

Black birthing people, and the need for community-driven policies, programs, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which 2,200,000 women of childbearing age live in maternity care deserts where they do not have access to hospitals or birth centers offering maternity care or obstetric providers;

Whereas maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when birthing people are far away from their providers;

Whereas incorporating midwives fully into the maternity care system in the United States would reduce maternal health disparities and help to address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in high-income countries, increasing rapidly and disproportionately higher among Black birthing people;

Whereas maternal health is intractably linked to infant health, as the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in 2 decades;

Whereas Black birthing people in the United States suffer from life threatening pregnancy complications, known as “maternal morbidities”, twice as often as White birthing people;

Whereas deaths from maternal morbidities have devastating effects on Black children and families, and the vast majority of maternal morbidities are entirely preventable through assertive efforts to ensure that Black birthing people have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas the high rates of maternal mortality among Black birthing people span across income levels, education levels, and socioeconomic statuses;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black birthing people in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black birthing people;

Whereas Black birthing people are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives who have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decline of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens throughout the 20th century, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in the preservation of healing modalities that are practiced all over the world;

Whereas the focus of Black midwifery on holistic care, which involves caring for the whole person, family and community, is what makes a difference in midwifery;

Whereas midwifery honors the right to bodily autonomy for the birthing person and can be facilitated at home, in a birth center, or hospital by working in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes, including by reducing infant mortality and morbidity, preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as “CERD”) of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap in maternal health outcomes;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black birthing people, with policies that support and promote affordable and holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks have on protecting and advancing the rights of Black birthing people;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally, nationally, and globally; and

Whereas Congress must mitigate the effects of systemic and structural racism to ensure that all Black people have access to midwives, doulas, and other community-based, culturally matched perinatal health providers: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes March 14, 2024, as “Black Midwives Day”;

(2) encourages the Federal Government and State and local governments to take proactive measures to address racial disparities in maternal health outcomes by supporting initiatives aimed at diversifying the perinatal workforce, increasing access to culturally congruent maternal health care;

(3) commits to collaborating with relevant stakeholders to develop and enact policy solutions that promote health equity, address

systemic racism, and support the advancement of Black midwifery;

(4) calls for increased funding for education, training, and mentorship programs that focus on promoting and sustaining Black midwifery across all training pathways;

(5) encourages the Federal Government and State and local governments to authorize the autonomous practice of all midwives to the full extent of their training;

(6) promotes TRICARE and Medicaid coverage of maternity care provided by midwives of all training pathways in the setting of choice of the birthing person; and

(7) supports and recognizes the longstanding and invaluable contributions of Black midwives to maternal and infant health in the United States.

SENATE RESOLUTION 589—HONORING WADEE ALFAYOUMI, A 6-YEAR-OLD PALESTINIAN-AMERICAN BOY, MURDERED AS A VICTIM OF A HATE CRIME FOR HIS PALESTINIAN-MUSLIM IDENTITY, IN THE STATE OF ILLINOIS

Mr. DURBIN (for himself, Ms. DUCKWORTH, Mr. WYDEN, Ms. STABENOW, Mrs. MURRAY, Mr. KAINE, Mr. WELCH, Mr. MERKLEY, Mr. SANDERS, and Mr. MENENDEZ) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 589

Whereas Wadee Alfayoumi, a 6-year-old Palestinian-Muslim-American boy, was loved by his family and friends as an energetic, loving, and joyous light who brought sunshine to his loved ones and classmates;

Whereas, on October 14, 2023, at 11:30 a.m., Wadee Alfayoumi was brutally stabbed 26 times by a hate-driven perpetrator and tragically succumbed to his injuries;

Whereas Wadee Alfayoumi's perpetrator has been indicted for a hate crime by the Will County, Illinois, grand jury, and the Department of Justice has opened a hate crimes investigation into the events leading to Wadee Alfayoumi's death, as there is evidence the perpetrator yelled during the brutal killing, “All Muslims must die and your people must die” and has been observed to be a consumer of media containing dehumanizing and hateful rhetoric that is anti-Muslim and anti-Palestinian;

Whereas Wadee Alfayoumi was born and raised in the United States, and his family wanted the United States to provide them a life of safety away from dehumanizing and hateful rhetoric toward Palestinian people;

Whereas no one should be a target of hate because of their ethnicity or religion, whether such ethnicity or religion is expressed verbally or through how one dresses, such as through the wearing of a hijab, keffiyeh, turban, mitpachat, tichel, shpitzel, sheitel, kippah, or yarmulke;

Whereas dehumanizing misinformation and disinformation fuel sentiments of hate that result in violence against those who belong or who are perceived to belong to a certain ethnic or religious group;

Whereas the Palestinian community's migration to the United States dates back to the late 19th century;

Whereas the United States is home to one of the largest Palestinian diasporas in the world that is made up of lawyers, doctors, teachers, business owners, law enforcement, and others, all who contribute to the history, arts, commerce, promise, and character of the United States;

Whereas Wadee Alfayoumi shared a heritage, history, love, culture, tradition, and

brilliance belonging to the Palestinian people and was a symbol of another great Palestinian life full of promise;

Whereas Palestinian children, Israeli children, children in the United States, and those all across the globe deserve to live in peace and be free from discrimination, hate crimes, and violence; and

Whereas the recent Israel-Gaza conflict has had a particularly devastating impact on children in the region, including at one point resulting in a Palestinian child dying every 10 minutes, according to the World Health Organization: Now, therefore, be it

Resolved, That the Senate recognizes that—

- (1) the United States lost the beautiful light of Wadde Alfayoumi because of hate;
- (2) it is the duty of elected officials and media to tell the truth without dehumanizing rhetoric when informing the public of factual information;
- (3) freedom of speech and peaceful protest are constitutionally protected and a fundamental cornerstone of democracy; and
- (4) the United States has zero tolerance for hate crimes, Islamophobia, anti-Semitism, and anti-Palestinian and anti-Arab discrimination.

