

who make construction equipment suffer 15 percent tariffs when exported to Colombia. Under this trade agreement, they are eliminated on day one. The farm community will tell you the U.S.-Colombia trade agreement is the best ever when it comes to access for Illinois and U.S. farm products to the Colombian market.

The bottom line is, the U.S.-Colombia Trade Promotion Agreement is a win-win for the United States, it is a win-win for Colombia.

Mr. Speaker, we need to bring it to the floor. Colombia is our friend, and this deserves a vote.

THE IRAQ WAR AND THE IMPACT ON AMERICA'S ECONOMY

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, how much longer do the American people have to bear the financial burden of the war in Iraq? Between 2001 and 2008, Congress has appropriated nearly \$700 billion for the Global War on Terrorism, most of that money going to fight the war in Iraq.

Investing in Iraq rather than our own country has contributed to our Nation's economic downturn. According to Columbia University Professor Joseph Stiglitz and Harvard University Professor Linda Blimes, "The Iraq adventure has seriously weakened the U.S. economy, whose woes go far beyond loose mortgage lending. You can't spend \$3 trillion, yes, \$3 trillion, on a failed war abroad, and not feel the pain at home." And Americans are definitely feeling the pain.

Mr. Speaker, during the minute that I have been speaking, the Bush administration has spent \$235,168 on the war in Iraq. It is time that we once again invest in America. Our focus now should be on helping those Americans who face foreclosure, who can't pay their gas and heating bills, and who continue to watch their finances erode, while funding for the war grows every minute.

THE BUSH ADMINISTRATION'S REFUSAL TO REGULATE BIG BUSINESS HAS HURT OUR ECONOMY AND THE AMERICAN PEOPLE

(Mr. PERLMUTTER asked and was given permission to address the House for 1 minute.)

Mr. PERLMUTTER. Good morning, Mr. Speaker, it is nice to see a Coloradoan in the Chair.

Mr. Speaker, for 7 years now the Bush administration has done the bidding of big corporate interests. The administration has never supported regulation of big business, and in fact they have eliminated important oversight that is necessary to protect the American consumer. In other instances, agencies have simply turned a blind eye. For a time this benefited big business, but we are now seeing how dev-

astating the failure to enforce the law or regulations can be for both the American people and the American economy.

Last month the Bush administration bailed out Bear Stearns out of fear that if the Wall Street giant filed for bankruptcy, many more supposed giants would follow. What the administration refuses to admit is that had it enforced the law and properly regulated Bear Stearns and the other giants for the last 7 years, they never would have been in this predicament in the first place.

Mr. Speaker, the administration should be commended for finally recognizing the need to enforce the laws and regulations that are on the books. Unfortunately, it should not have taken a huge economic and housing crisis for them to recognize the importance of government oversight. That is, after all, part of their job.

□ 1030

IRAQ

(Mr. GEORGE MILLER of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, Members of the House, next week the administration is poised to give us and the American people a rosy assessment of the situation in Iraq. They are going to suggest that in fact there has been no escalation in Iraq, and that everything is just fine. Well, everything isn't just fine, and there is in fact an escalation going on in the violence all over Iraq. What the President's policy is is a bait-and-switch policy.

The American troops were sent to Iraq to fight al Qaeda, to fight terrorists. Now we see American troops inserted into combat, coming under fire, dying, and being wounded for the sake of one Shia political party that is afraid that it might lose an election in October. What are the American troops doing fighting for the electoral advantage of one Shia party over another?

Recently, the Pentagon suggested that this was all a sign of success of the surge. I think we should watch those words closely; you may miss something. This administration earlier told the people that the troop surge was for the purposes of decreasing the violence and creating an environment of political reconciliation. The people who were supposed to create political reconciliation are now shooting at one another because they think they might lose an election in October, and they want us to sacrifice American lives to impose the majority that they hope to have in that election.

ALL ACROSS WISCONSIN, PEOPLE ARE DEMANDING LOWER GAS PRICES AND AFFORDABLE HEALTH CARE—NOT MORE DEBT

(Mr. KAGEN asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. KAGEN. Mr. Speaker, all across America and Wisconsin, people are demanding lower gas prices and affordable health care, not more debt.

In recent weeks, our Nation has experienced a dramatic decline in home values. And when our home values decline and disappear, so does the tax revenue in every town, in every county, in every State of the Union.

Our very way of life is now at risk due to this administration's continued economic policy of borrow and spend, and last weekend the administration forced us to swallow a minnow with worms by nationalizing the debt of financial institutions, guaranteeing their debts will be paid by American taxpayers. Whose side are they on? Taxpayers invested in their own homes, not in insider Wall Street deals.

This administration is in bed with big banks, big insurance, and Big Oil, and businesses who are shipping our jobs overseas. If this administration was on the side of taxpayers, what would they do? They would cut the price of gasoline. Wisconsin wants lower gas prices, not more debt.

PROVIDING FOR CONSIDERATION OF H.R. 5501, TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA REAUTHORIZATION ACT OF 2008

Mr. MCGOVERN. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1065 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1065

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5501) to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. General debate shall be confined to the bill and shall not exceed two hours equally divided and controlled by the chairman and ranking minority member of the Committee on Foreign Affairs. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions of the bill are waived. Notwithstanding clause 11 of rule XVIII, no amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment,

and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived except those arising under clause 9 or 10 of rule XXI. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. During consideration in the House of H.R. 5501 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to such time as may be designated by the Speaker.

The SPEAKER pro tempore (Mr. SALAZAR). The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. DIAZ-BALART). All time yielded during consideration of the rule is for debate only. I yield myself such time as I may consume. I also ask unanimous consent that all Members be given 5 legislative days within which to revise and extend their remarks on House Resolution 1065.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Mr. Speaker, House Resolution 1065 provides for the consideration of H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, a structured rule. The rule provides for 2 hours of general debate and makes in order four amendments, each of which is debatable for 10 minutes.

Mr. Speaker, all Members of this House should be very proud of the bipartisan collaboration and careful compromises that have resulted in the underlying bill before us today, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act. I wish to express my appreciation to the work of the gentleman from New Jersey, Congressman DONALD PAYNE, the chairman of the Subcommittee on Africa and Global Health, and Subcommittee Ranking Member CHRIS SMITH, as well as House Foreign Affairs Committee Chairman HOWARD BERMAN and Ranking Member ILEANA ROS-LEHTINEN. And, like all of my House colleagues on both sides of the aisle, I am grateful that the committee named this bill after the great leaders of the Foreign Affairs Committee, Chairmen Tom Lantos and Henry Hyde, who guided the original 2003 act into law. May the collegial spirit of these two great champions for global health guide us all during today's debate.

Mr. Speaker, H.R. 5501 would authorize \$50 billion over the next 5 years for

U.S. global programs that address the prevention, care, and treatment of HIV/AIDS, tuberculosis, and malaria. It strengthens, sustains, and expands a program that is universally recognized as one of the shining accomplishments of the Bush administration.

The challenge for this reauthorization is to move our HIV/AIDS programs beyond the emergency phase first called for under the President's Emergency Program For Aids Relief, or PEPFAR, and make them sustainable over the long term. Over the past 5 years, we have literally gone from watching people die from HIV/AIDS to watching people live and return to productive lives in their communities.

