February 15, 2026

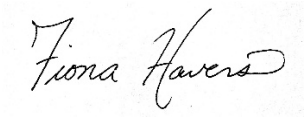
Annabelle Huffman
Subcommittee on Health
Committee on Energy and Commerce
Chairman Brett Guthrie (KY-02)
2125 Rayburn House Office Building

Dear Ms. Huffman,

Thank you for sending me the letter containing additional questions from the Honorable Debbie Dingell regarding my testimony before the Subcommittee on Oversight and Investigations on Wednesday, December 17, 2025. My answers are attached in the accompanying document.

Please let me know if you have any questions or concerns.

Sincerely,



Fiona Havers, MD

February 13, 2026

Responses by Fiona Havers, MD, to questions from the Honorable Debbie Dingell (D-MI) regarding the hearing "Examining Biosecurity at the Intersection of AI and Biology," held by the Subcommittee on Oversight and Investigations on Wednesday, December 17, 2025.

1. CDC public health and crisis response programs operate in health departments across the country, supporting state and local public health initiatives that are on the frontline of keeping our communities healthy.

a. Dr. Havers, how will the lack of stability and loss of resources in the public health workforce affect our ability to safeguard Americans' health and prepare for the next public health crisis?

Cutting programs, funding and staffing for public health means that America is less able to safeguard public health and will be less prepared for the next public health crisis. Loss of staff and expertise at CDC and state and local health departments mean that there are fewer staff to respond during public health emergencies, including outbreak responses. In addition, funding cuts mean that public health departments will continue to use outdated infrastructure and information systems, which will impede the basic ability to track diseases or interventions, identify potential problems, and respond effectively.

For example, we are now seeing measles surging in multiple states. In the setting of a measles outbreak, health departments must trace contacts of infected persons who may be infected, track them, potentially quarantine them, and arrange for laboratory testing if warranted. This is in addition to managing communications with the public, working with local healthcare providers to identify potential new cases, running vaccination campaigns to stop further spread and myriad other activities. Often staff from other parts of the health department will pivot roles to assist in the setting of emergency response. Thus any staffing or program cuts will weaken the health departments and their ability to prepare and respond to public health emergencies.

2. As you know, Secretary Kennedy has also weakened our public health infrastructure by making unnecessary changes to the Advisory Committee on Immunization Practices (ACIP), causing confusion and misinformation about vaccine policy.

a. Dr. Havers, how will limited availability, accessibility, and coverage for vaccines affect our ability to keep Americans healthy?

Vaccines are critical to keeping Americans of all ages healthy. For example, in children, CDC issued a report in 2024 that estimated that among approximately 117 million children born in the U.S. during 1994–2023, routine childhood vaccinations will have prevented approximately 508 million lifetime cases

of illness, 32 million hospitalizations, and 1,129,000 deaths, at a net savings of $540 billion in direct costs and $2.7 trillion in societal costs.[1]

If access to vaccines is curtailed, or if vaccine hesitancy or other factors cause vaccine coverage to decline, we could lose the ground that we have made on vaccine preventable illnesses. We will see an increase in serious illnesses, hospitalizations and deaths from common vaccine-preventable illnesses such as influenza and COVID-19, as well as an increase in diseases that have been previously well-controlled at a population level by vaccines. Vaccines have made diseases such as rubella, diphtheria and polio relics of the past for Americans, but, as we have seen with resurging measles and whooping cough cases, these and other diseases that have been controlled by widespread vaccination could again become threats to Americans health.

Vaccines are effective in preventing serious illnesses and hospitalizations, and critical are to keep millions of Americans safe. For example, in 2023-24, a typical influenza season, in the U.S., flu vaccination prevented an estimated 9.8 million flu-related illnesses, 4.8 million medical visits, 120,000 hospitalizations, and 7,900 deaths.[2] These numbers would be higher if vaccination coverage increased, and needless tragedies would be prevented. 289 children died of influenza last year in the U.S. during the 2024-25 season;[3] 89% were unvaccinated, indicated that many of these deaths might have been avoided had they been vaccinated.[4] Any limits the availability of vaccines, or any barriers to accessibility or coverage for vaccines with lead to unnecessary illness and deaths and will impede our ability to keep America healthy.

b. Can you speak to the importance of both vaccine availability and health coverage in safeguarding our public health?

Having access to free or low-cost vaccines as well as health coverage are critical components to public health in America. For vaccines, any barriers to access, including cost, additional requirements to vaccine administration, or lack of access to a provider who can counsel a patient about vaccines and administer them in a timely manner will lead to a decline in vaccination coverage. If vaccination coverage declines, we will see an increase in vaccine-preventable diseases, causing needless suffering for Americans.

In addition, health coverage is also critical for safeguarding public health. It is critical that Americans have access to preventative care services, including immunizations, as well as treatment for chronic conditions and acute illnesses. Without health coverage, patients often delay seeking care until their health problems are far worse than they would have been had they been prevented from developing or managed appropriately when they first developed. This is true for chronic conditions such as diabetes,

which can be prevented in setting of robust primary care, and for which complications can be avoided if diabetes is managed appropriately once it develops. Without access to health care, diabetic patients may develop complications such as renal failure, requiring expensive hospitalizations and treatment, as well experience as needless suffering and a decreased quality of life.

The same is true for acute illnesses, including those caused by infectious diseases such as influenza, which causes the deaths of tens of thousands of Americans every year.[5] Without access to health coverage, a patient is less likely to be vaccinated for influenza, increasing the chance of severe illness. If they do become ill from influenza, patients without health coverage are also likely to delay care, missing the opportunity for early treatment that could mitigate their illness and presenting only to the hospital when they are severely ill. Vaccines and health care coverage are both key pillars in safeguarding our public health.

3. Finally, I would like to turn to the issue of research funding. The University of Michigan, in my district, is one of the nation's leading recipients of National Institutes of Health (NIH) funding. U-M researchers drive innovation and help ensure the United States leads on the advancements that keep Americans at the forefront of the biotech industry. We cannot address the topic of biosecurity without acknowledging that Secretary Kennedy has overseen billions of dollars of cuts in research funding and grant programs that address pandemic preparedness.

a. Dr. Havers, how does ceding America's leadership in research and development impact our ability to maintain a strong biotech workforce that we rely on to innovate and create cutting-edge preparedness solutions?

Current HHS leadership has cut scientific funding and let politics rather than scientific merit drive research priorities. Not only does an unstable funding environment mean that promising research has been halted, but actions by this administration are making the U.S. a less appealing place to conduct research. With unpredictable funding streams, young scientists' careers are no longer nurtured, American scientists will relocate overseas, and the U.S. will no longer be able to attract the top scientific talent. At the same time, a shifting regulatory environment will have a chilling effect on scientific research in the U.S. in both the private and public sector. For example, changing FDA clinical trial requirements for new vaccine licensure and shifting CDC standards for vaccine recommendations means that pharmaceutical companies will no longer be willing to invest in bringing new, potentially safer and more effective vaccines to market. The biotech industry will likely either halt research in specific areas or move their research centers overseas. Ceding America's leadership in research and

development squashes scientific progress and leaves Americans with fewer tools to combat existing pathogens, as well as leave us less prepared to combat novel pathogens when they arise.

References

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3. Influenza-Associated Pediatric Mortality. Centers for Disease Control and Prevention. Accessed February 3, 2026. https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html
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