

injuries sustained in the line of duty and proximately resulting in death.

S. 2337

At the request of Ms. MURKOWSKI, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 2337, a bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to inter in national cemeteries individuals who supported the United States in Laos during the Vietnam War era.

S. 2508

At the request of Mr. MENENDEZ, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 2508, a bill to establish a comprehensive United States Government policy to assist countries in sub-Saharan Africa to improve access to and the affordability, reliability, and sustainability of power, and for other purposes.

S. 2581

At the request of Mr. NELSON, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 2581, a bill to require the Consumer Product Safety Commission to promulgate a rule to require child safety packaging for liquid nicotine containers, and for other purposes.

S. 2591

At the request of Mr. RUBIO, the names of the Senator from Delaware (Mr. COONS) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of S. 2591, a bill to authorize the Secretary of State and the Administrator of the United States Agency for International Development to provide assistance to support the rights of women and girls in developing countries, and for other purposes.

S. 2646

At the request of Ms. COLLINS, the name of the Senator from New Hampshire (Ms. AYOTTE) was added as a cosponsor of S. 2646, a bill to reauthorize the Runaway and Homeless Youth Act, and for other purposes.

At the request of Mr. LEAHY, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 2646, *supra*.

S. 2663

At the request of Mr. ISAKSON, the names of the Senator from Hawaii (Mr. SCHATZ) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. 2663, a bill to provide high-skilled visas for nationals of the Republic of Korea, and for other purposes.

S. 2687

At the request of Mrs. SHAHEEN, the names of the Senator from Delaware (Mr. COONS) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. 2687, a bill to amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

S. 2689

At the request of Ms. COLLINS, the name of the Senator from Louisiana

(Ms. LANDRIEU) was added as a cosponsor of S. 2689, a bill to amend title XVIII of the Social Security Act to specify coverage of continuous glucose monitoring devices, and for other purposes.

S. 2694

At the request of Mr. BROWN, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 2694, a bill to amend title XIX of the Social Security Act to extend the application of the Medicare payment rate floor to primary care services furnished under Medicaid and to apply the rate floor to additional providers of primary care services.

S. 2779

At the request of Mr. CRUZ, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of S. 2779, a bill to amend section 349 of the Immigration and Nationality Act to deem specified activities in support of terrorism as renunciation of United States nationality.

S. 2782

At the request of Mr. SANDERS, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 2782, a bill to amend title 36, United States Code, to improve the Federal charter for the Veterans of Foreign Wars of the United States, and for other purposes.

S. 2812

At the request of Mr. BURR, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2812, a bill to amend the Higher Education Act of 1965 to establish a simplified income-driven repayment plan, and for other purposes.

S. 2814

At the request of Mr. ALEXANDER, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. 2814, a bill to amend the National Labor Relations Act to reform the National Labor Relations Board, the Office of the General Counsel, and the process for appellate review, and for other purposes.

S. 2816

At the request of Mr. BOOKER, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 2816, a bill to amend the Internal Revenue Code of 1986 to eliminate the specific exemption for professional football leagues and to provide a special rule for other professional sports leagues, and to provide an additional authorization of appropriations for the Family Violence Prevention and Services Act.

S. 2839

At the request of Mr. WHITEHOUSE, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 2839, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

S. 2841

At the request of Mr. BOOKER, the name of the Senator from Ohio (Mr.

BROWN) was added as a cosponsor of S. 2841, a bill to provide for a study by the Institute of Medicine on health disparities, to direct the Secretary of Health and Human Services to develop guidelines on reducing health disparities, and for other purposes.

S. 2862

At the request of Mr. HATCH, the name of the Senator from Kentucky (Mr. PAUL) was added as a cosponsor of S. 2862, a bill to amend the Controlled Substances Act with respect to drug scheduling recommendations by the Secretary of Health and Human Services, and with respect to registration of manufacturers and distributors seeking to conduct clinical testing, and for other purposes.

S. 2909

At the request of Mr. CASEY, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 2909, a bill to authorize a comprehensive strategic approach for United States foreign assistance to developing countries to end extreme global poverty and hunger, achieve food and nutrition security, promote enduring, long-term, agricultural-led economic growth, improve nutritional outcomes, especially for women and children, build resilient, adaptive, local capacity of vulnerable populations, and for other related purposes.

