

gave a series of floor speeches introducing bank records connecting the Biden family to communist China financial interests. Then, on October 26, 2022, we sent hundreds of pages of those bank records to U.S. Attorney Weiss.

So then this question is appropriate: To my Democratic colleagues and, more importantly, the partisan media that is not doing their job, are those authentic bank records that Johnson and I made public—is that Russian disinformation?

Now, Chairmen COMER, JORDAN, and SMITH have built and advanced upon the foundation created by Senator JOHNSON and this Senator.

So here is the question: Where is the Biden Justice Department regarding those bank records and potential money laundering?

Where is the Biden Justice Department regarding Biden family members registering under the Foreign Agents Registration Act?

Another question: The Biden Justice Department appears concerned about their FBI source's contact with foreign nationals; so where is that same concern regarding the Biden family's foreign connections? Are the Justice Department and FBI sitting on it just like they did with the 1023 for at least 3 years?

Here is another question to pose to the media and my colleagues: If we didn't make the 1023 public, would the FBI have interviewed the FBI source or would he remain on the taxpayers' payroll for another 10 years, continuing to misinform the FBI? And by misinforming, I presume that is the reason why he is sitting in jail right now in Los Angeles, awaiting trial or waiting on whatever they have to do to follow up on the arrest.

What will happen to the defendants if this source's information was used for a conviction or a plea deal?

This is really quite the mess for the Justice Department and the FBI, and it is one of their own making.

My oversight investigations are done without regard to power, party, or privilege, and I back that statement up with asking you to remember, I am the Senator who did a transcribed interview with Donald Trump, Jr., when Donald Trump was President of the United States. That is when I was chairman of the Judiciary Committee. I also ordered my staff to interview other Republicans during my Crossfire Hurricane investigation, and you know what? If I had the gavel today, I would bring more Bidens to Congress to testify because the American people really deserve the kind of nonpartisan oversight that I have been conducting for years.

And remember this—and it is pretty simple—If the FBI came clean years ago about this document 1023, we wouldn't have had to release that very document. I wouldn't have had to rely on whistleblowers to make this public. So this guy still could be working for the FBI for another 10 years.

Instead, these people played games, withheld the document from Congress, and provided false and misleading information to Congress and the American people, not wanting to come clean on what they did with 1023.

We all know that transparency in government brings accountability. Now, folks are being held accountable because of my congressional oversight.

My oversight will continue.

The FBI has a lot of explaining to do for their continued shortcomings and actions in this case.

When will the media ask the FBI to explain?

I just explained it for the American people. I would like to see the media cover this instead of talking about Russian disinformation when this issue is discussed in print media and on television.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. KENNEDY. Mr. President, I ask unanimous consent that that I be permitted to speak for up to 40 minutes and Senator PETERS be permitted to speak up to 3 minutes prior to the scheduled rollcall vote.

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

GENDER DYSPHORIA

Mr. KENNEDY. Mr. President, with me today is one of my colleagues from my Senate office, Mr. Matt Turner.

Mr. President, not long ago, on February 23, in fact, an article appeared in one of my State's local newspapers. If it had appeared on the opinion page where it belonged, I wouldn't be saying a word because everybody in America has the right to their opinion. Instead, it appeared in the news section as a purportedly objective news article.

In this article some reporter said, "The state" referring to the State of Louisiana, "The state has already banned transgender young people from receiving gender-affirming medical care."

That is not true, and I want to spend a few minutes responding to this inaccurate statement in the news as opposed to the opinion section of one of my newspapers.

It is very hard to be a parent today, and it is even harder to be a kid. Between social media and cell phones, this generation is growing up in a way that we could not have imagined a few decades ago. Nowhere is this clearer than the issue of gender confusion among our children.

Children today are facing an onslaught of identity-obsessed activism. Well before a child learns the difference between adjectives and verbs, activists in many government schools are teaching their pre-K students lessons on transgender pronouns—pronouns like "ze" and "zir." Public libraries are hosting "drag queen story time" for "children of all ages."

The American Federation of Teachers—one of our largest, if not the largest, national teachers unions—actually

runs a website with a lesson on how teachers can help children hide their transgender status from their parents. I kid you not. TikTok essentially functions as a "how to transition" guide book.

