

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as SECRETARY OF THE U.S.
DEPARTMENT OF HEALTH & HUMAN
SERVICES, et al.,

Defendants.

Civil Action No. 1:25-cv-00196

**SUPPLEMENTAL MEMORANDUM IN OPPOSITION TO
PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION**

Defendants write to inform the Court of a development at Defendant the Centers for Disease Control and Prevention (CDC) that substantially undermines Plaintiffs' preliminary-injunction motion. As the attached declaration from CDC's Acting Chief Operating Officer ("Patterson Decl.") explains, reduction-in-force (RIF) notices have been rescinded as to approximately four hundred and sixty-seven employees across several CDC divisions. Patterson Decl. ¶ 3. Those employees were expected to return to their positions starting yesterday, *id.*, and will assist in restoring functionality to several CDC functions that are central to Plaintiffs' claims. This development undermines Plaintiffs' claims of irreparable harm and statutory violations with respect to those functions. It also shows why Plaintiffs' lawsuit and motion are premature: they request this Court's intervention to freeze in place an anticipated restructuring that is still in the planning stages and that is not final agency action. For these reasons and the reasons explained in Defendants' opposition brief, the Court should deny Plaintiffs' motion.

The recalled personnel are expected to return to their jobs at the following CDC Offices, Divisions, and Branches: Office of the Director; National Center for Environmental Health (NCEH); National Center for HIV, Viral Hepatitis, STD, & TB Prevention (NCHHSTP); and the Global Health Center. *Id.* ¶ 4. They will assist in restoring (among others) the following functions that Plaintiffs assert were impacted by the RIFs:

- STD testing, contact tracing, data, and support. *Compare* Pl. States’ Mot. for Prelim. Inj., ECF No. 43 (“PI Br.”) at 8-9, 39-40 (alleging loss of access to testing, assistance, and other resources) *with* Patterson Decl. ¶ 8 (describing expected restoration of functionality of Viral Hepatitis Laboratory, STD Laboratory, Global Hepatitis Outbreak and Surveillance Technology (“GHOST”), and other contact tracing programs) *and id.* ¶ 11 (describing expected restoration of functions in NCHHSTP’s Disease Intervention & Response Branch, including “in developing and managing training programs for disease investigation and outbreak response staff across the country”).
- HIV Medical Monitoring Project. *Compare* PI Br. at 9 (alleging New York’s reliance on this project) *with* Patterson Decl. ¶ 10 (describing expected restoration of functionality of this project).
- Childhood Lead Poisoning Prevention Program (CLPPP). *Compare* PI Br. at 49-50 (alleging loss of CLPPP services) *with* Patterson Decl. ¶ 6 (describing CLPPP programs to be restored).
- NCEH grant support. *Compare* PI Br. at 50 (alleging that Rhode Island Department of Health did not obtain guidance on budget- and grant-related questions) *with* Patterson Decl. ¶ 5 (stating that “program services such as grants management” in NCEH’s Division of Environmental Health Science and Practice will be restored).
- Heat and Health Tracker. *Compare* PI Br. at 50 (alleging that Arizona lacks access to NCEH staff and the Tracker) *with* Patterson Decl. ¶ 7 (explaining that recalled employees will assist in updating the Tracker).

These RIF rescissions support several of Defendants’ arguments against Plaintiffs’ motion. First and foremost, the expected restoration in functions at several CDC components means the broad preliminary relief Plaintiffs request is not appropriate as to those components. A significant portion of Plaintiffs’ allegations focuses on CDC components. Now, RIF notices to employees carrying out functions at several of those components have been rescinded. And Plaintiffs have

not shown that those components—or any part of the Department of Health and Human Services (the Department)—are violating any substantive statute or the Administrative Procedure Act. Thus, at minimum, the Court should decline to grant a preliminary injunction as to the CDC’s Office of the Director, NCEH, NCHHSTP, and the Global Health Center. Any relief the Court grants should be tailored to exclude those components.

