COMMITTEE ON ETHICS

EMPLOYEE POST-TRAVEL DISCLOSURE FORM ☐ *Original* ☐ *Amendment*

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, **you must complete this form and *file it with the Clerk of the House by email at giftravelreports@mail.house.gov*, within 15 days after travel is completed.** Please ***do not*** file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Jack Ganter
2. a. Name of Accompanying Relative: _____ ***OR*** ■ None
   b. Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
3. a. Dates: Departure: June 14, 2024 Return: June 20, 2025
   b. Dates at Personal Expense, if any: _____ ***OR*** ☐ None
4. Departure City: Washington, D.C. Destination: Manaus, Brazil Return City: Washington, D.C.
5. Sponsor(s), Who Paid for the Trip: United Nations Foundation
6. Describe Meetings and Events Attended: See post-trip agenda.
7. Attached to this form are ***each*** of the following, *signify that each item is attached by checking the corresponding box*:
   a. ■ a completed *Sponsor Post-Travel Disclosure Form*;
   b. ■ the *Primary Trip Sponsor Form* completed by the trip sponsor ***prior*** to the trip, ***including all*** attachments ***and*** the *Additional Sponsor Form(s)*;
   c. ■ page 2 of the completed *Traveler Form* submitted by the employee; ***and***
   d. ■ the letter from the Committee on Ethics approving my participation on this trip.
8. a. ■ I represent that I participated in each of the activities reflected in the attached sponsor's agenda. *Signify statement is true by checking the box.*
   b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: Jack Ganter **Date:** 6/27/25

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Earl L. "Buddy" Carter **Date:** 6/27/25

Signature of Supervising Member: Earl L Buddy Carter

last updated 7/2023

COMMITTEE ON ETHICS

SPONSOR POST-TRAVEL DISCLOSURE FORM

☐ *Original* ☐ *Amendment*

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. **A completed copy of the form must be provided to each House Member, officer, or employee who participated in the trip *within 10 days of their return.*** You must answer all questions, and check all boxes, on this form for your submission to comply with House Rules and the Committee's Travel Regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) who paid or provided in-kind support for the trip: United Nations Foundation
2. Travel Destination(s): Manaus, Brazil
3. Date of Departure: June 14, 2025 Date of Return: June 20, 2025
4. Name(s) of Traveler(s): Jack Ganter

   Note: You may list more than one traveler on a form only if ***all*** information is ***identical*** for each person listed.
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total **Transportation** Expenses	Total **Lodging** Expenses	Total **Meal** Expenses	Total **Other** Expenses (dollar amount per item and description)
Traveler	$2,204.27	$549.18	$303.50	Translation: $286.57 Expert guided tour: $39.95
Accompanying Family Member	N/A	N/A	N/A	N/A

6. ☒ All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. *Signify statement is true by checking box.*

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Peter Yeo **Date:** June 26, 2025

Name: Peter Yeo **Title:** Senior Vice President

Organization: United Nations Foundation

☒ ***I am an officer of the above-named organization. Signify statement is true by checking box.***

Address: 1750 Pennsylvania Ave NW, Suite 300, Washington, D.C. 20006

Telephone: (202) 887-9040 **Email:** pyeo@unfoundation.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.

last updated 7/2023

COMMITTEE ON ETHICS

TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection.

This form and any attachments may be submitted at 1015 Longworth House Office Building or travel.requests@mail.house.gov.

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. **You must receive explicit approval from the Committee before you depart on this trip.**

Name of Traveler: Jack Ganter

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Jack Ganter

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): Rep. Earl L. "Buddy" Carter

Office Address: 2432 Rayburn House Office Building

Telephone Number: 202-225-5831

Email Address of Contact Person: Jack.Ganter@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, *and* these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via email: *travel.requests@mail.house.gov*.

