

The purpose of economic sanctions was to limit hard currency to Cuba—not to harm American workers and cities. Allowing U.S. airports to provide these services could support additional jobs for families in Maine and other areas throughout the country.

Allowing such transit stops would also be consistent with existing international air transportation agreements. For example, in 2007 the U.S. and the EU signed an Air Transport Agreement that granted airlines of one party the right to make stops in the territory of the other party for non-traffic, transit purposes.

Likewise, the Chicago Convention, to which there are 191 parties, recognizes the right to refuel or carry out maintenance in a foreign country, including the United States. The United States should fulfill its obligations and permit such transit stops at U.S. airports, no matter the destination.

Our bill would provide American airports and workers the opportunity to compete with Canadian airports and would bring the United States into compliance with international air travel agreements.

I strongly urge my colleagues to support this commonsense, bipartisan bill.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 474—PROHIBITING CONSIDERATION OF APPROPRIATIONS THAT ARE NOT AUTHORIZED

Mr. FLAKE (for himself, Mr. SESSIONS, Mr. LEE, Mr. RUBIO, and Mr. CRUZ) submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. RES. 474

*Resolved,*

SECTION 1. SHORT TITLE.

This resolution may be cited as the “Steermark Accountability Resolution”.

SEC. 2. UNAUTHORIZED APPROPRIATIONS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report containing a provision making an appropriation—

(1) that is not made to carry out the provisions of some existing law, or treaty stipulation, or act or resolution previously passed by the Senate during that session; or

(2) that is made to carry out a program, project, or activity for which an authorization of appropriations is not in effect.

(b) FORM OF THE POINT OF ORDER.—In the Senate, a point of order under subsection (a) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974 (2 U.S.C. 644(e)).

(c) CONFERENCE REPORTS.—When the Senate is considering a conference report on, or an amendment between the Houses in relation to, a joint resolution, upon a point of order being made by any Senator pursuant to subsection (a), and such point of order being sustained, such material contained in such conference report or House amendment shall be stricken, and the Senate shall proceed to consider the question of whether the Senate shall recede from its amendment and

concur with a further amendment, or concur in the House amendment with a further amendment, as the case may be, which further amendment shall consist of only that portion of the conference report or House amendment, as the case may be, not so stricken. Any such motion in the Senate shall be decided under the same debate limitation, if any, as the conference report or amendment between the Houses. In any case in which such point of order is sustained against a conference report (or Senate amendment derived from such conference report by operation of this subsection), no further amendment shall be in order.

(d) WAIVER AND APPEAL.—

(1) IN GENERAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

(2) DEBATE.—A motion to waive or suspend subsection (a) or to appeal the ruling of the Chair under subsection (a) shall be decided under the same debate limitation, if any, as the bill, joint resolution, motion, amendment, amendment between the Houses, or conference report containing the applicable provision.

(e) IDENTIFICATION BY COMMITTEE.—

(1) STATEMENT FOR THE RECORD.—If a committee reports a bill or joint resolution containing an appropriation described in paragraph (1) or (2) of subsection (a), the Chairman of the committee shall submit for printing in the Congressional Record a statement identifying each such appropriation through lists, charts, or other similar means.

(2) PUBLICATION.—As soon as practicable after submitting a statement under paragraph (1), the Chairman of a committee shall make available on a publicly accessible congressional website the information described in paragraph (1). To the extent technically feasible, information made available on a publicly accessible congressional website under this subsection shall be provided in a searchable format.

SENATE RESOLUTION 475—RECOGNIZING THE 100TH RUNNING OF THE INDIANAPOLIS 500 MILE RACE

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

S. RES 475

Whereas founders of the Indianapolis Motor Speedway Carl G. Fisher, Arthur C. Newby, Frank H. Wheeler, and James A. Allison pooled their resources in 1909 to build the Indianapolis Motor Speedway 6 miles from downtown Indianapolis as a testing ground to support the growing automotive industry of Indiana, paving the way for motorsport innovation;

Whereas, in 1909, the track of the Indianapolis Motor Speedway was surfaced with 3,200,000 paving bricks at a cost of \$400,000;

Whereas, on May 30, 1911, the first Indianapolis 500 Mile Race took place and was won by Ray Harroun in 6 hours and 42 minutes at an average speed of 74.6 miles per hour;

Whereas, as of 2016, the Indianapolis 500 Mile Race has occurred on every Memorial Day weekend since 1911, except during the involvement of the United States in World Wars I and II from 1917 through 1918 and 1942 through 1945, respectively;

Whereas, in 1936, Louis Meyer, after his third win of the Indianapolis 500 Mile Race,

established the iconic tradition of drinking milk in the winner’s circle;

Whereas Tony Hulman purchased the Indianapolis Motor Speedway in 1945, restoring the track and restarting the Indianapolis 500 Mile Race after its cancellation during World War II;

Whereas the Indianapolis 500 Mile Race is the largest single day sporting event in the world, with more than 300,000 fans packing the grandstands and the expansive infield of the Indianapolis Motor Speedway on race day;

Whereas the Indianapolis 500 Mile Race has played an integral part in the culture and heritage of the City of Indianapolis, the State of Indiana, and motorsports and the automotive industry in the United States;

Whereas the Indianapolis Motor Speedway has been a showcase of speed, human achievement, and the continuous pursuit of glory, and is a source of great pride for all citizens of Indiana;

Whereas Tony Kanaan set the record for the fastest Indianapolis 500 Mile Race, finishing it in slightly longer than 2 hours and 40 minutes at an average speed of 187.4 miles per hour;

Whereas, in 2016, the Indianapolis Motor Speedway and racing fans around the world prepare to celebrate the greatest spectacle in racing for the 100th time: Now, therefore, be it

*Resolved,* That the Senate recognizes the 100th running of the Indianapolis 500 Mile Race.

