

that the United States of America is the only world force that has the ability to offer both peoples meaningful hope in this region. And as such, it is very important that our President of whatever party be engaged in that process. This President evinced some reluctance to do so early in his term. But I believe now has, by issuing this road map, stated an interest to become personally involved in trying to find a resolution of this dispute.

Both Democrats and Republicans have to note that is a positive step at a very difficult time. Ending the violence by the Palestinians is paramount. And there is going to be daunting challenges working with our Israeli allies involving settlement issues; but the American President has to stay engaged. This is a first step. We welcome it. We look forward to its successes.

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PROVIDING FOR CONSIDERATION OF H.R. 1298, UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, by the direction of the Committee on Rules, I call up House Resolution 210 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 210

*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. 1298) 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. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on International Relations. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on International Relations now printed in the bill. The committee amendment in the nature of a substitute shall be considered as read. No amendment to the committee amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each 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. 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. Any Member may demand a

separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. 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.

The SPEAKER pro tempore (Mr. LATOURETTE). The gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 1 hour.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to my good friend, the gentleman from Florida (Mr. HASTINGS), pending which I yield myself such time as I may consume. During consideration of this resolution, Mr. Speaker, all time yielded is for the purpose of debate only.

(Mr. LINCOLN DIAZ-BALART of Florida asked and was given permission to revise and extend his remarks.)

MODIFICATION TO AMENDMENT NO. 8 OFFERED BY MR. LINCOLN DIAZ-BALART OF FLORIDA

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I ask unanimous consent that during consideration of H.R. 1298, pursuant to House Resolution 206, it shall be in order to consider the amendment that I have placed at the desk as amendment No. 8 in House Report 108-80.

The SPEAKER pro tempore. The Clerk will report the amendment.

The Clerk read as follows:

Modification to Amendment No. 8 printed in House Report 108-80 offered by Mr. LINCOLN DIAZ-BALART of Florida:

Page 83, line 14, strike "For" and insert "(a) THERAPEUTIC MEDICAL CARE.—For".

Page 83, after line 22, add the following new subsection:

(b) ORPHANS AND VULNERABLE CHILDREN.—For fiscal years 2006 through 2008, not less than 10 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for assistance for orphans and vulnerable children affected by HIV/AIDS, of which such amount at least 50 percent shall be provided through non-profit, nongovernmental organizations, including faith-based organizations, that implement programs on the community level.

Mr. LINCOLN DIAZ-BALART of Florida (during the reading). Mr. Speaker, I ask unanimous consent that the modification be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. Without objection, the modification is agreed to.

There was no objection.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, House Resolution 210 is a structured rule providing for the consideration of H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. The rule provides 1 hour of general debate evenly divided and con-

trolled by the chairman and ranking minority member of the Committee on International Relations.

Additionally, this rule makes 11 out of 13 amendments submitted to the Committee on Rules in order. Nearly half, 5 of the 11 of the amendments made in order were sponsored by members of the minority party. This is a fair rule that will allow all Members ample opportunity to debate the important issues associated with this bill.

The underlying legislation is as crucial as I think it is timely. The AIDS pandemic has affected the world like no other in recent history. The epidemic has claimed, just in the year 2002 alone, more than 3 million lives. I think we need to pause for a second and think about what that means, 3 million lives in one year. Also, an estimated 5 million people acquired the virus, the human immuno-deficiency virus, HIV, in 2002, according to the best estimate, bringing the number of people globally living with the virus to over 40 million.

This is, by all means, by every conceivable estimation, a catastrophe. However, this is not just a moral question, this critical situation has begun to threaten the security of the world, especially the developing world. The fragile governments often do not have the resources or the capability to handle threats as dangerous and as growing as this one. If states in the developing world begin to implode, collapse, the effects on the United States' national security and on the security of the international community could be absolutely disastrous.

