on a few trips to Johns Hopkins.

"At the time, I had no interest in leaving Johns Hopkins, but there was something about Charleston and the people at MUSC

that made me change my mind," says Stuart. "On July 1, 1985, the entire program consisted of me, a lab tech and a secretary. I had to recruit physicians and create a training program."

It didn't take long to get the ball rolling.

Two years later, Stuart led a team in performing the first bone-marrow transplant surgery in the state, and in another two years, Stuart was among a group boarding a plane for Washington, DC, to make a pitch for federal funding for a new cancer center in Charleston.

U.S. Sen. Fritz Hollings, D-S.C., who did not attend those first meetings, would embrace the effort and help usher through a \$16.8 million federal grant to pay for a building to house what later would be called the Hollings Cancer Center.

"It got us in the ball game," Stuart says of the grant's ability to kick-start the cancer program in Charleston, leading to comprehensive cancer care and eventually the start of clinical trials at the center. "It was a very sophisticated undertaking."

THE CANCER PATIENT

In 1991, the doctor became the patient when Stuart was diagnosed in the early stages of kidney cancer.

Because of early detection and a rather fortunate location at the tip of the kidney, Stuart was spared losing the organ. He also didn't have to endure chemotherapy because the treatment is not useful with kidney cancer.

Still, the experience made Stuart a better doctor.

"It definitely changed me. I used to be distant from my patients. I maintained what I thought was a professional separation between doctor and patient," says Stuart. "After having cancer, I found myself thinking more about encouraging people. Now, I consider what can I say to a patient that's truthful and gives them hope."

He also started hugging patients and calling them by their first names, practices that never occurred before he was a cancer patient.

During the same year, Stuart married Charlene McCants, who had been the chief financial officer (later CEO) at MUSC and with whom he initially had a rocky professional relationship. At one point, Stuart would not return McCants' phone calls.

Yet it was she who was instrumental in having Medicaid and Medicare recognize MUSC as a transplant facility. In doing so, insurance providers would help pay for transplant procedures.

Stuart and McCants both had been married once before and had children from their first marriages.

Stuart's marriage to Gail Stuart, the current dean of the MUSC nursing school, had lasted 18 years. They have two children: Morgan, now 26 and a medical student at Georgetown; and Elaine, 24, an editorial assistant at *Child* magazine in New York. McCants had been married to Robert H. McCants for 22 years. Their son, R. Darren McCants, is business manager for the physiology/neuroscience department at MUSC.

"All three of our children turned out really well," says Stuart.

Daughter Elaine recalls her father early in her childhood as being "cerebral and quiet" and seemingly "impenetrable." She adds, "Looking back now, I realize that he may have been quiet because he lost a patient. You never knew because he made a big effort not to let what was going on at work affect us at home."

Elaine Stuart, who attended the North Carolina School of the Arts and was a ballerina with the Richmond Ballet, says that while her father was deeply involved in

work, he made sure he was there for important events, such as her dance recitals.

"He wasn't all that liberal with praise, so when you earned it, it really meant something. . . . Growing up, he never pushed us that hard. In doing so, he instilled in us a great sense of self-motivation. That was an effective way of driving us, and I attribute a lot of what drives me today to that."

CANCER STRIKES AGAIN

In 1997, the couple moved to Riyadh, Saudi Arabia, when Stuart received the opportunity to be oncology department chairman at the King Faisal Specialist Hospital and Research Centre.

Three years later, though, cancer entered the personal realm of the Stuarts' lives yet again. Charlene became desperately sick and was diagnosed with the same leukemia, AML, that had taken the life of the patient Stuart had watched over as a med student 25 years before.

"My first thought when I learned the diagnosis was that it was cosmic irony—that this almost can't be happening," says Stuart. "In Saudi Arabia, one of my colleagues came up to me, very stricken, and said, 'I just heard your wife has AML.' I remember thinking, 'No, it's the other way around. AML has my wife.'"

AML, Stuart notes, is still nearly lethal—only one-third who are diagnosed with it survive. The couple came back home to Charleston for treatment and stayed.

"The blackest time of my life was when she relapsed after three treatments," he says.

The only recourse was to use marrow from her brother, David. The transplant was successful and she is in remission.

His care for her is a testament of his love. Of the 81 nights she was in the hospital, Stuart spent all but the first night on a cot next to her in the hospital room. Then, he took four months off from work, the longest stint of not working as a doctor, to become his wife's primary caregiver.

"It was the hardest thing I've ever done," he says now.

CYCLING FOR SANITY

In the mornings of that uncertain time, Stuart took a break by riding his bike. The exercise, he said, helped him "keep my head straight."

But he first started cycling out of necessity. It was cheap transportation in his Georgetown days. For two years, 1983–1985, Stuart was a licensed bicycle racer, but "wasn't good" due to his late start. He backed off cycling after arriving in Charleston because of his career demands, but started back in earnest after his cancer diagnosis in 1991 and began participating in charity rides.

He continued cycling during the 1990s and even rode with a group of doctors in the Saudi Arabian desert.

Perhaps his first true cycling feat came last year during the first Tour of Hope. Stuart made the first cut of 50 for the inaugural tour ride across the country, but wasn't chosen for the final group. He, however, was invited to Washington, DC, for the final day's ride and a chance to meet Lance Armstrong.

