

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

Case No. 1:25-cv-4505

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, *et al.*,

Defendants.

**PLAINTIFF'S MOTION FOR TEMPORARY RESTRAINING ORDER OR, IN THE
ALTERNATIVE, PRELIMINARY INJUNCTION**

Pursuant to Federal Rule of Civil Procedure 65 and Local Civil Rule 65, Plaintiff American Academy of Pediatrics (AAP) hereby moves for a temporary restraining order or, in the alternative, preliminary injunction barring Defendants from enforcing or otherwise giving effect to the termination of any award to AAP, including through the enforcement of closeout obligations; barring Defendants from re-obligating funds used to support AAP's awards; and requiring Defendants to take all steps necessary to ensure that the Centers for Disease Control and Prevention and Health Resources and Service Administration disburse funds on AAP's awards in the customary manner and in customary timeframes. As set forth in more detail in the accompanying brief, AAP is likely to succeed on the merits of its claims that Defendants violated the U.S. Constitution and the Administrative Procedure Act. AAP is suffering and will continue to suffer irreparable injury absent the requested relief, and the balance of equities and public interest are in AAP's favor.

Pursuant to Local Civil Rule 65.1(a), at 4:38pm on December 23, 2025, counsel for AAP emailed Alex Haas and Diane Kelleher, Directors of the Federal Programs Branch of the U.S. Department of Justice, to provide actual notice that AAP intended to file a complaint and motion for temporary restraining order or, in the alternative, preliminary injunction the next day. On December 24, 2025, counsel for AAP provided a copy of the complaint after it was filed and also

provided the motion and accompanying brief, declarations, and proposed order to Mr. Haas, Ms. Kelleher, and Dimitar P. Georgiev, Assistant United States Attorney in the U.S. Attorney's Office for the District of Columbia.

AAP respectfully requests a decision on the motion by January 9, 2025, in light of the imminent irreparable harm described in AAP's accompanying brief.

December 24, 2025

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on December 24, 2025, I filed the foregoing document with the Clerk of Court for the U.S. District Court for the District of Columbia using the court's CM/ECF system. I further certify that a copy of the foregoing and accompanying memorandum and attachments will be deposited with the U.S. Postal Service for delivery to the below:

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**MEMORANDUM IN SUPPORT OF PLAINTIFF'S
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INTRODUCTION

The American Academy of Pediatrics (AAP), the nation's preeminent professional organization for child health, has an abiding commitment to promoting the health and well-being of infants, children, adolescents, and young adults. In furtherance of that mission, AAP engages in a range of activities to provide pediatricians, other pediatric clinicians, and families with evidence-based child health information. For many decades, and across presidential administrations, subagencies within the Department of Health and Human Services (HHS), such as the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), have supported AAP work through various grant awards that have enabled AAP to pursue initiatives to support and educate clinicians and to promote child health. For example, AAP has received funding to provide training and technical assistance to pediatricians in rural communities, to reduce sudden unexpected infant death syndrome, to support early identification of autism, to support adolescent health, and to develop standards for newborn nurseries in hospitals to improve the quality and consistency of newborn care. However, these programs—and over a dozen more—were abruptly ended on December 16, 2025, when HRSA and CDC executed letters terminating seven awards to AAP, with nearly \$12 million in outstanding committed funding.

These award terminations escalate an ongoing campaign by Secretary of Health and Human Services Robert F. Kennedy, Jr. and other high-ranking officials in HHS to discredit and harm AAP based on its advocacy for an evidence-based approach to child health. AAP has been a prominent voice on high-profile health policy issues, provoking the ire of senior HHS officials. AAP is a particularly sharp critic of recent radical changes to the CDC's vaccination recommendations that were implemented at the behest of Secretary Kennedy. AAP is also the lead plaintiff in litigation challenging recent changes to CDC's vaccine schedules. In public statements, Secretary Kennedy has repeatedly disparaged AAP by name. In April 2025, a senior HHS advisor went further, describing

AAP as a “demonic force[].” Calley Means (@CalleyMeans), X (Apr. 20, 2025, at 3:01pm ET), <https://perma.cc/3E8W-UVRH>.

Against that backdrop, the Secretary’s ideological supporters unsurprisingly had no trouble recognizing the recent award terminations for what they are: a targeted effort to harm AAP. The CEO of Children’s Health Defense—an organization founded and long led by Secretary Kennedy—“applaud[ed]” this “defunding” of AAP. Children’s Health Defense (@ChildrensHD), X (Dec. 17, 2025, at 8:53pm ET), <https://perma.cc/2CEY-XEAT>. The vice chair of the CDC’s Advisory Committee on Immunization Practices (ACIP)—who was installed by Secretary Kennedy after he fired the entire committee—likewise thanked Secretary Kennedy for the award terminations, citing positions that AAP has taken on a range of public health issues that are largely unrelated to the subject matter of the seven terminated awards. Robert W. Malone, MD (@RWMaloneMD), X (Dec. 17, 2025, at 9:10pm ET), <https://perma.cc/UQ3R-ZNVB>.

The agencies have nonetheless claimed that these coordinated terminations, which appear to have targeted only AAP and not any other awardees, were the result of routine reappraisals of whether the terminated awards furthered agency priorities. Yet, funding for the terminated awards had been approved by the current administration mere months earlier and the agencies’ stated rationales contain blatant inconsistencies. In some cases, Defendants have even continued to fund other entities that were recipients of awards under the same grants as AAP and that are performing analogous work. Even cursory scrutiny confirms that the agencies’ explanations were pretextual and that AAP was singled out for retaliation based on its constitutionally protected speech.

This action to punish AAP for its past speech and to chill future advocacy is a quintessential First Amendment violation. These award terminations are not only unlawful, but also threaten to inflict irreparable harm on both AAP and the public. AAP lacks the financial capacity to maintain the defunded programs during the pendency of the litigation. Within just a few weeks, AAP will

have no choice but to shutter programs that provide literally lifesaving services to children and to terminate several dozen employees.

The Court should enter a temporary restraining order, or alternatively a preliminary injunction, to block the unlawful termination of AAP's awards and require HRSA and CDC to immediately resume disbursing the funding awarded to AAP. As described further below, in light of the imminent harm to AAP, we respectfully request a ruling from the Court by January 9, 2026.

BACKGROUND

A. AAP and the award-funded programs at issue

Founded in 1930, AAP is the nation's premier professional organization for pediatric medicine and serves as an independent forum for addressing children's health. Declaration of Debra B. Waldron ¶ 4 (Waldron Decl.). AAP membership includes 67,000 pediatricians, with members in every state in the country who provide direct care to infants, children, adolescents, and young adults in both hospital and outpatient settings. *Id.* To help further its child health mission, AAP provides training, technical assistance, education, and other support to pediatricians on critical child health topics. *Id.* ¶ 6. For decades, some of this work has received federal support through competitively awarded grants, including awards issued by CDC and HRSA. *Id.* ¶ 8.

CDC and HRSA are separate subagencies within HHS and their grantmaking functions generally operate independently from one another. *Id.* ¶ 9. Nonetheless, they use generally similar procedures for grantmaking. *Id.* As relevant here, the process begins when a grantmaking entity announces a notice of funding opportunity that articulates the type of programs the agency wishes to fund and the criteria awardees must satisfy. *Id.* After a lengthy competitive application process, awardees are selected by the agency. *Id.* ¶¶ 9–12. In many instances, multiple awardees will be selected under the same award. *Id.* ¶ 13. Thus, when AAP is selected for an award,

other similarly situated entities will sometimes be funded as well, including to work in partnership with AAP. *Id.*

Awardees are assigned a point of contact—a technical monitor or a project officer—at the relevant agency. *Id.* ¶ 14. Awardees remain in close communication with those agency liaisons throughout the lifespan of the award. *Id.* The scope or focus of a program may evolve during the life of the award. *Id.* Agency program staff can ask for modifications, including to align with changing agency priorities. *Id.* During the COVID-19 pandemic, for example, agency priorities shifted rapidly, and AAP staff routinely were in communication with agency liaisons to modify work plans as needed. *Id.*

Awards generally have multiyear terms. *Id.* ¶ 15. However, notice of continued funding usually occurs on an annual basis and there is no guarantee that the agency will continue to fund the program for the entirety of the multiyear period contemplated in the initial award. *Id.* Rather, an awardee must submit an annual continuation of funding application and progress report to continue receiving funds. *Id.* Continuation of funding applications are not competitive insofar as other entities are not vying directly for the same award funds. *Id.* However, the awardee must still demonstrate that continued funding is warranted. *Id.* Particularly after a change in presidential administration, awardees may be expected in their continuation applications to propose programmatic shifts in response to changed agency priorities. *Id.* These changes are often made in consultation with, or at the direction of, the agency technical monitor or program officer responsible for the award. *Id.*

AAP had a number of multiyear awards with CDC and HRSA that were first awarded prior to January 2025. After the beginning of the Trump administration, AAP worked closely with agency program staff to ensure its continuation applications conformed to the priorities and preferred terminologies of the new administration. *Id.* ¶ 16. Early in 2025, after the issuance of multiple executive orders related to diversity, equity, and inclusion, AAP modified its work plans and

continuation applications to align with new agency priorities. *Id.* ¶ 27. AAP regularly communicated with its agency liaisons to tell them what steps it was taking and to seek their guidance on how to proceed. *Id.*

Agency staff never suggested that the modifications AAP implemented were inadequate nor did agency staff ever ask AAP to make changes to conform to changed agency priorities that AAP failed to implement. *Id.* ¶ 28. Accordingly, since the start of the Trump administration, AAP's continuation of funding applications have been approved consistently. *Id.* ¶ 17. That is true for each of the seven HRSA and CDC awards at issue here. *Id.* Continuation applications were approved for all seven, and four of these approvals issued as recently as September 2025. *Id.*

B. AAP's public advocacy and resulting HHS officials' attack on AAP

As part of its mission, AAP advocates on “a wide range of issues that impact children, families and pediatricians.” Advocacy, Am. Acad. of Pediatrics, <https://perma.cc/A9RK-6HU2>. These include important child health issues, including subjects such as optimal vaccine policy. AAP has been consistently vocal about its support for pediatric vaccinations for COVID-19, influenza, MMRV, RSV, hepatitis B, and others, and has publicly opposed HHS’s newly adopted contradictory positions. AAP’s advocacy has recently brought it into public clashes with senior leadership at HHS, including Secretary Kennedy, who has supported significant changes to vaccination policies.

