

That is RFK, Jr., back in November. And if he doesn't fire you, he still doesn't want to let you do your job. He is on record saying that his plan for NIH is "giving infectious disease a break for about eight years."

Madam President, infectious diseases have no plans to give us a break, and we should not be giving them a break. I can say right now that we are seeing avian flu outbreaks across the United States. I am hearing a lot about it, of course, from my farmers on the Eastern Shore of Maryland, and it is contributing to a huge spike in the price of eggs around the country. Yet, as this headline indicates, the "Trump administration's communication freeze restricted access to critical bird flu information." That is just one story about the effort to shut down information important to our health. And it is our health because if avian flu mutates, it is not just the higher egg prices we have seen; it could start jumping from person to person, and we could see another pandemic. We should never give infectious diseases a break. They will never give us one.

Finally, I want to look at one last dimension of all of this because Mr. Kennedy says to follow the evidence, and the evidence shows that he is unqualified. The evidence shows that he would be actually worse than unqualified; he would pose a risk to the public health of our country.

So it does beg the question of whether he believes all these lies and all this disinformation. Sometimes it is hard to tell because he seems to believe whatever gets him a lot of money and a lot of attention.

Here is the evidence for that. His cousin Caroline Kennedy told the Senate that he "vaccinates his own children while building a following by hypocritically discouraging other parents from vaccinating theirs." So what is good for his family he discourages other families from doing.

During his time at the misnamed Children's Health Defense, which is an anti-vaccine lobbying organization, he made millions of dollars from anti-vax lawsuits. At his hearings, when he was asked to forgo any profits he might gain from those lawsuits even as Secretary of Health and Human Services, at first he said he wouldn't, and then he said, OK, he won't take that profit for himself; he will assign it to his son. He seems to flip and flop with the winds.

When he was working to be a Democrat, he said he was ardently pro-choice. Now he says he believes whatever Donald Trump believes.

He wrote entire books about climate change, but now, with Donald Trump in the White House, he is willing to "agree to disagree."

What the evidence shows is that he will not stand up for our public health. We have seen this pattern, of course, with other nominees who get nominated for the positions not because of their qualifications but because of the

fact that they bow down to everything that Donald Trump says. We have seen that in nominee after nominee.

While, of course, the President wants people in his Cabinet who are going to follow his guidance, we would also hope that these are people who are qualified and people who don't pose a danger to the country and people who are not just doing this to make money for themselves. And when it comes to that test, again, let's do what Mr. Kennedy says: Let's follow the evidence.

Strike 1, he is not qualified. Strike 2, he is actually a danger to the public health. No. 3, he says things, according to his own cousin, that we are not sure he believes because he doesn't apply the same standard to his own family. He says things to enrich himself even when it puts others at risk.

So I would say strike 1, strike 2, strike 3, he is out, applying his own test of following the evidence. Mr. Kennedy is simply not fit to be Secretary of the Department of Health and Human Services. I urge my colleagues to vote no.

The PRESIDING OFFICER (Mr. BUDD). The Senator from Connecticut.

NOMINATION OF ROBERT F. KENNEDY, JR.

Mr. MURPHY. Mr. President, I am joining my colleagues on the floor today to raise the alarm about the impact on the people that we serve—in particular, the most vulnerable people we serve: the frail, elderly, children—with the nomination and soon-confirmation of Robert Kennedy, Jr., to be the Secretary of the Department of Health and Human Services.

I don't think it is hyperbole to say that there are very few people in this country that are less qualified to run this Agency than Robert Kennedy, Jr. I say that because there are few people in the country who have been so enthusiastic, so public, and so impactful in their ability to take some of the wildest conspiracy theories that are out there on the internet about our health system or about our kids or about our families, internalize them, and then disseminate them in a way that does great damage.

There is obviously a reputation that comes with being a Kennedy. There is an ability to convince and lead people because when a Kennedy speaks—when a Kennedy speaks—there is an assumption that that comes with authority and grounding in fact. So when Robert Kennedy, Jr., even as a private citizen, has adopted and amplified some of the wildest conspiracy theories out there—most notably, his belief that there is not a single safe vaccine in the United States of America—it has consequences because people listen to the Kennedy family.

