

order process and one that also helps promote a bipartisan final bill. The debate on the National Defense Authorization Act in July was a good example of this. Members had the opportunity to file and offer amendments when the bill came to the floor, resulting in consideration of 131 amendments, including 33 amendment votes, which helped the bill pass the full Senate by an overwhelming bipartisan margin.

I am looking forward to next week's debate on the minibus, and I am very pleased that, among many other good provisions, this year's MILCON-VA appropriations bill will continue funding for building out the necessary infrastructure for the B-21 long-range strike bomber at Ellsworth Air Force Base in South Dakota. The B-21 will revolutionize the Air Force's long-range strike capabilities and is an important step forward in ensuring that our military is prepared to meet and defeat 21st-century threats. I have been working to ensure that the Air Force—and Ellsworth, the main operating base for the first B-21s—has everything it needs for the B-21 mission.

So, as I said, I am looking forward to debate on the Agriculture, THUD, and MILCON-VA appropriations bills. I trust that we will continue working through appropriations bills in the coming weeks with full debates on the Senate floor. I expect we will need to pass a short-term continuing resolution to enable these debates and to allow for time to reconcile the House and Senate versions of these bills and get final versions to the President's desk.

Before I close, I do want to mention one troubling thing among the good news about the regular-order process, and that is the Democrat leader's decision, in his words, to "invent a new process" to deal with the thorny question of regulating AI, or artificial intelligence, because the committee process "won't suffice"—"won't suffice."

I am not too sure what the majority leader hopes to gain by taking responsibility for oversight and examination of this subject away from the relevant committees of jurisdiction that consider issues like this day in and day out and are well-versed in developing solutions. I am definitely worried that this new process will restrict Senators' input into the final product, leading to legislation created by the leader exclusively without collaboration with other Members or relevant committees.

It is a disappointing move, especially considering the progress we have made on returning to regular order with appropriations bills. I would like to see the leader show a little more faith in the committee process and in his committee chairs.

But, again, I am very pleased that at least on the appropriations front, we are back where we should be, and that is processing appropriations bills in committee and on the Senate floor.

I am looking forward to next week's Ag, THUD, and MILCON-VA appropriations debate.

I yield the floor.

The PRESIDING OFFICER (Mr. LUJÁN). The Senator from Kentucky.

UNANIMOUS CONSENT REQUEST—S. RES. 332

Mr. PAUL. Mr. President, the Flat Earth Society is champing at the bit to bring back masks even though the Cochrane analysis has looked at 78 randomized controlled studies and shown that masks didn't stop transmission, didn't stop hospitalization, and didn't lessen deaths. In other words, the masks on a population level had no influence over the spread of COVID. Again, the Flat Earth Society cannot listen and absorb these facts. They want the masks to come back.

In addition, the Flat Earth Society also wants to mandate three COVID vaccines for kids despite no evidence that COVID vaccines reduce transmission, hospitalization, or death for adolescents. Yet, to this very day, Senate pages are required to get three vaccines in order to participate in the program.

I rise today out of a desire to protect the health of the young men and women who serve as Senate pages. I think we can all agree that the Senate wouldn't function very well without the pages.

The very first page was a 9-year-old boy named Grafton Hanson. He was appointed by DANIEL WEBSTER back in 1829. In those days, the pages had to refill the inkwells and clean out the spittoons. Things have changed a little bit around here since then. The work isn't quite as messy anymore, but it is still a high-pressure job for a high school student.

From day one, our country's response to the pandemic made the comfortable more comfortable while the working class had to keep on working. And now, in the Halls of Congress, a privileged class can choose whether to get vaccinated while an underclass must abide by COVID dictates. Think about it. The antiquarians of the Senate are not required to be vaccinated, but the young, healthy people—at zero risk for death from COVID—are being forced to be vaccinated three times.

To become a Senate page, you must get a COVID-19 booster shot, but study after study demonstrates that for young and healthy people, the risks posed by the vaccine are greater than the risk from COVID. Let me be clear about that. This is for young, healthy adolescents; the facts are different.

If you are elderly or infirm or have other risk factors, the risks of the disease outweigh the risks of the vaccine, but for young, healthy people, none of them will die from COVID. Almost all of them have either had a vaccine or had the disease or both, but we are mandating that they have three vaccines.