The 2003 Act provided \$15 billion over 5 years; H.R. 5501 provides \$50 billion, a direct response to the needs identified over the past 5 years for life-saving medicines and well-trained, effective national health care systems.

The 2003 law relied upon the health care workforce and infrastructure already in place in developing countries. In a farsighted move, Mr. Speaker, today's bill invests in strengthening HIV-related health care systems and building the capacity of the health care workforce in these nations. Under this legislation, funds will be used to train some 144,000 new health care workers over the next 5 years to care for people infected with HIV.

This is just a start on easing the severe shortage of health care workers in the developing world, and it is our hope that other donor nations will follow our lead. If there is ever to be a hope that these programs can become self-sustaining, health care capacity must be significantly strengthened in countries hard hit by HIV/AIDS.

The 2003 bill focused on creating new programs to tackle the HIV/AIDS crisis. This reauthorization builds stronger linkages between our global HIV/AIDS initiatives and existing programs designed to alleviate hunger, improve health care, bolster education, and increase income security and stable livelihoods, an approach endorsed by the President's Global AIDS Coordinator in February in his annual report to Congress. These changes ensure that our HIV/AIDS programs no longer operate in isolation from our other development priorities, and that the expertise and benefits from these other programs are provided in an effective manner to HIV/AIDS affected individuals, families, and communities.

In addition, the bill increases U.S. contributions to the Global Fund for HIV/AIDS, Tuberculosis, and Malaria, and provides benchmarks to improve the transparency and accountability of the Global Fund.

And while the majority of the funding authorized in H.R. 5501 is focused on the prevention, care, and treatment of HIV/AIDS-infected people and communities, I would like to emphasize that the bill specifically authorizes \$4 billion over 5 years for a comprehensive strategy to combat tuberculosis,

and \$5 billion for the prevention, treatment, control, and elimination of malaria. In addition, it better integrates our HIV/AIDS programs with the diagnosis, testing, counseling, treatment, prevention, care, and health care treatment needed in the fight against TB and malaria.

Mr. Speaker, H.R. 5501 also removes the requirement that one-third of all funds for HIV/AIDS prevention be dedicated to abstinence-only programs. Over the past 5 years, this restriction has proven to hamper the effectiveness of our health care efforts in the field, as documented by two recent independent reports produced by the Government Accountability Office, GAO, and President Bush's own Office of Personnel Management. This reauthorization now requires the Executive to promote a balanced prevention program that includes every element of abstinence, being faithful, and condoms, the ABC approach toward HIV transmission prevention.

Mr. Speaker, H.R. 5501 also allows U.S.-supported family planning organizations to provide HIV/AIDS testing and counseling services. This will ensure that many more women of reproductive age receive vital information related to their HIV status, as well as HIV/AIDS education.

Mr. Speaker, we all need to recall that 20 million men, women, and children have perished from HIV/AIDS; 40 million people around the world are HIV positive; and each and every day another 6,000 people are infected with HIV. It is a moral imperative that we act strongly, decisively, and continue to address this crisis in a forward-looking manner.

Five years ago, President Bush acted to meet a perceived emergency as the AIDS epidemic spread out of control. During that period, the United States has provided drug treatment to nearly 1.5 million people. We have given supportive care to another 6.6 million, including 2.7 million orphans and vulnerable children. And, our programs have prevented an estimated 150,000 infant infections. During this first 5-year phase of programming, U.S. bilateral programs to combat HIV/AIDS, tuberculosis, and malaria were expanded to 114 countries. Today, the U.S. now supports programs in 136 countries, including programs funded by the United States and administered through the Global Fund.

We can all be proud of this record of accomplishment, but there is so much more left to do. Now we must work on making these initial gains sustainable, our programs even more effective, and expanding them to reach an even greater number of HIV/AIDS affected communities.

Specifically, over the next 5-year period, H.R. 5501 aims to:

Prevent 12 million new infections;
Provide anti-retroviral treatment for 3 million people, including 450,000 children;

Provide medical and other care for 12 million people, including 5 million orphans;

And, train over 140,000 health care workers in the developing world.

Mr. Speaker, addressing global HIV/AIDS is one of the moral imperatives of our time. And while history will no doubt judge our response, it is more important that each of us recognizes that we can truly make a difference in the lives of millions of people right here and right now.

H.R. 5501 represents a genuine bipartisan compromise. I urge my colleagues to adopt this rule and to support the underlying legislation, H.R. 5501.

I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I would like to thank the gentleman from Massachusetts (Mr. MCGOVERN) for the time, and I yield myself such time as I may consume.

During his 2003 State of the Union address, President Bush outlined a bold new plan to confront and combat the scourge of HIV/AIDS, tuberculosis, and malaria. Congress followed through and passed the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act, known as the President's Emergency Plan For Aids Relief, PEPFAR, authorizing \$15 billion in assistance to combat these diseases for fiscal years 2004 through 2008. That was the largest commitment ever by any nation for an international health initiative fighting a single disease.

Since its enactment in 2003, the programs created by this landmark legislation have made admirable progress in combating those horrible diseases.

□ 1045

So far more than 1.4 million people have received life-preserving antiretroviral treatment, over 2.7 million HIV/AIDS-affected orphans have received care, and many millions more have received instruction on how to protect themselves from infection. Tens of millions of people have received malaria and tuberculosis prevention or treatment services.

Even though this program has achieved remarkable successes, there is more that we can do. Tuberculosis still kills an estimated 2 million people each year and is the leading cause of death for people with AIDS. One million people die from malaria each year. AIDS is the world's fourth leading cause of death.

The devastating consequences of these diseases are plaguing sub-Saharan Africa. Over 22.5 million people are living with HIV, and approximately 1.7 million additional sub-Saharan Africans were infected with HIV last year. Just last year this horrible AIDS epidemic claimed the lives of an estimated 1.6 million people in that region. More than 11 million children have been orphaned by AIDS. Many families are losing their income earners. Health services are overburdened. Life expect-

ancy in sub-Saharan Africa is now 47 years. Economic activity and social progress is impeded.

We must do all we can to prevent these tragedies.

The underlying legislation, justly and appropriately named the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, will dramatically augment our commitment to fight these horrible diseases with an increase of approximately \$35 billion in funding for a total of \$50 billion over 5 years.

Some of my constituents are immigrants from Haiti and have family and friends in their land of origin. I often hear about the disastrous effects that HIV/AIDS is having on that country. As of 2007, Haiti had an HIV rate of almost 4 percent. Thankfully, since Congress passed PEPFAR we have invested over \$300 million to help Haiti combat the AIDS pandemic by building on existing clinic and community-based health resources; expanding a network of satellite connections to the Centers of Excellence to permit instant review of difficult cases; training staff members of health care facilities that provide prenatal, gynecological and maternity care in provision of prevention of mother-to-child HIV transmission; and enhancing the lab network for clinical sites to support the diagnosis and treatment of HIV and other associated infections. I am pleased the legislation will also now cover several other countries that were previously not part of PEPFAR.

