

United States Senate

WASHINGTON, DC 20510

April 16, 2025

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

Dear Secretary Kennedy:

We write concerning the abrupt and unprecedented mass firing of Health Resources and Services Administration (HRSA) employees who serve vulnerable populations including children, seniors, uninsured Americans, and rural communities. Reportedly, the Department of Health and Human Services (HHS) used spreadsheets to slash entire divisions without fully understanding the critical functions that many of the former employees performed. Therefore, we request detailed information about who was fired, their specific job functions, and the measures you will implement to ensure that at-risk Americans do not suffer due to your Reduction in Force (RIF).

HRSA is the primary agency tasked with improving access to health care for vulnerable populations, including the un- and underinsured, children, and families. On March 27, 2025, HHS announced a rushed and ill-conceived RIF in accordance with President Trump's Executive Order 14210, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative." This is on top of the firing of seven percent of HRSA staff that occurred on February 14, 2025. These egregious staffing cuts have particularly decimated the Bureau of Primary Health Care (BPHC) and the Maternal and Child Health Bureau (MCHB), which not only runs counter to the administration's goal of elevating preventative care and reducing the prevalence of chronic disease but comes at a time when the United States ranks last in maternal health outcomes relative to other high-income countries.¹

The Department of Government Efficiency (DOGE) has reportedly fired 40 percent of the Bureau of Primary Health Care, which oversees the Health Center Program. This program effectively closes health care access gaps by providing high quality, affordable primary medical, dental, mental health care, and low-cost prescription drugs. Health centers provide care to over 32.5 million patients at 15,000 clinics across every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.² Health centers typically provide a wider array of lifesaving health care services for diverse populations impacted by barriers to care, serving one in five rural residents, one in three living in poverty, and over 400,000 veterans.³ Of the 32.5

¹ Commonwealth Fund. (2024, June). Insights into the U.S. maternal mortality crisis: An international comparison. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

² Health Resources and Services Administration. (2023). Fiscal year 2024 budget justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

³ National Association of Community Health Centers. (2018, November 12). Increasing numbers of veterans seek care at community health centers [Press release]. Retrieved from <https://www.nachc.org/increasing-numbers-of-veterans-seek-care-at-community-health-centers/>

million patients served by health centers, almost one-third are children, and 11 percent are seniors.⁴ A strong health center network is integral to increasing primary care access for people at every stage of life.

Through the Health Center Program, HRSA not only finances critical health care services, but safeguards patients from low-quality, inaccessible care. HRSA ensures that health centers comply with the highest health care standards to support improved clinical outcomes, improved access to services, and proper financial management. As a result of HHS's actions, the ability of health centers to carry-out their critical mission of providing safe and accessible care is now in jeopardy, particularly at a time when the U.S. is facing a primary care workforce crisis.

Combined with the Health Center Program, HRSA administered health workforce programs through the Bureau of Health Workforce are our largest defense against nationwide workforce shortages that are driving preventable deaths. HRSA is critical to adequately staffing health professional shortage areas (HPSAs) with physicians, nurses, dentists, and mental health providers. As an increasing number of rural hospitals close- leaving many Americans without reasonable access to emergency, obstetric, primary, or specialty care- the country cannot afford to lose any investment in the health care workforce.

HHS has also terminated 20% of the employees at the Maternal and Child Health Bureau. This bureau oversees important programs that support children and pregnant women, such as the Maternal and Child Health (MCH) Block Grant and the Healthy Start Program. These initiatives help reduce infant deaths, provide wrap-around services not covered by Medicaid or the Children's Health Insurance Program (CHIP), and reach families before, during, and after pregnancy. In 2023, the Title V MCH Services Block Grant helped provide services to an estimated 59 million people. This included 94% of all pregnant women, 98% of infants, and 59% of children nationwide, including children with special health care needs.⁵ Although your administration claims to support families, mothers, and children, you are actively undermining the health and wellbeing of these vulnerable groups.

At your direction, HHS has reportedly fired workers who oversee the Maternal Mental Health Hotline, which offers free and confidential support to the very large proportion of expectant and new mothers experiencing postpartum depression and anxiety, and mothers who simply need a listening ear during some of the most challenging moments of their lives. From October to December 2024, the hotline received 7,500 calls and texts— a majority of which were from postpartum parents, reporting depression, anxiety, or feeling overwhelmed.⁶ Maternal mental health issues are the leading cause of maternal death in the United States.⁷ These firings could disrupt an essential support pathway for saving the lives of American moms.

