

VOTE ON YOUNG NOMINATION

The PRESIDING OFFICER. Under the previous order, all postcloture time has expired.

The question is, Will the Senate advise and consent to the Young nomination?

Mr. PETERS. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Illinois (Ms. DUCKWORTH), the Senator from California (Mrs. FEINSTEIN), and the Senator from New Hampshire (Mrs. SHAHEEN) are necessarily absent.

The result was announced—yeas 61, nays 36, as follows:

[Rollcall Vote No. 80 Ex.]

YEAS—61

Baldwin	Heinrich	Peters
Bennet	Hickenlooper	Reed
Blumenthal	Hirono	Rosen
Blunt	Hoeven	Sanders
Booker	Hyde-Smith	Schatz
Brown	Kaine	Schumer
Burr	Kelly	Shelby
Cantwell	Kennedy	Sinema
Cardin	King	Smith
Carper	Klobuchar	Stabenow
Casey	Leahy	Sullivan
Cassidy	Lujan	Tester
Collins	Manchin	Van Hollen
Coons	Markey	Warner
Cortez Masto	Menendez	Warnock
Cramer	Merkley	Warren
Durbin	Murkowski	Whitehouse
Gillibrand	Murphy	Wicker
Graham	Murray	Wyden
Grassley	Ossoff	
Hassan	Padilla	

NAYS—36

Barrasso	Hagerty	Risch
Blackburn	Hawley	Romney
Boozman	Inhofe	Rounds
Braun	Johnson	Rubio
Capito	Lankford	Sasse
Cornyn	Lee	Scott (FL)
Cotton	Lummis	Scott (SC)
Crapo	Marshall	Thune
Cruz	McConnell	Tillis
Daines	Moran	Toomey
Ernst	Paul	Tuberville
Fischer	Portman	Young

NOT VOTING—3

Duckworth	Feinstein	Shaheen
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The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

PROVIDING FOR CONGRESSIONAL DISAPPROVAL UNDER CHAPTER 8 OF TITLE 5, UNITED STATES CODE, OF THE RULE SUBMITTED BY CENTERS FOR DISEASE CONTROL AND PREVENTION RELATING TO "REQUIREMENT FOR PERSONS TO WEAR MASKS WHILE ON CONVEYANCES AND AT TRANSPORTATION HUBS"

The PRESIDING OFFICER. Under the previous order, the Senate will re-

sume legislative session and proceed to the consideration of S.J. Res. 37, which the clerk will report.

The senior assistant legislative clerk read as follows:

A joint resolution (S.J. Res. 37) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by Centers for Disease Control and Prevention relating to "Requirement for Persons To Wear Masks While on Conveyances and at Transportation Hubs".

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINÉ. Mr. President, I rise in opposition to S.J. Res. 37, which we are now considering and which we will vote on at 5:30.

This is a resolution that would use the CRA process to undo the CDC guidance requiring use of masks on transportation: planes, buses, trains, and some transportation hubs.

I think this is an issue that should be discussed, and, possibly, to use a medical metaphor, a scalpel should be used to make it just right. Unfortunately, the CRA process is a meat cleaver, and this is not the kind of thing we should be using a meat cleaver against.

If S.J. Res. 37 passes, it could lead us to be extremely vulnerable if there were a resurgence in coronavirus cases, as we are seeing in other nations like Germany.

Let me explain. The CDC imposed a mandate to wear masks on transportation in February of 2021—again, planes, buses, trains, and train and bus stations, as well as airports.

We all know that the CDC has recently examined the caseload of COVID-19 in the country and dropped their mask recommendations for most of the Nation. About 98 percent of the American population now live in communities where there is no mask recommendation, thank goodness—not even indoors. That is great.

But in some parts of the country, some parts of my Commonwealth, infection rates are still so high that the mask recommendation for wearing indoors is still one that the CDC strongly recommends.

The CDC mandate, with respect to masks on transportation, was set to expire on March 18, Friday. On Friday, March 18, it was set to expire. After the CDC dropped the recommendation about wearing masks indoors, the CDC decided to extend the mask requirement on transportation for 1 month, from March 18 to April 18.

