

women who gain financial independence and help support their families through its important programs.

I am sorry to report that the Government of Bangladesh ignored all such calls and just last month essentially imposed state control over the bank.

Yunus responded by saying, "Grameen Bank was created as a bank owned by poor women, and managed by poor women. Its legal structure did not allow any government interference of any kind, except for regulatory oversight." The government-imposed changes, "fundamentally changing the character of the bank. With these amendments, the government has opened the door for its ultimate destruction. What a shame for the nation, and the whole world!"

So understandably this Senate resolution calls on the government of Bangladesh to restore the independence of the Grameen Bank.

There is more at stake in Bangladesh that should be of concern to the United States and the world.

You see, Bangladesh is a relatively stable, moderate, Muslim democracy with the world's seventh largest population and the world's fourth largest Muslim population.

And despite many difficult years since its independence from Pakistan in 1971, it has often stood out as an example of a moderate and diverse Muslim democracy—one that deserves the world's attention and support.

Yet, tragically, as Bangladesh nears another national election, it has experienced considerable political unrest with hundreds perishing in violent clashes.

The country's opposition coalition has called for numerous nationwide strikes and transportation blockades, resulting in further violence, instability, and the disruption of students' abilities to attend school.

Last week United Nations Assistant Secretary General Oscar Fernandez Taranco visited Bangladesh to try and foster political dialogue between Bangladesh's political parties and leaders to bring a halt to the violence and allow for a credible and peaceful election period.

His efforts are to be supported, and this resolution reaffirms his call for peaceful political dialogue.

The squabbles between Bangladesh's political parties distract from the real progress that has been made—and should continue to be made—in alleviating the country's widespread poverty.

For example, between 2005 and 2010 Bangladesh reduced its poverty rate from 40 to 31 percent of the population.

This is where the country's political leadership should continue to focus, not on perpetuating personal animosity between the two main political parties.

So our resolution states the obvious:

It condemns the political violence,

It urges the country's political leaders to engage directly in a dialogue to-

ward free, fair, and credible elections; it expresses great concern about the country's political deadlock that distracts from so many other pressing problems; and it urges the Government of Bangladesh to ensure judicial independence, end harassment of human rights activists, and restore the independence of the Grameen Bank.

The United States relationship with Bangladesh is strong and includes considerable trade and cooperation on such issues as counterterrorism, counter-piracy, food security, and regional stability.

Peaceful democratic elections and greater respect for the Grameen Bank will only further those ties.

I urge the full Senate to pass this resolution before we adjourn.

PEPFAR

Mr. COBURN. Madam President, PEPFAR has been and remains one of the most successful foreign policy achievements of the United States in the 21st century. This unprecedented humanitarian effort has touched millions, either through providing life-saving HIV/AIDS treatment, keeping together families impacted by the disease, caring for orphans, or improving the lives of others affected and infected by this horrible disease as well as tuberculosis and malaria. In an era of war abroad and deep political divisions at home, this program is one that has bipartisan support here and has generated good will toward the United States abroad. Every American should be proud of the success of this initiative as it represents what is great about our Nation and has restored hope for so many.

The Senate Foreign Relations Committee worked hard to get S. 1545, the PEPFAR Stewardship and Oversight Act, through this Chamber. I thank Chairman MENENDEZ and Ranking Member CORKER for their cooperation and attentiveness in the process. This bill, which became law on December 2, is a positive step toward increasing program transparency and accountability in PEPFAR's annual report. It also renews and strengthens several components of the last reauthorization, including Global Fund governance provisions and the requirement that more than 50 percent of PEPFAR's appropriations to be spent on treatment and essential medical care.

This latter component, the treatment spending requirement, is one of the key accountability provisions my colleagues and I fought for in the past. In short, PEPFAR is required to spend at least 50 percent of its appropriations on essential medical treatment and care. Members on both sides of the aisle voted for authorizations with this treatment floor. Congress sought to prevent the program from straying from its core mission of treating and caring for patients. If PEPFAR were to lose sight of this goal, the result would not just be a waste of money, it would

be lives lost on account of mission creep. We cannot let PEPFAR become another well-intentioned but unfruitful and nebulous international development program.

