

Whereas, on December 14, 2006, President George W. Bush stated at the White House Malaria Summit, “So we are acting, and we’re leading. And with partners across the world, we are helping the people of Africa turn the tide against malaria. The goal of defeating malaria is a challenging goal, yet it can be done. It’s not going to require a miracle, it just requires a smart, sustained, focused effort.”;

Whereas, on September 27, 2015, President Barack Obama stated at the United Nations General Assembly, “Billions of our fellow human beings are at risk of dying from diseases that we know how to prevent. Many children are just 1 mosquito bite away from death. And that is a moral outrage. It is a profound injustice. It is literally a matter of life and death, and now the world must act.”;

Whereas support for efforts to fight malaria is in the diplomatic and moral interest of the United States, as that support generates goodwill toward the United States and highlights the values of the people of the United States through the work of governmental, nongovernmental, and faith-based organizations of the United States;

Whereas efforts to fight malaria are in the long-term economic interest of the United States because those efforts help developing countries—

- (1) identify at-risk populations;
- (2) provide a framework for critical emergency disease treatment;
- (3) provide better health services;
- (4) increase local governance needed to address substandard and counterfeit medicines that exacerbate malaria resistance;
- (5) produce healthier and more productive workforces;
- (6) advance economic development; and
- (7) promote stronger trading partners;

Whereas, in 2015, malaria transmission occurred in 95 countries and territories;

Whereas an estimated 3,200,000,000 people are at risk for malaria, with 214,000,000 active cases, the vast majority of whom are in sub-Saharan Africa, which accounts for 90 percent of malaria deaths in the world;

Whereas young children and pregnant women are particularly vulnerable to and disproportionately affected by malaria;

Whereas malaria greatly affects the health of children, as children under the age of 5 account for an estimated 70 percent of malaria deaths each year;

Whereas malaria poses great risks to maternal and neonatal health, causing complications during delivery, anemia, and low birth weights, and estimates indicate that malaria infection causes approximately 400,000 cases of severe maternal anemia and between 75,000 and 200,000 infant deaths annually in sub-Saharan Africa;

Whereas heightened national, regional, and international efforts to prevent and treat malaria during recent years have made significant progress and helped save hundreds of thousands of lives;

Whereas the World Malaria Report 2015 by the World Health Organization states that, in 2014, approximately 55 percent of people in sub-Saharan Africa slept under an insecticide-treated mosquito net, and household surveys indicated that 90 percent of people used an insecticide-treated mosquito net if such a net was available in the household;

Whereas, in 2014, approximately 116,000,000 people were protected by indoor residual spraying;

Whereas the World Malaria Report 2015 further states that, between 2000 and 2015—

- (1) malaria mortality rates decreased by 60 percent around the world;
- (2) in the African Region of the World Health Organization, malaria mortality rates decreased by 66 percent; and

(3) an estimated 6,200,000 malaria deaths were averted globally, primarily as a result of increased interventions;

Whereas the World Malaria Report 2015 further states that, out of 95 countries and territories with ongoing transmission of malaria in 2015—

- (1) 10 countries are classified as being in the pre-elimination phase;
- (2) 10 countries are classified as being in the elimination phase; and
- (3) 9 countries are classified as being in the prevention of malaria reintroduction phase of malaria control;

Whereas continued national, regional, and international investment in efforts to eliminate malaria, including prevention and treatment efforts, the development of a vaccine to immunize children from the malaria parasite, and advancements in insecticides, are critical in order to—

- (1) continue to reduce malaria deaths;
- (2) prevent backsliding in areas where progress has been made; and
- (3) equip the United States and the global community with the tools necessary to fight malaria and other global health threats;

Whereas the United States Government has played a leading role in the recent progress made toward reducing the global burden of malaria, particularly through the President’s Malaria Initiative (referred to in this preamble as the “PMI”) and the contribution of the United States to the Global Fund to Fight AIDS, Tuberculosis, and Malaria;

