

the CDC from sharing public health notices and critical health data. That is literally their job. During the first week of the Trump administration, the White House gagged the CDC, preventing them from communicating all important public health information to anybody—doctors, State health officials, parents—anybody. This impacted everything from cancer research data to updates on the bird flu, which was found in flocks of poultry in north Georgia just 3 weeks ago and is literally raising the cost of eggs. In addition to that, this order crippled their ability to combat maternal mortality.

The American Cancer Society, an organization whose work we can all support, called on the Trump administration to “restore access to comprehensive data, refrain from changes that would lead to incomplete future data collection and commit to ensure evidence-based science can proceed without additional bureaucracy or red-tape.”

They said:

Any restriction to gather and release these data could thwart our ability to address and reduce the cancer burden across all communities.

That is the American Cancer Society.

The Trump administration removed vast amounts of government datasets, resources, and web pages across the CDC to comply with the administration's shortsighted DEI Executive orders.

How is an organization like CDC supposed to address the social determinants of health? This is keeping our best scientists and our researchers from their work to treat and cure cancer.

Everybody has lost somebody to cancer, and everybody would like to see more progress in preventing and curing disease. So I would like Mr. Kennedy to explain to my constituents in Georgia how datasets that help cancer organizations work to eliminate cancer is somehow a problem that needs to be eliminated.

Thankfully, these web pages have been temporarily restored, but that is only because it was ordered by a judge.

I asked him: Yes or no, Mr. Kennedy, do you agree with the administration's gag order? He called it “standard operating procedure.” Well, I don't believe hindering cancer research is “standard operating procedure.”

I fear this administration's attempt to dismantle the CDC is going to slow down desperately needed lifesaving research, and Mr. Kennedy will be there aiding and abetting that work.

We have to address this issue of maternal mortality. This weekly update around the issues that pertain to our health is a critical resource for researchers, doctors, and public health professionals looking to combat our country's shamefully high maternal mortality rate.

Shockingly, Georgia is one of the worst States for maternal mortality and maternal healthcare access. In

fact, a Black woman in Georgia is three to four times as likely to die related to pregnancy and childbirth than her White sisters nationally. If you are a Black woman in Georgia, you are three to four times more likely to die even when you have the insurance, even when you have the income.

Now, what happens if you have a Federal Government that doesn't even allow you to report those disparities? How do you address them?

Shockingly, 89 percent of maternal deaths in Georgia are preventable. But these numbers represent women and their families, and they are more than statistics.

When I think about our maternal mortality crisis, I think of Kira Johnson, a 39-year-old woman who flew planes and ran marathons and spoke several languages. More importantly, she was a human being.

On April 12, 2016, Kira Johnson checked into a hospital with her husband Charles to give birth to their second child, Langston. Kira never returned home alive. She was literally lying on a hospital bed begging for care. She died from a hemorrhage approximately 12 hours after delivering Langston.

Kira deserved better, and so did Amber Thurman and Candi Miller, and so do the mothers across the United States who are dying at disproportionately higher rates than other developed nations. Yet this administration is working to make a preventable crisis worse by gagging the Agencies tasked with helping medical professionals keep mothers alive.

So for Georgia's incredibly dedicated scientists, researchers, and medical professionals; for Kira Johnson, Amber Thurman, Candi Miller, and their grieving families; for the thousands of women who died preventable deaths surrounding their pregnancies, I am voting no on Mr. Kennedy's nomination for HHS Secretary.

Finally—and nobody believes a preacher when he says “finally”—I am going to get out of the way so my colleague Mr. WELCH from the great State of Vermont can continue this work. But, you know, the sad irony of this moment in which we are seeing an onslaught on anything that relates to diversity, equity, and inclusion, the sad irony of this attack on DEI is that the Trump administration, while attacking diversity, equity, and inclusion, is nominating a manifestly unqualified person to run the Department of Health and Human Services. So don't lecture me on diversity, equity, and inclusion and the virtues of a meritocracy while putting up the most unqualified person anybody can imagine to be in charge of the Nation's public health system.

At the end of the day, Mr. Kennedy is a hazard to our health. He is a rubberstamp for the agenda to raise your healthcare costs so that they can line the pockets of their wealthy friends. He is busy chasing conspiracy

theories, but he will spend no time chasing solutions to lower our healthcare costs. He apparently sees no problem gagging the CDC, even at the risk of raising egg costs, slowing cancer research, and exacerbating our shameful maternal mortality rates.