Why did they do that when they were dropping the mask recommendation indoors for much of the country? Well, the reason was pretty obvious, and they explained it.

Here is the problem with transportation: You might board a bus, plane, or train in an area with low infection but pass through areas of high infection and end up in an area of high infection. So transportation is a little bit different than what should the rules be in an indoor venue in my hometown of Richmond or in communities in Connecticut, where the Presiding Officer lives.

So what the CDC said is, we are going to take an additional month, and we are going to analyze the science around closed spaces—transportation venues—and we are going to look at this issue of traveling from one community to another, and then we will come up with a best recommendation and best guidance with respect to mask mandates in transportation. That sounds very reasonable to me, very reasonable to extend the mask requirement by 1 month.

I would argue to my colleague Senator PAUL—this is his resolution—we should be weighing in with the CDC and giving them best guidance—and, obviously, they are considering what science is recommending; they are in dialogue with the transportation industry that has strong feelings about that—and then seeing what guidance the CDC comes up with in April before the April 18 deadline, to which they have extended.

That would be reasonable, but what this resolution does is not reasonable. It not only wipes out the mask requirement; it wipes it out forever. It states that the CDC no longer will have the authority to impose a mask requirement in transportation unless or until this body passes new legislation allowing them to do so.

That legislation in the Senate would require 60 votes. I would venture to argue that there is no way, in the politicization of COVID, that a piece of legislation giving the CDC the power to do mask mandates in transportation would get 60 votes in this Chamber.

So if S.J. Res. 37 passes, we will have taken away from our premier health authorization the ability to impose a mask mandate if it is necessary.

Now, I pray that it is not necessary. I am happy to see the reduction in COVID caseloads in Virginia and across much of the Nation. But there are parts of Virginia where the caseloads are still high and where masks are still recommended. And there are parts of every one of our States or Commonwealths where the infection rates are still high, and masks are still recommended.

So it is fine to wish that COVID is going away. I mean, Lord, do we all wish that it is going away, but we know that in some parts of the country it isn't. And we also know, if we are looking at the data internationally, that China is experiencing a significant upsurge; Germany is experiencing a significant upsurge.

So what if—what if—we face a new COVID variant that starts to wreak havoc on us, just as Delta did when we thought we were in a decline, just like Omicron did when we thought we were in a decline? What if there is a new variant that comes and starts to wreak havoc more broadly across the country? Wouldn't we want the CDC to have the power immediately, upon an upsurge of COVID nationally, to impose a mask requirement on transportation? If S.J. Res. 37 passes, they will not have the ability to do that.

And what might be the consequences of that? The consequences could be very severe in terms of people's health. We know that. We have experienced now close to a million deaths to COVID. But it also could have severe economic consequences.

Our transportation infrastructure—public transit and buses and trains and planes—is a critical backbone of the American economy, which is now starting to grow and add jobs, thank goodness. But if COVID hits again, and CDC does not have power to impose a mask mandate, many people who use transportation to get to work or to travel to places where they can do their work will no longer feel confident in their ability to do so. Many employees who work in the transportation sector will worry about being exposed to rising COVID case levels and may choose not to work.

So the consequences of another COVID surge in this country are not only health consequences, but they are critical potential consequences to our economy at a time, after 2 years, when, finally, we are seeing some significant GDP growth and job growth and wage and salary growth.

So I would urge my colleagues, don't use a meat cleaver, when this mask mandate is set to expire on April 18. It is barely more than a month away. Don't use the meat cleaver to bar the CDC from taking necessary public health action should there be a resurgence in COVID. Instead, let's work with the CDC and see what guidance they come up with for this April 18 deadline. That would be much better for our public health and much better for our economy.

So for those reasons, I would urge my colleagues strongly to stand with smart economic policy and wise public health policy and not eliminate the ability of the Nation's premier public health Agency from imposing a transportation mask requirement should public health demand it.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. PAUL. Mr. President, there is a very distinct possibility that the mask mandates saved no lives. There is a very distinct possibility that the mask mandates did not change the trajectory or incidence of the coronavirus pandemic. In fact, there is a distinct possibility that mask mandates were simply coercive security theater that did not enhance the public safety at all.