S. 2917

At the request of Mr. HARKIN, the names of the Senator from Virginia (Mr. KAINE), the Senator from Missouri (Mr. BLUNT), the Senator from Texas (Mr. CORNYN), the Senator from New Hampshire (Ms. AYOTTE), the Senator from California (Mrs. BOXER) and the Senator from Louisiana (Mr. VITTER) were added as cosponsors of S. 2917, a bill to expand the program of priority review to encourage treatments for tropical diseases.

S. RES. 561

At the request of Mr. HELLER, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. Res. 561, a resolution expressing the sense of the Senate that recently proposed measures that will reduce transparency and public participation at the International Association of Insurance Supervisors (IAIS) should be disapproved by United States representatives to the IAIS.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN:

S. 2921. A bill to designate the community based outpatient clinic of the Department of Veterans Affairs located at 310 Home Boulevard in Galesburg, Illinois, as the "Lane A. Evans VA Community Based Outpatient Clinic"; to the Committee on Veterans' Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2921

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. LANE A. EVANS VA COMMUNITY BASED OUTPATIENT CLINIC.

(a) DESIGNATION.—The community based outpatient clinic of the Department of Veterans Affairs located at 310 Home Boulevard in Galesburg, Illinois, shall be known and designated as the “Lane A. Evans VA Community Based Outpatient Clinic”.

(b) REFERENCES.—Any reference in any law, map, regulation, document, paper, or other record of the United States to the community based outpatient clinic referred to in subsection (a) shall be deemed to be a reference to the Lane A. Evans VA Community Based Outpatient Clinic.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 578—SUPPORTING THE ROLE OF THE UNITED STATES IN ENSURING CHILDREN IN THE WORLD’S POOREST COUNTRIES HAVE ACCESS TO VACCINES AND IMMUNIZATION THROUGH GAVI, THE VACCINE ALLIANCE

Mr. MENENDEZ (for himself, Mr. RUBIO, Mr. COONS, and Mr. BOOZMAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 578

Whereas, prior to 2000, the distribution of, and the resources for, vaccines for children in the developing world were declining, immunization rates were stagnant or decreasing, and nearly 30,000,000 children born in the developing world each year were not fully immunized;

Whereas, prior to 2000, it was common for new life-saving vaccines to take up to 15 years to be introduced in the world’s poorest countries;

Whereas access to routine immunization and vaccines protect children from deadly but preventable disease and contribute to national economic growth and poverty reduction by ensuring people live longer, healthier, and more productive lives;

Whereas, in 2000, the Bill & Melinda Gates Foundation, the United States, the United Nations Children’s Emergency Fund (UNICEF), the World Health Organization, the World Bank, bilateral partners, developing countries, the private sector, including the vaccine industry, civil society, and other partners joined forces to create a public-private partnership called the Global Fund for Children’s Vaccines (now Gavi, The Vaccine Alliance) in order to expand access to new and underused vaccines and support the introduction and scale-up of these vaccines into routine immunization systems in the world’s poorest countries;

Whereas partnership and sustainability are at the core of the Gavi model by requiring eligible countries to contribute financing to some portion of their vaccine costs and directly invest in immunizing their children;

Whereas, by 2012, more than 65 developing countries working with Gavi were co-financing new and underused vaccines and more than 20 countries are projected to graduate between 2016 and 2020, moving toward fully funding their national immunization programs;

Whereas Gavi has transformed the market for vaccines by pooling demand from devel-

oping countries matched with secure, predictable financing to make vaccines more affordable and their supply more reliable, and encouraging research and development of new vaccines;

Whereas, as a result, Gavi has played a critical role in increasing the number of global vaccine manufacturers selling to the world’s poorest countries from 5 in 2001 to 13 in 2014;

Whereas the price for the pneumococcal vaccine, which prevents pneumonia, is now more than 90 percent lower for Gavi-eligible countries than elsewhere, and the price of rotavirus vaccines, which prevents diarrhea, is 67 percent lower in Gavi-eligible countries;

Whereas, with innovative financing mechanisms like the Advance Market Commitment and International Finance Facility for Immunisation (IFFIm), Gavi ensures that appropriate and affordable vaccines are available throughout the developing world;

Whereas Gavi supports the financing and delivery of 11 vaccines, including those against pneumococcal disease and rotavirus, the leading vaccine-preventable causes of pneumonia and diarrhea, which kill more children under the age of five than any other disease;

Whereas Gavi collaborates closely with the Global Polio Eradication Initiative on the final push to end polio, strengthening and bringing the inactivated polio vaccine into routine immunization programs;

