

ONE HUNDRED NINETEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-3641
Minority (202) 225-2927

July 29, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20024

Dear Secretary Kennedy:

We are writing to express our deep concern over the failure of the Department of Health and Human Services (HHS) to provide information to Congress and the public regarding the newly appointed Advisory Committee on Immunization Practices (ACIP) members. This failure demonstrates a troubling lack of transparency regarding members' potential conflicts of interest, HHS's process for selecting and vetting the new ACIP members, and whether any ethics training of the seven newly appointed members was conducted. Your careless and opaque process of firing all 17 previous ACIP members and appointing new ones who have clear biases against vaccines make clear your true intentions: to undermine the science-based process we have long relied on to provide vaccination recommendations. We fear that your ideologically driven agenda is to make vaccines broadly less accessible to all Americans.

In a June 9, 2025, *Wall Street Journal* opinion piece, you wrote that removing all 17 members serving on ACIP was necessary to "restor[e] public trust" in vaccines and address conflicts of interest concerns for previous members.¹ However, your public statements have contained blatant inaccuracies regarding the new ACIP appointees, including false information about their medical and academic credentials.² For example, though you had initially lauded one of your hand-selected members, Dr. Michael Ross, as a clinical professor at George Washington University and Virginia Commonwealth University, both schools clarified Dr. Ross had not worked there in years; he was later identified as an operating partner for a private equity fund and a board member of several private health care companies, and resigned merely days after

¹ Secretary Robert F. Kennedy, Jr., *HHS Moves to Restore Public Trust in Vaccines*, Wall Street Journal (June 9, 2025).

² *RFK Jr. Falsely Claims New Vax Board Member Works at University*, Inside Higher Ed (June 17, 2025). *RFK Jr. Says His New Vaccine Panel Has a GW University Professor. The School Says He Doesn't Work* NBC Washington, (Jun. 14, 2025); *Doctor Who Claimed to be Current GW University Professor Leaves RFK Jr.'s Vaccine Panel*, NBC Washington (Jun. 25, 2025).

you announced his appointment.³ Spreading misinformation on your chosen ACIP members' most basic qualifications misleads the public about their competence and contradicts your stated goal of restoring trust and "radical transparency." In addition, several of your selected members lack meaningful scientific expertise to serve on ACIP, with no backgrounds in vaccines, immunology, and infectious disease. Others come with clear biases against vaccines.⁴ The fact that you have not provided any information about how these individuals were selected and how their credentials were assessed renders their selection even more concerning.

Additionally, despite your baseless and unsubstantiated claims that the prior members of ACIP had conflicts of interest, you have hypocritically eliminated accountability for the new members by withholding disclosure of their own potential conflicts. At your confirmation hearing, you falsely claimed 97 percent of people on ACIP had conflicts of interest, mischaracterizing a 16-year-old report on 17 different advisory committees that said nothing about conflict of interests among now-terminated ACIP members.⁵ Despite your alleged concerns about conflicts of interest, on July 9, 2025, STAT reported "the Department of Health and Human Services is sitting on information about new vaccine advisers' conflicts of interest and seemingly backtracking on its vow to make key disclosure documents public."⁶ Although the Centers for Disease Control and Prevention (CDC) has recently updated its website to reflect one conflict of interest disclosure from the recent meeting, the agency has made no information available substantiating the claim.⁷ Furthermore, CDC's website also notes Dr. Cody Meissner made "no conflicts of interest declarations," notwithstanding his previous disclosures that he received money from Pfizer, AstraZeneca, Roche, and other drug companies for clinical trials.⁸ There are also no public disclosures available for any other ACIP members, including members with clear reported interest in vaccine-related litigation.⁹ For example, just this year, Mr. Martin Kulldorff submitted expert testimony opposing Merck's HPV vaccine, an obvious conflict of interest given he had reportedly received \$33,000 in legal fees at a rate of \$400 per hour, in addition to a retainer of \$4,000.¹⁰

³ See note 2.