In June 2025, Secretary Kennedy fired the 17 sitting members of the CDC’s Advisory Committee on Immunization Practices, an advisory committee that helps set vaccine policy, and installed his own picks as their replacements. *See Maria Godoy, RFK Jr. replaced everyone on the CDC’s vaccine panel. Here’s why that matters*, NPR (June 13, 2025), <https://perma.cc/XM6G-MP24>. In August, AAP was notified that it was no longer permitted to serve on ACIP’s subcommittees. *See CBS/AP, Top medical organizations kicked out of CDC vaccine recommendations process call decision “dangerous,”* CBS News (Aug. 4, 2025), <https://perma.cc/FSW9-YP7W>. Since then, ACIP released plans to evaluate the

timing and order of vaccines for children and the safety of vaccine ingredients, even though these issues have been studied extensively and monitored continuously; voted to no longer routinely recommend COVID-19 vaccinations; and voted to recommend ending universal vaccination at birth for hepatitis B. Melissa Jenco, *ACIP work group to look at timing of childhood vaccines, ingredients*, Am. Acad. of Pediatrics (Oct. 15, 2025), <https://perma.cc/5RLZ-HABQ>; Will Stone et al., *CDC vaccine panel adds new rules for getting the COVID vaccine in a tense meeting*, NPR (Sep. 19, 2025), <https://perma.cc/4TQV-B4ME>; Tim Röhn, *This vaccine adviser to RFK Jr. has some choice words for his critics*, Politico (Dec. 14, 2025), <https://perma.cc/4GHA-27AU>.

Based on its commitment to scientifically supported health policy and its concern for the safety and well-being of children, AAP has continued to recommend COVID-19, hepatitis B, and other vaccines in contradiction to ACIP's advice. *See* Press Release, *The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule*, AAP (Aug. 19, 2025), <https://perma.cc/YMS9-7XYL>. Therefore, as a result of the government's changes in position, AAP is for the first time in 30 years sharing vaccine recommendations that significantly differ from the federal government's guidance. AAP has also publicly criticized the government's recently changed positions. For example, Sean O'Leary, a physician who heads AAP's infectious-diseases committee, said in response to HHS's COVID-19 vaccine policy: "The majority of what we've seen from [Secretary Kennedy] has been a pretty clearly orchestrated strategy to sow distrust in vaccines. We make our recommendations based on what's in the best interest of the health of children." *See* Lena H. Sun, *RFK Jr., pediatrician association clash over covid shots for kids*, Wash. Post (Aug. 19, 2025), <https://perma.cc/5PK4-8EY8>. AAP is also the lead plaintiff in litigation challenging recent changes to CDC's vaccine schedules and Secretary Kennedy's subversion of ACIP's independence. *See Am. Acad. of Pediatrics v. Kennedy*, No. 1:25-cv-11916 (D. Mass.).

AAP has also consistently supported access to appropriate medical care for transgender youth, asserting that prohibitions on care interfere with the ability of an adolescent, their parents, and their physician to determine the best medical options for them. As such, AAP has opposed HHS's contradictory positions. The Trump administration and HHS have repeatedly attacked gender-affirming care in hyperbolic terms, including through President Trump's executive order on gender-affirming care, *see Exec. Order 14187*, 90 Fed. Reg. 8,771 (Jan. 28, 2025), and HHS's report seeking to discredit medical care for transgender youth, *see Press Release, HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures*, Dep't of Health and Hum. Servs. (Nov. 19, 2025), <https://perma.cc/YP58-J4G3>. On December 18, 2025, two days after HHS terminated AAP's awards, Secretary Kennedy and Dr. Mehmet Oz, who leads the Centers for Medicare and Medicaid Services, announced new proposed rules to restrict access to gender-affirming care. *See Selena Simmons-Duffin, RFK Jr. and Dr. Oz announce moves to ban gender-affirming care for young people*, NPR (Dec. 18, 2025), <https://perma.cc/762Y-NULF>.

AAP, in turn, supports access to gender-affirming medical care when it is in the best interest of children's health. *See Alyson Sulaski Wyckoff, AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update*, Am. Acad. of Pediatrics (Aug. 4, 2023), <https://perma.cc/V39Q-72B4>. AAP has also publicly criticized HHS's positions on gender-affirming medical care, explaining that AAP "oppos[es] [HHS's] infringements on the patient-physician relationship." Melissa Jenco, *AAP speaks out against HHS report on gender dysphoria, infringement on physician-patient relationship*, Am. Acad. of Pediatrics (May 1, 2025), <https://perma.cc/4W3E-2WN5>.

Secretary Kennedy and other HHS officials have repeatedly criticized AAP for its advocacy concerning vaccines, gender-affirming medical care, and other public health topics. Secretary Kennedy has accused AAP of "malpractice" and "betray[ing] their oath to first do no harm" because

of AAP's position in support of access to gender-affirming medical care. *See* Press Release, *HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures*, HHS (Nov. 19, 2025), <https://perma.cc/3NM5-UNJ8>. Secretary Kennedy repeated these same accusations against AAP just last week. *See* PBS NewsHour, *WATCH: Trump administration seeks to cut off access to transgender health care for U.S. children* (YouTube, Dec. 18, 2025), at 2:04-2:51, https://www.youtube.com/watch?v=_TQeKC87geU. And with respect to AAP's position on vaccines, Secretary Kennedy has claimed that AAP is "gravely conflicted" and engaged in "a pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors." Robert F. Kennedy, Jr. (@SecKennedy), X (Aug. 19, 2025, at 5:17pm), <https://perma.cc/C7H4-AGGZ>. A top HHS advisor called AAP a "demonic force[]," exclaimed that it is "practicing evil," and accused it of "committing war on kids." Calley Means (@CalleyMeans), X (Apr. 20, 2025, at 3:01pm ET), <https://perma.cc/3E8W-UVRH>; Joe Kinsey, *White House MAHA Official Destroys Youth Transgender Treatments as Nike Continues to Dodge Study Questions*, OutKick (Apr. 25, 2025), <https://perma.cc/ZWY4-MQBW>. Several of Secretary Kennedy's handpicked ACIP members have repeatedly publicly criticized AAP and its positions on vaccines and gender-affirming medical care, calling AAP "morally wrong," "vaccine-fanatics" motivated by "[f]inancial interests," "[p]ersonal vendetta," or "[f]anaticism," and deserving to be "shamed and shunned." Dr. Robert W. Malone, "*Woke*" *Bioethics Tyranny*, Malone News, Substack (Aug. 4, 2025), <https://perma.cc/W95R-AQYW>; Retsef Levi @RetsefL, X (Aug. 19, 2025, at 4:28pm ET), <https://perma.cc/V38D-89JZ>; Retsef Levi @RetsefL, X (Aug. 19, 2025, at 4:28pm ET), <https://perma.cc/298Z-H5T6>.

C. HRSA and CDC abruptly terminate seven AAP awards

On December 16, 2025, without any prior warning from program staff, the government terminated seven awards to AAP. Three CDC awards and four HRSA awards were terminated. Waldron Decl., Exs. 1–7.

For each of the CDC awards, AAP was sent a terse letter stating that the agency had determined that the “award no longer effectuates agency and Department of Health and Human Services (HHS) priorities” because they failed to align with the agency’s desire to “deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans.” Waldron Decl., Exs. 1–3. Each letter then cited to a few statements in the relevant award materials purportedly showing a focus contrary to these priorities by, for example, referencing ways the program would promote “health equity.” *E.g.*, Waldron Decl., Ex. 1, at 6; Ex. 2, at 6. Each CDC letter also stated that “CDC has determined that this award must be fully terminated because the premises of the award are incompatible with agency and departmental priorities, making modifications or partial continuation impossible.” *See id.*

Similar letters were sent for each of the HRSA awards. Each contained a boilerplate statement that the agency’s priorities had changed and that “current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease.” Waldron Decl., Exs. 4–7. The HRSA letters further stated that though “in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible.” *Id.*

The terminated awards funded an array of public health programs. Examples include:

- Reducing rates of sudden unexpected infant death (SUID) by connecting families with educational and awareness resources and building families’ capacity to practice safe infant sleep

- Helping pediatric care teams better prevent, screen for, and connect patients to treatment for substance use disorders in children, young adults, and the perinatal population
- Improving clinical and public health outcomes for infants and children with birth defects, infant disorders, and related conditions
- Supporting physicians in caring for patients with congenital heart defects
- Developing national standards for certain newborn hospital nurseries
- Improving early identification and intervention for developmental delays and disabilities among young children
- Strengthening food allergy resources in schools and out-of-school time
- Advancing access to care, identification, and health of children living with prenatal alcohol and substance exposure
- Assisting pediatricians and other healthcare providers in rural communities, where children face unique and unmet health needs

See Waldron Decl. ¶¶ 19–25 (discussing these examples and others).

Based on AAP’s communications with its partners and other organizations that receive HRSA and CDC awards, it understands that none of the other entities that received awards under the same awards as AAP have had their own awards terminated. *Id.* ¶ 34. For example, AAP is just one of three national organizations to receive awards to cooperatively operate an Early Hearing and Detection Intervention network. *Id.* ¶ 37. While the award supporting AAP’s participation in this network was terminated, those of its partner organizations have not been. *Id.*

D. Impact of the terminations

In total, the outstanding value of the terminated awards is roughly \$12 million, which is nearly two-thirds of the HHS grant funding AAP had been due to receive. *Id.* ¶ 18. AAP is not in a

position to maintain these programs without the terminated funds. Declaration of Mark Del Monte ¶ 18 (Del Monte Decl.). AAP has abruptly stopped work on all of the programs. Waldron Decl. ¶¶ 41, 44. Maintenance of the staff and indirect costs funded by the terminated awards is costing AAP more than \$100,000 per week. Del Monte Decl. ¶ 15. Without the terminated awards, AAP is being forced to lay off several dozen employees, sever relationships with many partner organizations and sub-awardees who have been assisting with the impacted programs, and disrupt critical and years-long work that saves children’s lives. *Id.* ¶ 12; Waldron Decl. ¶¶ 40–46. AAP expects to be forced to send termination notices to employees by January 9, 2026. Del Monte Decl. ¶ 12.

LEGAL STANDARD

To obtain a temporary restraining order or preliminary injunction, “the moving party must show: (1) a substantial likelihood of success on the merits, (2) that it would suffer irreparable injury if the [temporary restraining order] were not granted, (3) that [such an order] would not substantially injure other interested parties, and (4) that the public interest would be furthered” by the order.

Chaplaincy of Full Gospel Churches v. England, 454 F.3d 290, 297 (D.C. Cir. 2006); *see also Hall v. Johnson*, 599 F. Supp. 2d 1, 3 n.2 (D.D.C. 2009) (“The same standard applies to both temporary restraining orders and to preliminary injunctions.”). “When the movant seeks to enjoin the government, the final two TRO factors—balancing the equities and the public interest—merge.” *D.A.M. v. Barr*, 474 F. Supp. 3d 45, 67 (D.D.C. 2020) (citing *Pursuing Am.’s Greatness v. FEC*, 831 F.3d 500, 511 (D.C. Cir. 2016)).

