

use of women in suicide attacks. The Tigers have fund-raised in the United States. In recent years, the FBI has arrested men attempting to export shoulder-fired missiles and other sophisticated weapons to the group.

□ 1845

Frankly, the FBI reports the Tamil Tigers are among the most dangerous and deadly extremists in the world. An estimated 280,000 ethnic Tamil Tigers were displaced from their homes due to the fighting earlier this year, and they are now in refugee camps. The condition of these camps are grim. They are crowded. They are dirty. They lack basic necessities. NGO reports that come to us show severe water shortages. Many Tamils have had to line up for up to 5 hours to receive even meager food rations.

It is important that we continue to monitor the human rights conditions in these camps. Abuses must be checked. Although progress has been slow up until recently, I was very pleased to read a BBC report the other day that between 2,000 to 3,000 people are now leaving the camps every day. This is progress, although I am sure it is not fast enough for some.

On this point, I think we should be clear. The Sri Lankan Government should be working to release civilian displaced persons in an expeditious manner, not the terrorist population that may be 10,000 strong, hiding out in the camps. These are the same terrorists that used civilians as human shields and employed lethal force to prevent civilians from fleeing the previous fighting. The Tamil Tiger infrastructure must be rooted out even as we support the effort to release the civilian displaced persons in this expeditious manner.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 711, as amended.

The question was taken.

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

Mr. POE of Texas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

WORLD PNEUMONIA DAY

Mr. ENGEL. Mr. Speaker, I move to suspend the rules and agree to the reso-

lution (H. Res. 863) recognizing the scourge of pneumonia, urging the United States and the world to mobilize cooperation and prioritize resources to fight pneumonia and save children's lives, and recognizing November 2 as World Pneumonia Day, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 863

Whereas pneumonia kills an estimated 4,000,000 people every year, according to the World Health Organization and UNICEF;

Whereas more than 150,000,000 episodes of pneumonia occur every year among children under the age of five in developing countries, accounting for more than 95 percent of all new cases worldwide;

Whereas of the 8,800,000 children under the age of five who die every year, up to 2,000,000 die from pneumonia;

Whereas pneumonia kills 1 child every 15 seconds;

Whereas pneumonia kills more children than any other illness;

Whereas an estimated 26 percent of neonatal deaths within the first month after birth are caused by severe infections, including pneumonia;

Whereas these deaths occur primarily in the world's poorest countries;

Whereas for every child who dies of pneumonia in an industrialized country, more than 2,000 children die of pneumonia in poor countries;

Whereas pneumonia is a preventable and treatable problem;

Whereas more than 1,000,000 lives could be saved each year through pneumonia prevention and treatment;

Whereas many childhood pneumonia deaths can be prevented with early diagnosis;

Whereas immunizing children against measles, whooping cough, Haemophilus influenzae type b (Hib), and pneumococcus could cut the rate of severe pneumonia in half;

Whereas studies indicate that in developing countries, only one in four caregivers know the two key symptoms of pneumonia, fast and difficult breathing, which indicate that a child should be treated immediately;

Whereas fewer than 1/3 of children suffering from pneumonia in the developing world receive antibiotics which are available for less than \$1;

Whereas health professionals agree that prevention and treatment of pneumonia must be a priority in broader, coordinated child survival strategies;

Whereas in the context of child survival strategies, pneumonia control requires a three-prong program of protection, prevention, and treatment;

Whereas preventing and treating childhood pneumonia is critical to reducing the mortality rate of children under the age of five; and

Whereas World Pneumonia Day is recognized on November 2 annually: Now, therefore, be it

Resolved, That the House of Representatives—

(1) affirms its commitment to child survival and development programs that focus on protection, prevention, and treatment of pneumonia;

(2) salutes the health professionals and community health workers who are on the front lines in the world's poorest countries, extending preventative care and treatment

to children most at risk of contracting pneumonia;

(3) reaffirms the United States commitment to reducing child mortality; and

(4) recognizes World Pneumonia Day.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. ENGEL) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. ENGEL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which 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 York?

There was no objection.

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

The United States has repeatedly affirmed its commitment to reducing child mortality. We have endorsed the U.N. Millennium Development Goals, one of which is to reduce by two-thirds between 1990 and 2015 the under 5 mortality rate.

We know about the scourge of hunger and the disastrous impacts of diseases like AIDS, malaria, and measles on children around the world. But many people are not aware of that more children die of pneumonia than anything else. Every 15 seconds, a child dies from pneumonia, about 2 million children each year.

