

that were denied by DHL management 2 weeks ago when employees and community members tried to deliver them.

DHL needs to hear from these families and they need to understand that good corporate citizenship means more than baseball advertisements and company sponsorships. DHL workers and their families rightfully feel betrayed by the callous decision made by Deutsche Post.

This kind of betrayal does not just eliminate jobs. The community loses revenue, public schools take a hit, the police force, fire department—all take major hits. It is estimated that 10 percent of the Wilmington City school budget is derived from DHL's operations in Wilmington. Hospitals suffer. Clinton Memorial Hospital is a not-for-profit, and people connected with DHL account for a huge percent of their overall operations. They get \$7 million in revenue just from DHL, ABX, and ASTAR, and their overall budget is \$100 million. They don't know how they will be able to continue operations if DHL closes its operations in Wilmington.

There are some 15,000 children of those DHL workers at the Wilmington airport—DHL, ASTAR, and ABX—who will lose their jobs.

Today I stood with the real All Stars, a couple of hundred workers and their families from southwest Ohio at DHL and at their union hall right across the street. In the last few months they have been sending me their stories. I would like to share some of them.

Tara Pratz of Lebanon, a community a few miles from there in Warren County, told me she and her husband relocated to Ohio because they trusted DHL and the promises made to her and workers like her. Reading from her note, she said:

Deutch-Post is nothing more than a corporate terrorist destroying the very lives that built the company.

Kelly Morse of Blanchester also wrote me about moving to Ohio because of the loyalty she felt for DHL. She wrote:

At first we did not want to move, but as a loyal employee I wanted to live close to my employer. DHL needs to be held accountable for the commitments they made to the people, workers, and community of southwest Ohio.

New Vienna resident Beth Carpenter wrote:

My husband is one of the many employees being laid off . . . with the economy the way it is, it is hard enough trying to keep food on the table, let alone to try to do it without a job.

Sherry Barrett, also of New Vienna, wrote, simply:

We are all extremely terrified of what our future holds. . . . We need all of you in our government to fight hard for us and Ohio.

Again, it doesn't need to be this way. DHL has been a good corporate citizen. It can remain a good friend to the people of Ohio. Workers and family members and the community are ready to do whatever it takes—whatever it

takes. This morning in Wilmington it was clear that this community sticks together when times are tough.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. (Mr. CARDIN). Without objection, it is so ordered.

HIV/AIDS, TB, AND MALARIA REAUTHORIZATION

Mr. FEINGOLD. Mr. President, I rise today to express my strong support for the Tom Lantos and Henry J. Hyde HIV/AIDS, TB, and Malaria Reauthorization Act. Although we have made significant headway over the last 5 years, the HIV/AIDS pandemic remains one of the world's worst public health crises, with millions of people infected around the globe and millions more who have already perished. As chairman of the Senate Foreign Relations subcommittee on Africa, and because of the disease's disproportionate impact on sub-Saharan Africa, I would like to focus my remarks today on that region to illustrate just how critical—and urgent—it is that we pass this bill.

Despite some progress, AIDS remains a severe public health concern in Africa. Indeed, HIV continues to spread, with many countries on the continent experiencing unprecedented drops in population, economic decline, decimation of militaries, and the creation of an entire generation of orphans who know no other life but that of the streets. These societal disruptions have profound consequences for the continent's future and security; already, they are impeding development in the part of the world least able to contain the epidemic or treat its victims.

In December 2007, the Joint United Nations Program on HIV/AIDS—UNAIDS—reported that worldwide, approximately 35 million people live with HIV/AIDS. Similar organizations report that at the current rate, by 2015 more than 62 million people could become newly infected. Currently, over two-thirds of HIV cases are in Africa, which means there are somewhere between 20 million and 24 million adults and children in that continent who are HIV-positive. And these are just the cases we know of—these are just the reported and documented cases. As a point of comparison, the region with the next highest infection rate is Southeast Asia—with some 4 million individuals living with HIV.