Courts in this Circuit apply a “sliding scale” approach, wherein “a strong showing on one factor could make up for a weaker showing on another.” *Changji Esquel Textile Co. v. Raimondo*, 40 F.4th 716, 726 (D.C. Cir. 2022) (internal quotation marks omitted) (noting potential tension in case law but reserving the question of “whether the sliding-scale approach remains valid”); *Nat’l R.R. Passenger Corp. (Amtrak) v. Sublease Int. Obtained Pursuant to an Assignment & Assumption of Leasehold Int.*

*Made as of Jan. 25, 2007, No. 22-1043, 2024 WL 3443596, at *1–2 (D.D.C. July 15, 2024) (recognizing that district courts remain bound by sliding-scale precedent).*

ARGUMENT

I. AAP Is Likely to Succeed on the Merits

In an effort to penalize and silence one of their sharpest and most prominent critics, Defendants terminated \$12 million in awards to AAP. Just recently, a court in this District preliminarily enjoined a similarly retaliatory award termination, concluding that it violated the First Amendment. *See Am. Bar Ass’n v. DOJ*, 783 F. Supp. 3d 236 (D.D.C. 2025). For much the same reason, AAP is likely to prevail here in showing that the award terminations were unlawful.

A. The award terminations are unconstitutional retaliation

The First Amendment guarantees every American the right to “freedom of speech” and “to petition the Government for a redress of grievances.” U.S. Const. amend. I. The First Amendment right to petition includes the right “to appeal to courts and other forums established by the government.” *Borough of Duryea v. Guarneri*, 564 U.S. 379, 387 (2011). “Official reprisal for protected speech offends the Constitution [because] it threatens to inhibit exercise of the protected right.” *Hartman v. Moore*, 547 U.S. 250, 256 (2006) (internal quotation marks omitted). The government therefore violates the First Amendment when it retaliates against someone for engaging in protected speech or petitioning conduct. *See, e.g., Lozman v. City of Riviera Beach*, 585 U.S. 87, 90 (2018); *see also, e.g., Perkins Coie LLP v. DOJ*, 783 F. Supp. 3d 105, 150–51 (D.D.C. 2025) (collecting sources).

To establish a claim for retaliation under the First Amendment, a plaintiff must show “(1) that he engaged in protected conduct, (2) that the government took some retaliatory action sufficient to deter a person of ordinary firmness in plaintiff’s position from speaking again; and (3) that there exists a causal link between the exercise of a constitutional right and the adverse action taken against him.” *Doe v. District of Columbia*, 796 F.3d 96, 106 (D.C. Cir. 2015) (internal quotation

marks omitted). To establish a causal link, “a plaintiff must allege that his or her constitutional speech was the ‘but for’ cause of the defendants’ retaliatory action.” *Id.* (quoting *Aref v. Holder*, 774 F. Supp. 2d 147, 169 (D.D.C. 2011)); *see also Hartman*, 547 U.S. at 256 (“[W]hen nonretaliatory grounds are in fact insufficient to provoke the adverse consequences, . . . retaliation is subject to recovery as the but-for cause of official action offending the Constitution.”).

Here, all three factors are readily satisfied.

1. AAP has engaged in protected First Amendment conduct

AAP has engaged in protected conduct, both by speaking and by petitioning the government. AAP has long been a prominent public voice on matters of public health policy and has been a particularly vocal advocate regarding vaccinations. Del Monte Decl. ¶¶ 5–6. The significance of AAP’s advocacy in this area is demonstrated by the fact that Secretary Kennedy has repeatedly felt compelled to respond to AAP by name and has attempted to discredit the organization. AAP has also engaged in protected First Amendment activity by serving as the lead plaintiff in *Am. Acad. of Pediatrics v. Kennedy*, No. 1:25-cv-11916 (D. Mass.).

2. The award terminations would deter a person of ordinary firmness from speaking again

The award terminations also would “deter a person of ordinary firmness in [AAP’s] position from speaking again.” *Doe*, 796 F.3d at 106 (internal quotation marks omitted). The retaliatory award terminations will force AAP to shutter projects, lay off staff, and break commitments to partner organizations and sub-awardees. *See infra* section II. The sudden ripping away of funding—thereby functionally extinguishing significant portions of AAP’s work—is unquestionably “sufficiently adverse . . . to give rise to an actionable First Amendment claim.” *Hous. Cnty. Coll. Sys. v. Wilson*, 595 U.S. 468, 477 (2022).

3. AAP's First Amendment activity was the cause of the government's retaliatory actions

The award terminations here are also only explicable as retaliation for AAP's advocacy. Because "direct evidence of an improper motive is usually difficult, if not impossible, to obtain," courts have recognized that "[c]ircumstantial evidence is equally as probative as direct evidence in proving illegitimate intent." *Media Matters for Am. v. FTC*, No. 25-5302, 2025 WL 2988966, at *8 (D.C. Cir. Oct. 23, 2025) (quoting *Bailey v. Ramos*, 125 F.4th 667, 685 (5th Cir. 2025)). Here, a mountain of evidence shows Defendants' intent to retaliate against AAP.

First, as described above, AAP has been treated as a bête noir by Secretary Kennedy, other senior HHS officials, and their ideological compatriots, including Children's Health Defense, an organization Secretary Kennedy founded and long chaired. Secretary Kennedy has repeatedly and recently smeared AAP by name in public statements and one of his top advisors has called the organization "demonic" and accused it of "committing war on kids." *See supra* at 8. These attacks were issued in reaction to AAP's speech and advocacy on matters of public concern. In August 2025, following AAP's release of vaccine recommendations that diverged from the radically revised CDC recommendations issued at Secretary Kennedy's behest, the Secretary attacked AAP's recommendations as a "pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors." *See* Robert F Kennedy, Jr. (@SecKennedy), X (Aug. 19, 2025, at 5:17pm ET), <https://perma.cc/C7H4-AGGZ>. Likewise, less than a month before the terminations, Secretary Kennedy accused the AAP of "peddl[ing] . . . lie[s]" because of AAP's position that gender-affirming care can be medically appropriate. *See* Press Release, *HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures*, HHS (Nov. 19, 2025), <https://perma.cc/3NM5-UNJ8>.

In another First Amendment retaliation case, the D.C. Circuit recently deemed probative that "three individuals who had publicly criticized [the plaintiff's] reporting by name were involved with [FTC] Chairman Ferguson or the Commission at the time" of the challenged adverse action. *See*

Media Matters, 2025 WL 2988966, at *8. Here, the agency head himself has been the source of public criticism of AAP. And Secretary Kennedy’s handpicked CDC advisor has called for AAP to be “shamed and shunned,” said there have to be “consequences” for AAP’s “frivolous” lawsuit, and repeatedly called attention to the fact that AAP is the recipient of millions of dollars in federal awards. *See* Dr. Robert W. Malone, “*Woke*” *Bioethics Tyranny*, Malone News, Substack (Aug. 4, 2025), <https://perma.cc/W95R-AQYW>; Robert Malone @RWMaloneMD, X (July 12, 2025, at 7:52am ET), <https://perma.cc/FZS5-64WI>; Robert Malone @RWMaloneMD, X (Aug. 25, 2025, at 3:06pm ET), <https://perma.cc/M6A4-ZBAP>.

Second, the “proximity in time between the protected speech and government’s adverse actions” provides evidence of retaliatory intent. *Media Matters*, 2025 WL 2988966, at *8. Since Secretary Kennedy’s confirmation, AAP has continually clashed with HHS over vaccine policy and other public health issues. For example, Secretary Kennedy’s accusation that AAP is “peddl[ing] . . . lie[s]” about gender-affirming care was made less than a month before the award terminations. *See* Press Release, *HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures*, HHS (Nov. 19, 2025), <https://perma.cc/3NM5-UNJ8>. Secretary Kennedy also repeated these accusations against AAP two days after the award terminations. *Supra* at 8. AAP is also engaged in related ongoing litigation in the District of Massachusetts, and the terminations were executed one day before a hearing in that case was held.

Third, the fact that AAP’s awards with both HRSA and CDC were terminated on the same day is highly probative that AAP was targeted by HHS leadership. HRSA and CDC are entirely separate subagencies within HHS and their grantmaking functions operate independently from one another. They are not even geographically co-located—HRSA is based in Rockville, Maryland, and CDC is headquartered in Atlanta, Georgia. Yet, these independent entities each terminated multiple AAP awards on the same day. The logical inference is that both HRSA and CDC were responding

to an instruction from their parent agency, HHS, to scrutinize and terminate AAP awards, or were engaged in a coordinated effort.

There is also other evidence that the termination decisions were made outside of typical channels. AAP was in regular communications with HRSA and CDC staff about the projects funded by these awards. Waldron Decl. ¶¶ 14, 16. But there was no advanced warning from program staff at any time that either agency had any concerns with the projects' alignment with their priorities. *Id.* ¶ 28. Indeed, agency staff routinely made suggestions to AAP staff when they did have concerns or preferences about their projects in the past. *Id.* ¶¶ 14, 27. Moreover, regular program staff were apparently not aware of the terminations even after they occurred. On December 17—the day after the terminations—AAP received a routine communication from program staff at CDC inquiring about AAP's plans for implementing an aspect of one of the affected programs, apparently unaware that it had been defunded. *Id.* ¶ 31. AAP staff were told by agency staff that they were unaware of these terminations, which AAP staff understood to mean that the terminations came at the direction of HHS leadership, rather than through normal channels. *Id.* ¶ 34.¹

Fourth, AAP was singled out for adverse treatment. *See Gonzalez v. Trevino*, 602 U.S. 653, 655 (2024) (recognizing in the retaliatory arrest context that one particularly probative type of evidence of retaliation is “objective evidence that [the plaintiff] was [sanctioned] when otherwise similarly situated individuals not engaged in the same sort of protected speech had not been”) (internal quotation marks omitted). In many instances, AAP was just one of many awardees under a given program, yet it alone had its funding terminated. One particularly egregious example involves a

¹ The Washington Post reported that James Miller, a top HHS official and a political appointee, emailed other department and CDC officials on December 16 with the subject line, “CDC Termination Memos for Review,” and directed officials to “please proceed with canceling these today if not done already.” Jordan Faircloth, CDC’s deputy chief of staff and a political appointee, responded about an hour later: “10-4. On it.” *See* Lena H. Sun & Paige Winfield Cunningham, *American Academy of Pediatrics loses HHS funding after criticizing RFK Jr.*, Wash. Post (Dec. 17, 2025), <https://perma.cc/MC32-WRU7>.

