

Committee on Energy and Commerce

**Opening Statement as Prepared for Delivery
of**

Subcommittee on Health Ranking Member Diana DeGette

Hearing on “The Fiscal Year 2027 Department of Health and Human Services Budget”

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It has been a profoundly disturbing 15 months for public health, and a profoundly disappointing 15 months for this Congress and this Committee.

Measles is resurgent in the United States, and we are on track to have the most measles cases since just after CDC started recommending a two-dose immunization regimen over 30 years ago. Researchers have seen promising work cancelled, and young researchers are less likely than ever to be able to get the funding they need to launch exciting projects and their careers.

And some of the most promising biotechnology companies are wondering whether the United States is where they should grow their businesses as FDA becomes less and less reliable and more and more politicized.

I think the Secretary and I agree on some things—things that are self-evident yet are not being adequately addressed.

We spend by far the most on health care in the rich world, yet we have by far the worst health outcomes. We have a chronic disease crisis, driven by environmental contaminants and poor nutrition, among other factors.

So I am mystified why tackling these issues has taken a backseat to peddling lies about vaccines, slashing vital public health programs, and seeding unfounded fear about Tylenol.

I measure priorities in staffing, attention, and action. And where I have seen action, I have seen it taken in the wrong areas:

Secretary Kennedy fired the expert scientists on the Advisory Committee on Immunization Practices, replacing them with ideologues.

Secretary Kennedy cancelled research and development relating to mRNA technology, potentially setting back promising cures by years.

And Secretary Kennedy directed the addition of safety warnings on Tylenol use in pregnancy, even though the evidence suggests that Tylenol use is safe, while fever in pregnancy—which Tylenol treats—can be profoundly damaging.

Madam Chair, I want to tell you two stories from across the country about the direct impacts from the past year.

First, ending the HIV epidemic was a priority of the first Trump administration, but under Secretary Kennedy's leadership, locally-driven programs to get effective medications to prevent HIV to at-risk individuals are in doubt.

I was told of a project to increase access to long-acting HIV prevention medication for at-risk men in high-incidence areas that has been unable to continue because of funding terminations, restrictions, and instability. That means one thing: more HIV infections in the long run.

In Colorado, this administration's systematic refusal to execute the laws Congress's mandate for the Agency for Healthcare Research and Quality led to disruptions of clinical trials and wasted research time and money.

A trial on pediatric medication therapy management, which tested using different medications to treat children with complex medical conditions, was forced to halt enrollment and go on hold.

Funding just came through—unacceptably late, and suspiciously close to this hearing. But the damage is done—the trial had to temporarily close, leading to primary outcome data being lost and diminished access to cutting-edge care.

That has a short-term harm and a long-term harm—kids who could have benefited from the trial did not, and since data was lost, it will be longer before any beneficial findings from the trial get integrated into practice more broadly.

These stories represent a failure of leadership and a failure of vision.

If we want to truly make America healthy, we need to follow the evidence, empower scientists, and be willing to change when we're wrong. Public health fails when we make decisions based on ideology.

We are seeing the failures of that kind of decision-making before our very eyes. This HHS does not have the confidence of scientists, doctors, or the American people.

The Secretary of Health and Human Services must be a force for improving public health, not for dismantling it. The Secretary and this Committee must ask a hard question: what is the legacy this HHS and Secretary Kennedy are leaving?

We are rapidly losing our position as the gold standard in the world for medicine and science. For the sake of ourselves, our children, and future generations, we must stop the bleeding and begin to rebuild.