Dear Acting Secretary Hargan:

Recent press reports revealed that the Trump Administration has prohibited officials at the Centers for Disease Control and Prevention (CDC) and other parts of the Department of Health and Human Services (HHS) from using a number of words or phrases in preparing documents for the fiscal year 2019 (FY19) budget. We are incredibly concerned by this unconscionable restriction on agency communications and the message this sends regarding the critical health and scientific work of the Department. We therefore seek information and documents regarding how and why the prohibition is being implemented across the Department.

According to news reports, the Trump Administration gave CDC officials a list of seven prohibited words or phrases during a meeting last week with senior agency budget officials. The forbidden words are “vulnerable,” “entitlement,” “diversity,” “transgender,” “fetus,” “evidence-based” and “science-based.” The prohibition applies to the budget and supporting materials being prepared for the FY19 budget proposal, which is expected to be released in early February. Meeting attendees were reportedly not provided a reason why these words are banned, but the words “vulnerable,” “entitlement,” and “diversity” have already been flagged for correction in draft documents. Subsequent news reports indicate the prohibition is not exclusive to CDC. There also continues to be confusion about whether the prohibition applies beyond budget documents.

CDC’s work necessarily uses many, if not all, of the banned words. For example, the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention addresses the health trends of lesbian, gay, bisexual, and transgender (LGBT) individuals. Through this office, the CDC offers resources and information for transgender individuals, including information on HIV in transgender communities. In fact, CDC’s own data makes clear that transgender individuals are at increased risk for HIV, in part because of exactly the kind of stigma this dangerous prohibition

1 https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-ed6c16379010_story.html?utm_term=.5e68f1f76965
3 https://www.nytimes.com/2017/12/16/health/cdc-trump-banned-words.html?_r=0
4 https://www.cdc.gov/nchhstp/sexual-id-orientation.htm
5 https://www.cdc.gov/lgbthealth/transgender.htm
stands to perpetuate. The CDC’s work on the Zika virus involves study of the passage of the virus from a pregnant woman to her fetus and the potential for birth defects in the fetus. CDC’s Office of Minority Health includes a division dedicated to diversity and inclusion management. It is hard to understand how CDC might prepare budget documents and more broadly conduct its work while omitting these key words and phrases.

Within HHS more broadly, these prohibited words and phrases are used frequently. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) operates a national registry of evidence-based programs and practices to inform the public of mental health and substance use interventions. In FY2018, SAMHSA requested $2.8 million for the registry. On a page describing its role in the science and research surrounding the regulation of food, the Food and Drug Administration (FDA) describes itself as “a science based public health and regulatory agency responsible for ensuring the safety and proper labeling of foods (including dietary supplements) in the U.S. marketplace.” The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within HHS has published thousands of documents studying vulnerable populations. There are many more examples of the use of these words and phrases across the Department.

This explicit prohibition on the use of certain words or phrases unnecessarily inserts ideology into the work of the CDC, whose mission is to “conduct[] critical science and provide[] health information that protects our nation against expensive and dangerous health threats,” and throughout the Department. The prohibition has the potential to freeze scientific advancement at the agency and across the Department, and it sends a clear message that the Trump Administration is yet again prioritizing ideology over science.

This is unfortunately far from the first example we have seen this year of the insertion of ideology into the work of the Department, while the collection of data and the focus on science have been deprioritized. In March, the Administration for Community Living (ACL) proposed eliminating questions on sexual orientation and gender identity from two surveys that have been used to assess the needs of LGBTQ seniors and people with disabilities. In July, the Office of Adolescent Health (OAH) suddenly announced plans to terminate grants for the evidence-based Teen Pregnancy Prevention Program just three years into their five-year terms. In September, the Department issued a draft Strategic Plan for FY2018-2022 that repeatedly prioritized ideology over science and failed to address the diverse health needs of the people the Department serves. The Department has not offered a convincing scientific or evidentiary basis for these changes.

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8 https://nrepp.samhsa.gov/about.aspx
10 https://www.fda.gov/Food/FoodScienceResearch/
11 https://aspe.hhs.gov/terms/vulnerable-populations
12 https://www.cdc.gov/about/organization/mission.htm
Yet, many of HHS’s leaders have repeatedly expressed a commitment to ensure science, not ideology, dictates the work of the Department. At his nomination hearing, FDA Commissioner Dr. Scott Gottlieb stated, “the American people deserve to trust that the agency is led in an impartial manner, guided only by the science that informs its work and an abiding faith to the public health.” At an October hearing, in response to a question about the federal government’s use and promotion of evidence-based practices and policies, National Institutes of Health (NIH) Director Dr. Francis Collins stated, “NIH, of course, is in the business of generating the evidence.” At their nominations hearing, Surgeon General Dr. Jerome Adams, Assistant Secretary for Mental Health and Substance Use Dr. Elinore McCance Katz, Assistant Secretary for Preparedness and Response Dr. Robert Kadlec, and Assistant Secretary for Aging Lance Robertson each committed to publicly supporting and advocating for science over politics and ideology.

The Department’s leaders cannot both uphold a commitment to prioritizing science over politics and ideology and support prohibiting the use of key words and phrases that are central to the broader health mission of the Department. To assist us in better understanding the parameters of and justification for the prohibition, please provide the following information and documents by no later than January 2, 2017:

1. Have HHS employees been directed to avoid the use of certain words and phrases in the preparation of budget documents for FY19?
   a. Does the prohibition apply to all agencies and HHS operating divisions? If not, to which agencies and operating divisions does it apply?
   b. Please provide a complete list of the words or phrases that Department employees have been directed to avoid in budget documents.

2. Have HHS employees been directed to avoid the use of certain words and phrases in other types of communications both within the Department and with other federal government offices or outside entities?
   a. Does the prohibition apply to all agencies and HHS operating divisions? If not, to which agencies and operating divisions does it apply?
   b. Please provide a complete list of the words or phrases that Department employees have been directed to avoid in their communications.

3. How have language prohibitions been communicated to Department employees?
   a. Please provide all communications that have been shared with Department employees, or employees of any individual agencies or operating divisions, about language prohibitions in budget documents.

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b. Please provide all communications that have been shared to Department employees, or employees of any individual agencies or operating divisions, about language prohibitions in internal and external communications that are not related to the budget.

4. What is the justification for the language prohibition?
   a. How were the prohibited words and phrases selected?
   b. Please describe for each word or phrase how the Department and patients and families stand to benefit from its prohibition.

5. A number of offices and programs within HHS focus on policy and research involving the prohibited words and phrases. How does the Department plan to apply the language prohibition to these offices and programs?

Thank you in advance for your attention to this critical matter. If you have any questions, or would like to further discuss compliance with this request, please contact Andi Fristedt or Elizabeth Letter with the Senate HELP Committee’s Democratic Staff at 202-224-6403 and Christina Calce with the House Energy and Commerce Committee’s Democratic Staff at 202-225-3641.

Sincerely,

Patty Murray
Ranking Member
Senate Committee on Health, Education, Labor, and Pensions

Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce