

difficult public crises in the United States, taking on roles that exceed the traditional role of providing a space for, and access to, educational and cultural enrichment;

Whereas library staff provide lifesaving care to members of their communities who are suffering the effects of the ongoing and tragic opioid epidemic in the United States, including being called on to administer medication to treat overdoses;

Whereas libraries are a safe haven for individuals and families who are unhoused, and library workers provide the supportive community environment and resources needed by unhoused individuals and families;

Whereas libraries are often the only source of internet for underserved communities;

Whereas library staff maintained public access to essential library services and were relied on to distribute personal protective equipment and provide testing to the public during the worst days of the COVID-19 pandemic;

Whereas libraries have met an expanded and intensified demand for community, public health, and safety net services, often while contending with severe funding cuts, creating unsustainable and frequently unsafe working conditions for library staff;

Whereas the EveryLibrary Institute recently found that Project 2025 encourages the mistreatment and misrepresentation of minority communities as well as the harassment of library staff;

Whereas, on March 14, 2025, President Trump signed Executive Order 14238 (90 Fed. Reg. 13043; relating to continuing the reduction of the Federal bureaucracy) to eliminate the Institute of Museum and Library Services;

Whereas eliminating the Institute of Museum and Library Services would harm the ability of libraries to provide critical resources to millions of people in the United States, especially in rural, Tribal, and other underserved communities;

Whereas the health and survival of democracy in the United States requires that everyone be able to exercise rights to information and services, and it is especially important for young people to have the opportunity to learn, encounter, and debate all manner of ideas, including controversial ones;

Whereas students have been shown to spend more time reading and exhibit higher reading scores when given access to diverse titles, and library staff play a crucial role in curating diverse book offerings for young readers;

Whereas a fundamental responsibility of the job of library staff is making decisions about the books and media in their collections and assisting visitors in accessing those materials without fear of censorship or reprisal for fulfilling the role of providing information and resources to the public;

Whereas PEN America found 10,046 instances of book bans in school libraries and classrooms during the 2023 to 2024 school year;

Whereas libraries and library staff are more capable of providing their communities with access to a diverse, inclusive, and comprehensive selection of books and media when they operate free from threats of book bans and censorship;

Whereas library staff have faced termination and criminalization for refusing to remove banned books from their libraries;

Whereas, from 2024 to 2025, there were deploable incidents throughout the United States that were orchestrated to intimidate library staff and prevent them from fulfilling their central work responsibility to provide the public with free and unfettered access to information;

Whereas library staff across the United States are mobilizing for a collective union voice in their workplaces to elevate their profession, to ensure safe and adequately resourced spaces that meet the needs of the communities they serve, and to protect the essential role of libraries in the democracy of the United States; and

Whereas the week of April 6 through April 12, 2025, would be an appropriate time to celebrate “National Library Week”: Now, therefore, be it

*Resolved*, That the Senate—

(1) commends the work of library staff in the United States;

(2) supports the goals and ideals of National Library Week;

(3) recognizes that libraries and library staff provide critical infrastructure for the United States and are essential to the future of the United States;

(4) supports the prioritization of full funding of library services at the Federal, State, and local levels to ensure the continuation and improvement of library services;

(5) reaffirms—

(A) the fundamental right of the people of the United States to access information, which is made real through the efforts of library staff;

(B) the fundamental right of library workers to organize and collectively bargain at work and to have a protected voice in their workplace; and

(C) the civil rights of library workers to exercise their responsibilities to the public without threats or intimidation; and

(6) recognizes the right of library staff—

(A) to speak out on matters of public concern;

(B) to address themselves to elected officials and to the administration of the entities that employ library staff; and

(C) to inform the people of the United States about their right to free and unfettered access to information, and about threats to that access.

#### SENATE RESOLUTION 170—TO AUTHORIZE REPRESENTATION BY THE SENATE LEGAL COUNSEL IN THE CASE OF DESMOND BELLARD V. RONALD WYDEN, U.S. SENATOR

Mr. THUNE (for himself and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

S. RES. 170

Whereas, Senator RONALD WYDEN has been named as a respondent in the case of *Desmond Bellard v. Ronald Wyden, U.S. Senator*. No. S071813, pending in the Oregon Supreme Court; and

Whereas, pursuant to sections 703(a) and 704(a)(1) of the Ethics in Government Act of 1978, 2 U.S.C. §§ 288b(a) and 288c(a)(1), the Senate may direct its counsel to defend Members of the Senate in civil actions relating to their official responsibilities: Now, therefore, be it

*Resolved*, That the Senate Legal Counsel is authorized to represent Senator WYDEN named in the case of *Desmond Bellard v. Ronald Wyden, U.S. Senator*.

