

(6) to overcome and repair the mental harm and trauma that are experienced by people of color and caused by systematic racism and racial bias;

Whereas the Coronavirus Disease 2019 (COVID-19) pandemic, which has disproportionately impacted communities of color, is expected to have grave and potentially long-term mental health implications due to the traumatic stress associated with pandemic conditions, including stress from—

(1) the loss of resources to meet immediate and future needs;

(2) grief and concerns for the safety of family and loved ones;

(3) reduced social interaction and increased isolation and loneliness;

(4) the stigma and xenophobia against Asian-American communities, including many incidents of hate during the COVID-19 pandemic, leading to negative mental health outcomes; and

(5) a lack of consideration for pre-existing social-environmental disparities when addressing the disproportionate impact of COVID-19 on communities of color;

Whereas, even in nonpandemic times, the psychosocial stress of racial discrimination, including exclusion from health, educational, social, and economic resources, contributes to poorer health quality and higher rates of chronic health conditions for communities of color;

Whereas BIPOC communities, already burdened by disparities in chronic illnesses like lung disease, asthma, heart conditions, sickle cell disease, and diabetes, disproportionately suffer from the mental health disorders that are commonly associated with those chronic illnesses;

Whereas environmental strains, such as poverty, unsafe neighborhoods, and chronic racial and ethnic discrimination, among other social determinants of health, can significantly increase distress and the overall mental and emotional well-being of poor youth of color;

Whereas an emerging body of research shows that past trauma inflicted on racial and ethnic minorities has the potential to affect the descendants of the survivors of that trauma;

Whereas, despite the necessity of diverse scientific and health care workforces and culturally informed and culturally effective science and research to address mental health disparities, including disparities in care, and decades of efforts to diversify those workforces, there continues to be a challenging pattern of continued underrepresentation of people of certain genders and racial and ethnic groups in those fields;

Whereas mental health services and supports often are not aligned with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care;

Whereas the lack of linguistically appropriate mental health services and the lack of information about where to find those services decreases the likelihood that families of color will seek help;

Whereas investment in linguistically appropriate mental health services will—

(1) reverse the trend of families of color not seeking help; and

(2) drive an increase in use of those services by people of color who experience mental health-related challenges;

Whereas the Office of Minority Health of the Department of Health and Human Services has determined that Black adults are 20 percent more likely than their White peers to report serious psychological distress;

Whereas the suicide death rate for Black youth has risen from 2.55 per 100,000 in 2007 to 4.82 per 100,000 in 2017;

Whereas Black youth under the age of 13 are twice as likely as White youth of the same age group to die by suicide;

Whereas Black males ages 5 through 11 are more likely than their White peers to die by suicide;

Whereas, in 2018, 42 percent of Black adults with a serious mental illness received no treatment, compared with 35.9 percent of the total adult population of the United States;

Whereas chronic underfunding of Federal treaty obligations for health services for Tribal Nations has contributed to disparate mental health outcomes for American Indians and Alaska Natives, who experience post-traumatic stress disorder more than twice as often as the general population;

Whereas, between 2000 and 2020, the suicide rate for American Indian and Alaska Native women and men has increased by 139 percent and 71 percent, respectively, compared with a 33 percent increase for the total adult population in the United States;

Whereas suicide is the second leading cause of death for American Indian and Alaska Native youth ages 10 through 24;

Whereas the suicide rate for American Indian and Alaska Native youth is 2.5 times higher than the national average and the highest across all ethnic and racial groups;

Whereas Latino adults and children face barriers to accessing mental health services, including a lack of insurance, the high cost of health services, low wages, poor transportation, work stress, and immigration factors;

Whereas research shows that, in the Hispanic population, older adults and youth are more susceptible than other Hispanic adults to mental distress relating to immigration and acculturation;

Whereas fewer treatment and prevention services reach Hispanics than other racial or ethnic groups in the United States due to the lack of professionals being equipped to support culturally specific challenges;

