

Shadegg	Tancredo	Weldon (FL)
Smith (NE)	Thornberry	
Stearns	Tiahrt	

NOT VOTING—12

Bishop (UT)	Cannon	LaHood
Boehner	Cubin	Ortiz
Boswell	Hinojosa	Rush
Brown-Waite,	Hoyer	
Ginny	Hulshof	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes remaining to cast their votes.

□ 1553

Mr. WELDON of Florida and Mr. HOEKSTRA changed their vote from “yea” to “nay.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 3999, NATIONAL HIGHWAY BRIDGE RECONSTRUCTION AND INSPECTION ACT OF 2008

Mr. OBERSTAR. Mr. Speaker, I ask unanimous consent that in the engrossment of H.R. 3999, the Clerk be authorized to correct section numbers, punctuation, cross-references, and to make such other technical and conforming changes as may be necessary to accurately reflect the actions of the House.

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

There was no objection.

TOM LANTOS AND HENRY J. HYDE UNITED STATES GLOBAL LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA REAUTHORIZATION ACT OF 2008

Mr. BERMAN. Mr. Speaker, pursuant to House Resolution 1362, I call from the Speaker’s table 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, with a Senate amendment thereto, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The Clerk will designate the Senate amendment.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Definitions.

Sec. 4. Purpose.

Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of an updated, comprehensive, 5-year, global strategy.

Sec. 102. Interagency working group.

Sec. 103. Sense of Congress.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Voluntary contributions to international vaccine funds.

Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Sec. 203. Research on methods for women to prevent transmission of HIV and other diseases.

Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.

Sec. 205. Facilitating effective operations of the Centers for Disease Control.

Sec. 206. Facilitating vaccine development.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Malaria Response Coordinator.

Sec. 305. Amendment to Immigration and Nationality Act.

Sec. 306. Clerical amendment.

Sec. 307. Requirements.

Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.

Sec. 309. Prevention of mother-to-child transmission expert panel.

TITLE IV—FUNDING ALLOCATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

TITLE V—MISCELLANEOUS

Sec. 501. Machine readable visa fees.

TITLE VI—EMERGENCY PLAN FOR INDIAN SAFETY AND HEALTH

Sec. 601. Emergency plan for Indian safety and health.

SEC. 2. FINDINGS.

Section 2 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601) is amended by adding at the end the following:

“(29) On May 27, 2003, the President signed this Act into law, launching the largest international public health program of its kind ever created.

“(30) Between 2003 and 2008, the United States, through the President’s Emergency Plan for AIDS Relief (PEPFAR) and in conjunction with other bilateral programs and the multilateral Global Fund has helped to—

“(A) provide antiretroviral therapy for over 1,900,000 people;

“(B) ensure that over 150,000 infants, most of whom would have likely been infected with HIV during pregnancy or childbirth, were not infected; and

“(C) provide palliative care and HIV prevention assistance to millions of other people.

“(31) While United States leadership in the battles against HIV/AIDS, tuberculosis, and malaria has had an enormous impact, these diseases continue to take a terrible toll on the human race.

“(32) According to the 2007 AIDS Epidemic Update of the Joint United Nations Programme on HIV/AIDS (UNAIDS)—

“(A) an estimated 2,100,000 people died of AIDS-related causes in 2007; and

“(B) an estimated 2,500,000 people were newly infected with HIV during that year.

“(33) According to the World Health Organization, malaria kills more than 1,000,000 people per year, 70 percent of whom are children under 5 years of age.

“(34) According to the World Health Organization, 1/3 of the world’s population is infected with the tuberculosis bacterium, and tuberculosis is 1 of the greatest infectious causes of death of adults worldwide, killing 1,600,000 people per year.

“(35) Efforts to promote abstinence, fidelity, the correct and consistent use of condoms, the delay of sexual debut, and the reduction of concurrent sexual partners represent important elements of strategies to prevent the transmission of HIV/AIDS.

“(36) According to UNAIDS—

“(A) women and girls make up nearly 60 percent of persons in sub-Saharan Africa who are HIV positive;

“(B) women and girls are more biologically, economically, and socially vulnerable to HIV infection; and

“(C) gender issues are critical components in the effort to prevent HIV/AIDS and to care for those affected by the disease.

“(37) Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence may be vulnerable to the disease or its socioeconomic effects.

“(38) Lack of health capacity, including insufficient personnel and inadequate infrastructure, in sub-Saharan Africa and other regions of the world is a critical barrier that limits the effectiveness of efforts to combat HIV/AIDS, tuberculosis, and malaria, and to achieve other global health goals.

“(39) On March 30, 2007, the Institute of Medicine of the National Academies released a report entitled ‘PEPFAR Implementation: Progress and Promise’, which found that budget allocations setting percentage levels for spending on prevention, care, and treatment and for certain subsets of activities within the prevention category—

“(A) have ‘adversely affected implementation of the U.S. Global AIDS Initiative’;

“(B) have inhibited comprehensive, integrated, evidence based approaches;

“(C) ‘have been counterproductive’;

“(D) ‘may have been helpful initially in ensuring a balance of attention to activities within the 4 categories of prevention, treatment, care, and orphans and vulnerable children’;

“(E) ‘have also limited PEPFAR’s ability to tailor its activities in each country to the local epidemic and to coordinate with the level of activities in the countries’ national plans’; and

“(F) should be removed by Congress and replaced with more appropriate mechanisms that—

“(i) ‘ensure accountability for results from Country Teams to the U.S. Global AIDS Coordinator and to Congress’; and

“(ii) ‘ensure that spending is directly linked to and commensurate with necessary efforts to achieve both country and overall performance targets for prevention, treatment, care, and orphans and vulnerable children’.

“(40) The United States Government has endorsed the principles of harmonization in coordinating efforts to combat HIV/AIDS commonly referred to as the ‘Three Ones’, which includes—

“(A) 1 agreed HIV/AIDS action framework that provides the basis for coordination of the work of all partners;

“(B) 1 national HIV/AIDS coordinating authority, with a broadbased multisectoral mandate; and

“(C) 1 agreed HIV/AIDS country-level monitoring and evaluating system.

“(41) In the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, of April 26–27, 2001 (referred to in this Act