A state absent of all order makes for a perfect climate for terrorists and drug traffickers to grow their enterprises to develop their enterprises. For example, Mr. Speaker, in key states in Africa, including Nigeria, South Africa and Kenya, it has been reported that over a third of their armed forces may be infected with this deadly virus. This is an inconceivable catastrophe.

The pandemic of AIDS also threatens on the prospects for democracy and economic prosperity, especially in Africa. According to the U.S. National Intelligence Council, "AIDS and the health problems associated with AIDS will hurt prospects for transition to democratic regimes as these problems undermine civil society, hamper the evolution of sound political and economic institutions, and intensify the struggle for power and resources."

The National Intelligence Council also estimates that the disease could reduce gross domestic product in some sub-Saharan African countries by 20 percent or more by the year 2010. We should consider the following fact from the most recent U.N. aids epidemic update, "In 4 southern African countries national adult HIV prevalence has risen higher than thought possible, exceeding 30 percent."

If the necessary investments, Mr. Speaker, to combat this pandemic is not made today, there will undoubtedly

be significantly higher costs for all, including for the United States in the future. It is time for the Congress to act.

At the podium before you, Mr. Speaker, the President, President George W. Bush, laid before Congress a bold vision in his State of the Union address. This legislation will make President Bush's vision a reality.

The underlying legislation authorizes \$3 billion for the executive branch, for the President under his leadership to combat HIV/AIDS worldwide in each of the next 5 years for a total of \$15 billion. Additionally, this legislation will create the position of coordinator for HIV/AIDS assistance at the State Department to administer the Global AIDS Initiative Fund. Response to the AIDS crisis cannot come too soon when one considers the far reaching effects of this horrible disease.

A fact that gives us all pause is that, for example, in Malawi alone, some 470,000 children under the age of 15 have been orphaned by AIDS. The underlying bill supports United States participation in the global fund and specifically authorizes up to \$1 billion in fiscal year 2004 and such sums as may be necessary through 2008.

The underlying legislation was reported favorably out of committee by a bipartisan vote of 37 to 8. I would like to thank the gentleman from Illinois (Mr. HYDE) for his extraordinary leadership on this issue, as well as the distinguished ranking member, another extraordinary leader, the gentleman from California (Mr. LANTOS).

Mr. Speaker, this bill provides crucial relief for those directly as well as indirectly affected by this crippling disease. This has been a bipartisan effort throughout the consideration of the bill, from consideration in the Committee on International Relations to this very balanced rule that has been reported out of the Committee on Rules, which continues this constructive debate by allowing nearly every Democrat amendment in order. I repeat that this process has been bipartisan, Mr. Speaker.

Accordingly, I urge my colleagues to support both the rule and the underlying legislation. I think there are few things that we could do in this Congress of more importance that will help more of our fellow human beings.

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

Mr. HASTINGS of Florida. Mr. Speaker, I yield myself such time as I may consume.

(Mr. HASTINGS of Florida asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Florida. Mr. Speaker, I would like to thank my good friend and neighbor to the south, the gentleman from Florida (Mr. LINCOLN DIAZ-BALART) for yielding me the customary time, and I yield myself such time as I may consume.

Mr. Speaker, I rise today to voice my support in the strongest possible terms for the United States leadership

against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, H.R. 1298.

□ 1030

I have long been concerned with the problem of HIV/AIDS, not just in our own country but also as it affects the poor countries of the world. I am proud that the response to this disease has been truly a bipartisan one. AIDS is blind to party stripes or political affiliation.

Mr. Speaker, this bill provides \$15 billion over the next 5 years to increase and expand in a significant way our program to fight HIV/AIDS in sub-Saharan Africa and the Caribbean. The scientific community has not yet found a cure for HIV/AIDS, but there is a vast body of knowledge that has greatly improved the quality of treatment for those who have HIV and AIDS.

