

I have to address one other thing because while I think we will have unity among Republicans in pushing back on this International Criminal Court that is undermining our sovereignty and targeting our friend and ally Israel, and while I hope that we will be able to speak with one voice when we get back on that subject, there is another thing that is going on consistently here in this town.

Mr. Speaker, 18 months ago some of us set out to change the institution. We set out to change the rules and open up the process to be able to have more amendments, have more voice for the entirety of the majority in the decisionmaking of the leadership.

□ 1945

For a while that resulted in some changes. Last year, we were able to get Republican and broad support for what we called the Limit, Save, Grow Act in order to put forward a vision for limiting the increase in debt while expanding fiscal responsibility.

It was good legislation. We passed the strongest border security bill that we have ever passed. It had no amnesty in it. It had legitimate border security measures that have been rejected by Democrats, but would, by any objective measure, secure the border of the United States and almost assuredly would have meant that the killer who was paroled into the United States by the Biden administration would not have been able to be paroled and would not have been able to kill Laken Riley.

We passed that bill. We passed that bill as Republicans, uniting to do that. We passed seven appropriations bills. We processed about 1,100 amendments. We were able to move the ball forward in order to unite, in order to get this train back on track to see if we could do the appropriations process the right way.

There are many people in this body, particularly among my Republican colleagues, who want to hide behind rules and hide behind votes on rules, taking down rules, to say that we are not actually carrying out regular order.

Now, what does that mean for the average citizen out there? There are people in this town who want to have every excuse possible for blowing the budget of the United States, racking up debt, leaving the border wide open, sending more money overseas for endless wars, and then coming to us and crying about how, somehow, we don't get it. We don't get it.

We are supposed to all work as a team and agree to all the rules. Does it matter what is in the rule? What good is unity if your unity is for a terrible and stupid and destructive purpose? What good is unity if unity is going to rack up more debt and destroy our budget and destroy our children's futures and empower bureaucrats, empower tyrants, take away liberty, leave borders open, allow people to die, empower China, and send money to Ukraine?

What good are promises to say that you are going to secure the border of the United States before you deal with Ukraine and then do nothing of the sort? What good are rules that carry out that as a result?

When you hear a Republican decrying the fact that some of us want to say no and stand athwart history, yelling stop, to quote William F. Buckley, ask them what they have done. Ask them what they have done to limit spending, cut spending, secure the border. Ask them if they have done anything they said they would do. Ask them. Ask them to prove it. Ask them to show their votes, because nothing is going to change in this town as long as people bow down to the power brokers who tell you how it is.

I will again state on the floor of this Chamber, I answer to God, the Constitution, and the 750,000 people who sent me here. I answer to no committee chairman. I answer to no Speaker. I answer to no colleague. I answer to those Texans I represent and following the law.

My election certificate is every bit as valuable as anybody else's here. If they don't like it and want to go home and explain why they saddle up with Democrats for more Democrat support and majority Democrat support and they want to try to explain their votes, go ahead.

Explain the kill switches on cars that you voted for. Explain the Republicans who voted against defunding UNRWA last September 3 weeks before Israel was attacked by people funded by UNRWA. Explain that. The American people sent us here to change this place.

I had a colleague just a minute ago in a meeting who was just saying: Been here 14 years and we have done none of the things that we set out to do.

Amen.

We have an obligation as Members of this body to actually do the things we said we would do. I believe that the efforts that we set out to do 18 months ago resulted in positive change, and I am not going to let go of those things.

We did manage to hold nondefense spending flat. Defense spending that went up was paid for out of the hide of the IRS expansion and out of COVID money. We passed the best border security bill we could. We set the terms of the fight with the Limit, Save, Grow bill, for the defense spending bill. We put caps in place, which have already been busted. We started to push this place in the right direction and that is the direction we ought to go back to.

Over the next 5 or 6 months, the American people are going to have choices to make. I believe that they ought to return a Republican majority of the House and give us a Republican majority in the Senate, and I think they ought to put Donald Trump in the White House.

None of that will matter if Republicans aren't willing to come here and do what we said we would do and put

every ounce of your election certificate on the line to do what you said you would do. We didn't come here to sit around for 2 years talking about how we get re-elected. We came here to save the country.

