

END NEGLECTED TROPICAL DISEASES ACT

MARKUP

BEFORE THE

SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,
GLOBAL HUMAN RIGHTS, AND
INTERNATIONAL ORGANIZATIONS

OF THE

COMMITTEE ON FOREIGN AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTEENTH CONGRESS

FIRST SESSION

ON

H.R. 1415

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END NEGLECTED TROPICAL DISEASES ACT

THURSDAY, JUNE 15 , 2017

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,
GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 11:30 a.m., in room 2255 Rayburn House Office Building, Hon. Christopher H. Smith (chairman of the subcommittee) presiding.

Mr. SMITH. The subcommittee will come to order and good morning to everyone.

Pursuant to notice, we are here this morning to work up Title I of H.R. 1415, the End Tropical Diseases Act.

[The information referred to follows:]

115TH CONGRESS
1ST SESSION

H. R. 1415

To facilitate effective research on and treatment of neglected tropical diseases, including Ebola, through coordinated domestic and international efforts.

IN THE HOUSE OF REPRESENTATIVES

MARCH 7, 2017

Mr. SMITH of New Jersey (for himself and Mr. MEEKS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Foreign Affairs, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To facilitate effective research on and treatment of neglected tropical diseases, including Ebola, through coordinated domestic and international efforts.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “End Neglected Trop-
5 ical Diseases Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

- Sec. 2. Table of contents.
- Sec. 3. Statement of policy.
- Sec. 4. Findings.
- Sec. 5. Definition.
- Sec. 6. Rule of construction.

TITLE I—FOREIGN AFFAIRS

- Sec. 101. Expansion of United States Agency for International Development's Neglected Tropical Diseases Program.
- Sec. 102. Actions by Department of State.
- Sec. 103. Multilateral development and health institutions.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Sec. 201. Promoting efforts through interagency working groups and international forums.
- Sec. 202. Report on neglected tropical diseases in the United States.
- Sec. 203. Centers of excellence.
- Sec. 204. Panel on worm infection solutions.

1 **SEC. 3. STATEMENT OF POLICY.**

2 It is the policy of the United States to support a
3 broad range of implementation and research and develop-
4 ment activities that work toward the achievement of cost-
5 effective and sustainable treatment, control and, where
6 possible, elimination of neglected tropical diseases, includ-
7 ing Ebola, for the economic and social well-being for all
8 people.

9 **SEC. 4. FINDINGS.**

10 Congress finds the following:

11 (1) The World Health Organization (WHO) has
12 identified 17 neglected tropical diseases (NTDs).
13 Approximately two billion people—almost one-third
14 of the world's population—are at risk of contracting
15 an NTD, and more than 1.4 billion people are cur-
16 rently afflicted with one or more NTDs.

1 (2) In 2013, WHO adopted a comprehensive
2 resolution on NTDs recognizing that increased na-
3 tional and international investments in prevention
4 and control of neglected tropical diseases have suc-
5 ceeded in improving health and social well-being in
6 many countries.

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

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

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

7 (6) NTDs are not confined to the developing
8 world, however. Several NTD outbreaks have been
9 reported in the United States and other developed
10 countries, especially among the poor. In the United
11 States, NTDs disproportionately affect people living
12 in poverty, and especially minorities, including up to
13 2.8 million African-Americans with toxocariasis and
14 300,000 or more people, mostly Hispanic-Americans,
15 with Chagas disease.

16 (7) In 2014, an outbreak of Ebola Virus Dis-
17 eases (Ebola) caused a pandemic that infected more
18 than 20,000 people, including more than 8,000
19 deaths. Although not listed as an NTD by the World
20 Health Organization, Ebola shares the same charac-
21 teristics as other NTDs by affecting people living
22 “under conditions of poverty” and is “concentrated
23 almost exclusively in impoverished populations in the
24 developing world”. Even when the disease had
25 spread to the United States and other developed

1 countries, it was contained and controlled by the
2 well-equipped health systems in those areas.

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

10 (9) Research and development efforts are imme-
11 diately needed for all NTDs, especially those for
12 which limited or no treatment currently exists.

13 (10) Critical to developing robust NTD control
14 strategies are epidemiological data that identify at-
15 risk populations, ensure appropriate treatment fre-
16 quency, and inform decisions about when treatment
17 can be reduced or stopped.