last updated 7/2023

COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Jack Ganter
2. Sponsor(s) who will be paying or providing in-kind support for the trip: United Nations Foundation
3. City and State **OR** Foreign Country of Travel: Manaus, Brazil
4. a. Date of Departure: June 14, 2025 Date of Return: June 20, 2025
   b. Yes ☐ No ☑ Will you be extending the trip at your personal expense?
   If yes, list dates at personal expense: _____
5. a. Yes ☐ No ■ Will you be accompanied by a family member at the sponsor's expense? **If yes:**
   (1) Name of Accompanying Family Member: _____
   (2) Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
   (3) Yes ☐ No ☐ Accompanying Family Member is at least 18 years of age?
6. a. Yes ☐ No ■ Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?
   b. **If yes**, and you are requesting lodging for two nights, explain why the second night is warranted:
7. Yes ■ No ☐ *Primary Trip Sponsor Form* is attached, including agenda, invitation, invitee list, and any other attachments and Additional Sponsor Forms.
   NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.
8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. **Staff should include their job title and how the activities on the itinerary relate to their duties.**
   I am Legislative Director for Congressman Buddy Carter, who is Chairman of the Energy and ~~Commerce Committee Health Subcommittee. I cover the health portfolio for the Congressman and~~ this trip is an opportunity to learn how how bilateral and multilateral global health partners work together on the ground to ensure children have every chance to lead healthy lives.
9. **Yes ☐ No ■ Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, or arranging the trip?**
10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member: Earl L Buddy Carter **Date:** 05/13/2025

COMMITTEE ON ETHICS

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* **at least 30 days before the start date of the trip**. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee's website (ethics.house.gov) provides detailed instructions for filling out the form. The Committee will notify the House invitees directly of its decision and will not notify the trip sponsors.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Sponsor who will be paying for the trip:
   United Nations Foundation
2. ☒ I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*
3. ***Check only one.*** I represent that:
   a. ☐ The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip; **OR**
   b. ☐ The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds; **OR**
   c. ☒ The primary trip sponsor has accepted funds, services, or in-kind assistance from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.
   If "c" is checked, list the names of the additional sponsors: The Gates Foundation
4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary): See attachment 1, A
5. Yes ☐ No ☒ Is travel being offered to an accompanying family member of the House invitee(s)?
6. Date of Departure: June 14, 2025 Date of Return: June 20, 2025
7. a. City of departure: June 20, 2025
   b. Destination(s): Manaus, Brazil
   c. City of return: Washington, D.C. (Dulles International Airport)
8. ***Check only one.*** I represent that
   a. ☐ The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965; **OR**
   b. ☒ The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent; **OR**
   c. ☐ The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.

9. ***Check only one of the following.***
   a. ☒ I checked 8(a) or (b) above; **OR**
   b. ☐ I checked 8(c) above but am not offering any lodging; **OR**
   c. ☐ I checked 8(c) above and am offering lodging and meals for one night; **OR**
   d. ☐ I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted. _____

10. ☒ Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*
11. ***Check only one of the following.***
    a. ☒ I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify the statement is true by clicking the box;* **OR**
    b. ☐ *Not Applicable.* Trip sponsor is a U.S. institution of higher education.
12. For ***each*** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip ***and*** its role in organizing and/or conducting the trip:
    See attachment 1, B
13. ***Answer parts a and b. Answer part c if necessary***:
    a. Mode of travel: Air ☒ Rail ☐ Bus ☐ Car ☒ Other ☐ (specify:_____)
    b. Class of travel: Coach ☒ Business ☐ First ☐ Charter ☐ Other ☐ (specify:_____)
    c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:
14. ☒ I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking box.*
15. ***Check only one.*** I represent that either:
    a. ☐ The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**
    b. ☒ The trip involves events that are arranged specifically *with regard* to congressional participation. If "b" is checked:
       1) Detail the cost *per day* of meals (approximate cost may be provided): See attachment 1, C
       2) Provide the reason for selecting the location of the event or trip: See attachment 1, D
16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
    Hotel Name: Quality Hotel City: Manaus, Brazil Cost Per Night: $203
    Reason(s) for Selecting: USG Partner Recommendation
    Hotel Name: _____ City: _____ Cost Per Night: _____
    Reason(s) for Selecting: _____
    Hotel Name: _____ City: _____ Cost Per Night: _____
    Reason(s) for Selecting: _____