The issue of gender has morphed from a topic that only involved the personal decisions of private adults into a movement—a movement that seeks to inject questions about gender and sexuality into every aspect of a child's life with or without parental approval. In fact, parents who disagree with the notion that adults should be immersing young children in discussions about gender and sexuality fear being smeared as bigots. In more horrifying examples, parents risk losing custody of their children for refusing to adopt a particular—usually a pro-transgender—ideology.

It is not new for activists to target kids with their political rhetoric—unfortunately, we see it every day in America—but the gender and sexuality agenda goes far beyond the usual policy disputes that we see on a regular basis here in Washington. We are talking about giving children irreversible medical treatments before they can even understand the consequences of those medical procedures. I want to be very clear here. Eighty-five percent of the children who express some confusion about their gender—85 percent of the kids who say they are confused about their gender will outgrow it by the time they finish as adolescents. Now, that is just a fact. We have no idea, unfortunately, which 8-year-olds are going to outgrow their gender confusion, but we know it will be most of them—85 percent. Yet some activists in this country, particularly at Planned Parenthood, want to put kids under the knife or pump them full of hormones before these minors have a chance to grasp the consequences, and it is happening throughout our country.

Like with a frog in a pot, gender activists have gradually turned up the heat, and we have all seen it. Now the United States is boiling over with some of the most radical pediatric gender policies on Earth—on Earth. To understand just how extreme these policies are, I need to discuss a few of these so-called treatments and how they are implemented today.

Today, many activists believe that the only way to respond to a child with gender confusion is by affirming whatever the child says about his or her gender, agree with the kids in all cases. Activists warn parents—we hear it all the time—not to question their child's gender proclamation. If a first grade boy tells his parents on a Tuesday that he is a girl, these activists say parents are just supposed to agree with the child until the child changes his mind on a Thursday.

Now, if you have ever raised a child, first, thank you, but if you have ever raised a child, there was probably a point during which your child told you that he or she was—I don't know—a

lion, and that child would belt out a roar just to prove it. But I am guessing—just a wild guess—that if that happened to you with your child, you didn't call animal control and say: Hit him with a stun gun, and take him back to the zoo. Why? Because you knew he was a child.

We can acknowledge that gender dysphoria is a real and difficult condition. Let me say that again. We can acknowledge that gender dysphoria is a real and difficult condition for a small subset of our population. At the same time, we can understand that it is foolish and dangerous—and, like a rock, only dumber—to blindly affirm whatever a child tells you about their identity, gender or otherwise. If a 13-year-old kid tells you he is a NASCAR driver, you don't give him the keys to your sedan. He is a kid. She is a kid. Yet gender activists not only encourage parents in all cases, without question, to affirm their children's gender confusion, they also pressure parents to subject those kids to life-altering surgeries and life-altering hormone treatments—puberty blockers.

Puberty blockers are often the starting point for these activists. Puberty blockers are hormone-based injections, and sometimes they are implants. They are given to kids in our country today who are as young as 8 years old. The purpose of a puberty blocker is to delay the onset of puberty. These drugs can prevent breast development and menstruation in kids—in girls. They can cause genital—or, rather, prevent genital growth in boys. They can also inflict lasting damage on a child's bone density. They can stunt bone growth, and they can harm future fertility. Those are all medically proven facts.

The hormones used in puberty blockers are known as—let me say this carefully—gonadotropin-releasing hormone analogs. "Gonadotropin-releasing hormone analogs" is the medical term. These are also the same hormones used to chemically castrate sex offenders. These hormones that some doctors are giving our kids are the same hormones used to chemically castrate sex offenders. I didn't misspeak there. They give confused kids drugs designed to castrate adults.

The FDA hasn't approved the use of puberty blockers to treat gender dysphoria, but nonetheless some doctors have been prescribing these hormones off label to kids. In some parts of the country, children don't even need a formal psychiatric diagnosis of gender dysphoria before receiving puberty blockers.

According to one estimate, from 2017 to 2021, the number of children prescribed puberty blockers—chemical castration for boys—increased by 120 percent. At least 4,700 children underwent treatments during that period.

Most States, as the Presiding Officer knows, require parental consent before they give children the same drug they use to castrate pedophiles but not all States. For example, in Oregon, chil-

dren as young as 15 years old can receive Medicaid-funded—taxpayer funded—puberty blockers and sex change surgery without ever asking their parents, without ever telling their parents. In other words, taxpayers help the State fund gender transitions in children while keeping it a secret from their mothers and their fathers. That same 15-year-old likely needs a signed permission slip to go on a field trip to pet llamas at the local zoo, but these kids can pump themselves full of life-altering hormones without mentioning it to Mom or Dad.