But those consequences pale in comparison to the consequences that will be visited upon this country if a conspiracy theorist, someone who throws science out the window—not just a

science skeptic; someone who is outright hostile to science—takes over the preeminent public health Agency in this country.

But the danger is even deeper because what is happening throughout our government today is—let's not pull punches—a billionaire takeover. Elon Musk is running the U.S. Government today for all any of us can tell, and Elon Musk is running the government in order to enrich himself.

Today, there is news that he is about to get a major contract for armored Teslas from the White House and news that he is going to personally meet with Prime Minister Modi. His agenda will not be the interests of the people of the United States of America. Elon Musk, as a representative of the White House, is going to sit down with Prime Minister Modi and talk about Tesla's business and Elon Musk's business in China. I mean, you couldn't make this up. You couldn't make this up.

He is doing press conferences in the White House, and then he is leveraging his access to power, his access to the President, his influence over American policy in order to make money for himself.

The same thing is happening at the Department of Health and Human Services.

As we speak, Elon Musk and his lieutenants have access to all of your personal data—your Medicare data, your Medicaid data. They are not in there to try to make the government more efficient; they are in there in order to make money. I don't think that is hard to believe given the fact that it is entirely clear that Elon Musk's involvement in our foreign policy is with a design to make money for himself.

The same thing is happening and will happen in the Department of Health and Human Services.

I want to talk to you for a few minutes tonight about a radical anti-patient, anti-science, and pro-billionaire agenda that will be realized if RFK, Jr., is successfully confirmed by this body. Let me walk you through the RFK policy checklist.

The first thing that we are learning about is that he is going to oversee a gutting of NIH funding. This is a big deal because a massive cut in funding for NIH—well, that is life or death. NIH does the basic research that private pharmaceutical companies need in order to cure and treat diseases. If the NIH can't do research, well then our pharmaceutical companies can't build on that research to cure diseases.

So what has happened already that RFK, Jr., has pledged to implement is one of the biggest cuts to NIH that we have witnessed in modern history. It is done under the disguise of efficiency because the cut is supposedly about reducing the administrative expenses in research. But anybody that has ever been in a lab will tell you that there is really a distinction with no difference between direct and indirect costs. You

can't do the research without the administrative help and the indirect expenditures.

For instance, these are the things that would be categorized as indirect expenses. That is what is being limited by the order that RFK, Jr., is going to implement at the Department of Health and Human Services.

MRI machines that can measure whether a cancer treatment is working or not—that is an indirect expense, the equipment that determines whether the treatment that is being researched is working or not.

Payment for specialized research assistance that analyzes the clinical data that comes out of research, like blood samples—so the human beings that analyze the data. That is an indirect expense, and that is all of a sudden going to be limited by this Executive order.

Staff that monitor patients who are in clinical trials for adverse reactions—those people are apparently indirect expenses. You are going to have less people monitoring you for adverse reactions—maybe no people monitoring you for adverse events and reactions because those staff are deemed an indirect expense.

Advanced microscopes that are used to examine genetic alterations within, for instance, a tumor tissue—critical to studying cancer development and progression. Those advanced microscopes are, according to the Trump administration, an indirect expense, and thus funding will be limited or eliminated.

At the University of Connecticut, the estimate is that they would lose \$165 million per year as a result of this new policy that Robert F. Kennedy, Jr., is going to enthusiastically embrace. The University of Connecticut tells me that it would mean that they would close labs, entire labs; that they would have fewer discoveries; that they would do fewer patient trials; and there would be major delays even on the projects that they would continue, meaning that some people will die unnecessarily, waiting for those cures and therapies to be developed.

OK. Well, you could say that you shouldn't hold the incoming Secretary of Health and Human Services to account for a policy, but here is the problem: This isn't just a bad idea; it is illegal. It is illegal. Congress specified very specifically in statute how money would flow to research institutions. In fact, we were very prescriptive in limiting the ability of any President to be able to unilaterally reduce the amount of money that goes for things like indirect expenses.

I am not going to vote for any nominee who is willingly going to implement an illegal order. What you are watching is an extraordinary seizure of power from the people by the executive branch.