17. ☒ I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*

18. **Total Expenses for each Participant:**

☐ Actual Amounts ☒ Good Faith Estimates	Total **Transportation** Expenses per Participant	Total **Lodging** Expenses per Participant	Total **Meal** Expenses per Participant
For each Member, Officer, or Employee	$2,297	$1218	$801
For each Accompanying Family Member	$0	$0	$0

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee	$500/$80.90	Translation/Visa
For each Accompanying Family Member	$0	

19. ***Check only one:***
    a. ☒ I certify that I am an officer of the organization listed below; **OR**
    b. ☐ *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. **I certify by my signature that**
    a. **I read and understand the Committee's Travel Regulations;**
    b. **I am not a registered federal lobbyist or registered foreign agent; and**
    c. **The information on this form is true, complete, and correct to the best of my knowledge.**

Signature: Peter Yeo Date: June 26, 2025

Name: Peter Yeo Title: Senior Vice President

Organization: United Nations Foundation

Address: 1750 Pennsylvania Ave NW, Suite 300, Washington, D.C. 20006

Email: pyeo@unfoundation.org Telephone: (202) 887-9040

If there are questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or travel.requests@mail.house.gov.

Michael Guest, Mississippi
Chairman
Mark DeSaulnier, California
Ranking Member

John H. Rutherford, Florida
Andrew R. Garbarino, New York
Ashley Hinson, Iowa
Nathaniel Moran, Texas

Deborah K. Ross, North Carolina
Glenn F. Ivey, Maryland
Sylvia R. Garcia, Texas
Suhas Subramanyam, Virginia

ONE HUNDRED NINETEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

Jordan Downs
Chief of Staff to the Chairman

David Arrojo
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515–6328
Telephone: (202) 225–7103
https://Ethics.House.gov

June 10, 2025

Mr. John Ganter
Office of the Honorable Earl L. "Buddy" Carter
2432 Rayburn House Office Building
Washington, DC 20515

Dear Mr. Ganter:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Brazil,[1] scheduled for June 14 to 20, 2025, sponsored by United Nations Foundation and Bill & Melinda Gates Foundation.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than $480 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

Because the trip may involve meetings with foreign government representatives, we note that House employees may accept, under the Foreign Gifts and Decorations Act (FGDA), gifts "of minimal value [currently $480] tendered as a souvenir or mark of courtesy" by a foreign government. Any tangible gifts valued in excess of minimal value received from a foreign government must, within 60 days of acceptance, be disclosed on a Form for Disclosing Gifts from Foreign Governments and either turned over to the Clerk of the House, or, with the written approval of the Committee, retained for official use.

[1] Please be aware that the Committee's review of the proposed trip does not extend to either the security situation in the destination country or security related to foreign travel in general. We recommend you contact the Office of House Security (OHS) for a safety and security briefing prior to your departure. OHS may be reached at (202) 226-2044 or ohsstaff@mail.house.gov. House travelers should also register for the U.S. State Department's Smart Traveler Enrollment Program at https://step.state.gov.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest
Chairman

Mark DeSaulnier
Ranking Member

MG/MD:eme

COMMITTEE ON ETHICS

ADDITIONAL TRIP SPONSOR FORM

This form should be completed by an organization that provides funds, services, or in-kind assistance to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. **Provide a copy of your completed form to the primary sponsor of the trip.**

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Name of Primary Trip Sponsor for this trip: United Nations Foundation

2. Name of your organization: Gates Foundation

3. Yes ☒ No ☐ Is your organization designated a § 501(c)(3) charitable organization by the Internal Revenue Service?

4. Yes ☐ No ☒ Does your organization receive funding from any foreign government or multinational organization?

5. ***Check one.*** I certify that my organization:

   a. ☒ Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. **OR**

   b. ☐ Has had a direct role in the organizing, planning, or conducting of a trip to

   Destination: _____ on Date: _____

   that is being organized or arranged by the above-named Primary Trip Sponsor. **OR**

   c. ☐ Has provided in-kind support to the above-named Primary Trip Sponsor (*e.g.,* meeting planning assistance, meeting space and set-up, and paying for expenses related to this trip directly to the service provider).