I hope that is what we will focus on doing. I hope most Americans will sit and watch my friend from Arizona's detailed explanations of where this country is headed if we do not seek, not just fiscal responsibility in the broadest sense, but, as he will no doubt say in a few minutes, smart ways that we go about doing what we can do to save this country with its mountains of debt piling up for a variety of reasons, all of which are things we can deal with if we just had the courage to do it instead of looking at each other talking about the next election. Once we get elected, we should do something with it.

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

#### THE BENEFITS OF MORALITY AND REALLY GOOD MATH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from Arizona (Mr. SCHWEIKERT) for 30 minutes.

Mr. SCHWEIKERT. Mr. Speaker, I say to my friend from Texas, your intro was actually brilliant because we are going to try to do something this evening that is going to make a whole bunch of people really cranky.

Mr. Speaker, let's see if I can frame this in a way that I don't sound too much like a jerk. Week after week after week after week, I have come to the floor here and walked people through saying, the blue here, that portion we get to vote on and that every dime a Member of Congress votes on is on borrowed money.

This is all borrowed, plus actually a portion of your Medicare, if you look at the math, is actually borrowed. Gross interest is going to be \$1.2 trillion, making interest the second biggest expense in this government.

One of the arguments I deal with over and over is trying to find moral, effective ways that we can save ourselves; that you could actually impact this remarkable amount of debt where we are hovering around borrowing about \$100,000 a second.

Every second of every day, we are just a little below that. Then the really uncomfortable is when you walk through the data, it is interest and healthcare. I am not a doctor; I am good at math.

The dear Lord gave me one thing, I am good at math, but I thought I would try something new and exciting. How about if I brought, A, my friend who just happens to be benefited with a medical school education. That is why we will call him Dr. HARRIS and talk about if healthcare is the primary driver of U.S. sovereign debt, why not engage in the morality of a society that is healthier, that could be more vibrant?

I have come here, and we have talked about diabetes being 33 percent of all U.S. healthcare, being 30 percent of Medicare spending, the cascade of conditions that come from obesity in America and the morality of loving our brothers and sisters and having a healthier society.

My economists right now, we are working on our reply to the President's budget. We are vetting all the math, and we are highlighting things. We are still about 2 more weeks from our publication. We estimate that obesity will result in anywhere between \$8.2 and \$9.1 trillion in excess medical expenditures over the next decade.

Maybe the most powerful thing you and I could do for U.S. sovereign debt and burying your retirement and our children and our great-grandchildren and our great-great-grandchildren in piles of debt would be to actually work on policies to make us a healthier society.

You get the benefits of the morality and really good math. I just happen to have a medical doctor who is a Member of Congress who is on the Appropriations Committee who has an expertise that I don't have and can talk about things that I can't say, but understand, we mean this from a portion of optimism.

There is a path here, but we have to do something that is brutally uncomfortable for us: We have to tell the truth.

Mr. Speaker, I yield to the gentleman from Maryland (Mr. HARRIS).

Is that a fair set up?

Mr. HARRIS. Mr. Speaker, I thank the gentleman from Arizona for yielding me some time today.

Mr. Speaker, to those who see the gentleman virtually every week come up here and talk about the economics of the United States and our debt problems and things like that, today, we will take a little different view because we are going to talk about something that doesn't just have to do with economics; it has to do with providing a healthier America. An America where, yes, we would save money if we were healthier, but the other benefits are so tremendous.

We are not doing this just because we want to save money; we are doing this because we think this is actually the right approach for Americans. If you look at the cost of healthcare, about 70 percent is to take care of chronic diseases and the big chronic diseases are hypertension, diabetes, and obesity. They are the big chronic diseases.

Cancer is not a chronic disease. It is an acute disease. It is the chronic diseases that are costing literally hundreds of billions of dollars to the United States.

Today, we are going to focus on obesity. Now, hopefully in the future, we will focus on diabetes, maybe on hypertension. The reason why it is so important to start with these three is that the amount of spending, as the gentleman indicates, is tremendous.

I am going to pull some data from this study from the Milken Institute. It is called America's obesity crisis. It is from 2018, so 5½ years ago, October 2018, but it is subtitled, "The Health and Economic Cost of Excess Weight." The health and economic costs because they are both costs.