As I said yesterday in the Rules Committee, when we look upon our work in Congress many years from now, I can think of nothing that we or anyone else will be able to point to that is of more importance than this admirable effort by the great and generous American people, this massive effort proposed by President Bush here in the United States House of Representatives during his State of the Union Address of 2003, the President's Emergency Plan for AIDS Relief.

I would like to thank Chairman BERMAN and Ranking Member ROSLEHTINEN and Chairman PAYNE and Ranking Member SMITH for their marvelous bipartisan, very hard work on this important issue. I also wish to thank them for naming this landmark program for two ultimately respected colleagues of ours who have recently left us, Henry Hyde and Tom Lantos. This is truly a fitting tribute for two remarkable human beings and public servants.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield 5 minutes to the distinguished ranking member of the Committee on Foreign Affairs who has had such an important role and hand in this legislation, the gentlewoman from Florida (Ms. ROSLEHTINEN).

Ms. ROS-LEHTINEN. Mr. Speaker, I thank my good friend from Florida for the time.

Mr. Speaker, I rise also in support of the House's consideration of the Tom Lantos and Henry Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

This is an important measure which will ensure that our efforts to save the lives of so many people afflicted with the scourge of AIDS, tuberculosis and malaria continue in a rigorous, holistic way.

The continued success of the program that was brought to life 5 years ago by our late colleagues, Henry Hyde and Tom Lantos, is a matter of vital importance to us here in the United States.

As President Bush said in his recent trip to Africa: "I want the American people to understand that when it comes to saving lives, it is in our national interest. It is in our security interest to help alleviate areas of the world from hopelessness. It is in our moral interest to save the lives of others."

So, Mr. Speaker, that is precisely what the bill before us is about. The program that we are authorizing today, commonly known as PEPFAR, is now recognized as perhaps the most successful foreign assistance program of the United States of America since the Marshall Plan.

Just as the Marshall Plan protected American lives then by helping to stabilize a continent ravaged by war, PEPFAR is protecting Americans lives today by helping to stabilize a continent ravaged by disease. PEPFAR does more than just express American compassion, it supports American security.

As an illustration of this important point, I would like to quote from a letter that I received from our former House colleague from Wisconsin, the Honorable Mark Green, who is now serving as the United States ambassador to the United Republic of Tanzania. Ambassador Green said the following: "We are approaching the 10th anniversary of the terrorist bombings of Embassy Dar es Salaam and Embassy Nairobi. And I can't help but note that General Wald, the former deputy commander of the U.S. European Command, has called HIV/AIDS the third greatest threat to U.S. national security."

Yes, this bill is less than perfect in some aspects. All compromises are, Mr. Speaker. But it is a good bill, one that will save millions of lives around the world and help to maintain stability in a key region.

As Chairman Hyde said during the markup of the original Leadership Act in 2003: "Congress is so equally balanced that it is very difficult on controversial matters, on expensive matters, on matters that have different blocks who have different points of view to reach an agreement. In a situation like this, compromise is the heart and soul of the process."

He added: "We cannot please the left and the right and the center. We can't please the libertarians and the arch-conservatives and the Republicans and the Democrats with legislation that would have done all of these magic properties, but we can do our best and we have done our best."

In 2003, Mr. Speaker, we did do our best and created a program that demonstrated compassion to so many since its enactment.

Today, the House has an opportunity to do its best again.

Today, for the sake of the fathers, the mothers, and the children who are victims of HIV/AIDS, as well as tuberculosis and malaria, today we can follow in the steps of Henry Hyde and Tom Lantos, demonstrating that American compassion that distinguishes our Nation and our people above all others.

Mr. Speaker, I believe that this is a balanced bill. I believe that this is a bill that will save many lives and protect American security.

Mr. MCGOVERN. Mr. Speaker, I yield myself 20 seconds.

Mr. Speaker, I just want to again commend the gentlewoman from Florida (Ms. ROS-LEHTINEN) for her incredible work on this bill. And for the RECORD, there is bipartisan appreciation for her strong and passionate commitment to ending the scourge of HIV/AIDS, tuberculosis and malaria.

Mr. Speaker, I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, it is my privilege to yield 3 minutes to the gentleman from Georgia (Mr. GINGREY), a physician who does so much on issues of health day in and day out throughout the United States, and, as on this issue, throughout the world.

Mr. GINGREY. Mr. Speaker, at the risk of being labeled the skunk at the annual fragrance picnic, I do rise today in opposition to this structured rule.

I know compromises have been made to improve the underlying legislation, but I think there is plenty of room for additional improvement. Just because we have a good program, to increase the spending from \$15 billion to \$50 billion, I wonder if there is justification for that.

But here we are again, Mr. Speaker, considering a rule that restricts debate on another Republican-created program for which the Democratic majority is now proposing a massive expansion.

We already have more than our share of entitlement programs right here in the United States. And to me, it now appears the majority is on the verge of using taxpayer dollars to create a global entitlement program. Remember, Mr. Speaker, PEPFAR, the President's Emergency Plan for AIDS Relief, was created back in 2003 to provide emergency relief for AIDS.

I will certainly say as a physician, that of course I am encouraged by the increased desire in the bill to also help

fight against tuberculosis and malaria. However, Mr. Speaker, we should not devise a plan to treat these diseases without defining how to actually buy sufficient medications to provide the necessary care. The majority said that a treatment floor was not included in this bill as it was in the original legislation because the cost of medications have decreased. That may be true, yet while it has more than tripled the price tag for the PEPFAR expansion as I said in this bill, it has not tripled the number of people that it plans to reach with medication. So if the cost of medications have gone down, I think they have and the majority states they have, shouldn't the massive increase in the cost of this program be matched by a proportionate increase in the people that we target through the program?

Mr. Speaker, I was at the Rules Committee yesterday. I offered an amendment to just simply say keep that floor of 55 percent of the money going to treat the patient. The Rules Committee, unfortunately, did not make that in order.

Since the majority is not allowing adequate input on this legislation, particularly from the minority, I would urge my fellow Members to vote against this rule, give us a chance to go back and make some of the needed changes in an otherwise good bill.

Mr. MCGOVERN. Mr. Speaker, I reserve the balance of my time.

□ 1100

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, it's my privilege to yield 4½ minutes to the distinguished gentleman from Florida, also a physician, Dr. WELDON.

Mr. WELDON of Florida. I thank the gentleman for yielding. I rise in strong opposition to this rule, and very strong opposition to the underlying bill.

And let me just say from the outset that I used to take care of AIDS patients before I came to this Congress back in 1994. I was one of only two physicians in a county of 400,000 people that was seeing AIDS patients. And I have announced my retirement, my intent to leave the House of Representatives at the conclusion of this Congress, and I will most likely go back to seeing patients in January. And I may, indeed, be seeing AIDS patients again.

Let me additionally say that I'm very concerned about the situation in Africa. Indeed, I have gone to Africa twice in my term of service here in the Congress specifically to look at the issue of helping in Africa with the issues of AIDS and malaria and TB, and so I think I have credibility to be able to say I care, I'm concerned. But this underlying bill and this rule that restricts any cutting amendments, in my opinion, is just excessive.