Study after study shows that it makes no sense to mandate COVID vaccinations for teenagers who are

healthy and that such a mandate actually may be dangerous to adolescents. A study published last year in the *Journal of the American Medical Association* Cardiology examined 23 million people ages 12 and up across Denmark, Finland, Norway, and Sweden. It found that after two doses of mRNA vaccine, "the risk of myocarditis was higher within 28 days of vaccination." So they had a risk of developing a heart inflammation within 28 days of the vaccination compared with the group who was unvaccinated and that the risk increased with each successive dose.

So there is a risk, particularly for the ages between 16 and 24, of an inflammation of the heart, and it increases with each successive dose. So if you are going to mandate three vaccines on a group of kids who have zero risk of dying and the vaccine doesn't prevent transmission, protects no one, all you are doing is adding a risk to their health. And for goodness' sake, in a free country, couldn't we let them make their own medical decisions?

This is exactly why European countries, including Germany, France, Finland, Sweden, Denmark, and Norway, restrict the use of mRNA vaccines for COVID. There are rules for young people. Yet the policy for the Senate pages blindly commands three vaccines for young, healthy people.

A study published in December in the *Journal of Medical Ethics* found that per million third doses, booster doses, of COVID vaccine, up to 147 cases of myocarditis may be caused in males ages 18 to 29; up to 80 percent of those diagnosed with vaccine-induced myocarditis or pericarditis continue to struggle with cardiac inflammation more than 3 months after receiving a second dose.

Yet, remember, this is a group of people who have zero deaths—zero deaths. There are no deaths of young, healthy people from COVID, and we are mandating that they take three vaccines. We are supposed to be the leaders in this country. What science are we looking at? What science are we obeying? We are reacting in an emotional way. We are promoting hysteria and leading with the wrong example.

Recently, Dr. Vinay Prasad and Dr. Benjamin Knudsen published a review in the *European Journal of Clinical Investigation* that examined 29 studies across three continents. Six of the 29 studies showed that after two doses of mRNA vaccine, more than 1 in 10,000 males between the ages of 12 and 24 would experience myocarditis.

Think about it. To be a page up here, you send a perfectly healthy young man or woman up here, and then you give them the risk of a serious heart inflammation over a disease that is evolving every 3 or 4 months—such that the vaccine is good for about 3 or 4 months, until it is no longer good—for a disease that was never deadly for children.

Initially, the argument was: Oh, we have to stop the children from transmitting it to the old people. It doesn't

work that way. The only thing even the proponents of the vaccine argue is that the individual vaccinated may have a reduction of hospitalization and death, but those statistics only hold for at-risk populations: the elderly, the immunocompromised, the ill. For young, healthy people, there is no health advantage to being vaccinated, and there is actually a health disadvantage the more vaccines you give them.

It is actually medical malpractice to continue to mandate three vaccines, whether it is in the Senate or in a university, and unfortunately, the example that is being set here in the Senate is being followed in other universities around the country of mandating three vaccines.

A study published recently in the *Annals of Internal Medicine* found that regardless of sex, among those ages 5 to 39, myocarditis or pericarditis occurred in 1 in every 50,000 after a first booster. With statistics like that, why would we think it is a good idea to insist on boosters for our young, healthy people who are in their early teenage years?

We are taking the rights of the individual, their parents, and their physicians to make a decision based on their risk factors and their individual parameters, and we are making a blanket rule that says they need to get vaccinated. Yet study after study is showing that the risks of the vaccine exceed the risks of the disease for this particular age group. It is the height of malpractice to subject young people to the greater risk of vaccination simply to satisfy mandates designed to protect bureaucrats from accountability.

Now, I am told that the Democrats will object to this today. The Democrats will stand up and say they know better than your parents. The Democrats will stand up and say they know better than these kids' doctors and that, by golly, if you want to be on the Senate floor, you have to have three vaccines.

Well, guess what. I have got zero. I am standing right here. I have got zero vaccines. I had COVID in the first month of the disease. And, actually, I would have gotten vaccinated, but I got the disease early on, and then all the evidence pointed toward immunity being gained from having the disease. So I didn't bother getting the vaccine. Members of my family got the vaccine. We recommended that my elderly in-laws get the vaccine. But the thing is, we made that choice.