HRSA award supporting an Early Hearing and Detection Intervention network. The network operates as a partnership between three national organizations (one operated by AAP and two others). Yet, though HRSA terminated the award to AAP purportedly on the ground that the program no longer effectuates agency priorities, the awards of AAP's two partner organizations have not been rescinded and the program is continuing to operate, just without the critical support AAP had been providing. Waldron Decl. ¶ 37.

Likewise, AAP is just one of several dozen awardees under a program denominated “Enhancing Partnerships to Address Birth Defects, Infant Disorders and Related Conditions, and the Health of Pregnant and Postpartum People.” *Id.* ¶¶ 19, 35. The CDC’s terse termination letter to AAP seems to fault AAP’s award documents for focusing on “pregnant and postpartum people,” which the agency views as indicative of an “identity-based” approach that the agency no longer wants to support. *Id.*, Ex. 3, at 7. Even setting aside that absurdity that AAP is being faulted for using the very nomenclature adopted by CDC itself in the very title of its own award program (which AAP had preemptively flagged for CDC to no avail), to the best of AAP’s knowledge, none of the dozens of other awardees receiving awards under the same program to support “pregnant and postpartum people” has been terminated. *Id.* ¶ 35.

Fifth, retaliation can be inferred from the sheer implausibility of Defendants’ proffered justifications for the terminations. *See Boquist v. Courtney*, 32 F.4th 764, 777 (9th Cir. 2022) (pointing to “evidence that the defendant proffered false or pretextual explanations for the adverse action.”). Here, there are numerous incongruities in HRSA’s and CDC’s respective justifications for the award terminations. For example, as noted above, AAP received no advanced warning from HRSA or CDC technical staff about concerns with the focus of any of the terminated awards. On the contrary, continued funding of each award was approved during the Trump administration, and after numerous executive orders stating the administration’s policy preferences as to federal funding.

Waldron Decl. ¶ 17. Almost all of the awards were approved for continued funding while those agencies were under their respective current heads (Thomas J. Engels as HRSA Administrator and Jim O'Neill as Acting CDC Director). *See id.* ¶¶ 19–25 (identifying the “recent budget period” for each award and, in the case of the award identified as “HRSA Award 4,” the date of extension of funding).² Funding for four of the seven terminated awards was approved as recently as September 2025—just three months before the terminations. *Id.* ¶ 17.

The sheer implausibility of the agencies’ changed-priorities rationale is further confirmed by the agencies’ insistence that each of the awards would need to be terminated outright. The agencies’ unwillingness to afford AAP an opportunity to make modifications to better align its programs with the agencies’ new claimed priorities, as is typically done when an agency wishes to change the focus of an award, suggests that the agency was more concerned with punishing AAP than conforming the programs to updated priorities. *See supra* at 9 (quoting the termination letters).

The termination letters also employ cursory boilerplate language that evinces no consideration of the merits of the individual awards being terminated. Each of the CDC letters describes the AAP program at issue as “not aligned” with CDC’s desire to “deprioritize diversity, equity, and inclusion (DEI) initiatives,” followed by a few cherrypicked references in the respective award materials to concepts such as “health equity.” Waldron Decl., Ex’s. 1–3. The HRSA letters are even more rote, asserting without elaboration that the termination is based on a desire to “focus[] agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease.” *Id.*, Exs. 4–7. Bizarrely, HRSA used that same justification even when terminating an AAP award for “Comprehensive Systems Integration for

² Mr. Engels began serving as HRSA Administrator in February 2025. *See* <https://perma.cc/P8ZQ-QLCB>. Mr. O’Neill began serving as Acting CDC Director in August 2025. *See* <https://perma.cc/3MFE-FEZQ>.

Adolescent and Young Adult Health (HRSA-23-079),” a program that is, obviously, focused on improving health outcomes for adolescents, including through management of chronic disease. Waldron Decl. ¶¶ 23, 39. A second award terminated on this rationale supported AAP’s National Rural Adolescent and Child Health ECHO Training Center, even though project activities specifically focus on the stated priorities of nutrition and chronic disease prevention. *Id.* ¶¶ 22, 38.

In light of the sheer implausibility of Defendants’ explanations for the award terminations, Defendants’ ideological compatriots had no trouble in seeing the terminations for what they are: an effort to “defund” AAP based on positions it has taken on vaccines and other public health issues. *See supra* at 2. There is simply no room for doubt that the but-for cause of the termination of AAP’s awards was Defendants’ desire to harm AAP for its advocacy, a direct violation of the First Amendment.

B. The terminations are also unconstitutional viewpoint discrimination

For much the same reasons, the award terminations constitute impermissible viewpoint discrimination. It is axiomatic that the government may not regulate speech based on “the specific motivating ideology or the opinion or perspective of the speaker.” *Reed v. Town of Gilbert, Arizona*, 576 U.S. 155, 168–69 (2015) (quoting *Rosenberger v. Rector & Visitors of Univ. of Va.*, 515 U.S. 819, 829 (1995)); *see also Frederick Douglass Found., Inc. v. District of Columbia*, 82 F.4th 1122, 1131 (D.C. Cir. 2023) (“To permit one side . . . to have a monopoly in expressing its views . . . is the antithesis of constitutional guarantees.” (internal quotation marks omitted)). Such government targeting is a “‘blatant’ and ‘egregious form of content discrimination.’” *Reed*, 576 U.S. at 158 (quoting *Rosenberger*, 515 U.S. at 829); *see also, e.g., Jenner & Block LLP v. DOJ*, 784 F. Supp. 3d 76, 99 (D.D.C. 2025). A finding that the government has discriminated based on viewpoint is “all but dispositive” in a First Amendment challenge. *Sorrell v. IMS Health Inc.*, 564 U.S. 552, 571 (2011).

The confluence of circumstances here establishes that AAP was targeted for its views. As one member of the ACIP has candidly acknowledged, “HHS has terminated multiple federal awards to the American Academy of Pediatrics (AAP)” for the purportedly “good reason” that AAP has recommended pediatricians practice gender-affirming care when it is in the best interest of the child, “issued its own COVID-19 vaccination guidance that diverged from [recently changed] federal policy,” and “continues to use ‘identity-based language.’” Robert W. Malone, MD (@RWMaloneMD), X (Dec. 17, 2025, at 9:10pm ET), <https://perma.cc/UQ3R-ZNVB>. Targeting an organization for adverse governmental action based on its views on matters of public policy and its language choices is paradigmatic viewpoint discrimination that is repugnant to the First Amendment.

C. This Court has jurisdiction to award relief

Plaintiffs are also likely to prevail in showing that this Court has jurisdiction to award relief. In other recent cases where parties have challenged award terminations in district court, the government has argued that the suits are disguised contract actions that are within the exclusive jurisdiction of the Court of Federal Claims pursuant to the Tucker Act, 28 U.S.C. § 1491(a). *See, e.g., Vera Institute of Justice v. DOJ*, No. 25-5248 (D.C. Cir.); *Climate United Fund v. Citibank, N.A.*, No. 25-5122 (D.C. Cir.) (en banc review granted on Dec. 17, 2025). But whatever rule may apply in the context of other types of challenges, such as under the Administrative Procedure Act, the law is clear that First Amendment claims like those at issue here can properly be brought in district court. *See American Bar Ass’n v. DOJ*, 783 F. Supp. 3d at 243–45 (rejecting the government’s Tucker Act argument in the context of a First Amendment claim). The D.C. Circuit has recognized “that Tucker Act jurisdiction is not exclusive for claims founded upon the Constitution.” *Transohio Sav. Bank v. Dir., Off. of Thrift Supervision*, 967 F.2d 598, 609 (D.C. Cir. 1992), abrogated on other grounds as recognized in *Perry Cap. LLC v. Mnuchin*, 864 F.3d 591, 620 (D.C. Cir. 2017).

This conclusion follows from the D.C. Circuit’s two-part test for identifying “disguised” contract actions that properly belong within the exclusive jurisdiction of the Court of Claims. *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 968 (D.C. Cir. 1982). Specifically, the analysis turns on “the source of the rights upon which the plaintiff bases its claims” and “the type of relief sought.” *Id.* Here, the source of AAP’s rights is the First Amendment to the Constitution, not any provision of its award agreements. The extent of AAP’s rights under the agreements is immaterial. *See Perry v. Sindermann*, 408 U.S. 593, 597–98 (1972) (recognizing that a plaintiff’s “lack of a contractual” right is “immaterial to his free speech claim”). Likewise, the remedy sought is not monetary damages or an order requiring the government to specifically perform the terms of its award agreements. *See Crowley Gov’t Servs., Inc. v. Gen. Servs. Admin.*, 38 F.4th 1099, 1107 (D.C. Cir. 2022). Rather, AAP seeks the traditional First Amendment remedy of an injunction against enforcement of unconstitutionally motivated governmental action.³

II. AAP Will Suffer Irreparable Harm Absent Immediate Relief

AAP is suffering and will continue to suffer irreparable harm from Defendants’ retaliatory and otherwise unlawful termination of their awards. In light of AAP’s likelihood of success on the merits, its First Amendment injuries require emergency relief. *See Singh v. Berger*, 56 F.4th 88, 109 (D.C. Cir. 2022). And the threat to the very existence of several AAP programs requires as much speed as possible in obtaining that relief.

It is settled law in this Circuit that “[t]he loss of First Amendment freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury.” *Id.* (internal quotation marks

³ For the same reasons that the terminations violate the First Amendment, they also violate the Administrative Procedure Act because they constitute adverse final agency action in contravention of the prohibition in 5 U.S.C. § 706(2)(B) against agency action that is “contrary to constitutional right.” In addition to the First Amendment and APA claims, the Complaint asserts an equal protection claim, but for purposes of this motion, AAP relies exclusively on its First Amendment and related APA claims.

omitted); *see Mills v. District of Columbia*, 571 F.3d 1304, 1312 (D.C. Cir. 2009) (same, as to “the loss of constitutional freedoms” generally (quoting *Elrod v. Burns*, 427 U.S. 347, 373–74 (1976) (plurality opinion)); *see also Pursuing Am.’s Greatness v. FEC*, 831 F.3d 500, 511 (D.C. Cir. 2016) (“In First Amendment cases, the likelihood of success will often be the determinative factor in the preliminary injunction analysis.” (internal quotation marks omitted)). Thus, “[s]uits involving ‘the threatened invasion of a constitutional right do not ordinarily require proof of any injury other than the threatened constitutional deprivation itself.”” *Talbott v. United States*, No. 25-cv-240, 2025 WL 842332, at *36 (D.D.C. Mar. 18, 2025) (quoting *Davis v. District of Columbia*, 158 F.3d 1342, 1346 (D.C. Cir. 1998)).