SENATE RESOLUTION 590—DESIGNATING MARCH 15, 2024, AS “LONG COVID AWARENESS DAY”

Mr. SANDERS (for himself, Mr. KAINE, Mr. MARKEY, Mr. HICKENLOOPER, Ms. SMITH, Mr. CASEY, and Ms. BALDWIN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 590

Whereas Long COVID is a systemic and often debilitating and disabling long-term outcome of an acute COVID-19 infection;

Whereas Long COVID has the potential to worsen pre-existing health conditions and can cause death months to years after an acute COVID-19 infection;

Whereas there are more than 200 documented Long COVID symptoms, which can vary from person to person and can include fatigue, cognitive impairment, muscle or joint pain, shortness of breath, heart palpitations, sleep difficulties, mood changes, and damage to organ systems and tissue;

Whereas Long COVID can trigger other infection-associated chronic conditions such as postural orthostatic tachycardia syndrome and other forms of dysautonomia, mast cell activation syndrome, fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome, and many others;

Whereas there is no single diagnostic test or protocol to confirm a Long COVID diagnosis;

Whereas many providers are unprepared to identify, diagnose, or treat Long COVID due to a lack of education and information, and some providers refrain from making a Long COVID diagnosis at all;

Whereas, according to estimates from the Centers for Disease Control and Prevention, there are 22,000,000 adults and 1,000,000 children currently living with Long COVID in the United States, and there are likely more;

Whereas Long COVID disproportionately affects racial and ethnic minorities, women, the elderly, people with disabilities, and those with lower incomes;

Whereas the Department of Health and Human Services and the Department of Justice have issued guidance clarifying that Long COVID can be considered a disability under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.);

Whereas Long COVID has had a devastating financial impact on individuals and

on the overall economy with an estimated economic cost of \$3,700,000,000,000 due to reduced quality of life, lost earnings, and direct medical care spending for those who suffer from Long COVID;

Whereas people with Long COVID are 10 percent less likely to be employed and those who are employed work 50 percent fewer hours than people without Long COVID;

Whereas there may be as many as 4,000,000 fewer workers in the United States workforce due to the impact of the disease;

Whereas there are no approved cures for Long COVID, and most of the treatments involve addressing individual symptoms using established therapies; and

Whereas investing in Long COVID research and promoting the development of treatment and diagnostic tools remain priorities to improve the quality of life for those impacted by Long COVID: Now, therefore, be it

Resolved, That the Senate—

(1) designates March 15, 2024, as “Long COVID Awareness Day”;

(2) recognizes patients and their families and caregivers who are affected by Long COVID;

(3) commends the work of doctors and researchers who continue to advance the study of Long COVID; and

(4) encourages relevant Federal agencies—

(A) to expand research efforts to develop effective treatments, diagnostics, and cures;

(B) to publish information on Long COVID to educate the public and providers about the impact of the condition; and

(C) to make every effort to ensure that patients and their families and caregivers receive adequate support and care.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CARPER. 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 ARMED SERVICES

The Committee on Armed Services is authorized to meet in open and closed session during the session of the Senate on Thursday, March 14, 2024, at 9:30 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, March 14, 2024, at 10 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, March 14, 2024, at 10:30 a.m., to conduct a hearing.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

The Committee on Health, Education, Labor, and Pensions is authorized to meet during the session of the Senate on Thursday, March 14, 2024, at 10 a.m., to conduct a hearing.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

The Committee on Homeland Security and Governmental Affairs is au-

thorized to meet during the session of the Senate on Thursday, March 14, 2024, at 10 a.m., to conduct a hearing.

PRIVILEGES OF THE FLOOR

Mr. MERKLEY. Madam President, I ask unanimous consent that the privileges of the floor be extended for the balance of the day for my intern, Lucas Rigsby.

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

Mr. DURBIN. Madam President, I ask unanimous consent that the following law clerks of the Senate Judiciary Committee be granted floor privileges until March 21, 2024: Casey Adams, Hannah Auten, Anna Pollard, and Patrick Reyes.

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

Mr. CARPER. Madam President, I ask unanimous consent that the following members of my staff be granted floor privileges for the remainder of the Congress: Natasha Kieval, Cassandra Worthington, Nicole Comisky, and Ryan Smith.

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

AUTHORIZING THE USE OF EMANCIPATION HALL IN THE CAPITOL VISITOR CENTER FOR A CEREMONY TO PRESENT THE CONGRESSIONAL GOLD MEDAL COLLECTIVELY TO THE 23D HEADQUARTERS SPECIAL TROOPS AND THE 3133D SIGNAL SERVICES COMPANY, KNOWN COLLECTIVELY AS THE “GHOST ARMY”

Mr. CARPER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 84, which was received from the House and I understand is at the desk.

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

The senior assistant legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 84) authorizing the use of Emancipation Hall in the Capitol Visitor Center for a ceremony to present the Congressional Gold Medal collectively to the 23d Headquarters Special Troops and the 3133d Signal Services Company, known collectively as the “Ghost Army”, in recognition of unique and highly distinguished service during World War II.

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

Mr. CARPER. Mr. President, I further ask that the concurrent resolution be agreed to and the motion 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 concurrent resolution (H. Con. Res. 84) was agreed to.