

Mr. PAYNE. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PAYNE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 111.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. GARRETT of New Jersey. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### SUPPORTING THE GOALS AND IDEALS OF MALARIA AWARENESS DAY

Mr. PAYNE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 103) supporting the goals and ideals of Malaria Awareness Day, as amended.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

#### H. CON. RES. 103

Whereas April 25 of each year is recognized internationally as Africa Malaria Day and in the United States as Malaria Awareness Day;

Whereas despite malaria being completely preventable and treatable and the fact that malaria was eliminated from the United States over 50 years ago, more than 40 percent of the world's population is still at risk of contracting malaria;

Whereas, according to the World Health Organization, nearly 1,000,000 people die from malaria each year, the vast majority of whom are children under the age of 5 in Africa;

Whereas malaria greatly affects child health, roughly every 30 seconds a child dies from malaria, and more than 3,000 children die from malaria every day;

Whereas malaria poses great risks to maternal health, causing complications during delivery, anemia, and low birth weights, with estimates by the Center for Disease Control and Prevention that malaria infection causes 400,000 cases of severe maternal anemia and from 75,000 to 200,000 infant deaths annually in sub-Saharan Africa;

Whereas HIV infection increases the risk and severity of malarial illness, and malaria increases the viral load in HIV-positive people, which can lead to increased transmission of HIV and more rapid disease progression, with substantial public health implications;

Whereas in malarial regions, many people are co-infected with malaria and one or more of the neglected tropical diseases, such as hookworm and schistosomiasis, which causes a pronounced exacerbation of anemia and several adverse health consequences;

Whereas the malnutrition and consequent chronic illness that result from childhood malaria leads to increased absenteeism in school and perpetuates cycles of poverty;

Whereas an estimated 90 percent of deaths from malaria occur in Africa and the Roll Back Malaria Partnership estimates that

malaria costs African countries \$12,000,000,000 in lost economic productivity each year;

Whereas the World Health Organization estimates that malaria accounts for 40 percent of health care expenditures in high-burden countries, demonstrating that effective, long-term malaria control is inextricably linked to the strength of health systems;

Whereas heightened efforts over recent years to prevent and treat malaria are currently saving lives;

Whereas progress and funding to control malaria has increased ten-fold since 2000, in large part due, to funding under the President's Malaria Initiative (a United States Government initiative designed to cut malaria deaths in half in target countries in sub-Saharan Africa), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and new financing by other donors;

Whereas the President's Malaria Initiative has purchased almost 13,000,000 artemisinin-based combination therapies (ACT), protected over 17,000,000 people through spraying campaigns, and distributed over 6,000,000 insecticide-treated bed nets, the Global Fund to Fight AIDS, Tuberculosis and Malaria has distributed 7,000,000 bed nets to protect families from malaria and provided 74,000,000 malaria patients with ACTs, and the World Bank's Booster Program is scheduled to commit approximately \$500,000,000 in International Development Association funds for malaria control in Africa;

Whereas public and private partners are developing effective and affordable drugs to treat malaria, with more than 23 types of malaria vaccines in development;

Whereas according to the Centers for Disease Control and Prevention, vector control, or the prevention of malaria transmission via anopheles mosquitoes, which includes a combination of methods such as insecticide-treated bed nets, indoor residual spraying, and source reduction (larval control), has been shown to reduce severe morbidity and mortality due to malaria in endemic regions;

Whereas the impact of malaria efforts have been documented in numerous regions, such as in Zanzibar, where malaria prevalence among children shrank from 20 percent to less than 1 percent between 2005 and 2007, and in Rwanda, where malaria cases and deaths appeared to decline rapidly after a large-scale distribution of bed nets and malaria treatments in 2006; and

Whereas a malaria-free future will rely on consistent international, national and local leadership, and a comprehensive approach addressing the range of health, development, and economic challenges facing developing countries: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That Congress—*

(1) supports the goals and ideals of Malaria Awareness Day, including the achievable target of ending malaria deaths by 2015;