Whereas an independent, external evaluation, prepared by Boston University, examining 6 objectives of the PMI, found the PMI to be a successful, well-led program that has “earned and deserves the task of sustaining and expanding the United States Government’s response to global malaria control efforts”;

Whereas the PMI Strategy 2015-2020 articulates the malaria goal of the United States Government of working with countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, towards the long-term goal of elimination;

Whereas the United States Government is pursuing a comprehensive approach to ending malaria deaths through the PMI, which is led by the United States Agency for International Development and implemented with assistance from the Centers for Disease Control and Prevention, the Department of State, the Department of Health and Human Services, the National Institutes of Health, the Department of Defense, and private sector entities;

Whereas the PMI focuses on helping partner countries achieve major improvements in overall health outcomes through improved access to, and quality of, healthcare services in locations with limited resources; and

Whereas the PMI, recognizing the burden of malaria on many partner countries, has set a target by 2020 of reducing malaria mortality by $\frac{1}{3}$ from 2015 levels in PMI-supported countries, achieving a greater than 80 percent reduction from original 2000 baseline levels set by the PMI, reducing malaria morbidity in PMI-supported countries by 40 percent from 2015 levels, and assisting not fewer than 5 PMI-supported countries to meet the criteria of the World Health Organization for national or sub-national pre-elimination: Now, therefore, be it

Resolved, That the Senate—

- (1) supports the goals and ideals of World Malaria Day;
- (2) recognizes the importance of reducing malaria prevalence and deaths to improve overall child and maternal health, especially in sub-Saharan Africa;

(3) commends the recent progress made toward reducing global malaria morbidity, mortality, and prevalence, particularly through the efforts of the President’s Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis, and Malaria;

(4) welcomes ongoing public-private partnerships to research and develop more effective and affordable tools for malaria diagnosis, treatment, and vaccination;

(5) recognizes the goals, priorities, and authorities to combat malaria set forth in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293; 122 Stat. 2918);

(6) supports continued leadership by the United States in bilateral, multilateral, and private sector efforts to combat malaria and to work with developing countries to create long-term strategies to increase ownership over malaria programs; and

(7) encourages other members of the international community to sustain and increase their support for and financial contributions to efforts to combat malaria worldwide.

SENATE RESOLUTION 437—EXPRESSING SUPPORT FOR THE DESIGNATION OF MAY 1, 2016, AS “SILVER STAR SERVICE BANNER DAY”

Mr. BLUNT (for himself and Mrs. McCASKILL) submitted the following resolution; which was considered and agreed to:

S. RES. 437

Whereas the Senate has always honored the sacrifices made by the wounded and ill members of the Armed Forces;

Whereas the Silver Star Service Banner has come to represent the members of the Armed Forces and veterans who were wounded or became ill in combat in the wars fought by the United States;

Whereas the Silver Star Families of America was formed to help the people of the United States remember the sacrifices made by the wounded and ill members of the Armed Forces by designing and manufacturing Silver Star Service Banners and Silver Star Flags for that purpose;

Whereas the sole mission of the Silver Star Families of America is to evoke memories of the sacrifices of members of the Armed Forces and veterans on behalf of the United States through the presence of a Silver Star Service Banner in a window or a Silver Star Flag flying;

Whereas the sacrifices of members of the Armed Forces and veterans on behalf of the United States should never be forgotten; and

Whereas May 1, 2016, is an appropriate date to designate as “Silver Star Service Banner Day”: Now, therefore, be it

Resolved, That the Senate supports the designation of May 1, 2016, as “Silver Star Service Banner Day” and calls upon the people of the United States to observe the day with appropriate programs, ceremonies, and activities.

