

Testimony from Debra Houry, M.D., M.P.H.

Senate HELP Committee Hearing

“Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children’s Health”

September 17, 2025

Chairman Cassidy, Ranking Member Sanders, and distinguished members of the committee:

I want to express my heartfelt gratitude for the opportunity to testify before you today. Three weeks ago, I made one of the hardest decisions in my life and I am truly grateful for the chance to explain why.

I come to you as a doctor, a scientist, and a mom. For over a decade, I worked as an emergency room physician treating thousands of patients where I saw firsthand how illness and death devastate families and loved ones, and even more devastating is when it is preventable. That's what led to my career in public health - I changed my focus from treating individual patients to protecting entire communities and the nation. I spent the last decade serving at the Centers for Disease Control and Prevention (CDC), most recently as the Chief Medical Officer and Deputy Director for Program and Science, overseeing a broad portfolio of infectious and non-infectious public health challenges.

I have served with six CDC Directors through four different administrations, including the prior Trump administration. As a senior career public health servant, I carried out the priorities of each administration in a nonpartisan fashion, with no agenda other than my commitment to the health and well-being of all Americans. And while priorities changed with each administration, decisions were always made with consideration of the evidence base, scientific rigor, and in consultation with the most qualified scientific experts in the world.

I was honored to serve as the transition lead for CDC in 2025, and to welcome the new administration and align CDC's priorities with the President's priorities. In collaboration with Center leaders, we proposed public health solutions to support the administration's priorities related to addressing chronic disease, expanding public-private sector partnerships, and enhancing data transparency.

That all changed when Mr. Kennedy was sworn in as the Secretary for Health and Human Services (HHS). The long-standing collaboration between CDC and HHS changed drastically, and his words and actions have led to a cascade of decisions which have significantly weakened and undermined CDC's ability to do its job protecting the health of Americans.

I resigned because Secretary Kennedy's actions repeatedly censored CDC science, politicized our processes, and stripped agency leaders of the ability to protect the health of the American people. Our Director, Dr. Susan Monarez, appointed by President Trump, and CDC's senior scientific leadership were no longer permitted to rely on their expertise – they were expected to serve as rubber stamps for the Secretary's decisions. I could not, in good conscience, remain under those conditions.

My plan for today's hearing is to address three primary topics: (1) the health of Americans, (2) response readiness, and (3) trust and transparency.

The Health of Americans

On the first issue—the health of Americans—the story is clear. America’s progress in public health is one of the greatest success stories in history. A century and a half ago, life expectancy hovered around 39 years; today it is nearly double that. We did not get there by accident or by rhetoric. We got there through vaccination that banished smallpox and resulted in measles elimination in the United States; through safer food and water systems; through tobacco control that has prevented millions of premature deaths; and through the quiet, steady work of public health prevention in every state and county across this country. There is clearly still work to be done to *improve* the health of our nation, but when we erode the institutions and processes that deliver evidence-based interventions to detect, prevent, and respond to health challenges, we trade proven gains for avoidable harm.

We know vaccines save lives. The recent removal and replacement of all 17 voting members of the Advisory Committee on Immunization Practices (ACIP) under Secretary Kennedy is an example of how this erosion threatens the lives of Americans, especially our children. This committee is critical to providing recommendations on immunizations for vaccine-preventable diseases, and members’ expertise have historically been grounded in medicine, science, and vaccines. Despite recent, unfounded claims, ACIP has long had stringent disclosure and recusal rules: members must disclose ties during the process for consideration, maintain current conflict of interest disclosures, and if they have a conflict with a vaccine under discussion, they are *prohibited* from participating in deliberations or voting.

Under Secretary Kennedy, the Committee has been replaced with known critics of vaccines and operates under decreased transparency, with a willful refusal to follow established scientific and decision-making procedures. Process matters because trust matters. If people believe outcomes are predetermined, or that recommendations are slanted by ideology rather than scientific data, they are less likely to accept even well-supported recommendations. Sadly, this is the path we are on. I witnessed this firsthand during the June ACIP meeting and I fully expect to see it again at the ACIP meeting that begins tomorrow, where the Committee will review several critical childhood vaccines, including Hepatitis B.

