

3.4 Swearing in of Witnesses.—Witnesses in committee or subcommittee hearings may be required to give testimony under oath whenever the Chairman or ranking minority member of the committee or subcommittee deems such to be necessary.

3.5 Limitation.—Each member shall be limited to 5 minutes in the questioning of any witness until such time as all members who so desire have had an opportunity to question a witness. Questions from members shall rotate from majority to minority members in order of seniority or in order of arrival at the hearing.

RULE 4—NOMINATIONS

4.1 Assignment.—All nominations shall be considered by the full committee.

4.2 Standards.—In considering a nomination, the committee shall inquire into the nominee's experience, qualifications, suitability, and integrity to serve in the position to which he or she has been nominated.

4.3 Information.—Each nominee shall submit in response to questions prepared by the committee the following information:

(1) A detailed biographical resume which contains information relating to education, employment, and achievements;

(2) Financial information, including a financial statement which lists assets and liabilities of the nominee; and

(3) Copies of other relevant documents requested by the committee. Information received pursuant to this subsection shall be available for public inspection except as specifically designated confidential by the committee.

4.4 Hearings.—The committee shall conduct a public hearing during which the nominee shall be called to testify under oath on all matters relating to his or her suitability for office. No hearing shall be held until at least 48 hours after the nominee has responded to a prehearing questionnaire submitted by the committee.

4.5 Action on Confirmation.—A business meeting to consider a nomination shall not occur on the same day that the hearing on the nominee is held. The Chairman, with the agreement of the ranking minority member, may waive this requirement.

RULE 5—QUORUMS

5.1 Testimony.—For the purpose of receiving evidence, the swearing of witnesses, and the taking of sworn or unsworn testimony at any duly scheduled hearing, a quorum of the committee and the subcommittee thereof shall consist of one member.

5.2 Business.—A quorum for the transaction of committee or subcommittee business, other than for reporting a measure or recommendation to the Senate or the taking of testimony, shall consist of one-third of the members of the committee or subcommittee, including at least one member from each party.

5.3 Reporting.—A majority of the membership of the committee shall constitute a quorum for reporting bills, nominations, matters, or recommendations to the Senate. No measure or recommendation shall be ordered reported from the committee unless a majority of the committee members are physically present. The vote of the committee to report a measure or matter shall require the concurrence of a majority of those members who are physically present at the time the vote is taken.

RULE 6—VOTING

6.1 Rollcalls.—A roll call vote of the members shall be taken upon the request of any member.

6.2 Proxies.—Voting by proxy as authorized by the Senate rules for specific bills or subjects shall be allowed whenever a quorum of the committee is actually present.

6.3 Polling.—The committee may poll any matters of committee business, other than a vote on reporting to the Senate any measures, matters or recommendations or a vote on closing a meeting or hearing to the public, provided that every member is polled and every poll consists of the following two questions:

(1) Do you agree or disagree to poll the proposal; and

(2) Do you favor or oppose the proposal.

If any member requests, any matter to be polled shall be held for meeting rather than being polled. The chief clerk of the committee shall keep a record of all polls.

RULE 7—SUBCOMMITTEES

7.1 Assignments.—To assure the equitable assignment of members to subcommittees, no member of the committee will receive assignment to a second subcommittee until, in order of seniority, all members of the committee have chosen assignments to one subcommittee, and no member shall receive assignment to a third subcommittee until, in order of seniority, all members have chosen assignments to two subcommittees.

7.2 Attendance.—Any member of the committee may sit with any subcommittee during a hearing or meeting but shall not have the authority to vote on any matter before the subcommittee unless he or she is a member of such subcommittee.

7.3 Ex Officio Members.—The Chairman and ranking minority member shall serve as nonvoting ex officio members of the subcommittees on which they do not serve as voting members. The Chairman and ranking minority member may not be counted toward a quorum.

7.4 Scheduling.—No subcommittee may schedule a meeting or hearing at a time designated for a hearing or meeting of the full committee. No more than one subcommittee business meeting may be held at the same time.

7.5 Discharge.—Should a subcommittee fail to report back to the full committee on any measure within a reasonable time, the Chairman may withdraw the measure from such subcommittee and report that fact to the full committee for further disposition. The full committee may at any time, by majority vote of those members present, discharge a subcommittee from further consideration of a specific piece of legislation.

7.6 Application of Committee Rules to Subcommittees.—The proceedings of each subcommittee shall be governed by the rules of the full committee, subject to such authorizations or limitations as the committee may from time to time prescribe.

RULE 8—INVESTIGATIONS, SUBPOENAS AND DEPOSITIONS

8.1 Investigations.—Any investigation undertaken by the committee or a subcommittee in which depositions are taken or subpoenas issued, must be authorized by a majority of the members of the committee voting for approval to conduct such investigation at a business meeting of the committee convened in accordance with Rule 1.

