S. 3324

At the request of Ms. CORTEZ MASTO, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 3324, a bill to modify the penalties for violations of the Telephone Consumer Protection Act of 1993.

S. 3423

At the request of Mr. WELCH, the name of the Senator from California (Ms. BUTLER) was added as a cosponsor of S. 3423, a bill to guarantee the right to vote for all citizens regardless of conviction of a criminal offense, and for other purposes.

S. 3490

At the request of Mr. TUBERVILLE, the name of the Senator from Iowa (Ms. ERNST) was added as a cosponsor of S. 3490, a bill to prohibit the Secretary of Veterans Affairs from providing health care to, or engaging in claims processing for health care for, any individual unlawfully present in the United States who is not eligible for health care under the laws administered by the Secretary.

S. 3502

At the request of Mr. REED, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 3502, a bill to amend the Fair Credit Reporting Act to prevent consumer reporting agencies from furnishing consumer reports under certain circumstances, and for other purposes.

S. 3593

At the request of Ms. ROSEN, the name of the Senator from Nevada (Ms. CORTEZ MASTO) was added as a cosponsor of S. 3593, a bill to provide for economic development and conservation in Washoe County, Nevada, and for other purposes.

S. 3825

At the request of Mr. ROMNEY, the name of the Senator from Louisiana (Mr. CASSIDY) was added as a cosponsor of S. 3825, a bill to amend the Workforce Innovation and Opportunity Act to establish a State innovation demonstration authority.

S. 3853

At the request of Mr. HAWLEY, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. 3853, a bill to extend the period for filing claims under the Radiation Exposure Compensation Act and to provide for compensation under such Act for claims relating to Manhattan Project waste, and to improve compensation for workers involved in uranium mining.

S.J. RES. 62

At the request of Mr. TESTER, the names of the Senator from Nevada (Ms. CORTEZ MASTO) and the Senator from West Virginia (Mr. MANCHIN) were added as cosponsors of S.J. Res. 62, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Animal and Plant Health Inspection Service relating to ''Importation of Fresh Beef From Paraguay''.

## SUBMITTED RESOLUTIONS

### SENATE RESOLUTION 574—EXPRESSING SUPPORT FOR STARTING AND GROWING A FAMILY THROUGH IN VITRO FERTILIZATION

Mr. SCOTT of Florida submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 574

Whereas in vitro fertilization (IVF) is a type of assisted reproductive technology developed and used for infertility treatment in adult women;

Whereas the first successful birth of a child conceived through the IVF process occurred in 1978, and since that time, millions of children worldwide have been conceived using IVF;

Whereas, according to a 2015 report from the Centers for Disease Control and Prevention (CDC), more than 1,000,000 children have been born in the United States between 1987 and 2015 through the use of assisted reproductive technologies, including IVF; and

Whereas, according to the CDC, in the United States—

(1) about 1 in 5 women with no prior births are unable to get pregnant after 1 year of trying to conceive a child, leading to a diagnosis of infertility;

(2) about 1 in 4 women experiencing infertility have difficulty carrying a pregnancy to term; and

(3) in 2021, more than 97,000 children were born using assisted reproductive technologies, including IVF: Now, therefore, be it

*Resolved*, That the Senate—

(1) affirms the desire of parents trying to conceive a child to start or grow a family;

(2) expresses sympathy for the millions of parents experiencing infertility issues as they strive to start or grow a family and recognizes the immense physical, emotional, and psychological toll of pursuing medical assistance for infertility, including in vitro fertilization;

(3) cherishes the millions of children born through the use of medical assistance to overcome infertility, including through in vitro fertilization;

(4) recognizes that medical assistance for infertility, including in vitro fertilization, is, and remains, legal in all States and territories of the United States;

(5) affirms that laws enacted by Congress should promote the sanctity of human life and support the development and growth of families in the United States;

(6) encourages further clinical research to improve outcomes for parents seeking medical assistance to overcome infertility as they strive to start or grow a family; and

(7) supports State legislative and regulatory actions to establish health, safety, and ethical standards for medical facilities offering assisted reproductive technologies, including in vitro fertilization.

