

SENATE RESOLUTION 569—SUPPORTING THE GOALS OF WORLD TUBERCULOSIS DAY TO RAISE AWARENESS ABOUT TUBERCULOSIS

Mr. BROWN (for himself and Mr. SULLIVAN) submitted the following resolution; which was referred to the Committee on Foreign Relations.:

S. RES. 569

Whereas, in 2020, nearly $\frac{1}{4}$ of the global population was infected with the tuberculosis bacterium (referred to in this preamble as “TB”);

Whereas the World Health Organization (referred to in this preamble as the “WHO”) estimates that 9,900,000 people developed TB in 2020, 8 percent of whom were also infected with the human immunodeficiency virus (referred to in this preamble as “HIV”);

Whereas, in 2020, TB killed an estimated 1,514,000 people, second only to coronavirus disease 2019 (referred to in this preamble as “COVID-19”) as a leading cause of death from a single infectious agent;

Whereas, globally in 2020, an estimated 1,100,000 children developed TB, and in 2020, 228,972 children died of TB;

Whereas $\frac{2}{3}$ of new TB infections in 2020 occurred in 8 countries: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh, and South Africa;

Whereas TB is a leading killer of people infected with HIV, and 214,000 people with HIV died of TB in 2020;

Whereas vulnerable populations also at high risk for developing TB include individuals who are pregnant and newborns;

Whereas, in 2020, TB was the 13th leading cause of death;

Whereas, in some settings, women with TB can face stigma, discrimination, and ostracization by their families and communities;

Whereas the global TB epidemic and the spread of drug-resistant TB present a persistent public health threat to the United States because the disease does not recognize borders;

Whereas antibiotic-resistant pathogens are a growing problem worldwide, and drug-resistant TB can occur when the drugs used to treat TB are mismanaged or not made consistently accessible;

Whereas studies have demonstrated direct person-to-person transmission of drug-resistant TB;

Whereas multi-drug resistant TB (referred to in this preamble as “MDR-TB”) is caused by bacteria with resistance to rifampin and isoniazid, the 2 most potent treatments for TB infection;

Whereas, in 2020, according to the 2021 WHO Global Tuberculosis Report, an estimated 3 to 4 percent of all new TB cases and 18 to 21 percent of previously treated cases were MDR-TB or rifampin-resistant TB;

Whereas, in 2020, an estimated 297,000 people around the world developed MDR-TB or rifampin-resistant TB, yet only approximately 1 in 3 of those individuals were identified and treated;

Whereas extensively drug-resistant TB (referred to in this preamble as “XDR-TB”) is a rare type of TB that is resistant to nearly all medicines, and therefore can be very difficult and expensive to treat, especially among patients with HIV;

Whereas, in 2020, 25,681 cases of XDR-TB were reported;

Whereas, in 2020, the Centers for Disease Control and Prevention (referred to in this preamble as “CDC”) estimated that the average cost of treating a single patient with MDR-TB in the United States was \$182,186, and the average cost of treating a patient

with XDR-TB was even higher at \$567,708, compared with \$20,211 to treat a patient with drug-susceptible TB;

Whereas, between 2005 and 2007, according to an analysis by the CDC, MDR-TB and XDR-TB cases in the United States collectively cost the health care system an estimated \$53,000,000;

Whereas the CDC estimates that costs resulting from all forms of TB in the United States totaled more than \$503,000,000 in 2020;

Whereas, in a 2000 report, the Institute of Medicine found that a decrease in TB control funding and the spread of HIV and acquired immune deficiency syndrome (commonly referred to as “AIDS”) caused a resurgence of TB in the late 1980s and early 1990s;

Whereas a total of 7,174 TB cases were reported in the United States in 2020, representing all 50 States and the District of Columbia, and up to 13,000,000 people in the United States are estimated to be living with latent TB infection;

Whereas the rate of TB disease in African Americans is 8.5 times higher than the rate of disease in White, non-Hispanic Americans, and significant disparities exist among other minorities in the United States, including Asian Americans, Hispanic Americans, and Native Americans and Alaska Natives, with approximately 89 percent of all reported TB cases in the United States in 2020 occurring in racial or ethnic minorities;

Whereas smoking—

(1) greatly increases the risks of contracting TB and infection recurrence; and

(2) impairs therapeutic efficacy;

Whereas diabetes is a major risk factor for TB, and people with diabetes are more likely to develop and succumb to TB;

Whereas bedaquiline is an antibiotic that boosts the chance of survival for an MDR-TB patient from approximately 50 percent to as much as 80 percent, and through a public-private partnership, the United States Agency for International Development (referred to in this preamble as “USAID”) provided approximately 105,000 treatments in 110 eligible countries from 2015 through 2019;

Whereas Bacillus Calmette-Guerin, a TB vaccine that is known as BCG, provides some protection to infants and young children against serious forms of childhood TB but has had little epidemiologic impact on controlling TB worldwide;