Again, it is not just dollars and cents. They count, but the fact of life is just not as good for someone who has a chronic disease, so let's do something to prevent it.

However, the first thing you have to do is say, what is the history of obesity in the United States?

Look, I have been on this Earth 67 years. I will tell you that it has been noticeable that more Americans are obese or overweight. It is true throughout the world, but let's concentrate on America.

These are medical definitions. If you are higher than the normal range of weight, you are overweight, if you are slightly higher; then you are obese if you are higher than that; and then severe obesity or morbidly obese, as well.

Using these definitions, the same definitions in 1962, 3.4 percent of adults were considered obese. Again, it is not overweight; it is obese. If it is more than overweight; it is obese.

From 1962 to 2000, 30.5 percent. In 2016, 39.8 percent. Mr. Speaker, 8 years ago, it was 39.8 percent. The latest data the CDC has which is from 2017 to 2020, 41.9 percent. Mr. Speaker, 41.9 percent of Americans classified as obese.

Now, why is that classification important?

By the way, the demographic breakdown is very interesting because what we ought to be doing is, we ought to be looking at the demographics and paying attention to where it exists in the population: 49.9 percent of Black adults are obese, 45.6 percent of Hispanic adults, 41.4 percent of White adults, 16.1 percent of Asian adults.

□ 2000

It actually is overrepresented in the Black and Hispanic communities, but why is that important? By the way, that is adults.

The striking thing is for children in the last year that we have data: 16.1 percent overweight; 19.3 percent obese, one in five children are considered obese; one in 16, 6.1 percent, severe obesity in children. Again, that severe obesity in children number is actually higher at 6.1 percent than the entire adult population back in 1962.

It begs the question of why it is so important that we identify obesity. It is because I think a lot of people don't understand the broad range of diseases, including expensive healthcare diseases, in which the risk of that disease is higher if you are obese. It is not everybody who is obese who has these problems, but if you are obese, you are statistically more likely to have these problems.

I want to read the list so you understand why this is such a large eco-

nomic problem. Alzheimer's and vascular dementia, most people don't realize obesity is a risk factor for that. We worry a lot about that because the cost of Alzheimer's in America and the treatment, again, is measured in the hundreds of billions of dollars. Other diseases include asthma and COPD; breast cancer—we know that cancers are; chronic back pain; colorectal cancer; congestive heart failure—again, a large consumer of healthcare dollars; coronary artery disease; diabetes, of course. Again, diabetes and obesity kind of go hand-in-hand, but only 20 percent of the cost of obesity, again, the approximately \$1.7 trillion annual cost back in 2016, only 20 percent of that can be attributed to the coexistence of diabetes and obesity. Again, diabetes has to be handled by itself, but obesity is a risk factor for that.

Dyslipidemia, so people with high cholesterol and lipids; end-stage renal disease; endometrial cancer; esophageal adenocarcinoma; gallbladder cancer; gallbladder disease; gastric adenocarcinoma, so stomach cancer; hypertension; liver cancer; osteoarthritis; ovarian cancer; pancreatic cancer; prostate cancer; renal cancer; and stroke—all of these have a higher incidence in someone with obesity.

Scientifically, we say that if we can reduce obesity, we will reduce the incidence of all these diseases and the costs associated with them. The costs associated with them attributable to obesity are over \$1.5 trillion a year, both direct costs, the cost to actually treat someone, and the indirect costs, the cost of decreased productivity and decreased contribution to the GDP and the economy by someone who is ill, all these indirect and direct costs. These numbers are still staggering.

Mr. SCHWEIKERT. Yet, I promise you, tomorrow, we will have things on our phone attacking us for telling the truth.

Mr. Speaker, I am going to argue our willingness to come here and tell the truth—I love people. I want them to flourish.

Doctor, we are about to have our fifth year of prime-age males where their life expectancy is shorter. You were actually walking me through some of the math earlier.

Does anyone care?

The concentration I see of the lack of family formation, productivity, the ability to participate in society, the healthcare costs—what would happen if we had a society where we were not afraid to talk about the stigma?

We are saying there are policies. I have the stacks of charts and these things, but there are policies we can engage in to make a difference.