Whereas, in 2017, suicide was the leading cause of death for Asian Americans ages 15 through 24;

Whereas, in 2015, Asian adults with any mental illness had the lowest rates of use of health services, prescription medication, and outpatient services among all racial groups;

Whereas the rate of suicide among Asian-American women over the age of 65 is the highest of any group in that age range;

Whereas the rate of suicide among Bhutanese refugees is twice the rate of suicide for the general population of the United States;

Whereas Native Hawaiian youth in Hawaii have significantly higher suicide rates than other adolescents;

Whereas Native Hawaiians and Pacific Islanders face greater stigma than is faced by the general population of the United States in accessing mental health care;

Whereas the first BIPOC Mental Health Awareness Month (then known as “Minority Mental Health Awareness Month”) was designated in honor of the late Bebe Moore Campbell, who showed great dedication and commitment to moving communities—

(1) to support mental wellness through effective treatment options; and

(2) to increase access to mental health treatment and services; and

Whereas communities of color have shown deep mental-health resiliency in the face of decades and centuries of trauma and discrimination, underscoring the efficacy and importance of resilience-focused and culturally and contextually grounded prevention and early intervention strategies in mental health: Now, therefore, be it

*Resolved*, That the Senate supports the goals and ideals of BIPOC Mental Health Awareness Month in July 2020, which include bringing attention to the mental health disparities faced by communities of color in the

United States, such as American Indians, Alaska Natives, Asian Americans, Blacks, Latinos, and Native Hawaiians and other Pacific Islanders.

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SENATE CONCURRENT RESOLUTION 41—EXPRESSING THE SENSE OF CONGRESS THAT THE SECRETARY OF THE NAVY SHOULD NAME THE NEXT VIRGINIA-CLASS SUBMARINE OF THE UNITED STATES NAVY THE “USS WISCONSIN”

Ms. BALDWIN (for herself and Mr. JOHNSON) submitted the following concurrent resolution; which was referred to the Committee on Armed Services:

S. CON. RES. 41

Whereas Wisconsin has a rich and historical connection to the United State Navy, evidenced particularly by the fact that the submarine fleet of the United States Navy produced 28 freshwater submarines for the World War II war effort;

Whereas the first USS Wisconsin (BB-9) was an 11,565-ton Illinois-class battleship that was commissioned in 1901, sailed as the flagship of both the Pacific Squadron and Asiatic Fleet, and went on to sail in the Great White Fleet that circumnavigated the globe;

Whereas the USS Wisconsin (BB-64), commonly known as “Big Wisky” and “the Last Battleship”, was commissioned in 1944 and served in every major conflict until its decommissioning in 1991, including World War II, the Korean War, and the Persian Gulf War;

Whereas the USS Wisconsin (BB-64) continues to play a vital role in educating visitors to Hampton Roads, Virginia, about the famed history of the ship;

Whereas individual citizens of Wisconsin have played a crucial role in the history of the United States Navy, including—

(1) Admiral Marc A. Mitscher, who was one of the first aviators of the United States Navy and was born in Hillsboro, Wisconsin; and

(2) Green Bay native Vice Admiral James H. Flatley, Jr., who was a key figure in the Battle of the Coral Sea and the Guadalcanal campaign;

Whereas 63 citizens of Wisconsin have been recipients of a Medal of Honor, including 10 citizens of Wisconsin who have received a Medal of Honor from the Department of the Navy; and

Whereas there has not been a USS Wisconsin in service for nearly 3 decades: Now, therefore, be it

*Resolved by the Senate (the House of Representatives concurring)*, That the Secretary of the Navy should name the next Virginia-class submarine of the United States Navy the “USS Wisconsin”.

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AMENDMENTS SUBMITTED AND PROPOSED

SA 2491. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 2301 proposed by Mr. INHOFE to the bill S. 4049, to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

SA 2492. Mr. MORAN (for himself, Ms. CANTWELL, and Mr. PETERS) submitted an