

March 31, 2025

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

**RE: Concerns Regarding Workforce Reductions and Restructuring at HHS**

Dear Secretary Kennedy,

We, the Federal AIDS Policy Partnership (FAPP) Convening Group, write to express grave concern about recent Reduction in Force (RIF) actions and broader restructuring of the Department of Health and Human Services (HHS). FAPP is a national coalition of over 150 local, regional, and national organizations advocating for federal legislation and policy to end the HIV epidemic in the United States.

RIFs underway across HHS, including the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and National Institutes of Health (NIH), threaten the federal government's capacity to prevent, treat, and respond to HIV and other infectious diseases. These RIFs are compounded by efforts to terminate probationary employees and a restructuring that will consolidate 28 HHS divisions into 15, reduce regional offices, and centralize functions like policy. While framed as efficiency measures, these changes risk weakening agency operations and deprioritizing mission-specific leadership.

The result will be a severe weakening in the federal government's capacity to carry out critical public health functions, support grantees, manage grants, oversee service delivery, and maintain national disease surveillance and research systems. The core functions these federal agencies perform cannot be absorbed by other agencies or shifted to state and local entities, which often rely on federal leadership, technical assistance, and funding guidance.

Given these concerns, we urge the Administration to immediately:

1. Halt any additional RIF actions within HHS and its agencies to prevent further erosion of critical public health capacity.
2. Reassess restructuring and staffing plans to ensure core programs retain the personnel necessary to operate effectively and fulfill public health mandates.
3. Communicate how HHS agencies and offices will maintain their leadership, technical capacity, and program continuity of their respective HIV, hepatitis, sexually transmitted infections (STI), and TB efforts. Also communicate which roles, programs, and

functions within CDC, HRSA, National Institutes of Health (NIH), Centers for Medicare & Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), Food and Drug Administration (FDA), and the HHS Office of Infectious Disease and HIV/AIDS Policy (OIDP) have been or will be cut, along with the rationale for each decision.

4. Ensure transparency and meaningful public engagement by establishing clear communication channels and opportunities for input from affected communities, stakeholders, and agency partners throughout the restructuring process.

The urgency of these recommendations becomes even clearer when considering specific impacts on key HIV, STI, and hepatitis prevention, care, and research efforts:

- At the CDC, the loss of approximately 2,800 staff, including staff at the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), will impact critical disease monitoring, outbreak readiness, and technical support for community-based organizations and health departments, and will increase long-term health costs.
- The HRSA HIV/AIDS Bureau faces workforce reductions and a proposed move under the newly created Administration for Healthy America (AHA). This realignment could dilute HRSA's longstanding public health mission by embedding it within a broader administrative structure that may not prioritize HIV care and treatment with the same focus. This focus has built a nationally recognized, cost-effective care model. Undermining the Ryan White HIV/AIDS Program infrastructure risks reversing decades of hard-won progress in treatment access and health outcomes for people with HIV.
- The loss of 1,200 staff at NIH could diminish the HIV research capacity of the National Institute of Allergy and Infectious Diseases (NIAID), disrupt long-term projects, and delay critical advances in treatment, prevention, and cure research. These setbacks would undermine decades of federal investment and slow scientific progress.

We are also concerned by proposed cuts and structural changes across other HHS agencies that are essential to the continuum of public health, including CMS, SAMHSA, FDA, and OIDP. Each agency supports critical prevention, care, and oversight across health systems. OIDP, for example, plays a unique role by coordinating a whole-of-government approach to implementing national strategies such as the National HIV/AIDS Strategy, STI National Strategic Plan, and Viral Hepatitis National Strategic Plan.

Many of the HHS agencies affected by the proposed workforce reductions and restructuring—including CDC, HRSA, NIH, OIDP, and Bureau of Primary Health Care—play integral roles in the Ending the HIV Epidemic (EHE) initiative. Launched under the Trump Administration in 2019, EHE has set the ambitious and achievable goal of reducing HIV transmissions by 90% by 2030. EHE is also a cost-effective investment, projected to save billions of dollars in long-term treatment costs by significantly reducing new HIV transmissions. Disrupting staffing and

leadership at these agencies risks undermining coordinated federal efforts essential for meeting EHE targets and threatens to reverse progress toward ending the epidemic.

These workforce reductions and structural changes represent a severe disinvestment in public health. They will have lasting consequences for prevention, care, and research nationwide. Sustained progress requires experienced federal leadership, not diminished capacity.

We are available to work with you to ensure continued public health leadership. If you have any questions or would like to meet, please contact the FAPP co-chairs: John Meade ([john@AVAC.org](mailto:john@AVAC.org)), Kathie Hiers ([kathie@aidsalabama.org](mailto:kathie@aidsalabama.org)), or Mike Weir ([mweir@NASTAD.org](mailto:mweir@NASTAD.org)).

CC:

Leith J. States, MD, MPH, MBA, FACPM, Acting Assistant Secretary of Health, HHS

Dr. Susan Monarez, Acting Director, CDC

Stephanie Carlton, Chief of Staff and Acting Administrator, CMS

Dr. Marty Makary, Commissioner, FDA

Thomas J. Engels, Administrator, HRSA

Dr. Jay Bhattacharya, Director, NIH

Christopher D. Carroll, MSc, Principal Deputy Assistant Secretary, SAMHSA