Whereas there is a critical need for new drugs, diagnostics, and vaccines for controlling the global TB epidemic;

Whereas, in September 2018, the United Nations held the first high-level meeting on TB at which 120 countries, including the United States, signed a political declaration committing to accelerating the TB response, including by increasing funding for TB control programs and research and development efforts, with the goal of reaching all affected people with TB prevention and care;

Whereas the enactment of 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) and the Comprehensive Tuberculosis Elimination Act of 2008 (Public Law 110-392; 122 Stat. 4195) led to a historic United States commitment to support the global eradication of TB, including a commitment to treat 4,500,000 TB patients and 90,000 MDR-TB patients between 2009 and 2013 and to provide additional treatment through coordinated multilateral efforts;

Whereas USAID—

(1) provides technical assistance to 55 countries and implements bilateral programs in 23 high-burden TB countries that—

(A) build capacity; and

(B) support the adoption of state-of-the-art TB-related technologies;

(2) supports the development of new diagnostic and treatment tools; and

(3) supports research to develop new vaccines and other new methods to combat TB; Whereas, in 2018, USAID launched—

(1) a new business model entitled “Global Accelerator to End Tuberculosis” to accelerate progress and build capacity with respect to TB prevention and treatment; and

(2) a new mechanism to directly support local organizations in priority countries;

Whereas TB incidence in the countries that receive bilateral TB funding from the United States through USAID has decreased by more than 29 percent since 2000;

Whereas, according to the Copenhagen Consensus Center, TB prevention programs return \$56 for each dollar invested, which is one of the highest returns on investment of any health intervention;

Whereas the CDC, in partnership with other entities of the United States and individual States and territories—

(1) directs the national TB elimination program;

(2) coordinates TB surveillance, technical assistance, and prevention activities; and

(3) helps to support the development of new diagnostic, treatment, and prevention tools to combat TB;

Whereas the National Institutes of Health, through its many institutes and centers, plays the leading role in basic and clinical research on the identification, treatment, and prevention of TB;

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria (referred to in this preamble as the “Global Fund”), to which the United States is a top financial donor, provides more than 77 percent of all international financing for TB programs;

Whereas, in 2020, programs supported by the Global Fund detected and treated more than 4,700,000 cases of TB;

Whereas the COVID-19 pandemic and mitigation efforts put in place as a result of the pandemic have taken a devastating toll on countries with the highest burden of TB disease and on the global TB response, threatening to reverse up to 8 years of progress fighting the disease;

Whereas, in 2020, in the 23 high-burden TB countries in which USAID implements bilateral programs, 1,000,000 fewer people with TB had access to diagnosis and treatment, a 23 percent decline from 2019;

Whereas, between 2020 and 2025, global projections estimate that the impact of the COVID-19 pandemic will lead to an additional 6,300,000 cases of TB and an additional 1,400,000 TB deaths; and

Whereas March 24, 2022, is World Tuberculosis Day, a day that commemorates the date in 1882 on which Dr. Robert Koch announced his discovery of mycobacterium tuberculosis, the bacterium that causes TB: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals of World Tuberculosis Day to raise awareness about tuberculosis;

(2) commends the progress of tuberculosis elimination efforts by entities that include the United States Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and

(3) reaffirms the commitment to strengthen the leadership role of the United States in, and the effectiveness of the global response to, the fight to end the tuberculosis epidemic.

SENATE RESOLUTION 570—DESIGNATING APRIL 2022 AS “NATIONAL NATIVE PLANT MONTH”

Mr. PORTMAN (for himself and Ms. HIRONO) submitted the following resolution; which was considered and agreed to.:

S. RES. 570

Whereas there are more than 17,000 native plant species in the United States, which include trees, shrubs, vines, grasses, and wildflowers;

Whereas native plants help prevent flooding, drought, and erosion and can help restore damaged ecosystems;

Whereas native plants provide shelter as well as nectar, pollen, and seeds that serve as food for native butterflies, insects, birds, and other wildlife in ways that non-native plants cannot;

Whereas more than 200 of the native plant species in the United States are estimated to have been lost since the early 19th century;

Whereas habitat loss and degradation, extreme weather events, and invasive species have contributed to the decline of native plants in the United States; and

Whereas native plants are essential components of resilient ecosystems and our natural heritage: Now, therefore, be it

Resolved, That the Senate—

(1) designates April 2022 as “National Native Plant Month”; and

(2) recognizes the benefits of native plants to the environment and economy of the United States.