The reason spending power in article I is vested in the legislature is because, here in the legislature, in the Congress,

we represent every political party, every political faction, every part of the country. So, when we come to a decision on how the taxpayers' money is spent, we have to, by definition, come to an agreement that spreads that money out amongst people from every part of the country—people represented by both Republicans and Democrats. That means that the money is spent fairly. If the President of the United States gets to have unilateral decision-making authority over where money gets spent, it becomes a fundamental, unconstitutional corruption because the President can then just decide to spend money only on his friends and to hurt his enemies.

So I am not going to support any nominee, including RFK, Jr., who is taking jobs with the explicit promise that they are going to implement illegal, unconstitutional orders. And the Executive order to destroy NIH funding is just that.

Listen, people rely on this research. People rely on this research. People will die if this research is delayed or if labs at the University of Connecticut or at the University of North Carolina or at the University of Wisconsin close. There is no consensus out there in America to destroy medical research. Nobody voted for Donald Trump to stop cancer research or juvenile diabetes research. So, when I say that there is an anti-patient—a radical anti-patient—agenda, I want to start with this plan to illegally gut NIH funding because that is anti-patient, and it is radical because the American public does not support it.

I know my colleagues have spent a lot of time talking about RFK, Jr.'s efforts to undermine vaccines, but I just think it is worth it to, once again, read into the RECORD some of the things that he has said, because it was stunning to me. I am a member of the HELP Committee. I listened to the testimony of Mr. Kennedy, and he said: I am not anti-vaccine.

Yet let's just remind our colleagues of what he has said.

He called the COVID vaccine a "crime against humanity."

He said that taking the vaccine would "increase [your] risk of [getting] COVID."

He said the COVID vaccines "may have contaminated the country's blood supply."

He described the HPV vaccine as "dangerous and defective. . . . With this level of risk, it would seem that no loving parents would [ever] allow their daughter to receive this vaccine."

He said that the polio vaccine may have led to the increase in cancer.

He wrote that the measles vaccine "instead of protecting children, not only delays onset of disease to later age cohorts but has the potential to cause serious and permanent injury."

He wrote that the tetanus vaccine "makes children more susceptible to dying from other causes."

He stated:

I do believe . . . autism does come from vaccines.

And, most famously, he stated:

There's no vaccine that is safe and effective.

Yet he has the gall to come before the HELP Committee and say that he is not anti-vaccine. That is like somebody who sets fire to a building every single day and claims that he is not an arsonist.

There is danger—danger—in creating an impression that vaccines are unsafe, that vaccines cause autism. It has been debunked. There is such a thing as truth in this country. There is scientific consensus. I am not saying that we shouldn't question science, but there are questions that have been settled, and it has been settled that vaccines are not just safe but are essential for the preservation of the health of our children.

Third, I want to talk about these attacks on the FDA.

Mr. Kennedy said:

If you work for the FDA and you are a part of this corrupt system, I have two messages for you: Preserve your records, and pack your bags.

Now, listen. I don't think there is a single Senator here who would say that we shouldn't be having a conversation about FDA reform, about making sure the system works better. But there is a draft Executive order out there, apparently, that has been reported on that talks about halving the staff at the FDA, and you are literally about to confirm somebody who says that everybody at the FDA should pack their bags. That sounds like somebody who is going to enthusiastically shut down or, at the very least, neuter the FDA.

Now, I talked about what this means at the outset. This is both anti-patient and pro-billionaire. It is anti-patient because—well, I didn't even check "anti-patient." Well, it is absolutely anti-patient. It is anti-patient because, if you halve the staff at the FDA, you are just going to get fewer drugs and therapies approved as quickly. That is clear. So, ultimately, patients are going to be hurt.

But it is pro-billionaire because, once you shrink the resources, it is up to the administration as to who gets the access to the regulatory system and who doesn't. So, if you are a billionaire who is friendly to Donald Trump or if you are a pharmaceutical company that is friendly, you might get that access.

But here is the other thing that happens when it is harder for science to dictate what drugs and therapies ultimately end up in the hands of consumers: It allows the snake oil salesmen—the people who are peddling the snake oil cures, the unproven cures—it allows them to gain a foothold because there are fewer actual proven drugs and therapies that are moving through the pipeline. So the unproven, unregulated drugs get a leg up.

I am just going to show you one other chart here. It is kind of extraordinary how many people who are coming into the administration or who are

associated with the administration are peddling these scamming products. A lot of them are these things called vita gummies.