While the efficacy of masks is debatable, the question of whether or not the Federal Government possesses the power to mandate that you wear a mask is not debatable. The 10th Amendment clearly states that powers not specifically enumerated by the Constitution for the Federal Government are retained by the States and the people respectively.

In *United States v. Lopez*, the 10th Amendment is affirmed. The Supreme Court ruled that the Constitution with-

holds from Congress the plenary power that would authorize enactment of every type of legislation. The Supreme Court went on to say that allowing the Federal Government a general police power of the sort retained by the States would violate the principle that the Federal Government is one of enumerated and limited powers.

Furthermore, no statute exists that remotely conveys a power to mandate masks to any Department of the Federal Government. Yet, since March of 2020, unelected bureaucrats from the Centers for Disease Control have incessantly declared that we should "follow the science" and submit to their mandates. But those bureaucrats defy science and practice something closer to sorcery.

For 2 years, they have incanted the magic word "emergency," which they believe conjures up special powers that require each one of us to wear face masks they tell us have talismanic qualities. The only problem with this assertion is that none of it is true. The CDC does not have limitless authority during emergencies, and masks are not effective at preventing the spread of COVID-19.

This, after all, is the same Agency that decided merely by uttering the word "emergency" that it empowered itself to tear up every rental contract in America. Fortunately, the Supreme Court put the CDC in its place, saying that it "imposed a nationwide moratorium on evictions in reliance on a decades-old statute that authorizes it to implement measures like fumigation and pest extermination. It strains credulity to believe that this statute grants the CDC the sweeping authority that it asserts."

But the CDC has yet to learn its lesson. For a third time, the CDC extended the mandate, forcing everyone wishing to exercise their right to travel to wear a mask. The mask, to the CDC, is effectively a passport. Those who work for airlines are compelled to incessantly remind paying customers not only to wear a mask while we board but in between bites and in between sips. "Sir, please put your mask on in between peanuts. Sir, after each peanut, please put your mask on." The absurdity.

Is it any wonder that the Federal Aviation Administration has logged a surge in reports of bad passenger behavior? According to the FAA, nearly two-thirds of the more than 800 reports of unruly passengers this year have been related to masks. Thus, the CDC's mandate is a safety risk to airline employees and passengers alike.

The populace, which has been pushed around too far for too long, no longer sees a flight attendant entrusted to make travel more comfortable but, rather, a border guard who polices the unfriendly skies. And who can blame them when the head of Delta Airlines wants to put the names of vocal opponents of mask mandates on a no-fly list, a place we had supposedly reserved for those suspected of terrorism?

Perhaps we shouldn't be surprised that, as all 50 States either dropped or plan to drop the mask mandates, the CDC stubbornly perpetuates its mandates.

The history of the last 2 years is a history of the CDC making recommendations despite the evidence, not because of it. From the beginning, the CDC has ignored the scientific data that demonstrated the ineffectiveness of masks.

At the beginning of the pandemic, Dr. Fauci advised Americans to refrain from wearing masks, but as we were so often told, the science has changed—except that it really hasn't. At least 30 studies demonstrate that masks have little to no impact on transmission, including those that predate the emergence of COVID, which highlight the lack of effectiveness of masks outside the hospital setting.

In May 2020, an article by researchers at Harvard Medical School published in the *New England Journal of Medicine* not only held that "wearing a mask outside health care facilities offers little, if any, protection from infection" but that one of its few useful functions would be to serve as a reminder of "other infection-control measures."

The article went so far as to state that masks are not only tools but they are also talismans that may help increase healthcare workers' perceived sense of safety. In other words, the masks are a placebo. They might not do anything, but at least they can trick people into thinking they are protected.

Unfortunately for those who support mask mandates, the article went on to warn that "focusing on universal masking alone may, paradoxically, lead to more transmission of COVID-19 if it diverts attention from implementing more fundamental infection-control measures."