So for Cassie Cox, for Heather Payne, for Atlanta's CDC employees, in memory of Kira Johnson and thousands of women who died of preventable maternal deaths, I am voting no on Robert F. Kennedy's nomination to lead the Department of Health and Human Services. I call on all of my colleagues to join me in saying yes to our constituents and no to Robert Kennedy.

I yield the floor.

The PRESIDING OFFICER (Mrs. BRITT). The Senator from Vermont.

#### ELON MUSK

Mr. WELCH. Madam President, I am here to follow my colleague from Georgia Senator WARNOCK to talk about the Robert Kennedy nomination. But before I start, I just want to share some good news I just learned about with the success of DOGE.

As we all know, Mr. Musk is working hard to slash costs, sending out emails to people telling them they don't have to show up to work tomorrow, firing inspectors general—all in pursuit of a smaller government at whatever the cost to a lot of folks around.

But busy as Mr. Musk is, he found time—he found time—with Tesla to sign a \$400 million contract to provide Tesla Cybertrucks as transportation for the State Department. So it is a tribute to Mr. Musk that he was able to take a little bit of time out of his worthy full-time job of cutting costs, cutting positions, and “saving the taxpayers money”—that he was able to find an opportunity to sign this \$400 million deal for his company, Tesla.

#### NOMINATION OF ROBERT F. KENNEDY, JR.

Mr. WELCH. Madam President, turning back to the topic at hand—a serious question for all of us. The Health and Human Services Secretary plays a vital role in the well-being of every citizen in this country and is extraordinarily powerful in every respect. It has to do with science, medical research, cancer cures. It has to do with the delivery of healthcare and trying to deal with the very complex and very expensive healthcare system we have. It has to do with trying to create priorities for the administration of our healthcare system.

I think all of us, every single one of us, takes very seriously the advice and consent constitutional responsibility that we have when it comes to voting on a Presidential nominee.

I start out with the proposition that a newly elected President is entitled to the benefit of the doubt, so my beginning position is my hope that I can be supportive. But saying that I want to

give the benefit of the doubt to the President, Republican or Democratic, is different than saying I want to give a blank check.

So how do we decide—or at least I will say how do I decide about a yes or no? It is three matters for me. One is character, one is competence, and one is their priorities. So character, competence, and priorities.

Now, character is a difficult issue to assess, and I think all of us are reserved when it comes to making an opinion or judgment on the character of another person. There are a lot of reasons anyone does whatever it is they do, and all of us have mistakes that we have made along the way. But difficult as it is, that is a factor that I believe a U.S. Senator has to take into account, exercising her or his best judgment about the character qualifications of the person who is presented to us.

So rather than go through my own reading and assessment of Mr. Kennedy's character, I want to read a letter from his cousin Caroline Kennedy, who has known him all his life.

You know, it was a painful letter for her to write. She videotaped it as well. But it was a letter that, out of great sincerity and a great sense of concern about the well-being and the healthcare of the citizens of this country, she felt obligated to share.

She is a very private person. Her family, as we all know, has suffered great loss and provided great service. She lost her father. She lost her uncle. She lost her other uncle. There has been a lot of hardship that has been reported for many of the Kennedys.

I am happy to be a great admirer of the family. I am from Massachusetts. John F. Kennedy was somebody who inspired me to think about going into politics and public service.

I say that by way of introduction because this letter that Caroline Kennedy sent to Senator CRAPO, the Finance Committee chair, and Senator WYDEN, the ranking member, and Senator CASIDY and Senator SANDERS, the chair and ranking member of the HELP Committee, was clearly hard to write but heartfelt and, as I said earlier, reflected a deep and abiding commitment that she felt to provide relevant information to those of us who have to take a vote on Mr. Kennedy. Let me read her letter:

Throughout the past year, people have asked for my thoughts about my cousin, Robert Kennedy, Jr., and his presidential campaign.

I did not comment, not only because I was serving in a government position as United States Ambassador to Australia, but because I have never wanted to speak publicly about my family members and their challenges. We are a close generation of 28 cousins who have been through a lot together. We know how hard it has been, and we are always there for each other.

But now that Bobby has been nominated by President Trump to be Secretary of Health and Human Services, a position that would put him in charge of the health of the American people, I feel an obligation to speak out.

Overseeing the FDA, the NIH, the CDC, and Centers for Medicare and Medicaid Services—agencies that are charged with protecting the most vulnerable among us—is an enormous responsibility, and one that Bobby is unqualified to fill. He lacks any relevant government, financial, management, or medical experience. His views on vaccines are dangerous and willfully misinformed. These facts alone should be disqualifying. But he has personal qualities related to this position which, for me, pose even greater concern.