More generally, the RIF rescissions show why Plaintiffs’ irreparable-harm theories fail across the board. For example, Plaintiffs argue that some states have turned to alternatives to CDC resources for items like STD testing and tracking. *See* PI Br. at 39-40. Plaintiffs make similar assertions with respect to NCEH. *See id.* at 49-50. But the Department is taking steps to restore a number of those functions. Court intervention would only complicate and disrupt the steps that the Department is already taking. *Cf. Matos ex rel. Matos v. Clinton Sch. Dist.*, 367 F.3d 68, 74 (1st Cir. 2004) (affirming denial of preliminary injunction where “the passage of time and the occurrence of a series of easily predictable events have minimized any need for” such relief). Moreover, the Department’s responsiveness to facts on the ground undermines Plaintiffs’ argument that they are suffering irreparable harm as to the three other Department components they seek to enjoin. *See* Defs.’ Opp. to Mot. for Prelim. Inj., ECF No. 52 (“Opp.”) at 38-39. That is because the Department has demonstrated that if it finds rescinding RIFs is appropriate to carry out functions, it will do so. And because Plaintiffs’ claims of irreparable harm are even weaker than before, their argument that the equities and public interest favor an injunction are as well. *See id.* at 39-41.

The RIF rescissions also undercut Plaintiffs’ already weak merits arguments for two reasons. First, they underline that the Department’s decisionmaking is not final. Thus, Plaintiffs’ claims are not cognizable under 5 U.S.C. § 706(2)(A). *See* Opp. at 25-28. The rescissions show

that the Department is engaged in an ongoing decisionmaking process. The rescissions also highlight a reality that should have been clear already: “The agency is far better equipped than the courts to deal with the many variables involved in the proper ordering of its priorities.” *Heckler v. Chaney*, 470 U.S. 821, 831-32 (1985).

Second, the planned restoration of several CDC functions makes even plainer than before why Plaintiffs are wrong to assert that the Department will not “comply with its” statutory obligations. PI Br. at 28. Assuming for argument’s sake (but not conceding) that any CDC functions described in the Patterson Declaration are statutorily required, the planned restoration of those functions eliminates Plaintiffs’ basis for arguing that the Department is forsaking its obligations regarding them. Additionally, as explained in Defendants’ opposition brief, Plaintiffs have not shown that the Department is unable or unwilling to comply with *any* of its statutory obligations. *See* Opp. at 34-35. In sum, Plaintiffs fail to show that the RIFs and planned restructuring are contrary to law or exceed “statutory . . . authority.” *See* 5 U.S.C. § 706(2).

CONCLUSION

Plaintiffs' motion for a preliminary injunction should be denied.

Dated: June 17, 2025

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DECLARATION OF SARA PATTERSON

I, Sara Patterson, declare as follows pursuant to 28 U.S.C. § 1746:

1. I am the Acting Chief Operating Officer and Acting Director of the Office of the Chief Operating Officer for the Centers for Disease Control and Prevention (CDC), the nation's leading science-based, data-driven, service organization that protects the public's health. In this capacity, I oversee management, facilities, and operations at CDC and provide executive oversight for CDC's budget; facilities design, maintenance, security, management analysis, and safety and personnel security; acquisitions, contractual assistance, and grants; information technology and security; and human resources strategy, training, and workplace development. I make this declaration based on personal knowledge and information provided to me in the course of my official duties.

2. On April 1, 2025, the U.S. Department of Health and Human Services (HHS) notified selected employees from CDC that, pursuant to a planned agency Reduction in Force (RIF), they would be separated from HHS at the close of business on June 2, 2025.

3. Subsequently, HHS determined that the RIF notices for approximately four hundred and sixty-seven CDC employees should be rescinded. These employees were provided notice from HHS on June 10, 2025, that their RIF notices were rescinded and that they would not be impacted by the RIF. Those employees were expected to return to their previous positions on or about June 16, 2025.

