July 16, 2026

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Collins, Vice Chair Murray, Chairman Cole, and Ranking Member DeLauro,

The undersigned 84 organizations write to express our profound concern regarding the State Department's proposed dismantling[1] of the President's Emergency Plan for AIDS Relief (PEPFAR) as we know it. We urge Congress to take action to protect PEPFAR and maintain the U.S. Centers for Disease Control and Prevention's (CDC) critical operational funding and implementing role.

PEPFAR is a long-standing, bipartisan global health initiative that has been instrumental in the global fight against HIV, saving over 26 million lives. One key to PEPFAR's remarkable success has been its unique, congressionally-designed structure that allows it to utilize the strengths of multiple agencies, including the CDC. For two decades, the CDC has implemented 40% of PEPFAR funding, providing U.S. government public health expertise in areas including disease surveillance; laboratory, data, and health information technology systems; clinical service delivery for programs; and outbreak prevention, detection, and response.

In May 2026, the Department of State announced that long-standing interagency transfers of PEPFAR resources to HHS for CDC will end by September 30, 2026.[2] More than 100 CDC-run PEPFAR programs providing lifesaving HIV treatment to over 8 million people stand to be shuttered. Under a new fee-for-service model, CDC's PEPFAR funding could plummet from approximately $2 billion annually to $150 million—a staggering 93% reduction.

This is not a routine bureaucratic adjustment or thoughtful transition, but rather a drastic pullback of U.S. health expertise and leadership that will have devastating consequences:

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[1] William Roper, Jeffrey Koplan, Richard Besser, Tom Frieden, Anne Schuchat, Robert Redfield, Rochelle Walensky, and Mandy Cohen, "8 Former CDC Directors: Reform PEPFAR, Don't Dismantle It," *STAT*, May 26, 2026, https://www.statnews.com/2026/05/26/pepfar-state-department-plan-dismantling-hiv-cdc/.
[2] Apoorva Mandavilli, "New Plan Scales Back C.D.C.'s Work on Diseases Abroad," *The New York Times*, June 17, 2026, https://www.nytimes.com/2026/06/17/health/pepfar-cdc-cuts.html.

Severe Disruptions to Care: Terminating CDC-run PEPFAR programs jeopardizes the health of more than 8 million people currently on HIV treatment supported by CDC funds. When HIV treatment is interrupted or no longer available, viral loads spike rapidly within days, not only erasing years of health gains for the individual but also increasing the risk of community transmission and drug-resistant HIV strains.

Decimation of CDC Capacity: In the more than two decades since Congress designed PEPFAR, CDC has built laboratory networks, surveillance systems, outbreak response capabilities, and trusted government-to-government relationships for the fight against HIV/AIDS that are today also essential to American health security. Those systems and capacities will wither and the U.S. will lose early warnings and response capabilities, putting Americans at greater risk of global health threats.

Mass Closures and Layoffs: This funding cliff could force the closure of at least 20 CDC country offices and CDC's overseas workforce could shrink from nearly 1,500 staff to as few as 500. While this infrastructure was built to implement PEPFAR, today it also serves far broader national security purposes: providing real-time disease surveillance, pathogen sequencing that detects emerging threats before they reach U.S. shores, and a Field Epidemiology Training Program that has trained thousands of local responders who serve as America's first line of defense in outbreak countries.

PEPFAR's Functional End. Ending the long-standing transfer of PEPFAR resources to CDC will dismantle the interagency partnership model Congress carefully designed—a model that has saved 26 million lives and still commands strong public and bipartisan support.[3] Coming on the heels of USAID's closure in 2025, this change removes the last institutional anchor of a proven, lifesaving program.

This shift will pull the plug on lifesaving treatment programs serving millions of patients today and destroy public health systems keeping Americans safe from the health threats of tomorrow. Congress must act to prevent this hasty transition from becoming a manmade catastrophe. Specifically, we urge you to:

1.) **Codify the PEPFAR transfer in the SFOPS/NSRP bill**. Congress should include, in the FY27 SFOPS appropriations bill, language directing a transfer of $2 billion in PEPFAR funding to CDC via Section 632(a) of the Foreign Assistance Act. Explicit FY27 appropriations bill text and aligned report language would reinforce congressional intent to preserve and continue the 632(a) transfer to CDC at prior funding levels.
2.) **Increase direct appropriations for CDC Global Health in the LHHS bill.** Appropriators should increase CDC's Global Health appropriation to, eventually, sufficiently support the agency's overseas operations and partnerships critical to American health security and pandemic prevention, preparedness, and response.

[3] The Maiden Group, "New National Poll: Voters Overwhelmingly Support PEPFAR Funding," April 28, 2026, https://themaidengroup.co/news/pepfarpoll.