I have known Bobby my whole life; we grew up together. It's no surprise that he keeps birds of prey as pets because he himself is a predator. He has always been charismatic—able to attract others through the strength of his personality, willingness to take risks and break the rules. I watched his younger brothers and cousins follow him down the path of drug addiction. His basement, his garage, and his dorm room were the centers of the action where drugs were available, and he enjoyed showing off how he put baby chickens and mice in the blender to feed his hawks. It was often a perverse scene of despair and violence.

Of course, people can grow and change. Through his own strength—and the many second chances he was given by people who felt sorry for the boy who had lost his father—Bobby was able to pull himself out of illness and disease. I admire the discipline that took and the continuing commitment it requires.

But siblings and cousins who Bobby encouraged down the path of substance abuse suffered addiction, illness, and death while Bobby has gone on to misrepresent, lie, and cheat his way through life. Today, while he may encourage a younger generation to attend AA meetings, Bobby is addicted to attention and power. Bobby preys on the desperation of parents of sick children—vaccinating his own children while building a following by hypocritically discouraging other parents from vaccinating theirs. Even before he fills this job, his constant denigration of our health care system and the conspiratorial half-truths he has told about vaccines, including in connection with Samoa's deadly 2019 measles outbreak, have cost lives.

And now we know that Bobby's crusade against vaccination has benefited him in other ways, too. His ethics report makes clear that he will keep his financial stake in a lawsuit against an HPV vaccine. In other words, he is willing to enrich himself by denying access to a vaccine that can prevent almost all forms of cervical cancer and which has been safely administered to millions of boys and girls. During my time in Australia working on the QUAD Cancer Moonshot, I learned that cervical cancer is among the top three forms of cancer among women in a majority of countries. Tragically every year, more than 200,000 children lose their mothers, orphaned due to lack of vaccines and screening. Those are the real-world consequences of Bobby's irresponsible beliefs.

We are a close family and none of this is easy to say. It also wasn't easy to remain silent last year when Bobby expropriated my father's image and distorted President Kennedy's legacy to advance his own failed presidential campaign—and then groveled to Donald Trump for a job. Bobby continues to grandstand off my father's assassination, and that of his own father. It is incomprehensible that someone who is willing to exploit their own painful family tragedies for publicity would be in charge of American life-and-death situations.

Unlike Bobby, I try not to speak for my father—but I am certain that he and my uncle Bobby, who gave their lives in public service,

and my uncle Teddy, who devoted his Senate career to improving health care, would be disgusted.

The American health care system, for all its flaws, is the envy of the world. Its doctors and nurses, researchers, scientists, and caregivers are the most dedicated people I know. Every day, they give their lives to heal and save others. They deserve a knowledgeable leader who is committed to evidence and excellence. They deserve a Secretary committed to advancing cutting-edge medicine to save lives, not rejecting the advances we have already made. They deserve a stable, moral, and ethical person at the helm of this crucial agency. They deserve better than Bobby Kennedy—and so do the rest of us. I urge the Senate to reject his nomination.

Sincerely,

Caroline Kennedy.

That is a hard letter for her to have written, a hard letter for me to have read. But a person who has known him all his life, who admires his capacity ultimately to kick the heroin addiction that he had, has expressed very clearly questions about his character.

Now, why is that important?

You need a steady hand to run a major Agency with the awesome responsibility of the healthcare and well-being of the people of this country. That is a hard thing to do. It is very stressful. And that history that was recounted by Caroline Kennedy certainly raises major questions about the suitability of Mr. Kennedy to assume the responsibility of Health and Human Services Secretary.

The second question is competence. Competence has to do with what your experience is, what your training is, what your managerial capacities are.

What Mr. Kennedy said is that he wants to be a disrupter in the healthcare system. I am in favor of a disrupter. We need change. I don't want a destroyer. And Robert Kennedy does not have the temperament or the capacity or the competence to be merely a disrupter and a builder, but to be a destroyer.

Competence—you know the obvious things: He is not a doctor. He is not a scientist. He is not a public health expert or someone who has led a complex organization like HHS or a private major organization that requires extraordinary managerial skills.

He has built a career—we have a debate about this, but I come down clearly on the side that his career is built on misinformation. And it is misinformation in healthcare.