Years ago, when the President originally came up with PEPFAR, he came to me and asked me to help him with his plan, and I did. And I actually thought his plan was very, very generous, \$3 billion a year. And when he

gave his State of the Union message just a few months ago indicating that he wanted to double the size of this from \$3 billion to \$6 billion a year, I personally thought that was excessive. When you look at all the problems we have with health care access for Americans, the problems that we have with transportation infrastructure, the problems that we have in fighting the war in Iraq, Afghanistan, the homeland security issues, I thought to take this program from \$3 billion a year to \$6 billion a year was excessive and over the top.

But now we have before us today an underlying bill to not increase it by 100 percent, which is what the President was asking for, but to increase it by over 200 percent. That's the underlying bill. And the Democrat leadership of the House under the Democratic Rules Committee is saying, well, no, we don't want any cutting amendments.

Now, let me tell you a little bit of why I am so passionately upset about it. Yesterday, NASA announced that, with the retirement of the space shuttle, they are going to be laying off over 6,500 people in east central Florida, my congressional district. That is a huge amount of people. It has a huge economic impact on the State of Florida. And for us to be putting our astronauts on Russian rockets, we're going to have to sign a contract with the Russians for the construction of these rockets, we're essentially going to be laying off people in Florida and hiring people in Russia with U.S. taxpayers.

Now, this Congress, under this Democratic leadership, is saying that we have no choice, we cannot afford to continue to fly the shuttle in 2011, 2012, 2013. We cannot afford to bring the new rocket system online any sooner than 2005 or 2006, we don't have the money, while we have all this money to send \$50 billion to Africa for AIDS. Now, again, let me just say, I understand this is a terrible problem. I don't even mind increasing the Africa AIDS account. And what, to me, is insult on top of injury, my staff has informed me that they have \$1 billion in this account unspent that they are working to try to spend. So, they can't even spend all the money that we're sending them over there, and we want to send them a 240 percent increase?

Now, I know every Member of this House can get up and give a speech like this; they have water projects in their district, they have health care clinics in their district. In my particular case, it's pretty significant. We've got over 6,000 people who are going to get a pink slip. So, for us to say we can't fly the shuttle beyond 2010 because we can't afford it, but that we can somehow find \$50 billion to send to Africa, to me is just way over the top. I can't justify that back home.

I'm opposing this rule. I'm going to vote against the underlying bill. And I thank the gentleman for yielding me time. I appreciate it.

Mr. MCGOVERN. Mr. Speaker, I just want to remind my colleagues that the

underlying debate is not about the space program, it's about whether we're going to end the terrible scourge of HIV/AIDS, malaria and tuberculosis that has cost the lives of countless individuals across this planet. This is a moral imperative. And I am proud of the bipartisan work done by Democrats and Republicans working together to accomplish this bill.

At this time, I would like to yield 3 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Thank you for yielding.

Mr. Speaker, I rise today in full support of the rule and of H.R. 5501, a bipartisan bill to reauthorize and expand the President's Emergency Plan for AIDS Relief.

I want to particularly applaud the increase in funding from \$15 to \$50 billion over 5 years, and the inclusion of the Caribbean countries in this reauthorization.

In this regard, I want to especially thank and applaud my colleagues, Mr. Fortuno, who introduced the Caribbean amendment, Congresswoman Yvette Clarke, who cosponsored it, as did I, Chairman Donald Payne, who included the increased funding and whose work with Congresswoman Barbara Lee ensured that these provisions were included, as well as Chairman RANGEL, who began the Caribbean effort 4 years ago.

The expansion to include all Caribbean nations as focus countries was greatly aided by the hard work of Caribbean Health Ministers whose collective and tireless efforts raised awareness about the impact of HIV/AIDS in the Caribbean. I also want to thank the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) not only for their support of this bill, but for the important leadership role that they have and continue to take to address HIV/AIDS in the Caribbean region.

Over the past 5 years, PEPFAR has literally saved the lives of more than one million people and has had a significant positive impact on those most affected by and most at risk for HIV infection, women and girls.

Congresswoman LEE and I had the opportunity to visit several PEPFAR sites and partners in South Africa late last year and saw the great work that they are doing. It was also clearly evident, though, that more was needed.

The additional funding will help to expand the number of focused countries under PEPFAR. It will help to ensure that the innovative and effective efforts that have been launched not only continue, but help other hard-hit nations get access to the resources they desperately need to address HIV/AIDS within their borders.

While two Caribbean nations, Haiti and Guyana, are, as they should be, currently prioritized as focus countries under PEPFAR, there are 14 other nations in this region, which is second only to sub-Saharan Africa in terms of HIV/AIDS prevalence, in need of help.

In the Caribbean today, AIDS is one of the leading causes of death in the 15–44 age group.

Many Caribbean nations not currently receiving PEPFAR assistance absorb millions of dollars in debt every year. Leaders in the Caribbean maintain that high HIV/AIDS prevalence rates can overwhelm the region's health care capacity, destabilize economies, and compromise Caribbean nations' sociopolitical infrastructure. In fact, Assistant Secretary General of the Organization of American States, the Honorable Albert Ramdin, stated in January of last year that "HIV/AIDS, if not effectively and urgently tackled, poses a clear threat to the sustainable development, social stability and human security of the Caribbean."

Making all Caribbean countries eligible is clearly the right thing to do. H.R. 5501, while it includes the region, lays the foundation to have the 14 Caribbean nations specifically listed in the bill that will be sent to the President for his signature.

I urge all of my colleagues to support the rule and to support H.R. 5501, rightly named to honor the service of Chairman Hyde and Chairman Lantos.

Mr. Speaker, I rise today in full support of H.R. 5501—a bill which will reauthorize the President's Emergency Plan for AIDS Relief, PEPFAR. I want to thank and applaud my colleagues, Congressman FORTUÑO who introduced the Caribbean amendment, Congresswoman CLARKE who cosponsored it as did I, Chairman PAYNE and Congresswoman LEE who ushered it and many other parts of the bill through the committee.

Congresswoman LEE and I had the opportunity to travel to South Africa around World AIDS Day last year to visit PEPFAR sites and participate in and see the work they were doing first hand. There was great work being done, but the need for more was also clearly evident.

The success of PEPFAR is well documented. With the support offered through PEPFAR over the last 5 years, many of the world's hardest hit nations have been able to launch integrated HIV/AIDS prevention, treatment and care programs that have prevented new HIV infections, brought life-saving medications and other treatments and services to those living with HIV. As a direct result, PEPFAR has literally saved the lives of more than 1 million people and has had a noted and positive impact on those most affected by and most at risk for HIV infection: women and girls.

In fact, in the 15 focus countries, more than 6 in every 10 of the individuals with HIV currently on antiretroviral treatment as a result of direct PEPFAR support are women and girls.

Given the continued burden of HIV/AIDS in the world's most vulnerable nations, there is no doubt that this critically important bill not only should be reauthorized, but that it should be increased. We were pleased that the President indicated a willingness to increase it in his State of the Union message this year. And I want to especially recognize Chairman PAYNE for successfully increasing the fund to \$50 billion over the next 5 years.