Because he wasn't picked the first year and because he was unsure the sponsors would take on tour expenses again, Stuart didn't think the opportunity would come his way again. Even when the sponsors announced the tour would happen again, he applied thinking that his chances weren't good. The Stuarts even booked a vacation in the south of France at the same time as one of the tour's training camps, thinking that he wouldn't be picked.

But he was picked. When he heard the news, his feelings were mixed.

"At first, I was really fired up. Then, I was really scared. I'm not an elite cyclist, though I'm probably better than your average Joe," says Stuart, noting that the five, four-person relay teams have only a week to get from Los Angeles to Washington.

He says the organizers also changed the route and made it harder, specifically going over both the Sierras and the Rockies in a route connecting Las Vegas, Denver, Omaha, Chicago, Cleveland, Pittsburgh and Baltimore to DC.

Stuart, however, is getting some expert training advice and equipment, including a custom-fitted Trek road bike that he'll get to keep after the tour. He's already flown to Princeton, N.J., the home of Bristol-Myers Squibb, and Colorado Springs, home of Carmichael Training Systems (Chris Carmichael is Armstrong's coach), for training weekends. He's to fly back early from his family vacation in France to go to Madison, Wis., home of Trek, in August for a final meeting before the fall ride.

Meanwhile, his current regimen consists of about 11 hours of training a week, or about 200 miles. It will peak out at about 16 hours a week. That's a lot of time on those small bike seats.

Stuart is enjoying the experience. The group of riders—of whom 13 are cancer survivors, five are physicians and two are oncology nurses—already are feeling close to one another. Stuart has been getting 10–15 group e-mails per day from them.

Stuart is among the millions of Americans who are wishing Armstrong wins his sixth Tour de France, in part because it will make the Tour of Hope an even higher profile event.

LIVING, LOVING LIFE

One of Stuart's closest cycling buddies, Clark Wyly, has grown to know him well, as they regularly meet on Saturdays and Sundays for rides ranging from 30 to 60 miles.

"He is a very caring physician," says Wyly. "He takes each of his patients so seriously and so personally. When they don't make it, it's really hard on him. . . . Rob is not extroverted, but once you get to know him, he's very personable and easygoing. I have never seen him lose his temper and get out of control."

Wyly adds that Robert and Charlene live each day fully.

For those who know them, the couple have a deep, loving relationship. For a former CEO and the extrovert in the couple, she admits to truly enjoying "loving, supporting and caring for him" and describes herself as "his professional valet."

"I'm so devoted to him and I love taking care of him," she says. •

HONORING BEN MONDOR OF THE PAWTUCKET RED SOX

• Mr. CHAFEE. Mr. President, I would like to share with my colleagues a story of a man who has dedicated more than 27 years of his life to giving Rhode Island's baseball fans a team that they are proud to call their own.

If a poll were taken asking Americans to name the best that Rhode Island has to offer, it is fair to say that most would think of the Newport mansions, or the beaches of South County, or perhaps the Providence renaissance. While all of these sites are important components of our tourism business, I would say that for native Rhode Islanders, there is an attraction in the working class community of Pawtucket

that has an even more prominent place in their shared experience. Amid the tenement houses and old textile and wire mills of the Blackstone Valley stands McCoy Stadium, home to the Pawtucket Red Sox since 1973.

It is difficult for visitors to imagine now, but this minor league franchise got off to a very shaky start. In the mid-1970s, the team was struggling both on and off the field. Attendance was poor, the stadium was in terrible disrepair, and bankruptcy was looming. Players who were assigned there saw it as a necessary penance before making it to the big leagues and hoped to get out as soon as possible. It looked as if the PawSox would not last too long in AAA ball.

At that time, Ben Mondor, a man who had quit working in his late 40s after a successful career in business, was happy with retired life. Occasionally, he would catch a PawSox game, but as he has said, he didn't know a thing about baseball. When encouraged by his friend and former Boston pitcher, the late Chet Nichols, to rescue the PawSox, Ben refused. "Why would I want to buy a baseball team?" he asked. But Ben had plenty of experience stepping in to save struggling enterprises, and repeatedly had turned another person's failure into a successful venture. Finally, after much prompting from the brass of the parent club, he took over the team in 1977.

And so Ben went to work. He sought to instill pride in the team, and build an organization that would command both local and national respect. More than that, he wanted to give people of modest means a place where they could take their families for a night out. It didn't have to be fancy, but he would insist on a safe, family atmosphere, where young children could come and eat a hot dog or maybe a snow cone, shout "we want a hit!" when their favorite ballplayer came to bat, and learn to love the game of baseball.

Certainly, Ben faced an uphill climb, but he and his loyal staff embarked on a long campaign to renovate McCoy Stadium and reinvigorate the franchise. As years passed, more and more of the creaky wooden seats were replaced, the field was improved, and the concession stands and restrooms were expanded. It took time, but the attendance steadily climbed. Whole school buses filled with eager young fans poured in, not just from Rhode Island, but Cape Cod, and Connecticut, and greater Boston—even a few from New Hampshire. And Ben Mondor kept his word to the working class family: amazingly, 20 years went by without an increase in the price of a general admission ticket. Only in 1999, after a \$14 million renovation and expansion of McCoy Stadium did he finally relent and agree to charge an extra dollar for tickets to a game. Even today, a family of four can still take in a PawSox game for just \$20.

Ben Mondor's team gives back to the community in many other ways. There