6. ***Check only one:***

   a. ☒ My organization does not employ or retain a registered federal lobbyist or foreign agent **OR**

   b. ☐ My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.

7. **I certify by my signature that**

   a. I read and understand the Committee's Travel Regulations;
   b. I am not a registered federal lobbyist or registered foreign agent;
   c. I am an officer of this organization and am duly authorized to sign this form; and
   d. The information on this form is true, complete, and correct to the best of my knowledge.

Signature: Dana DeRuiter Date: June 26, 2025

Name: Peter Yeo Title: Senior Vice President

Organization: United Nations Foundation

Address: 1750 Pennsylvania Ave NW, Suite 300, Washington, D.C. 20006

Telephone: (202) 887-9040 Email: pyeo@unfoundation.org

If there are questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or travel.requests@mail.house.gov.

last updated 7/2023

U.S. House of Representatives Committee on Ethics
United Nations Foundation (UNF) Congressional Staff Delegation
Manaus, Brazil – June 14 – 20, 2025

Primary Sponsor Form – Attachment 1

A. **List of Invited House Staff**

Earl Flood, Deputy Chief of Staff/Legislative Director, Rep. Robin Kelly (D-IL-02)
Earl serves as the Deputy Chief of Staff and Legislative Director for Representative Kelly, who serves on the Energy and Commerce Health Subcommittee oversees CDC and other HHS global health programs.

Jack Ganter, Legislative Director, Rep. Buddy Carter (R-GA-01)
Jack serves as the Legislative Director for Representative Carter, who serves on the Energy and Commerce Health Subcommittee which oversees CDC and other HHS global health programs.

Justin Yamamura, Legislative Assistant, Rep. Young Kim (R-CA-40)
Justin serves as the Legislative Assistant covering Rep. Kim's healthcare portfolio. Rep. Kim serves on the House Committee on Foreign Affairs which has jurisdiction over foreign aid and global health programs.

McLean Piner, Legislative Director, Rep. Greg Murphy (R-NC-03)
McLean serves as the Legislative Director for Rep. Murphy, who serves on the Ways & Means Health Subcommittee and co-chairs the GOP Doctor's Caucus, both influential in legislating health matters.

Pragneya Sharma, Legislative Assistant, Rep. Ami Bera (D-CA-06)
Pragneya serves as the Legislative Assistant covering Rep. Bera's foreign affairs portfolio. Rep. Bera serves on the House Committee on Foreign Affairs and House Permanent Select Committee on Intelligence – which are heavily involved in legislating over foreign aid and global health programs.

Sarah Jacobs, Legislative Director, Rep. Madeleine Dean (D-PA-04)
Sarah serves as the Legislative Director for Rep. Dean, who serves on both the House Appropriations Committee and House Committee on Foreign Affairs – which are heavily involved in funding and legislating over foreign aid and global health programs.

Jacob DePeralta, Policy Analyst, Rep. Brian Mast (R-FL-21)
Jacobs serves as a Policy Analyst for Chairman Mast of the House Committee on Foreign Affairs, who has jurisdiction over foreign affairs, including global health programs. Jacob works on issues in the foreign aid and global health space.

Caitlin Johnson, Legislative Aide, Rep. Jen Kiggans (R-VA-09)
Caitlin serves as the Legislative Assistant covering Rep. Kiggan's healthcare portfolio. Rep. Kiggans serves on the House Armed Services Committee and works on global health issues.

Will Burns, Legislative Assistant, Rep. Jay Obernolte (R-CA-33)
Will serves as the Legislative Assistant covering Rep. Obernolte's healthcare portfolio. Rep. Obernolte serves on the Energy and Commerce Health Subcommittee which oversees CDC and other HHS global health programs.

B. **12. For *each* sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip *and* its role in organizing and/or conducting the trip:**

UNF organizes the program and logistics and handles all outreach to congressional staff and is the contact for planning purposes.