(2) calls upon the people of the United States to observe this day with appropriate programs, ceremonies, and activities to raise awareness and support to save the lives of those affected by malaria;

(3) reaffirms the goals and commitments to combat malaria outlined in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008;

(4) commends the progress made during the last year by anti-malaria programs including the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria;

(5) recognizes the work of the Roll Back Malaria Partnership and affirms United States support for and contribution toward the achievement of the following targets:

(A) Achieve universal coverage for all populations at risk with locally appropriate interventions for prevention and case management by 2010 and sustain universal coverage until local field research suggests that coverage can gradually be targeted to high-risk areas and seasons only, without risk of a generalized resurgence.

(B) Reduce global malaria cases from 2000 levels by 50 percent in 2010 and by 75 percent in 2015.

(C) End malaria deaths by 2015.

(6) encourages fellow donor nations to maintain their support and honor their funding commitments for Malaria programs worldwide;

(7) urges greater integration between United States and international health programs that target malaria, HIV, Tuberculosis, neglected tropical diseases, and basic child and maternal health; and

(8) commits to continued United States leadership in efforts to reduce global malaria deaths, especially through strengthening health care systems that can deliver effective, safe, high-quality interventions when and where they are needed, and assure access to reliable health information and effective disease surveillance.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PAYNE) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PAYNE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the resolution under consideration.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of this resolution, H. Con. Res. 103, supporting the goals and ideals of Malaria Awareness Day.

April 25 of each year is recognized internationally as Africa Malaria Day and in the United States as Malaria Awareness Day.

I introduced this resolution with my colleague and Congressional Malaria Caucus co-Chair, Congressman JOHN BOOZMAN of Arkansas, a true partner in the fight against malaria and so many other good causes, and I would like to thank him for his partnership and his continued commitment to ending malaria, and to so many other important issues pertaining to Africa.

We introduced this resolution to remind the Congress, the country, and the world that malaria is preventable and is treatable.

Malaria was eliminated from the United States over 50 years ago, yet more than 40 percent of the world's population is still at risk of contracting this disease. The World Health Organization reports that malaria claims the lives of nearly 1 million people each year, the vast majority of whom are children under the age of 5 in Africa.

I ask you to reflect on the statistics: malaria takes the life of a child roughly every 30 seconds. This is simply astounding and unconscionable in 2009. Malaria also causes a great risk to maternal health, causing complications during delivery, anemia, and low birth weight, with estimates by the Centers for Disease Control and Prevention that malaria infection causes 400,000 cases of severe maternal anemia and from 75,000 to 200,000 infant deaths annually in sub-Saharan Africa.

An estimated 90 percent of the deaths from malaria occur in Africa. Malaria also perpetuates poverty. The Roll Back Malaria Partnership estimates that malaria costs African countries \$12 billion annually in lost economic productivity.

The malaria burden also weakens governments' abilities to provide services. The World Health Organization estimates that malaria accounts for 40 percent of health care expenditures in high-burden countries, demonstrating that effective, long-term malaria control is inextricably linked to the strength of the health systems.

However, there is good news. Heightened efforts by our own government and by other partner nations have made significant progress in the fight against malaria.

The President's Malaria Initiative has purchased almost 13 million artemisinin-based combination therapies (ACT), which will protect over 17 million people through spraying campaigns, and has distributed over 6 million insecticide-treated bed nets.

□ 1500

The Global Fund to Fight AIDS, Tuberculosis and Malaria has distributed 7 million bed nets to protect families from malaria and provided 74 million malaria patients with ACTs. As the World Bank's booster program is scheduled to commit more than \$500 million in International Development Association funds for malaria, this will help to move forward the control of malaria; approximately \$500 million by the International Development Association.

Public and private partnerships are developing effective and affordable drugs to treat malaria, with more than 23 types of malaria vaccines in development. Years ago, there were virtually no vaccines in development. And so we have seen that the world has taken a real look at this dread disease and we are moving forward to its elimination.