And so here I sit without a vaccine, and I won't wear a mask because they don't work either. Yet then we are telling them. In a month, are we going to be putting them back in masks? The Democrats want everybody in masks. They want the hysteria to return. Why? Because they don't think any of us are smart enough to make our own decisions. They want to make the decision for us. The common man be damned. The working class be damned. Americans be damned. The Democrats

are going to tell you to wear a mask, and the Democrats are going to tell you how many vaccines to get.

Well, the vaccine goes out of style. The virus evolves away from the vaccine within a couple of months. How many mandates are there going to be? Why not six mandates? Why not 12? Why not mandate the newest booster that may be more effective than the last booster? Which one are we mandating? They just have to get three vaccines. But it goes against the science.

Let's say you even grant the Democrats that there might be some science on the other side of it. Good. Let the individual make the decision. Whatever happened to the idea of individual choice? Whatever happened to the idea of choice with regard to your body and your medical decisions? The hypocrisy is astounding.

Recently, Drs. Vinay Prasad, Tracy Beth Hoeg, and Ram Duriseti shed light on some of the science surrounding this, on some of the efforts to manufacture studies that artificially bolster the case for mandates. In a letter published this July in the *New England Journal of Medicine*, Dr. Prasad and his team question an Israeli study that the FDA and our government—Democrats—are trying to use to justify forcing people to take boosters.

This study, they said, shows a 90-percent reduction in death if you take the COVID booster vaccine. And they kind of scratched their heads, and they said: Well, almost nobody is dying anymore because the virus has become less dangerous as it has evolved. More people have immunity, either natural or vaccine immunity. To have a 90-percent reduction in a death rate that is already very tiny just seems a little bit unbelievable.

So they looked at the data from the study, and what they found was that, actually, there was a 90-percent reduction in the booster category for all diseases: cancer, a variety of—diabetic, heart attacks, you name it; people died 90 percent less of the time if you were boosted. It is like: Wow. A booster cures heart disease; it cures diabetes; it cures cancer. No. It turned out the study was flawed and that the group that had been boosted died 90 percent less of the time just because you have got to select it out for a group that was very healthy versus a group that was less healthy.

The study was flawed, and it took scientists with the courage to stand up to the *New England Journal* and say: Look at the data.

The original authors of the data finally released and said: Whoops. We made a big mistake here. Our study doesn't really prove what we said it proved.

When the FDA approved boosters for kids, did they show that it reduced transmission? No. When they approved vaccines for adolescents, did they show that it reduced hospitalization? No. Did they show that it reduced deaths?

No, because no kids are dying from COVID. You can't be less than zero deaths.

How did they approve the vaccine at all for adolescents? How did they approve the booster? They said: If we give them a booster, they make antibodies.

I confronted Anthony Fauci on this, and I said: Well, I can give you a hundred vaccines. Every individual I give it to will make antibodies. That doesn't prove you need it. You need to prove that it does something.

If you give them three vaccines, will they transmit the disease less? No evidence of it. Will they be hospitalized less? No evidence of it. Will they die less often? No evidence. There is no evidence other than the laboratory tests saying they make antibodies but no evidence that they need to make more antibodies.

But one thing we know: If you are a young person who has had COVID recently—even the CDC admits this: If you have had COVID within 3 months and you take a vaccine, you have a profound risk of getting an overly exuberant immune response and having the myocarditis because you have had the vaccine in the middle of an immune response that you are making against the disease.

Yet do you recall anyone at one of these pharmacies that are all handing out the vaccine and pushing it—have you had any example of them saying: Well, have you had COVID recently? Maybe you should wait 3 months. No. Nobody is paying any attention to natural immunity. Nobody is paying any attention to the natural course of the disease. And nobody is really paying any attention to the danger the vaccine presents to young people.

This is not a benign situation. This is a situation where the Democrats are in favor of mandating a vaccine that puts their health at risk. We are telling kids all across America: You cannot come up here unless you get what the Democrats tell you is the best thing for your health. And even though there are some scientists who say that it may actually imperil your health, you don't get a choice; and you can't be part of the nationwide Senate program, you can't be part of this elite group, unless you submit, unless you bend the knee to the Democrats, unless you say: My body belongs to the Democratic Party; my body will be injected with whatever the Democrats tell me I need to do because I don't have control over my medical decisions; the Democratic Party does.