SENATE RESOLUTION 476—DESIGNATING THE MONTH OF MAY 2016 AS “CYSTIC FIBROSIS AWARENESS MONTH”

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

S. RES. 476

Whereas cystic fibrosis (in this preamble referred to as “CF”) is a genetic disease affecting more than 30,000 children and adults in the United States and more than 70,000 children and adults worldwide;

Whereas, in patients with CF, a defective gene causes the body to produce an abnormally thick, sticky mucus that clogs the lungs, produces life-threatening lung infections, and obstructs the pancreas, preventing digestive enzymes from reaching the intestines to help break down and absorb food;

Whereas there are approximately 1,000 new cases of CF diagnosed each year;

Whereas infant blood screening to detect genetic defects is the most reliable and least costly method to identify individuals likely to have 1 of 1,800 different CF mutations;

Whereas early diagnosis of CF permits early treatment and enhances quality of life, longevity, and the treatment of CF;

Whereas CF impacts the families of patients because of the intense daily disease management protocols that patients must endure;

Whereas, in the United States, there are more than 120 CF care centers and 55 affiliate programs with highly trained and dedicated providers that specialize in delivering high-quality, coordinated care for CF patients and their families;

Whereas the number of adults with CF has steadily grown and the median age of survival for a person with CF is now nearly 40 years of age; and

Whereas innovative precision medicines and treatments have greatly improved and extended the lives of patients: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the month of May 2016 as “Cystic Fibrosis Awareness Month”;

(2) congratulates the community of individuals who care for patients with cystic fibrosis for their unrelenting dedication to those patients;

(3) recognizes that the care delivery system for cystic fibrosis can be a model for building better care coordination in the larger healthcare system;

(4) acknowledges the tremendous investments and scientific achievements that have significantly improved the lives of individuals with cystic fibrosis; and

(5) urges researchers, developers, patients, and providers to work together closely to find a cure for this deadly disease.

SENATE RESOLUTION 477—PROMOTING MINORITY HEALTH AWARENESS AND SUPPORTING THE GOALS AND IDEALS OF NATIONAL MINORITY HEALTH MONTH IN APRIL 2016, WHICH INCLUDE BRINGING ATTENTION TO THE HEALTH DISPARITIES FACED BY MINORITY POPULATIONS OF THE UNITED STATES SUCH AS AMERICAN INDIANS, ALASKAN NATIVES, ASIAN AMERICANS, AFRICAN AMERICANS, LATINO AMERICANS, AND NATIVE HAWAIIANS OR OTHER PACIFIC ISLANDERS

Mr. CARDIN (for himself, Ms. HIRONO, Mr. BLUMENTHAL, Mr. BROWN, Mr. MENENDEZ, and Mr. SCHATZ) submitted the following resolution; which was considered and agreed to:

S. RES. 477

Whereas the origin of the 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 2016 is “Accelerating Health Equity for the Nation”;

Whereas, through the “National Stakeholder Strategy for Achieving Health Equity” and the “HHS Action Plan to Reduce Racial and Ethnic Health Disparities”, the Department of Health and Human Services has set goals and strategies to advance the safety, health, and well-being of the people of the United States;

Whereas a study by the Joint Center for Political and Economic Studies, entitled “The Economic Burden of Health Inequalities in the United States”, concludes that, between 2003 and 2006, the combined cost of “health inequalities and premature death in the United States” was \$1,240,000,000,000;

Whereas the Department of Health and Human Services has identified 6 main categories in which racial and ethnic minorities experience the most disparate access to health care and health outcomes, including infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunizations;

Whereas, in 2012, African American women were 10 percent less likely to have been diagnosed with, yet were almost 42 percent more likely to die from, breast cancer than non-Hispanic White women;

Whereas African American women are twice as likely to lose their lives to cervical cancer as non-Hispanic White women;

Whereas African Americans are 50 percent more likely to die from a stroke than non-Hispanic Whites;

Whereas, in 2013, Hispanics were 1.4 times more likely than non-Hispanic Whites to die of diabetes;

Whereas Latino men are 3 times more likely to have either HIV infections or AIDS than non-Hispanic White men;

Whereas Latina women are 4 times more likely to have AIDS than non-Hispanic White women;

Whereas, in 2014, although African Americans represented only 13 percent of the population of the United States, they accounted for 43 percent of HIV infections in that year;