#### SENATE RESOLUTION 171—SUPPORTING THE GOALS AND IDEALS OF “NATIONAL YOUTH HIV/AIDS AWARENESS DAY”

Mr. BLUMENTHAL (for himself, Mr. VAN HOLLEN, and Mr. WYDEN) sub-

mitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 171

Whereas “National Youth HIV/AIDS Awareness Day” is a nationwide observance that calls on people to take action to invest in the health, education, and leadership of young people;

Whereas, more than 40 years into the epidemic, the Centers for Disease Control and Prevention estimates that in the United States more than 1,189,700 people are living with HIV, and 30,635 people were diagnosed with HIV in the United States in 2020;

Whereas, in 2020, youth aged 13 to 24 years composed 20 percent of all new HIV diagnoses in the United States;

Whereas young people living with HIV are the least likely of any age group to be retained in care and have a suppressed viral load;

Whereas 56 percent of young people aged 13 to 24 living with HIV are unaware of their HIV status;

Whereas African-American youth are most impacted by the HIV epidemic, representing 54 percent of new transmissions in young people aged 13 to 24;

Whereas young African-American gay and bisexual men are even more severely affected, representing 53 percent (2,740) of new HIV diagnoses among young gay and bisexual men;

Whereas, in 2020, young gay and bisexual men accounted for 84 percent (5,161) of all new HIV diagnoses in young people aged 13 to 24;

Whereas the National HIV/AIDS Strategy explains the fact that youth experience worse HIV outcomes regarding status awareness, pre-exposure prophylaxis uptake, and health outcomes;

Whereas the National HIV/AIDS Strategy recommends children and young adults with HIV receive tailored and often more intensive medical and support services to support them as they grow and become young adults;

Whereas the Division of Adolescent and School Health within the Centers for Disease Control and Prevention is the only Federal program supporting HIV prevention for adolescents in schools;

Whereas the largest Federal program dedicated to providing care and treatment for people living with HIV was named after Ryan White, a teenager from Indiana who helped educate the United States about HIV and AIDS in the 1980s;

Whereas the grant program under part D of title XXVI of the Public Health Service Act (42 U.S.C. 300-71 et seq.; commonly referred to as the “Ryan White Part D Program”) is one of the national efforts to link young people living with HIV to medical care and support services;

Whereas the Patient Protection and Affordable Care Act (Public Law 111-148) provides youth, including those living with or impacted by HIV and AIDS, with better access to health care coverage, more health insurance options, additional funding for sex education, and expanded access to Medicaid and prohibits denying people living with HIV access to health care, all of which ensures that more young people living with HIV will receive care; and

Whereas April 10 of each year is now recognized as “National Youth HIV/AIDS Awareness Day”: Now, therefore, be it

*Resolved*, That the Senate—

(1) supports the goals and ideals of “National Youth HIV/AIDS Awareness Day”;

(2) encourages State and local governments, including their public health agencies, education agencies, schools, and media

organizations to recognize and support such a day;

(3) supports the rights of young people impacted by HIV and AIDS to education, prevention, treatment, and care, and to live without criminalization, discrimination, oppression, or stigma;

(4) promotes up-to-date, inclusive, culturally responsible, and medically accurate information about HIV, such as information regarding pre-exposure prophylaxis (commonly referred to as “PreP”), in sex education curricula to ensure that all young people are educated about HIV, as called for in the National HIV/AIDS Strategy;

(5) supports removal of HIV laws that are scientifically inaccurate and unfairly criminalize young people living with HIV for behaviors that are consensual or have no risk of transmission;

(6) urges youth-friendly and accessible health care services, especially access to medications such as PreP, post-exposure prophylaxis, and antiretroviral therapy without parental consent, to better provide for the early identification of HIV through voluntary routine testing, and to connect those in need to clinically and culturally appropriate care and treatment as early as possible;

(7) supports increasing funding for programs that support people impacted by and living with HIV, including the Centers for Disease Control and Prevention’s Division of Adolescent and School Health, Division of STD Prevention, and Division of HIV Prevention, the program under title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.; commonly referred to as the “Ryan White HIV/AIDS Program”), the Medicaid program, AIDS drug assistance programs, and programs that support medical mentorship, peer navigation, the education of communities regarding testing and treatment options, and people accessing PrEP, and ensure a smoother transition to adult HIV care;

(8) recommends a comprehensive prevention and treatment strategy that empowers young people, parents, public health workers, educators, faith leaders, and other stakeholders to fully engage with their communities and families to help decrease violence, discrimination, and stigma toward individuals who disclose their sexual orientation or HIV status;

(9) calls for a generation free of HIV stigma in a manner that prioritizes youth leadership and development in order to ensure youth involvement in decisions which impact their health and well-being as well as advance a pipeline for the next generation of HIV and AIDS doctors, advocates, educators, researchers, and other professionals; and

(10) recognizes the direct impact from harmful legislative efforts seeking to restrict bodily autonomy for young people, such as restrictions on abortion and birth control access and bans on transgender health care, which negatively impact youth access to nonstigmatizing HIV prevention, education, and confidential testing and treatment, and increase risk for criminalization.