Sub-Saharan Africa is far more severely affected by AIDS than any other part of the world. In fact, AIDS has surpassed malaria as a leading cause of death in sub-Saharan Africa, and it kills many more people than armed conflicts. The statistics, Mr. Speaker, are startling. Africa, where an estimated 3½ million people were newly infected with HIV in 2002, has approximately 10 percent of the world's population but more than 70 percent of the worldwide total of people infected with HIV.

In 2002, the joint United Nations program on HIV/AIDS, commonly referred to as UNAIDS, reported 29.4 million people were living with HIV/AIDS in sub-Saharan Africa. According to the Congressional Research Service, at the end of 2001 an estimated 19 million Africans had lost their lives to AIDS, including an estimated 2.2 million who had died during that year alone. UNAIDS estimates that by the year 2020 an additional 55 million Africans will lose their lives to this awful disease.

Additionally, this pandemic is having a much greater impact on children in Africa than is the case in other parts of the world. According to UNAIDS, more than 600,000 African infants become infected with HIV each year through mother-to-child transmission, either at birth or through breast-feeding. These children have short life expectancies, and the number of them currently alive with HIV is approximately about 1 million. In 2001, about 11 million children became orphans because of AIDS in Africa. And because of the stigma attached to AIDS, children who become orphans through AIDS are at a high risk of being malnourished, abused, and denied an education.

In the Caribbean, the AIDS epidemic does not compare to the severity of the pandemic in Africa, but it has reached alarming levels. There are an estimated 420,000 people living with AIDS in Caribbean countries. Moreover, the HIV/AIDS adult prevalence rate in several countries in the Caribbean is among the highest outside of sub-Saharan Africa. Haiti, the Dominican Re-

public, and Guiana are the countries crying out for assistance.

Every day AIDS claims the lives of thousands of innocent people. According to the latest United Nations AIDS report, roughly 600,000 people die of AIDS on a daily basis. While this legislation directs action toward the AIDS problem in Africa and the Caribbean, the disease wreaks havoc in other regions of the world, including the United States. The fastest growing HIV/AIDS epidemic is in Eastern Europe and Eurasia. Further, Asia and the Pacific may also face a huge growth in this epidemic.

The impact of AIDS can extend beyond the direct loss of life. It has indirect effects on life and health costs not normally associated directly with the disease. Recently, for example, AIDS fueled deadly famines in east and southern Africa. The HIV/AIDS pandemic is a global human challenge that demands a global comprehensive response, and I am proud that the United States has signified that it is going to take the lead. This legislation authorizes up to \$1 billion for the global fund as a way to show our international leadership in the fight against the HIV/AIDS pandemic and to leverage funds out of other countries to reach the levels needed annually to address this problem.

I had the good fortune during the break to meet with the executive director of the Global Fund and our own Secretary of Health and Human Services and the minister for health in Italy when they signed an agreement indicating the Italian-American understandings with reference to approaching this problem. And I assured, and I am sure many of my colleagues can as well, the director of the Global Fund that we would do everything that we can to ensure appropriate resources are in the Global Fund to fight HIV/AIDS and malaria and tuberculosis.

This is a good bill. In fact, it mirrors many of the provisions of a bill I introduced on Tuesday. Mr. Speaker, the toll of this disease has brought unspeakable sorrow and distress to Africa, the Caribbean and other areas of the world. Our government has not done enough to address this disease in Africa and elsewhere. We should be proud of this effort and view it as a new start on the road to eradicating AIDS. That is the purpose of this legislation, Mr. Speaker. With the additional resources, both financial and human, provided for in this legislation, we can begin to stem the tide of this disease. We know what works in the effort to combat HIV and AIDS, and we need to get on about the business of doing it.

Mr. Speaker, America is a great country in many ways. In the long history of humankind, our greatness will be measured as much by what we do for the needy and the less fortunate of the world and in our country as it is by the quality of life we achieve right here in America. The real measure of our humanity as a Nation is our ability to

share our treasure, our time, and our talents with truly needy people.

Mr. LANTOS. Mr. Speaker, will the gentleman yield?