8.2 Subpoenas.—The Chairman, with the approval of the ranking minority member of the committee, is delegated the authority to subpoena the attendance of witnesses or the production of memoranda, documents, records, or any other materials at a hearing of the committee or a subcommittee or in connection with the conduct of an investigation authorized in accordance with paragraph 8.1. The Chairman may subpoena attendance or production without the approval of the ranking minority member when the Chairman has not received notification from the ranking minority member of disapproval of the subpoena within 72 hours, excluding Saturdays and Sundays, of being notified of

the subpoena. If a subpoena is disapproved by the ranking minority member as provided in this paragraph the subpoena may be authorized by vote of the members of the committee. When the committee or Chairman authorizes subpoenas, subpoenas may be issued upon the signature of the Chairman or any other member of the committee designated by the Chairman.

8.3 Notice for Taking Depositions.—Notices for the taking of depositions, in an investigation authorized by the committee, shall be authorized and be issued by the Chairman or by a staff officer designated by him. Such notices shall specify a time and place for examination, and the name of the Senator, staff officer or officers who will take the deposition. Unless otherwise specified, the deposition shall be in private. The committee shall not initiate procedures leading to criminal or civil enforcement proceedings for a witness' failure to appear unless the deposition notice was accompanied by a committee subpoena.

8.4 Procedure for Taking Depositions.—Witnesses shall be examined upon oath administered by an individual authorized by local law to administer oaths. The Chairman will rule, by telephone or otherwise, on any objection by a witness. The transcript of a deposition shall be filed with the committee clerk.

RULE 9—AMENDING THE RULES

These rules shall become effective upon publication in the Congressional Record. These rules may be modified, amended, or repealed by the committee, provided that all members are present or provide proxies or if a notice in writing of the proposed changes has been given to each member at least 48 hours prior to the meeting at which action thereon is to be taken. The changes shall become effective immediately upon publication of the changed rule or rules in the Congressional Record, or immediately upon approval of the changes if so resolved by the committee as long as any witnesses who may be affected by the change in rules are provided with them.

GLOBAL HEALTH CARE

Mr. FEINGOLD. Madam President, we have seen a historic and unprecedented expansion in United States leadership in global health over the last decade and especially over the last few years. I applaud the previous administration's work in this regard, and I was proud last July when we came together across party lines to authorize \$48 billion to combat HIV/AIDS, tuberculosis, and malaria. That was a courageous commitment to save millions of lives, and it is critical that the United States deliver on our promises.

I am sympathetic to those who ask how we can maintain such a high level of investment in health abroad at a time when we are facing widespread economic troubles here at home. Throughout my career, I have worked to try to bring fiscal responsibility to the Federal budget, and I am very concerned about the massive deficits we are running. This is a time when we must have priorities, and our first priority must be protecting and meeting the basic needs of the American people.

However, this does not mean that the global health challenges of our time should be left unaddressed; indeed they too demand our continued and consistent engagement. Just last month,

our Intelligence Community released an assessment of the connections between health and our national interests abroad. They found that infectious diseases—whether HIV/AIDS or SARS—as well as general maternal and child mortality and the availability of healthcare can have significant impacts on the economies, governments, and militaries of key countries and regions. Moreover, their assessment found that U.S. global health assistance provides substantial opportunities to advance diplomacy, support stabilization in Iraq and Afghanistan, engage constructively with the rising powers of China and India, and ease tensions within the developing world. I urge my colleagues to look at this report if they have not already.

I have seen firsthand—as I know many Americans have—the tremendous good will generated for the United States by our leadership in global health. This has been especially true in sub-Saharan Africa. Just last December, I traveled to Tanzania and visited a health center funded by U.S. assistance that treats pregnant women and malaria patients. Over recent years, as we have tried to reverse a growing trend of anti-Americanism around the world, our health assistance has been a critical tool toward that goal. New levels of U.S. engagement in global health have spurred thousands of Americans to become involved in service abroad and build cross-border relationships that foster mutual understanding. I strongly believe the power of citizen diplomacy cannot be understated in an increasingly interconnected world.

For these reasons and more, I believe it is essential that we continue to lead in global health. It should not be a question of whether we do so, but a question of how we do so in a time of limited resources. We need an approach that maximizes efficiency, demonstrates real results, and fully leverages our programs toward our broader foreign policy objectives. American taxpayers should be confident that they are getting the most for their money. That is why I believe that, more than ever, we must develop a global health strategy that is all inclusive, integrated and sustainable.

