

United States Senate

WASHINGTON, DC 20510

June 9, 2026

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

Dear Secretary Kennedy,

We write to express serious concern with the Trump administration's actions that have decimated our Nation's public health infrastructure and ability to quickly identify and respond to infectious disease outbreaks. With Ebola and hantavirus emerging as global health threats, it is imperative that our country's health agencies are fully staffed and led by experts equipped to safeguard the American people. It is also critical that the Department of Health and Human Services (HHS) invests in innovative infectious disease research and advanced research and development to design better diagnostics, treatments, and novel medical countermeasures to combat emerging health threats. The lack of leadership, programmatic cuts, and anti-science agenda of this administration has hampered the world's ability to respond to global health threats and puts American lives at risk.

Under your leadership, this administration has fired and forced out thousands of employees across the Department and is at 20% reduced capacity as compared to the beginning of this administration. These cuts span our most valuable public health agencies, including but not limited to 3,500 full-time employees at the Food and Drug Administration (FDA), 3,400 at the Centers for Disease Control and Prevention (CDC), and 4,600 at the National Institutes of Health (NIH). That's nearly 20,000 public servants who have dedicated their lives and careers to conducting research to find treatments and cures for life-threatening diseases, monitoring and responding to public health threats, and ensuring the safety and effectiveness of medicines and vaccines. On top of this, the administration has terminated critical public health funding here at home while dismantling important public health infrastructure abroad. These cuts directly impact our ability to respond to, and address, global public health emergencies.

This administration has not only dismissed thousands of dedicated career employees; it has also failed to provide consistent, effective leadership at our public health agencies. Of the 18 Senate-confirmed positions at HHS, only six have confirmed personnel serving in those roles. Notably, several of the most important agencies needed to combat global health outbreaks, CDC, FDA, and the Administration for Strategic Preparedness and Response (ASPR), are missing permanent leadership. In addition, we do not have a Senate-confirmed U.S. Surgeon General.

These vacancies extend beyond executive leadership positions. Of NIH's 27 Institutes and Centers, 16 have acting directors, and the leadership gaps don't end there. At least eight of the top 10 officials at the National Institute of Allergy and Infectious Diseases (NIAID), the agency responsible for researching ways to better prevent and treat infectious diseases, are no longer in their positions. This includes the Institute's director, its top allergy and immunology scientist, and the microbiology and infectious disease director. These vacancies would be worrisome in the best of times, but in the midst of a global health emergency, they are particularly alarming.

Without a Senate-confirmed CDC Director, Dr. Bhattacharya, who also serves as the NIH Director, is currently performing the delegable duties of the CDC Director, splitting his time across two vital agencies. To make matters worse, the CDC's Principal Deputy Director, the Deputy Director for Program and Science/Chief Medical Officer, and the Chief Operating Officer are all vacant, and of the 12 CDC

Centers, only seven have a permanent director. CDC's diminished capacity has resulted in limited resources for situations like global health outbreaks. CDC has lost hundreds of experts including those who work in the Democratic Republic of the Congo (DRC). These vacancies have left critical gaps in preparedness and demonstrate that we urgently need a fully coordinated, nationwide public health strategy instead of an ad-hoc response.

The FDA has also experienced recent leadership upheaval, and it is now led by an Acting Commissioner who does not have expertise in the agency's medical products. There is no Principal Deputy Commissioner, and the Chief of Staff and the majority of center directors are serving in acting capacities. ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and other public health emergencies. This division is incredibly important as we determine how to address risks like hantavirus and Ebola. At no point in President Trump's second administration has ASPR had a Senate-confirmed leader. The lack of leadership at the very agencies responsible for defending Americans against infectious disease threats is an egregious failure of responsibility.

In April, we saw a deadly outbreak of the Andes strain of hantavirus that put dozens of Americans at risk, many of whom are still in quarantine. And now the world is experiencing the third largest Ebola outbreak in history. On Saturday, May 16, the World Health Organization (WHO) declared the Ebola outbreak in DRC a Public Health Emergency of International Concern (PHEIC), indicating that the outbreak requires coordination among countries given its risk of international spread. President Trump's withdrawal from the WHO has profoundly undermined the Ebola response, leading to severe shortages of personal protective equipment, disruptions in contact tracing efforts, and delayed response times that have allowed the virus to spread.