This additional funding will help to expand the number of "focus countries" which cur-

rently are prioritized under PEPFAR. Additionally, it will help ensure that the forward-thinking and effective HIV/AIDS-related efforts that have been launched not only continue, but that other nations that are hard hit by this pandemic will have access to the resources they desperately need to address HIV/AIDS within their borders.

Mr. Speaker, despite the many successes associated with PEPFAR, we know that there is an entire region—the Caribbean—which has been and remains in desperate need of assistance in battling against HIV/AIDS. While two Caribbean nations—Haiti and Guyana—are, as they should be, currently prioritized as focus countries under PEPFAR, there are 14 other nations in the region that together comprise the second-hardest hit region in the world; second only to sub-Saharan Africa in terms of HIV/AIDS prevalence.

Mr. Speaker, in the Caribbean today, AIDS is one of the leading causes of death among adults aged 15–44 years of age. In some countries in the region, AIDS is the leading cause of death among individuals in this age group; a disturbing reality, because AIDS is taking its ultimate toll on Caribbean residents during their most productive life years, thus compromising many Caribbean nations' economic, social and political growth and stability.

Adding to the region's challenges with HIV/AIDS is the well-documented high population mobility. We know that many Caribbean nations—whose commitment to and effectiveness in addressing HIV/AIDS is stifled not because of the absence of political will, but because of the absence of resources—offer universal access to HIV/AIDS medications, care and other services.

In fact, Mr. Speaker, many Caribbean nations, not currently receiving PEPFAR assistance, absorb millions of dollars in debt every year providing treatment and care not only to their residents with HIV, but to all individuals on their shores seeking HIV/AIDS care and treatment.

These Caribbean nations have been doing what is right not only to address HIV/AIDS head on, but to lay the groundwork to beat this pandemic. And so, I rise today to encourage all of my colleagues—on both sides of the aisle—to support this legislation, which lists these 14 Caribbean nations as "focus nations," to support these nations' efforts to prevent new HIV infections and to expand access to life-saving AIDS medications to those living with HIV infection.

Mr. Speaker, because of all of the above, I want to especially single out Congressman FORTUÑO for his leadership on this issue and shepherding this amendment through the committee process and ensuring it became a part of the final bill. I also want to recognize Chairman RANGEL who was the first to begin this process 4 years ago.

This amendment might not have been possible without the hard work of nearly a dozen Health Ministers in the Caribbean and their collective and tireless efforts to raise awareness about the impact of HIV/AIDS in the Caribbean and to include 14 Caribbean nations as "focus countries" in this bill. I also want to thank the Pan Caribbean Partnership against HIV and AIDS, PANCAP, not only for their support of this bill, but for the important leadership role that they have and continue to take to address HIV/AIDS in the Caribbean region.

Mr. Speaker, as the only African-American physician in Congress and as the only representative from the English-speaking Caribbean, I can tell you—firsthand—that based on the surveillance data reported in the latest UNAIDS report, we know that the entire Caribbean region without adequate and targeted support from PEPFAR, is now and will continue to experience the same devastating impact from HIV/AIDS documented throughout nations in sub-Saharan Africa. Ambassador of and Health Ministers in Caribbean countries to the United States maintain that high HIV/AIDS prevalence rates can overwhelm the region's health care capacity, destabilize economies and compromise Caribbean nations' socio-political infrastructure.

In fact, Assistant Secretary General of the Organization of American States Albert Ramdin stated in January 2007 that, "HIV/AIDS, if not effectively and urgently tackled, poses a clear threat to the sustainable development, social stability, and human security of the Caribbean."

The time to act is now; now is when we should support a bill that not only will tackle on of our most pressing international public health challenges, but that will do so in a manner that is medically, epidemiologically, regionally and fiscally responsible today. I, therefore, urge all of my colleagues to support H.R. 5501 so that it may pass in the House of Representatives and so that we may lay the path necessary to ensure that during conference, the 14 Caribbean nations listed in this bill are included in the bill that is sent to the President for enactment. It not only is the right thing to do, but it is the smart and responsible thing to do.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Texas (Mr. CULBERSON).

Mr. CULBERSON. Mr. Speaker, there is no more noble endeavor that we can engage in than to cure human diseases. All of us in Congress I think have an obligation to be sure that we are, for example, doubling the investment we make in the National Institutes of Health, in the National Science Foundation, in the research work that they're doing to identify and cure human diseases at the earlier stages.

I represent the Texas Medical Center, and I'm proud to do so. Those institutions, the greatest in the world, the Andy Anderson Cancer Center, Texas Children's Hospital, Baylor University of Texas Health Science Center is doing research today, particularly on nano research, where we have the potential, within the next 10 to 15 years, of being able to identify in a child before she's born genetic predisposition to certain diseases, for example, like Lou Gehrig's disease, or diabetes, or cystic fibrosis. These genetically-based diseases can be identified before a child is born using nanotechnology, re-injecting, for example, nano sponges with a protein fix back into the mother's amniotic fluid. The child would then take up those nano sponges. And we can cure diseases in children before they are born.

We have the potential, if we will just invest in the National Institutes of

Health and their competitive peer reviewed grant process, if we will just invest the money that's needed right here in America for the National Science Foundation, we have the ability to detect cancer when it's only a few hundred cells in the body using nanotechnology and gold nano shells that will attach to the cancer cells and destroy them before they turn into a tumor.

We have not adequately invested in our own scientific and medical infrastructure in the United States, first and foremost, before you even begin to talk about curing disease globally. We have not secured our border. The southern border is essentially wide open and unprotected in areas other than Del Rio and Laredo. What are we doing to make sure that we've done all that we can do here at home first and foremost for our own folks?

But then finally, and most importantly, and the reason I'm so spun up about this, is the fact that this Democrat Thelma and Louise Congress, Obama-Hillary-Pelosi Democrat Congress, is managing this economy of the United States like Thelma and Louise, driving right off the cliff.

I urge you to go to gao.gov and look at the Fiscal Wake-Up Tour that David Walker has put up on the Web site. The Comptroller of the United States has notified us formally that we are spending money so irresponsibly, so rapidly that the Standard & Poor's and Moody's has already formally notified the Treasury that they are beginning the process of downgrading U.S. Treasury bonds.

The Comptroller has told us that by the year 2020, in 12 years, young people who are 18, if you're listening, by the time you turn 30, Medicare is bankrupt, Treasury bills will be graded as junk. Let me repeat that, Treasury bills are on a path to be graded as junk bonds if we don't stop spending money and focus on the bare essentials. Every American already owes \$175,000 a person.

This bill creates a worldwide entitlement to anyone in the world that has AIDS or malaria or tuberculosis at U.S. taxpayer expense. It's unaffordable. It's unacceptable. It is utterly irresponsible at a time of record national debt, record deficits, record Federal spending that we need to reign in, otherwise America is going to become Argentina. The dollar is rapidly becoming the peso. It's time for this Thelma and Louise Democrat Congress to quit spending money on things that are not absolutely essential to this Nation's survival.