And, by the way, one of the things that is so tough: If you are a mother, if you are a father, and you have a partner or you have a son or a daughter who is really seriously sick, you will do anything—you will mortgage your house, you will liquidate your retirement account, you will do anything and everything you can—for the well-being of that child or that loved one. You will do it. But also, if you have a person you love who is diagnosed with a fatal illness, you also are really vulnerable to folks who tell you there is an easy way out, a magic therapy, a special doctor in South America. You

are so hungry to get the cure, to get the answer to protect the person you love. Anybody in the medical profession should take great care not to abuse the trust they have.

My view: Robert Kennedy has spent his considerable talent promoting misinformation to vulnerable people who have motives we all have, and that is the well-being of people we love.

Some of the things that Mr. Kennedy said when he was attacking vaccines, they are not based at all on science, but they appeal to people's distrust of the standard medical profession.

Kennedy made anti-Semitic remarks about COVID-19, saying that the pandemic was ethnically targeted to spare Ashkenazi Jews and Chinese people. I mean, what is that about?

His anti-vax work in Samoa contributed to a measles outbreak in 2019, and 83 people—mostly children—died.

Kennedy falsely claimed 5G internet causes radiation sickness and DNA damage. You know, some people believe this. They saw it on the internet. He is promoting it using the magic of the Kennedy name, the credibility that comes from being a member of one of the most storied political families in the history of our country.

Kennedy doesn't understand what HIV/AIDS is and has espoused homophobic and racist views on HIV/AIDS. He has said it is "undeniable that African AIDS is an entirely different disease from Western AIDS." Kennedy has also pushed a false theory that AIDS is really chronic fatigue syndrome.

And Kennedy said it is antidepressants, not guns, that lead to more mass shootings and has said Big Pharma's influence over the NIH stopped him from researching mass shootings.

When I think about how did he come to be the nominee, it is relevant because it obviously isn't on the basis of his scientific knowledge, his skill at running a major organization, the healthcare research that he has done. It was political.

He ran for President in the Democratic primary. He lost badly, made no progress, selected his Vice Presidential candidate on the basis of her capacity to write checks and keep the campaign going. It blew up nevertheless, and he went, hat in hand, to Candidate Trump, who was leading by far on the Republican side—pretty much uncontested—and begged for a job in exchange for Kennedy's political support. President Trump—then-Candidate Trump—told Kennedy: You could be HHS Secretary.

And here he is. So that is hardly the resume to inspire confidence that he will be good at the job. He was good at ingratiating himself to President Trump, but that is not confidence for me that he will be good at securing the health and well-being of this country.

Interestingly enough, one of the things that President Trump did in his first term that I have great respect for is Operation Warp Speed. We were in

COVID. A lot of things President Trump did, I think, were bad, but I am going to talk about something he did that was really good. We needed a vaccine. We all remember back then. We knew COVID was deadly. We were all terrified that somebody or a family member, a friend, would contract the virus.

We didn't know how it was spreading. There was even a time when, if you got your groceries, you were supposed to leave your bag outside. We just didn't know, and we were trying to figure it out. But what we did all know is that what would give us security and safety was a vaccine, and we didn't have one.

Operation Warp Speed was a commitment by the Federal Government to put up money in advance to help facilitate research and put up money in advance to build production capacity for a yet-to-be-invented vaccine.

So what happened with Operation Warp Speed was the combination of Federal money going into pharmaceutical companies that devoted their scientific expertise and medical expertise to finding a vaccine, and they found it.

Then, when they found it, we didn't start building the manufacturing capacity; we had it in place. That was a risk because we didn't know we would get the vaccine. We didn't know if it would work or it wouldn't. But the Trump administration made a commitment to be ready the moment that vaccine was found, and as a result of that, we were able to get the vaccines out to millions of people way before, in the absence of Operation Warp Speed, it would have been delivered. That is an achievement.

Robert Kennedy, 6 months after the vaccine was out and hundreds of millions of lives were being saved, said it was a disaster. He condemned it. So how is it, even in the face of this almost miraculous discovery, creation, and then delivery of this vaccine and hundreds of thousands of lives saved and a restoration of some sense of security even though we had a long way to go, that Mr. Kennedy condemned the scientific breakthrough that led to the saving of lives of people in the Presiding Officer's State and in mine?

So it just bewilders me that a person is so rash and so rejects not only science but life experience in this country where Operation Warp Speed helped us get that vaccine created and distributed. That is pretty strange.

