

United States Senate

WASHINGTON, DC 20510-4704

April 2, 2019

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

I write to understand the motivation for and the anticipated consequences of your decision to restructure the Office of the Assistant Secretary for Health (OASH). In a March 22, 2019 letter, you outlined plans to restructure OASH to “increase operational efficiencies by eliminating program redundancies and decreasing program costs.”¹ These changes should not be made without a clear, public explanation, and I therefore request information on how and why the Department appears to be changing and possibly deemphasizing some of the OASH’s crucial functions. It is unclear how the reorganization will result in better policies and services for those served by these offices, including adolescents, women, low-income communities, and individuals with infectious diseases, including HIV/AIDS. In fact, it is difficult to understand how this reorganization does anything other than consolidate control at HHS headquarters and prioritize ideology over the needs of the women, teenagers, and children the affected programs serve.

I have been very clear about my disagreement with how the Trump-Pence Administration has fundamentally changed a number of OASH programs that serve women and adolescents, and this reorganization will result in even more troubling changes to these critical programs and services, like the Title X family planning program which has historically helped millions of people across the country get affordable care and the Teen Pregnancy Prevention Program—a key program that has supported evidence-based approaches to reducing teen pregnancy.

First, the Title X family planning program staff, who currently report to HHS Regional Offices, will instead begin reporting to the Office of Population Affairs (OPA) Headquarters. The March 22 letter claims this will strengthen the ability of OPA to “administer community-based and state and national-level public health initiatives and programs,” but it is unclear how consolidating regional reporting can be consistent with achieving community-based goals.

The reorganization will also effectively eliminate the Office of Adolescent Health (OAH), placing the programs falling under that Office’s jurisdiction, including the Teen Pregnancy Prevention Program, directly under OPA. As authorized by the Public Health Service Act, the OAH has the responsibility to “coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care” for

154 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510-4704
(202) 224-2621

2930 WETMORE AVENUE
SUITE 903
EVERETT, WA 98201-4107
(425) 259-6515

2988 JACKSON FEDERAL BUILDING
915 2ND AVENUE
SEATTLE, WA 98174-1003
(206) 553-5545
TOLL FREE: (866) 481-9186

10 NORTH POST STREET
SUITE 600
SPOKANE, WA 99201-0712
(509) 624-9515

950 PACIFIC AVENUE
SUITE 650
TACOMA, WA 98402-4450
(253) 572-3636

THE MARSHALL HOUSE
1323 OFFICER'S ROW
VANCOUVER, WA 98661-3856
(360) 696-7797

website: <http://murray.senate.gov>
e-mail: <http://murray.senate.gov/email>

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402 EAST YAKIMA AVENUE
SUITE 420
YAKIMA, WA 98901-2760
(509) 453-7462

adolescents.ⁱⁱ It is difficult to understand how moving the OAH under OPA accomplishes this goal. Additionally, the reorganization eliminates the Immediate Office of the Director of OAH, which is currently led by a career official with decades of experience who reports directly to the OASH. The reorganization proposes that the Deputy Assistant Secretary for Population Affairs will lead the newly consolidated OPA, including both the Teen Pregnancy Prevention Program and the Title X Program as well as OAH initiatives that have nothing to do with population affairs.

The March 22 letter also outlines plans to merge a number of critical public health functions into the newly created Office of Infectious Disease and HIV/AIDS Policy (OIDP), consolidated under the leadership of a Deputy Assistant Secretary. This will effectively eliminate the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and the National Vaccine Program Office (NVPO), and provide another reporting layer between the OASH and the programs currently operated by those offices. The reorganization plan seems to minimize these offices at a time when the issues they address are some of the Department's stated priorities and are critical public health issues. For example, on March 6, 2019, amidst major measles outbreaks in Washington state and New York, Assistant Secretary Brett Giroir, Centers for Disease Control and Prevention (CDC) Director Robert Redfield, and Surgeon General Jerome Adams published an op-ed about vaccinations, stating, "Vaccinations save lives, protect our children and are one of our greatest public health achievements. As public health officials, our role is to advance the health of the American people. This must include championing vaccinations."ⁱⁱⁱ The consolidation of these offices also appears to run counter to President Trump's stated goal of ending the HIV epidemic in America, which he recently announced in his 2019 State of the Union address; Assistant Secretary Giroir subsequently tweeted in support of the initiative: "We have a realistic opportunity to end the #HIV epidemic in America - for all generations. We cannot let this opportunity pass us by."^{iv} This Administration has taken a number of actions that run counter to this goal and, again, it is unclear how the reorganization successfully advances public health or the Department's stated goals.

Lastly, the reorganization would move the President's Council on Sports, Fitness, and Nutrition under the Office of Disease Prevention and Health Promotion; here too the motivation and anticipated consequences are unclear.

The OASH reorganization seems to elevate politics and ideology, while deprioritizing programs that serve the public health and communities in need. Please respond to the following questions by no later than April 16, 2019 to explain the Department's reorganization decisions:

1. Why is the Department electing to reorganize OASH? Has the Department received any complaints or feedback that motivated these changes?
2. How will the OASH reorganization affect the staff currently serving in the offices being restructured? How will the Department ensure the reorganization will not impact staff grades, pay, and benefits or promotional opportunities? How will the total staffing level of OASH programs be impacted by the reorganization?

3. How will the reorganization affect the activities of the offices being restructured? Are any current activities being discontinued?
4. How will the reorganization ensure women and adolescents are being effectively served by the Title X Program and the Teen Pregnancy Prevention Program? What efforts are in place to ensure evidence and science, rather than ideology, dictate the priorities of those programs?
5. The reorganization plan states, "The OIDP will administer and implement all statutory authorities of the National Vaccine Program that are currently carried out by the NVPO." What statutory authorities are not currently being carried out, and what statutory authorities will not be carried out following the reorganization?
6. What impact will the reorganization have on federal advisory committees under OASH?

Thank you in advance for your attention to this matter. If you have any questions, or would like to further discuss compliance with this request, please contact Kelly Brown with Senator Murray's staff at Kelly_Brown@appro.senate.gov or (202) 224-0410.

Sincerely,



Patty Murray
United States Senator

ⁱ Letter from the Honorable Alex M. Azar, Secretary, Department of Health and Human Services, to Senator Patty Murray, Ranking Member, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Senate Committee on Appropriations (Mar. 22, 2019).

ⁱⁱ 42 U.S.C. 300u-7.

ⁱⁱⁱ <https://www.nytimes.com/2019/03/06/opinion/vaccines-autism-flu.html?module=inline>

^{iv} <https://www.hiv.gov/blog/ending-hiv-epidemic-plan-america>;
https://twitter.com/HHS_ASH/status/1106274532569112577