18 (11) Of the 14 most common NTDs, roughly
19 80 percent of infections are caused by soil-trans-
20 mitted helminths (STH) and schistosomiasis. STH
21 are a group of three parasitic worms (roundworms,
22 whipworms, and hookworms) that afflict more than
23 one billion people worldwide, including 600 million
24 school-age children, of whom more than 300 million
25 suffer from severe morbidity. Schistosomiasis is an-

1 other helminth infection affecting at least 200 mil-
2 lion people in developing countries, but some esti-
3 mates indicate that the true number of people af-
4 fected may be double or even triple that number.

5 (12) The main health problems caused by STH
6 are related to their negative effect on childhood nu-
7 tritional status, which can cause stunting and wast-
8 ing. For example, STH infection may lead to ane-
9 mia, malabsorption of nutrients, loss of appetite,
10 nausea, abdominal pain, diarrhea, and reduced food
11 intake. When such health problems are experienced
12 in early childhood, a peak growth and development
13 period, the mental and physical damage—and loss of
14 future productivity and wage-earning potential—will
15 likely be irreversible. Schistosomiasis causes end-
16 organ damage to the urinary tract, female genital
17 tract, liver and intestines. It also results in chronic
18 health conditions in children.

19 (13) STH and schistosomiasis are also particu-
20 larly detrimental to the health of women of repro-
21 ductive age and pregnant women. Their underlying
22 poor iron status makes these women most suscep-
23 tible to developing anemia. Iron deficiency anemia
24 resulting from hookworm infection during pregnancy
25 has been linked to poor pregnancy outcomes such as

1 prematurity, low birth weight, and impaired lacta-
2 tion. Female genital schistosomiasis may be one of
3 the most common gynecologic conditions in Africa
4 leading to genital pain, itching, and bleeding and
5 markedly increased susceptibility to HIV/AIDS.

6 (14) Fortunately, there is a simple, cost-effec-
7 tive solution to STH and schistosomiasis infections:
8 single-dose deworming pills that can be safely ad-
9 ministered once or twice annually to those at risk.
10 Pharmaceutical companies have committed to donate
11 the drugs needed to treat all at-risk, school-age chil-
12 dren in developing countries. Regular administration
13 of deworming pills reduces morbidity associated with
14 STH and schistosomiasis infections by reducing
15 prevalence and transmission rates.

16 (15) Improved access to water, sanitation, and
17 hygiene (WASH) can also reduce the transmission of
18 NTDs, particularly intestinal worms.

19 (16) The benefits of deworming are immediate
20 and enduring. A rigorous randomized controlled trial
21 has shown school-based deworming treatment to re-
22 duce school absenteeism by 25 percent. School-based
23 deworming also benefits young siblings and other
24 children who live nearby but are too young to be

1 treated, leading to large cognitive improvements
2 equivalent to half a year of schooling.

3 **SEC. 5. DEFINITION.**

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

6 (1) means infections caused by pathogens, includ-
7 ing viruses, bacteria, protozoa, and helminths
8 that disproportionately impact individuals living in
9 extreme poverty, especially in developing countries;
10 and

11 (2) includes—

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

14 (B) Chagas disease;

15 (C) dengue or severe dengue fever;

16 (D) dracunculiasis (Guinea worm disease);

17 (E) echinococcosis;

18 (F) foodborne trematodiasis;

19 (G) human African trypanosomiasis (sleep-
20 ing sickness);

21 (H) leishmaniasis;

22 (I) leprosy;

23 (J) lymphatic filariasis (elephantiasis);

24 (K) onchocerciasis (river blindness);

25 (L) rabies;

- 1 (M) schistosomiasis;
2 (N) soil-transmitted helminthiasis (STH)
3 (round worm, whip worm, and hook worm);
4 (O) taeniasis/cysticercosis;
5 (P) trachoma; and
6 (Q) yaws (endemic treponematoses).

7 **SEC. 6. RULE OF CONSTRUCTION.**

8 Nothing in this Act shall be construed to increase au-
9 thorizations of appropriations for the United States Agen-
10 cy for International Development or authorizations of ap-
11 propriations for the Department of Health and Human
12 Services.

13 **TITLE I—FOREIGN AFFAIRS**

14 **SEC. 101. EXPANSION OF UNITED STATES AGENCY FOR**
15 **INTERNATIONAL DEVELOPMENT'S NE-**
16 **GLECTED TROPICAL DISEASES PROGRAM.**

17 (a) FINDINGS.—Congress finds the following:

18 (1) Since fiscal year 2006, the United States
19 Government has been an essential leading partner in
20 advancing control and elimination efforts for seven
21 targeted neglected tropical diseases: lymphatic fila-
22 riasis (elephantiasis), onchocerciasis (river blind-
23 ness), schistosomiasis, soil-transmitted helminthiasis
24 (STH) (round worm, whip worm, and hook worm),
25 and trachoma. Additional information suggests that

1 such efforts could also produce collateral benefits for
2 at least three other NTDs: foodborne trematodiasis,
3 scabies, and yaws (endemic treponematoses).

