

(4) “MMT assumes away politics” and puts “the onus of inflation control on Congress, the institution that lately seems worst-equipped to handle it. The Federal Reserve—which has spent a long time building extensive credibility in its commitment to fight inflation—would be largely sidelined.”;

(5) “even MMT admits that deficits and debt matter”, noting that Stephanie Kelton has stated: “I would never take the position that we ought to move forward, passing legislation with no offsets, to do Green New Deals, and Jobs Guarantees, and Medicare for All. In the end, MMT’s arguments largely boil down to a disagreement over how much room there is to borrow without accelerating inflation.”; and

(6) it is “hard to pin MMT down on anything at all” due, in large part, to the fact that “prominent supporters of MMT have taken vague, sometimes contradictory positions: When politicians make claims about paying for the Green New Deal through MMT, stay silent, and when economists criticize this view, claim you are being misunderstood.”;

Whereas the March 2019 report entitled “How Reliable is Modern Monetary Theory as a Guide to Policy?” by Scott Sumner and Patrick Horan of the Mercatus Center at George Mason University found that—

(1) MMT—

(A) has a flawed model of inflation, which overestimates the importance of economic slack;

(B) overestimates the revenue that can be earned from the creation of money;

(C) overestimates the potency of fiscal policy, while underestimating the effectiveness of monetary policy;

(D) overestimates the ability of fiscal authorities to control inflation; and

(E) contains too few safeguards against the risks of excessive public debt; and

(2) an MMT agenda of having fiscal authorities manage monetary policy would run the risk of—

(A) very high debts;

(B) very high inflation; or

(C) very high debts and very high inflation, each of which may be very harmful to the broader economy;

Whereas the January 2020 working paper entitled “A Skeptic’s Guide to Modern Monetary Theory” by N. Gregory Mankiw stated: “Put simply, MMT contains some kernels of truth, but its most novel policy prescriptions do not follow cogently from its premises.”;

Whereas the January 2019 report entitled “Modern Monetary Theory and Policy” by Stan Veuger of the American Enterprise Institute warned that “hyperinflation becomes a real risk” when a government attempts to pay for massive spending by printing money; and

Whereas the September 2018 report entitled “On Empty Purses and MMT Rhetoric” by George Selgin of the Cato Institute warned that—

(1) when it comes to the ability of Congress to rely on the Treasury to cover expenditures, Congress is, in 1 crucial respect, more constrained than an ordinary household or business is when that household or business relies on a bank to cover expenditures because, if Congress is to avoid running out of money, Congress cannot write checks in amounts exceeding the balances in the general account of the Treasury; and

(2) MMT theorists succeed in turning otherwise banal truths about the workings of contemporary monetary systems into novel policy pronouncements that, although tantalizing, are false: Now, therefore, be it

Resolved, That the Senate—

(1) realizes that large deficits are unsustainable, irresponsible, and dangerous; and

(2) recognizes—

(A) that the acceptance of Modern Monetary Theory would lead to higher deficits and higher inflation; and

(B) the duty of the Senate to abandon Modern Monetary Theory in favor of mainstream fiscal and monetary frameworks.

SENATE RESOLUTION 137—SUPPORTING THE GOALS OF WORLD TUBERCULOSIS DAY TO RAISE AWARENESS ABOUT TUBERCULOSIS

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

S. RES. 137

Whereas, in 2019, nearly $\frac{1}{4}$ of the global population was infected with the tuberculosis bacterium (referred to in this preamble as “TB”);

Whereas the World Health Organization (referred to in this preamble as the “WHO”) estimates that 10,000,000 people developed TB in 2019, 8.2 percent of whom were also infected with the human immunodeficiency virus (referred to in this preamble as “HIV”);

Whereas, in 2019, TB killed an estimated 1,408,000 people, causing more deaths worldwide than any other single infectious agent;

Whereas, globally in 2019, an estimated 1,200,000 children developed TB, and in 2017, 230,000 children died of TB;

Whereas $\frac{2}{3}$ of new TB infections in 2019 occurred in 8 countries: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh, and South Africa;

Whereas TB is a leading killer of people infected with HIV, and 208,000 people with HIV died of TB in 2019;