If the child has already begun puberty, the next option that some radicals recommend is what they call cross-sex hormones—cross-sex hormones. These drugs begin physically changing the child to resemble the opposite gender. Young girls are given testosterone. This increases their muscle development. The testosterone lowers their voices; it broadens their jaw lines; and it creates coarse body hair. Young boys take estrogen. They are given estrogen. The estrogen shrinks their testicles, diminishes their sex drive, and it redistributes fat to their hips and their breasts.

According to the Mayo Clinic, these changes usually cannot be undone; they are permanent. Boys who take estrogen often become infertile. They also risk blood clots, heart problems, and strokes. Girls who take testosterone also often become infertile. Cross-sex hormones can permanently hinder a person's sexual interest or function as well.

It is undeniable—undeniable—that the decision to use cross-sex hormones can change a child's entire life. Yet Planned Parenthood offers cross-sex hormones to children as young as 16. Planned Parenthood even brags that individuals can begin cross-sex hormone treatment—I am quoting; this is what Planned Parenthood says—"the same day as your first visit." No letter from a mental health provider is required. Come on down and get the drug.

Children can begin taking cross-sex hormones at age 13. Thirteen-year-olds can't even drive, for God's sake. They can't get a tattoo. They can't see an R-rated movie. Are we supposed to believe that a 13-year-old can make an informed decision about whether he or she wants to have children or whether he or she should risk their ability to function sexually with their future spouse? No child—no child—is mature enough to make that decision, so no child should be able to opt into cross-sex hormones.

The surgeries that activists are pushing on our children are even more disturbing. The World Professional Association for Transgender Health—this is a group known for its support of pediatric transgender policies—has said that girls as young as 15 should be able to get double mastectomies to remove their breasts. By age 17, this group that purportedly cares about kids says that boys should be allowed to receive vaginoplasties.

In a vaginoplasty, surgeons remove a boy's penis; they remove the child's testicles; and they remove the child's scrotum. Then the boy's remaining genital tissue is stitched together to create something that mimics a vaginal canal. If the boy doesn't have enough spare tissue to complete the procedure, the doctor may slice a skin graft from his abdomen or his thigh. In other words, the doctor cuts up healthy skin, leaving significant scarring, just to finish the vaginoplasty. Some boys never regain sensation in their reconstructed genital area.

These medical extremists also offer a similar procedure to young girls. It is called a phalloplasty. During a phalloplasty, doctors carve off skin and veins, often from a young girl's wrist and thigh, to create a fake penis. The surgery is very complex. It is very risky. It often results in serious complications—complications, frankly, so disturbing that they will make you go weak in the knees. Because complications during phalloplasty happen so frequently, even the radical World Professional Association for Transgender Health does not recommend phalloplasty in girls under 18, but some States allow it. Some States allow it.

These procedures mutilate and they sterilize America's sons and daughters. Doctors cut out healthy organs to build a pile of flesh that may never regain full sensation or function properly, and it is barbaric. No child has the psychological maturity, no child has the emotional maturity to make this life-altering decision.

Now, one would think that if adults are willing to chop up a child's body and pump him or her full of sterilizing hormones, there must be a good reason for it. If you ask many gender activists, they will tell you that gender confusion is a matter of life or death.

Now, to be clear, there are higher suicide rates among people who identify as transgender, higher than among the general population. Gender activists know this, and they misuse those statistics. That is why they often ask parents who are worried about the extreme gender treatments—they will say to a parent: Would you rather have a dead son or a live daughter?

Have you heard that? It scares parents half to death, and that is on purpose.

What you won't hear these gender activists ask is whether these extreme measures actually improve a child's mental health. They don't ask that question because they don't like the answer. They know the answer, but they don't like it.

Studies show that cross-sex hormones and reassignment surgeries have little to no effect on the long-term mental health of folks with gender dysphoria. A study was published in the *American Journal of Psychiatry*. It found that there was no significant reduction in mental health issues or suicidal ideation among adults following hormone treatments. This study also

“demonstrated no advantage of surgery”—“no advantage of surgery”—as it relates to reducing anxiety, to reducing depression, or to reducing suicidal thoughts—no advantage to the supposedly lifesaving cross-sex treatments.

Activists are mutilating and sterilizing children, and they don't even have a good reason for it. Still, thousands of children in the United States are receiving these treatments. A report from Reuters found that at least 4,700 American children took puberty blockers from 2017 to 2021. More than 14,700 children took cross-sex hormones. From 2019 to 2021, nearly 800 girls received double mastectomies. And that only includes girls whose insurance covered the procedure.

And I am worried this is only the tip of the iceberg. The population of people diagnosed with gender dysphoria, including adults, by the way, increased in every State except South Dakota from 2018 to 2022. In Louisiana, my State, the population of people diagnosed with gender dysphoria has increased by 72 percent in 4 short years.

If we look exclusively at gender dysphoria among children, the population of transgender children in the United States nearly doubled between 2017 and 2020. In Louisiana, 13- to 17-year-olds are nearly three times more likely to say they identify as transgender than adults aged 25 to 64. From 2018 to 2022, children's share of the total—often, of course, self-reported—transgender population in the United States increased from 17.5 percent to 20.4 percent. And that is over the entire population.

Now, here is a fact that should make everyone who cares about our society's more vulnerable members stop and think. A significant portion of these often confused children struggled with severe autism and mental illness. A study out of the United Kingdom found that 35 percent of children receiving care at the nation's transgender youth clinic suffered from moderate to severe autism. Children diagnosed as transgender are up to 13 times more likely to have ADHD, depression, or anxiety than nontransgender children. They are also more than four times more likely to have bipolar disorder than the general population.

These kids who say they have gender dysphoria face enough challenges without gender activists rushing them into irreversible treatments—cutting off their breasts, removing their penises—based on what statistically will probably be temporary confusion.

Young girls appear to be driving the surge, quite frankly, in adolescent gender dysphoria. One 2022 study found that girls are up to 7.1 times more likely to present with gender dysphoria than boys, and I think we know that, just as a practical matter.

In the United Kingdom, once again, the National Health Service—the NHS—reported that it had 250 gender dysphoria referrals about a decade ago. Most of them were boys. By 2022, the

NHS reported 5,000 gender dysphoria referrals, two-thirds of whom were girls.

That is why many fear that gender dysphoria has become a social contagion among young girls. In the same way that groups of girls developed eating disorders such as anorexia and bulimia in the 1990s and early 2000s, girls today are developing gender dysphoria in groups as well. One key difference, though, exists. One key difference between disordered eating in the 1990s and 2000s and the gender dysphoria we are seeing today is that educators and policymakers didn't blindly affirm eating disorders. Even today, we are not so foolish. Even today, doctors wouldn't give an anorexic teenager Ozempic or staple her stomach because she thinks she looks fat. We wouldn't do that. Yet activists rush to inject girls with irreversible cross-sex hormones and inflict double mastectomies on them, all in the quest—all in the quest—to affirm their gender confusion.

Thank God, other countries are proving themselves wiser than America. Thank God. The United Kingdom, Sweden, Luxembourg, Finland, Denmark, and Belgium have all prohibited sex reassignment surgeries for children, for minors. Before doctors can prescribe children cross-sex hormones, many European countries require years of extensive documentation from a panel of psychiatrists, a panel of pediatricians, a panel of endocrinologists.

In the United States, however, Mr. President, children can access irreversible hormone treatments without so much as a second opinion from doctors. A former caseworker from the Washington University Transgender Center at St. Louis Children's Hospital—that is the foremost pediatric transgender medical center in the United States—said some kids at that facility were eligible for cross-sex hormones after a single visit—one visit—to a therapist.

Federally funded insurance programs won't pay for a woman to elect to tie her tubes, not until she is 21 years old, and most insurance companies require a 30-day waiting period because it is important that a woman is certain before she consents to her own sterilization. Yet many activists are comfortable allowing children to take sterilizing medications at 13 years of age after a single appointment with a therapist—all because adults are supposed to trust children when they claim they are a different gender.

I am very thankful to say that Louisiana is full of compassion and common sense, and we don't do that. We know that this agenda is dangerous, and we know it is outrageous. And so does the United Kingdom.

The United Kingdom used to have a similarly misguided policy until one brave woman came forward with her story: Keira Bell. Keira Bell was 15 years old when she first attended the Tavistock clinic, which was then the UK's transgender youth clinic. Ms. Bell

had a pretty rough childhood. Her mother struggled with alcoholism. She regularly faced bullies at school. And in her own words, she said: I was “very mentally ill.” And she struggled with depression.

