

# United States Senate

WASHINGTON, DC 20510-3205

Secretary Robert F. Kennedy Jr.  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

March 23, 2026

Dear Secretary Kennedy,

Thank you for your February 6, 2026, response to our letters dated February 17, 2025, and August 5, 2025, regarding staffing cuts and administrative issues for the World Trade Center Health Program (WTCHP).

Since our initial outreach in 2025, Congress has finally passed bipartisan legislation to address the impending funding deficit that the World Trade Center Health Program faced. However, there remain outstanding program administration issues essential to address.

Of immediate concern is the continuing chaos at the Centers for Disease Control and Prevention (CDC) driven by this Administration. Since you were confirmed as Department of Health and Human Services (HHS) Secretary, the churn of leadership in the Director position has caused turmoil throughout the agency, particularly within WTCHP. Without full-time, adequate leadership at CDC, the administration has made uninformed decisions that create harmful downstream impacts, such as firing staff at WTCHP and the National Institute for Occupational Safety and Health (NIOSH). While some staff have been rehired, not all have been allowed to return to work, and several individuals supporting the program's work have been reassigned to other agencies without explanation. This has exacerbated staffing shortages and impeded program operations and functionality, hurting our heroes who rely on this program to receive essential medical treatment.

Specifically, we must address the reassignment of two Public Health Service Corps Officers from their work for the WTC Health Program. These reassignments include the Deputy Director of the

WTCHP to work in the Indian Health Service (IHS) and a reassignment to HHS health care work in support of immigration enforcement efforts.

We are concerned that these staff changes will put additional strain on an already understaffed WTCHP. Since President Trump's inauguration, we have seen the staffing levels at the WTCHP drop from 93 to 84 staff members. The program is authorized to have 120 full-time staff to support the over 30,000 new 9/11 responders and survivors. Staff reductions within the program have immediate and significant repercussions on the health care of enrollees. Constituents are reporting delays in claims processing and the disruption of treatment authorizations in addition to significant delays in the appeals process for program enrollment denials. Furthermore, constituents regularly report waiting up to several months in various backlogs under the program or the National Provider Network (NPN). This is unacceptable. This administration's refusal to maintain adequate staffing for the program puts at risk the critical health support needed by responders and survivors.

Due to severe staffing reductions, there has been no appeal officers available to handle enrollment appeals of 9/11 responders and survivors who were denied eligibility. Some of these individuals have been waiting for more than a year to have an appeal officer review their denials. As we understand it, over 50 percent of previous denials were reversed at appeal. This amounts to a denial of care for those impacted by 9/11 whose appeal would have been overturned, allowing them access to care.

Staffing cuts will exacerbate future challenges for the WTCHP due to major transitions with its contracts in the coming months. Because of delays by HHS, the Third-Party Administrator (TPA) contract was delayed in its request for proposal (RFP) process as had the new contract for the National Program Administrators (NPA). Due to these delays, the program now only has 19 days between two major contracting changes planned for this fall.

Finally, leadership failures at HHS continue to create problems for the program and its enrollees. Over \$20 million in research contracts have not yet been awarded, delaying pending petitions for cardiac, autoimmune, and cognitive issues related to toxic exposure on 9/11. The outcome of these petitions was scheduled for March 2025. The continued hiring freeze has prevented the Science and Technical Advisory Committee (STAC) from being fully staffed, the STAC is in place to review any petition decisions.

In response to some of the answers provided in the agency's February 6, 2026, letter, which is attached for reference, we continue to have concern over the following issues.

### **1. Communications Pause and Travel Restrictions**

In your response to us, you say that HHS issued a “temporary” pause on external communications. You continue to say “*However, in November 2025, WTC Health Program staff attended both the Responder and Survivor Steering Committee meetings and plan to attend both Committees’ meetings again in February 2026.*”

While the communications pause was said to be “temporary” we remain concerned about limited contact program administrators have had with relevant advocates and steering committees as required in statute. Since 2011, the steering committee made up of police, fire, building trades, survivors, and clinicians have met every month. Under your leadership, these critical committees have met twice. Additionally, the Science and Technical Advisory Committee (STAC), which has traditionally met twice a year, has not been convened. These committees are part integral to ensure quality care for the 9/11 responders and survivors in the program.

