

AMENDMENTS SUBMITTED AND PROPOSED

SA 90. Ms. HIRONO proposed an amendment to the resolution S. Res. 209, recognizing the significance of Asian American, Native Hawaiian, and Pacific Islander Heritage Month as an important time to celebrate the significant contributions of Asian Americans, Native Hawaiians, and Pacific Islanders to the history of the United States.

TEXT OF AMENDMENTS

SA 90. Ms. HIRONO proposed an amendment to the resolution S. Res. 209, recognizing the significance of Asian American, Native Hawaiian, and Pacific Islander Heritage Month as an important time to celebrate the significant contributions of Asian Americans, Native Hawaiians, and Pacific Islanders to the history of the United States; as follows:

In the eighth whereas clause, in the matter preceding paragraph (1), strike “important milestones for the Asian American and Pacific Islander community” and insert “anniversaries”.

AUTHORITY FOR COMMITTEES TO MEET

Mr. PADILLA. Madam President, I have five requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority Leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Thursday, May 18, 2023, at 9:30 a.m., to conduct a hearing.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, May 18, 2023, at 10:40 a.m., to conduct a hearing.

COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the Senate on Thursday, May 18, 2023, at 10:15 a.m., to conduct a hearing.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, May 18, 2023, at 10 a.m., to conduct an executive business meeting.

SPECIAL COMMITTEE ON AGING

The Special Committee on Aging is authorized to meet during the session of the Senate on Thursday, May 18, 2023, at 9:30 a.m., to conduct a hearing.

PRIVILEGES OF THE FLOOR

Mr. TILLIS. Madam President, I ask unanimous consent my staff, Isabella Vesely, an intern in my office, be

granted floor privileges until May 19, 2023.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CARDIN. Madam President, I ask unanimous consent that floor privileges be granted to June Zhu of my staff during today’s session of the Senate.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROMOTING MINORITY HEALTH AWARENESS AND SUPPORTING THE GOALS AND IDEALS OF NATIONAL MINORITY HEALTH MONTH

Mr. SCHUMER. I ask unanimous consent that the Senate proceed to the consideration of S. Res. 221, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 221) promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2023, which include bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanics, and Native Hawaiians or other Pacific Islanders.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CARDIN. Mr. President, last month was National Minority Health Month. Senator SCOTT of South Carolina joined me in introducing a Senate resolution commemorating National Minority Health Month. We couldn’t quite get it over the finish line before the end of April, but I am pleased the Senate is poised to pass the resolution now.

National Minority Health Month has its origins in National Negro Health Week, which Booker T. Washington established in 1915 to address the poor health status of African Americans in the early 20th century.

The commemorative month is helpful because it improves the public’s awareness of the health challenges that disproportionately affect racial and ethnic minorities in the United States. It helps us to celebrate the progress we have made in addressing health disparities. Most important, it is a measure to recommit ourselves to tackling the longstanding health disparities that still exist.

Today, because of historical and contemporary injustices across our society, including those in the healthcare system, communities of color continue to face health disparities that result in poorer quality of life and lower life expectancies when compared to their White counterparts. For people of color who identify as lesbian, gay, bisexual, or transgender—LGBT—these disparities are often exacerbated.

Disparities in healthcare access, treatment, and outcomes are signifi-

cant for a variety of reasons. Most important, these disparities limit the health of the Nation overall. The U.S. population today is more racially and ethnically diverse than at any other time in our history. According to the 2020 census, nearly 4 in 10 Americans identify with a race or ethnic group other than White. In a nation as diverse as ours and one that is meant to treat everyone equally, it is immoral for certain populations to receive inadequate, inaccessible, or poor medical care.

In addition to ethical considerations, health inequities result in significant costs to our economy. According to a recent analysis, racial disparities amount to approximately \$93 billion in excess medical care costs and \$42 billion in lost productivity per year, as well as additional economic losses due to premature deaths.

For the health of our families, communities, States and Nation, it is critical that we work to advance policies that will move in the direction of achieving health equity.

In recent years, we have faced a variety of serious public health challenges that have clearly highlighted health disparities. Whether we are discussing the COVID-19 pandemic, the outbreak of monkeypox last summer, or the spread of respiratory illnesses like the flu and RSV this past winter, these public health challenges have shown that we must respond appropriately and in a timely fashion to ensure that vulnerable communities receive the resources and care they need.

Throughout the COVID-19 pandemic, for instance, public health data has shown that people of color experienced a disproportionate share of cases and deaths due to this disease. According to data from the Centers for Disease Control and Prevention—CDC—released in December 2022, American Indian or Alaska Native adults are 2.5 times more likely to be hospitalized and twice as likely to die from COVID-19 than White individuals. Similarly, Black and Hispanic adults are more likely to be hospitalized and more likely to die from COVID-19. Racial disparities were also found in access to COVID-19 vaccination for the first few months of vaccine deployment.

At the time, I fought for additional outreach and better data to close the vaccination rate gap. Thanks in part to a strong focus on these efforts, the gaps in COVID-19 vaccination rates finally narrowed several months after vaccine deployment initially began, but they should not have existed in the first place.

The COVID-19 pandemic also exacerbated our Nation’s behavioral health crisis as social isolation contributed to spikes in anxiety, depression, substance abuse, domestic violence, and suicide. Adults and children across all groups continue to experience increased behavioral health issues, but the burden on minority populations is heaviest.

For American Indian and Alaska Native adults, the death rate from suicide is about 20 percent higher than the White population. In 2019, suicide was the leading and second leading cause of death for Native Hawaiians and Pacific Islanders and African Americans aged 15 to 24, respectively. High school-aged Asian American males were 30 percent more likely to consider attempting suicide than White male students. This is why I continue to work with my colleagues to improve access to behavioral healthcare for everyone.