Whereas, in 2010, African American youth accounted for an estimated 57 percent of all new HIV infections among youth in the United States, followed by 20 percent of Latino youth;

Whereas Asian American women are 18.2 percent more likely to be diagnosed with HIV than non-Hispanic White women;

Whereas Native Hawaiians living in Hawaii are 5.7 times more likely to die of diabetes than non-Hispanic Whites living in Hawaii;

Whereas, although the prevalence of obesity is high among all population groups in the United States, 48 percent of African Americans, 31.8 percent of Hispanics, and 11 percent of Asian Americans are obese;

Whereas, in 2012, Asian Americans were 1.6 times more likely than non-Hispanic Whites to contract Hepatitis A;

Whereas among all ethnic groups in 2012, Asian Americans and Pacific Islanders had the highest incidence of Hepatitis A;

Whereas Asian American women are 1.5 times more likely than non-Hispanic Whites to die from viral hepatitis;

Whereas Asian Americans are 5.5 times more likely than non-Hispanic Whites to develop chronic Hepatitis B;

Whereas, in 2013, 80 percent of children born infected with HIV belonged to minority groups;

Whereas the Department of Health and Human Services has identified heart disease, stroke, cancer, and diabetes as some of the leading causes of death among American Indians and Alaskan Natives;

Whereas American Indians and Alaskan Natives die from diabetes, alcoholism, unintentional injuries, homicide, and suicide at higher rates than other people in the United States;

Whereas American Indians and Alaskan Natives have a life expectancy that is 4.4 years shorter than the life expectancy of the overall population of the United States;

Whereas African American babies are almost twice as likely as non-Hispanic White or Latino babies to be born at low birth weight;

Whereas American Indian and Alaskan Native babies are twice as likely as non-Hispanic White babies to die from sudden infant death syndrome;

Whereas American Indian and Alaskan Natives have 1.5 times the infant mortality rate as that of non-Hispanic Whites;

Whereas American Indian and Alaskan Native babies are 50 percent more likely to die before their first birthday than babies of non-Hispanic Whites;

Whereas marked differences in the social determinants of health, described by the World Health Organization as “the high burden of illness responsible for appalling premature loss of life [that] arises in large part because of the conditions in which people are born, grow, live, work, and age”, lead to poor health outcomes and declines in longevity;

Whereas the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119) provides specific protections and rights for American Indians and Alaskan Natives, 23 percent of whom lack health insurance;

Whereas, despite the substantial improvements in health insurance coverage among women overall, women of color are more likely to be uninsured;

Whereas, in 2013, 15.9 percent of African Americans were uninsured, as compared to 9.8 percent of non-Hispanic Whites;

Whereas African American women are more likely to be uninsured or underinsured, at a rate of 19 percent;

Whereas ¼ of Latinas live in poverty and Latinas have the greatest percentage of uninsured women in any racial group at a rate of 31 percent; and

Whereas community-based health care initiatives, such as prevention-focused programs, present a unique opportunity to use innovative approaches to improve health practices across the United States and to sharply reduce disparities among racial and ethnic minority populations: Now, therefore, be it

*Resolved*, That the Senate supports the goals and ideals of National Minority Health Month, which include bringing attention to the severe health disparities faced by minority populations in the United States, such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders.

SENATE RESOLUTION 478—EX-PRESSING SUPPORT FOR THE DESIGNATION OF JUNE 2, 2016, AS “NATIONAL GUN VIOLENCE AWARENESS DAY” AND JUNE 2016 AS “NATIONAL GUN VIOLENCE AWARENESS MONTH”

Mr. DURBIN (for himself, Mrs. GILLIBRAND, Mr. MARKEY, Ms. HIRONO, Mr. FRANKEN, Mr. COONS, Mr. KAINE, Mr. BLUMENTHAL, Mrs. BOXER, Mr. CASEY, Mr. WHITEHOUSE, Mrs. MURRAY, Mr. MURPHY, Mr. BOOKER, Mr. REED, and Ms. WARREN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 478

Whereas, each year, more than—

(1) 32,000 people in the United States are killed and 80,000 are injured by gunfire;

(2) 11,000 people in the United States are killed in homicides involving firearms;

(3) 21,000 people in the United States commit suicide by using firearms; and

(4) 500 people in the United States are killed in accidental shootings;

Whereas, since 1968, more people of the United States have died from guns in the United States than on the battlefields of all the wars in the history of the United States;

Whereas, by 1 count in 2015 in the United States, there were—

(1) 372 mass shooting incidents in which not fewer than 4 people were killed or wounded by gunfire; and

(2) 64 incidents in which a gun was fired in a school;

Whereas gun violence typically escalates during the summer months;

Whereas, every 70 minutes, 1 person in the United States under 25 years of age dies because of gun violence, and more than 6,300 such individuals die annually, including Hadiya Pendleton, who, in 2013, was killed at 15 years of age while standing in a Chicago park; and

Whereas, on June 2, 2016, on what would have been Hadiya Pendleton’s 19th birthday, people across the United States will recognize National Gun Violence Awareness Day and wear orange in tribute to Hadiya and