This vita gummy scam—the Surgeon General nominee is hawking these vita gummies. Mehmet Oz, who is going to be Director of CMS, is hawking what he calls miracle drugs—unregulated drugs and supplements. Alex Jones, who is a big Trump supporter, is hawking Super Male Vitality serum. The guy in line to be the next FBI Director is making money online by selling something called vaccine reversal pills.

Let me say that again. Kash Patel, who is about to be voted on here to run the FBI, is making money online by selling something called vaccine reversal pills.

So, when you curtail the ability of the FDA to be able to regulate and to be able to move legitimate drugs through the process, you are benefiting the people who are hawking the unregulated, often charlatan drugs, and I don't know that it is coincidental that a lot of those people are either close to Donald Trump or are getting jobs in the Trump administration.

One, two, three, four. The fourth thing I want to talk about is the erasure of public health data.

So this is a big deal. Researchers, clinicians, doctors—they rely on data that is posted on the CDC's and FDA's web pages. There is really important data on those web pages, but because of these Executive orders that have mandated that Agencies scrub anything, for instance, that refers to terms like “sex” or “gender,” the CDC and FDA have taken offline numerous web pages and datasets, including recommendations on how physicians should treat sexually transmitted infections. Why? Because I guess the word “sex” is in the word “sexually” transmitted infections. So the attack on science and the attack on patients includes the erasure of public health data that our clinicians rely on.

RFK, Jr., has made no commitment that he would put that data back online. This crazy, insane assault on what they call DEI means that, if you have done research on anything with the word “sex” in it, like in sexually transmitted infections, apparently, your research is no good. That is wild. But RFK, Jr., is, apparently, going to implement the destruction of basic public health data that has anything to do with gender or sex. That is radical. That is anti-patient.

Let me talk to you about one particular conspiracy theory because it just matters to me greatly, and this one is both anti-patient and pro-billionaire.

So Robert Kennedy has lots of really wild, really dangerous ideas, but one of them is that treating kids for depression—treating kids for depression—is what has caused school shootings in this country.

Kids always had access to guns.

He said on a talk show.

There's no time in American history or human history that kids were going to schools and shooting their classmates. It happened—you know, it [happened] coterminous with the introduction of these drugs, with Prozac and . . . other drugs.

So what he is saying is that it is not the number of guns that are out there, and it is not the assault weapons. It is the fact that we are trying to humanely treat children for mental illness.

He also says:

We have always had an abundance of guns [in the United States]. In the last 20 years, there has been no per capita increase in the number of guns we have.

That is totally inaccurate. That is totally inaccurate. So, as somebody who has spent their career working to protect kids from gun violence and who believes that gun violence is a public health issue, it is heartbreaking and unacceptable to me that we are about to nominate a candidate to lead the preeminent public health Agency, not just in the United States but in the world, who believes that guns are not the primary cause of school shootings but that antidepressants are. There is zero evidence of that fact—zero evidence of that fact.

That should be offensive to every parent in this country who may not know exactly how we solve the problem of school shootings in this country but who certainly knows that the problem is not that we are treating kids for mental illness.

I want to talk about two last important elements on RFK, Jr.'s policy checklist.

The first—and I have referred to this throughout my remarks—is this idea that you are going to have to take a loyalty pledge to the President and his political agenda in order to receive funding. This is that DEI Executive order that says that they are going to end radical and wasteful government DEI programs. They say, if your research program has anything to do with environmental justice, equity, diversity, inclusion, sex, or gender, that they are going to cease funding your program.

Now, once again, that is illegal. The President cannot—cannot—apply additional conditions to grant programs authorized by Congress beyond those that are explicitly authorized by Congress. Sometimes, the President has some wiggle room, some ability to make decisions that apply extra conditions, but Congress has not given the President the ability to issue an order as wide and as broad and as vague as this. Nobody out there in the medical research field has any idea what this means. They have no idea whether they are running a DEI research program or not. So what it allows for is another fundamental corruption for the Department of Health and Human Services to just decide, inside a closed, walled-off room, what is DEI and what is not.

I just speculate that there is probably going to be a whole bunch more

DEI research programs in Oregon and Connecticut than there would be in Mississippi or Texas. It is just another way to move money away from people who may not line up with your political ideology or your political agenda as a President and hand it to your loyalists and to the people who are with you.

