

I hope that all of our colleagues, both in the majority and the minority, will join us in voting “yes” on the previous question and “yes” on this rule so we can move on to serious, thoughtful, deliberate consideration of all of these critical measures that we bring before the Congress and the American people.

I also hope that all of our colleagues will join me in supporting S. 3201, the fentanyl legislation, which our colleague discussed, on suspension tomorrow.

Mr. WALDEN. Will the gentleman yield?

Mr. RASKIN. I yield to the gentleman from Oregon.

Mr. WALDEN. Madam Speaker, we agree on the fentanyl issue, I think.

My understanding is that the leader posted this, Madam Speaker, at 11:50 this morning, about a half an hour after we posted our previous question proposal to bring this to the floor.

We are just curious what text, when it is scheduled. We need to resolve this issue, we would agree.

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Mr. RASKIN. Madam Speaker, reclaiming my time. I am thrilled to be able to assure the gentleman that we are taking up the exact Senate bill in its exact verbatim text.

Mr. WALDEN. Madam Speaker, I ask the gentleman when that will occur.

Mr. RASKIN. Madam Speaker, this will occur tomorrow morning on the first bill at 12:15, 12:30. It is the first bill.

Madam Speaker, let me just say that I hope our friends take yes for an answer, and I hope that this will perhaps usher in their ability to support the underlying legislation here because I know that they agree with us that the Constitution gives the House of Representatives and the Senate the power to declare war. It gives Congress the power to declare war, to spend money on war. We should not allow a President of any party—Democratic, Republican, or anything else—to usurp that power and to engage in unilateral Presidential wars without our specific authorization, without our declaration, unless there is an attack on the land, the people of the United States, or our Armed Forces, as specified in the War Powers Resolution.

Madam Speaker, I urge a “yes” vote on the rule and the previous question.

The material previously referred to by Mr. WOODALL is as follows:

AMENDMENT TO HOUSE RESOLUTION 811

At the end of the resolution, add the following:

SEC. 6. Immediately upon adoption of this resolution, the House shall proceed to the consideration in the House of the bill (S. 3201) to extend the temporary scheduling order for fentanyl-related substances, and for other purposes. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without

intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy & Commerce; and (2) one motion to recommit.

SEC. 7. Clause 1(c) of rule XIX shall not apply to the consideration of S. 3201.

Mr. RASKIN. Madam Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question on the resolution.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. WOODALL. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

GLOBAL HOPE ACT OF 2019

Mr. PHILLIPS. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5338) to authorize the Secretary of State to pursue public-private partnerships, innovative financing mechanisms, research partnerships, and coordination with international and multilateral organizations to address childhood cancer globally, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5338

*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 “Global Hope Act of 2019”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Approximately 300,000 children aged 0 to 19 years old are diagnosed with cancer each year.

(2) The most common categories of childhood cancers include leukemia, brain cancer, lymphoma, and solid tumors, such as neuroblastoma and Wilms tumor.

(3) Most childhood cancers can be cured with generic medicines and can be cost-effective for all income levels.

(4) In the United States, the survival rate for children diagnosed with cancer is over 80 percent. In many developing countries, the mortality rate of children diagnosed with cancer is around 80 percent. In some parts of Africa, the mortality rate reaches 90 percent.

(5) In September 2018, the World Health Organization announced a new effort—the Global Initiative for Childhood Cancer—with

the aim of reaching at least a 60-percent survival rate for children with cancer by 2030, thereby saving an additional 1,000,000 lives.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress as follows:

(1) The work of the United States on infectious disease remains the core tenet of United States work on global health.

(2) As the United States and international partners continue to succeed in lowering incidences of infectious diseases, global mortality rates of non-communicable diseases will become an increasing burden that must be addressed.

(3) The United States should work to support the goals of the World Health Organization Initiative for Childhood Cancer, helping increase survival rates for children with cancer.

SEC. 4. STATEMENT OF POLICY.

The United States shall seek to—

(1) increase political commitment for childhood cancer diagnosis, treatment, and care globally;

(2) support efforts to increase the survival rate of children with cancer globally;

(3) support efforts to train medical personnel and develop the capabilities of other existing healthcare infrastructure to diagnose, treat, and care for childhood cancer;

(4) improve access to affordable and essential medicines and technologies that treat childhood cancer;

(5) elevate and prioritize efforts to reduce the mortality rate of childhood cancer in international organizations such as the United Nations;

(6) pursue research and research partnerships with international institutions to identify low-cost interventions and best practices to diagnose, treat, and care for childhood cancer in the United States and globally; and

(7) improve partnerships with international health ministries and pharmaceutical companies to facilitate efforts for broader, global clinical trials for medicines to treat or care for childhood cancer in the United States and globally.