Mr. HASTINGS of Florida. I yield to my good friend, the gentleman from California and the ranking member of the Committee on International Relations.

Mr. LANTOS. Mr. Speaker, I want to thank my distinguished colleague for yielding to me, and since he may not participate in the debate on the bill itself, I wished to publicly pay tribute to his leadership role on this most important issue.

Mr. HASTINGS of Florida. Reclaiming my time, Mr. Speaker, I thank the gentleman from California (Mr. LANTOS). I appreciate that very much.

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

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I have no speakers at the present time, and I reserve the balance of my time.

Mr. HASTINGS of Florida. Mr. Speaker, I am pleased to yield 4 minutes to the gentlewoman from California (Ms. LEE), who has, since she has been a Member of Congress, been totally committed to trying to alleviate AIDS in the world and has been the leader in legislation with reference to this problem, and certainly working with the gentleman from Illinois (Mr. HYDE) and the ranking member, the gentleman from California (Mr. LANTOS), has been directly involved in this particular piece of legislation.

Ms. LEE. Mr. Speaker, let me thank my colleague, the gentleman from Florida, for yielding me this time and for his leadership and his assistance and guidance throughout this entire process.

Since I have been here in Congress and since 1998, we began to introduce and bring forward to this Congress the notion, really, of an AIDS Marshall Plan, which former Congressman Ron Dellums, my predecessor, conceived, brought to us, and indicated why the Congress should begin to go on record to take the lead in the world to fight this global pandemic.

I would like to thank our chairman, the gentleman from Illinois (Mr. HYDE), and our ranking member, the gentleman from California (Mr. LANTOS), for their leadership and for making sure that this continues to be a bipartisan effort. This is not really a political issue. Both gentlemen have made sure that throughout this overall process that the people and their needs and the issues with regard to this pandemic stayed foremost in our mind and would not allow us to break down into our partisan squabbles that oftentimes we break down into. So I thank them both for their leadership.

I would like to now talk just a little bit about the Uganda model of success, which is, of course, the model the President has cited as the model he is looking to to address this pandemic in this bill, and also why I believe the 33

percent set-aside offered by the gentleman from Pennsylvania (Mr. PITTS) is an amendment that goes counter to what the President's intentions and stated reasons for moving forward in the Uganda fashion.

First of all, each country, each village, each organization knows what strategies work best in terms of how they address this pandemic. This pandemic is killing so many people, there are so many orphans, there is so much disaster on the continent of Africa, that we have to marshal each and every effective way to stop it. So we should not in any way constrain this bill to a 33 percent set-aside that places for the most part abstinence as a priority.

Again, this flies in the face of what our agreement was in committee, and that is the ABC approach, which is the Uganda approach: abstinence, be faithful, use a condom. The three-pronged approach should be balanced, is balanced, and should be the approach we use in this bill. I do not know why this requirement now, after our committee debate and committee discussion, would be put into the bill when we know the President has called for all three approaches. In fact, the Washington Times today indicated its support for the three-pronged approach and not for us prioritizing one versus the others.

And let me just read what the Uganda model really is. I do not think we should be misled or misinformed about what Uganda is doing. Sophia Monico, who was the director of TASO, which is Uganda's premier HIV/AIDS group, said, and this is quoted in The New York Times article, she said: "It is so unfair to pull out one element of a bigger picture, a very small percentage of the whole picture, and say 'this is what works'." She goes on to say that "Uganda is indeed a model for nations fighting AIDS, but it is not quite the model the religious right would like to believe. Ugandans are responding to a campaign known as ABC, which says: Abstain. If you can't abstain, be faithful. If you can't be faithful, use a condom. Contrary to the assertions," the article goes on to say, "of Mr. PITTS and others, there is really nothing unusual about this slogan."