3.) **Exert oversight now.** Congress should convene hearings, request a GAO review, send formal document requests, and take additional oversight actions to fully understand the consequences of this policy change.

These requests have garnered bipartisan support in the Senate,[4] and now is the time to act. PEPFAR has proven to be one of the most remarkable global health successes of our time, saving millions of lives through innovative, targeted, and science-based HIV prevention and treatment programming, all while protecting Americans. To protect this hard-won progress, we urge you to ensure that appropriated funds are transferred to CDC in a sufficient and timely manner. We appreciate your longstanding support for PEPFAR and look forward to continuing to work with you in the fight against the HIV/AIDS epidemic.

Sincerely,

ADAP Advocacy Association
Adorers of the Blood of Christ US Region JPIC Office
Advocacy Network for Africa (AdNA)
Africa Faith and Justice Network
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS United
American Public Health Association
American Society of Tropical Medicine and Hygiene
amfAR
Association of Concerned Africa Scholars (ACAS-USA)
Association of Nurses in AIDS Care
Association pour l'amélioration de la santé des populations (AAMESP)
Aurum Institute USA
AVAC
CDC Alumni and Friends Network
Christian Connections for International Health
Church World Service
Congregation of Our Lady of Charity of the Good Shepherd, U.S. Region
Council for Global Equality
Defend Public Health
Disabled Children's Fund
Disciples Center for Public Witness (Disciples of Christ)
Doctors for America
Dominican Leadership Conference
Dominican Sisters of Sinsinawa Peace and Justice Office
Dominican Sisters of Sparkill
Drug Policy Alliance

[4] "Warnock, Cassidy Urge Senate Colleagues to Oppose Trump Administration Changes to CDC's Global Disease Programs" (press release, June 25, 2026), https://www.warnock.senate.gov/newsroom/press-releases/warnock-cassidy-urge-senate-colleagues-to-oppose-trump-administration-changes-to-cdcs-global-disease-programs/.

Evangelical Lutheran Church in America
Friends of the Global Fight Against AIDS, Tuberculosis and Malaria
Funders Concerned About AIDS
Futures Without Violence
Global Network of Black People working in HIV
Health GAP
HealthHIV
HelpAge USA
Hepatitis B Foundation
HIV Medicine Association
Holy Spirit Missionary Sisters, USA-JPIC
Housing Works
Human Appeal
Infectious Diseases Society of America
Maryknoll Fathers and Brothers
Maryknoll Office for Global Concerns
Medical Impact
Muso
NASTAD
National Advocacy Center of the Sisters of the Good Shepherd
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Birth Equity Collaborative
National Council of Jewish Women
National Working Positive Coalition
NETWORK Lobby for Catholic Social Justice
NMAC
Pax Christi USA
Physicians for Human Rights
Positive Women's Network-USA
PrEP4All
Public Advocacy for Kids (PAK)
Save HIV Funding Campaign
Sojourners
Stop TB USA
The Center for HIV Law & Policy (CHLP)
The United Methodist Church - General Board of Church and Society
Treatment Action Group (TAG)
Union for Reform Judaism
United Church of Christ
Voices of Health Care Action
We Are TB

State and Local Organizations:

AIDS Action Baltimore
AIDS Alabama
AIDS Foundation Chicago
APLA Health
Clare Housing
Convergence Health
Dominican Sisters of Blauvelt, NY
Dominican Sisters of Hope
Equality California
Five Horizons Health Services
Justice, Peace & Integrity of Creation Committee, Dominican Sisters, Springfield, IL
Silver State Equality
Sisters of St. Francis, Clinton, Iowa
Thrive Alabama
Wote Youth Development Projects CBO

CC:
Chair, Senate Subcommittee on State, Foreign Operations, and Related Programs
The Honorable Brian Schatz, Ranking Member, Subcommittee on State, Foreign Operations, and Related Programs
The Honorable Mario Díaz-Balart, Chairman, Subcommittee on National Security, Department of State, and Related Programs
The Honorable Lois Frankel, Ranking Member, Subcommittee on National Security, Department of State, and Related Programs
The Honorable Jim Risch, Chairman, Senate Committee on Foreign Relations
The Honorable Jeanne Shaheen, Ranking Member, Senate Committee on Foreign Relations
The Honorable Brian Mast, Chairman, House Committee on Foreign Affairs
The Honorable Gregory Meeks, Ranking Member, House Committee on Foreign Affairs
The Honorable Bill Cassidy, Chair, Senate Committee on Health, Education, Labor, and Pensions
The Honorable Bernie Sanders, Ranking Member, Senate Committee on Health, Education, Labor, and Pensions
The Honorable Brett Guthrie, Chair, House Committee on Energy and Commerce
The Honorable Frank Pallone, Ranking Member, House Committee on Energy and Commerce