4 (2) The United States Agency for International
5 Development's (USAID) Neglected Tropical Dis-
6 eases Program has made important and substantial
7 contributions to the global fight to control and elimi-
8 nate the seven most common NTDs. Leveraging
9 more than \$6.7 billion in donated medicines, USAID
10 has supported the distribution of more than one bil-
11 lion treatments in 25 countries across Africa, Asia,
12 and Latin America and the Caribbean.

13 (3) United States Government leadership has
14 been instrumental in maintaining the global fight
15 against NTDs and is a partner in the London Dec-
16 laration on Neglected Tropical Diseases (2012),
17 which represents a new, coordinated international
18 push to accelerate progress toward eliminating or
19 controlling 10 neglected tropical diseases by 2020.

20 (4) USAID's Neglected Tropical Diseases Pro-
21 gram is a clear example of a successful public-pri-
22 vate partnership between the Government and the
23 private sector and should be judiciously expanded, as
24 practicable and appropriate.

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

7 (6) Since 2014, USAID's Neglected Tropical
8 Diseases Program has been investing in gathering
9 research on treatment for certain NTDs to ensure
10 that promising new breakthrough medicines can be
11 rapidly evaluated, registered, and made available to
12 patients.

13 (b) SENSE OF CONGRESS.—It is the sense of Con-
14 gress that USAID's Neglected Tropical Diseases Program
15 should—

16 (1) provide integrated drug treatment packages
17 to as many individuals suffering from NTDs or at
18 risk of acquiring NTDs as logistically feasible;

19 (2) better integrate control and treatment tools
20 and approaches for NTDs into complementary devel-
21 opment and global health programs by coordinating
22 across multiple sectors, including sectors relating to
23 HIV/AIDS, malaria, and other infectious diseases
24 and development sectors relating to education (in-
25 cluding primary and pre-primary education), food

1 and nutrition security, maternal and child health,
2 and water, sanitation, and hygiene (WASH), as
3 practicable and appropriate;

4 (3) establish low-cost, high-impact community
5 and school-based NTD programs to reach large at-
6 risk populations, including school-age children who
7 require treatments for NTDs, with integrated drug
8 treatment packages as feasible;

9 (4) for other NTDs, such as human African
10 trypanosomiasis (sleeping sickness), Chagas disease,
11 leishmaniasis, and dengue fever, engage in research
12 and development of new tools and approaches to
13 reach the goals relating to the elimination of NTDs
14 as set forth in the World Health Organization's "Ac-
15 celerating Work to Overcome the Global Impact of
16 Neglected Tropical Diseases: A Roadmap for Imple-
17 mentation" (2012), as opportunities emerge and re-
18 sources allow; and

19 (5) monitor the research on and developments
20 in the prevention and treatment of other NTDs so
21 they can be incorporated into the program, as prac-
22 ticable and appropriate.

23 (c) PROGRAM PRIORITIES.—The Administrator of
24 USAID should incorporate the following priorities into
25 USAID's Neglected Tropical Diseases Program:

1 (1) Planning for and conducting robust moni-
2 toring and evaluation of program investments in
3 order to accurately measure impact, identify and
4 share lessons learned, and inform future NTD con-
5 trol and elimination strategies.

6 (2) Coordinating program activities with
7 USAID development sectors, including development
8 sectors relating to education (including primary and
9 pre-primary education), food and nutrition security,
10 and water, sanitation, and hygiene (WASH), in
11 order to advance the goals of the London Declara-
12 tion on Neglected Tropical Diseases (2012).

13 (3) Including morbidity management in treat-
14 ment plans for high-burden NTDs.

15 (4) Incorporating NTDs that are recognized as
16 high-burden diseases in the Global Burden of Dis-
17 ease Study 2010 into the program as opportunities
18 emerge, to the extent practicable and appropriate.

19 (5) Continuing investments in research and de-
20 velopment for new tools, including diagnostics,
21 drugs, and vaccines, for NTDs to ensure that new
22 discoveries make it through the pipeline and become
23 available to individuals who need them most.