This is obscene, and the Democratic majority should be embarrassed that they are here today telling us that American parents and American families are not smart enough to make their own decisions.

In the letter, Dr. Prasad and his colleagues wrote that the "[u]nderlying health plays a substantial role in COVID-19-related mortality" and "[i]nclusion of mortality not related to COVID-19 in all observational . . .

studies would provide important context.”

So, in other words, it looks like the studies that may have shown any indication that boosters might help were incorrectly performed, but the vast majority of the studies have shown no effect on transmission, hospitalization, or death. They do not exist.

I would love for the Democrats, when they stand up and talk about forcing kids to do this, if they would present the studies for us that show why or show that the booster vaccine actually aids in reduction of transmission, hospitalization, or death of adolescents.

Even from within the government, though, some have resisted the ever-expanding booster mandates. In 2021, the Director and Deputy Director of the FDA's Office of Vaccine Research and Review—not someone who is opposed to vaccines, someone who has been involved with the development and promotion of vaccinations his entire career—resigned, two of these guys resigned, citing White House pressure to approve third doses for all adults, writing damning op-eds critical of the FDA's subsequent decision to do so.

One of these op-eds ran in the Washington Post and was coauthored by Dr. Paul Offit—once again, not an opponent of vaccines, not an opponent of the COVID vaccine, a professor of pediatrics and director of the Vaccine Education Center at Children's Hospital of Philadelphia, a longtime advocate of vaccines who has been involved in the mainstream pro-vaccine community—objected.

As a member of the FDA's Vaccine Advisory Committee, Dr. Offit did not support widespread boosting. He and two former FDA officials wrote that “healthy young person[s] with two mRNA vaccine doses is extremely unlikely to be hospitalized with COVID, so the case for risking any side effects—such as myocarditis—diminishes substantially.” Dr. Offit even advised his own son not to get a booster because he was already well protected against severe disease.

So here we have advocates of the vaccine, mainstream scientists who work in the vaccine community, who have been promoting vaccines for the health of the community. These are not people opposed to vaccines, saying they would not give a booster to their child; they would not give a third COVID vaccine because the risks of the vaccine outweigh the risks of the disease.

This really encapsulates the debate here. Your healthcare is about you. You are not a statistic. The Democrats somehow feel you are a cog in their wheel, and you are just supposed to do what everybody does and do as they say. But really, your healthcare decisions are based on your risks of getting COVID, your risk of dying, being hospitalized, or transmitting it. It is about you. That is why you make the decision. Instead, they want a blanket mandate. And by doing it to the pages here and forcing them to submit to

this, what they are doing is setting a terrible example for the country.

One editorial put it this way last year:

If being “boosted” becomes a prerequisite for participation in normal life, the vaccine's diminishing efficacy means the booster campaign will never end.

What does that mean? The virus is evolving. It is like the flu. It is changing every 3 or 4 months. The vaccine becomes outdated within 3 or 4 months. So if you are at risk, by all means, keep getting the updated vaccine. We are not even mandating the updated vaccine; we are mandating a booster and often a booster that is a year or two old and has no effect at all on the vaccine, even for people who are susceptible to this. But we need to let the individual kids and their parents make this decision.

Dr. Marty Makary is a professor at Johns Hopkins School of Medicine. He wrote in the Wall Street Journal that “[t]he U.S. government is pushing COVID-19 vaccine boosters for 16- and 17-year-olds without supporting clinical data. A large Israeli population study, published in the New England Journal of Medicine . . . found that the risk of COVID death in people under 30 with two vaccine shots was zero.”

So there is no science behind this. A large study of the entire country of Israel, which keeps great records on this, found that kids that had been vaccinated twice had zero deaths. Germany showed the same thing—not just a few, not a small number, zero deaths among kids aged 5 to 17.

