



May 21, 2025

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

RE: Workforce reductions at HHS

Dear Secretary Kennedy:

The undersigned public health, medical, civil rights, religious, educational and community organizations work to prevent the use of tobacco products, particularly by young people, to promote tobacco cessation and to end the scourge of entirely preventable tobacco-related disease and death. We write to express our concern about the recently announced reorganization at the Department of Health and Human Services (HHS) and accompanying workforce reductions, particularly as they will affect the regulation of tobacco products by the Food and Drug Administration (FDA) and the important work of the Office on Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC). We fear that the recent cutbacks will halt and even reverse the decades of progress our nation has made in reducing the use of lethal and addictive tobacco products at a time when public opinion polling shows widespread support for strong policies to address the impact of tobacco use in the United States.

Since taking office, you have expressed your determination to drastically reduce chronic disease rates. We applaud this sentiment and share your goal. We recognize, however, that any strategy focused on reducing chronic disease must address the use of tobacco products. Cigarette smoking is a primary driver of chronic diseases, including cancer, heart disease, stroke, COPD and diabetes. In fact, smoking is the top cause of cancer deaths in the U.S. and is responsible for 30% of all cancer deaths. Tobacco products contain thousands of chemicals, at least 70 of which

are known to cause cancer. Altogether, tobacco use is the leading cause of preventable death in the U.S., killing over 490,000 Americans and costing the nation more than \$600 billion each year, including over \$240 billion in health care expenditures. More than 16 million Americans currently live with a tobacco-caused disease.

The deep personnel cuts at FDA's Center for Tobacco Products (CTP), including removing the CTP Director, the head of its Office of Science and elimination of its Office of Regulations, among other significant reductions-in-force, have severely weakened CTP's capacity to exercise its statutorily-mandated regulatory authority to protect the public from hazardous and highly addictive tobacco products. The announced personnel reductions at FDA cannot be justified as they apply to tobacco regulation, which is entirely funded by the levy of statutory user fees and not by taxpayer dollars. Simply put, even with these cuts, not a penny of taxpayer money is being saved.

The sharp reductions-in-force at CTP are likely to devastate FDA's ability to protect our young people from these highly addictive, dangerous and, in many cases, illegal products. Whereas CTP's premarket review of e-cigarettes has denied marketing authorization for millions of flavored products because they failed to meet the statutory standard of being "appropriate for the protection of the public health," there is a backlog of thousands of marketing applications for e-cigarettes that are currently on the market and may be putting our youth at risk. Cutbacks in CTP's Office of Science will further delay the completion of premarket review of these products, thus allowing them to remain on the market without meeting the statutory public health standard.

Young people are threatened by a burgeoning illicit market in e-cigarettes. Studies have found a persistently high prevalence of e-cigarette use by young people. E-cigarettes have been the most commonly used tobacco product among youth since 2014. In 2024, over 1.6 million young people were current e-cigarette users. E-cigarettes typically contain high levels of nicotine, a highly addictive drug that can have lasting and damaging effect on adolescent brain development, affecting attention, learning, mood and impulse control. Over 40% of high school e-cigarette users report vaping at least 20 days every month, including almost 30% who report daily use, a strong sign of nicotine addiction. In addition, there is little doubt that youth usage of e-cigarettes is driven by the marketing of thousands of varieties of flavored products, with names like "Strawberry Donut," "Cotton Candy," and "OMG Blow Pop". Indeed, non-tobacco flavors account for almost 90% of youth usage. In recent years, the e-cigarette market has been dominated by flavored disposable products that are popular with young people, most illegally imported from China. CTP must be sufficiently staffed to play its essential role in the effort to curb the illicit e-cigarette market.

We are equally concerned that the elimination of OSH will have a profoundly negative impact on our nation's efforts to reduce the death and disease caused by tobacco. It will make it more difficult to protect young people from e-cigarettes and other emerging threats. OSH staff

worked with state and local health departments to identify and implement effective strategies to reduce youth e-cigarette use and assist youth who are addicted to nicotine, as well as conducting critical surveillance and research on youth tobacco product use, including the types of products used and patterns of use, information that is essential for understanding the scope of the problem and developing effective responses. For example, eliminating OSH will weaken our ability to collect data measuring youth tobacco use through the National Youth Tobacco Survey, the first national survey to document the dramatic growth in youth e-cigarette use.