SENATE RESOLUTION 172—SUPPORTING THE DESIGNATION OF THE WEEK OF APRIL 11 THROUGH APRIL 17, 2025, AS THE EIGHTH ANNUAL “BLACK MATERNAL HEALTH WEEK”, FOUNDED BY BLACK MAMAS MATTER ALLIANCE, INC., TO BRING NATIONAL ATTENTION TO THE MATERNAL AND REPRODUCTIVE HEALTH CRISIS IN THE UNITED STATES AND THE IMPORTANCE OF REDUCING MATERNAL MORTALITY AND MORBIDITY AMONG BLACK WOMEN AND BIRTHING PEOPLE

Mr. BOOKER (for himself, Mr. WARNOCK, Mr. PADILLA, Mr. MERKLEY, Mr. COONS, Ms. SLOTKIN, Mr. SANDERS, Ms. ROSEN, Ms. KLOBUCHAR, Mrs. MURRAY, Ms. BLUNT ROCHESTER, Ms. DUCKWORTH, Ms. SMITH, Ms. BALDWIN, Mr. DURBIN, Mr. WELCH, Ms. WARREN, Mr. MARKEY, and Mr. VAN HOLLEN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

#### S. RES. 172

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2-3 times more likely than White women to die from pregnancy-related causes;

Whereas Black women and people living in low-income and rural communities in the United States suffer from life-threatening pregnancy complications, known as “maternal morbidities”, twice as often as White women;

Whereas maternal mortality rates in the United States are—

(1) among the highest in the developed world; and

(2) 23.8 deaths per 100,000 live births in 2020, 32.9 in 2021, 22.3 in 2022, and 18.6 in 2023;

Whereas the United States has the highest maternal mortality rate among affluent countries, driven in part by systemic inequities in health care that disproportionately and unjustly affect Black women;

Whereas, according to the Centers for Disease Control and Prevention, in 2023, the United States maternal mortality rate decreased for White (14.5), Hispanic (12.4), and Asian (10.7) women but increased to 50.3 deaths per 100,000 live births for Black women;

Whereas Black women are 50 percent more likely than all other women to give birth to premature and low birth weight infants;

Whereas the high rates of maternal mortality among Black women span across—

(1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas the Centers for Disease Control and Prevention found that more than 80 percent of pregnancy-related deaths in the United States are preventable;

Whereas the leading causes of maternal mortality among Black women and birthing people include obstetric embolism, obstetric hemorrhage, eclampsia and preeclampsia, and postpartum cardiomyopathy, and these conditions impact Black women and birthing people disproportionately;

Whereas Black mothers have the highest rate of cesarean section deliveries;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to

the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people;

Whereas the overturn of *Roe v. Wade*, 410 U.S. 113 (1973), impacts Black women and birthing people’s right to reproductive health care and bodily autonomy and further perpetuates reproductive oppression as a tool to control women’s bodies;

Whereas a fair and wide distribution of economic resources and birth options, especially regarding reproductive health care services and maternal health programming, including prenatal, postpartum, family planning, and education programs, is critical to addressing inequities in maternal health outcomes;

Whereas communities of color are disproportionately affected by maternity care deserts, where there are no or limited hospitals or birth centers offering obstetric care and no or limited obstetric providers, and have diminishing access to reproductive health care due to low Medicaid reimbursements, rising costs, and ongoing staff shortages;

Whereas Black midwives, doulas, perinatal health workers, and community-based organizations provide holistic maternal health care, but face systemic, structural, economic, and legal barriers to licensure, reimbursement, and provision of care;

Whereas Black women and birthing people experience increased structural and financial barriers to accessing prenatal and postpartum care, including maternal mental health care;

Whereas COVID-19, which has disproportionately harmed Black Americans, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications;

Whereas new data from the Centers for Disease Control and Prevention has indicated that since the COVID-19 pandemic, the maternal mortality rate for Black women has increased by 26 percent;

Whereas Black pregnant women have historically low rates of vaccinations, which is associated with higher disparities in maternal health outcomes;

Whereas, even as there is growing concern about improving access to mental health services, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy;

Whereas Black pregnant and postpartum workers are disproportionately denied reasonable accommodations in the workplace, leading to adverse pregnancy outcomes;

Whereas Black pregnant people disproportionately experience surveillance and punishment, including shackling incarcerated people in labor, drug testing mothers and infants without informed consent, separating mothers from their newborns, and criminalizing pregnancy outcomes such as miscarriage;

Whereas Black women and birthing people experience pervasive racial injustice in the criminal justice, social, and health care systems;

Whereas justice-informed, culturally congruent models of care are beneficial to Black women; and

Whereas an investment must be made in—

(1) maternity care for Black women and birthing people, including care led by the communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing people