Congress of the United States

Washington, DC 20515

October 6, 2026

Dr. Erica Schwartz
Director
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30329

Dr. Schwartz:

At your confirmation hearing, you said that your "sacred responsibility" as Director of the U.S. Centers for Disease Control and Prevention (CDC) would be to provide "clear, honest, and evidence-based" public health guidance and to "never betray the science." In the short time since your confirmation as CDC Director, the health and safety of our children have been subjected to further chaos and confusion. As the United States is experiencing the largest measles outbreak in 35 years, President Trump issued an Executive Order (EO) aimed at dismantling core immunization guidelines, and the U.S. Department of Health and Human Services (HHS) issued a Request for Information (RFI) to lay the groundwork for fundamentally restructuring the routine childhood immunization schedule.[1][2] At the same time, reports indicate the CDC, under your leadership, excluded verified state-reported measles-associated deaths in Pennsylvania from the public mortality count. All of this is happening while the CDC delayed access to fall respiratory virus vaccines through the Vaccines for Children (VFC) program. We are deeply concerned by this administration's persistent efforts to reject settled science. As CDC Director, you bear a responsibility to uphold scientific integrity, and we write seeking answers on how the CDC will respond to the EO and the RFI, and how you will honor the pledge you made to ensure that the CDC leads with evidence-based public health.

The CDC recently reported that the number of children up-to-date on their immunizations has continued to decline, including 280,000 kindergartners who did not complete the measles, mumps, and rubella (MMR) series.[3] Instead of spending time and dedicating resources to promote the need for childhood immunizations, President Trump called for breaking up combination shots like the MMR vaccine into single-disease shots that are not available in the United States, cutting the number of diseases every child is recommended to be protected against from 18 to 11, and directing the Attorney General to advance legal challenges to state laws. Following this EO, HHS issued an RFI on the childhood immunization schedule, aimed at bypassing the CDC and the Advisory Committee on Immunization Practices, which have

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[1] Exec. Order, "Deliver Gold Standard Childhood Vaccine Recommendations for Americans," Donald J. Trump (Aug. 10, 2026) https://www.whitehouse.gov/presidential-actions/2026/08/delivering-gold-standard-childhoodvaccine-recommendations-for-americans/.

[2] Request for Information, U.S. Dep't of Health & Hum. Servs., "Request for Information: Categories Used in Federal Vaccine Recommendations and the Role of Shared Clinical Decision-Making" (Aug. 24, 2026) https://www.federalregister.gov/documents/2026/08/24/2026-17250/request-for-information-categories-used-in-federal-vaccine-recommendations-and-the-role-of-shared

[3] Centers for Disease Control and Prevention, "Vaccination Coverage and Exemptions among Kindergartners," (Aug. 17, 2026) https://www.cdc.gov/schoolvaxview/data/index.html

developed recommendations for over 60 years. These efforts are only a part of the systematic attacks spearheaded by HHS Secretary Robert F. Kennedy, Jr. CDC's scientists, not political appointees, should be at the center of any decision about the childhood immunization schedule.

During this same timeframe, CDC's public actions under your leadership raise serious concerns regarding your willingness to counter these unscientific measures – including reports that four measles-associated deaths verified and reported by the Pennsylvania Department of Health were excluded from the CDC's public national mortality count for weeks, even as internal CDC systems continue to track these fatalities.[4] This is a clear break from long-standing agency precedent, including last year's standard reporting of measles deaths in Texas and directly contradicts the commitment to "objective data collection and reporting" that has been CDC's foundation. If the agency under your leadership is altering verified state data to fit political preferences, the pledge you made at your confirmation hearing has already been broken.

We request responses to the following questions in writing by October 16, 2026.

CDC Role on the Executive Order on Childhood Vaccines

1. Did anyone from the White House or HHS consult you about the Executive Order either before or after it was issued?
    a. If so, who reached out, what was discussed, and when did these communication(s) occur?
    b. If not, have you raised, or do you plan to raise, any concerns with President Trump, Secretary Kennedy, or any other administration official(s)?
2. How is the CDC planning to implement the provisions outlined in the EO? What steps have been taken already and what are planned? Please provide a detailed summary of these plans.
3. What role, if any, did CDC career scientists have in developing the EO's recommendations?
4. The EO directs the Secretary, acting through the HHS Task Force on Safer Childhood Vaccines, to present plans to the President within 90 days on single-disease vaccine options, the timing and sequencing of childhood vaccines, and safety monitoring. What role does the CDC have in developing those plans, and which CDC officials are participating?
5. The EO recommends reducing the number of routine immunizations from 18 to 11. Do you support that specific recommendation? What scientific evidence supports removing the other diseases from the immunizations recommended for all children, and has the CDC estimated the additional illnesses, hospitalizations, and deaths that could result?
6. Do you agree that spacing out immunizations across additional visits lengthens the window of vulnerability for infants and young children? If not, please provide the evidence on which CDC relies.
7. The EO recommends separating combination shots like MMR into single-disease shots. No single-disease MMR vaccine is currently available in the United States. Other

[4] Aria Bendix and Allan Smith, *The escalating standoff between the CDC and Pennsylvania over measles death,* NBC News (Sept. 19, 2026) https://www.nbcnews.com/health/health-news/measles-deaths-cdc-pennsylvania-standoff-rcna598

countries that have tried this – like Japan in the 1990s – saw increased outbreaks, ultimately resulting in them reverting to a combination shot. Do you support this specific provision even though it is not currently available in the U.S., would require more shots and doctor visits, and lacks scientific backing? Why is the federal government recommending an option to families that does not exist, causing additional confusion?

8. What scientific evidence supports separating combination vaccines like MMR into single-disease doses? Please provide CDC analyses of peer-reviewed studies, epidemiological analyses, or international precedent that demonstrates this change would actually improve health outcomes. If no such evidence exists, will you decline to implement this provision?
9. The public comment period for the HHS RFI closed on September 20, 2026. Did CDC scientists review or contribute to the RFI before it was published? What role will CDC scientists have in reviewing the comments and in any resulting changes to the categories of federal vaccine recommendations?

Data Collection and Reporting

10. Has the CDC instituted a new policy for reviewing, altering, or withholding state-reported health data before public posting?
    a. If so, what scientific evidence supports this change and what deliberations occurred?
    b. If there is no such policy, on what basis were Pennsylvania's measles deaths excluded from the public tracker, and who at CDC authorized that exclusion?
11. As of today, the CDC has only included two of the measles-associated deaths reported by the State of Pennsylvania. What specific technical, scientific, or epidemiological basis justified excluding Pennsylvania's state-reported measles deaths from the CDC's public tracker while still including them on internal trackers?
12. Did any White House or HHS officials contact you or your staff regarding the public reporting of Pennsylvania's measles deaths? Please provide all communication between CDC leadership and any White House or HHS official regarding the reporting of state-verified measles deaths since your confirmation.

Vaccines for Children Program

13. Why did the CDC delay opening orders for COVID vaccines through the Vaccines for Children Program (VFC)? Please provide the timeline of when decisions were made concerning the VFC program.
14. What made the CDC decide to open ordering for COVID vaccines through the VFC program on September 24, 2026 and not earlier?
15. Have you personally been asked by Secretary Kennedy, the White House, or any other HHS or Trump administration official to delay or condition VFC activation for the COVID vaccine? If so, please describe the request and identify who made it. If such a request was made in writing, please provide it.
16. Who at CDC, HHS, or the White House made the decision to delay VFC activation for the COVID vaccine, and on what basis? Please produce all internal communications, memoranda, and legal or scientific analyses supporting that decision.

17. What guidance has CDC provided to state health departments, pediatricians, and VFC providers about the status of COVID vaccines under VFC? How soon can VFC vaccines be expected to be in the possession of clinicians and accessible for children?

The health of American children and families depends on a CDC Director who is willing to follow the science, even when it may be politically inconvenient. We look forward to your response and to seeing whether the CDC under your leadership honors the commitments you made at your confirmation hearing.

Sincerely,

Michael F. Bennet
United States Senator

Kim Schrier, M.D.
Member of Congress

Angela D. Alsobrooks
United States Senator

Nanette Diaz Barragán
Member of Congress

Cory A. Booker
United States Senator

Troy A. Carter, Sr.
Member of Congress

Tammy Duckworth
United States Senator

Yvette D. Clarke
Member of Congress

Martin Heinrich
United States Senator

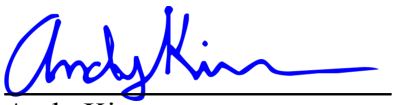
Madeleine Dean
Member of Congress



John Hickenlooper
United States Senator



Chris Deluzio
Member of Congress



Andy Kim
United States Senator



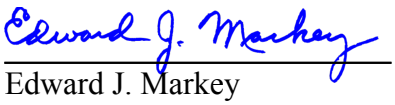
Maxine Dexter, M.D.
Member of Congress



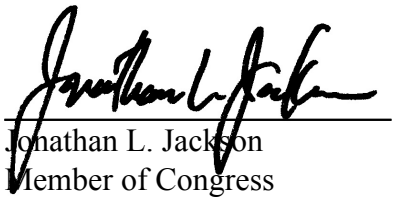
Angus S. King, Jr.
United States Senator



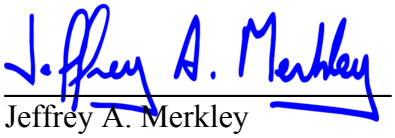
Debbie Dingell
Member of Congress



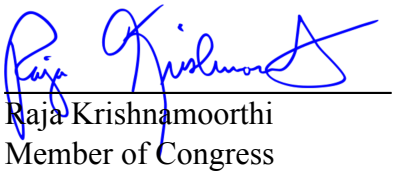
Edward J. Markey
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Jonathan L. Jackson
Member of Congress



Jeffrey A. Merkley
United States Senator



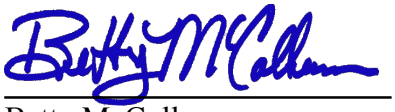
Raja Krishnamoorthi
Member of Congress



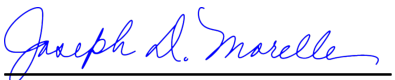
Mike Levin
Member of Congress



Doris Matsui
Member of Congress



Betty McCollum
Member of Congress



Joseph D. Morelle
Member of Congress

Eleanor Holmes Norton
Member of Congress

Brittany Petersen
Member of Congress

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Mark Takano
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Rashida Tlaib
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Paul D. Tonko
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Lori Trahan
Member of Congress