This is on topic and uncomfortable, but one of the things I come here and talk about over and over—let's just use this chart down here. Medicare is singularly the primary driver of our debt. It is healthcare costs. It is an earned benefit. You paid your 40 quarters for Social Security, but the average couple

will have paid in \$227,000 in FICA taxes, the portion that goes toward Medicare, but they get back \$725,000. That differential right there is the primary driver of U.S. sovereign debt.

Do you do what some of the folks around here want to do, my Democratic colleagues, where they want to basically say Medicare for All? We are going to ration it. It is going to be government everything. The doctors you have are going to be government employees, that sort of model. Or should we actually take on something much more moral, much more creative, and much more, I would argue, doable?

Let's look at the government policies we engage in where we subsidize people's misery. Could we turn some of the very programs we have to make them more moral and help make our society healthier?

Doctor, I know that has been one of your fixations. You have been in front of committees over and over, talking about things we could do, everything from agricultural legislation, nutrition legislation—the things I do in Ways and Means, trying to finance access to therapies to make people healthier.

Mr. HARRIS. Sure. I chair the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Subcommittee of the Appropriations Committee, and we are in charge of funding the Supplemental Nutrition Assistance Program, the SNAP program.

If you were paying attention about an hour ago, an hour and a half ago, to the folks from the other side of the aisle, all they wanted to do was push more money into the Supplemental Nutrition Assistance Program.

The second word there, by the way, is "nutrition." If you go back to the original founding, the program was founded to provide nutrition. In the early days of the program, there was a significant number of people in the country who actually did not receive enough calories. Literally, they didn't receive enough calories. At that time, the emphasis was to get food of all kinds to these folks so that they are not calorie starved.

Again, I talked about the trend in obesity, and what we see is that something is happening. We have programs like the Supplemental Nutrition Assistance Program where the last time they looked at it was in 2016—it might have been earlier than that—where 10 percent of the funds went to sugary soda. Remember, this is a \$122 billion a year program of taxpayer dollars. We ask taxpayers to pony up or to borrow \$122 billion to put into the Supplemental Nutrition Assistance Program. Ten percent is on sugary soda, \$12 billion, our best estimate, is spent on something that we now know—maybe 40 or 50 years ago when the obesity rate was 6 percent or 3-plus percent, we didn't know that.

We do know now what contributes to obesity. We do know that insulin resistance, the presence of sugars and

processed foods in the diet, directly cause obesity. Of course, diabetes, which again we will get to in the future, and probably also hypertension to some extent, are all interrelated diseases. We actually know that that is bad.

I have proposed taking out nonnutritious—it is about 20 percent. It is 10 percent sugary soda beverages and another 10 percent salty snacks, ultra-processed food. Again, it raises your insulin levels. It does all the bad things that ultimately lead to an increased amount of fatty tissue and obesity.

Let's just say that we will allow States to restrict that in a program and take that money and spend it on fruits and vegetables or something. That sounds like a pretty novel idea. That sounds like a pretty good idea based on the scientific evidence.

The pushback has been tremendous, mainly from the other side of the aisle, which is: No, all we need to do is spend more money on this program.

I would suggest to the gentleman from Arizona that we have enough proof that what we have been doing hasn't been working. In fact, it has been making the problem worse because the data on people who receive Supplemental Nutrition Assistance Program shows they are more obese and more overweight.

Mr. SCHWEIKERT. And sicker.

Mr. HARRIS. Of course, they are sicker because we know these diseases relate to it. The studies were done against individuals who had the same socioeconomic status, same income, but were not getting SNAP benefits.

Mr. SCHWEIKERT. Doctor, the morality argument I really want us to make is the way we have designed these programs, as they were originally designed decades and decades and decades ago, we now understand, we are financing people's misery instead of financing the opportunity to be healthier, to be part of society, to actually live longer.

It is uncomfortable, but we have to have a moment of honesty. I don't understand the left's fixation on basically using borrowed money to finance misery.

Mr. HARRIS. I agree. This is not just about economics. It is using borrowed money to actually cause the need for more borrowed money in the future.

Mr. SCHWEIKERT. Yes. On the economic side, we call it knock-off effects, second-degree, third-degree effects. In some ways, they are not even that. They are just the principal effects.

