

about the lives which could be lost if we reduce our commitment to the fund, and about what it could mean for all the success that efforts like the Global Fund have achieved.

Mr. Speaker, it is important today that the House send this message, that we express our clear support for the Global Fund and our support for bringing American leadership to bear on global health challenges.

Mr. Speaker, I urge all Members to support this measure, and I yield back the balance of my time.

Ms. JOHNSON of Texas. Mr. Speaker, today, I rise in support of H. Res. 517, which I have proudly cosponsored. This resolution reaffirms our nation's commitment to fight AIDS, tuberculosis, and malaria. Amid the worldwide progress that has been made to counter these diseases, it is critical that we maintain our financial contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As the first registered nurse elected to Congress, I wholeheartedly support the funding of efforts to prevent and eradicate infectious diseases. The Global Fund is the world's largest supporter of prevention, treatment, and care programs for AIDS, tuberculosis, and malaria. With these investments, it has decreased the number of AIDS-related deaths by half since 2005, contributed to a 37 percent decline in tuberculosis deaths from 2000 to 2016, and facilitated a 60 percent decline in the number of malaria deaths since 2000.

On behalf of families and young children across the world, it is our duty to advance the resources needed to address health in all our communities. We must maintain our longstanding commitment to the Global Fund. This is a critical commitment to saving lives, averting new cases, and increasing the ability of people around the world to withstand life-threatening but preventable diseases.

The SPEAKER pro tempore (Mr. MALINOWSKI). The question is on the motion offered by the gentleman from New Jersey (Mr. SIREs) that the House suspend the rules and agree to the resolution, H. Res. 517, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

END NEGLECTED TROPICAL DISEASES ACT

Mr. SIREs. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3460) to facilitate effective research on and treatment of neglected tropical diseases through coordinated international efforts.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3460

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “End Neglected Tropical Diseases Act”.

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Sec. 1. Short title.

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SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States to support a broad range of implementation and research and development activities that work toward the achievement of cost-effective and sustainable treatment, control, and, where possible, elimination of neglected tropical diseases for the economic and social well-being of all people.

SEC. 4. FINDINGS.

Congress finds the following:

(1) The World Health Organization (WHO) has identified 17 neglected tropical diseases (NTDs). Approximately 2 billion people, almost one-third of the world's population, are at risk of contracting an NTD, and more than 1.4 billion people are currently afflicted with 1 or more NTDs.

(2) In 2013, WHO adopted a comprehensive resolution on NTDs recognizing that increased national and international investments in prevention and control of neglected tropical diseases have succeeded in improving health and social well-being in many countries.

(3) NTDs have an enormous impact in terms of disease burden and quality of life. NTDs cause the loss of up to 534,000 lives and 57 million disability-adjusted life-years each year. NTDs surpass both malaria and tuberculosis in causing greater loss of life-years to disability and premature death. Many NTDs cause disfigurement and disability, leading to stigma, social discrimination, and societal marginalization.

(4) NTDs create an economic burden of billions of dollars through the loss of productivity and high costs of health care required for treatment. People afflicted by NTDs are less productive than their healthy counterparts. NTDs jeopardize the ability of people to attend work and school, or to produce at full capacity. For example, controlling one NTD, hookworm, in children can result in a 43-percent increase in future wage earnings.

(5) The social, economic, and health burden of NTDs falls primarily on low- and middle-income countries, where access to safe water, sanitation, and health care is limited. At least 100 countries face 2 endemic NTD burdens, and 30 countries carry 6 or more endemic NTDs.

(6) NTDs are not confined to the developing world, however. Several NTD outbreaks have been reported in the United States and other developed countries, especially among the poor. In the United States, NTDs disproportionately affect people living in poverty, and especially minorities, including up to 2.8 million African Americans with toxocariasis and 300,000 or more people, mostly Hispanic Americans, with Chagas disease.

(7) Many NTDs can be controlled, prevented, and even eliminated using low-cost, effective, and feasible solutions. Understanding the economic burden of NTDs on productivity and health care costs can help to assure governments and donors that the resources directed toward NTDs represent a good investment.

(8) Research and development efforts are immediately needed for all NTDs, especially those for which limited or no treatment currently exists.

(9) Critical to developing robust NTD control strategies are epidemiological data that

identify at-risk populations, ensure appropriate treatment frequency, and inform decisions about when treatment can be reduced or stopped.