Let me explain what I mean when I say those three things: all-inclusive, integrated and sustainable. First, all-inclusive. We all know that the current U.S. approach to global health has been focused on one disease, HIV. This is understandable, especially with tens of millions of people still affected and more being infected every day. Our efforts in this area must continue. However, a failure to simultaneously address other common infectious diseases can limit our progress toward combating the AIDS pandemic, as well as promoting overall health. This is especially the case with malaria, which continues to kill over a million people each year despite the fact that we have simple, affordable tools to prevent and treat it. I plan to work with my col-

leagues in Congress and the Obama administration to continue and build upon the efforts of President Bush's Malaria Initiative. At the same time, we cannot forget there is much work to be done to address tuberculosis and neglected tropical diseases, and we must not give up on the goal of eradicating polio. Our efforts in each of these areas should be brought together under a comprehensive vision that also incorporates the preventable and treatable illnesses that kill millions of men, women, and children each year. In fact, developing a plan to address the basic challenges to child and maternal health should be the foundation of our global health work, not a secondary initiative.

By "all inclusive," I am also talking about the means by which we seek to pursue our overall global health objectives. Too often, restrictions or requirements on U.S. health assistance have limited our flexibility to effectively balance prevention and treatment measures, or to pursue evidence-based approaches. This has especially been the case with regard to reproductive health and family planning initiatives, which I believe have an essential role to play if we are to stem the tide of HIV infections or reduce maternal mortality. To that end, I am pleased that President Obama recently overturned the Mexico City policy. I hope we can now move past the ideological divisions surrounding this policy as we develop and implement a truly comprehensive approach to advancing our global health objectives.

It is not enough, though, to balance and bring all of our initiatives together under one umbrella; they must also be integrated. In many places, U.S. health programs remain fragmented on the ground and not well coordinated with each other. For example, we are funding some HIV/AIDS clinics that do not provide testing for malaria or tuberculosis even though these diseases often co-exist. As another example, we support some programs to prevent mother-to-child transmission of HIV that are entirely disconnected from the provision of basic services in maternal and child health. This lack of integration is inefficient, places a great burden on patients, and can ultimately render our efforts ineffective. Just as it is important to have a comprehensive strategy, it is critical that its many parts are well coordinated. Greater integration can also ensure that our global health programs are working in support of, not against, building stronger health systems.

This brings me to the third and what I believe is perhaps the most important point in developing a global health strategy: the need to place greater emphasis on sustainability. Perhaps the greatest challenge facing the global health community today is addressing the continuing weaknesses in health infrastructure around the world. I am concerned that our current programs have not done enough to address those

infrastructure weaknesses, and in some cases may even be perpetuating them. We need to not only devote more resources and attention to strengthening indigenous health systems that can meet national and local needs, but we need to do so effectively by engaging with local communities and governments to understand where there are gaps and where the needs are greatest. Such a strategy includes help to recruit, train, and retain a new health workforce. Toward that goal, I was pleased to work with Senators DURBIN and Coleman in the last Congress to introduce the Africa Health Care Capacity Act, and I hope to continue working on this issue in this new Congress. Until developing countries have the healthcare professionals and infrastructure they need, we will continue to fight an uphill battle for decades to come against HIV/AIDS and other global health challenges.

The time is now to put in place an all-inclusive and robust strategy for global health. By doing so, we can help ensure that our leadership in global health is a good investment for the American taxpayer and that the world's sick and vulnerable can see the results so desperately needed. I look forward to working with the Obama administration and my colleagues on these issues this Congress.

HOH INDIAN TRIBE SAFE HOMELANDS ACT

Ms. CANTWELL. Madam President, I rise today in support of the introduction of the Hoh Indian Tribe Safe Homelands Act, introduced by Senator MURRAY and myself on Friday, February 13, 2009. This piece of legislation is needed so that the Hoh tribe can move their village out of harm's way.

The Hoh tribe occupies a 1-square-mile reservation on the banks of the Hoh River where it meets the Pacific Ocean in Washington State. Due to repeated storms, heavy rain, and the movement of the Hoh River, the tribe's village is threatened with flooding every winter. Ninety percent of the reservation now sits in a flood plain, and 100 percent of the land they reside on sits within a tsunami zone.

Many of the buildings located on the existing reservation are permanently sandbagged due to the threat of flooding, and several houses have been lost to the river over the last 10 years. The tribe's wastewater treatment plant has also been threatened by flooding on multiple occasions.

This legislation will allow the tribe to move out of danger by transferring a 26 acre piece of Federal land to the tribe. This parcel of land is needed to connect the existing reservation with land the tribe has obtained on their own. Once the old village is collected with the land the tribe already owns they can move their entire village out of harm's way.

Transferring ownership of a piece of Federal land should never be taken