Mr. HARRIS. It is direct. Again, even if this were economically neutral—but it is not—one would make the argument that the right thing to do for people is to give them a better, healthier life.

Mr. SCHWEIKERT. Yes.

Mr. HARRIS. In the hearing today, we had someone suggest that all we need to do is do public service announcements, that we will just do education.

Mr. SCHWEIKERT. And?

Mr. HARRIS. One of the experts said, quite accurately, that when you deal with an addiction—and we won't get into that today, but by the way, just so everybody understands, it is now pretty clear from brain chemistry that sugar—and when we say sugar, mostly it is fructose because the other sugar is cane sugar, which is sucrose, a combination of fructose and glucose. Fructose, basically, we understand that it is actually physically addictive in the brain because it results through the modifier of MGO, a chemical called MGO, which binds to receptors in the brain. It actually releases dopamine.

Mr. SCHWEIKERT. Yes. Would this explain my ice cream problem?

Mr. HARRIS. It could. Every single addictive issue in front of us involves—whether it is an addiction like opioid addiction, an addiction like sugar addiction, an addiction like gambling, or your cell phones and the fact that our youth now spend 7 hours a day on their cell phones, on the internet and playing games and things, it is because this is designed to release dopamine in the brain.

We understand it is the exact same mechanism, and it is up to us. People say to educate. Our government shouldn't be involved in this. Wait a minute, we are talking about regulating the industry for children with regard to apps, regulating the opioid industry because it is addictive, dealing with gambling because it is addictive. Why wouldn't we talk about a food addiction that leads to misery and huge economic costs?

Mr. SCHWEIKERT. Doctor, look, my personal philosophy, I am probably a little bit more libertarian here. Have what you want, but understand, A, should government finance things that make our population less healthy, and, as a matter of fact, make much of the population very sick? The reality of it is when the majority of healthcare partially is financed in some fashion through government, we have an interest. In some ways, it sickens me, but that is the reality we have to sort of mechanically deal with.

The statistics, the data, are just crashing on us since the pandemic, the curve of our brothers and sisters who are getting sicker and sicker. Now, I am dealing with some of the data we are looking at of those moving into their retirement benefits being also much sicker and trying to figure out how we finance that. We are financing it with partially borrowed money.

It is honestly a good economics and moral argument. Maybe we should change the way we do nutrition assistance in America. Maybe we should change even down to some of the agricultural policy of adding more variety. I have given presentations on the concentration of certain crops and the whole way commodity pricing works, and the black swan theory of that level of concentration, God forbid something ever happened to one of the crops, but

it all ties together. It is a unified theory. If I care about healthcare spending—and, understand, ObamaCare was a financing bill. It was about who got subsidized and who had to pay. Our Republican alternative was a financing bill.

□ 2015

We are right now doing the hardest thing in Congress. We are actually talking about what we pay for. Could we actually reduce healthcare spending by having a healthier country, a healthier population? That would actually be much more egalitarian with prosperity.

Mr. HARRIS. There is no question that that is true. The fact is that we can send a strong economic signal through our ability to modify what is available under food programs, not only direct payments but also the fact that, over the past 50 years, we have kind of funneled all the production, as you said, into only a handful of major crops.

In my district, for instance, they used to grow tomatoes. It used to be one of the tomato capitals of the country. I didn't even know this, but it is not anymore. It is just soybeans and corn, partly because we have a big poultry industry, but the variety of crops has just disappeared.

Again, everything comes together. Everything points in the same direction. We must address the obesity crisis. We know what causes it.

We actually have a pretty good idea of how to solve it, how to get there, but we have to decide that that is something we are going to do. I think the average American understands it. I think they do.

Mr. SCHWEIKERT. It is fascinating when I am home in Arizona, the number of folks I walk up to who will almost pull me aside and say: I can't believe you were willing to talk about that. You told the truth.

It is almost like they weren't ready to have those of us from the political class do something that is uncomfortable.

The math is the math. If you take a look at mortality statistics, is it moral to have a society, particularly working, prime-age males—I mean, you were actually quoting some of the statistics in our previous conversation. They are dying younger and younger.

What we have done to younger people in the country, what we are doing to seniors, we can fix this. We just have to be willing to do some difficult policy here—it is not difficult policy.