There is no scientific rationale for mandating three COVID vaccines for healthy kids. Even the World Health Organization's chief scientist, Dr. Soumya Swaminathan, said last year that “there's no evidence right now” that suggests healthy children and adolescents need booster shots. Even the WHO—one of the most pro-vaccine mandate groups you can find in the world—has said they don't recommend booster shots.

Dr. Martin Kulldorff of Harvard Medical School says that mandating people who have already had COVID still get vaccinated “makes zero sense”—zero sense—“from a scientific point of view, and it makes zero sense from a public health point of view.”

A study in the Lancet supported this view, stating that “[c]urrent evidence does not . . . appear to show a need for boosting in the general population, in which efficacy against severe disease remains high.”

What does that mean? Why do they have efficacy? Why can they fight it? Because they are young and healthy, and the disease seems to have a predilection for the elderly. They are young and healthy, but they have already had COVID. They have immunity. And many of them have already been vaccinated. But we aren't demanding even just basic vaccination; we are demanding three vaccines. And what we know is that with each individual vaccine,

the risk for heart inflammation goes up. It is less if they have one. It is less if they have two. It is even more, though, if you get to a third.

When we consider the rules for the pages, we ought to ask: Will these policies be expected to continue indefinitely? COVID is with us forever. COVID is now the new flu. Fortunately, it has become less deadly over time. It was quite deadly in 2020, and each successive evolution of the virus has made it less deadly. The death rate is dramatically reduced.

Even at its peak, the death rate was about .3 percent, about three times greater than the seasonal flu. It still meant a million Americans died either from COVID or with COVID, but it is now lessened in severity. Are they going to continue to tell us how to make our healthcare decisions forever? Are Democrats so insistent that they know better than everyone else that we will be beholden to bending the knee and asking their permission to live? Are we going to ask permission whether or not—they will come to us and say: To participate in life, you have to be vaccinated three times. There is no science to back this up.

When it comes to vaccines, although they can benefit the vaccinated person if that person is in a risk category, in Denmark, vaccines were not shown to have any impact on household viral transmission or secondary attack rate.

Even the proponents of the mandates will admit, if forced to admit, the vaccines don't stop transmission. The only thing they can hang their hat on is there is reduced hospitalization, but that only exists if you are in a category of increased risk.

Over a certain age, over a certain weight, have some diseases, immunocompromised, there is some evidence of reduced hospitalization if you have immunity. But actually, it is less so with each subsequent one and really hasn't fully accounted for the natural immunity that people get from having the disease, which still needs to be studied.

Multiple scientific studies have shown, though, that there is a heightened risk of myocarditis—heart inflammation—for children and teenagers after taking mRNA COVID vaccine. That is why multiple countries began restricting it for certain age groups. Germany, France, Denmark, Finland, and Sweden all restricted Moderna's vaccine for young people. Norway, South America, and the UK all chose to recommend only one dose of Pfizer due to the risk of cardiovascular side effects for boosting kids.

But what we are going to find out today is the Democratic Party doesn't care about the science, doesn't care about choice with regard to your medical decisions, can't even allow a debate whether you get one, two, or three vaccines, but it is going to insist that, to be part of the U.S. Capitol, the U.S. Senate Page Program, you must bend the knee to the Democratic Party and

do what they say about your vaccines or you can't be a participant.

Why is the U.S. Senate choosing to ignore risks other countries acknowledge when mandating these vaccines for young people who are in peak physical condition?

Public health measures should be backed up with proof that the benefits outweigh the burdens. There is no evidence of that when it comes to vaccination and booster mandates, especially for teenagers, who as a group are less vulnerable to this virus than any Senator.

That is why I ask unanimous consent that the Senate pass my resolution to end all COVID-related mandates for pages who serve in this Chamber.

Mr. President, as in legislative session, I ask unanimous consent that the Senate proceed to S. Res. 332, which is at the desk; further, that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon table.

The PRESIDING OFFICER. Is there objection?

The Senator from Maryland.

Mr. CARDIN. Mr. President, reserving the right to object.

Mr. President, I have major concerns about this unanimous consent request. But let me start first with the process, whether we should be legislating a policy in regard to the health of our pages. Despite what the Senator from Kentucky has said, the policies concerning our pages' health is not set on a partisan basis; it is set based upon the recommendations of our health professionals. They are not politicians. They are not making partisan decisions. They are making their recommendations based upon what they believe is in the best interests of the health of the people who work in this institution, including our Senate pages.