At the same time, CDC’s ability to communicate about vaccines has been curtailed. For example, the “Wild to Mild” flu vaccine campaign was halted, and the agency has not been given permission to restart flu vaccine campaigns for this upcoming season. This comes despite CDC reporting 270 influenza-associated pediatric deaths during the 2024-2025 season – the highest number of pediatric deaths ever recorded in a non-pandemic year since pediatric flu deaths became reportable in 2004. Among children who were eligible for the flu vaccine and with known vaccine status, 90% of reported pediatric deaths this season were not fully vaccinated. Silencing science-based campaigns does not change the reality of flu – it only ensures more preventable deaths.

We have also seen the highest number of measles cases in the United States in 30 years, resulting in the deaths of two children. In times of crisis, at the height of an outbreak, the Secretary should be promoting the most scientifically proven interventions to mitigate disease spread and to save lives. Instead, the Secretary sowed doubt stating the measles vaccine contained fetal parts, questioning the effectiveness of the vaccine and length of protection, while at the same time he

was promoting vitamins and unproven treatments such as inhaled steroids. These dangerous statements can lead to adverse events like the one during an outbreak in Texas, where a hospital reported cases of Vitamin A toxicity in children.

These setbacks extend beyond vaccines. The Secretary also cut staff who work to decrease use of tobacco, prevent the transmission of HIV, improve oral health, and screen newborns for early detection of treatable health conditions, and many more. Investments and expertise in these areas are examples of some of the highest return on investment public health prevention activities, and I can confidently say that it is our states, local communities, tribes, and territories that are going to be directly suffer by these actions.

Each of these efforts represents decades of progress: tobacco control alone has prevented millions of premature deaths, and newborn screening saves thousands of children every year from lifelong disability or death. Weakening these programs jeopardizes not only lives but the hard-won progress of generations. The costs of this rollback will not be measured only in deaths but also in dollars. Vaccines and prevention programs save the U.S. billions of dollars every year in avoided hospitalizations, lost productivity, and long-term care. To dismantle them is not only dangerous, but also fiscally reckless.

And these harms will not fall equally. Children, seniors, and rural and underserved communities –those already facing barriers to care – will bear the brunt of higher infection rates, delayed diagnosis, and greater financial hardship.

Our nation is not on track to be healthier under this approach. Quite to the contrary, our nation is on track to see drastic increases in preventable diseases and declines in our health if something doesn't change soon. And we must remember that public health is not just about wellness, it is a pillar of national security. Weakening it leaves us vulnerable to outbreaks that destabilize communities, cripple economies, and undermine readiness. This brings me to my next point of response readiness.

Response Readiness

The world has relied on CDC's prevention, detection, and response to outbreaks. It is imperative that CDC maintains its role as a global leader and partner in the identification and containment of serious contagious diseases. Under the Secretary's watch, our nation is not only at risk for threats like Ebola, Marburg, and other viral hemorrhagic fevers, we won't know which flu or COVID strain is emerging globally and when it's coming or how bad it will be. Let me be clear, with a 60% decrease in flu submission samples and 70% decrease in COVID submission samples -- *we do not have good visibility into these threats anymore.*

The proposed movement of CDC's non-communicable programs to the Administration for a Healthy America will result in siloed, fragmented approaches to outbreaks and health threats. For example, Oropouche virus infections are an emerging threat in the Americas and has resulted in stillbirths and fetal deformities. This connection between non-infectious and infectious disease programs was essential in our response to Zika in 2015-2016, but by moving our birth defects and reproductive health specialists to another agency, we will be less effective in responding to emerging infectious disease threats.

CDC's response activities are not just limited to infectious disease. The agency's experts have also responded in recent years to acute respiratory illness related to e-cigarette or vaping use, and importantly our ongoing response to opioid overdose deaths. CDC provides boots on the ground support to communities to respond to drug overdose surges and to suicide clusters. CDC labs develop tests to identify new fentanyl analogues and send these test kits to state labs each month. Again, these will cease to exist if the proposed changes are implemented.