### SENATE RESOLUTION 575—DECLARING RACISM A PUBLIC HEALTH CRISIS

Mr. BROWN (for himself, Mr. BOOKER, Mr. PADILLA, Ms. HIRONO, Mr. CARDIN, Mr. WARNOCK, Mr. BLUMENTHAL, Ms. STABENOW, Ms. BUTLER, and Ms. BALDWIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 575

Whereas a public health crisis 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 significant racial inequities include that—

(1) life expectancies for Black, American Indian, and Alaska Native people in the United States are significantly lower than those of non-Hispanic White people in the United States;

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

(3) Black, Native Hawaiian, Pacific Islander, American Indian, and Alaska Native infants are 2 to 3 times more likely to die than White infants;

(4) the Black infant mortality rate in the United States is 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;

(5) Hispanic women are 40 percent more likely to be diagnosed with, and 30 percent more likely to die from, cervical cancer compared to non-Hispanic White women;

(6) Asian Americans are the only racial group in the United States who experience cancer as the leading cause of death; and

(7) Native Hawaiians and Pacific Islanders are 2.5-times more likely to die from diabetes than non-Hispanic white women;

(8) Native Hawaiians suffer from coronary heart disease, stroke, heart failure, cancer, and diabetes at a 3 times greater rate than other ethnic populations in Hawaii, and become afflicted with those diseases a decade earlier in their lives compared with other ethnic populations; and

(9) during the COVID–19 pandemic, Black, Hispanic or Latino, Asian American, Native Hawaiian, Pacific Islander, and Native American communities experienced 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+;

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

Whereas, historically, explanations for health inequities have focused on false genetic science, such as eugenics;

Whereas, historically, explanations for health inequities have focused on incomplete social scientific analyses that narrowly focus on individual behavior to highlight ostensible deficiencies within racial and ethnic minority groups;

Whereas modern public health officials recognize the broader social context in which health inequities emerge and acknowledge the impact of historical and contemporary racism on health;

Whereas racism is recognized in modern public health discourse as 1 of many social determinants of health, which—

(1) are a broad range of nonmedical factors that can enhance or hinder quality of life and influence health outcomes;

(2) are the conditions in which people are born, grow, work, live, and age, and include the wider set of forces and systems shaping the conditions of daily life;

(3) include factors such as housing, employment, education, health care, food, transportation, social support, poverty, crime, violence, segregation, and environmental toxins;

(4) are linked to a lack of opportunity and resources to protect, improve, and maintain health; and

(5) taken together, create health inequities that stem from unfair and unjust systems, policies, and practices, and limit access to the opportunities and resources needed to live the healthiest life possible;

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 370 treaties ratified with sovereign indigenous communities, including American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders, as made evident by the chronic and pervasive underfunding of the Indian Health Service and Native Hawaiian health care, the vast health and socioeconomic inequities faced by American Indian and Alaska Native 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 that scapegoated Asians, separated families, and branded Asians as perpetual outsiders, such as—

(A) the Act entitled ''An Act supplementary to the Acts in relation to immigration'', approved March 3, 1875 (commonly known as the ''Page Act of 1875'') (18 Stat. 477, chapter 141), which effectively prohibited the entry of East Asian women into the United States;

(B) the Act entitled ''An Act to execute certain treaty stipulations relating to Chinese'', approved May 6, 1882 (commonly known as the ''Chinese Exclusion Act'') (22 Stat. 58, chapter 126), which banned thousands of Chinese-born laborers, who were essential in the completion of the transcontinental railroad and development of the West Coast of the United States; and

(C) the Act entitled ''An Act to regulate the immigration of aliens to, and the residence of aliens in, the United States'', approved February 5, 1917 (commonly known as the ''Immigration Act of 1917'') (39 Stat. 874, chapter 29), which barred all immigrants from the ''Asiatic zone'' and prevented the migration of individuals from South Asia, Southeast Asia, and East Asia;