SENATE RESOLUTION 438—DESIGNATING SEPTEMBER 2016 AS “NATIONAL BRAIN ANEURYSM AWARENESS MONTH”

Mr. MARKEY (for himself, Ms. AYOTTE, Mr. BROWN, and Mr. DURBIN) submitted the following resolution; which was considered and agreed to:

S. RES. 438

Whereas a brain aneurysm is an abnormal saccular or fusiform bulging of an artery in the brain;

Whereas an estimated 1 out of every 50 individuals in the United States has a brain aneurysm;

Whereas brain aneurysms are most likely to occur in individuals between the ages of 35 and 60;

Whereas there are typically no warning signs before the occurrence of a brain aneurysm;

Whereas brain aneurysms are more likely to occur in women than in men by a 3 to 2 ratio;

Whereas young and middle-aged African-Americans have a higher risk of brain aneurysm rupture compared to Caucasians in the United States;

Whereas, based on a 2004 study (the most recent year with readily available data), the combined lost wages of survivors of a brain aneurysm rupture and the caretakers of the survivors for 1 year were \$138,000,000;

Whereas various risk factors can contribute to the formation of a brain aneurysm, including smoking, hypertension, and a family history of brain aneurysms;

Whereas approximately 6,000,000 individuals in the United States have a brain aneurysm;

Whereas an unruptured brain aneurysm can lead to double vision, vision loss, loss of sensation, weakness, loss of balance, incoordination, and speech problems;

Whereas a brain aneurysm is often discovered when it ruptures and causes a subarachnoid hemorrhage;

Whereas a subarachnoid hemorrhage can lead to brain damage, hydrocephalus, stroke, and death;

Whereas, each year, more than 30,000 individuals in the United States suffer from ruptured brain aneurysms, 50 percent of whom die as a result;

Whereas, annually, between 3,000 and 4,500 individuals in the United States with ruptured brain aneurysms die before reaching the hospital;

Whereas a number of advancements have been made in recent years regarding the detection of brain aneurysms, including the computerized tomography scan, the magnetic resonance imaging test, and the cerebral arteriogram;

Whereas early detection of brain aneurysms can save lives;

Whereas various research studies are currently being conducted in the United States in order to better understand, prevent, and treat brain aneurysms;

Whereas the United States spends only \$1.30 per individual for research on brain aneurysms each year for the approximately 6,000,000 individuals in the United States who suffer from brain aneurysms;

Whereas the Brain Aneurysm Foundation, a nonprofit organization, remains a globally recognized leader for brain aneurysm awareness, education, support, advocacy, and research funding; and

Whereas the month of September is an appropriate month to designate as "National Brain Aneurysm Awareness Month": Now, therefore, be it

Resolved, That the Senate—

(1) designates September 2016 as "National Brain Aneurysm Awareness Month"; and

(2) continues to support research to prevent, to detect, and to treat brain aneurysms.

SENATE CONCURRENT RESOLUTION 36—EXPRESSING SUPPORT OF THE GOAL OF ENSURING THAT ALL HOLOCAUST VICTIMS LIVE WITH DIGNITY, COMFORT, AND SECURITY IN THEIR REMAINING YEARS, AND URGING THE FEDERAL REPUBLIC OF GERMANY TO REAFFIRM ITS COMMITMENT TO THAT GOAL THROUGH A FINANCIAL COMMITMENT TO COMPREHENSIVELY ADDRESS THE UNIQUE HEALTH AND WELFARE NEEDS OF VULNERABLE HOLOCAUST VICTIMS, INCLUDING HOME CARE AND OTHER MEDICALLY PRESCRIBED NEEDS

Mr. NELSON (for himself and Ms. COLLINS) submitted the following concurrent resolution; which was referred to the Committee on Foreign Relations:

S. CON. RES. 36

Whereas the annihilation of 6,000,000 Jews during the Holocaust and the murder of millions of others by the Nazi German state constitutes 1 of the most tragic and heinous crimes in human history;

Whereas hundreds of thousands of Jews survived persecution by the Nazi regime despite being imprisoned, subjected to slave labor, moved into ghettos, forced to live in hiding or under false identity or curfew, or required to wear the "yellow star";

Whereas in fear of the oncoming Nazi Einsatzgruppen, or "Nazi Killing Squads", and the likelihood of extermination, hundreds of thousands of Jewish Nazi victims fled for their lives;