As described above, AAP’s “First Amendment interests are . . . being impaired” by HHS’s adverse actions, which are designed to chill AAP’s protected speech and petition rights. *Chaplaincy of Full Gospel Churches*, 454 F.3d at 301 (quoting *Nat’l Treasury Employees Union v. United States*, 927 F.2d 1253, 1254 (D.C. Cir. 1991)). AAP has thus established that it is being irreparably injured by Defendants’ adverse actions against it.

Further, accounting for its current funds and expenses, AAP will have no choice but to begin laying off dozens of staff (and approximately 10% of AAP’s total full-time employees) beginning January 9. Del Monte Decl. ¶ 12. Without its award funding, and without its staff, AAP will not be able to carry out this vital work. Even if award funding is ultimately restored at the conclusion of the litigation, critical staff may have taken other jobs. *Id.* ¶ 14. AAP must also break off relationships with partner organizations, damaging AAP’s reputation as a leader in the field and as a trusted partner. Waldron Decl. ¶ 45. Given the magnitude of the impact on AAP’s operations, allowing the terminations to persist for the duration of the litigation would inflict irreparable harm. *See American Bar Ass’n v. DOJ*, 783 F. Supp. 3d at 247 (finding irreparable harm where the loss of award funding would threaten the existence of the plaintiff’s operations).

The terminations also threaten irreparable harm to AAP’s core mission to advance children’s health and the profession of pediatrics that cannot be reversed once AAP halts work on its life-saving projects funded by the federal awards. *See League of Women Voters of United States v. Newby*, 838 F.3d 1, 9 (D.C. Cir. 2016) (concluding that actions that “unquestionably make it more difficult” for an organization “to accomplish [its] primary mission” constitute irreparable harm warranting emergency relief). As a result of the terminations, all the critical projects discussed above will be discontinued. Waldron Decl. ¶ 41. These essential programs and services will no longer be provided by AAP. *Id.* To cite just a few examples, the award terminations will leave communities with diminished ability to prevent community spread of harmful infectious diseases that impact infants and children; will halt efforts to prevent infants from dying in their cribs; will end efforts to promote early action in response to life-threatening sepsis infections; and will remove resources for preventing congenital heart defects and improving outcomes for affected children and adults. *Id.* ¶ 43. Preventable illnesses—including life-threatening ones—will spread more freely; conditions such as fetal alcohol syndrome and hearing impairments will be detected later, depriving children of the benefits of early interventions; and adolescents will be denied resources and interventions to combat substance abuse and mental health crises. *Id.* Critical information about the prevention of sudden unexpected infant death syndrome will not be adequately publicized, raising the specter of avoidable infant deaths. The abrupt termination of these critical resources is antithetical to AAP’s mission to protect children’s health and unquestionably prevents AAP from carrying out its mission.

III. The Equitable Factors Strongly Favor Emergency Relief

The final two temporary restraining order factors—balancing the equities and weighing the public interest—“merge when the Government is the opposing party.” *Nken v. Holder*, 556 U.S. 418, 435 (2009). Here, AAP’s strong likelihood of success on the merits, *see supra* section I, itself establishes that the equities and public interest favor preliminary relief. “It is well established that the

Government cannot suffer harm from an injunction that merely ends an unlawful practice.” *C.G.B. v. Wolf*, 464 F. Supp. 3d 174, 218 (D.D.C. 2020) (internal quotation marks omitted). Rather, “there is a substantial public interest in having governmental agencies abide by the federal laws . . . that govern their existence and operations.” *Open Cmty. All. v. Carson*, 286 F. Supp. 3d 148, 179 (D.D.C. 2017). There is therefore “generally no public interest in the perpetuation of unlawful agency action.” *Id.* (internal quotation marks omitted).

That is particularly true where, as here, constitutional rights are at stake. The Constitution “is the ultimate expression of the public interest,” so “government actions in contravention of the Constitution are always contrary to the public interest.” *Turner v. U.S. Agency for Global Media*, 502 F. Supp. 3d 333, 386 (D.D.C. 2020) (internal quotation marks omitted); *see also, e.g., Costa v. Bazron*, 456 F. Supp. 3d 126, 137 (D.D.C. 2020) (“[I]t is always in the public interest to prevent the violation of a party’s constitutional rights.”) (internal citation and quotation marks omitted)).

Even beyond the need to protect AAP’s First Amendment rights, awarding preliminary relief to reinstate AAP’s awards is in the public interest. As illustrated above, *supra* at 23, the eliminated programs provide critical public health services; because of AAP’s inability to carry out these programs, children’s lives are now at avoidable risk. The public interest overwhelmingly favors the maintenance of these programs during the pendency of the litigation.⁴

CONCLUSION

For all these reasons, the Court should grant AAP’s motion and enter a temporary restraining order, or preliminary injunction, as set forth in the attached proposed order.

⁴ AAP respectfully submits that, if the Court awards preliminary relief, it should set any bond required under Federal Rule of Civil Procedure 65(c) at a de minimis level. An onerous bond is not warranted “where requiring one would have the effect of denying [a] plaintiff[] [its] right to judicial review of administrative action.” *Nat’l Council of Nonprofits v. Off. of Mgmt. & Budget*, 775 F. Supp. 3d 100, 130 (D.D.C. 2025). Imposing anything more than a minimal bond would have that effect here because, as explained above, AAP does not have the resources to function without the award money that Defendants unlawfully withdrew—and so does not have the resources for a bond either.

December 24, 2025

Respectfully submitted,

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

Case No. 1:25-cv-4505

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, *et al.*,

Defendants.

DECLARATION OF DEBRA B. WALDRON

I, Debra B. Waldron, declare as follows:

1. I am Senior Vice President – Healthy and Resilient Children Youth and Families for the American Academy of Pediatrics (AAP). I have held that position since 2017. In that role, I am responsible for administrative, financial, and operational oversight of multiple federal awards related to child and family health. I also provide senior leadership to fifty AAP committees, sections, and councils in various areas of child health, including community pediatrics, early childhood, adolescent health, and school health.

2. From 2015 to 2017, I served as Director – Division of Services for Children with Special Needs in the Maternal Child Health Bureau of the Health Resources and Services Administration (HRSA). In that capacity, I directed the national program for children with special health needs and provided technical assistance on federal and state policies concerning children's health. Before that, I was a clinical professor at the University of Iowa Carver College of Medicine, where I also served as Vice Chair – Child Health Policy, Department of Pediatrics and Director and Chief Medical Officer – Division of Child and Community Health and Center for Child Health Improvement and Innovation. I hold an M.D. from New York Medical College and an M.P.H. from the University of Minnesota. I am a board-certified pediatrician.

3. I am over eighteen years old and have personal knowledge of the facts and information in this declaration. I respectfully provide this declaration to detail the ways in which AAP's mission and programs have been immediately and irreparably harmed by the abrupt termination of AAP awards administered by the Centers for Disease Control and Prevention (CDC) and HRSA. These terminations immediately and severely threaten AAP's ability to continue our longstanding programs, including critical public health programs related to reducing sudden infant death, supporting children with birth defects, and improving access to rural health care, as well as our ability to maintain relationships with important partners, many of whom rely on pass-through

funding for the terminated awards.

AAP's Mission and Operations

4. Founded in 1930, AAP is the nation's premier professional organization for pediatric medicine and serves as an independent forum for addressing children's health. AAP's membership includes approximately 67,000 pediatricians, with members in every state in the country who provide direct care to infants, children, adolescents, and young adults in both hospital and outpatient settings.

5. AAP's mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. AAP is committed to advancing child health and well-being and the profession of pediatrics.

6. AAP works to achieve this mission by providing training, technical assistance, education, quality improvement initiatives, and other support to pediatricians on critical public health topics. To list just a few examples, those topics include safe infant sleep, immunizations, youth and adolescent mental health, and birth defects and infant disorders. AAP is widely recognized as a leader in these areas and is the best resource for information for pediatricians. The public information AAP provides is grounded in science and is subject to extensive vetting by subject matter experts, project advisory boards, federal project officers, and AAP staff, depending on the topic. This information is often rooted in AAP policy, which has been developed by national subject matter experts and reviewed by numerous peers and external organizations, including federal agencies, such as CDC and HRSA, and other professional societies.

7. Part of AAP's mission is educating the public on issues of public health and advocating for the evidence-informed practices and expert consensus among its members on important public health matters. This mission requires AAP to speak out publicly about the importance of immunizations, both for individuals and for immunity levels among the population

generally, and to respond publicly to efforts by the administration to dismantle existing infrastructure and create confusion about vaccines that have been proven to be safe and effective.

8. In furtherance of that mission, AAP has, for decades, successfully competed for grants from various subagencies within HHS that support various AAP public health programs. That includes several awards administered by CDC and HRSA.

CDC and HRSA Awards

9. CDC and HRSA are separate operating divisions within HHS and, in my experience, their grantmaking functions generally operate independently from one another. Nonetheless, they use generally similar procedures for grantmaking. Funding is provided through a highly competitive application process. Initially, the agency will issue a notice of funding opportunity (NOFO) that lays out the requirements for applicants to meet the agency's goals and objectives for the award and specific criteria for scoring applications. The NOFO goes through several layers of review on the agency side before it is published.

10. AAP then takes weeks—or even months—to craft an application package that is responsive to the NOFO published by the agency for a particular award. AAP submits information about its background and expertise in the area; the goals, objectives, and activities proposed to achieve the outcomes outlined by the federal agencies; and logistical details about how the project will be staffed and which partners will be part of the project. In addition, budgetary information is submitted that is consistent with the resources needed to complete the project. Applications usually also include letters of support from other organizations to highlight the benefits of our proposal.

11. The federal agency then conducts an extensive review of the applications submitted. An agency may rely on external reviewers who are experts in the subject area, in addition to its own internal reviewers. Relying on the scoring rubric set out in the NOFO, the agency then decides who

has the top scores to be awarded funding. AAP routinely scores very highly on its applications and is nearly always competitive for funding.

12. If an applicant is successful, CDC or HRSA issues an award letter, which includes relevant information such as the terms and conditions of the award.

13. In many instances, multiple awardees will be selected under the same NOFO. Thus, when AAP is selected for an award, other similarly situated entities may be funded as well.

14. Awardees are assigned a point of contact—a technical monitor and/or a project officer—at the relevant agency. AAP staff remains in close communication with those agency liaisons throughout the lifespan of the award. Federal staff can and have asked AAP to adjust our areas of focus or budget to align with changing agency priorities. During the COVID-19 pandemic, for example, agency priorities shifted rapidly, and AAP was routinely in communication with agency liaisons to modify work plans and activities as needed.