The WHO has sanctioned this. This is the standard public health approach to prevent sexually transmitted diseases. And so, Mr. Speaker, today, as we debate this bill, I hope Members of Congress will understand that setting aside 33 percent for abstinence only flies in the face of ABC. It flies in the face of the Uganda model. It does us a disservice as we put forward this very good bill to now take a step backwards and put a requirement on our organizations that makes no sense, that will not work, and, quite frankly, that was defeated in committee.

So I want to see this move forward in a way I know the President wants to see it move forward, and that is the ABC approach, the standard multi-

faceted approach that gives all three approaches equal weight.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, precisely because issues like these are so important and need to be discussed is why we have made them in order in the Committee on Rules for discussion.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I want to call attention to something in the committee report that I consider an error, and I would like to make a suggestion so that it might not occur again. This particular legislation, not the rule as much as the legislation, I am not in support of for various reasons.

□ 1045

One, I think the odds are very slim that it is going to do a whole lot of good. It is very well-intended. I am a physician, and I cannot think of anything better than to wipe out AIDS in Africa, or in the United States, for that matter. But \$15 billion going to Africa on a questionable program bothers me because at the same time, we are cutting benefits to our veterans and also the elderly have a hard time getting medical care here. So there is a practical argument against the legislation.

In the bill and in the amendments, there is a lot of social engineering going on. I think if we are going to do any social engineering or social suggestions, it ought to be here and we ought not be naive enough to think we can change habits that exist in Africa.

But the point I wanted to bring up is the authority for doing programs like this. We have a rule in the House that we have to cite the constitutional authority, for the legislation we're dealing with. The committee report cites the authority from a very important section of the Constitution, article I, section 8, because literally we, the Congress, get our marching orders from article I, section 8, which is the section of the Constitution relating to making all laws necessary and proper for carrying into execution the powers vested by the Constitution.

Well, that is where the shortcoming comes because if we read the Constitution, at the end of article I, section 8, it says, "To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers." Therefore, the "necessary and proper" clause is explicitly designed to give the authority to write the laws for the foregoing powers. Believe me, we will not find any authority in article I, section 8 for dealing with medical care problems in Africa.

I find it interesting here because quite often one side of the aisle when they do not like legislation will use my

argument in this case, and other times it is the other side of the aisle. So everybody makes my argument one time or the other. My suggestion is if the Constitution means anything, and if article I, section 8 means anything, it ought to be applied across the board or we ought to change the Constitution and say this is a mandate from the American people that we should pursue missionary work in Africa.

But most likely nobody is going to propose a change in the Constitution, the Constitution will not be changed, so the Congress chooses to ignore the Constitution when it feels like it; therefore, we have reduced the Constitution to something that has very little value anymore.

Mr. HASTINGS of Florida. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. WYNN) who has stood out on this issue for all the time he and I have served here in Congress.

Mr. WYNN. Mr. Speaker, let me begin by thanking the gentleman from Florida for yielding me this time and for his leadership on this issue.

It is very good to stand here in support of a bipartisan bill that addresses some of the real problems in the world today. Particularly in the wake of the situation in Iraq, it is important for the United States to show the world that we care about the big problems that affect other people in other countries as well as issues that affect American interests.

Let me take a moment to thank the gentlewoman from California (Ms. LEE) for her leadership. If anyone in this body has stood up on this issue, it is the gentlewoman from California (Ms. LEE), as well as the gentleman from California (Mr. LANTOS), and the gentleman from Illinois (Mr. HYDE). This is truly a bipartisan bill. I would also like to applaud the President because he has pushed this issue \$15 billion to fight AIDS in Africa. I think that is a very good thing.

I hasten to note that many of these programs started under the Clinton administration, and for years, Democratic activists have been fighting for additional money to fight AIDS in Africa. I intend to support this bill; however, the rule allows amendments which I believe are problems.

Some of my conservative brethren come to this debate and argue that we ought to give more priority to abstinence. In a tone of some self-righteousness they suggest that abstinence ought to be the preferred method, and that this reflects American values. I think on the issue of fighting AIDS, the American value is saving as many lives as we possibly can. And for that reason when later today we have this amendment to prioritize and single out abstinence, I am going to oppose it.