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

(5) in 1942, the issuance of Executive Order 9066 which began the forced evacuation and detention of Japanese American West Coast residents, placing 70,000 citizens of the United States into ''relocation centers'';

Whereas, in 1967, President Lyndon B. Johnson established 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, causing deepened racial division and the 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 Study of Untreated Syphilis in the Negro Male, which serve as the foundation for the mistrust the Black community has for the medical system; and

(2) the egregiously unethical and cruel treatment of enslaved Black women who were forced to be the subject 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 structural racism include—

(1) 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 the northern and southern United 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 by establishing Medicare hospital racial integration guidelines that applied to every hospital that participated in the Federal program;

(3) that Pacific Islanders from the Freely Associated States experience 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;

(4) that language minorities, including Spanish-speaking, Chinese-speaking, and Tagalog-speaking people in the United States, were not assured nondiscriminatory access to federally funded services, including health services, until the signing of Executive Order 13166 (42 U.S.C. 2000d–1 note; relating to improving access to services for persons with limited English proficiency) in 2000;

(5) that the COVID–19 pandemic exacerbated economic, health, housing, and food security barriers for Black, Hispanic or Latino, Asian American, Native Hawaiian, Pacific Islander, and Native American households, which already suffer from disproportionately higher rates of food insecurity; and

(6) that members of the Black, Native American, Alaska Native, Asian American, Native Hawaiian, Pacific Islander, and Hispanic or Latino communities are disproportionately impacted by the criminal justice and immigration enforcement systems and face a higher risk of contracting COVID–19 within prison populations and detention centers due to the over-incarceration of members of those communities;

Whereas subtle or implicit racism in all sectors of the medical service profession continues to cause disproportionate physical and psychological harm to members of racial and ethnic minority groups;

Whereas examples of subtle or implicit racism in the medical service profession include that—

(1) the history and persistence of racist and nonscientific medical beliefs, which are associated with ongoing racial inequities in treatment and health outcomes;

(2) implicit racial and ethnic biases within the health care system, which have an explicit impact on the quality of care experienced by members of racial and ethnic minority groups, such as the undertreatment of pain in Black patients;

(3) nearly ⅕ of Hispanic or Latino Americans avoid medical care due to concern about being discriminated against or treated poorly;

(4) the United States health care system and other economic and social structures remain fraught with biases based on race, ethnicity, sex (including sexual orientation and gender identity), and class that lead to health inequities;

(5) women of color, including Black, Native American, Hispanic or Latina, Asian American, Native Hawaiian, and Pacific Islander women, have faced and continue to face attacks on their prenatal, maternal, and reproductive health and rights; and

(6) through the early 1980s, physicians routinely sterilized members of racial and ethnic minority groups, specifically American Indian and Alaska Native women (with ¼ of childbearing-aged American Indian and Alaska Native women being sterilized by the Indian Health Service) and African American and Latina women, performing excessive and medically unnecessary procedures without their informed consent;

Whereas structural racism perpetuates racial and ethnic inequities in the social determinants of health, which produces unintended negative health outcomes for members of racial and ethnic minority groups;

Whereas examples of that structural racism include—

(1) that there are fewer pharmacies, medical practices, and hospitals in predominantly Black and Hispanic or Latino neighborhoods, compared to White or more diverse neighborhoods;

(2) that environmental hazards, such as toxic waste facilities, garbage dumps, and other sources of airborne pollutants, are disproportionately located in predominantly Black, Hispanic or Latino, Asian American, Native Hawaiian, Pacific Islander, and low-income communities, resulting in poor air quality conditions, which can increase the likelihood of chronic respiratory illness and premature death from particle pollution;

(3) that employed Black adults are 10 percent less likely to have employer-sponsored health insurance than employed White adults because of racial segregation in occupation sectors and the types of organizations in which they work;