Let us focus on protecting the United States of America and quit spending my daughter's money that she does not have and driving our kids and our grandchildren deeper into debt. It is irresponsible. It is, frankly, criminal, in my opinion, to drive up the national debt and the deficit to record levels.

It is a noble, good thing to try to cure disease in Africa. Why don't we

focus on clean drinking water, for example, if you really want to fix disease in Africa. Quit spending my children's money that they don't have.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members to direct their comments to the Chair.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

To be honest, Mr. Speaker, I find it stunning that a Member from the Republican Party would come up here and talk about the debt that our children have been forced to inherit. I will remind my colleagues that when Bill Clinton left office, we had a surplus. After the leadership of George Bush and the Republican Congresses, we are now in historic record debt. I now have inherited a debt tax.

I am all for investing more in medical research. I would much rather do that, quite frankly, than invest in tax cuts for Donald Trump or more subsidies to Big Oil companies or more tax giveaways to big corporations that are gouging the American taxpayer.

But what we have here, Mr. Speaker, is a bill to save lives. This is a moral imperative. It is a product of bipartisan collaboration. This is something that we can be proud of. This is something the American people, I think, support overwhelmingly.

And so, we don't need any lectures about the mess this economy is in. This President and the Republican Congresses have driven this economy into a ditch, and we're trying to get us out of that ditch.

So, I would urge my colleagues to focus on what is being debated here today, which is a bill to save lives, to end the scourge of HIV/AIDS, malaria and tuberculosis. This is a worthy goal. This is something that we should be committed to. And I think that the bipartisan collaboration that has produced this deserves to be praised and not ridiculed.

Mr. Speaker, I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield an additional minute to Mr. CULBERSON of Texas.

Mr. CULBERSON. I want to thank Mr. MCGOVERN for his thoughtful response and point out that over the last 60 years, the Republicans have been in control of the Congress for I think about 14 of that. We were in control about 12 years, and then I think there were 2 or maybe 4 years under Eisenhower that the Republicans were in control. So, Democrats have controlled the Congress for the overwhelming majority of the last 60 years.

I got here in 2001. And I can tell you, Mr. MCGOVERN, and you're a thoughtful, good man, I enjoy working with you, that I personally, on behalf of my constituents, have voted against every major spending initiative that the White House has pushed on us because I recognized this problem the comptroller has put out before us. I voted

against the farm bill. I voted against the Medicare Prescription Drug bill. I voted against the No Child Left Behind Act. I voted against the AIDS in Africa bill the last time it came up because we cannot continue to spend money that our children cannot afford to pay. The money we spend today will be paid by our kids and our grandchildren. And that's the fundamental message here, Mr. MCGOVERN.

I would encourage everyone in this Congress, and I know you're a thoughtful guy, why don't we focus on providing clean drinking water. Let's convert existing foreign aid in Africa to clean drinking water, which I've led the effort to provide \$500 million. Focus on clean drinking water and research here in America.

Mr. MCGOVERN. Mr. Speaker, let me just yield myself 20 seconds.

I appreciate the gentleman's response. I would just remind the gentleman again, and everybody, that this is a bill about saving lives. And this is a bill that is supported by the head of the Republican Party, the President of the United States. And so, I am proud to join in support of this bipartisan collaboration.

Mr. Speaker, I reserve the balance of my time.

□ 1115

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, it is my privilege to yield 3 minutes to the distinguished gentleman from Puerto Rico, who is a leader on issues of health and has so much contributed to this important legislation, Mr. FORTUÑO.

Mr. FORTUÑO. Mr. Speaker, I rise in support of H.R. 5501. This bill reauthorizes critically important legislation. PEPFAR, which is a testament to the American people's generosity of spirit, has achieved remarkable success. Because of PEPFAR, millions of sick and vulnerable people beyond our borders have received an essential education, treatment and care. There are men in Nairobi, women in Hanoi and children in Port-au-Prince who are alive today because of PEPFAR. That knowledge should give us great pride. It should also fill us with a sense of humility, born of the understanding that we have helped create something larger than ourselves.

I am gratified that the bill we consider today, appropriately named after two beloved chairmen of the Foreign Affairs Committee who devoted themselves to the cause of fighting AIDS, preserves the careful compromises that gave life to this life-giving program.

I want to highlight an aspect of H.R. 5501 that has not received much attention. In February 2007 I introduced H.R. 848, which called for the addition of 14 Caribbean nations as so-called "focus countries" under PEPFAR.

As the representative of nearly 4 million U.S. citizens residing in Puerto Rico, I am particularly aware that the people of the Caribbean have always been good friends and neighbors of our

country. We share a unique and resilient bond. The sons and daughters of the Caribbean who have ventured north to our shores have enriched the life of this Nation.

H.R. 848 was cosponsored by Congresswomen DONNA CHRISTENSEN and YVETTE CLARKE, who have been tireless advocates of individuals living with HIV/AIDS, and I commend them for their work. We were heartened when the language of H.R. 848 was included in H.R. 5501.

H.R. 5501 reflects a bipartisan agreement forged through deliberations among Democrats and Republicans on the Foreign Affairs Committee, the White House, and the State Department's Office of the Global AIDS Coordinator. Each of these groups recognized that the United States can do more to help the people of the Caribbean fighting the AIDS pandemic that is ravaging their communities.

Adopting a regional approach to fighting AIDS in the Caribbean, as H.R. 5501 does, is the right thing and the smart thing to do. There are currently 15 focus countries targeted for increased assistance under PEPFAR. Only two, Haiti and Guyana, are in the Caribbean. But the AIDS pandemic has produced a humanitarian crisis that affects the region as a whole.

Along with sub-Saharan Africa, the Caribbean is the most severely impacted region in the world. In 2007 there were 230,000 adults and children living with HIV, 17,000 new HIV infections, a 1 percent prevalence rate, and 11,000 AIDS-related deaths. Statistics like this can have a mind-numbing effect. We must remember that behind each of these numbers lies a tragic story of human suffering.

In addition, the AIDS pandemic in the Caribbean poses a significant national security threat to the United States, because the disease undermines political stability and economic development in the region that President Bush has called our "third border."

Current spending by the United States to combat AIDS in the Caribbean is not sufficient to address the problem. Setting aside funding to Haiti and Guyana, U.S. assistance to the Caribbean has remained stagnant and, in fact, even decreased slightly.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LINCOLN DIAZ-BALART of Florida. I yield the gentleman 30 additional seconds, Mr. Speaker.

Mr. FORTUÑO. In closing, I want to emphasize this point. By adding these Caribbean nations, Congress does not seek to substitute its judgment for the judgment of the experts at the State Department in determining how PEPFAR money will be allocated. These fact-intensive decisions will and should ultimately be made by OGAC. But expanding the list of so-called focus countries in this manner does send a strong and clear message from this Congress that the broader Caribbean region should be considered for a

reasonable amount of additional funding. And I believe this is a message that we can all support.

Mr. MCGOVERN. I reserve my time, Mr. Speaker.

Mr. LINCOLN DIAZ-BALART of Florida. I yield 3 minutes to the distinguished gentleman from California (Mr. ROHRBACHER).