This statutory treatment floor has changed somewhat over the last decade, but the purpose has remained the same throughout: to focus more than half of PEPFAR's total appropriations on essential treatment and medical care. Unfortunately, as I will discuss in a moment, the Office of the U.S. Global Coordinator, OGAC, at the Department of State has not been following this law. Rather, it has excluded a significant portion of its appropriations from the calculation and is now spending less than is statutorily required on treatment and care.

The original PEPFAR authorization in 2003, P.L. 108-25, first included a treatment spending floor that said, "Not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations . . . shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be for related care."

Similarly, the full reauthorization of PEPFAR in 2008, P.L. 110-293, included a treatment requirement that said, "More than half of the amounts appropriated for bilateral global HIV/AIDS assistance . . . shall be expended for . . . (1) antiretroviral treatment for HIV/AIDS; (2) clinical monitoring of HIV-seropositive people not in need of antiretroviral treatment; (3) care for associated opportunistic infections; (4) nutrition and food support for people living with HIV/AIDS; and (5) other essential HIV/AIDS-related medical care for people living with HIV/AIDS."

This version expanded somewhat on the original category of "therapeutic medical care," but Congress maintained a minimum percentage of appropriations intended for direct care and treatment services.

Lastly, the recent PEPFAR legislation, S.1545, now P.L. 113-56, reiterates and even clarifies the treatment requirement further. This new law says more than half of the funds appropriated for activities under section 104A of the Foreign Assistance Act—which contains all of PEPFAR's functions ranging from drug treatment to training health professionals and capacity building—need to be going to these five categories of essential medical treatment and care.

None of these definitions from laws in 2003, 2008, or 2013 has allowed for an exclusion of certain components of PEPFAR's funding from the treatment calculation. No appropriations bill has implemented an exception to the calculation. The charge and requirement has always been to examine total PEPFAR appropriations in a given year and ensure at least half goes to services in these five categories.

As I said previously, PEPFAR management has not been abiding by the letter of the law. The Office of the U.S. Global AIDS Coordinator at the Department of State has been excluding several spending categories from the treatment and care calculation. A smaller denominator makes it easier for the program to meet the treatment calculation. In reality, hundreds of millions of dollars more should be going to treatment and care if the law were followed. Millions more patients could be receiving lifesaving antiretroviral treatment.

A Government Accountability Office report released in March 2013 highlighted how OGAC has been excluding a significant portion of PEPFAR appropriations, categorized as “Other” activities, from this calculation. In fiscal year 2008, this “Other” category accounted for about 15 percent of PEPFAR country budgets, or \$574 million. By fiscal year 2012, the category increased to 21 percent of PEPFAR country budgets, or \$710 million. Over the same timeframe, total spending on treatment and care decreased from \$1.8 billion to \$1.4 billion.

This “Other” category includes spending for health systems strengthening, strategic information, management and operations, and laboratory strengthening. OGAC told GAO it had excluded the “Other” category based on OGAC’s interpretation of the intent of the treatment spending requirement. They have also not included any of OGAC’s administrative costs.

As one directly involved with PEPFAR throughout my time in the Senate, I can say firmly the treatment spending requirement was intended for all of PEPFAR’s appropriations, not just a portion.

PEPFAR’s operational plan for fiscal year 2011 shows that PEPFAR received about \$5.0 billion for all bilateral activities, including headquarters administrative costs. To be meeting the treatment spending requirement as written, PEPFAR should have planned to spend about \$2.5 billion on treatment and care. Instead, it spent \$1.6 billion. That figure about \$900 million short of what should be going to direct treatment and care services that fit the categories already in law.

I understand the need for PEPFAR to invest in some capacity building and other ancillary development. A nation needs labs to check HIV test results, for example. Labs and clinics need health professionals, and a host government needs to be able to track the program results. However, we have seen time and again how development programs get off track, lose focus, and fail to meet their goals. They spend money on activities that are noble but ineffective. For example, in 2012, the U.S. Agency for International Development used millions of dollars to fund an economic development program in Morocco that included pottery classes, even though Moroccans have been making pottery for thousands of years.

Not only so, but the classes were poorly designed. The instructor only used materials not available in Morocco, and the class’s translator was not fluent in English. Ultimately, the development program failed.