Since 2003 there has been a significant bipartisan effort to address this crisis with the creation of the President's Emergency Plan for AIDS—or PEPFAR as it is more commonly known. PEPFAR authorized some \$19 billion over 5 years for HIV/AIDS, tu-

berculosis and malaria and yet in 2007 alone, 2.5 million people around the globe were infected with HIV—or the equivalent of some 6,800 per day, 4,600 of whom live in Africa. And while 4,600 Africans are being infected every day, some 6,000 Africans are dying from AIDS-related illness—many without ever realizing they were HIV-positive or, if they did know, without ever having access to any treatment for their illness. In other words, despite a ground-breaking initiative to raise the profile of the disease, to work with local communities and national health systems, and to coordinate among the international community, Africa's future remains in peril.

HIV/AIDS is spreading in African countries that are already hard hit by a range of other problems including rampant poverty, political instability and a lack of basic services and education. The result is decreased state capacity and an undermining of the development of civil society. HIV does not discriminate, and it is hitting members of Africa's political leadership, its college-trained professionals, and its skilled labor forces. And as it takes its toll on these groups, it is having a devastating effect on entire generations. I saw this firsthand just under a decade ago when I traveled to Zimbabwe, and I have seen it since in other trips to Africa.

At that time, reports were noting that life expectancy had dropped from 65 to 39 because of the epidemic. As I walked past the parliament building in Harare, I asked how old one had to be to become a legislator. The answer? Forty. And now, even as it copes with a new, devastating political and humanitarian crisis, Zimbabwe is experiencing even lower life expectancy rates—37 for men and just 34 for women—even lower than the minimum age to be elected a member of Parliament in that country.

Despite the critical assistance of the United States, the cold hard facts—the numbers of those infected and dying—show that even more help is needed from the international community. Last August, on a trip to Uganda, I met with a number of health experts—from government health workers to civil society representatives—to discuss how the United States can build on the good work that began with PEPFAR, and provide a more vigorous response to the disease.

We discussed what had worked and what had not, and they told me very clearly that in order to put a dent in the devastating impact of this pandemic, we need to focus not only on treatment but equally, if not more, on prevention. They shared examples of why, in order to help those most vulnerable, HIV/AIDS efforts need to include programs that address gender inequity, family planning, food and nutrition, and social stigma. And they were unequivocally clear that we need to work closely with national governments and local communities to help

build strong, sustainable health infrastructures that can provide assistance to their own citizens.

I mention Uganda because it has been a rare example of success on the continent. The government's early recognition of the crisis and its initial comprehensive policies—including a well-organized public education campaign—are credited with helping to bring adult HIV prevalence down from around 15 percent in the early 1990s to just over 5 percent in 2001. Unfortunately by 2006, scientists were suggesting that Uganda's HIV prevalence rates were once again rising. Indeed, I heard that same concern from most, if not all, of the people I met there, as well as from the President of Uganda himself.

The underlying message was that focusing on treatment is not enough. In the case of Uganda, given the rising infection rates—as with many other parts of the world—the emphasis on treatment fails to address the factors driving the epidemic. Don't get me wrong—Ugandans are grateful for U.S. HIV/AIDS funding—but they made it clear that future support would be more effective if it were more comprehensive, and corresponded more closely to national needs, conditions, and initiatives.

It has become a common refrain that we cannot treat our way out of this global pandemic and I continue to believe that is the case. As long as infection rates are rising, treatment and care costs will increase, as will the disease's burden on key vulnerable populations as well as their families, communities, and countries.

Scientific evidence supports the anecdotal evidence I heard from many in Uganda. It confirms there is much to be gained by integrating the treatment and care of other diseases—particularly tuberculosis but also more common, preventable ailments—with HIV programs and expanded informational awareness campaigns that encourage health knowledge and capacities. Part of the challenge of addressing HIV/AIDS is that the disease does not sit easily within any particular policy area and although there are important domestic components related to health and human services, these are also clearly questions of foreign policy and international assistance. All of these need to be integrated into a harmonious whole.

And that is why today I encourage my colleagues to support The Tom Lantos and Henry J. Hyde HIV/AIDS, TB, and Malaria Reauthorization Act and to reject any amendments that would undermine this bipartisan legislation. This bill is not perfect but, if passed, it will put global AIDS programs on the road to greater sustainability and will significantly increase our commitment to reversing the crisis.