1 **SEC. 102. ACTIONS BY DEPARTMENT OF STATE.**

2 (a) OFFICE OF THE GLOBAL AIDS COORDINATOR.—

3 It is the sense of Congress that the Coordinator of United
4 States Government Activities to Combat HIV/AIDS Glob-
5 ally should fully consider evolving research on the impact
6 of neglected tropical diseases on efforts to control HIV/
7 AIDS when making future programming decisions, as nec-
8 essary and appropriate.

9 (b) GLOBAL PROGRAMMING.—

10 (1) IN GENERAL.—The Secretary of State
11 should encourage the Global Fund to take into con-
12 sideration evolving research on the impact of NTDs
13 on efforts to control HIV/AIDS when making pro-
14 gramming decisions, particularly with regard to fe-
15 male genital schistosomiasis, which has been re-
16 vealed as one of the most significant co-factors in
17 the AIDS epidemic in Africa, as necessary and ap-
18 propriate.

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

24 (c) G-20 COUNTRIES.—The Secretary of State, act-
25 ing through the Office of Global Health Diplomacy, should
26 encourage G-20 countries, particularly Argentina, Brazil,

1 China, India, Indonesia, Mexico, the Republic of Korea,
2 Saudi Arabia, and South Africa, to significantly increase
3 their role in the control and elimination of NTDs.

4 **SEC. 103. MULTILATERAL DEVELOPMENT AND HEALTH IN-**
5 **STITUTIONS.**

6 (a) CONGRESSIONAL FINDING.—Congress finds that
7 the treatment of high burden neglected tropical diseases,
8 including community and school-based deworming pro-
9 grams, can be a highly cost-effective education interven-
10 tion and schools can serve as an effective delivery mecha-
11 nism for reaching large numbers of children with safe
12 treatment for soil-transmitted helminthiases (STH)
13 (round worm, whip worm, and hook worm) in particular.

14 (b) UNITED NATIONS.—The President should direct
15 the United States permanent representative to the United
16 Nations to use the voice, vote, and influence of the United
17 States to urge the World Health Organization and the
18 United Nations Development Programme to take the ac-
19 tions described in subsection (d).

20 (c) WORLD BANK INSTITUTE.—The President shall
21 direct the United States Executive Director at the Inter-
22 national Bank for Reconstruction and Development to use
23 the voice, vote, and influence of the United States to urge
24 the World Bank Institute to take the actions described
25 in subsection (d).

1 (d) ACTIONS DESCRIBED.—The actions described in
2 this subsection are the following:

3 (1) Ensure the dissemination of best practices
4 and programming on NTDs to governments and
5 make data accessible to practitioners in an open and
6 timely fashion.

7 (2) Highlight impacts of community and school-
8 based deworming programs on children’s health and
9 education, emphasizing the cost-effectiveness of such
10 programs.

11 (3) Encourage governments to implement
12 deworming campaigns at the national level.

13 (4) Designate a portion of grant funds of the
14 institutions to deworming initiatives and cross-sec-
15 toral collaboration with water and sanitation and hy-
16 gienic efforts and nutrition or education program-
17 ming.

18 (5) Encourage accurate monitoring and evalua-
19 tion of NTD programs, including deworming pro-
20 grams.

21 (6) Engage governments in cross-border initia-
22 tives for the treatment, control, prevention, and
23 elimination of NTDs, and assist in developing
24 transnational agreements, when necessary.

Mr. SMITH. Title I is in jurisdiction of the Committee on Foreign Affairs; whereas, Title II is in the Energy and Commerce Committee, so that will have to be done by them and we are pushing hard for that to happen.

I know that the measure is unopposed and no amendments have been put forward.

I also note that the subcommittee will reconvene following this markup for a hearing. With other events that have been scheduled and upon consultation with Ranking Member Bass and pursuant to yesterday's notice, we intend to consider this bill in an expedited manner.

All members have a copy of H.R. 1415 before them. After we have concluded our expedited consideration, I would be glad to recognize any member, including myself and the ranking member, or Dr. Bera, since he is serving in that position right now, for any statements they might have on the issue.

All members are given leave to assert written remarks into the record, if they so choose.

Seeing again that we have a reporting quorum present, without objection, H.R. 1415, the End Tropical Diseases Act, Title I only, is considered as read.

The Chair moves that it be adopted.

All those in favor, say aye.

All those opposed, say no.

The ayes have it, in the opinion of the Chair. The item is adopted.

Without objection, the measure is reported favorably to the full committee and the staff is directed to make any technical and conforming changes.