Translation: The mere symbolic benefit of universal masking comes with the cost of a false sense of security, which potentially risks further spread. For example, imagine the 80-year-old husband who chooses to wear a cloth mask to take care of his COVID-stricken wife. The CDC has prompted him to believe that wearing a cloth mask will keep him safe, when in reality this misinformation has prompted him to engage in risky behavior.

Among the reasons why masks have such poor results outside a hospital is user error. About a year after the initial reports of COVID cases, a large controlled study of about 8,000 participants was published by the Public Library of Science. That study found that face masks "did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection," which was likely due to poor adherence to the protocol.

People simply cannot replicate the hospital setting at all times, in all locations. Even N95 masks cannot help a person who does not know how to use

it. Multiple studies show surgical and cloth masks are not effective in reducing transmission.

In November 2020, a Danish study published in the *Annals of Internal Medicine* found that high-quality surgical masks failed to demonstrate significant reductions in confirmed viral transmissions. This is a large study. This is a randomized controlled study in Denmark with thousands of people who wore masks and thousands of people who didn't wear masks. And—guess what—they had the same incidence of disease.

Additionally, a randomized trial in Bangladesh found that cloth masks did not have a statistically significant effect on COVID transmission.

But we should not be surprised by these results because we have known the limitations of masks for a long time. A 2015 Vietnamese study of 1,600 participants found that cloth masks allowed 97 percent penetration of particles. They took sodium chloride particles the same size as a virus, and they blew them through a cloth mask, and they got 97 percent of the particles on the other side of the mask. They didn't work.

A 2019 study from Nepal found that the pore size of the cloth mask—the opening that air goes through in the cloth mask, the pore size—ranged from 80 to 105 micrometers, but the size of the COVID particle is only 0.12 micrometers. That means that the pores in the cloth masks are more than 650 times as big as the COVID particles.

Science.

If the virus is 650 times smaller than the pore, it is not going to work.

Wearing a mask to stop COVID is like trying to catch flies with a chain link fence. The virus can simply travel right through and around the mask.

And what was Dr. Fauci's prescription, after studying and concluding that masks were ineffective? Wear two masks. He is wearing masks all over his face. Just another one. If only we had four masks, maybe we would be safe. That is not science; that is theater.

The CDC announced that it would look into two masks, but we never heard back from them. A few days later, even Fauci conceded there is no evidence that double masking is going to make a difference. I guess he was just wearing it for style.

Actually, there is data even on double masking, just not the kind likely to be approved by Dr. Fauci. A study published in the *New England Journal of Medicine* in late 2020 monitored nearly 2,000 marine recruits who were subjected to anti-infection measures, including double masking.

What did it find? It found several incidences of COVID still being transmitted despite the double masks. Yet our President, our Governors, and our mayors routinely lectured us to "just wear the damn mask." Now, 2 years later, what benefits did we get from all that masking? Not a damn thing.

A 2021 study published in the *International Research Journal of Public Health* found that there was no association between mask mandates imposed by the respective States and reduced spread of COVID-19. The study verifies what we have seen in the real world.

If you look at mask mandates that were put on State by State or country by country and you compare that to the incidence of the disease, there is no relation. In fact, often the relation is inverse.

Here you have California and Florida. In Florida, if you have been down there—look, even AOC goes to Florida because they won't make you wear a mask. You can do what you want. Nobody has been wearing a mask for 2 years in Florida. California: If you are paddle boarding by yourself, they will send the Coast Guard after you. If you are jogging on the beach in California by yourself, they will arrest you.

Wildly different mandates, yet this is the infection curve for California and Florida. It is the same. Death curves, infection curves, there is no evidence that any State mandate changed anything. In fact, if your objective—at the end of this pandemic, people are going to discover—I don't know if they will ever admit this—that the truth of the matter is nothing that man did other than the vaccine and natural infection, accumulated immunity from both natural and from vaccine sources, slowed this down, as well as the mutation of the virus.

