

118TH CONGRESS
2D SESSION

S. RES. 675

Promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2024, which include bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanics, and Native Hawaiians and other Pacific Islanders.

IN THE SENATE OF THE UNITED STATES

MAY 2, 2024

Mr. CARDIN (for himself, Mr. SCOTT of South Carolina, Mr. BOOKER, Mr. RUBIO, Mr. PADILLA, Mr. BROWN, Ms. HIRONO, Mr. MENENDEZ, and Mr. BRAUN) submitted the following resolution; which was considered and agreed to

RESOLUTION

Promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2024, which include bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanics, and Native Hawaiians and other Pacific Islanders.

Whereas the origin of National Minority Health Month is National Negro Health Week, established in 1915 by Dr. Booker T. Washington;

Whereas the theme for National Minority Health Month in 2024 is “Be the Source for Better Health: Improving Health Outcomes Through Our Cultures, Communities, and Connections”;

Whereas the Department of Health and Human Services has set goals and strategies to enhance and protect the health and well-being of the people of the United States;

Whereas African American women were as likely to have been diagnosed with breast cancer as non-Hispanic White women, but African American women were almost 40 percent more likely to die from breast cancer than non-Hispanic White women between 2015 and 2019;

Whereas African American women were twice as likely to be diagnosed with and 2.3 times more likely to die of stomach cancer than non-Hispanic White women;

Whereas African American men are 70 percent more likely to die from a stroke than non-Hispanic White men;

Whereas Hispanics are twice as likely as non-Hispanic Whites to be hospitalized for end-stage renal disease caused by diabetes, and are 30 percent more likely to die of diabetes, than non-Hispanic Whites;

Whereas Asian Americans are 40 percent more likely to be diagnosed with diabetes than non-Hispanic Whites;

Whereas the HIV or AIDS case rate among Hispanic men is 4.2 times the HIV or AIDS case rate among non-Hispanic White men;

Whereas Hispanic women are 3 times as likely as non-Hispanic White women to die of HIV;

Whereas, in 2019, African Americans accounted for 42.1 percent of HIV infections and Hispanic Americans accounted for almost 30 percent of HIV infections;

Whereas, in 2019, Native Hawaiians and Pacific Islanders were 2.4 times more likely to be diagnosed with HIV than non-Hispanic Whites;

Whereas, in 2018, Native Hawaiians and Pacific Islanders were 2.5 times more likely to be diagnosed with diabetes than non-Hispanic Whites;

Whereas, although the prevalence of obesity is high among all population groups in the United States, 48.1 percent of American Indian and Alaska Natives, 51.7 percent of Native Hawaiians and Pacific Islanders, 38.3 percent of African Americans, 34.9 percent of Hispanics, 30 percent of non-Hispanic Whites, and 13 percent of Asian Americans older than 18 years old were obese;

Whereas Asian American and Pacific Islander adults accounted for almost half of chronic Hepatitis B cases, and non-Hispanic White adults accounted for 13.5 percent of chronic Hepatitis B cases;

Whereas heart disease, stroke, cancer, and diabetes are some of the leading causes of death among American Indians and Alaska Natives;

Whereas American Indians and Alaska Natives have a higher prevalence of and are at a higher risk of diabetes, substance use, obesity, sudden infant death syndrome, liver disease, viral hepatitis, and suicide than other groups in the United States;

Whereas American Indians and Alaska Natives have a life expectancy that is 5.5 years shorter than the average person in the United States;

Whereas African American women die from childbirth or pregnancy-related causes at a rate that is 3 times higher than the rate for non-Hispanic White women;

Whereas African American infants are almost 4 times more likely to die due to complications related to low birth weight than non-Hispanic white infants;

Whereas American Indians and Alaska Natives have an infant mortality rate almost twice as high as that of non-Hispanic Whites;

Whereas American Indian and Alaska Native infants are 2.7 times more likely to die from accidental deaths before their first birthday than non-Hispanic White infants;

Whereas approximately 1,000 babies are born with sickle cell disease each year in the United States, with the disease occurring in approximately 1 in 350 newborn Black or African-American infants and 1 in 16,300 newborn Hispanic-American infants, and can be found in individuals of Mediterranean, Middle Eastern, Asian, and Indian origin;

Whereas, while more than 1 in 6 older adults have untreated cavities, non-Hispanic Black older adults have between 2 and 3 times the rate of untreated cavities as non-Hispanic White older adults;

Whereas the 2022 National Healthcare Quality and Disparities Report found American Indians and Alaska Natives received worse care than non-Hispanic Whites on 43 percent of quality measures; and

Whereas the health innovations of the United States present a unique opportunity to improve public health and health care practices across the United States and to reduce dis-

parities among racial and ethnic minority populations:
Now, therefore, be it

1 *Resolved*, That the Senate supports the recognition
2 of National Minority Health Month in April 2024, which
3 includes bringing attention to the health disparities faced
4 by minority populations in the United States, such as
5 American Indians, Alaska Natives, Asian Americans, Afri-
6 can Americans, Hispanics, and Native Hawaiians and
7 other Pacific Islanders.

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