(4) that 1 in 4 American Indian and Alaska Native people lack health insurance and that Native Hawaiians, Pacific Islanders, and certain groups of nonelderly Asian American adults have lower levels of insurance than White adults;

(5) that several States with higher percentages of Black, Hispanic or Latino, American

Indian, and Alaska Native populations have not expanded their Medicaid programs, continuing to disenfranchise minority communities from access to health care as of the date of adoption of this resolution;

(6) discriminatory housing practices, such as redlining, which have, for decades, systemically excluded members of racial and ethnic minority groups from housing by robbing them of capital in the form of low-cost, stable mortgages and opportunities to build wealth, and the use of financial power by the Federal Government to segregate renters in public housing;

(7) social inequities, such as differing access to quality health care, healthy food and safe drinking water, safe and affordable neighborhoods, education, job security, and reliable transportation, which affect health risks and outcomes;

(8) exclusionary disciplinary practices (such as detention and suspension) in primary education and even early education settings, which disproportionately affect children from racial and ethnic minority backgrounds, particularly Black children; and

(9) that, as much as 60 percent of the health of a person in the United States can be determined by their zip code;

Whereas structural racism perpetuates ongoing knowledge gaps in data, research, and development, which produces unintended negative health outcomes for members of racial and ethnic minority groups;

Whereas examples of that structural racism include that—

(1) most participants in clinical trials are White, so there is insufficient data to develop evidence-based recommendations for people from racial and ethnic minority groups;

(2) medical research equipment and medical devices are typically developed by majority-White teams and therefore can have racial blind spots unintentionally built into their design, rendering them less effective for people from racial and ethnic minority groups, such as—

(A) electroencephalogram electrodes used in neuroimaging research do not collect reliable data when used on scalps with thick, curly hair; and

(B) pulse oximeters produce less accurate oxygen saturation readings when used on fingertips with darker skin;

(3) a lack of images depicting darker skin in medical textbooks, literature, and journals contributes to higher rates of underdiagnosis or misdiagnosis in patients with darker skin; and

(4) many health-related studies fail to include data on American Indians, Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders, or do not disaggregate data among those groups, leading to their invisibility in health data and unjust resource allocation and policies;

Whereas racism produces unjust outcomes and treatment for members of racial and ethnic minority groups, with such negative experiences serving as stressors that over time have a negative impact on physical health (leading, for example, to high blood pressure or hypertension) and mental health (leading, for example, to anxiety or depression);

Whereas there is evidence that racial and ethnic minority groups continue to face discrimination in the United States, examples of which include that—

(1) social scientists have documented racial microaggressions in contemporary United States society, including—

(A) assumptions that members of racial and ethnic minority groups are not citizens of the United States;

(B) assumptions of lesser intelligence;

(C) statements that convey color-blindness or denial of the importance of race;

(D) assumptions of criminality or dangerousness;

(E) denial of individual racism;

(F) promotion of the myth of meritocracy;

(G) assumptions that the cultural background and communication styles of an individual are pathological;

(H) treatment as a second-class citizen; and

(I) environmental messages of being unwelcome or devalued;

(2) compared to White Americans, Black Americans are 5 times more likely to report experiencing discrimination when interacting with the police, Hispanic or Latino Americans and Native Americans are nearly 3 times as likely, and Asian Americans, Native Hawaiians, and Pacific Islanders are nearly twice as likely;

(3) 42 percent of employees in the United States have experienced or witnessed racism in the workplace;

(4) Muslims, South Asians, and Sikhs were unjustly targeted for profiling, surveillance, arrest, discrimination, harassment, assault, and murder after 9/11;

(5) xenophobic rhetoric, including anti-immigrant rhetoric and the scapegoating of people of East Asian and Southeast Asian descent for the COVID–19 pandemic, resulted in a surge of hate against Asian Americans, Native Hawaiians, and Pacific Islanders, including increased harassment, discrimination, bullying, vandalism, and assault;