To prevent mission creep and failure, Congress put a treatment and care requirement in law to ensure more than half of go to direct treatment and care services, which have a clear and measurable impact on the lives of those living with this HIV/AIDS.

I call on PEPFAR to follow the letter of the law when it comes to spending on treatment and care. All PEPFAR appropriations should be entered into the denominator of this equation. No funding will be lost from doing so. Rather, hundreds of millions of additional dollars will be going to essential treatment and care. Millions of new patients could start receiving new life.

I will continue to monitor whether PEPFAR is following this definition in the future. Given that 26 million people worldwide need antiretroviral treatment, we cannot afford to let PEPFAR get off track.

Mr. CORKER. Mr. President, first, I want to say I appreciate Senator COBURN’s work on the PEPFAR Program. He has been a tireless advocate and has made this program better, more efficient, and more focused. PEPFAR has saved millions of lives since President Bush signed it into law in 2003. I was pleased to work with Chairman MENENDEZ and our colleagues in the House on legislation, the PEPFAR Stewardship and Oversight Act, which continues its important work, and I truly appreciate the support Senator COBURN offered to this critical effort. PEPFAR is the single most successful program to date to address the HIV/AIDS epidemic in Africa and the largest commitment by any nation to combat a single disease internationally. In fact, due to PEPFAR, almost 6 million people are receiving life-sustaining antiretroviral treatment, millions have avoided infection, and more than 11 million pregnant women received HIV testing and counseling last year. PEPFAR has also provided care and support to nearly 15 million people, including more than 4.5 million orphans and vulnerable children. This is significant progress, but there is still work to do. The PEPFAR Stewardship and Oversight Act renews Congress’s commitment to this vital program and ensures this work will continue our progress towards an AIDS-free generation.

As my colleague Senator COBURN has stated, a provision in the PEPFAR Stewardship and Oversight Act extends authority from the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 that requires “more than half of the amounts appropriated for bilateral global HIV/AIDS assistance” be spent on programs that provide treatment and care to HIV/AIDS patients. We in-

cluded an extension of this authority in the 2013 bill because it is important to ensure the program remains focused on treating and caring for patients. The plain language of the provision requires the “more than half” calculation to be made on all “amounts appropriated or otherwise made available to carry out the provisions of section 104A of the Foreign Assistance Act of 1961.” We expect this requirement to be followed going forward.

I look forward to working with Senator COBURN and the Office of the Global AIDS Coordinator to ensure that the provision as intended by Congress is properly carried out.

Mr. CORKER. Mr. President, the Globe Fund to Fight AIDS, Tuberculosis and Malaria has recently made significant improvements and reforms, including building new data collection and reporting mechanisms. S. 1545, the PEPFAR Stewardship and Oversight Act, takes advantage of these reforms and provides for additional public reporting from the Global Fund on import duties and taxes on Global Fund services and commodities under section 4(b)(1)(F). This reporting is intended to identify discriminatory duties and taxes levied upon the Global Fund, and therefore should not be construed to require the reporting of de minimus administrative charges or nondiscriminatory fees. In addition, in order to allow the Global Fund time to develop the data collection systems required to implement this reporting, it is our intention that these requirements become fully effective as soon as is practicable, but no later than the end of the 2015 fiscal year. In the meantime, the Global Fund’s efforts to meet the requirements of section 4(b)(1)(F) with additional reporting on these matters should be sufficient to meet the requirements in our legislation.

Mr. MENENDEZ. Mr. President, I thank the ranking member for his comments and work on this legislation. The reforms being made by the Global Fund are important and we both share the view that the reporting requirements for the Global Fund on import duties and taxes ought to be understood to provide flexibility until the end of the 2015 fiscal year.

NATIONAL PEDIATRIC RESEARCH NETWORK ACT

Mr. BROWN. Madam President, I wish to praise the passage of the National Pediatric Research Network Act, signed into law by President Obama on November 27, 2013. I was proud to introduce this bipartisan legislation along with my colleague and friend Senator WICKER.

I am a longtime supporter of expanded pediatric medical research and, as a member of the House and later of the Senate, have fought to increase funding to carry out these essential efforts. This bipartisan bill promises to build on the important body of work in pediatric research that the National