I will just say a few opening comments on this legislation.

Neglected tropical diseases—and let me just say, too, this is the second Congress that we were trying to get this legislation passed. We got it out of our full committee last year. Regrettably, it stalled in the Energy and Commerce Committee but my hope is that that will not be the case this year.

Neglected tropical diseases are a group of 17 parasitic and bacterial diseases which blind, disable, disfigure, and sometimes kill victims from among the more than 1 billion of the world's poorest people, trapping the most marginalized communities into a cycle of poverty. These diseases can keep children from attending school and their parents from working, and cause excessive bleeding by mothers during birth and results often in low birth weight babies. NTDs, therefore, constitute a significant hurdle to achieving economic growth and dilute the impact of foreign assistance programs.

While tropical diseases primarily affect communities in developing countries, outbreaks have been reported in the United States and developing countries in recent years, such as the West Nile virus, Dengue fever, and most recently Zika.

The most common NTDs can be controlled and eliminated; however, there is still much work to be done to prepare for currently unknown diseases that may appear on the international scene and to reach the World Health Organization's control and elimination goals by 2020.

To achieve these goals, heightened support is needed now from both new and longstanding partners. H.R. 1415 supports the control and elimination of NTDs in the United States by, among other things, supporting USAID's NTD program to better integrate NTD control and elimination efforts with other development issues such as HIV/AIDS, malaria, water and sanitation, and education; conduct research and development for improved drugs, diagnostics, and vaccines to control or to eliminate NTDs; directing the U.S. Government to advocate for increased efforts to address NTDs among international institutions, such as the U.N., WHO, and the World Bank; calling for the Department of Health and Human Services to submit a report on NTDs in the U.S. to better understand the epidemiology, impact, and appropriate funding needed to address NTDs domestically; encouraging the creation of one or more NTD Centers of Excellence.

I would note parenthetically that in the year 2000, I authored legislation on the issue of autism and the mainstay of the legislation was a series of those Centers of Excellence. And those Centers of Excellence and the work that now CDC and NIH do on autism has resulted in a major push to try to help those with autism, discover root causes, and to promote early childhood intervention and it came out of those Centers of Excellence. So this could be a game changer, we think, in a game that has to be changed for the sake of the poor and marginalized communities.

It also would establish a panel on intestinal worm infections to evaluate and make recommendations regarding potential solutions to worm infections, which impact more than 1 billion people worldwide, including 600 million school-aged children.

Secretary of State Rex Tillerson told the Foreign Affairs Committee, full committee, yesterday that the administration was committed to remaining a leader in areas including global health. They can demonstrate that commitment by continuing to support the work done by CDC and the National Institutes of Health, and the U.S. Agency for International Development. And I do believe that as we move forward on this budget, those gaping cuts will not materialize. And I know I and others will work hard to ensure that we do more, in some cases, rather than less.

It is long past time for Congress to affirm this work, particularly in the area of NTDs. And I want to thank Ranking Member Bass, Congressmen Dan Donovan, Gregory Meeks, Sanford Bishop, and Eleanor Holmes Norton for joining us as early cosponsors of this legislation.

And I would like to yield to Dr. Bera, if he has any comments he would like to make.

Mr. BERA. Great. Thank you, Mr. Chairman. I will keep my comments brief but I think this is an important piece of legislation. I look at this as a physician who has worked overseas.

And you know we don't always think about neglected tropical diseases. The folks sitting around the table at home may not be talking about schistosomiasis or trachoma but the truth is, these are diseases that affect millions around the world. And the reason why investing in this research and looking for cures are so important, it is a reflection of not only our values, as a nation, to engage with our allies and other like-valued countries around the world to

relieve suffering, we also know that the world is much more interconnected today.

You know diseases that emerge much like Ebola a few years ago or Zika in one part of the world certainly move and spread. So, we can't just think about how we address health and disease here in the United States. We have also got to go where those diseases are and look for those discoveries.

So you know it is my hope that this moves quickly through the full committee and to the floor of the House. And, again, it is a reflection of who we are as a nation, our values to be concerned and focus on that suffering around the world.

So, thank you, Mr. Chairman. I will yield back.

Mr. SMITH. Thank you, Dr. Bera.

Mr. Donovan.

Mr. DONOVAN. Thank you, Mr. Chairman. I just want to take a moment to thank you for your leadership in this area. I mean global health has become a great interest of mine since I got here 2 years ago. We deal daily with the preventable diseases throughout the world.