⁴ Health Resources and Services Administration. (2023). Fiscal year 2024 budget justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

⁵ [Title V Maternal and Child Health \(MCH\) Services Block Grant | MCHB](#)

⁶ <https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline/hotline-data/detailed-descriptions#:~:text=The%20following%20data%20show%20the,October%202024%20through%20December%202024.>

⁷ Wisner KL, Murphy C, Thomas MM. Prioritizing Maternal Mental Health in Addressing Morbidity and Mortality. *JAMA Psychiatry*. 2024;81(5):521–526. doi:10.1001/jamapsychiatry.2023.5648

We remain concerned that these indiscriminate firings have destabilized HRSA and reduced the ability of the agency to provide critical, quality services to the vulnerable populations at the core of its mission. We request a full account of the status of HRSA's workforce and the impact these firings will have on the American people. Please respond to the following questions and requests for information by no later than Monday, April 21st at 5 p.m.:

1. Please provide the total number of people terminated or put on administrative leave for all of HRSA, and specifically from each of the following offices as a result of EO 14210. Please provide a complete breakdown of position, GS level, and veteran status, and clearly state the justification for termination. This accounting should include employees who have since been reinstated or placed on administrative leave, noting that change in status.
 - a. Maternal and Child Health Bureau
 - b. Bureau of Primary Health Care
 - c. Bureau of Health Workforce
 - d. HIV/AIDS Bureau
 - e. Federal Office of Rural Health Policy
 - f. Provider Relief Bureau
2. Please provide the total number of people terminated or put on administrative leave, who accepted the deferred resignation program offer, or accepted the VERA/VSIP offer between January 18, 2025 and April 1, 2025 for all of HRSA and specifically from each of the following divisions. Please provide a complete breakdown of position, GS level, and veteran status, and clearly state the justification for termination. This accounting should include employees who have since been reinstated or placed on administrative leave, noting that change in status.
 - a. Maternal and Child Health Bureau
 - b. Bureau of Primary Health Care
 - c. Bureau of Health Workforce
 - d. HIV/AIDS Bureau
 - e. Federal Office of Rural Health Policy
 - f. Office of Women's Health
3. How many people who were terminated or put on administrative leave were the primary or secondary contact for grantees?
4. What methods and frequency of communication are being used to inform grant recipients about their new points of contact? Have you confirmed that each grantee received notice of the change?
5. How many people involved with operations or compliance with the following grants or contracts were terminated or put on administrative leave?
 - a. Section 330 grants
 - b. Early childhood development grants
 - c. Cancer screenings grants
 - d. School-based health center grants

- e. Maternal health hotline
 - f. Home visiting program
 - g. Title V Maternal Health Block Grant
 - h. Healthy Start
6. Have grantees been able to draw down funding at the same rate they were able to at this time last year? Please describe the cause of any delays in funding reimbursements experienced by grantees.
 7. Have HRSA project officers or related personnel been instructed to withhold information from grant recipients regarding the continued availability of previously awarded support under EO 14210?
 8. What instructions or communication have been provided to HRSA employees internally regarding program termination and staff reductions related to EO 14210?
 9. What instructions have been given to remaining staff about how to absorb workloads of terminated employees?
 10. What safeguards are in place to ensure that essential functions of HRSA are not harmed as a result of the RIF and proposed restructure of HHS??
 11. How does terminating grants under EO 14210 align with HRSA's mission to improve the health and well-being of vulnerable populations and all Americans?
 12. Will you commit that, despite these terminations, HRSA will make all funding opportunity announcements for congressionally appropriated funding for Fiscal Year 2025 available immediately to allow communities the time necessary to develop robust proposals and that HRSA will award all congressionally appropriated funding by September 30th?

Sincerely,



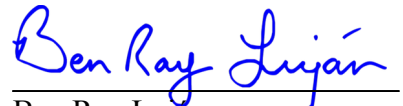
Lisa Blunt Rochester
United States Senator



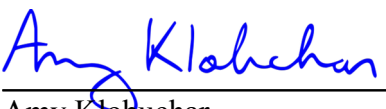
Kirsten Gillibrand
United States Senator



Jeffrey A. Merkley
United States Senator



Ben Ray Lujan
United States Senator



Amy Klobuchar
United States Senator



Bernard Sanders
United States Senator



Tammy Duckworth
United States Senator



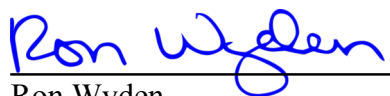
Cory A. Booker
United States Senator



Elizabeth Warren
United States Senator



Angela Alsobrooks
United States Senator



Ron Wyden
United States Senator