

(41) the Naval District Washington Fire and Emergency Medical Services; and
(42) the Department of Labor;

Whereas the community, the Nation, and the world mourn the loss of those on board and recognize the profound impact this tragedy has on the families, friends, and colleagues of the victims; and

Whereas the American spirit of solidarity and support in times of crisis has once again been demonstrated through the outpouring of support, prayers, and assistance to the affected families and communities: Now, therefore, be it

Resolved, That the Senate—

(1) commemorates the 67 lives lost in the tragic collision of American Airlines Flight 5342 and United States Army Aviation Brigade Priority Air Transport 25 on January 29, 2025;

(2) offers heartfelt condolences to the families, loved ones, and friends of the victims; and

(3) expresses gratitude to the brave law enforcement and emergency medical personnel who responded to the collision.

SENATE RESOLUTION 65—AUTHORIZING EXPENDITURES BY THE COMMITTEE ON THE JUDICIARY

Mr. GRASSLEY submitted the following resolution; from the Committee on the Judiciary which was referred to the Committee on Rules and Administration:

S. RES. 65

Resolved,

SECTION 1. GENERAL AUTHORITY.

In carrying out its powers, duties, and functions under the Standing Rules of the Senate, in accordance with its jurisdiction under rule XXV of the Standing Rules of the Senate, including holding hearings, reporting such hearings, and making investigations as authorized by paragraphs 1 and 8 of rule XXVI of the Standing Rules of the Senate, the Committee on the Judiciary (in this resolution referred to as the “committee”) is authorized from March 1, 2025, through February 28, 2027, in its discretion, to—

(1) make expenditures from the contingent fund of the Senate;

(2) employ personnel; and

(3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, use on a reimbursable or nonreimbursable basis the services of personnel of any such department or agency.

SEC. 2. EXPENSES.

(a) EXPENSES FOR PERIOD ENDING SEPTEMBER 30, 2025.—The expenses of the committee for the period March 1, 2025, through September 30, 2025, under this resolution shall not exceed \$9,064,180, of which amount—

(1) not to exceed \$100,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed \$10,000 may be expended for the training of the professional staff of the committee (under procedures specified by section 202(j) of that Act).

(b) EXPENSES FOR FISCAL YEAR 2026 PERIOD.—The expenses of the committee for the period October 1, 2025, through September 30, 2026, under this resolution shall not exceed \$15,538,595, of which amount—

(1) not to exceed \$125,000 may be expended for the procurement of the services of individual consultants, or organizations thereof

(as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed \$15,000 may be expended for the training of the professional staff of the committee (under procedures specified by section 202(j) of that Act).

(c) EXPENSES FOR PERIOD ENDING FEBRUARY 28, 2027.—The expenses of the committee for the period October 1, 2026, through February 28, 2027, under this resolution shall not exceed \$6,474,414, of which amount—

(1) not to exceed \$80,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed \$10,000 may be expended for the training of the professional staff of the committee (under procedures specified by section 202(j) of that Act).

SEC. 3. EXPENSES AND AGENCY CONTRIBUTIONS.

(a) EXPENSES OF THE COMMITTEE.—

(1) IN GENERAL.—Except as provided in paragraph (2), expenses of the committee under this resolution shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee.

(2) VOUCHERS NOT REQUIRED.—Vouchers shall not be required for—

(A) the disbursement of salaries of employees paid at an annual rate;

(B) the payment of telecommunications provided by the Office of the Sergeant at Arms and Doorkeeper;

(C) the payment of stationery supplies purchased through the Keeper of the Stationery;

(D) payments to the Postmaster of the Senate;

(E) the payment of metered charges on copying equipment provided by the Office of the Sergeant at Arms and Doorkeeper;

(F) the payment of Senate Recording and Photographic Services; or

(G) the payment of franked and mass mail costs by the Sergeant at Arms and Doorkeeper.

(b) AGENCY CONTRIBUTIONS.—There are authorized to be paid from the appropriations account for “Expenses of Inquiries and Investigations” of the Senate such sums as may be necessary for agency contributions related to the compensation of employees of the committee—

(1) for the period March 1, 2025, through September 30, 2025;

(2) for the period October 1, 2025, through September 30, 2026; and

(3) for the period October 1, 2026, through February 28, 2027.