So I am concerned about the unanimous consent request because it would legislate areas that should be left to the administration based upon the recommendations of our health professionals.

Secondly, as I look at the legislation that the unanimous consent would adopt, it goes well beyond COVID-19 vaccines. It goes to wearing a mask, having a legislative prohibition about requiring a page to wear a mask.

That is pretty broad. We don't know what is coming. We don't know what our requirements are going to be and needs to deal with public health in this institution. Again, that should be left to the health professionals. We shouldn't be micromanaging what the health professionals tell us is in the best interests of the people who work in this institution.

Let just me point out that COVID-19 cases are rising all over. We know that. We don't know what is going to be the best countermeasures in order to deal with that, but we do know that vaccinations, testing, and masking are ef-

fective countermeasures to reduce the spread of COVID-19 and other respiratory diseases.

I recognize that Senator PAUL has put into his comments studies that he has quoted. The overwhelming evidence that has been presented by the health professionals globally, including here in the United States, is that vaccinations, testing, and masking are effective.

Mr. President, I ask unanimous consent to have printed in the RECORD the listing of those types of studies that would counter what Senator PAUL has said.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

COVID-19 STUDIES REGARDING COUNTERMEASURE EFFECTIVENESS FOR ADOLESCENTS

COVID-19 Vaccination Protects Children and Adolescents (The Lancet, Sept 2022), <https://www.thelancet.com/journals/laninf/article/PIIS1473-30992200575-8/fulltext>

Effectiveness of mRNA COVID-19 Vaccines in Adolescents Over 6 Months (Pediatrics, Nov 2022), <https://pubmed.ncbi.nlm.nih.gov/3594567/>

Vaccine effectiveness against hospitalization among adolescent and pediatric SARS-CoV-2 cases between May 2021 and January 2022 in Ontario, Canada: A retrospective cohort study (PLOS One, 2023) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10065234/>

Effectiveness of BNT162b2 COVID-19 vaccination in Children and Adolescents (Pediatrics, April 2023), <https://publications.aap.org/pediatrics/article/151/5/e2022060894/191035/Effectiveness-of-BNT162b2-COVID-19-Vaccination-in?autologincheck=redirected>

Safety of COVID-19 Vaccination in United States Children Ages 5 to 11 Years. Pediatrics. 2022 Jul 14. <https://doi.org/10.1542/peds.2022-057313>.

An evidence review of face masks against COVID-19 (Proc Natl Acad Sci U S A. 2021) doi: 10.1073/pnas.2014564118. PMID: 33431650; PMCID: PMC7848583.

Association of Country-wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks (Am J Trop Med Hyg. 2020) doi: 10.4269/ajtmh.20-1015. Epub 2020 Oct 26. PMID: 33124541; PMCID: PMC7695060.

Effectiveness Associated With BNT162b2 Vaccine Against Emergency Department and Urgent Care Encounters for Delta and Omicron SARS-CoV-2 Infection Among Adolescents Aged 12 to 17 Years (Aug 2022), <https://pubmed.ncbi.nlm.nih.gov/35921109/>.

Effectiveness of mRNA-1273 bivalent (Original and Omicron BA.4/BA.5) COVID-19 2 vaccine in preventing hospitalizations for COVID-19, medically attended SARS-CoV-2 3 infections, and hospital death in the United States, <https://www.medrxiv.org/content/10.1101/2023.05.25.23290456v1.full.pdf>

Vaccine Effectiveness, School Reopening, and Risk of Omicron Infection Among Adolescents Aged 12-17 Years (Journal of Adolescent Health, January 2023), <https://www.sciencedirect.com/science/article/pii/S1054139X22006437>.

Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 (CDC 2021), <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sarscov2.html>.

Mr. CARDIN. Mr. President, schools throughout and the Nation implement public health requirements to keep stu-

dents, teachers, and their communities safe. Let me remind my colleagues, the pages are in the Page School. They should be treated no differently, as far as the protection of their health, than other students around the Nation and those responsible for their safekeeping.