UNF received a contribution from the Gates Foundation (GF), which was made with the knowledge that congressional travel generally might be funded. The GF has not played any role in organizing the trip and has not been involved in the selection or invitation of the trip participants.

UNF works to educate all Americans, including Members and Staff of the U.S. Congress, on the importance of a strong U.S.-UN relationship, with a particular focus on bilateral and multilateral global health issues such as global immunization, malaria, and child health. Participants will learn how U.S and UN bilateral and multilateral health interventions work in complement to improve health outcomes.

C. **15. b. 1) Detail the cost per day of meals (approximate cost may be provided):**

Total meal cost, good faith estimate = $800.90

- Saturday June 14: Dinner: $92.95
- Sunday June 15: Breakfast, Lunch, dinner: $123
- Monday June 16: Breakfast, lunch, dinner: $123
- Tuesday June 17: Breakfast, lunch, dinner: $123
- Wednesday June 18: Breakfast, lunch, dinner: $123
- Thursday June 19: Breakfast, lunch, dinner: $123
- Friday June 20: Lunch: $92.95

D. **15. b. 2) Provide the reason for selecting the location of the event or trip:**

During the trip, the delegation will travel to Manaus, Brazil, to observe how the Pan American Health Organization (PAHO), UNICEF, and local partners are working together to protect children's health through strengthened immunization systems,

expanded access to malaria prevention and treatment, and enhanced global health security efforts.

Brazil was selected for several reasons, including the Amazon region's vulnerability to vector-borne diseases like malaria; the challenges of delivering care to remote and indigenous communities; and the opportunity to observe how bilateral and multilateral global health partnerships are advancing disease surveillance, immunization, and outbreak prevention in complex environments.

This learning trip provides an opportunity for the delegation to see the impact of global health programs and multilateral initiatives implemented in partnership with PAHO and UNICEF. In Manaus and surrounding areas, participants will learn how these efforts strengthen country-led public health capacity and help identify and stop infectious disease threats before they spread globally.

The delegation will conduct site visits to municipal and rural health clinics, a national reference center for tropical medicine, and a mobile riverboat clinic that brings essential health services to remote communities. Participants will also take part in a tabletop exercise simulating a community microplan for child immunization. Throughout the trip, the delegation will engage with local and regional health authorities, community health workers, families, and representatives from PAHO and UNICEF to gain firsthand insight into the progress and ongoing challenges of delivering care in diverse and often hard-to-reach areas.

UNF Congressional Learning Trip to Manaus, Brazil
--- Agenda ---
June 14-20, 2025

All Times Local
Manaus, GMT-4: Same time from Washington, DC

Saturday, June 14

Attire: Casual

4:34pm	Delegation departs Washington Dulles (IAD) on Copa Airlines flight CM 444 *Flight time 5 hr*
8:34pm	Arrive Tocumen Panama City (PTY) for connection *Layover 1 hr 4 min*
9:38pm	Depart PTY on Copa Airlines flight CM 141 *Flight time 3 hr 52 min*

Sunday, June 15

Attire: Business casual

2:30am	Delegation arrives Manaus International Airport (MAO)
2:30am – 3:15am	Arrival and customs procedures
3:15am – 3:45am	Transit via hired car en route to Quality Hotel
3:45am	Arrive and check into hotel
3:45am – 11:00am	Executive Time
11:00am – 12:30pm	**Working Lunch** UNICEF Brazil will host a working lunch to educate the delegation about their public-private partnerships in the Manaus region that amplify health service delivery to children, including private sector, faith-based partnerships, community leaders, and other key implementing partner organizations. *Location:* Conference Room, Ground Floor, Quality Hotel Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001
12:30pm – 3:00pm	**Vaccination campaign microplanning table-top exercise**

	The delegation will participate in a table-top exercise aiming to simulate what it takes to develop a vaccination campaign microplan (based around polio and measles immunization), challenging them to create their own plan that leverages limited resources to reach the maximum number of children in a community. The microplan is an important tool for health-care planning and service delivery. It identifies population location and helps with the rationalization of team workload in the delivery of immunization services. During this exercise, the delegation also will hear an overview of what a microplan is and how it has been used by experts working in Brazil to develop/implement these plans along with local healthcare workers. *Location: Conference Room, Ground Floor, Quality Hotel* Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001
3:00pm-4:00pm	Executive Time
4:00pm – 6:00pm	**Security Briefing and Welcome Dinner** The delegation will have a working dinner with key PAHO and UNICEF leadership who will be interacting with the delegation throughout the week. The discussion will include a regional security overview, a review of the itinerary, and explanation of field programs around child immunization, malaria control and elimination, primary care, and health care for indigenous populations. *Location: Hotel Restaurant, Quality Hotel* Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-00
Overnight	**Quality Hotel Manaus, Brazil** Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001

Monday, June 16

Attire: Business Casual

7:30am – 8:30am	Breakfast at the hotel (*at your leisure)*
8:30am – 9:00am	**Transit via hired car from hotel to the Amazonas State Health Surveillance Foundation (FVS by its Portuguese acronym)**
9:00am – 10:00am	**Visit to FVS and the immunobiological storage and distribution network.** The visit will include a presentation about the FVS and a visit to the vaccine distribution center.

	Location: Av. Torquato Tapajós, 4.010 - Col. Santo Antônio, Manaus - AM, 69093-018
10:00am – 10:30am	**Transit via hired car from the Amazonas State Health Surveillance Foundation (FVS) to Delphina Rinaldi Abdel Aziz Hospital**
10:30am – 11:30am	**Visit to Delphina Rinaldi Abdel Aziz Hospital** The Delphina Aziz Hospital is one of the largest and most modern public healthcare facilities in the Northern Region of Brazil. It stands out for: state-of-the-art infrastructure for high-complexity care; technological innovation projects applied to healthcare; continuing education programs that enhance professional training; advanced diagnostic imaging and therapeutic support services. *Location: Av. Torquato Tapajós, 9250 - Colônia Terra Nova, Manaus - AM, 69093-415, Brazil*
11:30am – 12:00pm	**Transit via hired car to Restaurant Quixito**
12:00pm – 1:30pm	**Lunch at Restaurant Quixito** (+55 92) 99530-6884) *Location: R. Jorge Luiz Milani, 297 - Da Paz, Manaus - AM, 69049-072*
1:30pm – 2:00pm	**Transit via hired car to the Central Public Health Laboratory (LACEN)**
2:00pm – 3:00pm	**Visit to LACEN (Central Public Health Laboratory)** LACEN plays a vital role in the health system of Amazonas. As the main reference laboratory in the state, LACEN is responsible for: supporting disease surveillance and outbreak response, especially for infectious diseases such as dengue, malaria, and respiratory infections; performing laboratory analyses that guide public health decision-making; ensuring the quality and safety of laboratory diagnostics across the region; training and supporting local laboratories, promoting decentralized health services; acting as a critical hub during public health emergencies, including epidemics and pandemics. *Location: R. Emílio Moreira, 528 - Centro, Manaus - AM, 69020-040*
3.00pm – 3:30pm	**Transit via hired car to Dr. Heitor Vieira Dourado Tropical Medicine Foundation**
3:30pm – 5:30pm	**Visit to the Dr. Heitor Vieira Dourado Tropical Medicine Foundation and the Special Immunobiologicals Reference Center (CRIE)**

This Foundation is recognized as a national and international reference center for the treatment of tropical diseases. The visit will include a tour of hospital facilities; tropical medicine research and innovation in diagnostics and treatment, with a focus on malaria; and surveillance services.

The CRIE plays a key role in expanding access to special immunobiologicals, strengthening the state's immunization program, especially in a region with unique epidemiological and logistical challenges.

Location: Av. Pedro Teixeira, s/n - Dom Pedro, Manaus - AM, 69040-000

5:30pm – 6:00pm **Transit via hired car to meeting with state authorities**

6:00pm – 7:00pm **Meeting with political authorities of the Amazonas State**
The delegation will have a courtesy meeting with the Amazona State health and political authorities to learn more about their work to provide access to health services for the Amazonas State population.