SENATE RESOLUTION 66—SUPPORTING THE GOALS AND IDEALS OF “CAREER AND TECHNICAL EDUCATION MONTH”

Mr. Kaine (for himself, Mr. YOUNG, Ms. BALDWIN, Mr. BUDD, Mr. BARRASSO, Mr. BENNET, Mrs. BLACKBURN, Mr. BLUMENTHAL, Ms. BLUNT ROCHESTER, Mr. BOOKER, Mrs. BRITT, Ms. CANTWELL, Mrs. CAPITO, Mr. CASSIDY, Ms. COLLINS, Mr. COONS, Mr. CORNYN, Ms. CORTEZ MASTO, Mr. CRAMER, Mr. CRAPO, Mr. DAINES, Ms. DUCKWORTH, Mr. DURBIN, Mr. FETTERMAN, Mr. GRASSLEY, Mr. HAGERTY, Ms. HASSAN, Mr. HICKENLOOPER, Ms. HIRONO, Mr. HOEVEN, Mrs. HYDE-SMITH, Mr. KING, Ms. KLOBUCHAR, Ms. LUMMIS, Mr. MERKLEY, Mrs. MURRAY, Mr. PETERS, Mr. PADILLA, Mr. REED, Ms. ROSEN, Mr. SANDERS, Mrs. SHAHEEN, Mr. SHEEHY,

Ms. SMITH, Mr. TILLIS, Mr. VAN HOLLEN, Mr. WARNER, Mr. WHITEHOUSE, Mr. WICKER, Mr. LANKFORD, and Mr. ROUNDS) submitted the following resolution; which was considered and agreed to:

S. RES. 66

Whereas American competitiveness within the global economy requires workers who are prepared with the requisite academic knowledge as well as technical and employability skills needed for career success;

Whereas 1,700,000 workers annually are projected to leave jobs supporting the infrastructure sector of the United States through 2031, including designing, building, and operating transportation, housing, utilities, and telecommunications, leading to massive replacement needs;

Whereas advancements in technology have fundamentally changed critical economic sectors of the United States and the global economy, creating significant, new demand for high-wage, high-quality, and efficient education and training opportunities;

Whereas career and technical education (referred to in this preamble as “CTE”) ensures that a competitive and skilled workforce is ready, willing, and capable of holding jobs in high-wage, high-skill, and in-demand career fields;

Whereas CTE helps the United States meet the very real and immediate challenges of economic development, student academic achievement, and global competitiveness;

Whereas, in the United States, it is forecast that by 2031 nearly ⅓ of all jobs will require some level of postsecondary education but less than a bachelor’s degree;

Whereas more than 11,100,000 students are enrolled in CTE programs across the United States at the secondary and postsecondary levels, with CTE programs in thousands of comprehensive high schools, technical high schools, area technical centers, career academies, and over 1,000 two-year colleges;

Whereas CTE aligns with labor market demand and provides employability skills and relevant academic and technical coursework leading to credentials of value for secondary and postsecondary education students and adult learners;

Whereas CTE affords students the opportunity to cultivate the knowledge and skills to earn the credentials needed to secure careers in growing, high-demand fields;

Whereas secondary CTE has statistically significant positive impacts on the academic achievement, high school completion, employability skills, and college readiness of students;

Whereas, according to a recent national survey conducted by the Hunt Institute and Lake Research Partners, 94 percent of parents and voters favor increased opportunities for students to access workforce training and related opportunities to cultivate skills needed for a career;

Whereas about 77 percent of employers from in-demand industries report hiring an employee because of knowledge and skills gained from their CTE experience;

Whereas, in 2018, Congress affirmed on a wide bipartisan basis the importance of CTE by passing the Strengthening Career and Technical Education for the 21st Century Act (Public Law 115-224; 132 Stat. 1563), which supports investment and improvement in secondary and postsecondary CTE programs in all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, and outlying areas; and

Whereas February 23, 2025, marks the 108th anniversary of the signing of the Act of February 23, 1917 (39 Stat. 929, chapter 114, commonly known as the “Smith-Hughes Vocational Education Act of 1917”), which was the first major Federal investment in secondary CTE and laid the foundation for the bipartisan, bicameral support for CTE that continues as of February 2025: Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of February 2025 as “Career and Technical Education Month” to celebrate career and technical education across the United States;

(2) supports the goals and ideals of Career and Technical Education Month;

(3) recognizes the importance of career and technical education in preparing a well-educated and skilled workforce in the United States; and

(4) encourages educators, school counselors, guidance and career development professionals, administrators, and parents to promote career and technical education as a respected educational pathway for students.

SENATE RESOLUTION 67—DECLARING RACISM A PUBLIC HEALTH CRISIS

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

S. RES. 67

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 4 to 10 years 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 and have the highest rates of pregnancy-related mortality;

(3) Black, Native Hawaiian, Pacific Islander, American Indian, and Alaska Native infants are 2½ 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 have a 51 percent higher incidence, and are 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

have the highest rates of lung cancer among never-smoking women;

(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 under-

funding 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 perpetrated 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