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

Whereas, in 2018, TB was one of the 6 leading causes of death among adult women between the ages of 15 and 49 in low-income countries;

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

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

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

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

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

Whereas, in 2019, according to the 2020 WHO Global Tuberculosis Report, an estimated 3.3 percent of all new TB cases and 18 percent of previously treated cases were MDR-TB or rifampin-resistant TB;

Whereas, in 2019, an estimated 465,000 people around the world developed MDR-TB or rifampin-resistant TB, yet only approximately 38 percent of those individuals were identified and treated;

Whereas extensively drug-resistant TB (referred to in this preamble as “XDR-TB”) is a rare type of TB that is resistant to nearly all medicines, and therefore can be very dif-

ficult and expensive to treat, especially among patients with HIV;

Whereas, in 2019, every WHO region reported XDR-TB cases;

Whereas, in 2019, the Centers for Disease Control and Prevention (referred to in this preamble as “CDC”) estimated that the average cost of treating a single patient with MDR-TB in the United States was \$178,000, and the average cost of treating a patient with XDR-TB was even higher at \$553,000, compared with \$20,000 to treat a patient with drug-susceptible TB;

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

Whereas CDC estimates that costs resulting from all forms of TB in the United States totaled more than \$608,000,000 in 2019;

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

Whereas a total of 8,916 TB cases were reported in the United States in 2019, representing all 50 States and the District of Columbia, and up to 13,000,000 people in the United States are estimated to be living with latent TB infection;

Whereas 75 percent of States have reported an increase in the proportion of complex cases of TB in recent years due to factors such as homelessness, HIV infection, drug resistance, substance abuse, refugee status, and other factors;

Whereas the rate of TB disease in African Americans is 8 times higher than the rate of disease in White, non-Hispanic Americans, and significant disparities exist among other minorities in the United States, including Asian Americans, Hispanic Americans, and Native Americans and Alaska Natives, with approximately 88 percent of all reported TB cases in the United States in 2019 occurring in racial or ethnic minorities;

Whereas smoking—

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

(2) impairs therapeutic efficacy;

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

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

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

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

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

Whereas the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293; 122 Stat. 2918), and the

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

Whereas USAID—

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

(A) build capacity; and

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

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

(3) supports research to develop new vaccines and other new methods to combat TB;

Whereas, in 2018, USAID launched—

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

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

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

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

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

(1) directs the national TB elimination program;

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

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

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

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria (referred to in this preamble as the “Global Fund”), to which the United States is a top financial donor, provides more than 73 percent of all international financing for TB programs;

Whereas, in 2019, Global Fund-supported programs detected and treated more than 5,700,000 cases of TB;

Whereas the coronavirus disease 2019 (COVID-19) pandemic and mitigation efforts put in place as a result of the pandemic have taken a devastating toll on countries with the highest burden of TB disease and on the global TB response, threatening to reverse up to 8 years of progress fighting the disease;

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

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

Whereas March 24, 2021, is World Tuberculosis Day, a day that commemorates the date in 1882 on which Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacterium that causes TB: Now, therefore, be it

Resolved, That the Senate—

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

(2) commends the progress of tuberculosis elimination efforts by entities that include

the United States Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and

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

SENATE RESOLUTION 138—URGING THE EUROPEAN PARLIAMENT TO EXEMPT CERTAIN TECHNOLOGIES USED TO DETECT CHILD SEXUAL EXPLOITATION FROM EUROPEAN UNION EPRIVACY DIRECTIVE

Mr. COTTON (for himself, Mr. BOOZMAN, and Ms. MURKOWSKI) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 138

Whereas ensuring the safety of children online is a global issue that nations must address together;

Whereas the online trafficking of child sexual abuse material (referred to in this preamble as “CSAM”) and online enticement of children (also known as “grooming”) are pervasive problems that are growing at dramatic rates;

Whereas crucial tools in detecting CSAM and grooming online and protecting children using online platforms from child predators are hashing, PhotoDNA, and anti-grooming technologies that are voluntarily used by electronic service providers (referred to in this preamble as “ESPs”) to detect, report, and remove CSAM;