SENATE RESOLUTION 571—SUPPORTING THE GOALS AND IDEALS OF DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM AWARENESS MONTH

Mr. GRASSLEY (for himself and Mr. LUJÁN) submitted the following resolution; which was considered and agreed to:

S. RES. 571

Whereas deep vein thrombosis (referred to in this preamble as “DVT”) is a condition that occurs when a blood clot forms in the deep veins of the body, such as in the arm, abdomen, around the brain, and most commonly in the leg;

Whereas a potentially life-threatening complication of DVT is pulmonary embolism (referred to in this preamble as “PE”), where a blood clot breaks off, travels through the blood stream, and lodges in the lung;

Whereas DVT and PE are serious but often preventable medical conditions;

Whereas DVT and PE affect as many as 900,000 individuals in the United States each year;

Whereas DVT and PE kill an estimated 60,000 to 100,000 individuals in the United States each year, and 1 out of 4 individuals who have a PE die without warning;

Whereas DVT and PE deaths are often preventable;

Whereas DVT and PE are the leading causes of preventable hospital death in the United States;

Whereas DVT and PE are a common complication faced by cancer patients, and survival rates are lower for individuals with cancer who also have blood clots;

Whereas pregnancy increases the risk of DVT and PE, and that risk remains elevated for up to 3 months after giving birth;

Whereas immobility, surgery, older age, and a family history of clotting and thrombophilia increase the risk of DVT and PE;

Whereas DVT and PE contributes to up to \$10,000,000,000 in incremental medical costs each year in the United States; and

Whereas the establishment of March as Deep Vein Thrombosis and Pulmonary Embolism Awareness Month would raise awareness about this life-threatening but preventable condition: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of Deep Vein Thrombosis and Pulmonary Embolism Awareness Month; and

(2) recognizes the importance of raising awareness of deep vein thrombosis and pulmonary embolism.

AUTHORITY FOR COMMITTEES TO MEET

Ms. BALDWIN. Mr. President, I have five requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority Leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the Senate on Wednesday, March 30, 2022, at 10 a.m., to conduct a hearing.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

The Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Wednesday, March 30, 2022, at 11 a.m., to conduct a business meeting.

COMMITTEE ON RULES AND ADMINISTRATION

The Committee on Rules and Administration is authorized to meet during the session of the Senate on Wednesday, March 30, 2022, at 11 a.m., to conduct a hearing.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP

The Committee on Small Business and Entrepreneurship is authorized to meet during the session of the Senate on Wednesday, March 30, 2022, at 1:45 p.m., to conduct a hearing.

SUBCOMMITTEE ON EAST ASIA, THE PACIFIC, AND INTERNATIONAL CYBERSECURITY POLICY

The Subcommittee on East Asia, the Pacific, and International Cybersecurity Policy of the Committee on Foreign Relations is authorized to meet during the session of the Senate on Wednesday, March 30, 2022, at 2 p.m., to conduct a hearing.

ORDERS FOR THURSDAY, MARCH 31, 2022

Ms. BALDWIN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. on Thursday, March 31; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be

closed; that upon the conclusion of morning business, the Senate resume consideration of the motion to proceed to Calendar No. 310, H.R. 4373, the legislative vehicle for COVID funding; that at 11:45 a.m., the Senate proceed to executive session and vote on the confirmations of the Geraghty and Castner nominations in the order listed; that upon the disposition of the Castner nomination, the Senate resume legislative session and that the cloture motion with respect to the motion to proceed to H.R. 4373 ripen at 1:45 p.m.; finally, that if any nominations are confirmed during Thursday’s session of the Senate, the motions to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate’s action.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. BALDWIN. Senators should expect two rollcall votes at 11:45 a.m. and one rollcall vote at 1:45 p.m.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Ms. BALDWIN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 10:34 p.m., adjourned until Thursday, March 31, 2022, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF STATE

CANDACE A. BOND, OF MISSOURI, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF TRINIDAD AND TOBAGO.

TIMMY T. DAVIS, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE STATE OF QATAR.

PUNEET TALWAR, OF THE DISTRICT OF COLUMBIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE KINGDOM OF MOROCCO.

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

MICHAEL J. LOMBARDO, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON THE ARTS FOR A TERM EXPIRING SEPTEMBER 3, 2022, VICE MARIA ROSARIO JACKSON, TERM EXPIRED.

MICHAEL J. LOMBARDO, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON THE ARTS FOR A TERM EXPIRING SEPTEMBER 3, 2022. (REAPPOINTMENT)

DEPARTMENT OF EDUCATION

NASSER H. PAYDAR, OF INDIANA, TO BE ASSISTANT SECRETARY FOR POSTSECONDARY EDUCATION, DEPARTMENT OF EDUCATION, VICE ROBERT L. KING.

DISCHARGED NOMINATION

The Senate Committee on Commerce, Science, and Transportation was discharged from further consideration of the following nomination pursuant to S. Res. 27 and the nomination was placed on the Executive Calendar:

ALVARO M. BEDOYA, OF MARYLAND, TO BE A FEDERAL TRADE COMMISSIONER FOR THE TERM OF SEVEN YEARS FROM SEPTEMBER 26, 2019.

CONFIRMATIONS

Executive nominations confirmed by the Senate March 30, 2022: