

was referred to the Committee on the Judiciary:

S. RES. 254

Whereas the United States Senate recognizes that antisemitism is a pernicious and destructive form of prejudice that has persisted throughout history, resulting in widespread discrimination, violence, and persecution against Jewish individuals and communities;

Whereas the International Holocaust Remembrance Alliance (referred to in this preamble as the “IHRA”) has developed a widely accepted and comprehensive working definition of antisemitism that serves as a valuable tool for identifying and combating acts of antisemitism in all its manifestations;

Whereas the IHRA working definition of antisemitism states that “antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities”;

Whereas the IHRA working definition of antisemitism includes examples that illustrate the various ways in which antisemitism manifests, including making derogatory statements about Jews, denying the Holocaust, promoting conspiracy theories about Jewish control, and holding the Jewish Community collectively responsible for the actions of the State of Israel;

Whereas the IHRA working definition of antisemitism serves as a valuable tool for governments, institutions, and organizations in identifying, monitoring, and addressing antisemitism, thereby helping to ensure the safety, security, and dignity of Jewish communities around the world;

Whereas, for nearly 2 decades, the IHRA working definition and its predecessor, the European Union Military Committee working definition, which was developed with the cooperation and support of Jewish communities, have provided essential guidance in efforts to combat antisemitism to governments and organizations in Europe, the Americas, and across the globe;

Whereas the IHRA definition has been adopted by more than 40 nations and multilateral organizations, including the European Union and the Organization of American States, which has earned the near-unanimous endorsement of the Organization for Security and Cooperation in Europe;

Whereas no other definition of antisemitism has been as broadly adopted and utilized by practitioners, governments, and civil society as the IHRA working definition of antisemitism; and

Whereas the United States Senate is committed to upholding the principles of equality, human rights, and religious freedom, and recognizes the importance of combating all forms of discrimination, including antisemitism, in order to foster a more just and inclusive society: Now, therefore, be it

Resolved, That the Senate—

(1) strongly condemns all forms of antisemitism, including acts of violence, discrimination, and hate speech directed at individuals or communities based on their Jewish identity;

(2) recognizes the significant impact of antisemitism on individuals, communities, and society as a whole, and reaffirms its commitment to combating this age-old prejudice in all its forms;

(3) commends the International Holocaust Remembrance Alliance (referred to in this resolution as the “IHRA”) for its efforts in developing the IHRA working definition of antisemitism, which serves as a valuable

tool for identifying and addressing acts of antisemitism;

(4) encourages Federal, State, and local government entities, as well as academic institutions, civil society organizations, and other relevant stakeholders, to adopt and exclusively utilize the IHRA working definition of antisemitism as an essential resource in combating antisemitism and promoting tolerance and understanding;

(5) calls on all countries to endorse and make exclusive use of the IHRA working definition of antisemitism, and to take effective measures to combat antisemitism, protect Jewish individuals and communities, and promote religious freedom and human rights for all; and

(6) urges the Federal Government to continue its efforts to combat antisemitism domestically and internationally, including through diplomatic channels, law enforcement cooperation, educational programs, and public awareness campaigns.

SENATE RESOLUTION 255—EXPRESSING SUPPORT FOR THE DESIGNATION OF JUNE 19, 2023, AS “WORLD SICKLE CELL AWARENESS DAY” IN ORDER TO INCREASE PUBLIC AWARENESS ACROSS THE UNITED STATES AND GLOBAL COMMUNITY ABOUT SICKLE CELL DISEASE AND THE CONTINUED NEED FOR EMPIRICAL RESEARCH, EARLY DETECTION SCREENINGS, NOVEL EFFECTIVE TREATMENTS LEADING TO A CURE, AND PREVENTATIVE CARE PROGRAMS WITH RESPECT TO COMPLICATIONS FROM SICKLE CELL ANEMIA AND CONDITIONS RELATING TO SICKLE CELL DISEASE

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

S. RES. 255

Whereas sickle cell disease (referred to in this preamble as “SCD”) is a group of inherited red blood cell disorders, a genetic condition present at birth, and a major health problem in the United States and worldwide;

Whereas the 2023 theme of World Sickle Cell Awareness Day, “Shine the Light on Sickle Cell”, is an immediate call to action to improve the health and quality of life for individuals living with SCD and their families;

Whereas, in 1972, Dr. Charles Whitten established the Sickle Cell Disease Association of America to improve research, education, and health care for SCD patients and which is now headquartered in Hanover, Maryland;

Whereas, in 1972, Congress passed the National Sickle Cell Anemia Control Act (Public Law 92-294; 86 Stat. 136), which, for the first time, provided authority to establish education, information, screening, testing, counseling, research, and treatment programs for SCD;

Whereas sickle cell trait (referred to in this preamble as “SCT”) is a gene mutation that causes a single misspelling in the DNA instructions for hemoglobin, a protein that aids in carrying oxygen in the blood, and results in chronic complications, including anemia, stroke, infections, organ failure, tissue damage, intense periods of pain referred to as vaso-occlusive crises, and even premature death in individuals living with SCD;

Whereas SCT occurs when an individual inherits 1 copy of the sickle cell gene from 1 parent, and, when both parents have SCT, there is a 25 percent chance that any of their children will have SCD;

Whereas there are an estimated 3,000,000 individuals with SCT in the United States, with many unaware of their status;

Whereas an estimated 100,000 individuals have SCD in the United States, with 1 out of every 365 African-American births and 1 out of every 16,300 Hispanic-American births resulting in SCD, and nearly 1 out of 13 African-American babies are born with SCT;

Whereas SCD affects millions of individuals throughout the world, especially individuals of genetic descent from sub-Saharan regions of Africa, South America, the Caribbean, Central America, Saudi Arabia, India, Turkey, Greece, and Italy;

Whereas the variance relating to disease prevalence of SCD ranges greatly by region, with rates as high as 40 percent in certain regions of sub-Saharan Africa, eastern Saudi Arabia, and central India;

Whereas, in many countries that are poor in resources, more than 90 percent of children with SCD do not live to see adulthood;

Whereas approximately 1,000 children in Africa are born with SCD each day, more than ½ of whom will die before their fifth birthday;

Whereas the high prevalence of SCD in the central and western regions of India results in approximately 20 percent of babies diagnosed with SCD in those regions dying before the age of 2;

Whereas, in 2006, the World Health Assembly passed a resolution, adopted by the United Nations in 2009, recognizing SCD as a public health priority with a call to action for each country to implement measures to tackle the disease;

Whereas screening newborns for SCD is a crucial first step for families to obtain a timely diagnosis, to obtain comprehensive care, and to decrease the mortality rate for children with respect to SCD;

Whereas approved treatments for SCD are limited, with the Food and Drug Administration approving only 4 SCD therapies since 2017, but, as of the date of adoption of this resolution, there are more than 40 SCD therapies in development;

Whereas there is an immediate need for lifesaving therapeutics that can improve the duration and quality of life for individuals with SCD;

Whereas, in 2020, the National Academies of Sciences, Engineering, and Medicine developed a comprehensive strategic plan and blueprint for action to address SCD, which highlights the need to develop new innovative therapies and to address barriers to the equitable access of approved treatments;

Whereas, in 2020, the Department of Health and Human Services, in partnership with the American Society of Hematology and the SickleInAfrica Consortium, and in collaboration with the World Health Organization, hosted a webinar for a joint effort to strengthen efforts to combat SCD during the COVID-19 pandemic and beyond;

Whereas the late Kwaku Ohene-Frempong, M.D., Professor Emeritus of Pediatrics at the Perelman School of Medicine at the University of Pennsylvania, an American Society of Hematology member who founded and served as a member of the Global Sickle Cell Disease Network, was a leader in advancing the body of knowledge in SCD research, public health, and medicine and is recognized as immeasurably benefitting thousands of children worldwide;