15. Grant awards generally have multiyear terms. However, notice of continued funding usually occurs on an annual basis. The continued funding is contingent on performance during the prior year(s) and congressional appropriations. An awardee must submit an annual noncompeting continuation application and progress report. While noncompeting continuation applications are not competitive insofar as other entities are not vying directly for the same award funds, the awardee must still persuade the agency to continue funding the award. Particularly after a change in presidential administration, awardees may be expected in their continuation applications to propose programmatic shifts in response to changed agency priorities. These changes are often made in consultation with, or at the direction of, the HRSA or CDC technical monitor or program officer responsible for the award.

16. Following the change of presidential administration in January 2025, AAP worked closely with agency program staff to ensure its projects and continuation of funding applications conformed to the priorities and preferred terminologies of the new administration.

17. Continuation of funding applications for each of the seven recently terminated awards were approved during the Trump administration. Four of the continuation of funding approvals were issued as recently as September 2025. The earliest was issued in April 2025.

AAP Projects Funded by CDC and HRSA Awards

18. AAP has several active CDC and HRSA awards. CDC and HRSA executed terminations of seven of those awards on December 16, 2025. The terminated awards—which had roughly \$12 million total remaining at the time of termination—make up nearly two-thirds of AAP's total federal award funding.

19. CDC Award 1 is for Enhancing Partnerships to Address Birth Defects, Infant Disorders, and Related Conditions, and the Health of Pregnant and Postpartum People (Unique Federal Award Identification No. NU01DD000032; Award No. 6 NU01DD000032-03-01). The performance period for this award was initially September 30, 2023 to September 29, 2028. The recent budget period for this award was September 30, 2025 to September 29, 2026, until it was terminated effective December 22, 2025. The award amount for this budget period is \$8,785,000. The total amount remaining on the award at the time of termination was approximately \$7,876,408. The award provides funding for several programs, including:

- a. \$300,000 to protect infants and children from emerging threats. This project aims to strengthen the relationship between pediatric healthcare and public health to support a more effective system of care to prevent and mitigate the impact of emerging threats on infants, children, and their families.

- b. \$1,021,380 to build capacity for substance use prevention in pediatric and perinatal care. This project aims to help pediatric care teams better prevent, screen for, and connect patients to treatment for substance use disorders in children, young adults, and the perinatal population.
- c. \$2,165,000 to build capacity for relational health and trauma-informed care. This funding supports the National Center for Relational Health and Trauma-Informed Care, which aims to empower pediatricians and healthcare professionals to promote safe, stable, and nurturing relationships; recognize and treat trauma; and provide guidance and support to help children and families thrive.
- d. \$600,000 to improve outcomes related to perinatal health and substance use. This project aims to enhance the capacity of pediatric healthcare clinicians to support infants with perinatal substance exposure and their birth mothers.
- e. \$150,000 to improve clinical and public health outcomes for infants and children with birth defects, infant disorders, and related conditions (BDID) and their families. This project's activities include partnering with families and caregivers affected by BDID to develop resources geared toward other families and caregivers.
- f. \$650,000 for immunization support and communication. These funds support immunization capacity building for pediatric clinicians and support community level uptake of immunizations and reducing community risk of vaccine preventable disease. The funds support activities such as coordinating educational activities and developing partnerships with immunization

stakeholders at the state level, developing immunization-related tools and resources, and implementing local strategies to increase access to immunizations.

- g. \$100,000 for national standards of care for Level One Newborn Nurseries. This project aims to develop standards to improve the quality and consistency of newborn nursery care delivered across the United States. These standards serve as the basis for strengthening infrastructure for safe and high-quality implementation of best practices across all members of a clinical care team. The work is informed by input from experts on the topic.
- h. \$2,737,576 for “Learn the Signs. Act Early.” This project strengthens national capacity to improve early identification and intervention for developmental delays and disabilities among young children. The project’s activities include disseminating developmental surveillance resources and training through AAP communication channels, social media, external partnerships, and conference exhibits.
- i. \$200,000 for Tourette/ADHD education. This project aims to strengthen pediatricians’ knowledge and skills in supporting children with Tourette Syndrome and ADHD through evidence-based education and practical tools. The project’s activities include highlighting recent scientific publications and best practices to help pediatricians identify health risks, including suicidality, sleep disturbances, and co-occurring conditions.
- j. \$400,000 for early diagnosis, management, and diagnosis of chronic disabling conditions. This project aims to increase awareness of spina bifida, muscular dystrophy, gastroschisis, and other chronic conditions among key stakeholders. The project’s activities include convening a newly formed consortium to develop

and implement strategies for improving outcomes for all children and adults with muscular dystrophies.

- k. \$250,000 for a public health program to enhance the health and development of children (Congenital Heart Public Health Consortium). This consortium was formed in 2009 and brings together various partners and organizations to positively impact the health of individuals affected by congenital heart defects. The consortium provides leadership and a unified voice for public health priorities, including through implementation of a roundtable discussion to identify gaps in knowledge in providing trauma-informed care for individuals with congenital heart defects.
- l. \$150,000 for awareness of congenital heart defects among healthcare clinicians. This project supports various physicians in caring for patients with congenital heart defects across their lifespan. The project's activities include continuing a strategic campaign to promote and disseminate resources that will increase awareness of the need for lifelong cardiac specialty care for individuals with congenital heart defects.

20. CDC Award 2 is for Category C: Pediatric Healthcare Clinicians (Unique Federal Award Identification No. NU38PW000050; Award No. 6 NU38PW000050-02-01). The performance period for this award was initially August 1, 2024 to July 31, 2029. The recent budget period for the award was August 1, 2025 to July 31, 2026, until it was terminated effective December 22, 2025. The award amount for this budget period is \$1,100,001. The total amount remaining on the award at the time of termination was approximately \$1,042,610. The award provides funding for several programs, including:

- a. \$500,001 for strengthening food allergy resources in schools and out-of-school time. This project strengthens systems for managing food allergies and other chronic conditions by improving data sharing between schools, out-of-school time programs, and community health providers. The project's activities include developing and disseminating resources that support safe and effective care coordination for students with food allergies.
- b. \$100,000 for information sharing on sepsis, among pediatric clinicians and summer camp healthcare providers. This project is meant to build awareness about pediatric sepsis, which is a life-threatening condition, and particularly early identification of symptoms of sepsis in camp and school settings.
- c. \$300,000 for "Let's Talk About It: Reducing Mental Health Stigma through Key Opinion Leaders." This project aims to develop a communications campaign to encourage open conversations about mental health needs between clinicians, parents, and families.

21. CDC Award 3 is for National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders (Unique Federal Award Identification No. NU84DD000021; Award No. 6 NU84DD000021-04-01).

- a. The performance period for this award was initially April 1, 2023 to September 29, 2026. The recent budget period for this award was September 30, 2025 to September 29, 2026, until it was terminated effective December 22, 2025. The award amount for this budget period is \$308,750. The total amount remaining on the award, including carryover from a prior year, at the time of termination was approximately \$409,153.

b. This award provides funding for a program to address the knowledge, self-efficacy, and capacity of pediatricians to work with public health organizations that make up the systems of services for families living with substance use and children with fetal alcohol spectrum disorders. The project aims to improve patient- and family-centered approaches that advance access to care, identification and health of children living with prenatal alcohol and substance exposure, and pediatrician capacity to support children and families living with alcohol and substance use.

22. HRSA Award 1 is for the Telehealth Technology-Enabled Learning Program (Unique Federal Award Identification No. U3I43505; Award No. 4U3IRH43505-05-01).

- a. The project period for this award was initially September 30, 2021 to September 29, 2026. The recent budget period for this award was September 30, 2025 to September 29, 2026, until it was terminated effective December 16, 2025. The award amount for this budget period is \$475,000. The total amount remaining on the award at the time of termination was approximately \$408,498.
- b. This funding supports the National Rural Adolescent and Child Health ECHO Training Center. The center provides training, technical assistance, and community building to pediatricians and other healthcare providers in rural communities, where children face unique and unmet health needs and clinicians may require extra support to implement evidence-based practices at the point of care. A major focus was an eleven-month national learning collaborative designed to help pediatricians recognize and support the unique needs of autistic children and their families in rural areas.

23. HRSA Award 2 is for Comprehensive Systems Integration for Adolescent and Young Adult Health (Unique Federal Award Identification No. U4N49926; Award No. 4U4NMC49926-03-01).

- a. The project period for this award was initially September 1, 2023 to August 31, 2028. The recent budget period for this award was September 1, 2025 to August 31, 2026, until it was terminated effective December 16, 2025. The award amount for this budget period is \$1,500,561. The total amount remaining on the award, including carryover from a prior year, at the time of termination was approximately \$1,698,360.
- b. This funding supports a program that increases the capacity of states, territories, and tribal organizations to promote adolescent health and young adult health and well-being. The program was designed to support a cross-sector alliance including leaders from primary health care for adolescents and young adults, school supports for health and mental health, and community programs that reinforce positive youth development.

24. HRSA Award 3 is for Universal Newborn Hearing Screening (Unique Federal Award Identification No. U5252989; Award No. 4U52MC52989-02-04).

- a. The project period for this award was initially April 1, 2024 to March 31, 2029. The recent budget period for this award was April 1, 2025 to March 31, 2026, until it was terminated effective December 16, 2025. The award amount for this budget period is \$302,224. The total amount remaining on the award at the time of termination was approximately \$146,354.
- b. This funding supports a project that aims to enhance the confidence and training of healthcare professionals involved in screening, diagnosing, and providing

services to infants, children, and families within the Early Hearing Detection and Intervention System. The project's activities include telementoring sessions and development of educational resources to improve services for deaf and hard of hearing children and their families.

25. HRSA Award 4 is for the Safe Infant Sleep Systems Integration Program (Unique Federal Award Identification No. UF745730; Award No. 4UF7MC45730-03-06).

- a. The project period for this award was initially July 1, 2022 to June 30, 2025; it was extended to June 30, 2026 in August 2025. The recent budget period for this award was July 1, 2024 to June 30, 2026, until it was terminated effective December 16, 2025. The award amount for this budget period is \$1,000,000. The total amount remaining on the award at the time of termination was approximately \$348,714.
- b. This funding supports a project that aims to reduce rates of sudden unexpected infant death (SUID) by connecting families with educational and awareness resources and building families' capacity to practice safe infant sleep. AAP brings together national partners to identify and promote community and state SUID prevention best practices and prevention strategies, integrate the needs and concerns of families and communities, and inform a national strategy for the future of safe infant sleep and SUID prevention.

26. For each of these awards, AAP prepared and submitted comprehensive application materials in response to the initial NOFOs through the process described above. AAP also followed that process for noncompeting continuation applications for subsequent project years for each award.