(10) Of the 14 most common NTDs, roughly 80 percent of infections are caused by soil-transmitted helminths (STH) and schistosomiasis. STH are a group of 3 parasitic worms (roundworms, whipworms, and hookworms) that afflict more than 1 billion people worldwide, including 600 million school-age children, of whom more than 300 million suffer from severe morbidity. Schistosomiasis is another helminth infection affecting at least 200 million people in developing countries, but some estimates indicate that the true number of people affected may be double or even triple that number.

(11) The benefits of deworming are immediate and enduring. A rigorous randomized controlled trial has shown school-based deworming treatment to reduce school absenteeism by 25 percent. School-based deworming also benefits young siblings and other children who live nearby but are too young to be treated, leading to large cognitive improvements equivalent to half a year of schooling.

SEC. 5. DEFINITION.

In this Act, the term “neglected tropical diseases” or “NTDs”—

(1) means infections caused by pathogens, including viruses, bacteria, protozoa, and helminths that disproportionately impact individuals living in extreme poverty, especially in developing countries; and

(2) includes—

(A) Buruli ulcer (*Mycobacterium Ulcerans* infection);

(B) Chagas disease;

(C) dengue or severe dengue fever;

(D) dracunculiasis (Guinea worm disease);

(E) echinococcosis;

(F) foodborne trematodiasis;

(G) human African trypanosomiasis (sleeping sickness);

(H) leishmaniasis;

(I) leprosy;

(J) lymphatic filariasis (elephantiasis);

(K) onchocerciasis (river blindness);

(L) scabies;

(M) schistosomiasis;

(N) soil-transmitted helminthiasis (STH) (roundworm, whipworm, and hookworm);

(O) taeniasis/cysticercosis;

(P) trachoma; and

(Q) yaws (endemic treponematoses).

SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to increase authorizations of appropriations for the United States Agency for International Development.

SEC. 7. EXPANSION OF UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT NEGLECTED TROPICAL DISEASES PROGRAM.

(a) FINDINGS.—Congress finds the following:

(1) Since fiscal year 2006, the United States Government has been an essential leader in global efforts to control seven targeted neglected tropical diseases: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis, soil-transmitted helminthiasis (roundworm, whipworm, and hookworm), and trachoma. Additional information suggests that such efforts could also produce collateral benefits for at least three other neglected tropical diseases: foodborne trematodiasis, scabies, and yaws (endemic treponematoses).

(2) The United States Government is a partner in the London Declaration on Neglected Tropical Diseases (2012), which represents a new, coordinated international push to accelerate progress toward eliminating or controlling 10 NTDs by 2020.

(3) While many of the most common NTDs have safe, easy to use, and effective treatments, treatment options for the NTDs with the highest death rates, including human African trypanosomiasis (sleeping sickness), visceral leishmaniasis, and Chagas disease, are extremely limited.

(4) The United States Agency for International Development (USAID) Neglected Tropical Diseases Program has made important and substantial contributions to the global fight to control and eliminate 5 of the most common NTDs. Leveraging more than \$15,700,000,000 in donated medicines, USAID has supported the distribution of more than 1 billion treatments in 31 countries across Africa, Asia, and Latin America and the Caribbean.

(5) Since 2014, the USAID Neglected Tropical Diseases Program has been investing in research and development for the treatment of certain NTDs to ensure that promising new breakthrough medicines can be rapidly evaluated, registered, and made available to patients.

(6) The USAID Neglected Tropical Diseases Program is a clear example of a successful public-private partnership between the Government and the private sector and should be judiciously expanded, as practicable and appropriate.

(b) SENSE OF CONGRESS.—It is the sense of Congress that the USAID Neglected Tropical Diseases Program, as in effect on the date of the enactment of this Act, should—

(1) provide integrated drug treatment packages to as many individuals suffering from NTDs or at risk of acquiring NTDs, including individuals displaced by manmade and natural disasters, as logistically feasible;

(2) better integrate NTD control and treatment tools and approaches into complementary development and global health programs by coordinating, to the extent practicable and appropriate, across multiple sectors, including those relating to HIV/AIDS, malaria, tuberculosis, education, nutrition, other infectious diseases, maternal and child health, and water, sanitation, and hygiene;

(3) establish low-cost, high-impact community- and school-based NTD programs to reach large at-risk populations, including school-age children, with integrated drug treatment packages, as feasible;

(4) as opportunities emerge and resources allow, engage in research and development of new tools and approaches to reach the goals relating to the elimination of NTDs as set forth by the 2012 World Health Organization publication “Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation”, including for Chagas disease, Guinea worm, human African trypanosomiasis (sleeping sickness), leprosy, and visceral leishmaniasis; and

(5) monitor research on and developments in the prevention and treatment of other NTDs so breakthroughs can be incorporated into the USAID Neglected Tropical Diseases Program, as practicable and appropriate.