(6) nearly ½ of Asian Americans, Native Hawaiians, and Pacific Islanders throughout the United States have experienced discrimination or unfair treatment that may be illegal and the majority of victims of discrimination name race or related characteristics as the reason for the discrimination; and

(7) more than 50 percent of Hispanic or Latino adults experience at least 1 form of discrimination due to their racial or ethnic heritage, such as being treated as if they were not smart, criticized for speaking Spanish, told to return to their country, called offensive names, or unfairly stopped by the police;

Whereas Black people in the United States experience overt and direct forms of violence that, when not fatal, can cause severe physical or psychological harm;

Whereas examples of such forms of violence include—

(1) that Black people are confronted and threatened by armed citizens while performing everyday tasks, such as jogging in neighborhoods, driving, or playing in a park;

(2) that Black people are 3 times more likely to be killed by police than White people, and police violence is the sixth leading cause of death for young Black men;

(3) the killings of Tamir Rice, Ahmaud Arbery, Breonna Taylor, George Floyd, Elijah McClain, Jayland Walker, Jeenan Anderson, Timothy McCree Johnson, Jordan Neely, and countless other Black Americans by law enforcement;

(4) that it took the United States 66 years after the senseless and brutal murder of 14-year-old Emmett Till to make lynching a Federal crime;

(5) that, since 2015, mass shootings around the country, such as in Buffalo, New York, and Charleston, South Carolina, serve as reminders of the unresolved history of racism in the United States and highlight the threats Black people must take into consideration when going about their daily lives, both when outside their communities and within those communities; and

(6) the threat of brutality and violence adversely impacting mental health among Black communities;

Whereas American Indians and Alaska Natives experience historical trauma, systemic oppression, and cultural genocide that, even when not fatal, can cause severe physical or psychological harm;

Whereas examples of such forms of violence include—

(1) forced relocation, termination, and assimilation policies, such as boarding schools, that contributed to health disparities and legacies of trauma inflicted on indigenous people;

(2) the Army attempting cultural genocide by instigating numerous massacres, including the mass execution of 38 Dakota men in Minnesota, and the murder of 300 Lakota people at the Battle of Wounded Knee, to eradicate American Indians and Alaska Natives;

(3) murder being the third leading cause of death for Native women, and ⅘ of indigenous women experiencing violence in their lifetime;

(4) that, since 2016, there have been 5,712 cases of missing and murdered indigenous women and people across the United States, including 506 cases in 71 urban cities and 153 cases missing from law enforcement databases, with those missing cases likely undercounting the actual number of cases due to the underreporting of cases within American Indian and Alaska Native communities;

(5) that the overall death rate from suicide among American Indians and Alaska Natives is 20 percent higher compared to non-Hispanic White populations; and

(6) cycles of violence that have overburdened indigenous communities to respond to increased levels of violence, including gender-based violence, human trafficking, suicide, and homicide with minimal resources;

Whereas American Indian, Alaska Natives, Hispanics or Latinos, Asian Americans, Native Hawaiians, and Pacific Islanders experience racially motivated kidnapping, murders, and mass violence, such as shootings in Oak Creek, Wisconsin, El Paso and Allen, Texas, Atlanta, Georgia, and Indianapolis, Indiana, that, even when not fatal, can cause severe physical or psychological harm;

Whereas, throughout the history of the United States, members of racial and ethnic minority groups have been at the forefront of civil rights movements for essential freedoms, human rights, and equal protection for marginalized groups and continue to fight for racial, environmental, and economic justice today;

Whereas racial inequities in health continue to persist because of historical and contemporary racism;

Whereas public health experts agree that racism meets the criteria of a public health crisis because—

(1) the condition affects many people, is seen as a threat to the public, and is continuing to increase;

(2) the condition is distributed unfairly;

(3) preventive measures could reduce the effects of the condition; and

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

Whereas the Centers for Disease Control and Prevention—

(1) declared racism a serious threat to public health; and

(2) acknowledged the need for additional research and investments to address that serious threat;

