

United States Senate  
WASHINGTON, DC 20510

February 6, 2025

Dorothy A. Fink, M.D.  
Acting Secretary  
U.S. Department of Health and Human Services (HHS)  
200 Independence Avenue SW  
Washington, DC 20201

Dear Acting Secretary Fink,

We write with serious concerns about actions at the U.S. Department of Health and Human Services (the Department) since January 20, 2025, including a pause in external communications and lack of transparency regarding the Administration's funding freeze. The Department's issuance of internal guidance combined with implementation of sweeping Executive Orders has unleashed significant confusion and hindered the Department's mission to enhance the health and well-being of all Americans.

On the first full day of the Trump Administration, you sent a memo, "at the direction of the new Administration" to the heads of HHS operating and staff divisions implementing an immediate pause on issuing documents and public communications. Although you noted in the memo that these directives were consistent with precedent, they are clearly more far reaching, restrictive and long-standing than any limitations on communication that have been implemented during previous transitions. As a result, CDC did not issue its Morbidity and Mortality Weekly Report for two weeks, the first time in decades this basic public health communication to states and local communities has not been published. A February 20-21 meeting (notably outside the scope of the "temporary" pause that was supposed to be in effect until February 1) of CDC's National Vaccine Advisory Committee, which advises HHS leadership on vaccine policy, was cancelled. The National Institutes of Health cancelled more than 53 FACA meetings, including at least 10 Advisory Committee meetings and innumerable peer review sections, holding up tens of thousands of grant applications and delaying lifesaving biomedical research and clinical trials across the country. Community health centers have been unable to reach anyone at the Health Resources and Services Administration who can help them access the federal funds that they are owed. Public health data that researchers and practitioners rely on was removed from CDC's website.

In addition to this internal memo, over the last two weeks the Administration has issued sweeping Executive Orders (EOs) that directly implicate HHS and its programs, and sought to disrupt funding in a manner that far exceeds the President's legal authority. The Office of Management and Budget issued a memo on January 27 (M-25-13) to heads of executive Departments and agencies directing them to broadly freeze federal funding of agency grant, loan, and other financial assistance programs. While that memo was later rescinded and courts quickly issued Temporary Restraining Orders against its implementation and any freeze, pause, cancellation, or termination of existing grant funding related to recent EOs, it created significant confusion and ongoing disruptions in federal funding. Attempts to illegally pause federal funding led to a nationwide outage of HHS payment management systems including Medicaid portals in all 50 states and organizations continue to have problems accessing their grant funds this week, including Head Start programs and community health centers. Compounding this problem, grantees are largely unable to get answers from their program officers or agency contacts, apparently because of restrictions on external communications.

In the midst of this confusion, HHS has begun implementing Trump Administration EOs, many of which focus on broadly undefined terms and provide little concrete information for grantees or Congress. This includes directives to federal grant recipients that they must comply with various EOs which has created more confusion and uncertainty among Federal grant recipients tasked with carrying out HHS' broad mission. The Department has also provided no information to the Committees on Appropriations regarding how it is implementing EOs that seek to directly alter the availability and uses of funds provided in prior appropriations acts.

Finally, while we are focused on the most immediate issues created by the Administration's actions, we are also concerned about continued, ongoing restrictions on HHS grantmaking and communications and the impact they will have on families and communities if they persist for the remainder of the fiscal year. The cancellation of HHS advisory committee meetings and study sections has already delayed the grant making process and impacted tens of thousands of research grants. Implementation of the Trump Administration's EOs has already delayed the posting of scores of funding opportunity announcements and the awarding of new grants. This not only slows biomedical innovation and destabilizes national security, but it jeopardizes the health and wellbeing of every American. This is particularly concerning given the Administration's stated intentions to impound federal funding for activities it simply does not support.

The Department's actions over the last two weeks have done nothing to improve the health of Americans. They have disrupted early childhood education for our youngest children. They have put at risk opioid prevention and treatment programs and led to domestic violence programs wondering how they can keep their doors open and phones on. They have delayed biomedical research and clinical trials for lifesaving cures for deadly diseases. We are deeply concerned this is a precursor of actions to come from this Administration. Given the tremendous importance and reach of HHS programs, and the lack of transparency over the Department's actions to date, we

write to request additional information. Because most of these questions have been previously provided in writing we request a prompt response by no later than February 10, 2025 at 5pm.