You know, other things that Mr. Kennedy has said about vaccines—and this really is serious, you know, because we are having debates about these things, and people don't have confidence. The more we undercut their confidence in vaccines—will they get vaccinated for polio? Will they get vaccinated for measles? Will they get vaccinated for COVID? The more you undercut that with specious claims, the more resistance there is for us having the confidence we need as a society to make a decision about how to proceed.

But Robert Kennedy, some of the things he did—he falsely claims that vaccines caused autism. He falsely claims that vaccines cause autoimmune diseases, develop disorders and allergies. He claims vaccines can cause rare childhood cancers. He claimed that the Spanish flu came from vaccine research—no evidence in the world for that—and called COVID shots "a crime against humanity." He claimed the COVID vaccine was a conspiracy against Black communities. He raised a lot of money off anti-vaccine propaganda films.

He went to Samoa, as others have said, to amplify anti-vaccine voices and contributed to a measles outbreak, and that measles outbreak killed 83 people.

As my colleague from Georgia mentioned, he compared COVID policies with Nazi testing programs. He compared vaccination requirements to Nazi experimentation. He claimed pesticides make people trans. He claimed HIV does not cause AIDS. You know, a couple of things that—he claimed fluoride causes diseases and claimed that 5G internet causes radiation sickness and DNA damage.

That is not a person I think that we can trust to build up science, build up the credibility of good science, and make decisions about allocation of research. It is just a person—I don't know how to describe it—it is just a conspiracy-minded person who comes up with the conspiracy of the day to challenge anything that is out there to advance his interests.

You know, the other priorities—and this is where, on how best to improve our healthcare system, there is going to be debate, and there always is within the Democratic caucus, oftentimes within the Republican conference, and certainly across the aisle.

I was a strong supporter of ObamaCare, and my Republican colleagues in the House at that time were united in their opposition. It passed really with the vote of Senator McCain here in the Senate, and the debate never ended.

When I was in the House after ObamaCare was passed and the Republicans took the majority, it seemed like every vote was about repealing the healthcare bill. But finally that is behind us. It has been accepted, but it is not necessarily guaranteed. In fact, we have to make a lot of improvement.

But the priorities that I am hearing from the Trump administration, which would be carried out by the Health and Human Services Secretary, are very disturbing to me and would be very, very harmful to Vermont.

There are dramatic cuts in the Medicaid budget. Medicaid helps low-income kids. It really is also the lifeline for our seniors who need nursing home care. Medicaid in Vermont—194,000 or 30 percent of Vermonters could potentially be impacted by the administration's cuts to Medicaid and health insurance, tax credits, and assistance.

And that is all kinds of Vermonters. That is 20,000 seniors, it is 67,000 children, and it is 19,000 Vermonters who have disabilities.

By the way, we have real affordability challenges in Vermont. One of our big affordability challenges—we have very high property taxes and one of the highest income taxes in the country, but the property taxes are brutal on local property owners and homeowners.

If those cuts occur, as is being proposed by the Trump administration and would be advocated by Mr. Kennedy, that is a \$113 million hole in the Vermont State budget. What do they do? Does the State go to local property tax payers to try to make up the difference? Not possible. Not sustainable.

You know, three proposals would dramatically reduce Federal funding for Medicaid—block grants, per capita caps, and reducing Medicaid matching rates. All of that has immediate and detrimental impact on our budget.

Currently, the Federal Government pays between 50 percent and 77 percent of Medicaid costs and more for certain high-value services. The administration proposals to slash billions in Federal funding from Medicaid, as I mentioned, would really strain our budgets.

The programs we have that would really be affected include Dr. Dinosaur. It provides low-cost or free healthcare for Vermont's children and teenagers under the age of 19, and it also provides healthcare for pregnant women, which is so tremendous, women who are pregnant getting healthcare and then after the baby is delivered, care then. That is such a critical time in their life and in the child's life. We are going to keep that, not diminish it.

Vermont Medicaid has a prescription cost assistance program that helps uninsured and those enrolled in Medicare with help on their drug costs and long-term care services for seniors. We want to keep these. We want to improve it. If there are ways that we can make it more affordable, we want to do that. But we certainly don't want to blow it up.

Vermonters could lose access to substance use treatment or mental health care. Our rural hospitals in Vermont are like rural hospitals in Alabama; they are a lifeline for our communities. They play a very important role in the well-being of communities—not just community health but the local economy. They are under enormous pressure. Doctors there are not being paid what they need to be paid. They do an incredibly good job for folks, but they are really in jeopardy.