Ms. Bell attended just a few appointments at the Tavistock Hospital before they put her on puberty blockers. Shortly thereafter, she began cross-sex hormones, and she eventually received a double mastectomy.

A few years went by. By age 22, Ms. Bell realized she regretted these changes, but the damage was done. The Tavistock clinic took her breasts; the Tavistock clinic lowered her voice; the Tavistock clinic jeopardized her fertility—all before she even understood the consequences of those treatments. She was a kid.

Her story horrified the people of the United Kingdom. Ms. Bell brought a claim against the Tavistock clinic to argue that kids were not psychologically mature enough to make irreversible medical decisions. The NIH investigated, and it found that the clinic had put young people “at considerable risk” of long-term mental distress. And the UK Government then deemed that the treatments Tavistock offered were not a “safe or viable long-term option,” and the Tavistock clinic no longer exists today. The NHS shut them down.

There is a growing population of young people like Ms. Bell who regret receiving irreversible treatments when they were kids. They are generally known as detransitioners. A study out of Sweden followed adults who received treatment for gender dysphoria from 1960 to 2010. It found that roughly 2 percent of those in the study detransitioned. A new study in 2022, however, found that roughly 10 percent of people who received treatment detransitioned. And that number may be growing.

Given the nature of these types of studies on regret, we won't know for many years what percent of the boys and girls receiving irreversible treatments today will regret it when they enter adulthood. We just don't know. But if the 10 percent figure holds, gender activists will have wrongfully mutilated or sterilized more than 1,500 American children between 2017 and 2021 alone. And there is good reason to believe that the rate of detransitioning will be much higher than current studies indicate because the majority of children who present with gender dysphoria at a young age outgrow it. Eighty-five percent outgrow it.

A 2017 study published in the *Journal of Clinical Endocrinology and Metabolism* found that 85 percent of children with gender dysphoria outgrew it during adolescence. And you know what, Mr. President, this figure is only surprising if you have never met a kid. Children change their minds often. Duh. One week, they are obsessed with dolphins. The next week, they love race cars. A kid can morph from the sweetest boy you have ever seen into a

honey badger within the course of one Sunday morning church service, and we have all had that experience, and that is normal.

Kids don't typically have a mature sense of self or impulse control, and that is why God gave them parents. But today, if a little girl has a week where she thinks she is a boy because she hates wearing dresses and loves to climb trees with her brothers, some activists think we ought to pump her full of puberty blockers that destroy her bone health so she feels "affirmed" in her decision to play cops and robbers with the boys.

Secretary Hillary Clinton once famously said it takes a village to raise a child. What she meant was it takes a Federal Government to raise a child. No, it doesn't. Kids need parents to succeed, and parents have the right to raise their children according to their values. Parents are here to protect kids from danger, from the kids' own immaturity, and from misguided government agents.

And contrary to what these activists say, there are some sane ways to treat children who struggle with gender confusion. Many doctors in Europe and the United States recognize that permanently maiming and chemically castrating confused children is bone-deep, down-to-the-marrow stupid. That is why many physicians have adopted the practice of "watchful waiting." That is a treatment plan—we offer it in Louisiana—whereby doctors and psychologists wait to implement any medical treatment to children with gender dysphoria while watching to ensure that they have all the responsible mental health support that they need.

As I mentioned earlier, 85 percent of children will outgrow their dysphoria during puberty. Watchful waiting ensures that the child is well supported and protected from irreversible physical and psychological damage.

Some activists, though, don't want to let doctors wait, and a lot of those activists work in the Biden administration. In 2021, the Biden administration announced that it would start requiring doctors to issue hormone treatments or surgeries to transgender individuals, even if such procedures—even if such procedures—run contrary to the doctor's medical judgment or religious beliefs. And, unsurprisingly, the Biden administration has been sued over that.

It is not just doctors facing pressure to conform to the demands of gender activists. In some States, parents have lost custody of their kids for refusing to do it. Schools have fired counselors simply for wanting parents to be told about their kid's gender transition.

I am terrified that our country is mass-producing a generation of mutilated and sterilized young people because policymakers in our schools and our cities and our State capitals and Washington are too afraid to stand up and say: Enough.

And that is why, in conclusion, I am so proud of the Louisiana State Legis-

lature. The Louisiana State Legislature passed HB648. HB648 protects Louisiana's children and supports their parents. HB648 makes it illegal to use puberty blockers, cross-sex hormones, and surgery on children under the age of 18—period, full stop.