Regarding the memo issued on January 21, 2025, directing an immediate pause on issuing documents and public communications:

1. What restrictions on issuing documents and public communications are currently in place as a result of this memo?
2. Are there any restrictions on communications with Members of Congress and/or Congressional staff, including Appropriations Committee staff? Are there any restrictions on communicating with existing grantees?
3. Does the directive to pause issuing documents and public communication apply to any part of the grant making process, including the release of notices of award, notices of funding opportunities (NOFOs), or any part of the peer review process? If so, does the Department expect any delay in the awarding of grant funds or posting of funding opportunity announcements? Please provide the total number of grant applications and NOFOs impacted, broken down by agency.
4. Has the directive to pause issuing documents and public communication resulted in the delay of FACA meetings, including advisory meetings or councils, or peer review sections? If so, please provide the total number of meetings and study sections impacted, broken down by agency. When do you expect any paused activities to resume?
5. Does the guidance to pause external communications and public documents apply to public health information, including the Morbidity and Mortality Weekly Report (MMWR)?
6. Does the guidance to pause external communications, or any subsequent guidance provided through acquisition alerts issued by the Office of the Assistant Secretary for Financial Resources, apply to communications between HHS personnel and private vendors for the purposes of acquisition, procurement, or contracting of goods or services necessary to carry out activities under existing grant awards or contracts?
7. Does the guidance to pause external communications apply to communications between HHS personnel and current grant recipients that are eligible to exercise grant extensions?

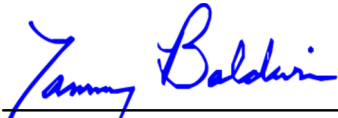
Regarding Executive Orders:

8. Describe all actions taken and planned to be taken to implement the Executive Order (EO) "Withdrawing the United States from the World Health Organization (WHO)", including addressing the specific questions below:

- a. Will the directive to “pause the future transfer of any United States Government funds, support, or resources to the WHO” impact ongoing cooperative agreements between HHS and WHO in the interim between the announcement and the official withdrawal?
  - b. What new activities will HHS have to assume that are currently a function of the United States’ participation in WHO in response to Section 2 (d)(iii) of this EO?
9. Describe all actions taken and planned to be taken to implement Executive Order “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government”, including addressing the specific questions below:
  - a. How will HHS “assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology”? How is HHS defining “promote gender ideology”?
  - b. Will this assessment include a review of existing grant awards/contracts where funding has already been obligated?
  - c. What if any guidance has been provided to existing grantees/contractors regarding implementation of this EO? If guidance has been provided has it been provided to all grantees or just select grantees? If it’s only been provided to select grantees how was it determined which grantees would receive guidance?
  - d. How does HHS plan to implement this EO with regard to future funding opportunities?
10. Describe all actions taken and planned to be taken to implement Executive Orders “Ending Radical and Wasteful Government DEI Programs and Preferencing” and “Ending Illegal Discrimination and Restoring Merit-Based Opportunity”, including addressing the specific questions below:
  - a. How is HHS identifying offices, positions, initiatives, programs, grants, or contracts implicated by this EO? How is HHS defining equity actions and equity-related grants or contracts?
  - b. Provide a list of all offices, positions, initiatives, programs, grants, or contracts that have been identified or terminated as a result of this EO.
  - c. What if any guidance has been provided to existing grantees/contractors regarding implementation of these EOs? If guidance has been provided has it been provided to all grantees or just select grantees? If it has only been provided to select grantees how was it determined which grantees would receive guidance?
11. How does HHS plan to conduct the Position Reviews referenced in OPM’s memo, “Guidance on Implementing President Trump’s Executive Order titled, ‘Restoring Accountability To Policy-Influencing Positions Within the Federal Workforce’”?

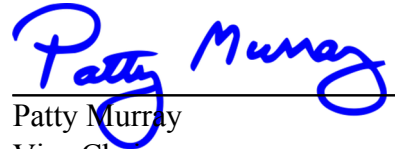
12. In response to any Executive Orders issued to date, or as a result of any other administrative action, has HHS issued stop work orders on existing grants/contracts or imposed new restrictions on existing grants/contracts? If so, please explain.
13. In response to Executive Orders issued to date, or as a result of any other administrative action, does HHS expect delays in awarding new, renewal or continuation grants relative to the timelines of previous years?
14. Describe in detail the timeline of events since January 20, 2025 that led to widespread problems with grantees being unable to draw down or access their grant funds from HHS' Payment Management System in a timely manner, including ongoing problems as of today. When was HHS first aware of problems and what was the cause of them? When will issues with HHS' Payment Management System be resolved and what efforts are being made to ensure it is operational as soon as possible?

Sincerely,



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Tammy Baldwin  
Ranking Member  
Appropriations Subcommittee  
on Labor, Health and Human  
Services, Education, and  
Related Agencies



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Patty Murray  
Vice Chair  
Committee on Appropriations



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Rosa L. DeLauro  
Member of Congress  
Ranking Member, Committee  
on Appropriations