⁴ See Plaintiffs' Compl. for Declaratory and Injunctive Relief (Jul. 7, 2025), *Am. Acad. of Pediatrics et al. v. Robert F. Kennedy, Jr et al.*, D. Mass (No. 1:25-cv-11916). See also Martin Kulldorff, *Harvard Tramples the Truth*, City Journal (Mar. 11, 2024).

⁵ U.S. Department of Health and Human Services Office of Inspector General, *CDC's Ethics Program for Special Government Employees on Federal Advisory Committees* (Dec. 2009) (OEI-04-07-00260).

⁶ *HHS Backtracks on Pledge to Disclose New Vaccine Advisers' Conflicts of Interest*, STAT News (July 9, 2025).

⁷ Centers for Disease Control and Prevention, *Conflicts of Interest Disclosures of ACIP Members* (www.cdc.gov/acip/disclosures/by-member.html) (accessed July 15, 2025). See also *HHS Backtracks on Pledge to Disclose New Vaccine Advisers' Conflicts of Interest*, STAT (Jul. 9, 2025).

⁸ *Id.*

⁹ *Id.*

¹⁰ *Kennedy's New Vaccine Adviser was Expert Witness Against Merck Vaccine*, Reuters (June 12, 2025).

Beyond conflicts, your new members display clear ideological bias against vaccines: Dr. Retsef Levi, who conceded to having “little vaccine expertise,” asserted mRNA vaccines should “not be given to anyone young or healthy,” despite the fact that mRNA-based COVID-19 vaccines helped prevent an estimated 3.2 million U.S. deaths and 18.5 million hospitalizations from the pandemic’s onset through November 2022.¹¹ Another new ACIP member, Dr. Vicky Pebsworth, is a board member of the National Vaccine Information Center, which works to chip away at the number of Americans getting vaccinated against deadly disease through its advocacy for broad exemptions to immunization requirements.¹² In anticipation of the June meeting, at least one member, Lyn Redwood, planned on delivering a presentation citing a non-existent study alleging a link between thimerosal and long-term brain effects, before the reference was pulled from the CDC website.¹³ This combination of ideological bias, material conflicts, and data falsification creates a threat to public health and erodes Americans’ confidence in your ability to objectively lead our public health institutions.

Throughout its 50-year history, ACIP has provided critical recommendations which influence vaccination policies and insurance coverage of life-saving vaccines for all Americans. ACIP advisors have been trusted to evaluate scientific data on vaccines and provide necessary guidance for health care providers and public health officials to ensure immunization protocols are evidence-based and aligned with the best available scientific understanding.

Without clear information about the qualifications, backgrounds, and potential conflicts of interest among the new ACIP members, public trust in any future recommendations or actions by the Committee is at significant risk. HHS’s unwillingness or inability to provide complete information on your personally handpicked ACIP members is deeply concerning and in stark contrast to the detailed disclosures database, housed on the CDC website for all members since 2000.¹⁴

This lack of transparency is particularly concerning given ACIP Chair Martin Kulldorff’s recent statement at the June 25, 2025, ACIP meeting, opening up the possibility of significant changes to the pediatric vaccine schedule, despite settled science on the safety and efficacy of these critically important pediatric vaccines.¹⁵ Then on June 26, 2025, Mr. Kulldorff stated that at the next ACIP meeting, potentially as soon as August or September, the panel might consider advising against the use of a combination vaccine known as MMRV, which protects against measles and chickenpox, in children under 4 years of age.¹⁶ Amidst the largest U.S. measles outbreak in 33 years that has infected over 1,300 Americans—including 378 children under the

¹¹ *Report: COVID-19 Vaccines Saved US \$1.15 Trillion, 3 Million Lives*, CIDRAP (Dec. 13, 2022).

¹² See note 5.

¹³ *The CDC Got Caught Citing A Fake Study. Again.*, Vice (Jul. 7, 2025).

¹⁴ See note 6.

¹⁵ *Kennedy’s Vaccine Panel to Review Childhood Immunization Schedule*, Politico (June 25, 2025); Centers for Disease Control and Prevention, *Vaccine-Specific Recommendations* (Jan. 7, 2025).