We need to follow science. We need to follow what science tells us we should do. We shouldn't respond to the political whim or the political pressures. We should let science make the judgments that keep our people safe, particularly our Senate pages.

There is no credible evidence that supports a prohibition on requiring COVID-19 vaccinations, testing, or masking. In contrast, overwhelming evidence indicates that they are important tools in helping to deal with these issues.

I will mention one other issue just in passing because I know we are going to get to debate on the floor soon about the spending programs for our country and how we are dealing with the costs. Well, there are a lot of healthcare costs that we would like to get contained. Every time we don't deal with the spread of an illness or a disease, it adds to the costs to the taxpayers of this country.

The Senate has a duty of care with respect to the pages. Their well-being is our responsibility. For those reasons, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Kentucky.

Mr. PAUL. Mr. President, the argument has been made that we should leave these decisions up to a doctor. Well, the thing is that in America we don't appoint like a doctor as dictator. We don't appoint one doctor. You get a choice. You get to choose your doctor. If you don't like your doctor's advice, you think your doctor's advice is invalid, such as it is in this case, you go to another doctor.

In a free country, the decisions are made by individuals, and each individual will assess their risk.

Now, the argument has been made that there is overwhelming evidence on the record. That is just, frankly, untrue. There is no evidence—and I don't say that lightly—zero—there are zero studies in any of the scientific literature that show that a booster for adolescents reduces transmission, hospitalization, or death—zero.

They only approved the booster to allow you to make the choice of using it by saying that you make antibodies. Making antibodies proves that vaccines work, which no one disputes. Vaccines work to induce the production of antibodies. But the question is, If you have already had COVID, do you need three vaccines if you are a 15-year-old kid? The answer in all the literature is, you don't need that vaccine.

What we found today—he says: Oh, this isn't partisan. Certainly, it is partisan. Do you see any Republicans over here objecting? The Republicans unanimously support getting rid of this mandate. The Democrats are objecting because the Democrats don't think that

individual Americans are smart enough to make their own decisions. The Democrats don't think that these kids and their parents and their doctors can make their decision. They don't believe in choice when it comes to medical decision making. They believe that they know better.

But in this case, it isn't just a matter of taking something that is ineffective; it is mandating a vaccine that threatens the health and well-being of these kids—not just a vaccine, mandating three vaccines with no mention of even whether the kids have already had COVID, which is essentially another inoculation.

So this is a disappointing day, but this is consistent with what we have seen time and again, whether it is having a nationwide emergency mandating that you wear masks in school, masks on planes, vaccines here, vaccines there. This is a desire by the majority party to control your life, to control your medical decision making because they know better.

They want to beg off and say this is about the science. I recited 15 different studies for them. They didn't recite one study because no study exists saying that three vaccines for kids reduces hospitalization, transmission, or death. There is no science. Large, nationwide studies of this problem have gotten a dozen countries to say we shouldn't be giving three vaccines to kids. Half of Europe won't allow you to do it. They won't allow the mandates.

The argument is made, oh, well, we have to do what everybody is doing in schools. Even the colleges—90 percent of the colleges aren't requiring this. This was a bad mandate from the beginning. Most of the colleges have woken up and understand now, one, that this is America and you ought to be able to make your own medical decisions, but, two, that the science points towards booster vaccine mandates actually being a threat to the health and well-being of adolescents.

I am very disappointed, but I think this illustrates where we are in America, where one party thinks they are smarter than every American, smarter than every individual, and they will make your medical decisions for you.

I rest my case.

The PRESIDING OFFICER. The Senator from Hawaii.

MAUI WILDFIRES

Ms. HIRONO. Mr. President, tomorrow marks 1 month since the devastating fires that destroyed the historic town of Lahaina on Maui and damaged several of Maui's upcountry communities.

These devastating fires and the events that followed have been harrowing for all those who call Maui home and the many more who have visited these communities over the years. Initial estimates suggest the fires destroyed nearly 3,000 structures in Lahaina, almost 90 percent of which were residential. It also leveled roughly 700 businesses in and around

Lahaina's historic Front Street. Tragically, the fires have claimed 115 lives to date, with some 385 people still unaccounted for.

