

By Mr. BLUMENTHAL:

S. 5329. A bill to amend the Bill Emerson Good Samaritan Food Donation Act to improve the program, and for other purposes; considered and passed.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BROWN (for himself, Mr. BOOKER, Mr. PADILLA, Ms. WARREN, Ms. STABENOW, Mr. WARNOCK, Mr. MENENDEZ, Mr. CARDIN, Mr. MERKLEY, Mr. BLUMENTHAL, Mrs. FEINSTEIN, Ms. BALDWIN, Mr. CARPER, Ms. KLOBUCHAR, Mr. LEAHY, Mr. SANDERS, Ms. SMITH, Mr. VAN HOLLEN, Mr. WYDEN, Mr. MARKEY, Ms. HIRONO, Ms. DUCKWORTH, Mr. REED, and Mr. WHITEHOUSE):

S. Res. 875. A resolution declaring racism a public health crisis; to the Committee on Health, Education, Labor, and Pensions.

ADDITIONAL COSPONSORS

S. 190

At the request of Mr. BLUMENTHAL, the names of the Senator from Massachusetts (Ms. WARREN) and the Senator from New Mexico (Mr. HEINRICH) were added as cosponsors of S. 190, a bill to amend chapter 44 of title 18, United States Code, to require the safe storage of firearms, and for other purposes.

S. 445

At the request of Ms. HASSAN, the names of the Senator from Wisconsin (Ms. BALDWIN), the Senator from Pennsylvania (Mr. CASEY), the Senator from New Mexico (Mr. HEINRICH), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Virginia (Mr. KAINE), the Senator from Massachusetts (Ms. WARREN), the Senator from New Jersey (Mr. BOOKER), the Senator from New Mexico (Mr. LUJÁN), the Senator from Maryland (Mr. VAN HOLLEN), the Senator from Massachusetts (Mr. MARKEY), the Senator from Minnesota (Ms. SMITH), the Senator from California (Mr. PADILLA), the Senator from Michigan (Ms. STABENOW), the Senator from Ohio (Mr. BROWN) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of S. 445, a bill to amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V, such as buprenorphine, for maintenance or detoxification treatment, and for other purposes.

S. 1512

At the request of Mr. SCHATZ, the name of the Senator from Colorado (Mr. HICKENLOOPER) was added as a cosponsor of S. 1512, a bill to amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

S. 2014

At the request of Ms. WARREN, the name of the Senator from New Mexico (Mr. HEINRICH) was added as a cospon-

sor of S. 2014, a bill to permit legally married same-sex couples to amend their filing status for tax returns outside the statute of limitations.

S. 2410

At the request of Mr. CASEY, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. 2410, a bill to address and take action to prevent bullying and harassment of students.

S. 3238

At the request of Mr. CASEY, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of S. 3238, a bill to assist employers providing employment under special certificates issued under section 14(c) of the Fair Labor Standards Act of 1938 in transforming their business and program models to models that support people with disabilities through competitive integrated employment, to phase out the use of such special certificates, and for other purposes.

S. 3508

At the request of Mr. BLUMENTHAL, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 3508, a bill to posthumously award a congressional gold medal to Constance Baker Motley.

S. 3766

At the request of Mr. BROWN, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. 3766, a bill to increase the benefits guaranteed in connection with certain pension plans, and for other purposes.

S. 4109

At the request of Mr. WICKER, the name of the Senator from Georgia (Mr. WARNOCK) was added as a cosponsor of S. 4109, a bill to authorize the development of a national strategy for the research and development of distributed ledger technologies and their applications, to authorize awards to support research on distributed ledger technologies and their applications, and to authorize an applied research project on distributed ledger technologies in commerce.

S. 4202

At the request of Ms. COLLINS, the name of the Senator from Georgia (Mr. WARNOCK) was added as a cosponsor of S. 4202, a bill to require an annual budget estimate for the initiatives of the National Institutes of Health pursuant to reports and recommendations made under the National Alzheimer's Project Act.

S. 4580

At the request of Ms. ROSEN, the name of the Senator from New Mexico (Mr. LUJÁN) was added as a cosponsor of S. 4580, a bill to amend title 38, United States Code, to require a lactation space in each medical center of the Department of Veterans Affairs.

S. 4667

At the request of Ms. BALDWIN, the name of the Senator from Ohio (Mr.

BROWN) was added as a cosponsor of S. 4667, a bill to amend the Agricultural Foreign Investment Disclosure Act of 1978 to require additional reporting and public disclosure of information.

