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

for the full postpartum period at least 1 year after giving birth; and

(3) policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination, regardless of incarceration: Now, therefore, be it

Resolved, That the Senate recognizes that—

(1) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(2) the alarmingly high rates of maternal mortality among Black women are unacceptable and unjust;

(3) in order to better mitigate the effects of systemic and structural racism, Congress must work toward ensuring that the Black community has—

(A) safe and affordable housing;

(B) transportation equity;

(C) nutritious food;

(D) clean air and water;

(E) environments free from toxins;

(F) decriminalization, removal of civil penalties, end of surveillance, and end of mandatory reporting within the criminal and family regulation system;

(G) safety and freedom from violence, especially violence perpetrated by government actors;

(H) a living wage;

(I) equal economic opportunity;

(J) a sustained and expansive workforce pipeline for diverse perinatal professionals; and

(K) comprehensive, high-quality, and affordable health care, including access to the full spectrum of reproductive care;

(4) in order to improve maternal health outcomes, Congress must fully support and encourage policies grounded in the human rights, reproductive justice, and birth justice frameworks that address maternal health inequities;

(5) Black women and birthing people must be active participants in the policy decisions that impact their lives;

(6) in order to ensure access to safe and respectful maternal health care for Black birthing people, Congress must pass the Black Maternal Health Momnibus Act (H.R. 959), 117th Congress, and other legislation rooted in human rights that seek to improve maternal care and outcomes; and

(7) Black Maternal Health Week is an opportunity to—

(A) deepen the national conversation about Black maternal health in the United States;

(B) amplify and invest in community-driven policy, research, and quality care solutions;

(C) center the voices of Black Mamas Matter Alliance, Inc., women, families, and stakeholders;

(D) provide a national platform for Black-led entities and efforts on maternal and mental health, birth equity, and reproductive justice;

(E) enhance community organizing on Black maternal health; and

(F) support efforts to increase funding and advance policies for Black-led and centered community-based organizations and perinatal birth workers that provide the full spectrum of reproductive, maternal, and sexual health care.

SENATE RESOLUTION 173—SUPPORTING THE GOALS AND IDEALS OF WORLD MALARIA DAY

Mr. WICKER (for himself and Mr. COONS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 173

Whereas April 25 of each year is recognized internationally as World Malaria Day;

Whereas malaria is a leading cause of death and disease in many countries, with nearly ½ of all cases globally occurring in only 4 countries, despite malaria being a preventable and treatable disease;

Whereas, in the 19th century, malaria was once a leading cause of death in the United States;

Whereas malaria was finally eradicated in the 1950s, but United States citizens still contract and die from malaria every year from traveling abroad;

Whereas, in 2023, there were an estimated 263,000,000 cases of malaria in 83 countries and 597,000 malaria-related deaths worldwide, with 94 percent of those cases in Africa;

Whereas 2 decades of global progress in reducing malaria cases and deaths has stalled in recent years;

Whereas young children and pregnant women are particularly vulnerable to, and disproportionately affected by, malaria, with children younger than 5 years of age accounting for 74 percent of malaria deaths each year;

Whereas, since 2000, global investments in malaria intervention programs prevented an estimated 2,200,000,000 malaria cases and 12,700,000 malaria-related deaths;

Whereas the United States played a leading role in more than 2 decades of progress toward reducing the global burden of malaria, particularly through the President's Malaria Initiative and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Whereas a record 45 countries and 1 territory have been certified malaria-free and a number of high-burden countries have made remarkable progress, such as—

(1) Rwanda, with 85 percent fewer cases since 2019;

(2) India, with 69 percent fewer cases since 2017; and

(3) Liberia, with 44 percent fewer cases since 2017;

Whereas, as of 2025, there is a suite of new and evolving tools that show great promise in fighting malaria, including next-generation bed nets, diagnostics and treatment, malaria vaccines for young children, spatial repellants, and gene drive technologies;

Whereas recent progress against malaria has stalled due to biological threats, such as insecticide and drug resistance, human factors such as conflict and displacement, and other political and resource factors, which threaten a significant increase in cases;

Whereas there is an average of 2,000 imported cases per year in the United States due to United States citizens who travel, work, and are deployed overseas;

Whereas fighting malaria makes the United States safer by—

(1) decreasing the risk of illness and death for United States citizens who travel, work, and are deployed to endemic regions;

(2) preventing a resurgence of malaria in the United States, the risk of which was illustrated by the local transmission of malaria in Florida, Texas, and Maryland in 2023; and

(3) protecting United States servicemembers and their families abroad, who frequently deploy to regions where malaria is endemic;

Whereas fighting malaria makes the United States stronger by—

(1) enhancing global stability by addressing a root cause of destabilization, unrest, and terrorism that threatens United States interests and security;

(2) countering the influence of the People's Republic of China in strategic regions targeted by the Belt and Road Initiative; and

(3) bolstering United States global leadership, strengthening alliances, and creating diplomatic leverage; and

Whereas fighting malaria makes the United States more prosperous by—

(1) driving United States-led innovation, including recent scientific breakthroughs that benefit the United States;

(2) supporting universities, military-based research institutions, faith-based organizations, and private-sector companies in the United States that have been intrinsically involved, committed, and invested in the fight against malaria;

(3) expanding markets for United States goods and services, with 1 recent estimate finding that United States exports would grow by $1,480,000,000 if global malaria reduction targets are achieved by 2030;

(4) protecting United States taxpayers by preventing rather than responding to outbreaks of malaria, as the median cost of protecting 1 person from malaria ranges from $0.53 to $5.97, while treatment for each case of severe malaria costs approximately $145.23; and

(5) supporting United States businesses by creating stable markets that are more favorable for United States investment: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of World Malaria Day;

(2) finds that it is in the national interest of the United States to fight malaria;

(3) recognizes the importance of reducing malaria prevalence and deaths to improve maternal and child health;

(4) commends progress made toward reducing global malaria morbidity, mortality, and prevalence, particularly through the efforts of the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria;

(5) supports efforts to reduce malaria case incidence and mortality rates by not less than 90 percent by 2030;

(6) commends the efforts and achievements of endemic countries in preventing and treating malaria and supports efforts to increase local ownership over malaria programs with the goal of ultimately graduating from aid to self-sufficiency;

(7) welcomes public-private partnerships to research and develop more effective and affordable tools for malaria prevention, diagnosis, and treatment; and

(8) supports and encourages continued leadership by the United States in reducing the global burden of malaria through bilateral, multilateral, and private sector efforts, including through the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

SENATE RESOLUTION 174—COMMEMORATING THE 30TH ANNIVERSARY OF THE ATTACK ON THE ALFRED P. MURRAH FEDERAL BUILDING

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

S. RES. 174

Whereas, 30 years ago, on Wednesday morning, April 19, 1995, at the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma, the United States was brutally attacked in the deadliest domestic terrorist attack in the Nation's history, which killed 168 people, including 19 children, and injured more than 850 others, leaving an ineffaceable mark on the Nation;