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ONE HUNDRED NINETEENTH CONGRESS
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November 17, 2026

The Honorable Erica Schwartz
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Director Schwartz:

We are writing to express our frustration and concern with a 30-minute briefing that you provided Committee staff on October 14 in response to our request for information on how the Centers for Disease Control and Prevention (CDC) is defining measles-related deaths and reporting them on its public dashboard. While we appreciate that you took time to personally lead the briefing, it was woefully inadequate. Your failure to meaningfully respond to questions from Committee Democrats takes place amid a measles outbreak so severe that the nation has lost its measles elimination status for the first time in 25 years.[1] As the crisis worsens, we are concerned that you continue to direct an effort at CDC to downplay the outbreak and artificially reduce the number of measles deaths that CDC reports to the public, concealing the fact that ten people have died of measles-related deaths this year alone.[2]

In 2025, there were three measles deaths in the United States, and before that there had been zero since 2015. The rise in measles cases and deaths, particularly affecting unvaccinated Americans, is directly tied to this Administration's ideological campaign to convince the American public that contracting measles is less dangerous than a safe and effective vaccine. In just the past two weeks, four Americans died of measles, including two children.[3] Instead of providing information and support to the many communities across the nation that are facing measles outbreaks CDC is seemingly focused on manipulating data, delaying diagnostic

[1] *Exclusive: U.S. Loses Measles-Elimination Status as Historic Resurgence Sickens Thousands*, Wall Street Journal (Nov. 13, 2026).

[2] *U.S. Measles Deaths Rise to 10 After New Reports in Pennsylvania and Wisconsin*, NBC News (Nov. 13, 2026).

[3] *Id.*; CIDRAP, *A Baby in Wisconsin Has Died From Measles, the 3rd Such U.S. Death This Week* (Nov. 5, 2026) (https://www.cidrap.umn.edu/measles/baby-wisconsin-has-died-measles-3rd-such-us-death-week).

development, and obstructing medical updates to doctors.[4] The sustained and widespread nature of this outbreak has resulted in the United States losing its measles elimination status, and you've made it clear that you aren't planning to do anything differently to stop it.[5]

Despite your staff limiting the briefing to only 30 minutes, you dedicated a majority of the call reciting publicly available statistics, including, for example, the specific number of measles cases in Guatemala, Peru, and Canada. One third of the briefing had already lapsed by the time that you finally began to address the concerns expressed in our prior letter about your changes to CDC's reporting of measles deaths. Throughout the briefing, you apparently filibustered by reading out long lists of CDC's roles and activities regarding measles that were unrelated to the briefing we requested. Finally, at the end of your presentation, you took one question and then Department of Health and Human Services (HHS) staff abruptly ended the briefing.

Of greater concern, however, is that the little substance you did provide was unresponsive to our concerns and, at times, misleading. For example, you continue to recite the farcical, dismissive, and substantively irrelevant line that someone with measles who is struck and killed by a car should not be counted as a measles death to defend your decision to exclude state-reported measles deaths as determined by public health and epidemiological experts in states. None of the measles deaths to date come anywhere close to this entirely invented situation, and your repeating it on numerous occasions demonstrates your lack of seriousness about the ongoing measles outbreak.

Most crucially, you repeatedly stated that your actions were not intended to "second-guess" determinations made by state and local health departments or cause public confusion, but there is no other way to interpret your actions. While measles cases and deaths are rising, you unilaterally decided that CDC's method of reporting measles deaths needed to change from trusted real-time reporting by public health departments to death certificate data, which could have up to 3 to 12 months of lag time between death and reporting. This functionally keeps the public in the dark on how diseases are affecting their communities. You also did not provide staff with time to inquire about CDC's engagement with epidemiological experts who are working on a standard definition for deaths caused by measles and how that process is being insulated from political interference.

We also learned that hours after the briefing's conclusion, you clamped down even further on what information can be reported to the public, requiring that all updates to webpages, including updates to data, be run through a single individual for approval. Creating a single bottleneck in CDC's Public Affairs office for the publication of data casts further doubt on your intention to provide the public with objective and truthful health information in a timely manner.

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[4] *C.D.C. Ignored Request From States to Validate a New Measles Test,* The New York Times (Oct. 21, 2026); *CDC Scientists Sought Urgent Alert On Measles In Pregnancy. It Wasn't Approved*, The Washington Post (Oct. 30, 2026).

[5] *C.D.C Chief Says Agency Will Not Change Measles Response If U.S. Loses Elimination Status*, CNN (November 13, 2026).

It is impossible to read this change in your processes so soon after your evasive briefing as anything other than further interference with public health data.

Since your briefing did not provide meaningful answers regarding critical decisions you are making to lead CDC's reporting and response to the largest measles outbreak in three decades, we are expanding our investigation to examine the threat your actions pose to Americans' health and whether changes to your statutory authority are required. This briefing was not responsive to our initial request, nor do we believe the process or substance of the briefing was acceptable in terms of CDC's responsibility to adequately inform Congress on matters of public health. You can expect many more requests from Democratic Committee staff, and we expect your briefings to be substantive and complete. As the 120th Congress begins in January, you can expect that any information not provided voluntarily will be compelled using all the tools that will be at our disposal in the majority.

As an initial matter, please confirm in writing that you and all relevant CDC officials and staff have been notified of the requirement to preserve records outlined in our letter of September 14. We will be following up with specific document requests.

If you have any questions about this request, please contact the Committee Democratic staff at (202) 225-2927.

Sincerely,

Frank Pallone, Jr.
Ranking Member

Diana DeGette
Ranking Member
Subcommittee on Health

Yvette Clarke
Ranking Member
Subcommittee on Oversight and Investigations