27. Throughout 2025, moreover, AAP took specific steps to ensure that our programs funded by these awards remained aligned with agency priorities. Early in 2025, after the issuance of multiple executive orders related to diversity, equity, and inclusion, AAP modified our work plans and continuation applications, wherever needed, to align with new agency priorities. AAP communicated extensively with subawardee partners, including through individual calls, to let them know they needed to be compliant with the executive orders. AAP regularly communicated with our agency liaisons on the steps we were taking and to seek their guidance on how we should proceed. In addition, AAP paused some webinars and other programming until we could ensure compliance with the executive orders. And AAP continued to follow these practices as subsequent executive orders were issued over the course of the year.

28. Agency staff never suggested that the modifications submitted by AAP were inadequate or ever asked AAP to make changes to conform to changed agency priorities that AAP failed to implement.

29. To my knowledge, before December 16, 2025, never in its history had an AAP award of federal funding for which we were prime ever been terminated. Nor had AAP ever been found to be in noncompliance with the conditions of any award.

Terminations of AAP Awards

30. Prior to receiving the termination notices, AAP was carrying out its work as usual with respect to the CDC and HRSA awards. As noted, AAP works with liaisons at CDC and HRSA who communicate with us if there is a desire to change course or shift the focus of the award. Our points of contact at the agencies never suggested that AAP was not in compliance with the terms and conditions of any of its awards or otherwise deficient in any way. Nor did they provide any reason to believe that the termination of any AAP awards was imminent.

31. In fact, leading up to and even after the termination notices were issued, AAP's liaisons at CDC and HRSA maintained lines of communication suggesting that it was business as usual for the awards in question. Agency staff appeared to be unaware that the awards were about to be or had been terminated. For example, AAP staffers exchanged emails with CDC team members on December 16 and 17, discussing ongoing and future anticipated work for one of the relevant programs. On December 17, CDC program staff requested information about the Sepsis Awareness project and ECHO sessions, inquiring about how the CDC could promote January 2026 ECHO sessions via social media. This communication suggested that the CDC staff fully anticipated continuation of the project as planned. A separate call on December 17 with different program staff from the CDC and two AAP Senior Directors revealed that the program staff were unaware of the termination letters.

32. On December 16, AAP received letters from HRSA terminating each of the four HRSA awards discussed above, effective immediately. Each letter stated that funding for the award "is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4)." HRSA asserted that its "current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease. These enhancements will help ensure the program remains responsive and evidence based." The letters also noted: "Although in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities." True and correct copies of those letters are attached to this Declaration as Exhibits 4-7.

33. On December 17, AAP received letters from CDC terminating each of the three CDC awards discussed above, effective December 22. The letters stated: “CDC has determined that this award no longer effectuates agency and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect design elements that are not aligned with current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans.” One letter, for example, said that AAP’s application submissions “expressly center on identity-based language” and that these “elements” were “woven through the title, narrative, and work plans” of the award project, meaning that AAP’s activities were “no longer in alignment with the stated HHS and CDC priority areas.” Another letter asserted that AAP’s award materials “commit to providing health equity as a strategy in which Capacity Building Assistance (CBA) will be provided.” The letters also stated: “After careful review, CDC has determined that this award must be fully terminated because the premises of the award are incompatible with agency and departmental priorities, making modifications or partial continuation impossible.” True and correct copies of those letters are attached to this Declaration as Exhibits 1–3.

34. AAP staff were told by agency staff that they were unaware of these terminations, which AAP staff understood to mean that the terminations came at the direction of HHS leadership, rather than through normal channels. Based on AAP’s communications with partners and other organizations that receive HRSA and CDC awards, to the best of my knowledge, none of the other entities that received awards under the same awards as AAP have had their own awards terminated.

35. The notice of termination for CDC Award 1 pointed to “identity-based language” in application submissions and award documents—including CDC’s own title of the award: “Enhancing partnerships to address birth defects, infant disorders and related conditions, and the

health of pregnant and postpartum people.” The CDC—not AAP—created that title. In fact, AAP staff pointed this out to CDC staff, only to be told that the language could not be changed in the template. AAP was therefore required to use the formal title and template work plans provided by the CDC, which included the same wording and reference to “pregnant and postpartum people.” Awardees from other organizations were required to use the same templates. However, to the best of my knowledge, none of the three dozen other organizations funded under this award have received termination notices. AAP’s initial application also aligned with the CDC NOFO, released in May 2023, requiring the application to identify “disproportionately affected population segments and how reaching these groups will address health equity.” When HHS priorities shifted, AAP likewise shifted our efforts to comply with all funding requirements and executive orders, including in our continuation applications. Additionally, the notice of termination wrongly suggested that AAP projects did not focus on current HHS priorities. In fact, the projects do address those priorities, including by addressing chronic conditions, autism, and strengthening the healthcare workforce.

36. Similarly, for CDC Award 3, AAP annually submitted a scope of work in alignment with the strategies and activities required by the notice of funding opportunity. Our work plans were reviewed and approved by CDC liaisons and deemed satisfactory. AAP staff participated in calls with the agency points of contact at least monthly to confirm that progress was satisfactory. All materials AAP developed after February 2025 were finalized based on consideration of relevant executive orders and published CDC priorities, and those materials were in fact reviewed and approved by CDC staff.

37. HRSA Award 3, which addresses universal newborn hearing screening, was terminated for purportedly no longer effectuating program goals or agency priorities. AAP applied for this award as one of three national technical assistance centers that make up the Early Hearing

Detection and Intervention National Network. Neither of the other two centers received termination notices, and they are now missing a key partner in efforts focused on reaching providers.

38. The termination notice for HRSA Award 1 stated that “HRSA’s current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis in nutrition and the prevention and management of chronic disease.” This award is specifically designed to improve health outcomes for adolescents, as it supports AAP’s National Rural Adolescent and Child Health ECHO Training Center. Project activities specifically focus on the stated priorities of nutrition and chronic disease prevention.

39. The same is true for HRSA Award 2. The HRSA-approved work plan submitted by AAP included objectives and activities consistent with a focus on improved health outcomes for adolescents and young adults, including an emphasis on chronic disease prevention.

Effects of Award Terminations on AAP Projects

40. The terminations of these AAP awards have had immediate and devastating effects on AAP’s programs and our partners.

41. Without these awards, all the critical projects discussed above will have to be discontinued. These essential programs and services will no longer be provided by AAP. In many cases, AAP is the only organization providing the resources in question and therefore those life-saving services will no longer be available. In some cases, other organizations must endeavor to continue carrying out this work, still using federal grant funds, but with increased difficulty without the key partnership of AAP.

42. In the wake of the award terminations, AAP received outreach from many partners and beneficiaries of our work noting their disappointment in the terminations, emphasizing the importance of the discontinued projects, and expressing hopes that the awards would be reinstated.

43. The following examples illustrate just some of the severe harms that will result from the award terminations:

- a. The elimination of the project supporting immunization support and communication will result in a diminished ability to prevent community spread of harmful infectious diseases, including pertussis (whooping cough), measles, and winter respiratory viruses. This is particularly dangerous at the current moment, with measles and pertussis cases on the rise, and deaths having occurred in multiple states.
- b. Sudden unexpected infant death is the leading cause of death for infants under one year of age. Following the dissolution of the federal Safe to Sleep campaign earlier this year and the termination of the safe sleep cooperative agreement, there is no nationally coordinated approach to support new parents in understanding and practicing safe sleep, which has the potential to result in an increase in sleep-related deaths in healthy infants.
- c. The timely release of national standards of care for certain newborn nurseries is now in jeopardy. High-quality, safe newborn care is essential in the first hours of a baby's life. National standards would help to ensure that newborn care in all settings has the appropriate infrastructure, personnel, and policies to provide a healthy start to life for all newborns.
- d. The loss of funding for the Universal Newborn Hearing Screening Program will result in delays in identifying infants who are deaf and hard of hearing, and

corresponding delays in access to critical therapies and services to improve language acquisition and communication. This will impact the acquisition of language and delay speech and language acquisition, which can impact neuro cognitive development, learning, and communication.

- e. The loss of funding for “Learn the Signs. Act Early” diminishes the capacity to support screening and early identification for developmental delays and autism. AAP’s portfolio of resources will no longer be promoted or updated, meaning fewer clinicians and parents will know how to monitor developmental milestones effectively.
- f. The loss of funding for partnerships to protect infants and children from emerging threats will prevent AAP from ensuring that families receive timely, trusted information and resources. This will result in not only worsened health outcomes, but also higher healthcare costs, widening disparities, and diminished national preparedness. Children and families are less likely to be identified for and to receive care for congenital cytomegalovirus, perinatal Hepatitis C, and congenital syphilis. Congenital syphilis cases are on the rise in the United States per CDC, increasing for the twelfth year in a row, with nearly 4,000 reported cases in 2024.
- g. The loss of funding will eliminate planned educational courses on Tourette Syndrome and ADHD, leaving pediatricians without critical training to identify health risks such as suicidality, sleep disturbances, and co-occurring conditions. Without these resources, clinicians will lack evidence-based strategies for behavior guidance and parent support, reducing their ability to provide anticipatory guidance and effective care.

- h. Pediatricians and other medical clinicians will not be trained in how to integrate child-centered, trauma-informed care practices into their clinical care. This means that children and families who have experienced trauma will not receive care that is tailored to their needs. The loss of this funding will worsen the current mental health crisis among U.S. children and teenagers.
- i. The loss of funding for certain projects will hinder the ability to improve coordination of care and services for infants and children impacted by spina bifida, muscular dystrophy, and gastroschisis, among other chronic conditions. It will also hinder the ability to prevent congenital heart defects and improve outcomes for affected children and adults.
- j. The loss of funding will have a direct negative impact on infants with perinatal substance exposure, including those born with neonatal opioid withdrawal syndrome and their birth mothers. The loss of funding will eliminate critical training for multidisciplinary pediatric healthcare teams, as well as resources allowing clinicians to build capacity to support children born with neonatal opioid withdrawal syndrome—a critically important need given the national health emergency being fueled by the opioid epidemic.
- k. The loss of funding for educational efforts to build capacity of pediatricians to assess for prenatal alcohol exposure will result in more children being undiagnosed, misdiagnosed, and untreated. Children without the appropriate diagnosis and early intervention services are more likely to experience school failure, misuse substances themselves, and become involved in the criminal justice system.