Whereas strong immunization systems are critical to ensuring continuous coverage and sustainability of new and routine immunization programs in implementing countries;

Whereas Gavi supports the strengthening of health systems and local civil society organizations to ensure effective immunization and health services;

Whereas, since 2000, with support from the United States, the Bill & Melinda Gates Foundation, UNICEF, the World Health Organization, the World Bank, implementing countries, donor governments, the private sector, and other donors and partners, Gavi has supported country-led vaccine roll outs in 77 countries to support the immunization of an additional 440,000,000 children and will avert an estimated 6,000,000 deaths in the world’s poorest countries;

Whereas, in 2013, Gavi was ranked the second most transparent aid program in the Aid Transparency Index, behind only the Millennium Challenge Corporation;

Whereas, even with significant contributions by Gavi, only a small percentage of young children worldwide receive all 11 life-saving vaccines universally recommended by the World Health Organization;

Whereas vaccines are widely regarded as one of the “best buys” in global health and recognized as one of the most efficient, cost-effective, and successful health initiatives in history;

Whereas, in 2012, leading experts on health economics ranked childhood immunization as one of the three most cost-effective solutions to advance global health;

Whereas, as one of the initial six donors, the United States has been an important supporter of Gavi and through the generosity of the people of the United States has contributed almost \$1,200,000,000 for the acquisition of life saving vaccines;

Whereas, at Gavi’s first pledging conference in June 2011, the United States increased its support and pledged \$450,000,000 for fiscal years 2012 through 2014 to increase access to new and underused vaccines, including pneumococcal and rotavirus vaccines;

Whereas, in addition to this three-year pledge, the United States contributed an additional \$90,000,000 to Gavi in fiscal year 2011;

Whereas United States investment in Gavi complements and enhances the effectiveness of other bilateral and multilateral United States investments in global health, particularly in child survival;

Whereas Gavi is committed to working with partners, including United States bilateral programs run by the United States Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC), to ensure children in developing nations have access to vaccines and immunizations;

Whereas, in June 2012, the United States Government, together with the Governments of Ethiopia and India as well as UNICEF, mobilized the world around the goal of ending preventable child deaths by 2035;

Whereas access to immunizations is a key component of reaching that goal;

Whereas, in May 2014, at the World Economic Forum meeting in Abuja, Nigeria, African leaders pledged to increase investment in their countries’ immunization programs by endorsing the Immunise Africa 2020 leaders declaration;

Whereas, on May 20, 2014, Gavi called on donors to support an ambitious plan to immunize an additional 300,000,000 children against potentially fatal diseases and save an additional 5,000,000 to 6,000,000 lives between 2016 and 2020;

Whereas Gavi needs donors to invest an additional \$7,500,000,000 to support immunization programs in developing countries from 2016 to 2020;

Whereas, at the same time, implementing countries are expected to co-finance an additional \$1,200,000,000, an increase from almost \$500,000,000 in 2011 through 2015; and

Whereas, with this support from donors and the global vaccine community, Gavi can reach its 1,000,000,000th child with critical vaccines by the early 2020s, nearly double the number of lives saved since its founding, and unlock between \$80,000,000,000 and \$100,000,000,000 in economic benefits through health care savings and productivity gains: Now, therefore, be it

Resolved, That the Senate—

(1) commends Gavi, The Vaccine Alliance, the Bill & Melinda Gates Foundation, the United Nations Children’s Emergency Fund (UNICEF), the World Health Organization, the World Bank, civil society, the private sector, faith-based organizations, the international community, and implementing countries on the progress that has been made on reducing child mortality through the increased availability and distribution of vaccines;

(2) affirms the continued support of the people and Government of the United States for the purchase of vaccines for the world’s poorest countries through Gavi as a cost-effective, efficient means to reduce child mortality and as a critical component of meeting the United States goal to end preventable maternal and child deaths;

(3) supports the ideals and goals of Gavi to—

(A) accelerate equitable uptake and coverage of vaccines;

(B) improve the effectiveness and efficiency of immunization delivery;

(C) improve sustainability of national immunization programs; and

(D) shape markets for vaccines and other immunization products;

(4) upholds that the United States is a critical donor in its work with other donors to perform diplomatic outreach in seeking additional funding for Gavi in order to leverage its commitment;

(5) recognizes that the United States, in addition to being an important donor, is a critical technical partner to Gavi, and the impact of United States investments to Gavi