S. 4747

At the request of Mr. CASEY, the name of the Senator from Georgia (Mr. WARNOCK) was added as a cosponsor of S. 4747, a bill to amend title XIX of the Social Security Act to expand the availability of mental, emotional, and behavioral health services under the Medicaid program, and for other purposes.

S. 4986

At the request of Mr. MARSHALL, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 4986, a bill to amend the Internal Revenue Code of 1986 to remove short-barreled rifles, short-barreled shotguns, and certain other weapons from the definition of firearms for purposes of the National Firearms Act, and for other purposes.

S. 5104

At the request of Mrs. FISCHER, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 5104, a bill to amend the Elementary and Secondary Education Act of 1965 to require the National Advisory Council on Indian Education to include at least 1 member who is the president of a Tribal College or University and to require the Secretaries of Education and Interior to consider the National Advisory Council on Indian Education's reports in the preparation of budget materials.

S. 5107

At the request of Mr. CASEY, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 5107, a bill to strengthen the collection of data regarding interactions between law enforcement officers and individuals with disabilities.

S. 5169

At the request of Ms. LUMMIS, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 5169, a bill to amend title 23, United States Code, to establish a competitive grant program for projects for commercial motor vehicle parking, and for other purposes.

S. 5277

At the request of Mr. DURBIN, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 5277, a bill to reform the financing of Senate elections, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. PADILLA:

S. 5309. A bill to prohibit a Federal law enforcement officer from using lethal force or less lethal force unless such force is necessary, to encourage States to adopt similar laws or policies, and for other purposes; to the Committee on the Judiciary.

Mr. PADILLA. Mr. President, I rise to introduce the PEACE Act.

This legislation recognizes the need to reform the standard for use of force with Federal officers. In order to strengthen our criminal justice system and reduce the risks posed to both law enforcement officers and the public, we must reconsider when lethal force is necessary.

This legislation would end the use of deadly force by Federal law enforcement unless there are no other reasonable alternatives.

This legislation would also condition certain DOJ funding for States on whether they enact legislation that establishes the same higher standard of conduct for local law enforcement. The current accountability structure for lethal force on the Federal level fails to accurately ensure accountability when members of the public are killed.

A lack of accountability when members of the public are killed is a breeding ground for illicit behavior. In recent years, it has been continuously shown that Black people are more likely to experience incidents involving excessive force when interacting with police.

Americans deserve better. We deserve a system that will encourage deescalation tactics and hold bad actors accountable. This is too urgent a need to go unaddressed.

Public safety is a two-way street. We trust law enforcement to maintain order. In return, we expect officers to be held to account for bad behavior. This bill is an important step to reducing unnecessary losses of life and building trust between the public and law enforcement.

I look forward to working with my colleagues to pass the PEACE Act as quickly as possible.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 875—DECLARING RACISM A PUBLIC HEALTH CRISIS

Mr. BROWN (for himself, Mr. BOOKER, Mr. PADILLA, Ms. WARREN, Ms. STABENOW, Mr. WARNOCK, Mr. MENENDEZ, Mr. CARDIN, Mr. MERKLEY, Mr. BLUMENTHAL, Mrs. FEINSTEIN, Ms. BALDWIN, Mr. CARPER, Ms. KLOBUCHAR, Mr. LEAHY, Mr. SANDERS, Ms. SMITH, Mr. VAN HOLLEN, Mr. WYDEN, Mr. MARKEY, Ms. HIRONO, Ms. DUCKWORTH, Mr. REED, and Mr. WHITEHOUSE) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 875

Whereas a public health issue is an issue—
(1) that affects many people, is a threat to the public, and is ongoing;

(2) that is unfairly distributed among different populations, disproportionately impacting health outcomes, access to health care, and life expectancy;

(3) the effects of which could be reduced by preventive measures; and

(4) for which those preventive measures are not yet in place;

Whereas public health experts agree that significant racial inequities exist in the prevalence, severity, and mortality rates of various health conditions in the United States;

Whereas examples of such inequities include—

(1) life expectancy rates for Black and Native American people in the United States being significantly lower than those of White people in the United States;

(2) Black and Native American women being 2 to 4 times more likely than White women to suffer severe maternal morbidity or die of pregnancy-related complications;

(3) Black and Native American infants being 2 to 3 times as likely to die as White infants, and the Black infant mortality rate in the United States being higher than the infant mortality rates recorded in 27 of the 36 democratic countries with market-based economies that are members of the Organization for Economic Co-operation and Development; and

(4) during the COVID-19 pandemic, Black, Hispanic/Latino, Asian American, Native Hawaiian, Pacific Islander, and Native American communities experiencing disproportionately high rates of COVID-19 infection, hospitalization, and mortality compared to the White population of the United States;