Mr. ROHRBACHER. Mr. Speaker, I just came from a meeting with local doctors from my district. They told me that there is a severe shortage of funds necessary to care for America's senior citizens. We are having trouble finding the money to even take care of our returning veterans. Millions of Americans are facing foreclosure on their homes.

And now, with all of these challenges that we're facing at home, we are being asked to spend \$50 billion to fight AIDS in Africa? This is as absurd and as irresponsible as it gets.

Where are we going to get the \$50 billion for Africa?

Well, we can lower spending for our own people. We can raise taxes, which would likely throw us into a recession and leave us even less money for our people at home. Or of course we can borrow it. Yes, if we borrow it, it will probably come from Communist China and make ourselves even more vulnerable to their pressure.

We have exported our manufacturing base to China already, and now we want to borrow even more from these dictators so we can give that money away to others?

It is terrible that millions of Africans are suffering AIDS. But we cannot afford such totally irrational generosity. This is benevolence gone wild.

We can't afford to shortchange our own people, to raise taxes, or to borrow it. Yet, we expect the American people to absorb another \$50 billion hit for someone else?

We can't take care of our own veterans when they come home from the war. We can't take care of our elderly. We have people who can't take care of their own health needs, and are at risk of losing their homes. And we are going to spend \$50 billion in Africa?

Mr. Speaker, we have big hearts, but we need to use our brains. We cannot afford this type of \$50 billion generosity. It's going to cost, this will cost the American people their way of life. It will cost them their health care, their education for their children. It'll cost our veterans.

Our economy is facing a catastrophic setback because of the irresponsible spending and taxing policies of the Federal Government. And now we're going to exacerbate that problem by making believe that we can still afford to save the world by funding every worthwhile cause out there.

I'm not in any way suggesting that helping people with AIDS in Africa is not a worthwhile endeavor. But the fact is, we've got to use our heads, or we will have serious negative consequences on our own people. \$50 billion is way out of line, is way out of line.

It would be wonderful to help the people of Africa through this AIDS crisis by transferring tons of cash into African accounts. But I suggest to you that, as experience shows, just sending that much money will not cure AIDS in Africa, and will have serious repercussions on our standard of living and the quality of life of our own people.

I ask my colleagues to vote against this type of nonsense. Watch out for the American people.

Mr. MCGOVERN. Mr. Speaker, let me yield myself such time as I may consume.

Again, I find it somewhat ironic to listen to the gentleman's comments who has no problem supporting a \$3 trillion war in Iraq that has resulted in 4,000 American soldiers dead, tens of thousands wounded; and on top of all that, not even paying for the war, just putting it on the credit card so our kids and our grandkids have to pay for it. Many of my friends on the other side of the aisle who have supported tax cuts for the richest of the rich and decided that it wasn't important to pay for it; instead, put it on the credit card and on the backs of our kids; who have voted for budgets to cut veterans health and to cut money for health care in general. And what we have been trying to do is to make up for the indifference of so many years.

You know, the gentleman presents a false choice. What we're trying to do here is actually respond to a humanitarian crisis in a bipartisan way. I mean, I don't often stand with the President of the United States, but I do on this. He's right. We can't ignore the HIV/AIDS crisis or the crisis with regard to malaria and tuberculosis around the world.

This is a moral imperative. And I will tell you, in addition to being a moral imperative, it makes sense for the United States to take a leadership role and encourage the rest of the world to step up and to provide the resources to combat these scourges.

This is the right thing to do. I'm proud of this bipartisan collaboration of this bill. And I hope all my colleagues will support it.

I want to yield 1 minute to the gentleman from Florida, my colleague on the Rules Committee, Mr. HASTINGS.

Mr. HASTINGS of Florida. I thank my esteemed colleague on the Rules Committee for yielding 1 minute.

I regret very much my colleague, who is my friend from California, had to be about his business because I wanted to respond directly to him dealing specifically with his comments as if this legislation is directed only to Africa.

This legislation wisely expands to the Caribbean basin. And I urged yesterday in the Rules Committee that people understand that American tourists visit these places and, in many instances, it is in our best interest to make sure that these kinds of humanitarian concerns are taken care of.

Haiti is involved in this legislation. And I doubt seriously if there's any-

body that doesn't believe that we should be about the business of trying to help Haiti.

My colleague from Massachusetts (Mr. MCGOVERN) just said that it is the right thing to do. It is the humanitarian thing to do. It is the right thing to do. And lest we ignore the extraordinary problem we have here in the Nation's Capital on HIV/AIDS, lest we ignore the need to expand the Ryan White Act, failure to do these things causes us to do so at our peril. This is de minimis by comparison to what is needed or what is required.

Mr. LINCOLN DIAZ-BALART of Florida. I would ask my friend if he has any other speakers.

Mr. MCGOVERN. I am the final speaker on our side.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I will be asking for a "no" vote on the previous question so that we can amend the rule and allow the House to consider a change to the rules of the House to restore accountability and enforceability to the earmark rule.

Under the current rule, so long as the chairman or the sponsor of a bill, joint resolution, conference report, or manager's amendment includes either a list of earmarks contained in a bill or a report, or a statement that there are no earmarks, no point of order lies against the bill. This is the same as the rule in the last Congress.

However, under the rule as it functioned under the Republican majority in the 109th Congress, even if the point of order was not available on the bill, it was always available on the rule as a "question of consideration." Because the Democratic Rules Committee specifically exempts earmarks from the waiver of all points of order, they deprive Members of the ability to raise the question of earmarks on the rule.

This amendment will restore the accountability and enforceability of the earmark rule to where it was at the end of the 109th Congress to provide Members with an opportunity to bring the question of earmarks before the House for a vote.

Last year the distinguished new Speaker said that if she were to become Speaker of the House, she would require all earmarks to be publicly disclosed and would "put it in writing." However, as we have seen, this Congress, the majority have not fulfilled their promise.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment and extraneous materials immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. LINCOLN DIAZ-BALART of Florida. I yield back the balance of my time.

Mr. MCGOVERN. Mr. Speaker, H.R. 5501 is one of the most important foreign policy global health bills this Con-

gress will pass this year. We have literally gone from, 5 years ago from standing helplessly by and watching people die of HIV/AIDS, to watching people live and take up productive lives in their communities. The impact is far-reaching.

For example, Mr. Speaker, let me highlight just one sector of development that has broad bipartisan support in this Congress, basic education. We all know that education is key to lifting countries out of poverty. And HIV/AIDS creates barriers to education.

Teacher deaths and absenteeism due to HIV/AIDS compound problems of quality and access in education systems that already face teacher shortages.

Children are often pulled out of school to care for a family member with HIV/AIDS or, when a parent dies, they're forced to take care of younger siblings rather than attend school.

HIV/AIDS affected children who are able to attend school often face discrimination and are sometimes segregated from other children or denied admission entirely by teachers or school administrators.

Young people with little or no education are more than twice as likely to contract HIV as those who have completed primary education.

But under this bill, and as we continue to better integrate our HIV/AIDS programs with our other development priorities, schools can become hubs of care and support for orphans and vulnerable children by providing psychological support, nutrition and basic health care and support to OVC caregivers.