Whereas the use of hashing, PhotoDNA, and anti-grooming technology by ESPs has generated millions of reports annually to the CyberTipline of the National Center for Missing & Exploited Children;

Whereas the CyberTipline is a global hotline for reports related to child sexual exploitation that was authorized by Congress in 1998;

Whereas in 2019, more than 69,000,000 images, videos, and files related to child sexual abuse were reported to the CyberTipline, with more than 3,000,000 of these images, videos, and files related to an offender or child victim in the European Union (referred to in this preamble as the “EU”);

Whereas in a Communication to the European Parliament, dated July 24, 2020, the European Commission noted, “the EU has become the largest host of child sexual abuse material globally (from more than half in 2016 to more than two thirds in 2019)”;

Whereas in 2018, an EU Directive extended the scope of prohibitions on processing personal data in the electronic communications sector to cover interpersonal communications, such as messenger services and e-mail;

Whereas this EU Directive caused ESPs to lose the legal basis to use hashing, PhotoDNA, and anti-grooming technologies to detect and report CSAM and online enticement of children to the CyberTipline;

Whereas this EU Directive took effect on December 21, 2020, without any derogation to exempt the voluntary practice of using these technologies to detect and report distribution of CSAM and enticement of children for sexual abuse;

Whereas the prohibition on the use of hashing, PhotoDNA, and anti-grooming technologies will have dire consequences for children in Europe and globally;

Whereas, since the EU Directive took effect, reports to the National Center for Missing and Exploited Children’s CyberTipline from the EU decreased by 51 percent during the 6-week period immediately following the Directive’s implementation compared to the same period in 2020;

Whereas it is unclear whether ESPs—

(1) will be able to partition the use of hashing, PhotoDNA, and anti-grooming technologies to carve out users in the EU; and

(2) will decide to abandon the voluntary use of these technologies in the United States and globally;

Whereas since children in the United States can be harmed by online predators in the EU through grooming, enticement, and the dissemination of CSAM images among EU offenders, such material should be detected, reported, and removed;

Whereas if the use of hashing, PhotoDNA, and anti-grooming technologies for detecting CSAM and grooming is stopped, the exploitation of children globally will largely go undetected and continue to proliferate; and

Whereas Congress agrees with the European Commission that “immediate action must be taken to address this issue”;

Now, therefore, be it

Resolved, That the Senate—

(1) finds that hashing, PhotoDNA, and anti-grooming technologies are essential in detecting child sexual abuse material and exploitation online, including known and new CSAM, and grooming of children globally; and

(2) urges the European Parliament to enact legislation that amends the EU Directive to allow electronic service providers to continue their current voluntary activities of using hashing, PhotoDNA, and anti-grooming technologies for the purpose of detecting child sexual exploitation.

SENATE RESOLUTION 139—RECOGNIZING THE IMPORTANCE OF THE BLUEBERRY INDUSTRY TO THE UNITED STATES AND DESIGNATING JULY 2021 AS “NATIONAL BLUEBERRY MONTH”

Ms. STABENOW (for herself, Mr. WARNOCK, Mr. PETERS, Mr. BOOKER, Mr. MENENDEZ, Ms. COLLINS, Ms. CANTWELL, Mr. KING, Mr. MERKLEY, Mrs. MURRAY, and Mr. WYDEN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 139

Whereas blueberries are a native North American fruit, first managed and harvested as wild blueberries by the native Wabanaki;

Whereas wild blueberries continue to be managed and harvested in Maine by farmers including the Wabanaki, as a native, naturally occurring crop;

Whereas the pioneering work conducted in New Jersey in the early 1900s by Elizabeth White and Dr. Frederick Coville, a botanist at the Department of Agriculture, to domesticate wild lowbush blueberries resulted in the development of the hybrid for cultivated highbush blueberries;

Whereas because of these early efforts, highbush blueberries are large, sweet, juicy berries that can be commercially produced and shipped;

Whereas wild blueberries—

(1) are small and sweet; and

(2) are not planted, but still grow and are harvested where they have naturally occurred for thousands of years;

Whereas the blueberry industry in the United States is an important sector of