Whereas inequities in health outcomes are exacerbated for people of color who are LGBTQIA+ and have disabilities;

Whereas, historically, explanations for health inequities focused on false genetic science (for example, eugenics) and incomplete social scientific analyses that narrowly focus on individual behavior to highlight ostensible deficiencies within racial and ethnic minority groups;

Whereas modern public health discourse recognizes the broader social context in which health inequities emerge and acknowledges the impact of historical and contemporary racism on health;

Whereas, since its founding, the United States has had a longstanding history and legacy of racism, mistreatment, and discrimination that has perpetuated health inequities for members of racial and ethnic minority groups;

Whereas that history and legacy of racism, mistreatment, and discrimination includes—

(1) the immoral paradox of freedom and slavery, which is an atrocity that can be traced throughout the history of the United States, as African Americans lived under the oppressive institution of slavery from 1619 through 1865, endured the practices and laws of segregation during the Jim Crow era, and continue to face the ramifications of systemic racism through unjust and discriminatory structures and policies;

(2) the failure of the United States to carry out the responsibilities and promises made in more than 350 treaties ratified with sovereign indigenous communities, including American Indians, Alaska Natives, and Native Hawaiians, as made evident by the chronic and pervasive underfunding of the Indian Health Service and Tribal, Urban Indian, and Native Hawaiian health care, the vast health and socioeconomic inequities faced by Native American people, and the inaccessibility of many Federal public health and social programs in Native American communities;

(3) the enactment of immigration laws in the United States, such as—

(A) the Page Act of 1875, which effectively prohibited the entry of East Asian women into the United States;

(B) the Chinese Exclusion Act in 1882, which ostracized thousands of Chinese-born laborers, who were essential in the completion of the transcontinental railroad and development of the West Coast; and

(C) the Immigration Act of 1917, which barred all immigrants from the “Asiatic zone” and prevented the migration of individuals from South Asia, Southeast Asia, and East Asia, scapegoating Asians, separating families, and branding Asians as perpetual outsiders in the United States;

(4) during the Great Depression Era, the deportation by the United States of approximately 1,800,000 individuals based on their Mexican ethnic identity, when approximately 60 percent of the individuals deported to Mexico were United States citizens, and the targeting of individuals of Mexican descent for “repatriation” due to scapegoating efforts, which blamed them for “stealing” jobs from “real” Americans; and

(5) in 1967, President Lyndon B. Johnson establishing the National Advisory Commission on Civil Disorders, which concluded that White racism is responsible for the pervasive discrimination and segregation in employment, education, and housing, resulting in deepened racial division and continued exclusion of Black communities from the benefits of economic progress;

Whereas overt racism was embedded in the development of medical science and medical training during the 18th, 19th, and 20th centuries, causing disproportionate physical and psychological harm to members of racial and ethnic minority groups, including—

(1) the unethical practices and abuses experienced by Black patients and research participants, such as the Tuskegee Syphilis Study, which serve as foundations for the mistrust the Black community has for the medical system; and

(2) the egregiously unethical and cruel treatment enslaved Black women were forced to endure as subjects of insidious medical experiments to advance modern gynecology, including those perpetuated by the so-called “father of gynecology”, J. Marion Sims;

Whereas structural racism cemented historical racial and ethnic inequities in access to resources and opportunities, contributing to worse health outcomes;

Whereas examples of that structural racism include—

(1) that, before the enactment of the Medicare program, the United States health care system was highly segregated, and, as late as the mid-1960s, hospitals, clinics, and doctors’ offices throughout northern and southern States complied with Jim Crow laws and were completely segregated by race, leaving Black communities with little to no access to health care services;

(2) the landmark case *Simkins v. Moses H. Cone Memorial Hospital* (323 F.2d 959 (4th Cir. 1963)), which challenged the use of public funds by the Federal Government to expand, support, and sustain segregated hospital care, and provided justification for title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and the Medicare hospital certification program, establishing Medicare hospital racial integration guidelines that applied to every hospital that participated in the Federal program;

(3) Pacific Islanders from the Freely Associated States experiencing unique health inequities resulting from United States nuclear weapons tests on their home islands, while they have been categorically denied access to Medicaid and other Federal health benefits; and

(4) language minorities, including Chinese-, Korean-, Vietnamese-, Russian-, and Spanish-speaking Americans, not being assured nondiscriminatory access to federally funded services, including health services, until the signing of Executive Order 13166 (42 U.S.C. 2000d-1 note; related to improving access to services for persons with limited English proficiency) in 2000;