4. Employees subject to the RIF rescissions will return to the following CDC Offices, Divisions, and Branches:

- a. Office of the Director: the Office of Financial Resources, Office of Acquisition Services; the Office of Communications, Division of Media Resources, Broadcast and Multimedia Branch, and Media Support Branch; the Office of Human Resources, Office of the Director, Data, Analytics, & Technology Branch, and Executive and Scientific Resources Branch; the National Center for Health Statistics, Office of Informatics Governance and Assurance; and the Office of Readiness and Response, Center for Forecasting and Outbreak Analytics, Technology Branch.
- b. National Center for Environmental Health (NCEH): the Division of Environmental Health Science and Practice, Asthma & Air Quality Branch; the Emerging Environmental Hazards & Health Effects Branch; the Environmental Public Health Tracking Branch; the Lead Poisoning Prevention & Surveillance Branch; the Office of the Director; and the Water, Food, and Environmental Health Services Branch.
- c. National Center for HIV, Viral Hepatitis, STD, & TB Prevention (NCHHSTP): the Division of HIV Prevention, Behavioral & Clinical

Surveillance Branch, HIV Prevention Capacity Development Branch, HIV Research Branch, and the Qualitative Sciences Branch; the Division of STD Prevention, Disease Intervention & Response Branch, and the STD Laboratory Reference & Research Branch; and the Division of Viral Hepatitis, Laboratory Branch.

- d. Global Health Center: the Division of Global HIV/AIDS and Tuberculosis (DGHT); Health Informatics, Data Management, and Surveillance Branch; and the Special Initiatives Branch.

5. Employees in NCEH's Division of Environmental Health Science and Practice will assist in restoring support for the cooperative agreements for lead, asthma, environmental public health tracking, and environmental health capacity, including program services such as grants management, technical assistance, and data analysis.

6. Employees in NCEH's Lead Poisoning Prevention & Surveillance Branch will assist in restoring functionality to the Childhood Lead Poisoning Prevention Program, in three areas:

- a. Program Services: This staff manages cooperative agreements with state, territorial, local, and tribal health departments, providing technical assistance and support for communications, education and training.
- b. Epidemiology and Surveillance: This staff applies nationally consistent standard case definitions and classifications for blood lead surveillance data from the states and performs data analysis and support to states related to identification and confirmation of children with elevated blood lead levels and medical management of children with higher blood lead levels.

- c. Guidance and Recommendations: This staff manages the Lead Exposure and Prevention Advisory Committee (LEPAC), a federal advisory committee, and provides recommended follow-up actions and medical management based on surveillance of blood lead levels.

7. Employees in NCEH's Environmental Public Health Tracking Branch will assist in restoring functionality to CDC's heat and health mitigation programs, including continued updating of the Heat and Health Tracker, which is a focus of the Tracking program.

8. Employees in NCHHSTP's Laboratory Branch and STD Laboratory Reference & Research Branch will assist in restoring functionality to the Viral Hepatitis Laboratory, which supports viral hepatitis outbreak investigations and supports state health departments in resolving difficult to diagnose cases of viral hepatitis; and the STD Laboratory, which supports outbreak investigations, serves as the reference lab for gonococcal antibiotic susceptibility/resistance testing for state health departments, and works to develop new and more accurate sexually transmitted infection tests. Employees in NCHHSTP's Laboratory Branch will also assist in restoring functionality to the Global Hepatitis Outbreak and Surveillance Technology (GHOST) system and other contact tracing programs.

9. Employees in NCHHSTP's HIV Research Branch will resume activities related to PrEP (Pre-Exposure Prophylaxis) medication, including development and maintenance of clinical guidelines for PrEP medication, provision of national indicator data, and research for long-acting injectables.

10. Employees in NCHHSTP's Behavioral & Clinical Surveillance Branch will assist in restoring functionality to the HIV Medical Monitoring Project, which provides information on the quality of life for people living with HIV.

11. Employees at NCHHSTP's Disease Intervention & Response Branch will assist in restoring support for state health departments in investigating and responding to outbreaks of sexually transmitted infections (STIs) and other emerging infections, in developing and managing training programs for disease investigation and outbreak response staff across the country, and in providing technical assistance and grant support to state, local and tribal STI programs.

12. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed on June 17, 2025.

SARA S.
PATTERSON -S

Digitally signed by SARA
S. PATTERSON -S
Date: 2025.06.17
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Sara Patterson
Acting Chief Operating Officer, Centers for Disease
Control and Prevention
U.S. Department of Health and Human Services