Whereas there are emerging genetic therapy technologies, including gene editing, that can modify a patient’s own hematopoietic stem cells to enable them to

generate healthy red blood cells to prevent sickle cell crises;

Whereas hematopoietic stem cell transplantation (commonly known as “HSC-T”) is currently the only cure for SCD, and while advancements in treatment for complications associated with SCD have been made, more research is needed to find widely available and accessible treatments and cures to help individuals with SCD; and

Whereas, although June 19, 2023, has been designated as “World Sickle Cell Awareness Day” to increase public awareness across the United States and global community about SCD, there remains a continued need for empirical research, early detection screenings, novel effective treatments leading to a cure, and preventative care programs with respect to complications from sickle cell anemia and conditions relating to SCD: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of World Sickle Cell Awareness Day;

(2) commits to ensuring equitable access to new sickle cell disease (referred to in this resolution as “SCD”) treatments by shining the light among all economic, racial, and ethnic groups to improve health outcomes for individuals living with SCD;

(3) calls on the Department of Health and Human Services to create global policy solutions aimed at providing support for the global community with respect to SCD and, in partnership with local governments, the domestic resources needed to provide access to newborn screening programs, therapeutic interventions, and support services with respect to SCD;

(4) supports eliminating barriers to equitable access to innovative SCD therapies, including cell, gene, and gene-editing therapies in the Medicare and Medicaid systems for the most vulnerable patients;

(5) encourages the people of the United States and the world to hold appropriate programs, events, and activities on World Sickle Cell Awareness Day to raise public awareness of SCD traits, preventative-care programs, treatments, and other patient services for those suffering from SCD, complications from SCD, and conditions relating to SCD;

(6) encourages the President to form a Sickle Cell Disease Interagency Group, which should include the Department of Health and Human Services, the Department of Veterans Affairs, the National Institutes of Health, the Food and Drug Administration, and the Centers for Medicare & Medicaid Services, to work toward policies that will support equitable and appropriate access to innovative SCD therapies; and

(7) with respect to the policies described in paragraph (6), urges the interagency group described in that paragraph to consider options that not only address access to potential future curative treatments for SCD, but also address the bias that the population most affected by SCD continues to face within the United States and global healthcare systems.

SENATE RESOLUTION 256—RECOGNIZING FATHER’S DAY AND THE ROLE OF FATHER ENGAGEMENT IN IMPROVING THE OVERALL HEALTH AND LIFE OUTCOMES FOR BOTH THE MOTHER AND BABY

Mr. WARNOCK (for himself, Mr. SCHMITT, Mr. BENNET, and Mr. BRAUN) submitted the following resolution; which was considered and agreed to:

S. RES. 256

Whereas Father’s Day is celebrated on the third Sunday of June and will be celebrated in the United States on Sunday, June 18, 2023;

Whereas increased father engagement can play an important role in—

- (1) improving maternal health care;
- (2) addressing maternal mortality and morbidity in the United States;
- (3) bettering the development of the child; and
- (4) the long-term growth of the child;

Whereas research has found that supporting families holistically and actively by including and engaging fathers in all aspects of maternal health care, from preconception, through pregnancy, and during the first-year postpartum, can positively impact short term and long term health outcomes, improving—

(1) pregnancy and postpartum health, as when fathers are involved and engaged, mothers are—

(A) more likely to receive early and regular prenatal care;

(B) at reduced risk of perinatal mood and anxiety disorders (referred to in this preamble as “PMADs”);

(C) less likely to smoke, drink, or misuse drugs during the pregnancy and perinatal period;

(D) more likely to eat well and take recommended vitamins;

(E) more likely to follow the recommendations of a physician;

(F) less likely to experience complications during pregnancy and labor; and

(G) more likely to have a healthy, safe birth, and more likely to sustain breastfeeding; and

