

Whereas the United Nations, in recognition of the vital nature of rangelands and the significance of pastoralism to the stewardship and societal benefits of rangelands, designated 2026 as the “International Year of Rangelands and Pastoralists”;

Whereas national, regional, provincial, and local governments around the world will celebrate the International Year of Rangelands and Pastoralists in 2026 through education, research, advertisements, films, and advocacy efforts that are supportive of rangelands and pastoralists; and

Whereas the International Year of Rangelands and Pastoralists provides an opportunity for the United States to highlight the contributions of pastoralists, ranchers, farmers, scientists, and land managers in the United States and across the world who work on behalf of multiple-use and sustainable rangeland management: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes 2026 as the “International Year of Rangelands and Pastoralists”;

(2) recognizes the economic, social, and ecological importance of rangelands and the ranchers, farmers, land managers, pastoralists, and partners who have been caretakers of the American rangelands for generations; and

(3) encourages Federal agencies, universities, and organizations across the country to engage in activities that promote education, research, and outreach related to rangeland management.

**SENATE RESOLUTION 646—RECOGNIZING MARCH 14, 2026, AS “BLACK MIDWIVES DAY” AND THE LONGSTANDING AND INVALUABLE CONTRIBUTIONS OF BLACK MIDWIVES TO MATERNAL AND INFANT HEALTH IN THE UNITED STATES**

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

S. RES. 646

Whereas recognizing March 14, 2026, as “Black Midwives Day” underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded and led by the National Black Midwives Alliance in 2023, is a day of awareness, activism, education, and community building;

Whereas March 14, 2026, is intended to increase attention for the state of Black maternal health in the United States, the root causes of poor maternal health outcomes, and for community-driven policy, program, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which more than 2,300,000 women of childbearing age live in maternity care deserts where they have no hospital offering obstetric care, no birth center, and no obstetric clinic;

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

Whereas midwife-led care has been shown to result in cost savings, reduced medical interventions, lower cesarean rates, decreased preterm births, and improved health outcomes for both mothers and infants;

Whereas midwives provide essential maternal healthcare services across diverse set-

tings, including homes, communities, hospitals, birth centers, clinics, and health units, ensuring accessibility and continuity of care;

Whereas increasing the number of Black midwives in the workforce is critical to addressing maternal health disparities, as Black midwives offer culturally competent care that builds trust, enhances maternal satisfaction, and improves health outcomes for Black mothers and their infants;

Whereas incorporating midwives fully into the United States maternity care system would reduce maternal health disparities and 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 the developed world and disproportionately higher among, Black women;

Whereas Black women in the United States are at a significantly higher risk of suffering from life threatening pregnancy complications, known as “maternal morbidities”, than White women;

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 women have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas, according to the 2024 Centers for Disease Control and Prevention Report, the maternal mortality rate for Black women in the United States was 44.8 deaths per 100,000 live births, compared to the rates observed for—

(1) White women, with a rate of 14.2 deaths per 100,000 live births;

(2) Hispanic women, with a rate of 12.1 deaths per 100,000 live births; and

(3) Asian women, with a rate of 18.1 deaths per 100,000 live births;

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

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 Black women 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 decimation of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens in a 50-year period from the 1920s to the 1970s, 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 criminalization and overregulation of midwifery disproportionately impacts Black midwives and birthing families,

exacerbating maternal health disparities and reducing access to culturally competent care;

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 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 of the birthing person and can be facilitated at home, in a birth center, or hospital, and works 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 through preventing infant mortality and morbidity, lowering 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 women, 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 women;

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

Whereas maternal health is intractably linked to infant health, and 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; 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, 2026, 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—

(A) increased funding for education, training, and access to Black preceptors;

(B) removing barriers and restrictions to Black preceptors;

(C) providing financial pathways to support students and preceptors;

(D) mentorship programs that focus on promoting and sustaining Black midwifery; and

(E) removing barriers related to accreditation by recognizing midwives across all training pathways;

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

(6) promotes the authorization or reauthorization of funding for TRICARE and Medicaid coverage of maternity care provided by midwives of all training pathways;

(7) encourages the Federal Government and State and local governments to take active steps to destigmatize and decriminalize midwifery pathways in the setting of choice of the pregnant person, including their homes, birth centers, clinics, or health units; and

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

**SENATE RESOLUTION 647—DESIGNATING MARCH 21, 2026, AS “NATIONAL OSCEOLA TURKEY DAY”**

Mr. SCOTT of Florida (for himself and Mrs. MOODY) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 647

Whereas wild turkey has been an important part of the history and family traditions of the United States;

Whereas wild turkey was on the table at the very first Thanksgiving, and turkey continues to be a mainstay during many holiday traditions;

Whereas wild turkey is a healthy, organic, and delicious source of lean protein;