Plexiglass—give me a break. You think the virus doesn't go in and around your plexiglass? We spend millions of dollars on stickers: Stand 6 feet apart. You are on the plane 2 inches from people for 2 hours, and then what do they say?

Please, as you exit the plane, we are going to practice social distancing.

And you can stand 6 feet away from the person you have been 2 inches from for the last 6 hours.

It is "Moronville." It is medieval. They knew more about infectious disease in the medieval ages than they do in today's modern age with the government directing this.

But despite very different mask policies, California and Florida ended up with about the identical outcome. Ashish Jha, dean of Brown University School of Public Health, who provided one of these charts on Twitter, noted that the infection rates for California, which had a mask mandate, and Florida, which did not, have "strikingly similar" infection rates—specifically, 9.5 percent for Florida, 9.54 percent for the draconian mandates of California. They were the same. One place had no freedom; one place had their freedom—and the rate of disease was the same.

Is nobody willing to really look at the science? Are we willing to submit to wearing masks forever?

As journalist Jacob Sullum pointed out, if you compare California to Texas, another populous State that had

no mask mandates, the case trends also are very similar. The same basic pattern was discovered in almost every State. In short, States with mask mandates fared no better than States without them.

Unsurprisingly, nationwide, masks did not prevent transmission or even death. This is a chart looking at the death rate and with the mask mandates. So the dotted line is the mask mandate. Oh, my goodness, we put a mask mandate on, and many more people began to die. Did the masks cause death? No. They just are unrelated. But if you are trying to prove that a mask mandate lessened death, there is no evidence of it. Death went up and then down and then up and down again.

The trends on death, the trends on incidence have nothing to do with plexiglass; they have nothing to do with stickers; they have nothing to do with masks. Yet we did all of these things in medieval fashion.

In the 14th century, the Pope burned incense. They thought they could protect themselves from plague. People wore garlic around their neck, even up to World War I. It didn't work; except the garlic did probably scare some people and keep them away from you.

When the CDC reversed itself—again—in July 2021 and recommended that vaccinated people—who they said didn't have to wear a mask—now had to wear a mask again, the death rate, which had been going down for months, sharply rose again. No relationship unless it is inverse—unless putting on the mask caused the death rate to get worse, there is no relationship between mask mandates and lessening the incidence or lessening death. This is, sadly, yet more evidence that masks do not prevent transmission of disease that, for some, proves deadly.

It has distracted us. We have been distracted and actually comforted by something that is not working. And we have been tricked into engaging in risky behavior: wearing a mask thinking we are safe. With 80 percent of people wearing a mask, most of them are still getting infected. They have been vaccinated, and they are wearing a mask and still getting infected. Maybe we ought to reassess.

Despite all of this evidence, the CDC still cannot bring itself to end its travel mandate. Is it any wonder why this Agency lost so much credibility over the last 2 years? They have lost their credibility because they have treated every American as if we all have the same level of COVID risk.

Because of this approach, our children have suffered the most from the CDC's unscientific mandates. The CDC guidance on school masking is as aggressive as it can get, recommending universal indoor masking by all students aged 2 and older, staff, teachers, and visitors to K-12 schools—regardless of vaccination status. With the CDC calling the shots across the country, kids have not experienced a normal day of school for 2 years. Schoolchildren

have to wear masks all day, which results in complaints of difficulty breathing, headaches, acne, anxiety, and depression.

And by covering the lower half of the face, we have robbed the students of effective visual communication. So profound has been the change in our learning that we have now changed the definition for adequate number of words for children to know. It used to be 50 for normal development; we changed it to 30 because they can't see the faces to mimic people. For people who are hearing impaired, they have even more difficulty if they can't see the lips.

Here is really the big insult of insults. We go to the State of the Union. Now, we have these elderly Senators and these elderly Congressmen, and, finally, they are free of their masks. They take their masks off, and your 4-year-old at home—the chance your 4-year-old dies of COVID is 1 in 2.32 million. They are going to be struck by lightning before they get COVID and die—but these old guys are fine now. They are a thousand times more likely to die from COVID, but they are fine with no mask; but your 4-year-old has to wear a mask—no logic whatsoever in this, no science involved in this. But it is authoritarians run amuck.