Whereas whatever type of persecution suffered by Jews during the Holocaust, the common thread that binds Holocaust victims is that they were targeted for extermination and they lived with a constant fear for their lives and the lives of their loved ones;

Whereas Holocaust victims immigrated to the United States from Europe, the Middle East, North Africa, and the former Soviet Union between 1933 and the date of adoption of this resolution;

Whereas it is estimated that there are at least 100,000 Holocaust victims living in the United States and approximately 500,000 Holocaust victims living around the world, including child survivors of the Holocaust;

Whereas tens of thousands of Holocaust victims are at least 80 years old, and the number of surviving Holocaust victims is diminishing;

Whereas at least 50 percent of Holocaust victims alive today will pass away within the next decade, and those living victims are becoming frailer and have increasing health and welfare needs;

Whereas Holocaust victims throughout the world continue to suffer from permanent physical and psychological injuries and disabilities and live with the emotional scars of a systematic genocide against the Jewish people;

Whereas many of the emotional and psychological scars of Holocaust victims are exacerbated in the old age of the Holocaust victims;

Whereas the past haunts and overwhelms many aspects of the lives of Holocaust victims when their health fails them;

Whereas Holocaust victims suffer particular trauma when their emotional and physical circumstances force them to leave the security of their homes and enter institutional or other group living residential facilities;

Whereas tens of thousands of Holocaust victims live in poverty and cannot afford, and do not receive, sufficient medical care, home care, mental health care, medicine, food, transportation, and other vital life-sustaining services that allow individuals to live their final years with comfort and dignity;

Whereas Holocaust victims often lack family support networks and require social worker-supported case management in order to manage their daily lives and access government-funded services;

Whereas in response to a letter sent by members of Congress to the Minister of Finance of Germany in December 2015 relating to increased funding for Holocaust victims, German officials acknowledged that "recent experience has shown that the care financed by the German Government to date is insufficient" and that "it is imperative to expand these assistance measures quickly given the advanced age of many of the affected persons";

Whereas German Chancellor Konrad Adenauer acknowledged, in 1951, the responsibility of Germany to provide moral and financial compensation to Holocaust victims worldwide;

Whereas every successive German Chancellor has reaffirmed that acknowledgment, including Chancellor Angela Merkel, who, in 2007, reaffirmed that "only by fully accepting its enduring responsibility for this most appalling period and for the cruelest crimes in its history, can Germany shape the future"; and

Whereas Congress believes it is the moral and historical responsibility of Germany to comprehensively, permanently, and urgently provide resources for the medical, mental health, and long-term care needs of all Holocaust victims: Now therefore, be it

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

(1) acknowledges the financial and moral commitment of the Federal Republic of Germany during the 7 decades prior to the date of adoption of this resolution to provide a measure of justice for Holocaust victims;

(2) supports the goal of ensuring that all Holocaust victims in the United States and around the world are able to live with dignity, comfort, and security in their remaining years;

(3) applauds the nonprofit organizations and agencies that work tirelessly to honor and assist Holocaust victims in the communities of the nonprofit organizations and agencies;

(4) acknowledges the ongoing process of negotiations between the Federal Republic of Germany and the Conference on Jewish Material Claims Against Germany (referred to in this resolution as the "Claims Conference") in order to secure funding for Holocaust victims and for vital social services provided through nonprofit organizations and agencies around the world;

(5) acknowledges that the Federal Republic of Germany and the Claims Conference have established a new high level working group that will develop proposals for extensive assistance for homecare and other social welfare needs of Holocaust victims;

(6) urges the working group described in paragraph (5) to recognize the imperative to immediately and fully fund medical, mental health, and long-term care needs of surviving Holocaust victims, with full transparency and accountability, to ensure all funds for Holocaust victims from the Federal Republic of Germany are administered efficiently, fairly, and without delay; and

(7) urges the Federal Republic of Germany to reaffirm its commitment to fulfill its moral responsibility to Holocaust victims by—