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VIRGINIA

COMMITTEE ON
ARMED SERVICES

COMMITTEE ON
FOREIGN RELATIONS

COMMITTEE ON
THE BUDGET

COMMITTEE ON
HEALTH, EDUCATION, LABOR,
AND PENSIONS

United States Senate

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May 8, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy:

We write to express our concern regarding recent efforts to undermine the mission of the Centers for Disease Control and Prevention (CDC). The CDC is the premier public health agency in the country, leading the charge in protecting the health of nearly 350 million Americans through critical public health research, data collection, and evidence-based initiatives to address and prevent infectious and chronic diseases. Yet on March 27, 2025, the Department of Health and Human Services (HHS) announced massive staffing cuts to align with President Trump's executive order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative."¹ These cuts – made through Reductions in Force (RIF) at agencies across HHS – include reducing the CDC workforce by 2,400 employees, or 18 percent of its total employment.² President Trump's efforts to undermine the mission of the CDC have resulted in the dismantling of vital CDC programs, including those aimed at addressing America's maternal mortality crisis.

Ensuring moms have access to quality health care, including prenatal and postpartum services, is a critical component to supporting moms and addressing pregnancy-related deaths. In 2022, the national maternal mortality rate was 22.3 deaths per 100,000 live births. In Virginia, it was 32.7 deaths per 100,00 live births.³ According to the CDC, more than 80 percent of pregnancy-related deaths are preventable. The agency has historically played a vital role in promoting quality maternal health care and improving birth outcomes through surveillance, evidence-based

¹ <https://www.whitehouse.gov/presidential-actions/2025/02/implementing-the-presidents-department-of-government-efficiency-workforce-optimization-initiative/>

² <https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html>

³ <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>

awareness campaigns, and federal-state partnerships.⁴ Collecting and maintaining data on maternal morbidity and mortality is key to improving this care and targeting interventions. Yet the Trump Administration has terminated or placed on leave senior scientists and staff with deep institutional knowledge, imposed nearly \$3 billion in spending cuts, and demanded a complete overhaul and reorganization of the agency's programming.⁵ These actions have resulted in an abrupt halting of programs critical to maternal health which will set back the progress we have made to protect America's moms and babies.

As directed by Congress, the CDC is statutorily required to carry out multiple activities to address maternal health. Since the announced RIF, centers like the National Center for Chronic Disease Prevention and Health Promotion and the National Center on Birth Defects and Developmental Disabilities have been gutted, with most or all staff terminated and most of their maternal health activities stopped or significantly scaled back – putting moms and babies at risk. This undermining of CDC programs harms public health agencies across the Commonwealth that utilize CDC data and funding to support local initiatives to increase access to care and reduce maternal mortality.⁶

- As required by statute, the Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance system designed to reduce infant morbidity and mortality through education and support for moms.⁷ Running continuously since 1987, PRAMS is a partnership between the federal government and state and local public health agencies. PRAMS is the only public health survey system that provides state-specific, population-based data from women about their pregnancy and the months after birth. This unique data system is critical for informing efforts to reduce infant and maternal morbidity and mortality through interventions before, during, and shortly after pregnancy. This multi-decade-long program is on an indefinite pause, hurting states, moms, and babies. In Virginia, despite receiving a notice of award for the fifth year of their PRAMS grant cycle, public health officials have not been able to move forward with regular grant activities and may be forced to shut down operations at the end of their grant cycle should additional funding not become available.⁸
- As also required by statute, the CDC monitors pregnancy success rates for Assisted Reproductive Technologies, including in-vitro fertilization (IVF), at clinics across the nation.⁹ This program helps ensure families are able to make an informed decision regarding their choice to start or build their family. Yet recent executive actions have resulted in the termination of CDC staff who ran this program, impeding the ability of the CDC to fulfill its congressional mandates and harming American families. Virginia has a long-standing history of supporting access to IVF: the first person born in the U.S. via IVF was born in Virginia over 40 years ago.

⁴ <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html>

⁵ <https://www.nytimes.com/2025/04/02/health/cdc-tump-health.html>

⁶ https://archive.cdc.gov/www_cdc.gov/prams/state-success-stories/virginia-contraception.html

⁷ <https://www.govinfo.gov/content/pkg/COMPS-77777777/pdf/COMPS-77777777.pdf#page=137>.

<https://uscode.house.gov/view.xhtml?req=%22pregnancy+risk+assessment+monitoring%22&f=treesort&fq=true&num=0&hl=true&edition=prelim&granuleId=USC-prelim-title42-section247b-4f>.

[https://uscode.house.gov/view.xhtml?jsessionid=84B2DB783EB27BA4C9B6AD16B0122C26?](https://uscode.house.gov/view.xhtml?jsessionid=84B2DB783EB27BA4C9B6AD16B0122C26?path=&req=granuleid%3AUSC-prelim-title42-section280k-3&f=&fq=&num=0&hl=false&edition=prelim)

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⁸ Personal Communication, Phone Call, May 1, 2025

⁹ <https://www.congress.gov/bill/102nd-congress/house-bill/4773/text>

The CDC also coordinates across agencies to administer programs that support the safety and surveillance of maternal health and birth outcomes at a state and local level. The CDC provides valuable resources that enable state and local officials to conduct targeted outreach to improve maternal health outcomes.