Every vaccine that we give routinely utilizes the same infrastructure that prepares us for a pandemic. Losing that infrastructure means that we will be less ready for the next big threat. Without core public health capacity in place, we face undeniable challenges in confronting the next public health emergency on American soil. Public health capacity is waning and the progress we have made is being erased. There is no one in this room today who can say their constituents have not or will not be affected.

Trust and Transparency

Finally, I want to talk about trust and transparency at CDC. Much has been said about restoring public trust in CDC by increasing transparency, engaging the public, and ensuring bias and conflicts of interest do not drive guidance. These are worthy goals, and they are exactly why I chose to serve as a career public health official. But my experience over the past year shows the opposite of the "radical transparency" that has been promised: science censored, processes politicized, and transparency curtailed.

For months, CDC had no director. During that time, no senior CDC scientists were invited to brief the Secretary on measles, H5N1, vaccines, or chronic diseases. Instead, policy changes were announced unilaterally. One example: the Secretary altered CDC's COVID vaccine guidance through a social media post without consultation, data, or process. I first learned of this vaccine policy change, not from dialogue with the Secretary's office, but rather from an X social media post. In fact, all of CDC learned about it that way. CDC staff then had to request a written memo from HHS, because we could not implement a policy shift based on a tweet. CDC scientists have never seen the scientific data or justification for this change. That is not "gold-standard science." It is policymaking by fiat.

For the first time in 60 years, the Morbidity and Mortality Weekly Report (MMWR), CDC's flagship scientific journal relied upon by clinicians and health departments nationwide, was paused for two weeks. Interrupting that steady flow of information erodes trust, slows clinical decision-making, and fuels suspicion that findings are being filtered for political convenience.

Transparency has also been undermined in advisory processes. Ahead of the June ACIP meeting, CDC staff summarized evidence for two last-minute additions to the ACIP agenda to allow for public review and ACIP committee members consideration. One review was on thimerosal, an additive in approximately 4% of flu vaccines, largely used in outbreak or mass vaccination settings. This thimerosal evidence review included a summary of rigorous studies and pulled from existing information on CDC and FDA websites about its safety and lack of an association with autism. The Secretary's office requested the removal of the CDC scientific document on thimerosal while allowing an unvetted presentation on thimerosal, containing scientific

assertions that were not assessed for data quality and bias. That kind of last-minute alteration, whatever the intent, undermines confidence in the deliberations that follow. Of note, we were not instructed to take the evidence review on MMRV vaccine down, indicating that the scientific process was not the issue. It was that the content of the removed document did not support the pre-decided outcome of the vote. Science must be allowed to stand or fall on its merits, not on whether a scientific conclusion fits one individual's ideological narrative.

Further concerns were raised when CDC staff were directed to provide access to the Vaccine Safety Datalink to a contractor working as a direct agent of the Secretary. An HHS leader from the Office of the Secretary flew to Atlanta and met with me and several senior CDC leaders repeatedly over a two-day period until the path for access to the data, which included personally identifiable information, was granted. While CDC staff followed legal guidance, we were told the gold standard science around assurances of confidentiality, and a transparent study protocol, did not apply to this researcher.

The final tipping point came when Dr. Monarez tried to strengthen transparency and scientific rigor at CDC but was blocked almost immediately. She was told by HHS that she could not make policy or staffing decisions without political clearance. That meant she would not be permitted to exercise her scientific expertise or protect the agency's independence – she would be forced into the role of a rubber stamp. At that moment it was clear CDC's leaders would no longer be able to defend their staff or their science. That is why Drs. Daskalakis, Jernigan, and I resigned together.

I also want to acknowledge the human stakes for the public-health workforce. I worked with thousands of the hardest working dedicated people I know, who come to work every day to help all Americans live safer, healthier lives. On August 8th, a shooter attacked the CDC's campus, firing hundreds of rounds at CDC buildings and over a CDC daycare facility, while killing Officer David Rose. Whatever our policy disagreements, all public servants deserve safety and respect. Heated rhetoric has consequences beyond the headlines; it shapes the climate in which people do their jobs and, ultimately, the willingness of experts to serve.