We all know there can be no quick fix or shortcut to success, but we have before us now legislation that maintains

and expands the United States' response to the HIV/AIDS pandemic. Passing this bill will ensure the continuation of U.S. leadership to prevent, contain, and combat HIV/AIDS, tuberculosis, and malaria in a way that advances a broader range of global health and development objectives. To do anything less would not only be bad policy, it would be short-sighted and counterproductive.

The PRESIDING OFFICER. The majority leader is recognized.

EXTENSION OF MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the morning hour be extended to 4:30, with all other conditions of the previous order remaining in effect.

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

The Senator from Virginia is recognized.

FANNIE MAE AND FREDDIE MAC

Mr. WEBB. Mr. President, we are going to be talking this week quite a bit about the situation with Freddie Mac and Fannie Mae. We had news this weekend that the Federal Reserve and Treasury are intending to intervene to shore up Freddie Mac and Fannie Mae.

This situation underscores the depth and the persistence of our Nation's housing crisis. Last week, I joined a bipartisan majority of Senators in voting to approve a housing bill that is intended to strengthen oversight in Fannie Mae and Freddie Mac, to allow the FHA to guarantee up to \$300 billion in new loans for at-risk subprime borrowers. But I think it would be useful at this time to review a few recent data points in other areas because they should cause all of us some concern about where we are heading and the decisions we are making as fiduciaries of the public trust.

In March of this year, Bear Stearns, the Nation's fifth largest investment banking firm, was battered by what its officials termed a sudden liquidity crisis regarding or related to its large exposure to devalued mortgage-backed securities.

At that time, Bear Stearns, JPMorgan, and the Federal Reserve reached a negotiated deal. JPMorgan purchased 95 million newly issued shares of Bear's common stock, and the Fed, which in reality means the people who pay the taxes in our country, became responsible for up to \$29 billion in losses if the collateral provided by Bear Stearns for the loan proves to be worth less than their original claims. That is \$29 billion guaranteed by American taxpayers in the private market.

This decision was unprecedented. Never before had the Fed bailed out a financial entity that was not a commercial bank. The Fed's unprecedented role has generated a widespread debate on the implications of these types of

interventions. Many have had concerns that the Government's action tells the market that the Fed is willing to help a large and failing financial enterprise, which, in many people's view, sets a bad precedent in terms of corporate responsibility.

And by way of information, Bear Stearns' CEO earned \$38.4 million in 2006. They did not file a proxy statement in 2008; his compensation was not available for 2007. But I will say that again. In 2006, previous to this crisis, the CEO made \$38.4 million.

Last week, IndyMac Bank of Pasadena, CA was closed by the Federal Office of Thrift Supervision, and the FDIC, the Federal Deposit Insurance Corporation, was named conservator and therefore took over this bank's operations. According to the FDIC, the bank's board of directors was dissolved, the CEO was fired, and upper management may remain, although this has not yet been determined. But the new CEO in this situation is now an FDIC employee and is therefore compensated per a Government payscale. As conservators, the FDIC will operate the bank to maximize the value of the institution for further sale and to maintain banking services.

So when we look at the situation we are now facing with Fannie Mae and Freddie Mac, I think it is important to lay down three guiding principles. The first is, we do need to ensure that the measures we are taking protect these Americans who remain at risk of foreclosure. We have to take some proper action now so that this crisis does not grow deeper. But we also need to be very sensitive to the thousands of workers, many of whom live in this area, who have built careers at Fannie Mae and Freddie Mac. Many of those workers have their retirement savings tied up in the plummeting stock of these formerly robust companies. But as we focus rightly on those two concerns, on the homeowners and on the workers, we also need to be equally clear that any solution to this crisis has to be fair to the American taxpayers who ultimately are going to foot the bill. When times go bad like this, quite often the people who are paying the taxes are people who do not even own stock, or maybe it is somebody who makes \$40,000 a year driving a truck who now is being asked to put money up to preserve an entity where, again, we see executive compensation and stock values over the years have increased.

Paul Krugman wrote a piece in the New York Times today addressing elements of this issue. I want to read a portion of it.

The case against Fannie and Freddie begins with their peculiar status: although they're private companies with stockholders and profits, they're "government-sponsored enterprises" established by Federal law, which means that they receive special privileges. The most important of these privileges is implicit: it's the belief of investors that if Fannie and Freddie are threatened with failure, the Federal Government will come to their rescue.