SEC. 5. AUTHORIZATION.

The Secretary of State, in coordination with the heads of relevant Federal departments and agencies, is authorized and encouraged to—

(1) pursue public-private partnerships, other research partnerships, and innovative financing mechanisms to address childhood cancer globally; and

(2) coordinate with appropriate agencies of the United Nations and other relevant multilateral organizations to address childhood cancer globally.

SEC. 6. REPORT.

Not later than 1 year after the date of the enactment of this Act, the Secretary of State shall submit to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate a report that includes the following:

(1) An assessment of opportunities for United States engagement in global efforts to increase the worldwide survival rate of children with cancer.

(2) An assessment of efforts taken by the United States to support efforts to increase the worldwide survival rate of children with cancer.

(3) An assessment of existing programs funded by the United States that could be expanded to support efforts to increase the worldwide survival rate of children with cancer.

(4) An assessment of how such increased international engagement could positively affect—

(A) survival rates of individuals with childhood cancer in the United States; and

(B) reductions in the rates of infant and pediatric morbidity and mortality.

#### SEC. 7. COST LIMITATION.

No additional funds are authorized to be appropriated to carry out the provisions of this Act.

#### SEC. 8. CHILDHOOD CANCER DEFINED.

In this Act, the term “childhood cancer” means cancers formed or diagnosed in individuals under the age of 20.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. PHILLIPS) and the gentleman from Texas (Mr. MCCAUL) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota.

#### GENERAL LEAVE

Mr. PHILLIPS. Madam 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. 5338.

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

There was no objection.

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

Madam Speaker, the measure before us is a wonderful bipartisan bill written by Ranking Member MCCAUL and supported by Chairman ENGEL.

Every year, more than 300,000 children from all around the world are diagnosed with childhood cancer, and their lives are instantly turned upside down.

Among them is my very own daughter, Pia, who was diagnosed with Hodgkin's lymphoma when she was 14 years old. While she has since been cured and is among the very lucky ones, as a father, I know all too well the horror that devastates way too many families around the world every single day.

The Global Hope Act works to leverage the resources developed in the United States to explore public-private partnerships in the fight against childhood cancer all around the globe.

It calls on the Secretary of State to coordinate these activities across the executive branch on this very important initiative and to submit a report assessing current efforts and future opportunities to end such heart-wrenching suffering.

This is a good and very commonsense bill to expand the global fight against childhood cancer. I commend the ranking member for his outstanding work on this issue, and I urge my colleagues to join me in supporting it.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise in strong support of my bill, the Global Hope Act. I am proud to have introduced this bill with my good friend, Chairman ELIOT ENGEL. I thank the gentleman from Minnesota (Mr. PHILLIPS) for his strong support and his personal story. I also thank the co-chair of the Childhood

Cancer Caucus, JACKIE SPEIER, for her tireless work with me in the caucus to help these children.

I have been a tireless advocate for these children with cancer since I first came to Congress. In 2010, I helped found the Childhood Cancer Caucus really to give a voice to patients, advocates, and the children.

This endeavor is deeply personal for me, as well. Growing up in elementary school, my best friend passed away from leukemia. Back then, it was a death sentence.

Since founding the caucus, we have been very successful. Congress passed bipartisan legislation to improve cancer treatment options, boost research opportunities, and address health issues of the nearly 500,000 long-term childhood cancer survivors.

Today, childhood cancer is largely treatable with an 80 percent, 5-year survival rate in the United States.

Unfortunately, in developing countries, the opposite is true. Children diagnosed with cancer in developing countries have an 80 percent mortality rate.

Madam Speaker, in sub-Saharan Africa, the mortality rate of children diagnosed with cancer is as high as 90 percent. This says nothing of the tens of thousands of cases that are believed to go undiagnosed every year.

I truly believe that a child's birthplace should not determine their fate from cancer. That is why I introduced the Global Hope Act.

My bill authorizes the Secretary of State to pursue public-private partnerships, increase access to treatment options, train health professionals, and, ultimately, improve care for children with cancer in developing countries. These partnerships will leverage decades of U.S. investments to strengthen health infrastructure and build the capacity of health ministries.

This legislation does not take away funds from other critical global health interventions and infectious disease efforts. Rather, these public-private partnerships will build on existing programs to improve childhood cancer survival rates.