It is just as important to remember what success looks like when government, science, and the private sector pull in the same direction. President Trump and his first administration proved that partnerships can deliver at historic scale. Operation Warp Speed cut through red tape, aligned agencies, and mobilized industry so that the first COVID-19 vaccines were authorized within months. Within his administration, we elevated the opioid crisis as a national priority by expanding naloxone access, supporting medication-assisted treatment, and driving the first national decline in overdose deaths in years, with a dramatic drop again last year as comprehensive strategies scaled. These are bipartisan wins, and they are proof that when America bets on science and execution, we save lives and strengthen our economy. They should be celebrated and extended- not placed at risk by instability, censorship of inconvenient findings, or the dismantling of core scientific processes.

My purpose today is not partisan. I am a dedicated doctor and public health professional. I want to describe the damage CDC is experiencing and to offer constructive steps squarely within Congress's authority. Through oversight, you can strengthen the scientific backbone that keeps Americans healthy and prepared. That means stabilizing CDC's disease monitoring and

laboratory networks and maintaining uninterrupted scientific communications. It means requiring transparent advisory committee processes—posting membership criteria, conflicts of interest, and staff evidence reviews well in advance of votes—so that the public knows conclusions are earned, not engineered.

Americans expect their government to be ready, to tell the truth even when the evidence is uncomfortable, and to keep partisan fights out of the doctor's office. The current leadership of HHS is failing those expectations. Congress can change that quickly and constructively: use your oversight to restore transparency, invest in what works, and help rebuild the trust that allows prevention to do its powerful, lifesaving work.

I am grateful to you Chairman Cassidy and Ranking Member Sanders for holding this hearing. I look forward to your questions.

Appendix 1: Houry Letter of Resignation

To my CDC family:

Over the past decade, I have had the honor of working for six CDC directors, from both Republican and Democratic administrations. To me, these leaders and my colleagues were not “Red” or “Blue,” but red, white, and blue—united in the shared purpose of protecting health and saving lives in our beloved country and globally. I have served during this time in various leadership roles, including as CDC’s senior-most career leader and lead for the transition as the current administration assumed office.

I’ve always been proud to be part of an institution that is committed to using science and data to drive our life-saving work and inform our messaging. We have worked tirelessly to enhance openness through public-facing data dashboards, providing real-time access to trends for conditions such as mpox, H5N1, measles, and overdose deaths, allowing the public to make informed decisions. Additionally, I have witnessed the rapid translation of science into action, with some Morbidity and Mortality Weekly Reports (MMWRs) being published within a week of an outbreak.

For the good of the nation and the world, the science at CDC should never be censored or subject to political pauses or interpretations. Vaccines save lives—this is an indisputable, well-established, scientific fact. Informed consent and shared decision-making must focus not only on the risks but also on the true, life-saving benefits that vaccines provide to individuals and communities. It is, of course, important to question, analyze, and review research and surveillance, but this must be done by experts with the right skills and experience, without bias, and considering the full weight of scientific evidence. Recently, the overstating of risks and the rise of misinformation have cost lives, as demonstrated by the highest number of U.S. measles cases in 30 years and the violent attack on our agency.

CDC must continue its work on all diseases, including noncommunicable health conditions, which include many of the leading causes of death in the US. I have seen the value of integrating these efforts with those of other CDC programs, as we did with the Zika virus. Integrating expertise from across the agency is critical to our effectiveness in addressing novel and emerging diseases. CDC has proven its value in addressing conditions like hypertension, diabetes, cancer, overdose, and mental health issues, as evidenced by the progress in reducing overdose deaths this year. However, proposed budget cuts and reorganization plans will negatively impact CDC's ability to address these conditions, worsening the nation's health.

I love this agency. Nevertheless, I have submitted my resignation today- effective tomorrow 8/28 COB. I am committed to protecting the public’s health, but the ongoing changes prevent me from continuing in my job as a leader of the agency. This is a heartbreaking decision that I make with a heavy heart.

To the CDC staff, you are the reason I stayed and showed up each day during difficult times. I have done my best to provide support so that you can continue your critical work. Thank you for

your continued commitment to our mission and the work you do every day.
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