It is estimated that more than 150 million episodes of pneumonia occur every year among children under the age of 5 in developing countries, accounting for more than 95 percent of all new cases worldwide. Yet pneumonia is preventable; it is a treatable illness. A life can be saved with antibiotics that cost less than a dollar. It is really outrageous that we have the ability to save lives and we don't because the money is not used for it.

Sadly, according to UNICEF, fewer than 20 percent of children suffering from pneumonia receive these antibiotics which they so desperately need. Despite the fact that pneumonia kills more children under 5 than AIDS, malaria, and measles combined, it has received far less attention and funding than any of them.

Pneumonia can be treated if recognized and diagnosed early. Yet fewer than 25 percent of caregivers in the developing world are trained to identify the two telltale symptoms of pneumonia: fast and difficult breathing.

To raise awareness of these distressing statistics and to build support for addressing the problem, World Pneumonia Day is recognized annually on November 2. That was yesterday. And yesterday, organizations and countries across the globe joined forces in support of the first-ever World Pneumonia Day.

I am proud to report in New York City where I live, more than 100 leaders

in science, politics, and global health, including the Earth Institute of Columbia University, convened a Global Pneumonia Summit.

The resolution before us, H. Res. 863, reaffirms our commitment into national child survival and development programs that focus on protection, prevention, and treatment of pneumonia.

I commend the distinguished gentlewoman from New Hampshire (Ms. SHEA-PORTER) for introducing this resolution, and I urge my colleagues to support it.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of this resolution. Pneumonia is the leading cause of death among children worldwide. In fact, the World Health Organization estimates that pneumonia kills approximately 1.8 million children every year under the age of 5. Most of those deaths occur in impoverished areas of countries in regions such as sub-Saharan Africa and South Asia, where infants are particularly vulnerable.

Ironically, despite its tremendous negative impact on child survival, pneumonia is actually a preventable and treatable illness. It is a tragedy that a treatable disease still causes so much pain and suffering around the world. It also is an illness that does not receive enough attention, despite the fact that among children, it can be addressed quite impressively through prevention and low-cost medical approaches.

In developing countries, for example, only one in five caregivers know how to recognize the key symptoms of the onset of pneumonia. As a result, half the children who are infected with pneumonia quite simply do not receive timely or adequate medical treatment and care. It is, therefore, possible to increase the rates of child survival by educating caregivers on the key symptoms of pneumonia and by broadening children's access to inexpensive antibiotics, among other things.

The World Health Organization reports that the number of lives saved could be more than doubled if such prevention and treatment interventions were universally delivered.

Mr. Speaker, reducing the occurrence of pneumonia is a critical step towards reducing child mortality. This resolution reaffirms our commitment to child survival through prevention and treatment of childhood pneumonia.

Finally, this resolution also commends those health care professionals who are serving on the front lines of this illness and recognizes November 2 as World Pneumonia Day.

Mr. Speaker, I urge passage of this resolution.

I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield 3 minutes to the gentlewoman from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Mr. Speaker, I would like to thank Chairman BERMAN

and Ranking Member ROS-LEHTINEN and their staffs for their support and work on this resolution. It is important for the House of Representatives to recognize the devastating toll that pneumonia takes on children around the world, and I am proud that we are considering this resolution today.

Yesterday marked the first annual World Pneumonia Day. Almost 100 global health organizations joined together to bring awareness to this terrible disease. The world's leading killer of children, pneumonia, is under-noticed, underfunded, and undertreated. This disease kills 4 million people each year, 2 million of them children. It takes the lives of more children under the age of 5 than measles, AIDS, and malaria combined. Every 15 seconds, a child dies of pneumonia.

The horror of this disease is that it is so preventable and treatable. Consider these facts:

Studies in developing countries indicate that only one in four caregivers know the two key symptoms of pneumonia: fast and difficult breathing. This leads to pneumonia going untreated, which is deadly;

Fewer than one-third of the children who develop pneumonia receive the antibiotics they need to fight the illness, even though the antibiotics are available for less than a dollar. Half of the cases of pneumonia that occur could be prevented by ensuring that these children have access to the vaccines they need.

Mr. Speaker, these facts paint a bleak picture. Millions of lives are being lost each year when they could be saved. They could be saved by international cooperation to educate and train caregivers. They could be saved if people could have access to the vaccines and medications they need.

