United States Senate

WASHINGTON, DC 20510

July 27, 2026

The Honorable Marco Rubio
Secretary of State
Department of State
2201 C Street NW
Washington, DC 20451

Dear Secretary Rubio,

We write to you with alarm at the Administration's cut to the U.S. Centers for Disease Control and Prevention (CDC)'s global HIV/AIDs program. This decision is particularly troubling as these funds allow CDC to implement the President's Emergency Plan For AIDS Relief (PEPFAR) and support CDC's critical global health operations that have provided the backbone for PEPFAR and other U.S. global health programs for decades.[1] The rushed abandonment of a proven and effective structure threatens to increase the risk of future global health pandemics and disease outbreaks which is wholly antithetical to an America First Global Health Strategy.

Not only does the proposed fee-for-service mechanism threaten to severely gut PEPFAR efficacy and further hinder CDC's work identifying and mitigating health threats at their source, which is especially alarming given the expanding outbreak of the novel strain of Ebola, but the Administration also seems to be leveraging these agreements for concessions not related to global health, such as for negotiating access to critical minerals.[2] This type of coercive diplomacy does not serve U.S. global health interests and is extremely susceptible to risk of corruption.

Therefore, we urge you to immediately rescind any guidance suggesting that State will no longer honor the transfer of $2 billion to CDC and commit to upholding this long-standing transfer that keeps Americans safe. We also ask you to respond to the following questions by August 11th, 2026:

1. What specific problem or concern is State attempting to address through the proposed fee-for-service model?
    a. Did State consider alternative approaches? If so, why were these options rejected?
    b. What measurable improvements does State expect to achieve with these changes?
    c. What are the projected costs of implementing these changes?

2. Please describe the currently proposed timeline for implementation of this new fee-for-service system for FY27.

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[1] https://www.science.org/content/article/trump-administration-cuts-cdc-s-key-role-global-program-stop-hiv

[2] https://www.nytimes.com/2026/03/16/health/zambia-hiv-aid-minerals-trump.html

a. If a country has not signed an MOU purchasing CDC services before State implements this new system, will funding for CDC infrastructure within that partner country be terminated?
b. Please explain the rationale for moving forward with the proposed fee-for-service model that risks undermining CDC's presence and programs overseas, such as the closure of at least 18 CDC global outposts close before the end of the year, before MOU negotiations are finalized and implementation plans are in place?[3]
c. Given CDC's significant presence and infrastructure in both the Democratic Republic of the Congo and Uganda, and the current Ebola outbreak, are there any plans to delay the implementation of this new system until which time the outbreak has been contained, and CDC technical expertise and resources do not need to be surged?

3. How does the State Department intend to bridge the funding gap that will likely occur between the maximum value of CDC services a country could purchase under the fee schedule, and CDC's necessary PEPFAR operating budget for that country?
    a. If there is no intention to bridge this funding gap, please describe any analysis State Department undertook highlighting potential consequences and operational gaps resulting from this gap in funds.
    b. If countries are not able to meet their financial commitments, what mitigation efforts is State putting in place to ensure that programming can still continue?
    c. How will State ensure that CDC technical expertise is utilized to the maximum possible capacity?
    d. Please describe any analysis State did of the risk of service disruption that could occur during the transition.
    e. Has State modeled the potential effects on HIV infections, AIDS-related deaths, tuberculosis outcomes, malaria outcomes, or other health indicators?
    f. How will continuity of care be protected for patients receiving treatment supported by CDC implemented programs?

4. How many CDC personnel will be impacted by this change, including U.S. direct hires and locally-employed staff?
    a. What, if anything, is State doing to ensure a minimum number of CDC staff is maintained overseas?

5. In light of the current Ebola outbreak, CDC has surged resources and is providing strategic and technical assistance with disease tracking and contact tracing, risk communication and community engagement, infection prevention and control, among other resources.[4] Under this new system, will partner countries be required to pay additional fees for these additional services if a global health outbreak occurs?

6. Will the State Department commit to sharing with Congress the implementation plans of MOUs already signed with partner countries, and any additional MOU that the Administration signs, within 30 days of signature?

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[3] https://www.statnews.com/2026/05/26/pepfar-state-department-plan-dismantling-hiv-cdc/

[4] https://www.cdc.gov/ebola/situation-summary/what-cdc-is-doing.html

a. Will the Administration continue to pursue negotiations on other non-health related topics as part of these bilateral health agreements?

Following this Administration's dismantlement of USAID, a key implementor of PEPFAR programming, countries are struggling to maintain the programs set up by USAID and PEPFAR funding, facing more new infections and more deaths.[5] Without USAID, CDC's global health infrastructure remains the most effective tool the U.S. has to monitor and prevent global health emergencies. Ceasing the transfer of these funds only further puts the lives of Americans at risk.

Sincerely,

Jon Ossoff
United States Senator

Andy Kim
United States Senator

Adam B. Schiff
United States Senator

Tim Kaine
United States Senator

Ben Ray Luján
United States Senator

Michael F. Bennet
United States Senator

Amy Klobuchar
United States Senator

Chris Van Hollen
United States Senator

[5] https://www.nytimes.com/2026/04/25/health/pepfar-hiv-aids-zambia.html?unlocked_article_code=1.eFA.LJeA.S4Pk3QrYz37C&smid=url-share

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