Whereas a Federal public health crisis declaration proclaims racism as a pervasive health issue and alerts the people of the United States to the need to enact immediate and effective cross-governmental efforts to address the root causes of structural racism and the downstream impacts of that racism; and

Whereas such a declaration requires the response of governments to engage significant resources to empower the communities that are impacted: Now, therefore, be it

*Resolved,* That the Senate—

(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the United States declaring racism a public health crisis;

(2) declares racism a public health crisis in the United States;

(3) commits to—

(A) establishing a nationwide strategy to address health disparities and inequities across all sectors in society;

(B) dismantling systemic practices and policies that perpetuate racism;

(C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for members of racial and ethnic minority groups; and

(D) promoting efforts to address the social determinants of health for all racial and ethnic minority groups in the United States; and

(4) places a charge on the people of the United States to move forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness.

## SENATE RESOLUTION 576—EXPRESSING SUPPORT FOR THE DESIGNATION OF THE WEEK OF MARCH 4 THROUGH MARCH 8, 2024, AS ''NATIONAL SOCIAL AND EMOTIONAL LEARNING WEEK'' TO RECOGNIZE THE CRITICAL ROLE SOCIAL AND EMOTIONAL LEARNING PLAYS IN SUPPORTING THE ACADEMIC SUCCESS AND OVERALL WELL-BEING OF STUDENTS, EDUCATORS, AND FAMILIES

Mr. DURBIN (for himself, Ms. COLLINS, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. KING, Mr. BOOKER, Ms. BUTLER, Mr. SANDERS, and Mr. VAN HOLLEN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 576

Whereas, according to research conducted by both the Centers for Disease Control and Prevention and Harvard University, the COVID–19 pandemic heightened the urgency to provide greater assistance to students, educators, and families to address the mental health, behavioral, and other systemic challenges that impede the academic and developmental improvement and success of students;

Whereas decades of research demonstrate how social and emotional learning (referred to in this preamble as ''SEL'') promotes academic achievement, mental wellness, healthy behaviors, and long-term success;

Whereas, according to a study by researchers at the Collaborative for Academic, Social, and Emotional Learning, Loyola University of Chicago, and the University of Illinois at Chicago, SEL programs that addressed the 5 core competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision making) increased academic performance by 11 percentile points, improved the ability of students to manage stress, and improved the attitudes of students about themselves, others, and school;

Whereas, according to a study by researchers at Yale University, the University of Rochester, the University of Maryland, and Loyola University of Chicago, students participating in SEL at school had higher ''school functioning'', including grades, test scores, attendance, homework completion, and engagement;

Whereas a study in the Journal of Benefit-Cost Analysis found that, on average, for every dollar spent on the evidence-based SEL programs examined, there was an $11 return on investment;

Whereas, according to a study published by the American Public Health Association, the development of social and emotional skills in kindergarten has been associated with improved outcomes for young adults later in life, resulting in reduced societal costs for public assistance, public housing, police involvement, and detention;

Whereas, in response to a Pew Research Center survey of parents of K–12 students, 66 percent of the parents said that schools teaching children to develop social and emotional skills was ''very important'' and another 27 percent of the parents said that such teaching was ''somewhat important'';

Whereas EdWeek Research Center found that 83 percent of educators indicated that SEL is ''somewhat'' or ''very'' helpful for the academic learning of students;

Whereas research from Yale University, the University of Cantabria, Jagiellonian University, and Pennsylvania State University indicates that educators who demonstrate greater social and emotional competence are frequently more capable of protecting themselves from burnout; and

Whereas the week of March 4 through March 8, 2024, would be an appropriate period to designate as ''National Social and Emotional Learning Week'': Now, therefore, be it

*Resolved,* That the Senate—

(1) supports the designation of ''National Social and Emotional Learning Week'';

(2) recognizes the role that social and emotional learning plays in promoting academic achievement, mental and behavioral health, and future career success for students;

(3) expresses support for expanding access to social and emotional learning for each student and teacher; and

(4) encourages the people of the United States to identify opportunities among Federal agencies to advance social and emotional learning to support students, parents, educators, and their communities.