(c) PROGRAM PRIORITIES.—The Administrator of USAID should incorporate the following priorities into the USAID Neglected Tropical Diseases Program (as in effect on the date of the enactment of this Act):

(1) Planning for and conducting robust monitoring and evaluation of program investments in order to accurately measure impact, identify and share lessons learned, and inform future NTD control and elimination strategies.

(2) Coordinating program activities with complementary USAID development and global health programs, including programs relating to water, sanitation, and hygiene, food and nutrition security, and education

(both primary and secondary), in order to advance the goals of the London Declaration on Neglected Tropical Diseases (2012).

(3) Including morbidity management in treatment plans for high-burden NTDs.

(4) Incorporating NTDs included in the Global Burden of Disease Study 2010 into the program as opportunities emerge, to the extent practicable and appropriate.

(5) Continuing investments in the research and development of new tools and approaches that complement existing research investments and ensure that new discoveries make it through the pipeline and become available to individuals who need them most.

SEC. 8. ACTIONS BY DEPARTMENT OF STATE.

(a) OFFICE OF THE GLOBAL AIDS COORDINATOR.—It is the sense of Congress that the Coordinator of United States Government Activities to Combat HIV/AIDS Globally should fully consider evolving research on the impact of NTDs on efforts to control HIV/AIDS when making future programming decisions, as necessary and appropriate.

(b) GLOBAL PROGRAMMING.—

(1) IN GENERAL.—The Secretary of State should encourage the Global Fund to take into consideration evolving research on the impact of NTDs on efforts to control HIV/AIDS when making programming decisions, particularly with regard to female genital schistosomiasis, which studies suggest may be one of the most significant cofactors in the AIDS epidemic in Africa, as necessary and appropriate.

(2) GLOBAL FUND.—In this subsection, the term “Global Fund” means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria established pursuant to Article 80 of the Swiss Civil Code.

(c) G-20 COUNTRIES.—The Secretary of State, acting through the Office of Global Health Diplomacy, should encourage G-20 countries to significantly increase their role in the control and elimination of NTDs.

SEC. 9. MULTILATERAL DEVELOPMENT AND HEALTH INSTITUTIONS.

(a) CONGRESSIONAL FINDING.—Congress finds that the treatment of NTDs, including community- and school-based deworming programs, can be a highly cost-effective intervention, and schools can serve as an effective delivery mechanism for reaching large numbers of children with safe treatment for soil-transmitted helminthiases (roundworm, whipworm, and hookworm) in particular.

(b) UNITED NATIONS.—The President should direct the United States permanent representative to the United Nations to use the voice, vote, and influence of the United States to urge the World Health Organization and the United Nations Development Programme to—

(1) ensure the dissemination of best practices and programming on NTDs to governments and make data accessible to practitioners in an open and timely fashion;

(2) highlight impacts of community- and school-based deworming programs on children's health and education, emphasizing the cost-effectiveness of such programs;

(3) encourage governments to implement deworming campaigns at the national level;

(4) consider the designation of a portion of grant funds of the institutions to deworming initiatives and cross-sectoral collaboration with water, sanitation, and hygiene efforts and nutrition or education programming, as practicable and appropriate;

(5) encourage accurate monitoring and evaluation of NTD programs, including deworming programs; and

(6) engage governments in cross-border initiatives for the treatment, control, preven-

tion, and elimination of NTDs, and assist in developing transnational agreements, when and where necessary.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SIREs) and the gentleman from New Jersey (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SIREs).

□ 1630

GENERAL LEAVE

Mr. SIREs. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3460.

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

There was no objection.

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

Mr. Speaker, let me start by thanking Mr. SMITH from New Jersey, a senior member of the Foreign Affairs Committee, for his hard work on this bill, which seeks to make progress on this pressing global health challenge.

There is a category of diseases—what we call neglected tropical diseases—that pack a particularly nasty punch on populations living in poverty without adequate sanitation. These are precisely the kinds of diseases that hold entire communities back. They drive up health costs, lead to lost wages, undercut productivity, and deprive children of the shot at a better future.

What is especially wrenching about these diseases is that they cause all this harm, despite the fact that we have the tools to combat them. Very elementary public health efforts can stop these diseases in their tracks: research, drug distribution, and basic public health intervention. Yet these diseases affect more than 1 billion people around the world, according to the World Health Organization.