### **2. Upcoming Contract Renewals**

Due to CDC contract office staff being fired and rehired, critical contracts for the TPA, the NPA, and the Pharmacy Benefit Manager (PBM) are now likely to all be transitioned to new contractors within the short span of three months this fall. The NPA contract was delayed in being RFP’d, the TPA contract was delayed because of contract challenges, and the PBM contract RFP has concerningly not yet been issued. This year, the PBM contract is set to expire on September 30, the TPA contract is due to go live with a new vendor on October 30, and then just days later the new administrators of the NPN are set to take over on November 18, 2026. This transition is difficult even with adequate staffing and now must be done when the program remains drastically understaffed because of your actions (see below #4). Particularly given the disastrous transition of the NPN to MCA Sedgwick several years ago, we are profoundly concerned that responders and survivors’ health care will suffer.

### **3. Research Grant Awards**

In your response letter you stated, “*OECSF was subject to the April 1, 2025, Reduction in Force notices, but those notices were rescinded on January 13, 2026, and some OECSF staff have since returned. Between April 1, 2025, and January 13, 2026, staff in OECSF were approved to return from administrative leave to process WTC Health Program research grant actions, ensuring that the statutorily required research activities continue. In collaboration with NIOSH, the WTC Health Program issued over 30 extensions for previously awarded research projects and awarded 16 newly funded research projects in fiscal year 2025. In December 2025, the WTC Health Program and OECSF published a Notice of Funding Opportunity (NOFO) to extend the WTC Health Registry. This NOFO is open until February 20, 2026.*”

The annual Research Grant process for the WTCHP starts in March with a request for proposals. A forecast for grants is not something for which researchers can apply. Even though the RIF notices were rescinded for these departments, that does not equate to full staffing. Ultimately,

this Administration has halted the normal process for the millions of dollars that the program is statutorily required to award, and this administration has not provided clear answers on when the process will return to a regular schedule of notices and awards.

#### **4. Hiring Freeze**

While HHS has publicly stated that the hiring freeze was lifted in October of 2025, it has not led to staff being hired nor does it mean the program is fully staffed. On Inauguration Day in 2025, the program had 93 staff to run the program and supervise the many contractors that provide care to injured 9/11 responders and survivors. As of today, because of retirement and those that took the buyout we understand that there are only 84 staff. This is unacceptable, as the program's staff had planned to grow to at least 120 as authorized by OMB to deal with the nearly 30,000 additional members that have been enrolled in the program over the last three years.

However, this number is further reduced, as program staff who are Public Health Service Corps Officers have been reassigned for temporary duty elsewhere without explanation. Currently this includes the Program Deputy Director, who will be working for months at IHS and another staffer who will provide health care support for the administration's immigration enforcement efforts.

Staff have been rehired who oversee the program's grants process; however, the administration's February 6 response does not address the terminated staff that supported the program. This includes staff who handle enrollment appeals, leaving potential program participants with no answers on whether they will be able to receive coverage under the program. There are dozens of 9/11 responders and survivors who have been waiting for more than a year to have heard the appeal of their enrollment denial heard.

#### **5. Petition Process**

One of the key parts of the *Zadroga Act*, which created the WTCHP, was the ability for the program to consider petitions to add conditions for which treatment would be covered by the program. Thousands of 9/11 responders and survivors who are experiencing autoimmune, cardiac, and cognitive conditions who have been waiting now over three and half years to receive a decision on whether the program will extend coverage to them.

They have waited long enough.

The program announced in December 2025 that delayed petitions would have determination by March of 2026. In early January 2025, there were four petition decisions, [31, 36, 39, and 53](#) announced on January 22, 2025, but there are no decisions on autoimmune, cardiac or cognitive conditions that the 9/11 community has been waiting for.

In summation, Mr. Secretary, in your response letter that you will be “working to uphold the bipartisan commitments made to support those affected by the tragic events of September 11, 2001”. To ensure that we are upholding our promise to these first responders and survivors, HHS needs to allow the program to hire additional staff, resume regular meetings of its advisory boards, resume the normal research grants process, and direct the program to make determination on the pending petitions.

To better understand the concerns outlined in this letter, such as the status of WTCHP staff, we request a congressional briefing from appropriate HHS and CDC officials. We request this briefing take place within 30 days of receipt of this letter.

We are seven months away from the 25<sup>th</sup> Anniversary of that tragic day, you must allow the World Trade Center Health Program to do its job.

Sincerely,



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Kirsten Gillibrand  
United States Senator



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Charles E. Schumer  
United States Senator