Organizations such as Texas Children's Hospital and St. Jude, private sector partners such as Bristol-Myers Squibb and Teva, and nonprofits such as ACCESS are already starting this important work and are now seeing results in Botswana and other nations. These efforts are also supported by the World Health Organization's Global Childhood Cancer Initiative.

Launched in 2018, the WHO aims to build political support and institutional capacity to treat childhood cancer in developing countries. The initiative set a goal of saving an additional 1 million lives by 2030.

For the past two decades, the United States has been a global leader in funding health programs around the world, and I am proud to support this life-saving work.

Most recently, we passed a resolution affirming the U.S. commitment to the

Global Fund to Fight AIDS, Tuberculosis and Malaria and secured robust funding in the fiscal year 2020 appropriations bill.

Our work to fight HIV/AIDS and eradicate other infectious diseases is far from over. But there is a critical opportunity to build on the successes of these global health programs and integrate projects aimed at improving childhood cancer care and available treatment options.

Madam Speaker, I urge my colleagues to support this important, life-saving measure, and I reserve the balance of my time.

Mr. PHILLIPS. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. SPEIER), my friend and co-chair of the Childhood Cancer Caucus.

Ms. SPEIER. Madam Speaker, I thank the gentleman from Minnesota for granting me the time.

To my good friend and colleague, the gentleman from Texas (Mr. MCCAUL), let me say that this will be the most significant piece of legislation that you can take great pride in having authored, as your career continues in this august body. I can't begin to say how grateful I am to be working with you, not just on this bill but on our Childhood Cancer Caucus and the great work that you have done.

This particular bill, the Global Hope Act, will have a profound impact on children around the world who have been diagnosed with cancer, 80 percent of whom die because of that diagnosis, while here in the United States, 80 percent of those children now live.

This is a remarkable effort that we must embrace wholeheartedly on both sides of the aisle.

The Chinese effort, the Belt and Road Initiative, where they are investing in concrete around the world, says something about their values. This shows that we, in this country, are investing in people, particularly in children around the world, to save their lives.

I join my colleague, again, in saying how important this legislation is, how enthusiastically I support it, and how, as we move forward, we can recognize that this is the kind of leadership that will bring peace around the world.

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

Mr. MCCAUL. Madam Speaker, I am prepared to close, and I yield myself such time as I may consume.

Madam Speaker, let me thank my dear friend, JACKIE SPEIER, for her leadership on this issue and as the co-chair of the caucus. I think we can prove that, in this toxic, partisan, difficult time in this Congress, we can work across the aisle, Republican and Democrat, but most importantly as Americans, to get good things done for not only the American people but for the world and save the children of the world.

I think Congresswoman SPEIER is correct. We passed a lot of bills together that have saved lives, but I

think this one probably is the most profound one. It is very difficult to pass a bill in the Congress, much less get it signed into law, but when you pass a bill and see it saving lives, that is perhaps the most remarkable and gratifying experience I have personally had in my eight terms in Congress.

Madam Speaker, I thank the gentlewoman so much for her friendship.

Madam Speaker, in closing, I remember being in Texas Children's Hospital in September 2018 to hear from the President of Botswana about the project Global HOPE initiative inspired by Baylor College of Medicine and their early work against HIV/AIDS and the epidemic in Africa. Global HOPE is starting to deliver childhood cancer care in sub-Saharan Africa, as I speak.

At the event, when I met the President of Botswana, where the Global HOPE Act was recently constructed in a new pediatric facility in Botswana, which I will be visiting next month with my little, childhood cancer survivor, Sadie Keller. It is starting to train a new generation of Botswanan oncologists.

What I was most impressed by was when he told me about the legacy of PEPFAR and what we did as a Nation. He said: PEPFAR saved a generation of my people from extinction—from "extinction."

It is my hope that this bill saves a generation of children from this dreaded disease. I believe that childhood cancer can be the next successful Global HOPE initiative that will save lives.

Madam Speaker, I want to thank, particularly, Dr. Poplack, who was the chief oncologist at Texas Children's. He is the one who is responsible for this initiative. We are taking their initiative and turning it into law in the Congress. I will be there next month to commemorate International Children's Cancer Day.

Madam Speaker, I do want to reference, too, my little childhood cancer fighter and survivor, Sadie Keller. She came into my office, and there are a lot of lobbyists in this town, but the children had no voice. They had no power. That is why JACKIE and I formed the Childhood Cancer Caucus, to give them a voice.