To its credit, USAID is already focusing on these diseases. The Agency's Neglected Tropical Disease Program has worked to distribute nearly \$16 billion worth of donated medicines in more than 30 countries. It is a good start, but these efforts aren't yet equal to the challenge.

This legislation underscores the serious challenge posed by neglected tropical diseases and encourages USAID to expand its work to grapple with this problem. It also sets up a stronger diplomatic approach for dealing with these diseases by requiring the State Department to push for broader action through the U.N., the Global Fund, and the G-20.

In short, this measure pushes for a smart, broad-based effort for getting at these preventable diseases.

Mr. Speaker, I am pleased to support it, and I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank Mr. SIREs for his strong support for this legislation and for his leadership on neglected tropical diseases. I thank my other colleagues, Mr. McCAUL and, of course, Ms. BASS, who has also been a great supporter of this legislation.

Mr. Speaker, neglected tropical diseases, or NTDs, are a group of parasitic and bacterial diseases, including worms, which blind, disfigure, and sometimes kill victims from among the world's poorest people, trapping the most marginalized communities in cycles of poverty. There are numerous examples of them, including Chagas, dengue, and leprosy.

Can you believe, Mr. Speaker, that there are over 200,000 cases of leprosy in the world today? And there is an intervention. There are drugs that can treat, mitigate, and even cure it, but sometimes people do not get access to them, and that causes serious, serious problems.

The worms—and I will get into that in a minute—are absolutely devastating, as well, and they need to be addressed very aggressively.

Mr. Speaker, approximately 2 billion people—almost one-third of the world's population—are at risk of contracting an NTD, and over 1.4 billion people are currently afflicted with one or more NTDs.

Over the years, Mr. Speaker, I have chaired numerous hearings on this: one in 2013; one in 2016, the global Zika epidemic; and many others, always focusing on the fact that we need to do more.

These are preventable, but they are certainly treatable. But if you don't get the drugs and you don't get the intervention, that person is made—and those who are like that person—to suffer horrifically.

I introduced the End Neglected Tropical Diseases Act in four separate Congresses—2014, 2015, 2017, and again this year—so I deeply appreciate Chairman ENGEL and Ranking Member McCAUL's strong support for this legislation and the leadership for bringing it up today.

NTDs have an enormous impact in terms of disease burden and quality of life. It causes the loss of life to about 534,000 people. NTDs surpass both malaria and tuberculosis in causing greater loss of life-years to disability and premature death. They cause disfigurement and disability, often leading to stigma, social discrimination, and societal marginalization.

NTDs create an economic burden of billions of dollars through the loss of productivity and the high costs of healthcare required for treatment when it gets, especially, to a critical stage.

People afflicted by NTDs are less productive than their healthy counterparts. They jeopardize the ability of people to attend work and school or to produce at full capacity.

The social, economic, and health burden of NTDs falls primarily on low- and middle-income countries, where access

to safe water, sanitation, and healthcare is limited.

At least 100 countries face two endemic NTD burdens, and 30 countries carry six or more endemic neglected tropical diseases.

As I said, they can be controlled. They can be prevented and even eliminated, using low-cost, effective, and feasible solutions, especially when treated early.

Research and development efforts are immediately needed for all NTDs, especially those for which no treatment currently exists.

Recent data published by the WHO confirm that, in 2018, more than 1 billion people were treated for at least one of five neglected tropical diseases.

Not well understood, Mr. Speaker, is the fact that neglected tropical diseases are infecting large numbers of vulnerable people—especially children—in developed countries, including the United States. Of course, these include West Nile virus, dengue fever, and, most recently, Zika.

An article published in the medical journal *The Lancet* scrutinized this emerging threat and was titled, "Neglected Tropical Diseases: No Longer Someone Else's Problem." The article references world-renowned NTD expert Dr. Peter Hotez of Baylor College of Medicine, who, I note parenthetically, twice testified at hearings that I chaired.

I read his book—and I read it not once, but twice. It is a wake-up call to what these horrible diseases do. But he estimates that more than half of the 20 million Americans living in extreme poverty are infected with at least one neglected tropical disease. That is right here in the United States of America.

The End Neglected Tropical Diseases Act supports the treatment, control, and elimination of NTDs primarily by ensuring that USAID's NTD Program effectively integrates treatment, control, and elimination efforts with other development issues, such as HIV/AIDS, malaria, water and sanitation, and education.