This resolution calls our attention to Malaria Awareness Day which the Congressional Malaria Caucus marked by holding briefings, a roundtable with African health officials, and will conclude with Special Orders this evening. The resolution also reaffirms the goals and commitments to combat malaria outlined in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 which provided critical funding, \$6 billion, to fight malaria and tuberculosis.

Let us remain committed to ending malaria for the health and wealth of the entire world. I strongly support this resolution and I urge my colleagues to do likewise.

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

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

As co-Chair with Chairman PAYNE of the Congressional Malaria Caucus and an original cosponsor of this resolution brought forth by Chairman PAYNE, I rise in support of H. Con. Res. 103, which supports the goals and ideals of Malaria Awareness Day.

It is widely known that malaria was eradicated in the United States more than a half century ago. Less known is the fact that malaria still affects as many as half a billion people in 109 countries in Africa, Asia and Latin America, and that malaria kills approximately 1 million to 3 million people per year.

Africa has been particularly hard hit. Ninety percent of all malaria deaths occur in Africa. It is the leading cause of death of children under the age of 5, claiming the lives of an estimated 3,000 African children per day. And because even mild cases of malaria can be debilitating, many businesses have been forced to hire two or more employees to fill a single position due to absenteeism. It is estimated that Africa loses \$12 billion in productivity each year—all because of a wretched mosquito. But with the commitment of host countries and generous donor support—including through the President's Malaria Initiative; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; private donors and nongovernmental organizations, including Malaria No More—we are starting to see the light at the end of the tunnel.

Mass distributions of mosquito nets, indoor residual spraying, and the development and distribution of safe, effective and inexpensive drugs to treat malaria have yielded sharp declines in malaria-related deaths in a number of African countries. According to U.S. Malaria Coordinator, Admiral Tim Ziemer, "These efforts are bringing newfound hope that malaria is not an intractable problem and giving children a fighting chance to improve their quality of life and build better futures."

But we still have a long way to go.

Malaria Day serves as a call to arms—a day to mobilize resources and recommit ourselves to the fight against this preventable disease. It reminds us that with the steadfast commitment of donors, host governments, local leaders and the countless heroes who are fighting to roll back this scourge on the ground each and every day, we may live to see the elimination of malaria from the developing world.

I thank the sponsor, and my fellow co-Chair of the House Malaria Caucus, Mr. PAYNE, for introducing this important measure and for agreeing to mod-

est, though critically important changes which enabled us to move the resolution directly to the House floor today. I appreciate the chairman's hard work and leadership combating this disease but also for his chairmanship of the Africa Subcommittee of the Foreign Affairs Committee.

I urge my colleagues to support this resolution.

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

Mr. PAYNE. At this time I yield 1 minute to the gentleman from American Samoa (Mr. FALÉOMAVAEGA).

Mr. FALÉOMAVAEGA. I thank the gentleman for yielding and for this opportunity to speak out in full support of this proposed legislation. Not only am I a cosponsor but I want to commend especially my colleague and friend, the chairman of the House Foreign Affairs Subcommittee on Africa and Global Health.

Mr. Speaker, this issue is serious. Forty percent of the world's population, some 6 billion people living in this world, are still impacted and affected by this serious disease—malaria. On top of that, some 800 million people living on the continent of Africa, 90 percent of the people living in Africa, are also affected by this serious disease.

I want to thank the gentleman from New Jersey for his initiative and leadership in proposing this legislation and sincerely hope that in our efforts in working through the authorizing committees that we will build on what the gentleman, the chairman of our subcommittee, has done to bring to the attention of our colleagues and to the American people the importance of what we need to do as a country to help get rid of this serious disease.

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

Mr. PAYNE. I yield the gentleman 30 additional seconds.

Mr. FALÉOMAVAEGA. I want to commend my good friend from New Jersey for working quietly and patiently but with tremendous effort in working with our colleagues in addressing the serious problems of malaria.