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When she entered my office—she is 7 years old here—in her pink dress, I knew I had met somebody very special. I canceled my calendar, my schedule for the rest of the day, and I took her on a tour of the Capitol.

Here we are looking—we had no idea they were even taking pictures—but I took her to the Rotunda in the Capitol. I remember we spun around and looked at the top of the Capitol.

Then I took her out to the Speaker's balcony, one of the most beautiful views in this Capitol building. Looking out on the horizon toward the future, seeing the ominous dark clouds, but also a ray of sunshine. The sunshine

that is coming in, the sunshine that little Sadie has brought to my life, the sunshine that we are trying to bring to all these children out there who have gone through some really tough experiences. I have met many of them, like the Congressman from Minnesota's daughter, and it is very heartbreaking to see them in the hospitals. Some survive, and some don't.

But this effort will take it to the next step, to take our fight against this dreaded disease. We have done so much to help children in the United States. The FDA's approval of CAR T, which takes your own immune system and attacks your own cancer through your own T cells, rather than injecting chemo—which is really a derivative of World War I mustard gas, which has been banned from the battlefield, which kills the cancer just before it kills you.

You can imagine the survivorship issues with these children, because they have the rest of their lives, if they survive, to deal with.

So, I want to thank all those friends of mine on the other side of the aisle for helping me move this forward. This is a momentous day for our fight against childhood cancer. It is a momentous day to take it global and take the fight globally.

I look forward to this bill's passage in the Senate and it being signed into law.

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

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

Madam Speaker, childhood cancer is devastating; yet, many types can now be treated effectively and at relatively low cost. It is incumbent on all of us to make sure the United States' policy is working toward this end and doing what we can to stop the suffering.

The Global Hope Act is a good measure that leverages the resources developed here in the United States to explore public/private partnerships to fight childhood cancer all around the globe.

I am very grateful to Ranking Member MCCAUL for his dedication and tireless work on this cause.

I am proud to support this, and I urge all my fellow Members to do the same.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. PHILLIPS) that the House suspend the rules and pass the bill, H.R. 5338, as amended.

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

A motion to reconsider was laid on the table.

## SUPPORTING THE RIGHTS OF THE PEOPLE OF IRAN TO FREE EXPRESSION

Mr. PHILLIPS. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 752) supporting the rights of the people of Iran to free expression, condemning the Iranian regime for its crackdown on legitimate protests, and for other purposes, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

### H. RES. 752

Whereas, on November 15, 2019, popular protests against the Iranian regime began and rapidly spread to at least 100 cities throughout the country, in the most significant antigovernment protests in Iran since June 2009;

Whereas the protests began in response to an announced increase on the price of fuel and protesters have expressed numerous economic grievances, while also calling for the structural reform of the political system and condemning current and former Iranian leaders;

Whereas reports indicate that Iranian security forces have used lethal force in arresting more than 7,000 people and killed hundreds of people in connection with the protests;

Whereas reports indicate that Iranian Government authorities have, in many instances, refused to return victims' bodies to their families and that security forces have removed bodies from morgues and transferred them to unknown locations;

Whereas, on November 16, 2019, Iranian authorities began implementing a near-total shutdown of internet services, stopping nearly all means of online communications for people inside Iran, to preclude the sharing of images and videos of deadly violence being used by security forces;

Whereas section 103(b)(2)(B) of the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2010 (22 U.S.C. 8512(b)(2)(B)) authorizes licensing services relating to personal communications over the Internet, to improve the ability of the Iranian people to speak freely;

Whereas General License D-1 authorizes the provision of key communication tools to the Iranian people with the aim of ensuring that the Iranian people can freely access the internet;

Whereas, on November 16, 2019, Iran's Interior Minister Abdolreza Rahmani Fazli said that the Iranian regime will no longer show "tolerance" and "self-control" toward the protesters;

Whereas, on November 17, 2019, Iranian Supreme Leader Ayatollah Ali Khamenei called the demonstrators "villains" galvanized by foreign enemies and domestic insurgents and ordered Iranian security services to "implement their duties" to end the protests;

Whereas, on November 18, 2019, Iran's Islamic Revolutionary Guard Corps deployed to the city of Mahshahr and engaged in mass repression, reportedly killing as many as 100 people;

Whereas several laws provide authorities to designate and sanction elements of the Iranian regime involved in significant corruption or serious human rights abuses, including the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2010, the Countering America's Adversaries Through Sanctions Act, and the Iran Threat Reduction and Syria Human Rights Act of 2012;