My resolution affirms this body's commitment to saving these lives by supporting programs that focus on the protection, prevention, and treatment of pneumonia. It commends the health professionals across the globe who every day work in the world's poorest countries to treat and care for the victims of pneumonia. And it reaffirms the United States' commitment to reducing child mortality. Finally, this resolution recognizes World Pneumonia Day. In doing so, the House of Representatives joins with dozens of global health organizations working to raise the awareness of this disease and to focus resources on protection, prevention, and treatment.

Mr. Speaker, I urge my colleagues to encourage international cooperation to combat this disease. Lives can and should be saved. I urge my colleagues to support this resolution.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise before you today in support of H. Res. 863, "Recognizing the scourge of pneumonia, urging the United States and the world to mobilize cooperation and prioritize resources to fight pneumonia and save children's lives, and recognizing November 2 as World Pneumonia

Day". I would like to thank my colleague, Representative SHEA-PORTER, for introducing this resolution, as well as the co-sponsors.

As co-chair of the Congressional Children's Caucus, this legislation is very important to me. Pneumonia kills an estimated 4,000,000 people every year—one child every 15 seconds. According to the World Health Organization and UNICEF, more children die of pneumonia more than any other illness, burying more each year than AIDS, malaria, and measles combined. More than 15,000,000 episodes of pneumonia occur every year among children under the age of five in developing countries, accounting for more than 95 percent of all new cases worldwide. Of the 8,800,000 children under the age of five who die every year, up to 2,000,000 die from pneumonia.

An estimated 26 percent of neonatal deaths within the first month after birth are caused by severe infections, including pneumonia; these deaths occur primarily in the world's poorest countries. For every child who dies of pneumonia in an industrialized country, more than 2,000 children die of pneumonia in poor countries.

Pneumonia is a preventable and treatable problem; more than 1,000,000 lives could be saved each year through prevention and treatment, and many childhood pneumonia deaths can be prevented with early diagnosis. Immunizing children against measles, whooping cough, Haemophilus influenzae type b (Hib), and pneumococcus could cut the rate of severe pneumonia in half. In developing countries, studies indicate that only one in four caregivers know the two key symptoms of pneumonia, fast and difficult breathing, which indicate that a child should be treated immediately.

Despite all that can be done to prevent the disease, less than one-third of children suffering from pneumonia in the developing world receive antibiotics available for less than \$1. Health professionals agree that prevention and treatment of pneumonia must be a priority in broader, coordinated child survival strategies, requiring a three-pronged program of protection, prevention, and treatment.

The Millennium Development Goals—which the United States, in its wisdom, has pledged to support—call on us to continue our efforts to prevent and treat childhood pneumonia, and to reduce by two-thirds, between 1990 and 2015, the mortality rate of children under the age of five. That is why I join this esteemed body in affirming its commitment to international child survival and development programs that prioritize protection, prevention, and treatment against pneumonia; as well as reaffirming the United States' commitment to reaching the Millennium Development Goals, particularly for reducing child mortality.

It is also why I join the House in saluting the health professionals and community health workers on the front lines in the world's poorest countries who are extending preventative care and treatment to children most at risk of contracting pneumonia. And it is why, with this resolution, we recognize World Pneumonia Day.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr.

ENGEL) that the House suspend the rules and agree to the resolution, H. Res. 863, as amended.

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. ENGEL. 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.

CONGRATULATING THE INTER-AMERICAN FOUNDATION

Mr. ENGEL. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 858) congratulating the Inter-American Foundation (IAF) on its 40th anniversary and recognizing its significant accomplishments and contributions.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 858

Whereas the IAF was originally created as an independent Federal agency to provide a new alternative model to traditional United States foreign assistance that promotes greater community-ownership and self-sustainability of development initiatives;

Whereas the IAF has enabled millions of marginalized and poor people in Latin America and the Caribbean to improve their lives through nearly 5,000 self-help grants for income and employment generation, civic education and citizen participation, access to credit and public resources, food security, environmental sustainability, and cultural and social development;

Whereas the IAF has proven that its people-to-people approach to foreign assistance, delivering aid funds directly to grassroots groups and local organizations of poor communities, is remarkably cost-effective, targeting aid funds to those with the greatest need and those who will use them best;

Whereas each year, hundreds of thousands of IAF grant participants benefit from improved nutrition, medical care, access to clean water, agricultural and vocational skills, microcredit loans, small business management training, increased educational opportunities, and knowledge of sustainable agricultural techniques and environmental practices;