These numbers are devastating and reflect the pain and anguish Hawaii is feeling. But this disaster did not simply impact a collection of numbers or statistics; it impacted a community of people, tight-knit and proud—business owners who served as stewards of family-owned shops and restaurants passed down through generations; immigrants who came to Maui in search of a better life for themselves and their families; firefighters who raced into horrific, toxic conditions to try to save a town they loved even as many of their own homes burned to the ground mere miles away; and so many more who called Lahaina home.

As the onetime capital of the Kingdom of Hawaii, Lahaina holds great agriculture and historic significance for the Native Hawaiian community. For some families, their roots in Lahaina date back more than a century, with homes passed down from generation to generation. Others came from elsewhere, captivated by Lahaina's beauty and charm. And before the fires, Lahaina was a bustling seaside town that welcomed thousands of visitors every month. But in mere moments, all of that was destroyed as 80-mile-per-hour winds, fueled by a hurricane 500 miles away, propelled the fire through the town with unimaginable speed and fury.

The devastation is difficult to put into words, as is the trauma this community is experiencing. Front Street, once vibrant with the sounds of music and revelers in the air, is now eerily quiet. The only sound to be heard is often the clanging of twisted metal in the wind. At the hotels where survivors are staying, parents are afraid to send their children to school, not wanting them out of their sight.

I met a woman who escaped the fire with just a backpack of belongings—a backpack she now takes everywhere with her, refusing to take it off her back. I met hotel workers and others, especially a mental health worker who said that weeks after the fires, some residents and workers were so traumatized, they didn't even want to come out of their rooms.

At the same time, at a time of grief and loss, residents have been subjected to disinformation on social media, likely coordinated by foreign government entities, to discourage residents from reaching out to FEMA for disaster assistance and disinformation that sows distrust in the Federal Government. It is an all-hands-on-deck effort to combat this kind of disinformation and make sure survivors can access Federal support.

As we work to ensure the survivors of this disaster have the support they need, we are also working to understand the full cost of the devastation. According to initial estimates, the damage to property alone from these

fires is upwards of \$5 billion. Estimates for rebuilding Lahaina are more than double that.

Rebuilding will take time, resources, and a continuity of effort. That is why I am so grateful for the strong response of the full family of Federal Agencies, more than 25 of which are on the ground in Maui with over 1,000 personnel. From FEMA and SBA to HHS, HUD, DOD, and so many others, the Federal family responded with speed to meet the immediate needs of those impacted.

Within days of the fires starting, FEMA, working with the Governor, mayor, and local entities, was able to get thousands of survivors into hotel rooms, Airbnbs, and other short-term shelters. To date, more than \$50 million in Federal assistance to individuals has already been approved. But we know this is just the beginning. Federal personnel have also been critical to the search and rescue efforts, coming from around the country to help search through the rubble and identify the remains of those lost.

When President Biden visited last month, he made a commitment that the Federal Government will be there for as long as it takes to help Lahaina recover and rebuild as the community—as the community—envisions. The \$4 billion in additional FEMA funding the President requested late last week is an important downpayment on that promise.

This funding will help ensure FEMA has the resources it needs to continue its critical disaster relief work not just on Maui but in other communities impacted by disasters all across our country. I hope it will pass with strong bipartisan support, as has long been the case for disaster relief funding.

But we know, as I said before, this is just the beginning. In the decade since Hurricane Sandy wreaked havoc on New York and New Jersey, FEMA has spent more than \$18 billion assisting impacted communities. FEMA's long-term cost for its response to Hurricane Katrina in 2005 exceeded \$60 billion. Like those communities, Lahaina's rebuilding will take time and, as I said before, a continuity of effort.

These fires took so much from so many, but the spirit of aloha—of love, kindness, and care for one another—continues. It is that aloha that brought our community together after this crisis, and I have faith that it will continue to see us through.

I will be here, along with my colleagues from Hawaii—my other Senator, BRIAN SCHATZ, is here as part of our delegation—to fight for everything Hawaii and Maui needs to recover and rebuild, guided by the voices and values of those who call Lahaina home.

I yield the floor.

The PRESIDING OFFICER (Ms. CANTWELL). The Senator from New Jersey.

Mr. MENENDEZ. Madam President, I ask unanimous consent that prior to the scheduled votes, I be permitted to