Location: Amazonas State Health Surveillance Foundation - FVS Av. Torquato Tapajós, 4.010 - Col. Santo Antônio, Manaus - AM, 69093-018

7:00pm – 8:00pm **Delegation Dinner**

Location: Moquem, VXWQ+6V Adrianópolis, Manaus - State of Amazonas, Brazil

Overnight **Quality Hotel Manaus**
Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001

Tuesday, June 17

Attire: Casual / Business Casual

5:30am – 6:15am	Breakfast at the hotel (*at your leisure)*
6:15am – 7:00am	**Transit via hired car from Hotel to Marina do Davi**
7:00am – 8:00am	**Preparation for departure and transit by boat from Marina do Davi to Nossa Senhora de Fátima Community (approximately 40 minutes)** *Location: Compensa, Manaus - AM, 69035-070*
8:00am – 11:00am	**Field visit to Nossa Senhora de Fátima Community** The visit will be an opportunity to show a Primary Health Care Unit in a rural area and a malaria diagnostics laboratory. It will also involve a household visit to display the use of bed nets, and a visit to the José Sobreira do Nascimento school. *(The group will be split into two for the health unit and household visit and reunite for the school visit).* *Location: Compensa, Manaus - AM, 69035-070*
11:00am – 12:00pm	**Preparation for departure and transit by boat from Nossa Senhora de Fátima Community to the *Lúcio Almeida Mirante* (approximately 40 minutes)**
12:00pm–1:00pm	**Lunch at Vinhedo Restaurant *(Lúcio Almeida Mirante)*** *Location: Sete de Setembro, 8 - Centro, Manaus - AM, 69005-140*
1:00pm – 1:30pm	**Transit via hired car from Vinhedo Restaurant to Parque das Tribos Health Unit**
1:30pm – 3:30pm	**Site visit to the Parque das Tribos Municipal Health Unit** This is a new facility engaged in the delivery of immunization services and malaria interventions. This visit will provide an opportunity to meet with Indigenous Community Health Workers to demonstrate how they serve as a vital link between communities and primary healthcare services, ensuring broader access to essential health interventions, especially in remote and vulnerable areas. *Location: R. Piratapuia, 19 - Tarumã Açu, Manaus - AM, 69022-400*
3:30pm – 4:30pm	**Transit via hired car to meeting with municipal authorities**

4:30pm – 7:00pm	**Meeting with municipal authorities** The meeting with the Municipal health authorities will be an opportunity for interaction as a continuation of the field visits. The Municipal managers will give a presentation on the health context of the city of Manaus, their interaction with partners, and will also answer any questions delegation may have regarding the reality observed during the visit. *Location: Municipal Health Secretariat of Manaus HQ* *Av. Maceió, 160 - Adrianópolis, Manaus - AM, 69029-520*
7:00pm – 8:30pm	**Delegation dinner** *Location: Tambaqui de Banda, VX9G+JW Centro, Manaus - State of Amazonas, Brazil*
Overnight	**Quality Hotel Manaus, Brazil** Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001