Whereas, in the United States, turkey hunters have spent approximately \$76,900,000 per year since 1985 with an economic impact of \$128,700,000 annually;

Whereas Florida has a rich history of wild turkey hunting, management, and research;

Whereas Florida is home to the Wild Turkey Cost Share Program, which is the largest public-private partnership program in the United States for the maintenance of wild turkey habitat on wildlife management areas and other public lands open to hunting;

Whereas, since the Wild Turkey Cost Share Program began in 1994, upwards of 1,000,000 acres of upland habitat have received funding for turkey habitat management efforts;

Whereas, in the 2025 Florida spring wild turkey season, an estimated 28,162 hunters participated in turkey hunting, including an estimated 5,968 non residents of the Sunshine State;

Whereas, in Florida, revenue generated from the sale of wild turkey permits is used for conservation, research, and management of wild turkeys or promoting the cultural heritage of hunting;

Whereas turkey hunters are an important part of the Wild Turkey Cost Share Program, and the money generated from the sale of turkey permits, which are a requirement for hunting wild turkeys in Florida unless exempt, allows the Florida Fish and Wildlife Conservation Commission to make significant contributions to the Wild Turkey Cost Share Program each year;

Whereas Florida is home to 2 subspecies of wild turkey, the eastern wild turkey and the Osceola or Florida wild turkey;

Whereas the Osceola is 1 of 5 subspecies of wild turkey in North America;

Whereas the Osceola turkey exists only in peninsular Florida;

Whereas the Osceola subspecies of wild turkey is often perceived as mysterious and the most difficult to harvest because of its small geographic range and the often swampy habitat where it is found;

Whereas hunters in pursuit of the 4 subspecies of turkey in the United States, known as a “Grand Slam”, are required to hunt in Florida; and

Whereas March 7, 2026, is the opening day of turkey harvesting season in part of Florida, and March 21, 2026, is the opening day for the entire State of Florida: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates March 21, 2026, as “National Osceola Turkey Day”;

(2) encourages the people of the United States to observe National Osceola Turkey Day with appropriate ceremonies and activities.

**SENATE RESOLUTION 648—HONORING THE MEMORY, SERVICE, AND SACRIFICE OF MASTER SERGEANT NICOLE M. AMOR, UNITED STATES ARMY RESERVE**

Ms. KLOBUCHAR (for herself and Ms. SMITH) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 648

Whereas United States servicemembers assigned to the 103rd Sustainment Command, United States Army Reserve, were deployed to Port Shuaiba, Kuwait, in support of Operation Epic Fury;

Whereas, on March 1, 2026, an unmanned aircraft system attack on Port Shuaiba killed Master Sergeant Nicole M. Amor, age 39, of White Bear Lake, Minnesota, Captain Cody A. Khork, Sergeant First Class Noah L. Tietjens, Sergeant Declan J. Coady, Major Jeffrey O’Brien, and Chief Warrant Officer 3 Robert M. Marzan;

Whereas Master Sergeant Amor was a dedicated soldier who served the United States with distinction for nearly 20 years in the United States Army Reserve, including on previous deployments to Kuwait and Iraq in 2019;

Whereas Master Sergeant Amor earned numerous military awards and decorations for her service, including the Army Commendation Medal, the National Defense Service Medal, the Army Reserve Component Achievement Medal, the Global War on Terrorism Expeditionary Service Medal, the Noncommissioned Officer Professional Development Ribbon, the Army Service Ribbon, the Overseas Service Ribbon, and the Armed Forces Reserve Medal with “M” Device;

Whereas Master Sergeant Amor was posthumously promoted from Sergeant First Class to Master Sergeant; and

Whereas Master Sergeant Amor was a devoted spouse and mother and was beloved by her community: Now, therefore, be it

*Resolved*, That the Senate—

(1) honors the memory, service, and sacrifice of Master Sergeant Nicole M. Amor, United States Army Reserve;

(2) extends its sympathies, gratitude, and support to the family of Master Sergeant Amor, and to all others affected by the attack at Port Shuaiba, Kuwait, on March 1, 2026; and

(3) respectfully requests that the Secretary of the Senate transmit an enrolled copy of this resolution to the family of Master Sergeant Amor.

**AMENDMENTS SUBMITTED AND PROPOSED**

SA 4399. Mr. SCHUMER submitted an amendment intended to be proposed by him to the bill S. 1383, to establish the Veterans Advisory Committee on Equal Access, and for other purposes; which was ordered to lie on the table.

SA 4400. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4401. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4402. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4403. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4404. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4405. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4406. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4407. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4408. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4409. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4410. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4411. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4412. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4413. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4414. Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4415. Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 1383, supra; which was ordered to lie on the table.

SA 4416. Mr. WYDEN submitted an amendment intended to be proposed by him to the