Whereas many grassroots leaders supported by the IAF have gone on to leadership roles at the local and national levels;

Whereas the IAF's beneficiary-driven, responsive approach has fostered trust between Latin American and Caribbean citizens and the United States Government by listening and responding to needs the people have identified, partnering with community-based groups and investing in projects that utilize and validate local knowledge and expertise;

Whereas the IAF's status as an independent United States Government aid agency allows for a streamlined grant-making process, the flexibility to respond quickly and adapt to people's needs on the ground, and the ability to maintain a positive United States presence in the region;

Whereas the IAF continues to demonstrate the political, diplomatic, and strategic value of an independent United States Government

aid agency with the ability to reach those on the economic, social, and cultural fringes of society in neighboring countries, facilitating greater access to the licit economy, markets, and public policy decisionmaking processes;

Whereas the IAF's projects complement and strive to maximize the impact of other larger United States aid agencies operating in Latin America and the Caribbean by enabling an important link between poor communities and larger-scale development activities; and

Whereas the IAF was designed with strong bipartisan support and has maintained this balanced support throughout the four decades of its operations: Now, therefore, be it

Resolved, That the House of Representatives—

(1) congratulates the Inter-American Foundation (IAF) on its 40th anniversary;

(2) recognizes that the IAF has demonstrated that its grassroots model for United States foreign assistance is effective; and

(3) declares that the IAF is a vital component of United States foreign policy in the Americas and of the United States development agenda.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. ENGEL) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. ENGEL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which 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 York?

There was no objection.

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

I rise in strong support of H. Res. 858, a resolution I offered congratulating the Inter-American Foundation, or the IAF, on its 40th anniversary, and I yield myself such time as I may consume.

I first of all want to thank Foreign Affairs Committee Chairman HOWARD BERMAN and Ranking Member ILEANA ROS-LEHTINEN for their support of this resolution. And, I am particularly grateful to CONNIE MACK, the ranking member of the Western Hemisphere Subcommittee of the House Foreign Affairs Committee, which I chair, for being my colead on this resolution.

Over the years, the Inter-American Foundation has enabled millions of marginalized and poor people in Latin America and the Caribbean to improve their lives through grants promoting income and employment generation, civic education and citizen participation, access to credit and public resources, food security, environmental sustainability, and cultural and social development.

During Democratic and Republican administrations alike, the IAF has been an important model of grassroots foreign assistance in Latin America and the Caribbean.

□ 1900

Furthermore, it is a vital component of United States foreign policy in the Americas and of the United States development agenda.

As chairman of the Western Hemisphere Subcommittee, I have had the pleasure of visiting Inter-American Foundation projects throughout the region in Latin America and the Caribbean, both places. In Ecuador, I visited with the Community Corporation and Action Foundation, CACMU, a women's microcredit cooperative where I saw firsthand the benefits reaped by IAF's relatively small investment. During that same visit, I also had the privilege of meeting with representatives of the Agro-ecology and Agro-tourism Foundation, a community organization focused on food security and natural resource management.

The IAF's work does not simply provide tangible benefits to the poor. It is also extremely useful in maintaining a positive United States presence in Latin America and the Caribbean.

As President Obama reengages with our neighbors in the hemisphere, the work of the IAF is more important than ever. In April, I had the pleasure of attending the Summit of the Americas in Trinidad and Tobago as the leader of the U.S. congressional delegation. At the summit, President Obama pledged that the United States would "be partners in helping to alleviate poverty" in the region.

One of the best ways that Congress can stand with President Obama in supporting a robust social agenda in the hemisphere is through continued strong support of the Inter-American Foundation. So I congratulate the IAF on its 40th anniversary, and I urge my colleagues to support this resolution.

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

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise today and join my colleagues in congratulating the Inter-American Foundation, the IAF, on its 40th anniversary. I would like to thank Congressman ENGEL and his staff for working to put this resolution together.

The foundation began as part of the Foreign Assistance Act of 1969 as an alternative to the larger USAID. The foundation presented a new model for funding grass-roots development with an emphasis on improving lives at the community level, not just on the national level. The foundation receives its funds through annual allocations by Congress and from the Social Progress Trust Fund. Since beginning its operations in 1972, the IAF has made 4,578 grants for more than \$586 million.

For 40 years now, the IAF has used small-dollar, targeted grants to make significant, long-lasting changes in the lives of people throughout Latin America and the Caribbean. By focusing on self-help development projects, the IAF encourages partnerships directed at improving the quality of life for poor