- In coordination with the Health Resources and Services Administration, the CDC administers the Maternal and Child Health Epidemiology Program (MCHEP). Through MCHEP, the CDC places senior epidemiologists in state, local, and Tribal public health agencies to support projects to improve maternal health outcomes. These highly qualified and experienced epidemiologists often serve in public health agencies that, without the help of the CDC, would not otherwise be able to support such a position. Historically, 26 states have benefitted from the MCHEP, yet because of actions by the Trump Administration, seven of the current 10 epidemiologists have been placed on leave.¹⁰ The critical work of MCHEP cannot continue without these epidemiologists and any disruption in programs will lead to devastating consequences.
- In coordination with HHS's Office of Women's Health, the CDC has historically been a leader in supporting state surveillance on stillbirth incidence. The PRAMS Study of Associated Risks of Stillbirths (SOARS) survey was developed through a partnership between the CDC and the Utah Department of Health. This survey gathered essential data for monitoring stillbirth and other relevant factors while also raising awareness on the prevalence of the issue and combatting the stigma around stillbirth. Prior to the Administration's recent actions, the CDC intended to expand this work and begin implementation of task force recommendations to address stillbirth. The future of this work is in jeopardy due to the Administration's actions.
- In coordination with state and local public health agencies, the CDC has historically supported a coordinated response to public health emergencies that could have an impact on pregnant and postpartum women. For example, during the 2016 Zika virus outbreak, Virginia public health officials utilized PRAMS data to target communications and surveillance for pregnant women, as they were recognized as a highly vulnerable population, and report to the CDC's U.S. Zika Pregnancy Registry for future monitoring and follow-up of birth outcomes.¹¹ The recent reduction in staffing levels will undoubtedly impede the CDC's ability to coordinate a swift response to future public health emergencies that could impact moms and babies.

Although the Administration previously stated that the RIF and subsequent restructuring at HHS would be aimed toward administrative roles and would increase efficiency, it is clear that the Administration's actions are already harming America's moms and babies. Under your leadership, these indiscriminate terminations and spending cuts have destabilized the CDC and limited the capability of the agency to provide critical, quality maternal health guidance and surveillance to Americans building families. In light of your harmful actions, please respond to the following questions by May 23, 2025:


¹⁰ <https://www.cdc.gov/MCHEP/php/assignees/index.html>

¹¹ <https://www.vdh.virginia.gov/content/uploads/sites/3/2016/06/Virginia-Zika-Response-Annex-plan-as-of-7.1.2016-1.pdf>

1. Provide an official number of terminations across the CDC, including a breakdown by center. Such information should also specify the job title of each employee and a description of the programs they contributed to, including maternal health programming.
2. Provide an updated organizational chart that outlines programs run by each center at the CDC, including which programs will be terminated or shifted to another center as a result of the RIF and reorganization.
3. Provide a list of programs previously run out of the CDC that will be transferred to a new agency or under a new authority and provide the rationale for such a move, including the relevant experience and expertise that the new agency or authority has to run such a program, including as it specifically pertains to the CDC's maternal and child health programs.
4. HHS has justified the RIF and subsequent reorganization by stating that "18% of notices were at duplicative programs, primarily maternal health (and HIV) programs".¹² Provide a list of all maternal health programs across HHS, indicating which programs have been cut and which programs are duplicative and have therefore been combined.
5. The CDC has unique data authority and infrastructure to protect sensitive information, ensuring that reported data is not identifiable. Other agencies under HHS do not have the same infrastructure, which the CDC has spent years developing. For programs that are being shifted to a new agency or authority, how will the Administration ensure the continued collection of high-quality data while protecting data security?

A healthy nation starts and ends with healthy moms and babies. Recent administrative actions have disrupted maternal health care and will only contribute to the maternal mortality crisis in Virginia and our country. We urge you to protect these vital programs and to support the strengthening of public health efforts at the CDC, especially for America's moms and babies.

Sincerely,

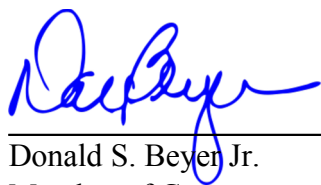


Tim Kaine
United States Senator



Mark R. Warner
United States Senator

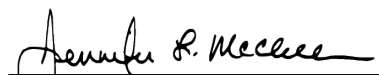
¹² Source: HHS Briefing - Health, Education, Labor and Pensions (HELP) Committee, Thursday, April 10, 2025. Washington, DC.



Donald S. Beyer Jr.
Member of Congress



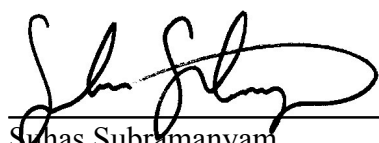
Gerald E. Connolly
Member of Congress



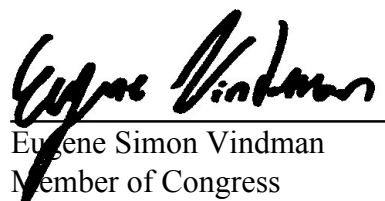
Jennifer L. McClellan
Member of Congress



Robert C. "Bobby" Scott
Member of Congress



Suhas Subramanyam
Member of Congress



Eugene Simon Vindman
Member of Congress