It also directs, as my good friend Mr. SIREs pointed out a moment ago, the U.S. Government to advocate for increased efforts to address NTDs among international institutions such as the U.N., World Health Organization, and World Bank.

Let's not forget that of the 14 most common NTDs, roughly 80 percent of infections are caused by soil-transmitted helminths and schistosomiasis.

Soil-transmitted helminths are a group of three parasitic worms—roundworms, whipworms, and hookworms—that afflict more than 1 billion people worldwide, including 600 million school-age children, of whom more than 300 million suffer from severe morbidity.

Schistosomiasis is another helminth infection affecting at least 220 million people in developing countries, and the World Health Organization estimates

that 90 percent of those individuals are in sub-Saharan Africa.

The benefits of deworming are immediate and enduring. A rigorous, randomized controlled trial has shown that school-based deworming treatment reduces absenteeism by 25 percent. School-based deworming also benefits young siblings and other children who live nearby but are too young to be treated, leading to large cognitive improvements equivalent to half a year of schooling.

Let me also point out to my colleagues that the treatment for worms is simple and cost-effective. Treatment for hookworm, for example, in Tanzania costs about 4 cents per treatment to knock this terrible disease out of the intestinal tract. Yet one-off deworming treatment is not enough, as, without sanitary and hygiene behavioral changes, people will get reinfected.

What we need to do, and what this bill does, is to integrate our USAID deworming programs with our WaSH programs—water, sanitation, and health—coupled with our nutrition interventions.

Let me just also make a point that needs to be underscored with exclamation points. There is a very, very robust public-private partnership that USAID leads with pharmaceutical industry companies such as GlaxoSmithKline, Johnson & Johnson, and Merck.

And, of course, my friend in the chair and my friend managing the bill on the Democrat side know, because these companies hail from the great State of New Jersey—Merck in Rahway, for example—every U.S. taxpayer dollar invested is leveraged with \$26 in donated medicines, resulting in \$22 billion worth of donated medicine, which is extraordinary. I don't know of any other health program where the pharmaceuticals have stepped up like this to say: We are not going to sell you these drugs; we are going to donate them.

We also have helped train 6.5 million individuals in countries around the world to fight NTDs, helping them build and strengthen health systems. So we are, I think, making a difference. We need to do more.

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

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

Mr. SMITH of New Jersey. Mr. Speaker, it is my privilege to yield such time as he may consume to the gentleman from Texas (Mr. McCAUL), the distinguished ranking member of the Foreign Affairs Committee.

Mr. McCAUL. Mr. Speaker, I rise today in support of the End Neglected Tropical Diseases Act, a bill sponsored by my good friend, Mr. SMITH of New Jersey. I want to commend him for his efforts as being a steadfast leader on this very important issue that is going to save lives—and has saved lives. He is really the conscience, I think, of this body when it comes to this issue.

NTDs represent a group of parasitic and bacterial diseases that currently afflict more than 1.4 billion people worldwide. They can result in severe disabilities such as blindness, compounding existing social and economic challenges in the areas where these diseases thrive.

To be clear, the United States has taken a leadership role in the fight against NTDs. As many of these diseases have approved treatments, USAID's NTD program has supplied medicine to key impacted countries using an innovative public-private partnership, as Congressman SMITH alluded to.

Since 2006, USAID has leveraged more than \$22 billion in donated medicines to provide about \$2.6 billion in treatments. However, there is much more to be done, especially to build global political support to fight NTDs.

To that end, this bill directs our flagship global health program, PEPFAR, to find opportunities to integrate NTD research and care into their existing efforts to fight HIV/AIDS, where appropriate.

To lessen the U.S. burden in this fight, this bill also encourages greater participation in the research, treatment, and care of NTDs from the Global Fund, the United Nations, and other G-20 partners.

NTDs pose a significant threat to health outcomes and have a detrimental effect on developing economies. I again thank Mr. SMITH for his great leadership on this issue. And, once again, to pass something in this House that will save lives is truly one of the most gratifying experiences that we, as Members of Congress, have.

Mr. SIREs. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SIREs. Mr. Speaker, I yield myself such time as I may consume for the purpose of closing.

Mr. Speaker, let me again thank Mr. SMITH for all his hard work on this bill.

This legislation shows so clearly how we can use development and diplomacy in tandem to help meet serious global challenges. It is why diplomacy and development are so important in our foreign policy.

There is no doubt that neglected tropical diseases have a major roadblock for impoverished communities around the world. There is also no doubt that we have the tools to combat them if we can garner the resources and the political will to get the job done. That is what this bill aims to do.