It was recently reported that the Trump administration is prohibiting U.S. citizens who have been exposed to Ebola from re-entering the U.S. despite the U.S. having specialized capacity to treat people with suspected Ebola in the U.S. The administration has already sent an American aid worker with Ebola and his family to Germany instead of bringing them back to the U.S. to receive care. In a stark departure from how previous administrations have responded to Ebola outbreaks, the Trump administration planned to establish a field hospital in Kenya for U.S. citizens who have been exposed. However, on May 29, a court in Kenya suspended the plan to create such a facility. The administration has been reticent about sharing these plans, and the ambiguity only causes more stress and confusion for Americans exposed to Ebola and their loved ones. President Trump has made it clear that he is not concerned about Americans serving abroad, going as far to say during the 2014 Ebola outbreak, "People that go to far away places to help out are great-but must suffer the consequences!"

On Monday, May 18, the CDC invoked the authority commonly referred to as "Title 42" – a public health law that restricts entry into the U.S. for non-citizens during outbreaks of communicable diseases – for at least 30 days. The order was expanded to include lawful permanent residents on May 22, without clear justification for such expansion. These actions are in contrast to the WHO recommendations to enhance surveillance and reporting, but not close borders, reminding countries that such measures are usually implemented out of fear without basis in science.

In addition to the Trump administration's actions to cut global health programs and foreign aid, the response faces further challenges as there are currently no approved vaccines or other medical countermeasures available to protect against or treat the Bundibugyo ebolavirus. Because it is a rare and distinct strain of Ebola, existing licensed vaccines and monoclonal antibodies do not offer reliable protection. But instead of boosting our arsenal of state-of-the-art vaccines and treatments, your endless anti-vaccine crusade cuts off our best chances for quickly developing medical countermeasures to keep Americans safe from the potential spread of Bundibugyo ebolavirus or other dangerous pathogens.

Under your leadership, ASPR cancelled half a billion dollars in promising Biomedical Advanced Research and Development Authority (BARDA) mRNA vaccine development contracts that would have made us better prepared to fight infectious disease outbreaks like this. These funds were canceled because you falsely claimed that “mRNA technology poses more risks than benefits.” During Senate Appropriations hearings on the FY27 HHS budget this spring, you continued to purport falsehoods about mRNA vaccines, claiming that they are ineffective. Doctors and health experts have criticized your longstanding questioning of the safety and efficacy of vaccines, which have put millions of American lives – especially children’s lives - in danger. Your decision to summarily defund mRNA vaccine technology abruptly terminated 22 promising projects that were designed to develop vaccines against respiratory and viral threats. Infectious disease experts described it as the United States turning its back on one of the most promising tools to fight the next pandemic.

Meanwhile, over the last year, scientists from China have developed a new broad-spectrum mRNA vaccine that could provide long-term protection to the most lethal family of Ebola viruses, including the Bundibugyo strain behind the current outbreak in the DRC. The Chinese vaccine is showing promising results in animal studies, with 100% survival, strong viral clearance, and long-lasting protection. Soon, because of your actions, we may be faced with a situation where the most effective vaccines for infectious diseases are developed and produced in China.

Now, Americans around the world are left without a trusted source of information and leadership in the midst of multiple global disease outbreaks. After 18 months of deliberate misinformation and sowing distrust in public health, this administration lacks credibility in managing our Nation’s public health preparedness and the safety of Americans at home and abroad. Further, as our country prepares to welcome international travelers from around the globe at the World Cup, it is imperative that we have clear, comprehensive plans and communications to manage public health risks. We urge you to act swiftly to fill all necessary vacant public health positions; create a concrete, transparent, and compassionate plan for treating exposed Americans; and increase communication to the public.

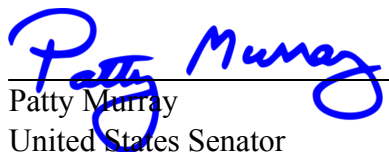
In light of our concerns, we ask that you please respond to the following questions by June 23, 2026.