I am working with Senator BOOZMAN and others to try to get the reimbursement rates for our community hospitals up to where they can be sustainable. The Kennedy plan would cut that and hurt us.

So the bottom line here for me on the question of any nominee is character, competence, and priorities. And on all three of these, I come up short with re-

spect to Mr. Kennedy. Aside from the fact that we could do better, it is hard in many ways to see how we could do worse.

So I would urge all of my colleagues to consider the consequences of their vote—a vote that would put a person of questionable character, a person of questionable competence, and a person of, I feel, bad priorities at the head of our healthcare system. So I would urge my colleagues to vote no.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

#### NOMINATION OF ROBERT F. KENNEDY, JR.

Mr. VAN HOLLEN. Madam President, I want to start by commending my colleague, the Senator from Vermont, Mr. WELCH, for his strong argument as to why we should all vote no on the nomination of Robert F. Kennedy, Jr., to be Secretary of Health and Human Services, and I come to the floor tonight to voice my strong opposition to this nomination.

You know, Mr. Kennedy says that he will always follow the evidence no matter where it leads. Well, if you look at his record, he hasn't done that. But let's apply that guidance and see where it leads when it comes to his own nomination.

First, is he qualified to do the job? That should be the basic threshold question for any nominee to a position such as this. And the short answer is no, but let's now look at the evidence and understand why.

We know that the Department of Health and Human Services manages some of our most critical health programs, like Medicaid, like Medicare.

It does health research that delivers treatments and cures at the National Institutes of Health and the Advanced Research Projects Agency for Health.

At the FDA, the Food and Drug Administration, it determines whether or not the drugs we consume are safe and whether they are efficacious—whether they will actually do what the manufacturers say they will do.

At the CDC, the Centers for Disease Control, they disseminate information about pandemics and health risks, and they monitor the risk of outbreaks of disease around the world, especially those diseases that can travel across boundaries and hit the United States.

It helps treat our Nation's substance use crisis at the Substance Abuse and Mental Health Services, known as SAMHSA.

It ensures patient safety in our healthcare systems at the Agency for Healthcare Research and Quality.

It runs lifesaving programs like the community health centers, Healthy Start, and the HIV/AIDS care at the Health Resources and Services Administration.

It does all that and more.

HHS also provides quality control for reproductive health services. It ensures

that contraceptives are covered under the Affordable Care Act, and it makes sure that Americans can have access to over-the-counter options. HHS, the Department of Health and Human Services, also includes early childhood development programs like Head Start and childcare, programs to help the elderly age in their communities and individuals with disabilities live independently.

But when you look at that wide range of important subjects that HHS covers, Mr. Kennedy has no experience, no qualifications, in the vast majority of that work. Now, I don't think any of us expect that one Secretary of HHS can know everything. But if you monitored the hearings and listened to Mr. Kennedy's answers, you can see that Mr. Kennedy knows virtually nothing about all those important subjects. In fact, he was stunningly unprepared to discuss even the most basic programs at his confirmation hearing.

Most of us, even those of us who are not on Medicare, have some understanding of the program from our parents or grandparents. We have a sense of the basic components of Medicare. Medicare, of course, provides healthcare coverage to 68 million Americans—seniors and people with disabilities. But when Senator HASSAN of New Hampshire questioned Mr. Kennedy about those basics, he pretty much got everything wrong. He could not explain the simple components of Medicare, like what covers hospital care and what covers doctor visits?

These are not gotcha questions. These are not tough questions. These are questions that anybody who wants to be Secretary of HHS should understand, because Medicare is one of the biggest and most consequential programs within the jurisdiction of that Department. Knowing the basics, just the basics, should be easy.

So he didn't understand the basics of Medicare. How about Medicaid? Medicaid is another very important health program in our country. It covers nearly 80 million of our fellow Americans, including 37 million children. In my State of Maryland, Medicaid covers 20 percent of our residents—children and families, nursing home residents, pregnant women, and people with disabilities.

At his confirmation hearing, RFK, Jr., complained about Medicaid's "high premiums and high deductibles," even though, as we know, the majority of enrollees in Medicaid don't have any premiums. Medicaid doesn't have high premiums, but what it does have is very high approval ratings.

Mr. Kennedy also erroneously said the Federal Government covers the full cost, when we know that it has been a shared responsibility between the Federal Government and the States. In fact, that has been the matter and subject of lots of debates in the U.S. Congress and the Supreme Court. He didn't know that.

So what we see in RFK, Jr., is a demonstration over and over and over