It wasn't easy to get this bill passed. Our lawmakers faced strong opposition from gender activists, and our former Governor, John Bel Edwards, vetoed the bill. But in Louisiana, we will run into hell and back to keep our kids safe, and that is why senate and house members—Democrats and Republicans—in the Louisiana State Legislature overrode the Governor's veto. They said: No, children are children.

Congress should follow the leadership of the Louisiana State Legislature and so many European governments to ensure that parents—not activists—have the power to make medical and moral decisions for their children. And that is why I am helping to lead the Families' Rights and Responsibilities Act, which would do that. This bill would require the Federal Government to pass the strict scrutiny test—that is the Supreme Court's toughest level of review—before it could infringe upon a parent's right.

Nothing disturbs me more than the notion that a child's upbringing should be determined by some bureaucrat rather than the child's parents, especially when those bureaucrats use the power of the government to maim children. It makes me want to throw up. It makes me want to reach for the sick bucket.

Congress must do more to protect parents and their kids from the zealots of the transgender movement and from newspaper reporters who inaccurately report the news.

I yield to my colleague Senator PETERS.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

NOMINATION OF HAMPTON Y. DELLINGER

Mr. PETERS. Mr. President, I rise in support of Hampton Dellinger's nomination to lead the Office of Special Counsel.

Federal employees must be able to report waste, fraud, and abuse across government without fear of retaliation. Whistleblowers have exposed serious safety shortfalls, wasteful spending, and corruption. They help keep government accountable, and they are indispensable in the oversight work of Congress and the inspectors general.

The Office of Special Counsel protects whistleblowers' rights. The Agency investigates their disclosures and prosecutes instances of retaliation against vulnerable employees.

In addition to those responsibilities, OSC helps ensure that the Federal Government is free from improper partisan activity and protects our servicemembers and veterans from employment discrimination.

Mr. Dellinger is well qualified to lead the Office of Special Counsel. He has nearly three decades of legal experi-

ence, including as a senior official in the North Carolina Attorney General's Office and the U.S. Department of Justice. He has worked with whistleblowers in both the public and private sector and has advanced policies that protect whistleblower rights.

Most importantly, Mr. Dellinger has demonstrated the utmost integrity throughout his career. He is willing to take on powerful interests for the public good and will lead OSC in an independent, nonpartisan way.

I urge my colleagues to join me in confirming Mr. Dellinger to this important role today.

VOTE ON DELLINGER NOMINATION

The ACTING PRESIDENT pro tempore. Under the previous order, the question is, will the Senate advise and consent to the Dellinger nomination?

Mr. HEINRICH. I ask for the yeas and nays.

The ACTING PRESIDENT pro tempore. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from Minnesota (Ms. SMITH) are necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Idaho (Mr. CRAPO) and the Senator from North Carolina (Mr. TILLIS).

The result was announced—yeas 49, nays 47, as follows:

[Rollcall Vote No. 54 Ex.]

YEAS—49

Baldwin	Heinrich	Rosen
Bennet	Hickenlooper	Sanders
Blumenthal	Hirono	Schatz
Booker	Kaine	Schumer
Brown	Kelly	Shaheen
Butler	King	Sinema
Cantwell	Lujan	Stabenow
Cardin	Manchin	Tester
Carper	Markey	Van Hollen
Casey	Menendez	Warner
Coons	Merkley	Warnock
Cortez Masto	Murphy	Warren
Duckworth	Murray	Welch
Durbin	Ossoff	Whitehouse
Fetterman	Padilla	Wyden
Gillibrand	Peters	
Hassan	Reed	

NAYS—47

Barrasso	Graham	Paul
Blackburn	Grassley	Ricketts
Boozman	Hagerty	Risch
Braun	Hawley	Romney
Britt	Hoeben	Rounds
Budd	Hyde-Smith	Rubio
Capito	Johnson	Schmitt
Cassidy	Kennedy	Scott (FL)
Collins	Lankford	Scott (SC)
Cornyn	Lee	Sullivan
Cotton	Lummis	Thune
Cramer	Marshall	Tuberville
Cruz	McConnell	Vance
Daines	Moran	Wicker
Ernst	Mullin	Young
Fischer	Murkowski	

NOT VOTING—4

Crapo	Smith
Klobuchar	Tillis

The nomination was confirmed.