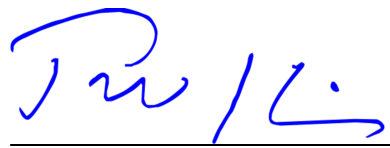
1. Please explain the public health rationale for the administration departing from precedent by deciding to send Americans who have been exposed to Ebola to foreign nations, such as Kenya and Germany, as opposed to bringing them back to the U.S.
2. Please explain why the U.S. quarantine facilities, which have recently been used to monitor hantavirus-exposed patients and were established during the 2014-2016 West Africa Ebola outbreak, are inadequate or incapable of serving the same function for Ebola-exposed patients.
3. With the Kenyan High Court currently barring the establishment of a field hospital for Americans, how does the administration plan to observe and treat Americans abroad?
4. Please provide a detailed plan of who at CDC is working on Ebola and how the agency will continue to respond.
5. Please provide a list of all vacant leadership positions by agency across HHS, as well as a detailed plan of how and when you will fill those vacant positions.
6. Please provide a list of medical countermeasures (MCMs) that HHS has identified could potentially be used to protect against or as a treatment for the Bundibugyo ebolavirus.
 - a. Indicate which MCMs are currently or were previously being researched or undergoing development by any HHS agency, the awarding agency, and a description of each. Such description shall include any previous or current HHS-

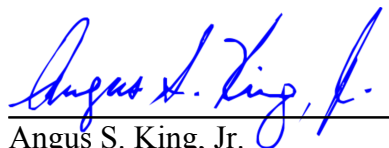
funded awards, the awarded institution or organization, and the total funding obligated, including for any terminated grants or contracts.

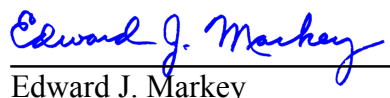
- b. For any MCMs against the Bundibugyo ebolavirus that are not under development by HHS-funded R&D but are being developed by private partners or other nations, please describe the technology being used, the stage of development and any pre-clinical or clinical trial results, and justification for why HHS is not making similar investments.

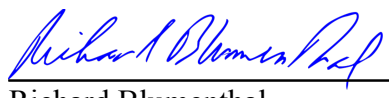
Sincerely,



Patty Murray
United States Senator

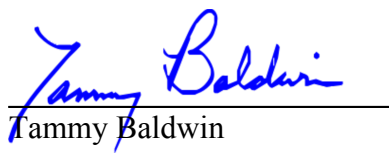

Tim Kaine
United States Senator

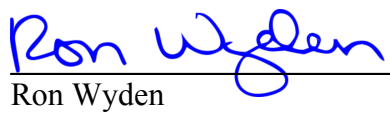

Angus S. King, Jr.
United States Senator

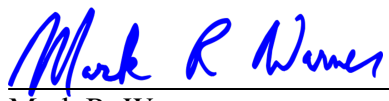

Edward J. Markey
United States Senator

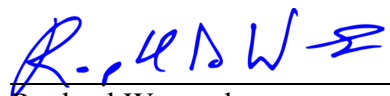

Richard Blumenthal
United States Senator


Michael F. Bennet
United States Senator


Tammy Baldwin
United States Senator


Ron Wyden
United States Senator


Mark R. Warner
United States Senator

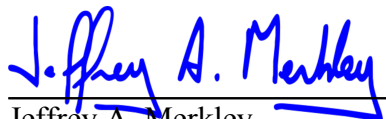

Raphael Warnock
United States Senator



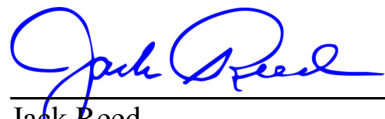
Jeanne Shaheen
United States Senator



Chris Van Hollen
United States Senator



Jeffrey A. Merkley
United States Senator



Jack Reed
United States Senator



Cory A. Booker
United States Senator



Andy Kim
United States Senator



John Hickenlooper
United States Senator