In a 32-country demographic and health survey, women with post primary education were four times more likely than illiterate women to know the basic facts about HIV/AIDS, and three times more likely to know that HIV can be transmitted from mother to child.

Oxfam estimates that if all children completed primary education, 700,000 new cases of HIV/AIDS in young people could be prevented each year, totaling 7 million cases in one decade.

Mr. Speaker, for these and so many other reasons, this bipartisan bill deserves our support. I urge my colleagues to support this rule and to support the underlying bill, H.R. 5501.

The material previously referred to by Mr. LINCOLN DIAZ-BALART of Florida is as follows:

AMENDMENT TO H. RES. 1065 OFFERED BY MR. LINCOLN DIAZ-BALART OF FLORIDA

At the end of the resolution, add the following:

SEC. 3. That immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider in the House the concurrent resolution (H. Con. Res. 263) to establish the Joint Select Committee on Earmark Reform, and for other purposes. The concurrent resolution shall be considered as read. The previous question shall be considered as ordered on the concurrent resolution to final adoption without intervening motion or demand for

division of the question except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308-311) describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Democratic majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's "American Congressional Dictionary": "If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business."

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. McGOVERN. I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

□ 1130

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I object to the vote on the grounds that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on approval of the Journal will be followed by 5-minute votes on ordering the previous question on H. Res. 1065 and adoption of H. Res. 1065.

The vote was taken by electronic device, and there were—yeas 232, nays 177, answered "present" 1, not voting 20, as follows:

[Roll No. 153]

YEAS—232

Abercrombie	Butterfield	DeGette
Ackerman	Capito	Delahunt
Allen	Capps	Dent
Andrews	Capuano	Dicks
Arcuri	Cardoza	Dingell
Baca	Carnahan	Doggett
Bachmann	Carney	Donnelly
Baird	Carson	Doyle
Baldwin	Castor	Edwards
Barton (TX)	Chandler	Ellison
Bean	Clarke	Ellsworth
Becerra	Clay	Emanuel
Berkley	Cleaver	Engel
Berman	Clyburn	English (PA)
Berry	Cohen	Eshoo
Bishop (GA)	Conyers	Etheridge
Bishop (NY)	Cooper	Farr
Blumenauer	Costa	Filmer
Boren	Costello	Foster
Boswell	Courtney	Frank (MA)
Boucher	Cramer	Gillibrand
Boyd (FL)	Crowley	Gonzalez
Boyd (KS)	Cuellar	Goodlatte
Brady (PA)	Cummings	Gordon
Braleigh (IA)	Davis (AL)	Green, Al
Brown, Corrine	Davis (CA)	Green, Gene
Brown-Waite,	Davis (IL)	Grijalva
Ginny	Davis, Lincoln	Gutierrez
Buchanan	DeFazio	Hall (NY)

Hare	Matsui	Sanchez, Loretta
Harman	McCarthy (NY)	Sarbanes
Hastings (FL)	McCollum (MN)	Schakowsky
Herseth Sandlin	McDermott	Schiff
Higgins	McGovern	Schwartz
Hill	McIntyre	Scott (GA)
Hinojosa	McNerney	Scott (VA)
Hirono	McNulty	Serrano
Hodes	Meek (FL)	Sestak
Holden	Meeks (NY)	Shea-Porter
Holt	Melancon	Sherman
Honda	Mica	Shuster
Hooley	Michaud	Sires
Hoyer	Miller (NC)	Skelton
Israel	Miller, George	Slaughter
Jackson (IL)	Mollohan	Smith (WA)
Jackson-Lee	Moore (KS)	Snyder
(TX)	Moore (WI)	Solis
Johnson (GA)	Moran (VA)	Space
Johnson (IL)	Murphy (CT)	Spratt
Johnson, E. B.	Murphy, Patrick	Stark
Jones (OH)	Murtha	Sutton
Kagen	Nadler	Tanner
Kanjorski	Napolitano	Taylor
Kaptur	Neal (MA)	Thompson (MS)
Kennedy	Obey	Tierney
Kildee	Oliver	Towns
Kilpatrick	Ortiz	Tsongas
Kind	Pallone	Van Hollen
Klein (FL)	Pascrell	Velázquez
Kucinich	Pastor	Vislosky
Kuhl (NY)	Paul	Walberg
Lampson	Payne	Walsh (NY)
Langevin	Perlmutter	Walz (MN)
Larsen (WA)	Peterson (MN)	Wasserman
Larson (CT)	Pomeroy	Schultz
Latham	Price (NC)	Waters
Lee	Rahall	Watson
Levin	Rangel	Watt
Lewis (GA)	Reyes	Waxman
Lipinski	Richardson	Weiner
Loeback	Rodriguez	Welch (VT)
Lofgren, Zoe	Ross	Wexler
Lowey	Rothman	Whitfield (KY)
Lungren, Daniel	Roybal-Allard	Wilson (NM)
E.	Ruppersberger	Wilson (OH)
Lynch	Ryan (OH)	Woolsey
Mahoney (FL)	Salazar	Wu
Markey	Sánchez, Linda	Wynn
Matheson	T.	Yarmuth

NAYS—177

Aderholt	Drake	Knollenberg
Akin	Dreier	LaHood
Alexander	Duncan	Lamborn
Altmire	Ehlers	LaTourrette
Bachus	Everett	Latta
Barrett (SC)	Fallin	Lewis (CA)
Barrow	Feeney	Lewis (KY)
Bartlett (MD)	Ferguson	Linder
Biggart	Flake	LoBiondo
Bilbray	Forbes	Lucas
Bilirakis	Fortenberry	Mack
Bishop (UT)	Fossella	Manzullo
Blackburn	Fox	Marchant
Blunt	Franks (AZ)	Marshall
Boehner	Frelinghuysen	McCarthy (CA)
Bonner	Gallely	McCaul (TX)
Bono Mack	Garrett (NJ)	McCotter
Boozman	Gerlach	McCreery
Boustany	Gilchrest	McHenry
Brady (TX)	Gingrey	McHugh
Broun (GA)	Goode	McKeon
Brown (SC)	Graves	McMorris
Burgess	Hall (TX)	Rodgers
Burton (IN)	Hastings (WA)	Miller (MI)
Buyer	Hayes	Miller, Gary
Calvert	Heller	Mitchell
Camp (MI)	Hensarling	Moran (KS)
Campbell (CA)	Herger	Murphy, Tim
Cannon	Hobson	Musgrave
Carter	Hoekstra	Myrick
Castle	Hulshof	Neugebauer
Chabot	Hunter	Nunes
Coble	Inglis (SC)	Pearce
Cole (OK)	Inslee	Pence
Conaway	Issa	Peterson (PA)
Crenshaw	Johnson, Sam	Petri
Culberson	Jones (NC)	Pickering
Davis (KY)	Jordan	Pitts
Davis, David	Keller	Platts
Davis, Tom	King (IA)	Poe
Deal (GA)	King (NY)	Porter
Diaz-Balart, L.	Kingston	Price (GA)
Diaz-Balart, M.	Kirk	Pryce (OH)
Doolittle	Kline (MN)	Putnam