With that, Mr. Speaker, I want to again thank my good friend from New Jersey for his leadership and for the work that he has done in trying to get rid of this dreaded disease.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H. Con. Res. 103, "Supporting the goals and ideals of Malaria Awareness Day" and I would like to thank my colleague Representative PAYNE for introducing this resolution.

Every year, April 25 is recognized internationally as Africa Malaria Day and in the United States as Malaria Awareness Day. Although, malaria is a completely preventable and treatable disease which was eliminated from the United States over 50 years ago, more than 40 percent of the world's population is still at risk of contracting malaria. According to the World Health Organization, nearly 1,000,000 people die from malaria each year,

the vast majority of whom are children under the age of 5 in Africa. I feel that the target of ending malaria deaths by 2015 is an achievable goal that the United States must aid in accomplishing.

As chair of the Congressional Children's Caucus, this resolution is important to me because roughly every 30 seconds a child dies from malaria, and more than 3,000 children die from malaria every day. The malnutrition and consequent chronic illness that result from childhood malaria leads to increased absenteeism in school and perpetuates cycles of poverty. In addition to threatening the lives of children this disease also takes a great toll on women as well. Malaria poses great risks to maternal health, causing complications during delivery, anemia, and low birth weights, with estimates by the Center for Disease Control and Prevention that malaria infection causes 400,000 cases of severe maternal anemia and from 75,000 to 200,000 infant deaths annually in sub-Saharan Africa.

An estimated 90 percent of deaths from malaria occur in Africa and the Roll Back Malaria Partnership estimates that malaria costs African countries \$12,000,000,000 in lost economic productivity each year. The World Health Organization estimates that malaria accounts for 40 percent of health care expenditures in high-burden countries, demonstrating that effective, long-term malaria control is inextricably linked to the strength of health systems.

Fortunately, the heightened efforts over recent years to prevent and treat malaria are currently saving lives. Progress and funding to control malaria has increased ten-fold since 2000, in large part, due to funding under the President's Malaria Initiative (a U.S. Government initiative designed to cut malaria deaths in half in target countries in sub-Saharan Africa), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and new financing by other donors. The President's Malaria Initiative has purchased almost 13,000,000 artemisinin-based combination therapies (ACT), protected over 17,000,000 people through spraying campaigns, and distributed over 6,000,000 insecticide-treated bed nets, the Global Fund to Fight AIDS, Tuberculosis and Malaria has distributed 7,000,000 bed nets to protect families from malaria and provided 74,000,000 malaria patients with ACTs, and the World Bank's Booster Program is scheduled to commit approximately \$500,000,000 in International Development Association funds for malaria control in Africa.

At the moment, public and private partners are developing effective and affordable drugs to treat malaria, with more than 23 types of malaria vaccines in development. According to the Centers for Disease Control and Prevention, vector control, or the prevention of malaria transmission via anopheles mosquitoes, which includes a combination of methods such as insecticide-treated bed nets, indoor residual spraying, and source reduction (larval control), has been shown to reduce severe morbidity and mortality due to malaria in endemic regions. The impact of malaria efforts have been documented in numerous regions, such as in Zanzibar, where malaria prevalence among children shrank from 20 percent to less than 1 percent between 2005 and 2007, and in Rwanda, where malaria cases and deaths appeared to decline rapidly after a large-scale distribution of bed nets and malaria treatments in 2006.

A malaria-free future will rely on consistent international, national and local leadership, and a comprehensive approach addressing the range of health, development, and economic challenges facing developing countries. It is important that this Congress commits to continued leadership in efforts to reduce global malaria deaths, especially through strengthening health care systems that can deliver effective, safe, high-quality interventions when and where they are needed, and assure access to reliable health information and effective disease surveillance.

Mr. BOOZMAN. Mr. Speaker, I yield back the balance of my time.