## SENATE RESOLUTION 577—RECOGNIZING AND HONORING BURNSVILLE, MINNESOTA, LAW ENFORCEMENT AND FIRST RESPONDERS FOR THEIR HEROIC ACTIONS

Ms. KLOBUCHAR (for herself and Ms. SMITH) submitted the following resolution; which was considered and agreed to:

S. RES. 577

Whereas Burnsville Police Officers Paul Elmstrand and Matthew Ruge and Firefighter/Paramedic Adam Finseth died in the line of duty on February 18, 2024, while responding to a domestic situation in Burnsville, Minnesota;

Whereas Officer Paul Elmstrand dedicated over 6 years of service to the Burnsville Police Department, joined the department in 2017 as a Community Service Officer and was promoted to Officer in 2019, and served as part of the department's mobile command staff, peer team, honor guard, and field training unit;

Whereas Officer Matthew Ruge dedicated over 3 years of service to the Burnsville Police Department, joining the department in 2020, where he was a physical evidence officer and a member of the crisis negotiation team;

Whereas Firefighter/Paramedic Adam Finseth dedicated 5 years of service to the Burnsville Fire Department, served as a water rescue trainer and on Burnsville's Health and Wellness Committee, and was an Army veteran serving during Operation Iraqi Freedom;

Whereas Officers Paul Elmstrand and Matthew Ruge and Firefighter/Paramedic Adam Finseth will be remembered as heroes who protected their community and loved their families and friends;

Whereas Police Sergeant Adam Medlicott was injured and hospitalized while responding to the call; and

Whereas Sergeant Adam Medlicott has served with the Burnsville Police Department since 2014 in various roles, including as a patrol officer, drug recognition specialist, and field training officer, and was promoted to sergeant in 2022: Now therefore be it

*Resolved,* That the Senate—

(1) expresses deep condolences to the families and colleagues of Burnsville, Minnesota, Police Officers Paul Elmstrand and Matthew Ruge and Firefighter/Paramedic Adam Finseth, who made the ultimate sacrifice in the line of duty and whose sacrifice will not be forgotten;

(2) honors the bravery of Police Sergeant Adam Medlicott;

(3) recognizes all of the countless selfless and heroic actions carried out by local law enforcement and first responders;

(4) expresses strong support for law enforcement and first responders in Minnesota and across the United States who protect and serve their communities; and

(5) acknowledges the importance of honoring and remembering fallen law enforcement and first responders killed in the line of duty.

## SENATE RESOLUTION 578—CONGRATULATING THE KANSAS CITY CHIEFS ON THEIR VICTORY IN SUPER BOWL LVIII IN THE SUCCESSFUL 104TH SEASON OF THE NATIONAL FOOTBALL LEAGUE

Mr. HAWLEY (for himself, Mr. SCHMITT, Mr. MORAN, and Mr. MARSHALL) submitted the following resolution; which was considered and agreed to:

S. RES. 578

Whereas, on Sunday, February 11, 2024, the Kansas City Chiefs defeated the San Francisco 49ers by a score of 25 to 22 to win Super Bowl LVIII in Las Vegas, Nevada;

Whereas the Chiefs made their fourth Super Bowl appearance and third Super Bowl win in 5 years;

Whereas this win marks the first time in nearly 20 years and the ninth time in NFL history that a team has won back-to-back Super Bowls;

Whereas the Chiefs came back after trailing the 49ers by 10 points with under 4 minutes remaining in the first half, making this the third time in 5 years that the Chiefs have recovered from a 10-point deficit in the Super Bowl;

Whereas head coach Andy Reid led the Chiefs to victory and became the fifth head coach to earn 3 Super Bowl victories;

Whereas quarterback Patrick Mahomes completed 34 of 46 pass attempts for 333 yards and 2 touchdowns, rushed 9 times for 66 yards, and was named Super Bowl Most Valuable Player, making him the third player to have won the award 3 times;