There are some experiments out there—and you and I have not talked about this before, so we are winging it—where it was the food box and saying that we are going to deliver to our brothers and sisters who need nutrition support a box. There was a problem. Sometimes, the fruits and those things were thrown away, so they experimented with other ways to deliver it.

It was in a microwave pouch, and it turned out that it was working. They

were making people healthier, and then that pilot program disappeared.

We are talking billions and billions of dollars, which means there will be armies of lobbyists in the hallway here tomorrow really cranky about what we talked about.

Can we make the argument that we should do the right thing? Is this Republican or Democrat? It should be just the right thing.

Mr. HARRIS. That is right. You bring up a good point.

The first thing you start with is say that we don't have to change—let's do a few pilot programs. Let's get some data. Otherwise, it is incredibly difficult to see whether some of these ideas work to change the way people buy and their habits. Obviously, it will take a generation for the obesity that already exists to plateau.

Mr. SCHWEIKERT. I am more optimistic than you.

Mr. HARRIS. I mean, with Ozempic and Wegovy, maybe it is quicker, but these are not the solution. The solution is not to become obese and then take a drug to reduce the obesity. It is not to become obese in the first place, but your point is critical.

Right now, a 3-year-old has a lower life expectancy than a 60-year-old had at the same age. That is because our adults are getting these chronic diseases at an increasing rate. That 3-year-old, if we don't change the trajectory, will have much less of a chance to live to the same age as their grandfather did or their father did.

We cannot accept that in America. We are actually in a situation where our children have a lower life expectancy than us.

This is the opposite of everything anybody does anything for. As a father, you want to do everything for your children so they have it better than you.

We are kind of intentionally, because we are intentional in how we spend dollars, forcing our children to a lower, shorter life expectancy than we have. Shame on us if we don't fix this.

Mr. SCHWEIKERT. We are already crushing the next generation, the next three generations. My wife is my age, and I have an 8-year-old and a 23-month-old.

Mathematically, my 23-month-old, when he is 20 years old, U.S. taxes will have to be double what they are today to maintain baseline services.

This is what we are doing to our society. We are coming behind these microphones, and we have done the economic presentations. We can do the Democrats' tax scheme. You get about 1.5 percent of GDP if you were able to tax maximize everything.

For those of us who want to cut things, we get about a point of discretionary nondefense. That is \$300 billion there if we could cut that much, so 2.5 percent.

This fiscal year so far, we were expecting to borrow about 5, 5.5 percent of GDP. We are closer to 9. Does anyone see a math problem there?

If this is the political rhetoric, that they want to raise taxes and we want to cut, and you only get this much, maybe we need to promote policies that disrupt the cost of government and the cost of healthcare.

A couple of weeks ago, I gave a series of presentations here on using technology, using AI, those things, to make government much smaller. We can do things like this. There are paths.

Mr. Speaker pro tempore, are we up against time?

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. SCHWEIKERT. Mr. Speaker, I thank Dr. HARRIS for joining me, and I yield back.

#### ENROLLED JOINT RESOLUTION SIGNED

Kevin F. McCumber, Clerk of the House, reported and found truly an enrolled joint resolution of the House of the following title, which was thereupon signed by the Speaker:

H.J. Res. 109. Joint Resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Securities and Exchange Commission relating to "Staff Accounting Bulletin No. 121".

#### ADJOURNMENT

Mr. SCHWEIKERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 21 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, May 23, 2024, at 10 a.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-4277. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus SAS Airplanes [Docket No.: FAA-2023-1883; Project Identifier MCAI-2023-00804-T; Amendment 39-22734; AD 2024-08-01] (RIN: 2120-AA64) received May 17, 2024, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC-4278. A letter from the Acting Assistant Secretary, Office of Legislative Affairs, Department of the Treasury, transmitting the Department's annual report on material violations or suspected material violations of regulations relating to Treasury auctions and other offerings of securities during the period of January 1, 2023, through December 31, 2023, pursuant to 31 U.S.C. 3121 note; Public Law 103-202, Sec. 202(d)(1); (107 Stat. 2358); to the Committee on Financial Services.

EC-4279. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to Nicaragua that was declared in Executive Order 13851 of November 27, 2018, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec. 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.