Then, finally, I will just come back to one of the places that I started. Elon Musk and his billionaire crowd—they are inside the Department of Health and Human Services right now. Right now, an unaccountable billionaire who didn't get elected to anything has access to your most intimate personal information—your Medicare records. Whether you have seen a doctor, whether you have had a surgery, whether you have gotten treatment for mental illness or addiction, Elon Musk, an unaccountable billionaire, the richest man in the world, has access to that data.

Maybe we aren't certain what Elon Musk is going to do with all of that data—by the way, he apparently has access to your Treasury data, to your tax records, and to your Social Security information as well—but RFK, Jr., is not going to stop that. He is not going to stop an unaccountable billionaire from having access to some of the most sensitive data that exists—your health records.

Elon Musk is interested in having access to this data in part because it gives him a competitive edge over the folks that he is trying to win business against.

So any way you cut it, Robert Kennedy's agenda for the Department of Health and Human Services is anti-patient, and it is pro-billionaire. Gutting NIH funding, undermining vaccines, attacking the FDA, erasing public health data, blaming shootings on antidepressants—by the way, that is pro-billionaire because guess who gets helped when guns aren't the problem; it is the wealthy, rich owners of the gun companies—using this vaguely termed notion of DEI to force people to pledge loyalty to Donald Trump in order to receive Federal funds and then giving Elon Musk and his friends access to very sensitive health records.

I know a lot of my Republican friends know in their hearts that this is a very dangerous choice, and I am very sad for this body that on this nomination that so clearly implicates one of the most sacred responsibilities of the U.S. Congress—the protection of the health and welfare of our children, of our families—that we weren't able to find a way to tell President Trump: Pick somebody else. Pick somebody else. Find somebody who isn't so enthusiastically going to gut funding for research. Find somebody who doesn't show such affection for conspiracy theories. Find somebody who doesn't blame shootings on treating kids for mental illness.

There are a lot of really conservative healthcare leaders out there, a lot of

healthcare leaders who supported Donald Trump who won't do as much damage as RFK, Jr., will do.

There is still time for my Republican colleagues to join us and send a message that loyalty to the people of this country and a commitment to protecting the healthcare of this country matters more than loyalty to President Trump.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

NOMINATION OF ROBERT F. KENNEDY, JR.

Mr. MERKLEY. Mr. President, my colleague from Connecticut is here past midnight. Why is he here past midnight? Because the health and welfare of our children and our families are at stake. That is why I am here, too—because it matters. It matters that you have someone in charge of Health and Human Services who has some at least basic understanding of the issues and basic experience managing a Department or managing an organization. But the candidate, the nominee, RFK, Jr., fails on experience, fails on ethics, fails on qualifications. I must say the diagnosis is grim in each of these three areas.

Let's talk a little about his experience running an agency or his medical experience. In fact, when Mr. Kennedy was asked during his confirmation hearings about some of the Agencies he would oversee, he got his facts completely wrong about just the core basics—about Medicare, a critical healthcare program for seniors throughout our Nation.

It has these parts—A, B, and C—and people in the medical world all know every detail about this. When he was asked about it, he kind of just guessed, and he said: Well, Part A covers primary care, Part B covers physicians, and Part C is a full menu of healthcare services.

Well, not even close—not even close. Part A covers inpatient hospital services; part B, outpatient and home health services; and Part C, Medicare Advantage. I don't know if he could have explained what Medicare Advantage is.

Everyone who works in the field of providing healthcare through Medicare understands these core, basic foundations, as well as lots of other details.

Senator CASSIDY talked about another piece of the healthcare puzzle. We have Medicare. We also have Medicaid. Medicaid in Oregon is the Oregon Health Plan. It provides healthcare to families who are struggling, who are not yet fully into the middle class.

He said that all of Medicaid is fully paid by the Federal Government. No. No, it is not. In fact, in Oregon, the State picks up two-fifths of the tab, and there are different categories and different ratios.

Maybe one could say that these details—one doesn't need to know every

aspect of it, but the architecture of our healthcare system, the basic architecture, just the simplest, most fundamental pieces, he has no idea about.