¹⁶ Centers for Disease Control and Prevention, *ACIP Meeting Information* (June 18, 2025).

age of five—this decision would be particularly horrific and antithetical to the health of our communities.¹⁷

Given the deeply concerning false statements, the lack of publicly available information on the current ACIP process and its reconstituted membership, and the clear biases of several of the new ACIP members, we request the following information and documents by August 12, 2025:

1. Please produce all ethics forms and financial disclosures for the seven new ACIP members you appointed.
2. Please provide details on the application and vetting process for the seven new ACIP members, including:
 - a. When did HHS begin the process of candidate selection?
 - b. What was the process for identifying potential and final candidates for ACIP membership?
 - c. What criteria did HHS use to select these ACIP members and evaluate their credentials?
 - d. Who at HHS was involved in the recommendation and selection of these ACIP members? What was your personal involvement?
 - e. Did any HHS staff raise objections about the qualifications of these ACIP members? If so, what were these objections, and how were they considered?
3. Describe how HHS assessed potential conflicts of interest among its newly appointed ACIP members, including:
 - a. What criteria did HHS use to assess whether there was a conflict of interest?
 - b. Did HHS review conflict of interest disclosures before or after the new ACIP members were announced?
 - c. Have all conflict of interest reviews been completed or are any ongoing? If any are ongoing, which ones?
 - d. Did HHS recommend that any new members recuse themselves for any specific decisions based on your findings? Why or why not?

¹⁷ Centers for Disease Control and Prevention, *Measles Cases and Outbreaks* (Jul. 26, 2025) (last accessed Jul. 29, 2025).

4. Did all new ACIP members receive conflict-of-interest and ethics trainings prior to beginning their service? If so:
 - a. When did these trainings take place?
 - b. Who conducted them?
 - c. Describe the content of these trainings, including any guidance when, if ever, ACIP members are advised to recuse themselves from their assessment of certain products under review.
5. One of the ACIP members you selected, Dr. Michael Ross, abruptly stepped down days after he was announced, given his financial holdings with health care firms.¹⁸ Was Dr. Ross vetted for these conflicts before he was announced as a new member? If so, why was he announced in the first place? If not, why was he announced prior to completion of his vetting?
6. Several ACIP members have been involved in vaccine-related litigation, including as paid experts.¹⁹ Is it HHS's position that an ACIP member's involvement in vaccine-related litigation, especially as a paid expert, does not constitute a conflict of interest? If not, why not and is that consistent with past HHS practice?
7. HHS had previously announced it would release ethics forms for new ACIP members by the group's first meeting.²⁰ Those forms have not been released.²¹ Why have they not been released yet? Does HHS plan on releasing those in the future? If not, why not?
8. Will there be any action taken against Lyn Redwood for her citations to non-existent studies and misrepresentations of existing studies on thimerosal exposure and its relevance to autism in her prepared ACIP presentation?²²

¹⁸ *New-look ACIP, Down a Member and Homing in on 'Long-Settled Safety Topics,' Kicks Off Controversial Vaccine Meeting*, Fierce Pharma (June 25, 2025).

¹⁹ *Two of Kennedy's New ACIP Picks Were Paid Expert Witnesses in Merck Vaccine Cases*, BioSpace (Jun. 13, 2025).

²⁰ *HHS Backtracks on Pledge to Disclose New Vaccine Advisers' Conflicts of Interest*, STAT (Jul. 9, 2025).

²¹ *Id.*

²² See note 13.

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9. Is ACIP revisiting any existing ACIP recommendations for the childhood vaccination schedule? If so, how will ACIP evaluate whether these changes are warranted and necessary and ensure parents who want to vaccinate their children are still able to access care?

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

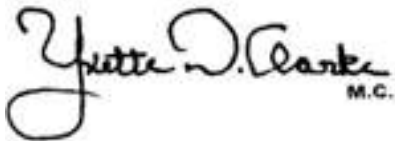
Sincerely,



Frank Pallone, Jr.
Ranking Member



Diana DeGette
Ranking Member, Subcommittee on
Health



Yvette Clarke
Ranking Member, Subcommittee on
Oversight and Investigations