Wednesday, June 18

Attire: Field Dress

7:30am – 8:00am	Breakfast at the hotel (*at your leisure)*
8:00am – 9:00am	**Transit via hired car from hotel to the the Indigenous Health House (CASAI)**
9:00am – 12:00pm	**Site visit to CASAI** The visit will be an opportunity to see the Indigenous Health House (CASAI), a facility that provides temporary lodging and basic health support for Indigenous patients and their companions while receiving medical care outside their territories. The visitor will have the chance to understand the organizational structure, challenges, and culturally sensitive approaches adopted in delivering healthcare to Indigenous communities. *Location: AM 010, Km 25. Manaus, AM*
12:00pm–1:30pm	**Lunch at Biatüwi, an indigenous food house** *Location: Rua Bernardo Ramos, 97, Centro, Manaus - Amazonas.*
1:30pm–2:30pm	**Visit to Bahserikowi Indigenous Medicine Centre** The Center was created with the purpose of providing healthcare based on Indigenous healing practices, through care offered by traditional specialists (Pajés) and the use of medicinal plants. The organization aims to promote Indigenous culture, beliefs, and the work of Indigenous specialists, advocating for the development of more specialized Indigenous medicine centers throughout Brazil. *Location: Rua Bernardo Ramos, 97, Centro, Manaus - Amazonas.*
2:30pm–4:00pm	**Meeting with Manaus Special Indigenous Health District (DSEI) authorities** This facility is the decentralized management unit of the Indigenous Health Care Subsystem (SasiSUS). It is a service organization model, oriented towards a dynamic, geographical, populational and administratively well-defined ethno-cultural space, that includes a set of technical activities, aiming at rationalized and qualified health care measures. In Brazil, there are 34 DSEI strategically divided by territorial criteria, based on the geographic occupation of indigenous communities. With an area of 303 thousand km², the DSEI Manaus serves more than

	32 thousand indigenous people (34 ethnic groups) distributed in 268 indigenous villages, called aldeias. *Location: Av. Djalma Batista, 1018 - Chapada, Manaus - AM, 69050-010*
4:00pm – 5:30pm	**Visit to a floating Primary Health Care Unit** The delegation will have an opportunity to join a floating primary health center to learn about how health authorities are overcoming barriers to health care access among river communities who would otherwise face long distances to health centers. These floating primary health units are staffed by multidisciplinary health teams that often include medical, dental, and nursing care and are capable of addressing both acute and chronic health conditions, child vaccination, and basic laboratory functions. *Location: Port of Manaus, R. Taqueirinha, 25 - Centro, Manaus - AM, 69005-420, Brazil*
5:30pm – 6:30pm	**Transit via hired car from floating Primary Health Care Unit to dinner**
7:00pm – 8:30pm	**Delegation Dinner** *Location: Restaurante Caxiri Manaus, VXCG+3Q Centro, Manaus - State of Amazonas, Brazil*
Overnight	**Quality Hotel Manaus, Brazil** Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001

Thursday, June 19

Attire: Field Dress

8:00am – 9:00am	Breakfast at the hotel (*at your leisure)*
9:00am – 1:00pm	**Expert Guided Cultural Immersion to Indigenous Community** A visit to an indigenous community in the Amazon Region will offer a unique opportunity to learn about their culture, traditional dances, crafts, typical foods, and customs. This immersive experience will foster meaningful contact with indigenous peoples, allowing for a deeper understanding of their way of life and their close relationship with nature. This experience will also instruct staffers about how PAHO and UNICEF identify and adapt to unique cultural, language, geographic, and other barriers to health delivery in unique indigenous settings.

	Location: Indigenous Community located within the Amazon Region
4:00pm – 6:00pm	**Working Dinner Debrief** The delegation will have a working dinner debrief with PAHO and UNICEF colleagues to discuss lessons learned, post-learning trip follow-up, and potential opportunities for continued engagement and coordination with the U.S. Congress. *Location: Restaurante Terra & Mar, VXVP+FM Adrianópolis, Manaus - State of Amazonas, Brazil*
6:00pm – 6:30pm	Transit via hired car to hotel
Half night	**Quality Hotel Manaus, Brazil** Av. Mário Ypiranga, 1090 - Adrianópolis, Manaus - AM, 69057-001
Friday, June 20	
12:45am	Check out of hotel and depart for airport
12:45am – 1:15am	Transit to Manaus International Airport
1:15am-3:35am	Check-in and preparation for departure from Manaus International Airport (MAO)
3:35am	Depart Manaus (MAO) on Copa Airlines flight CM 140 *Flight time 3 hr 49 min*
6:24am	Arrive Panama City (PTY) for connection *Layover time 2 hr 49 min*
9:13am	Depart PTY on Copa Airlines flight CM 443 *Flight time 4 hr 51 min*
3:04pm	Arrive Washington Dulles (IAD)