These are incredibly important programs in our States, Medicare and Medicaid. Forty-four percent of the births in Oregon are covered by Medicaid.

You know, Oregon is a very rural State. We have some big cities, but we have a lot of rural areas. Medicaid coverage rates are higher in rural areas because incomes are lower and more people qualify.

Medicaid is incredibly important in the counties that are very rural in my State. In my 36 counties, a good two-thirds of them or three-fourths of them would be considered extremely rural.

It is important to people in rural America that you have a leader who understands and cares about the healthcare program for rural America, but that individual is not RFK, Jr.

Not only that, it is vital that the Health and Human Services Secretary understands which ideas don't work.

Once again, our Republican colleagues are pushing to impose work requirements on Medicaid enrollees. Now, every developed country but the United States fully backs the idea that healthcare is a right. It is not a privilege that comes out of your wealth. They understand that in order to be able to work, you have to have healthcare so you can be well enough to work. That is every other country. But here, the elite across the aisle only want healthcare for the rich. They want to cut down Medicaid. They want poor people to struggle and never be able to get wealth so they can never get a job so they can keep talking about how lazy people are. Well, that is just absurd and wrong in every possible way.

Ninety-one percent of Medicaid enrollees who aren't disabled are either employed, in school, or caring for family members. Yet, every few years, my colleagues across the aisle trot out this myth, and every few years, it gets debunked, and then they bring it back. Just in a cycle, like sunspots or something, it comes around every few years.

We actually have facts on what has happened when this misbegotten idea is undertaken.

In 2018, when Arkansas implemented new work requirements during the first Trump administration, to maintain their health insurance, Arkansas Medicaid enrollees had to fill out a mountain of paperwork every month. Many of these folks worked part time. Many worked hourly jobs. Some worked several jobs to make ends meet. Not surprisingly, it is very hard, when you are struggling with making multiple jobs fit, to have the time to do massive paperwork all the time. They are working their jobs, and they are taking care of their families.

So what happened? Other Medicaid enrollees were working but could not reliably meet the required number of

hours given the normal fluctuations of low-wage and hourly work. If you ever, ever have lived in a blue-collar community—and I live in a blue-collar community—people who are patching together various part-time jobs—the managers change the schedules continuously. So now your schedule for one job conflicts with the schedule for the other job.

Anyway, it is very stressful and it is very challenging to be getting minimum wage or near minimum wage and conflicting schedules and managers changing those schedules and still trying to deal with raising kids and being there when you need to be there.

Roughly 18,000 people lost health insurance in Arkansas before a Federal judge halted the new work requirements for violating the intended purpose of the Medicaid Program.

Well, there was another State that tried this out—Georgia. They implemented work requirements in 2023. Not wanting their work requirements to be struck down by the courts, Georgia lawmakers lowered the requirements for Medicaid enrollment, thereby technically expanding coverage to fulfill the purpose of the program.

In doing so, the State of Georgia estimated that another 175,000 people would enroll in the program. They estimated 175,000, and only 6,500 people enrolled. The State of Georgia spent \$60 million in administrative fees tracking compliance with the work requirements—\$60 million; 6,500 people; \$10,000 for a Medicaid enrollee in Georgia just on administrative overhead, not providing healthcare. The costs just kept piling up.

Uninsured people still need to see a doctor, but instead of seeing their doctor and getting care early, uninsured people wait to get care until they wind up in the emergency rooms.

There is an old but accurate saying: "An uninsured patient is the most expensive patient." So anyone with half a brain would want people to be insured. They will get care earlier. They don't end up in the emergency room. It will save money. People are healthier. They are more likely to work. And it costs less. It is a win-win on every level.

Well, if you strike down the support for Medicaid here, States have to figure out if they can pick up the difference. Picking up the difference means they have to wrestle with whether to raise taxes.

Why do my colleagues across the aisle in other States have to raise taxes to provide basic healthcare?

Oh, my goodness, yeah, impose that burden on families trying to get on their feet and be able to thrive.

According to the Congressional Budget Office, every Medicaid dollar spent today reduces future deficits by \$2. That is a pretty good return. That is an investment we can't afford not to make. And the loss of Medicaid coverage hits rural communities particularly hard.

As I have noted, most of my home State is rural. A couple of weeks ago,