Prior to the pandemic, people of color and other underserved groups faced longstanding disparities in health, and today, many of these inequities continue to persist. Across a variety of health measures, including infant mortality, pregnancy-related deaths, overall physical and mental health status, and prevalence of chronic conditions, minority groups continue to fare worse than white individuals. Life expectancy is another area where racial and ethnic disparities are clearly apparent. Today, life expectancy among Black people is nearly 6 years lower than White people, with the lowest expectancy among Black men.

When we consider chronic diseases like diabetes, minority populations also fare worse than White people. Diabetes rates for Black, Hispanic, and American Indian and Alaska Native adults are all higher than the rate for White adults. These disparities can often be exacerbated for people of color who identify as LGBTQ, who are more likely to experience certain health challenges like substance abuse, mental health conditions, violence, and sexually transmitted infections at increased rates. I could go on and on.

To address health inequities, we must tackle their underlying causes, many of which are born out of inadequate access to care for minority populations, high costs of healthcare, and other social, economic, and environmental factors, which are known as “social determinants of health.” Factors like one’s income level, as well as access to transportation, education, and housing play a key role in health and well-being.

Accessible and affordable health coverage is key to addressing health inequities. I am proud of the work we did to pass the Affordable Care Act—ACA—which expanded health coverage to millions of Americans across the country. I am also pleased that we built on the success of the ACA through the American Rescue Plan to extend care to an additional 5.8 million Americans, including 181,000 Marylanders. We have unfinished business, however, as recent Census Bureau data show that minority groups are still less likely to have health insurance than their White counterparts.

I am proud of the work that the National Institutes of Health—NIH—based in Maryland, and NIH’s National Institute for Minority Health & Health

Disparities—NIMHD—are doing to advance the field of scientific research into health disparities.

The evidence-based research that NIMHD invests in at institutions throughout the country is expanding the scientific knowledge base and informing practice and policy to reduce health disparities. Some recent work of NIMHD has focused on the benefits of Medicaid expansion for young adults; the prevention, treatment, and management of co-morbid chronic diseases; and COVID-19 vaccine hesitancy within communities of color. I look forward to continuing to work with my colleagues on both sides of the aisle to build on this progress.

As we recognize April as National Minority Health Month, let us rededicate ourselves to ensuring that all Americans have access to affordable, high-quality healthcare and renew our pledge to do everything possible to eliminate health disparities and achieve health equity once and for all.

Mr. SCHUMER. I know of no further debate on the resolution.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to the resolution.

The resolution (S. Res. 221) was agreed to.

Mr. SCHUMER. I ask unanimous consent that the preamble be agreed to, and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

EXPRESSING THE APPROVAL OF CONGRESS FOR THE 50TH ANNIVERSARY CELEBRATION OF THE HOMECOMING OF UNITED STATES PRISONERS OF WAR FROM VIETNAM AND IN RECOGNITION OF THE EXTRAORDINARY SERVICE AND SACRIFICES OF SUCH PRISONERS OF WAR DURING THE VIETNAM WAR

Mr. SCHUMER. Mr. President, I ask unanimous consent the Senate proceed to the consideration of S. Res. 222, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 222) expressing the approval of Congress for the 50th anniversary celebration of the homecoming of United States prisoners of war from Vietnam and in recognition of the extraordinary service and sacrifices of such prisoners of war during the Vietnam War.

There being no objection, the Senate proceeded to consider the resolution.

Mr. SCHUMER. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, and that the motions to reconsider be considered

made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 222) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

ORDERS FOR FRIDAY, MAY 19, 2023, THROUGH TUESDAY, MAY 30, 2023

Mr. SCHUMER. Mr. President, finally, I ask unanimous consent that when the Senate completes its business today, it stand adjourned to convene for pro forma sessions, with no business being conducted, on the following dates and times: Friday, May 19, at 9:45 a.m.; Tuesday, May 23, at 12 noon; Thursday, May 25, at 12:30 p.m.; and Friday, May 26, at 9 a.m.; further, that when the Senate adjourns on Friday, the 26th, it stand adjourned until 3 p.m. on Tuesday, May 30; that on Tuesday, following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and morning business be closed; that following the conclusion of morning business, the Senate proceed to executive session and resume consideration of the Papillion nomination; further, that the confirmation vote occur at 5:30 p.m. and that if the nomination is confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate’s action.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADJOURNMENT UNTIL 9:45 A.M. TOMORROW

Mr. SCHUMER. Mr. President, if there is no further business to come before the Senate, I ask that it stand adjourned under the previous order.

There being no objection, the Senate, at 3:52 p.m., adjourned until Friday, May 19, 2023, at 9:45 a.m.

CONFIRMATIONS

Executive nominations confirmed by the Senate May 18, 2023:

THE JUDICIARY

NANCY G. ABUDU, OF GEORGIA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE ELEVENTH CIRCUIT.

IN THE AIR FORCE

AIR FORCE NOMINATION OF NATHAN J. POWELL, TO BE COLONEL.

AIR FORCE NOMINATION OF CHRISTINE B. OLIVARES, TO BE MAJOR.

AIR FORCE NOMINATIONS BEGINNING WITH FRANCISCA A. ALAKA LAMPTON AND ENDING WITH VICTORIA M. WEIGER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 4, 2023.

AIR FORCE NOMINATIONS BEGINNING WITH BRITNEY M. ALONZO AND ENDING WITH JUSTIN MATTHEW WOODS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 4, 2023.

AIR FORCE NOMINATIONS BEGINNING WITH MARIA L. ADAMS AND ENDING WITH MITCHELL H. YUAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 4, 2023.