Mr. Speaker, I urge all Members to vote "yes" on this measure, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SIREs) that the House suspend the rules and pass the bill, H.R. 3460.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1645

DISAPPROVING THE RUSSIAN FEDERATION'S INCLUSION IN FUTURE GROUP OF SEVEN SUMMITS UNTIL IT RESPECTS THE TERRITORIAL INTEGRITY OF ITS NEIGHBORS AND ADHERES TO THE STANDARDS OF DEMOCRATIC SOCIETIES

Mr. SIREs. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 546) disapproving the Russian Federation's inclusion in future Group of Seven summits until it respects the territorial integrity of its neighbors and adheres to the standards of democratic societies.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 546

Whereas, in 2014, Russia illegally occupied Ukraine's Crimea region and parts of eastern Ukraine;

Whereas these actions are in direct violation of fundamental principles of international law, as well as the United Nations Charter, the Helsinki Final Act, and the 1994 Budapest Memorandum;

Whereas, in 1998, the Group of Seven invited Russia to join the group in an effort to encourage continued political and economic reforms in Russia;

Whereas, in March 2014, the Group of Eight suspended Russia as a direct result of its actions in Ukraine, and instead continued as the Group of Seven;

Whereas, on April 3, 2014, President Barack Obama signed into law the Support for the Sovereignty, Integrity, Democracy, and Economic Stability of Ukraine Act of 2014, which states that "it is the policy of the United States that the continued participation of the Russian Federation in the Group of Eight (G-8) nations should be conditioned on the Government of the Russian Federation respecting the territorial integrity of its neighbors and accepting and adhering to the norms and standards of free, democratic societies as generally practiced by every other member nation of the G-8 nations.";

Whereas, since 2014, the President of Russia, Vladimir Putin, has continued to violate international law in Ukraine's Crimea region and elsewhere, and has continued to undermine democracy and human rights both at home and abroad; and

Whereas, on August 26, 2019, President Donald Trump, announced his intention to invite the President of Russia to next year's Group of Seven summit: Now, therefore, be it

Resolved, That the House of Representatives—

(1) reiterates its unwavering support for the sovereignty and territorial integrity of Ukraine;

(2) condemns Russia's aggressive actions in Ukraine, including the illegal occupation of Crimea and ongoing destabilization of eastern Ukraine;

(3) condemns the Kremlin's assaults on democratic societies worldwide, including in the United States and other Group of Seven countries;

(4) reaffirms its full support for the suspension of Russia from the Group of Eight;

(5) calls on all leaders of the Group of Seven to oppose the readmission of Russia unless and until it has ended its occupation of all of Ukraine's sovereign territory, including Crimea, and halts its attacks on democracies worldwide; and

(6) disapproves of Russia's inclusion in future Group of Seven summits until it respects the territorial integrity of its neighbors and adheres to the standards of democratic societies.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SIREs) and the gentleman from New Jersey (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SIREs).

GENERAL LEAVE

Mr. SIREs. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Res. 546.

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

There was no objection.

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

Mr. Speaker, I want to thank Chairman ENGEL, Ranking Member MCCAUL, and members of the House Foreign Affairs Committee for their unanimous support for H. Res. 546 during its markup, and I urge my colleagues to support this resolution.

In 2014, Russia was expelled from the Group of Eight as a direct result of its aggressive actions in Ukraine, including the invasion of the Crimea region. The remaining seven nations agreed that Russia's future inclusion would be conditioned on its respect of Ukraine's sovereignty and territorial integrity.

Later in 2014, this international agreement was codified into U.S. law when the Support for the Sovereignty, Integrity, Democracy, and Economic Stability of Ukraine Act was signed into law by President Barack Obama.

Within this legislation, introduced by my colleague from Kentucky, Congressman HAL ROGERS, is a clause stating that continued Russian participation in the Group of Eight shall be conditioned on Russia respecting the territorial integrity of its neighbors and accepting and adhering to the norms and standards of free, democratic societies as generally practiced by every other member nation of the G-8.

In the time since this legislation was signed into law, Russia has not changed course. Instead, it has increased its aggression in Ukraine and has undermined democracy in numerous nations. In response to Russia's continued flouting of international democratic standards, I introduced H. Res. 546 to reiterate longstanding bipartisan congressional sentiment that Russia's actions should have consequences on the international stage.

If we allow Russia to participate in future G-7 summits without meeting the previously set conditions, we are signaling that Russia can continue to act with impunity and that the United