I think our responsibility is to make resources available to be used in the best, most efficient way possible. Abstinence does have merit, I will be the first to say that. And where it can be

used effectively and advocated to young people, I would support that. But to say that abstinence should get a specific share of the money, even if it is not the most effective proposal, does not make sense. The American value is to save lives.

Now, it seems to me that we ought to use all available approaches and use our money most effectively and most efficiently. My conservative colleagues say look at the Uganda model. And as the gentlewoman from California (Ms. LEE) just pointed out, they have somewhat distorted it. They would have us believe that Uganda, which has been very successful in reducing AIDS, primarily relies on abstinence. That is not true.

It is true that Uganda has been successful in reducing infection rates from 26 percent to 6 percent over a 20-year period. It is not true that they rely solely or even primarily on abstinence. Abstinence is only part of their Anti-aids program. In fact, Ugandans used 80 million condoms last year. 80 million condoms. Condom use by prostitutes in Kampala, the capital city of Uganda, has increased from zero to 95 percent. It has been proven that condom use is an important part of the program.

What we are saying today is that we need to include all approaches: Abstinence, faithfulness, and condom use, and not single out any particular approach. Let the affected communities in Africa decide what works best and spend the money accordingly. If we do that, this is truly a great bill and we should be proud to support it.

Mr. HASTINGS of Florida. Mr. Speaker, I yield 2½ minutes to the gentleman from Oregon (Mr. BLUMENAUER) who also has been in the leadership on this matter and serves on the Committee on International Relations.

Mr. BLUMENAUER. Mr. Speaker, I am proud of what transpired in the Committee on International Relations this last couple of months in moving this legislation forward. It was reported out of committee by an overwhelming bipartisan majority, and it shows what we can do when we come together in a bipartisan fashion. I commend the administration for its support of a creative solution for the HIV-AIDS epidemic that Members from both parties can support.

It has been referenced that some of our colleagues have interpreted ABC as "anything but condoms," and we are going to talk about that on the floor as various amendments come forward; but I think it is critical that we take a step back and not put a political agenda ahead of a program with proven success.

I hope that my colleagues can withhold their desire to impose their standards on hundreds of millions of people that live in different countries with different cultures, in wildly different communities. There is too much at risk for global health, which certainly includes our own in this country. Addressing the AIDS epidemic, tuber-

culosis, and malaria not only benefits the health of those individuals, it is going to stabilize communities and regions that are devastating. And, yes, it is going to help us at home as we work to alleviate global issues of health, safety and security.

The SARS epidemic provides the most recent, graphic, current example of the need to address epidemics at a global level before they affect us here in America. I hope we can reflect not just on the hard work of the administration, our chairman, the gentleman from Illinois (Mr. HYDE), the gentleman from California (Mr. LANTOS), active leaders like the gentlewoman from California (Ms. LEE), but reflect on how when the legislative process works when we put the imperative of problem solving ahead of political concerns.

We have more at stake these days than just dealing with the AIDS epidemic. I hope that this will be a template not just moving forward in this critical area, important as it is, but this is the way that we can solve homeland security issues, economic issues, and the great issues on the international arena as well.

Mr. Speaker, I commend our friends who were there, and I urge adoption of the rule and moving forward with approval of this and then going home this weekend thinking about what we have accomplished, how we have done it and where we can take it from here.

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

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank the gentleman from Florida (Mr. HASTINGS). I reiterate and strongly believe there are few things that we could do more important than what we are going to do today. I am very proud to have been able to bring forward this rule to provide for consideration of this extraordinarily important legislation.

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. HYDE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill H.R. 1298, which we are about to consider.

The SPEAKER pro tempore (Mr. LINCOLN DIAZ-BALART of Florida). Is there objection to the request of the gentleman from Illinois?

There was no objection.