Further, the loss of OSH will eliminate the only dedicated source of funding for state tobacco control programs, reduce quitline and other services to help tobacco users to quit and end the highly successful media campaign, “Tips from Former Smokers.” This campaign, which launched in 2012, has helped approximately one million people quit smoking, prevented an estimated 129,100 smoking-related deaths and saved an estimated \$7.3 billion in health care.

These cuts cannot be reconciled with the Administration’s stated objective of reducing the incidence of chronic disease.

Administration officials also have placed a high priority on improving the health of the nation’s children. This goal will be severely undermined by the elimination of OSH and personnel reductions that weaken CTP. In giving FDA regulatory authority over tobacco, Congress aptly called the use of tobacco products a “pediatric disease,” which recognizes that almost 90% of long-term tobacco users started in their teen years.

We agree with the Administration’s stated objectives of reducing chronic disease and improving the health of our young people, and, therefore, we strongly urge you to reconsider these cutbacks at FDA and CDC and thereby ensure that our nation’s health agencies work effectively to prevent the egregious health harms of tobacco use.

Respectfully submitted,

100 Black Men of America, Inc.

Academy of General Dentistry

Action on Smoking and Health

African American Tobacco Control  
Leadership Council

AME Church - Social Action Commission

American Academy of Family Physicians

American Academy of Pediatrics

American Association for Cancer Research

American Association for Dental, Oral, and  
Craniofacial Research

American Association of Child and  
Adolescent Psychiatry

American Cancer Society Cancer Action  
Network

American College of Cardiology	Community Education Group
American College of Chest Physicians	COPD Foundation
American College of Physicians	Counter Tools
American Dental Association	Emphysema Foundation of America
American Dental Education Association	Families USA
American Heart Association	First Focus on Children
American Indian Cancer Foundation	FreedomRoad.us
American Lung Association	GLMA: Health Professionals Advancing LGBTQ+ Equality
American Public Health Association	GO2 for Lung Cancer
American Society of Addiction Medicine	HEAL Collaborative
American Thoracic Society	IntelliQuit
Americans for Nonsmokers' Rights	Jack & Jill of America, Inc.
Asian American Christian Collaborative	Leadership Council for Healthy Communities
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)	League of United Latin American Citizens (LULAC)
Association for the Treatment of Tobacco Use & Dependence (ATTUD)	LUNGevery Foundation
Association of Black Women Physicians	Mobilize Against Tobacco Lies
Association of State and Territorial Health Officials	MomsRising
Big Cities Health Coalition	NAACP
Black Women's Health Imperative	National Association of Hispanic Nurses
Breathe Southern California	National Association of Pediatric Nurse Practitioners
CADCA	National Association of School Nurses
Campaign for Tobacco-Free Kids	National Association of Social Workers
CATCH Global Foundation	National Black Nurses Association, Inc
Catholic Health Association of the United States	National Coalition for LGBTQ Health

National Council of Asian Pacific Islander  
Physicians

National Council of Negro Women, Inc.

National Hispanic Health Foundation

National Hispanic Medical Association

National LGBTQI+ Cancer Network

National Network of Public Health Institutes

NETWORK Lobby for Catholic Social  
Justice

Oncology Nursing Society

Parents Against Vaping

Prevent Cancer Foundation

Preventing Tobacco Addiction  
Foundation/Tobacco 21

Respiratory Health Association

Right2Breathe

Save a Girl, Save a World

Society for Cardiovascular Angiography and  
Interventions

Society for Public Health Education

The Center for Black Health & Equity

The National Alliance to Advance  
Adolescent Health/Got Transition

The National Hispanic Council on Aging

The National Medical Association

The Society of State Leaders of Health and  
Physical Education

The Society of Thoracic Surgeons

The United Methodist Church - General  
Board of Church and Society

Trust for America's Health

Truth Initiative

Union for Reform Judaism

United Church of Christ

University of Wisconsin Center for Tobacco  
Research and Intervention

CC: The Honorable Martin Makary, MD, MPH

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