Sweden took a dramatically different approach. Swedish schools remained open for the majority of the pandemic and wore no masks—1.8 million kids, not one of them died. If you look at the incidence of the disease among teachers—you say, “We have to put masks on the kids or the teachers will die.”

In Sweden, no masks on the kids and the incidence of disease among the teachers is the same as every other profession in Sweden—no difference. There were lower death rates there than in the U.S. But the one thing the Swedes did not suffer is their test scores were not lower. Their test scores are up, and no one is concerned about the lost years of education or mental development.

Mask mandates on planes don't make any more sense than mask mandates in school. While testifying before the Senate Commerce Committee, Southwest CEO Gary Kelly said that 99.97 percent of airborne pathogens are captured by the airplane filtration system, and it is turned over every 2 to 3 minutes. I think the case is very strong that masks don't add much, if anything, in the air cabin environment.

This is from the CEO of Southwest.

It is very safe and very high quality compared to any other indoor setting.

United Airlines CEO Scott Kirby added that, in fact, air quality on planes is safer than an “intensive care unit” and that sitting next to someone on a plane “is the equivalent of being 15 feet away from them in a typical building.”

It is not just airline CEOs who agree that mask mandates do not make sense. When discussing mask policy, even CNN, even the doctors on CNN—the radical disciples of Dr. Fauci—now

admit that cloth masks are nothing more than facial decoration and the responsibility should shift from a government mandate to an individual mandate. When the leftwing doctors on CNN are getting it, really, you would think the CDC might wake up. Doctors, scientists, airline CEOs are all presented with the science, and those who are all truthful will tell you that the mask mandates are nothing more than COVID theater.

But the mandates have been more like a curse. Think about what you have lost: Fathers were not there and allowed to see their babies born; mothers have given birth to babies alone; our children have fallen behind in education and mental development; weddings were postponed and ceremonies were drastically scaled back; many of us were deprived of one final goodbye to a dying loved one.

We are about to return to normal, and it can't happen soon enough. We are about to get our lives back, to get our liberty, and our pursuit of happiness back. But it won't happen until we finally wake up and say the science doesn't indicate this; until this body that supposedly represents the people votes to say: Enough is enough—enough of the theater, enough of the pseudoscience. Let's let people make their own decisions. But the CDC says no. It has extended again the travel mandate. We have another month of this.

But people are upset. I don't care whether you are a Republican, a Democrat, or an Independent. There are Democrat moms, Independent moms, Republican moms and dads frustrated at their 4-year-old, their 6-year-old going to school for a nonfatal disease—nonfatal to children. Meanwhile, elderly Congressmen and Senators are now running around without their mask on, and they have no problem, but they are going to make your kid wear a mask. It makes no sense.

Now is our chance to say, Enough is enough. We have it within our power today to assure the American people that we are irreversibly going back to normal. We can tell our constituents that the unscientific mask mandates are on the way out once and for all. For once, we can follow the science and put an end to the travel mask mandates.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MARKEY). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MARSHALL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MARSHALL. Mr. President, we finished up some three or four townhalls this weekend, bringing us, I think, over nine. And I will tell you this, Americans know they are being lied to. They know the decisions coming out of the White House and the CDC are politically driven. Let me tell

you this for sure: Kansans are mad, and they are upset, and they know this lie is continuing, and their anger continues to grow. And at the end of every townhall, I can tell you, two or three people will grab me and say: Please, please keep fighting for our freedoms.

This is what else they tell me. They tell me they don't trust the CDC anymore, that the CDC has lost their reputation; and I am telling you, it will be difficult for them to ever get it back.

Now, they are being told that we have to wear masks on airplanes for another month or so—another horrible decision coming from the White House, more ill advice from the CDC. And all the time we know that these masks—with these masks comes a psychosocial downfall, that it creates problems. But the CDC continues to lust for control—to control our lives and exert their control over us, over me, over our children and our grandchildren.

My concern is this: The CDC continues to make decisions as if they are in a vacuum without consideration of the big picture.

Let's just take a moment and talk about where we are today. Ninety-five percent of Americans have some level of immunity—95 percent. New infections are down 94 percent, hospitalizations down over 80 percent. As far as we know, there is no new variant of concern anywhere in the world that is rearing its ugly head right now.

What do we truly know about the science and the benefits of wearing a mask? What do you know about the risk of wearing a mask? Well, I asked the CDC that same question, I am sure, over a year ago now. I asked them for the studies that support their recommendation to wear masks—some 80 studies. I looked at every one of them. I would say half of them weren't worth the paper they were printed on—poor scientific quality, cherry-picking data—but most were still very inconclusive.

A few suggested masks might help if they are worn perfectly, if it is the right type of mask. Some of the studies even said that masks were harmful.

Now, I will acknowledge that in a perfect world that, for a brief period of time, wearing an N95 mask properly could theoretically give a person benefit. But we now know and have now proven that cloth masks have offered little benefit, and they may actually make viruses and infections more common.

Does the CDC really believe masking would help in an airplane? And if they did so, why wouldn't they suggest we wear N95 masks, and why do they allow cloth masks? It just seems very inconsistent.

The big problem is always compliance. Seatbelts don't work unless you wear them. An airbag on the car doesn't work unless you have it turned on. Just look around. Nobody can wear these masks for hours and hours at a time without touching their nose and touching their mouth and adjusting

the mask. Then we take it off to eat and to drink just for moments at a time. In the real world, it doesn't make any sense that the mask would work and certainly not in schools. I think that has been well-proven.

I think we look at Sweden as a country whose mortality is a fraction of ours from the COVID virus, a fraction of its neighboring countries—a country that had very limited use of masks without mandates as well.

I think the big opportunity with airlines is they made a big investment in air exchange. We know air exchange works. From our experiences in surgical centers, we know that when we moved to the modern air exchangers, that a number of infections—post-op infections for joint replacements—went down significantly. We always knew the air replacement was a big part of this.

But, no, this administration continues to want to control our lives. Their healthcare infectious disease czar, Dr. Fauci, decreed that even after airline executives gave testimony that masks were of no benefit, Dr. Fauci decreed that he didn't think masks would ever come off on airplanes. Why? Why would he make such a bombastic, ignorant claim?

It is time to stop all the mandates. It is time to stop all the travel mask mandates. It is time to let our people go.

I yield the floor.

VOTE ON S.J. RES. 37

The PRESIDING OFFICER. Under the previous order, all time is yielded back.

The clerk will read the title of the joint resolution for a third time.

The joint resolution was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. The joint resolution having been read the third time, the question is, Shall the joint resolution pass?

Mr. MARSHALL. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Illinois (Ms. DUCKWORTH), the Senator from New Jersey (Mr. MENENDEZ), and the Senator from New Hampshire (Mrs. SHAHEEN) are necessarily absent.

The result was announced—yeas 57, nays 40, as follows:

[Rollcall Vote No. 81 Leg.]

YEAS—57

Barrasso	Cornyn	Grassley
Bennet	Cortez Masto	Hagerty
Blackburn	Cotton	Hassan
Blunt	Cramer	Hawley
Boozman	Crapo	Hoeven
Braun	Cruz	Hyde-Smith
Burr	Daines	Inhofe
Capito	Ernst	Johnson
Cassidy	Fischer	Kelly
Collins	Graham	Kennedy

Lankford	Portman	Sinema
Lee	Risch	Sullivan
Lummis	Rosen	Tester
Manchin	Rounds	Thune
Marshall	Rubio	Tillis
McConnell	Sasse	Toomey
Moran	Scott (FL)	Tuberville
Murkowski	Scott (SC)	Wicker
Paul	Shelby	Young

NAYS—40

Baldwin	Hirono	Romney
Blumenthal	Kaine	Sanders
Booker	King	Schatz
Brown	Klobuchar	Schumer
Cantwell	Leahy	Smith
Cardin	Luján	Stabenow
Carper	Markey	Van Hollen
Casey	Merkley	Warner
Coons	Murphy	Warnock
Durbin	Murray	Warren
Feinstein	Ossoff	Whitehouse
Gillibrand	Padilla	Wyden
Heinrich	Peters	
Hickenlooper	Reed	

NOT VOTING—3

Duckworth	Menendez	Shaheen
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The joint resolution (S.J. Res. 37) was passed as follows:

S.J. RES. 37

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress disapproves the rule submitted by the Centers for Disease Control and Prevention relating to "Requirement for Persons To Wear Masks While on Conveyances and at Transportation Hubs" (86 Fed. Reg. 8025 (February 3, 2021)); determined through a letter of opinion from the Government Accountability Office dated December 14, 2021, and printed in the Congressional Record on December 15, 2021, on pages S9206–S9208, that the order is a rule under the Congressional Review Act, and such rule shall have no force or effect.

The PRESIDING OFFICER (Mr. PETERS). The Senator from Rhode Island.

MORNING BUSINESS

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each, and that I be recognized for up to 20 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO CHIEF WARRANT OFFICER DONALD R. CRUTCHFIELD

Mr. REED. Mr. President, I request unanimous consent to enter into a colloquy with the Senator from Oklahoma.

As the chairman and ranking member of the Senate Armed Services Committee, we rise to commemorate and celebrate the distinguished career of Chief Warrant Officer Donald R. Crutchfield of the U.S. Army.

Mr. INHOFE. Mr. President, for 24 years, Chief Crutchfield has served the nation with honor and professionalism. Now, as he retires from his post as Assistant Director for General and Flag Officer Matters in the Office of the Deputy Assistant Secretary of Defense for Military Personnel and Policy, we are privileged to thank him for his decades of service.

Mr. REED. Mr. President, a native of Ohio, Don joined the Army in 1998 and has worked at every echelon since, from the 516th Personnel Services Battalion; multiple brigades; III Corps; Office of the Vice Director of the Army Staff; Headquarters of the Department of the Army; and the Army General Officer Management Office. In every assignment, he was known to his colleagues as a dedicated leader and an expert of his craft.

Mr. INHOFE. Mr. President, in addition to extensive service around the country, Don also deployed overseas three times, including 13 months in Iraq in 2004, 9 months in Afghanistan in 2012, and 8 months in Kuwait in 2014. He answered the call to duty time and time again with absolute selflessness, and we all live in a safer and more prosperous nation because of Americans like him.

Mr. REED. Mr. President, Don did not serve alone, however. Throughout his career, he was supported by his family, friends, and colleagues. We owe a special debt of gratitude to Don's wife, Christine, and his daughters, Amber and Lydia, who supported him with strength and love. His contributions to the Nation were possible because of their support.

Mr. INHOFE. Mr. President, we are proud to honor the achievements of Chief Warrant Officer Donald Crutchfield, and, on behalf of a grateful nation, we salute his service. We offer him our thanks and congratulate him on a well-earned retirement.

NATIONAL KIDNEY MONTH

Mr. CARDIN. Mr. President, this March, as we mark National Kidney Month, we have the opportunity to remember those we have lost to kidney-related illnesses, recognize the work we have done to combat kidney diseases, and recommit to continue and expand on these efforts to improve the care available to those who are suffering.

Kidney disease is the tenth leading cause of death in the United States. Today, more than 37 million Americans have chronic kidney disease. One in three adults is at risk of developing chronic kidney disease, which can lead to kidney failure or end-stage renal disease, an irreversible condition that is fatal without a kidney transplant or dialysis. In Maryland alone, almost 93,000 Medicare patients have been diagnosed with chronic kidney disease, and almost 10,000 of these individuals are currently on dialysis.

As with many health issues, communities across the Nation do not suffer from kidney disease equally. Black Americans make up 35 percent of the people with kidney failure in the United States, despite only making up 13 percent of the U.S. population. Hispanic Americans are 1.3 times more likely to be diagnosed with kidney failure than non-Hispanics. End-stage renal disease is 3.7 times more likely in Black Americans, 1.4 times more likely