As Dr. Bera says, we are a compassionate, leading Nation. We outsource our abilities to help others. As he also mentioned, because of the ability for people to travel, many diseases that may not affect our Nation now because people traveling to our country affect us as well but, through our compassion and leadership, this Nation should do everything it can to relieve other countries of diseases that are preventable and nonexistent in our own country.

You have been a leader in this area for so many, many years, I just wanted to thank you, Mr. Chairman, and I thank my colleague for supporting this legislation.

Mr. SMITH. Thank you very much. Mr. Suozzi.

Mr. SUOZZI. I will associate my remarks with everything that has been said already and thank you for your leadership. Thank you.

Mr. SMITH. Well, thank you. Mr. Garrett.

Mr. GARRETT. Thank you, Mr. Chairman. Very briefly, I think budget hawks might look at this and wonder what the purview was of this organization as it relates to this action. I would answer them by saying it is difficult, if not impossible, to separate global health from American health; that in a world with intercontinental travel, in a world that shrinks by the day conceptually, the idea to combat these NTDs abroad, rather than at home, might parallel the hawkish line that some take on the War on Terror.

I would associate myself with the gamut of individuals on this committee and submit that, while it is not just being a good neighbor, it is also being a good tenant in our home and this is good policy at every level. Thank you.

Mr. SMITH. Mr. Garrett, thank you so very much.

Thanks to all the members of the subcommittee for their support and their excellent remarks. Without further ado, the markup is concluded.

[Whereupon, at 11:53 a.m., the subcommittee was adjourned.]

APPENDIX



MATERIAL SUBMITTED FOR THE RECORD

SUBCOMMITTEE MARKUP NOTICE
COMMITTEE ON FOREIGN AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-6128

**Subcommittee on Africa, Global Health, Global Human Rights, and International
Organizations**

Christopher H. Smith (R-NJ), Chairman

June 15, 2017

TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS

You are respectfully requested to attend an OPEN meeting of the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, to be held in Room 2255 of the Rayburn House Office Building (and available live on the Committee website at <http://www.ForeignAffairs.house.gov>):

DATE: Thursday, June 15, 2017

TIME: 11:30 a.m.

MARKUP OF: H.R. 1415, End Neglected Tropical Diseases Act.

By Direction of the Chairman

The Committee on Foreign Affairs seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202/225-5021 at least four business days in advance of the event, whenever practicable. Questions with regard to special accommodations in general (including availability of Committee materials in alternative formats and assistive listening devices) may be directed to the Committee.



COMMITTEE ON FOREIGN AFFAIRS
MINUTES OF SUBCOMMITTEE MARKUP

MINUTES OF SUBCOMMITTEE ON Africa, Global Health, Global Human Rights, and Inte MARKUP

Day Thursday Date June 15, 2017 Room 2255 Rayburn HOB

Starting Time 11:43 a.m. Ending Time 11:53 a.m.

Recesses 0 (___ to ___) (___ to ___) (___ to ___) (___ to ___) (___ to ___) (___ to ___)

Presiding Member(s)

Rep. Chris Smith

Check all of the following that apply:

Open Session

Electronically Recorded (taped)

Executive (closed) Session

Stenographic Record

Televised

BILLS FOR MARKUP: (Include bill number(s) and title(s) of legislation.)

H.R. 1415, End Neglected Tropical Diseases Act

COMMITTEE MEMBERS PRESENT:

Rep. F. James Sensenbrenner, Jr., Rep. Daniel Donovan, Rep. Ami Bera, Rep. Thomas Suozzi

NON-COMMITTEE MEMBERS PRESENT:

STATEMENTS FOR THE RECORD: (List any statements submitted for the record.)

ACTIONS TAKEN DURING THE MARKUP: (Attach copies of legislation and amendments.)

H.R. 1415 passed by voice vote was referred to the full committee without amendment.


RECORDED VOTES TAKEN (FOR MARKUP): (Attach final vote tally sheet listing each member.)

<u>Subject</u>	<u>Yeas</u>	<u>Nays</u>	<u>Present</u>	<u>Not Voting</u>
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TIME SCHEDULED TO RECONVENE _____

or

TIME ADJOURNED 11:53 a.m.


Subcommittee Staff Associate

6/15/17 Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Markup Summary

- 1) H.R. 1415 (Smith, NJ), “End Neglected Tropical Diseases Act.”

H.R. 1415 was agreed to by voice vote and the Chairman ordered the measure favorably reported to the Full Committee by unanimous consent.

The subcommittee adjourned.