(2) the health and well-being of the baby, including—

(A) improving healthy development;

(B) improving outcomes in school;

(C) reducing rates of teen pregnancies;

(D) reducing risk of substance use; and

(E) improving future executive function;

Whereas methods to empower fathers as advocates for both mother and baby include—

(1) addressing cultural beliefs about fatherhood and the role of men in maternal health and families, especially beliefs that discourage father participation;

(2) peer-to-peer, father-to-father encouragement and support;

(3) involving fathers in prenatal and postpartum care;

(4) providing fathers with information about what to expect before, during, and after birth, and how a father can better understand and support their partner, as well as to help the mother and father bond together as a parenting team; and

(5) educating and engaging fathers in conversations and guidance about mental health, breastfeeding practices, health care appointments, safe sleep, physical touch, and father-child bonding and early childhood development;

Whereas 1 in 5 women experience a PMAD, with suicide being the leading cause of preventable maternal deaths;

Whereas the added support of father engagement reduces the risks of PMADs and contributes to—

(1) a lower chance of preterm birth; and

(2) a healthier birth weight;

Whereas the support of the father during pregnancy can help promote cessation of smoking, drinking, and drug use in the mother;

Whereas father involvement during pregnancy has been linked with a 36 percent reduction in smoking in a mother;

Whereas increasing outreach for fathers to join group prenatal care models and to at-

tend prenatal and postnatal appointments will help prepare both parents and create opportunities for the parents to view pregnancy and parenting as a team effort;

Whereas evidence shows that when fathers are involved during pregnancy appointments and milestones, mothers are 1.5 times more likely to receive prenatal care in the first trimester, which improves health outcomes for both the mother and baby;

Whereas the participation of the father during prenatal care appointments provides the mother with additional support to recognize potential pregnancy-related complications that could lead to maternal morbidity and mortality, such as—

- (1) preeclampsia;
- (2) preterm labor;
- (3) PMADs;
- (4) pregnancy loss or miscarriage;
- (5) stillbirth;
- (6) high blood pressure;
- (7) cervical infections;
- (8) gestational diabetes;
- (9) placental abruption;
- (10) ectopic pregnancy; and
- (11) uterine rupture;

Whereas physical contact between the father and the baby just after birth and in the months following birth has been shown to support and improve the health and development of the baby, improve the mental health of the father, and foster father-child bonding in the short term and long term;

Whereas studies show that engaging fathers in conversations about safe sleep guidelines can help increase safe sleep and reduce infant deaths;

Whereas providing fathers with guidance about infant crying and the risks of shaken baby syndrome can reduce infant deaths;

Whereas the active support of the father during breastfeeding greatly increases the chances of sustained breastfeeding, which improves the physical and mental health of the baby and the mother;

Whereas removing barriers to father engagement can encourage greater involvement during pregnancy, delivery, and parenthood, such as—

(1) offering moderated father support groups and classes;

(2) changing messaging about societal perceptions on the role of the father in pregnancy and parenting; and

(3) health care providers offering prenatal appointments outside of regular work hours, through telehealth and through take-home father-focused resources; and

Whereas support from a warm and emotionally responsive father improves the life and development of their child as the child grows into adolescence, as the child—

- (1) is less emotionally reactive;
- (2) experiences less depression;
- (3) is less prone to mood and anxiety disorders; and
- (4) relates better with other children;

Whereas the sustained involvement of a father with their child to the age of 7 helps negate the risk of psychological maladjustment;

Whereas a trusting relationship between a caring father and son will help the son grow into a strong father themselves;

Whereas a litany of research relates positive outcomes with increased father involvement with their child, including—

- (1) higher academic achievement;
- (2) better school readiness and performance;
- (3) higher self-esteem; and
- (4) greater social awareness;

Whereas the involvement of a loving father in the life of a 16-year-old child predicts less psychological distress for that child when they reach adulthood;

Whereas 1,300 step families are formed every day and 1 out of every 25 families with