Mr. PAYNE. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PAYNE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 103, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

#### HONORING RABBI CHARLES H. ROSENZVEIG

Mr. PAYNE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 283) honoring the life, achievements, and contributions of Rabbi Charles H. Rosenzveig, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

#### H. RES. 283

Whereas Rabbi Charles H. Rosenzveig, Holocaust survivor, scholar, teacher, and founder of the Nation's first free-standing Holocaust Memorial Center, passed away on December 11, 2008, which corresponds to the 14th of Kislev, 5769 of the Hebrew calendar, and was buried in Jerusalem, Israel;

Whereas Rabbi Charles H. Rosenzveig was beloved by friends, family, and congregants and is survived by his wife Helen and four children, Martin Rosenzveig, Rabbi Ely Rosenzveig, Judy Rosenzveig, and Adina Novogrodsky, and ten grandchildren;

Whereas Rabbi Charles H. Rosenzveig was born on November 13, 1920, in Ostrovitz, Poland, to Yente and Eliezer Lipka Rosenzveig;

Whereas Rabbi Charles H. Rosenzveig was educated in the Jewish cheder and prestigious Bialystok Yeshiva, and studied the laws of his faith concerning the importance of good deeds and social justice, and developed exceptional knowledge of the Talmud, the rabbinic interpretation of Jewish Law;

Whereas Rabbi Charles H. Rosenzveig endured and bore witness to the horrific atrocities of the Holocaust, the Shoah, and members of his immediate and extended family perished at the hands of the Nazis;

Whereas Rabbi Charles H. Rosenzveig managed to escape his Nazi persecutors, fled from Poland to the Soviet Union before immigrating to the United States, settling at first in New York City in 1947;

Whereas Rabbi Charles H. Rosenzveig attended the world-renowned Yeshiva University in Manhattan and was ordained in 1951

as a rabbi, leader, and teacher in the Jewish community;

Whereas, upon receiving the rabbinic designation, Rabbi Charles H. Rosenzveig led Congregation Mt. Sinai in Port Huron, Michigan, where he served as spiritual leader until 1993, when he left the pulpit to devote his entire energy and spirit to the Holocaust Memorial Center, a project he had envisioned since his escape from Europe;

Whereas the Holocaust Memorial Center, established in 1984 at the Jewish Community Center in West Bloomfield, Michigan, became the Nation's first free-standing Holocaust Memorial Center;

Whereas the Holocaust Memorial Center is a monument to the memory of the victims of the Holocaust, and an educational institution with a mission to teach the lesson of tolerance to future generations, welcoming millions of visitors from around the world wishing to learn about the horrors of the Holocaust in order to prevent such a tragedy from occurring again;

Whereas other Holocaust centers around the country have been built, many modeled on Rabbi Charles H. Rosenzveig's original Holocaust Memorial Center;

Whereas Rabbi Charles H. Rosenzveig traveled and spoke extensively to raise awareness and grow the Holocaust Memorial Center, allowing the Holocaust Memorial Center to move from its original home in West Bloomfield, Michigan, to a large, state-of-the-art museum in Farmington Hills, Michigan, that also houses the Museum of European Heritage and the International Institute of the Righteous;

Whereas it was Rabbi Charles H. Rosenzveig's vision for the new center to enlighten future generations about the horrors of the Holocaust and nourish a social consciousness whereby the "righteous acts of the few become the standard of the many"; and

Whereas Rabbi Charles H. Rosenzveig succeeded in providing the tools necessary for the message of "Never Again" to be understood by future generations: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) mourns the passing of Rabbi Charles H. Rosenzveig and pauses to remember the 6,000,000 Jews killed in the Holocaust and the more than 11,000,000 people murdered in World War II; and

(2) honors the life and accomplishments of Rabbi Charles H. Rosenzveig as a scholar, teacher, rabbi, and Founder and Director of the Holocaust Memorial Center.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PAYNE) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PAYNE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. PAYNE. Mr. Speaker, I rise in strong support of this resolution and yield myself as much time as I may consume.