- l. The loss of funding to strengthen food allergy resources means that schools and out-of-school programs will lose access to critical resources and training needed to manage food allergies safely, increasing the risk of severe allergic reactions among students. Additionally, the progress made through national collaborations and evidence-based guidelines could stall, limiting the ability to implement consistent, effective food allergy management practices across K-12 and out-of-school settings.
- m. The loss of funding for “Let’s Talk About It” will halt a national communications campaign designed to support clinicians, parents, and families in having open, destigmatizing conversations around mental health. Without this campaign, fewer youth and fewer parents will feel comfortable talking about their mental health needs, leading to worsening symptoms and increased feelings of isolation and despair.
- n. The loss of funding for the Telehealth Technology-Enabled Learning Program means that children and families in rural areas will not have access to health services that meet their unique needs. Pediatricians serving rural communities will lose targeted training on suicide prevention, autism, obesity, substance use, and other critical mental health issues. This will widen gaps in care and harm children and families in rural communities.
- o. A funding gap for “Information Sharing Among Pediatric Clinicians and Summer Camp for Health Care Providers” hinders efforts to promote early action to prevent severe life-threatening infection and multiple organ failure in children. Sepsis is a condition where minutes can make a difference in preventing the most serious health outcomes for an affected child. Providers of

all types would benefit from education and guidance about early symptoms and the immediate lifesaving steps to take to improve outcomes in children.

44. AAP's partners will also be harmed by the award terminations. Many AAP projects funded by these awards have subawardees in the public health space. Because of the terminations, AAP has been forced to notify these groups to stop their work on the awards. For some of those groups, the funds constitute a significant portion of their payroll, and there will be an immediate disruptive impact on their personnel. Other groups will simply not be able to continue the important public health work they were able to do because of these funds.

45. This damage to AAP's partnerships will further harm AAP's reputation as a leader in the field and as a trusted partner on these issues. If AAP's funding is not reinstated, its partners will be forced to discontinue longstanding, effective working relationships.

46. In sum, these award terminations will have a catastrophic effect on public health. It is no exaggeration to say that lives will be lost as a result of the terminations.

I declare under penalty of perjury under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge.

Executed this 24th day of December 2025 in Towson, Maryland.



Debra B. Waldron

EXHIBIT 1



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU84DD000021-04-01

FAIN# NU84DD000021

Federal Award Date: 12/16/2025

Recipient Information

1. Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
 141 Northwest Point Blvd
 Elk Grove Village, IL 60007-1019
 [NO DATA]

2. Congressional District of Recipient

08

3. Payment System Identifier (ID)

1362275597A1

4. Employer Identification Number (EIN)

362275597

5. Data Universal Numbering System (DUNS)

055399364

6. Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

7. Project Director or Principal Investigator

Dr. Debra Waldron
 SVP
 dwaldron@aap.org
 630/626-6110

8. Authorized Official

Lisa Andry
 Sponsored Programs Administrator
 landry@aap.org
 630-626-6720

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. LaQuanda Lewis
 Grants Management Officer
 hrf6@cdc.gov
 770-488-2969

10. Program Official Contact Information

Ms. Elizabeth Dang
 Behavioral Scientist
 edang@cdc.gov
 404-498-3947

30. Remarks

TERMINATION DUE TO DEPARTMENTAL AUTHORITY

Federal Award Information

11. Award Number

6 NU84DD000021-04-01

12. Unique Federal Award Identification Number (FAIN)

NU84DD000021

13. Statutory Authority

42 USC 241 31 USC 6305 42 CFR 52

14. Federal Award Project Title

National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders

15. Assistance Listing Number

93.073

16. Assistance Listing Program Title

Birth Defects and Developmental Disabilities, Prevention and Surveillance

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2025 - End Date 12/22/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$308,750.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$308,750.00

26. Period of Performance Start Date 04/01/2023 - End Date 12/22/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,042,500.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Merlin Williams

Team Lead Grants Management Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU84DD000021-04-01

FAIN# NU84DD000021

Federal Award Date: 12/16/2025

Recipient Information

Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
 141 Northwest Point Blvd
 Elk Grove Village, IL 60007-1019
 [NO DATA]

Congressional District of Recipient

08

Payment Account Number and Type

1362275597A1

Employer Identification Number (EIN) Data

362275597

Universal Numbering System (DUNS)

055399364

Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$140,898.00
b. Fringe Benefits	\$47,905.00
c. Total Personnel Costs	\$188,803.00
d. Equipment	\$0.00
e. Supplies	\$110.00
f. Travel	\$1,440.00
g. Construction	\$0.00
h. Other	\$19,316.00
i. Contractual	\$4,000.00
j. TOTAL DIRECT COSTS	\$213,669.00
k. INDIRECT COSTS	\$95,081.00
l. TOTAL APPROVED BUDGET	\$308,750.00
m. Federal Share	\$308,750.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRAS	23NU84DD000021	DD	410Q	93.073	\$0.00	75-23-0958
4-939ZRAS	23NU84DD000021	DD	410Q	93.073	\$0.00	75-24-0958
5-939ZRAS	23NU84DD000021	DD	410Q	93.073	\$0.00	75-25-0958



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU84DD000021-04-01

FAIN# NU84DD000021

Federal Award Date: 12/16/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

AMERICAN ACADEMY OF PEDIATRICS

6 NU84DD000021-04-01

- 1. Terms and Conditions
- 2. Termination Letter

AWARD TERMS & CONDITIONS

Termination: The purpose of this amendment is to terminate this award effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

CDC has determined that this award no longer effectuates agency and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect design elements that are not aligned with current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and functions of both HHS and CDC.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345.

Closeout: Submit all closeout reports identified below within 120 days of the period of performance end date of 12/22/2025. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 2 CFR PART 200.344.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$5,000 or more. If no equipment was acquired under the award, a negative report is required



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

To: American Academy of Pediatrics

Attn: Debra Waldron, Sr Vice President, AAP

Funding for Award Number NU84DD000021 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

CDC has determined that this award no longer effectuates CDC and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect elements that are not aligned with the current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion (DEI) initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and functions of both HHS and CDC.

Your organization’s award and project include multiple design elements that explicitly emphasize DEI, social determinants of health (SDOH), and health equity, including objectives to “reduce stigma and promote health equity” and to target “underserved populations at increased risk due to social drivers of health.”

These elements are not incidental; they are woven through your organization’s award project and the stated activities. As such, your organization’s activities under this award are no longer in alignment with the stated HHS and CDC priority areas.

After careful review, CDC has determined that this award must be fully terminated because the premises of the award are incompatible with agency and departmental priorities, making modification or partial continuation impossible.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days, from the effective date of termination provided above, to liquidate all financial obligations incurred pursuant to the Award.

Sincerely,

Jamie Legier -S^{LS} Digitally signed by Jamie Legier -
Date: 2025.12.16 14:16:03 -05'00'

Jamie W. Legier
Director, Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services
Phone: 770-488-2613

EXHIBIT 2



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU38PW000050-02-01

FAIN# NU38PW000050

Federal Award Date: 12/16/2025

Recipient Information

1. Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
345 Park Blvd
Itasca, IL 60143-2644

2. Congressional District of Recipient
08

3. Payment System Identifier (ID)

1362275597A1

4. Employer Identification Number (EIN)

362275597

5. Data Universal Numbering System (DUNS)

055399364

6. Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

7. Project Director or Principal Investigator

Dr. DEBRA WALDRON
SVP
dwaldron@aap.org
630-626-6110

8. Authorized Official

Ms. Lisa Andry
landry@aap.org
630.626.6720

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Kimberly Champion
Grants Management Specialist
qrf9@cdc.gov
(404) 498-4229

10. Program Official Contact Information

Mr. Nicolas Rankin
Director
xkx6@cdc.gov
(494) 498-0226

30. Remarks

TERMINATION DUE TO DEPARTMENTAL AUTHORITY

Federal Award Information

11. Award Number

6 NU38PW000050-02-01

12. Unique Federal Award Identification Number (FAIN)

NU38PW000050

13. Statutory Authority

317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 247b(k) and 2421, as amended). In addition, this program is authorized under sections 4002 of the Patient Protection and Affordable Care Act,

14. Federal Award Project Title

Category C: Pediatric Healthcare Clinicians

15. Assistance Listing Number

93.421

16. Assistance Listing Program Title

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2025 - End Date 12/22/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$1,100,001.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,100,001.00

26. Period of Performance Start Date 08/01/2024 - End Date 12/22/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$2,300,001.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU38PW000050-02-01

FAIN# NU38PW000050

Federal Award Date: 12/16/2025

Recipient Information

Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
345 Park Blvd
Itasca, IL 60143-2644

Congressional District of Recipient

08

Payment Account Number and Type

1362275597A1

Employer Identification Number (EIN) Data

362275597

Universal Numbering System (DUNS)

055399364

Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$450,171.00
b. Fringe Benefits	\$153,059.00
c. Total Personnel Costs	\$603,230.00
d. Equipment	\$0.00
e. Supplies	\$402.00
f. Travel	\$55,000.00
g. Construction	\$0.00
h. Other	\$51,861.00
i. Contractual	\$60,000.00
j. TOTAL DIRECT COSTS	\$770,493.00
k. INDIRECT COSTS	\$329,508.00
l. TOTAL APPROVED BUDGET	\$1,100,001.00
m. Federal Share	\$1,100,001.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390MRJ	24NU38PW000050	PW	410Q	93.421	\$0.00	75-2324-0943
4-9390C1F	24NU38PW000050	PW	410Q	93.421	\$0.00	75-24-0952
4-9390JYM	24NU38PW000050	PW	410Q	93.421	\$0.00	75-24-0948
4-9390NBT	24NU38PW000050	PW	410Q	93.421	\$0.00	75-24-0949
4-939ZSNK	24NU38PW000050	PW	410Q	93.421	\$0.00	75-24-0949
5-9390C1F	24NU38PW000050	PW	410Q	93.421	\$0.00	75-25-0952
5-9390JYM	24NU38PW000050	PW	410Q	93.421	\$0.00	75-25-0948
5-9390NBT	24NU38PW000050	PW	410Q	93.421	\$0.00	75-25-0949
5-939ZXFQ	24NU38PW000050	PW	410Q	93.421	\$0.00	75-25-0959



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU38PW000050-02-01

FAIN# NU38PW000050

Federal Award Date: 12/16/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

AMERICAN ACADEMY OF PEDIATRICS

6 NU38PW000050-02-01

- 1. Terms and Conditions
- 2. Termination Letter

AWARD TERMS & CONDITIONS

Termination: The purpose of this amendment is to terminate this award effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

CDC has determined that this award no longer effectuates agency and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect design elements that are not aligned with current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and functions of both HHS and CDC.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345.

Closeout: Submit all closeout reports identified below within 120 days of the period of performance end date of 12/22/2025. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 2 CFR PART 200.344.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$5,000 or more. If no equipment was acquired under the award, a negative report is required



To: American Academy of Pediatrics

Attn: Debra Waldron, Sr. Vice President, AAP

Funding for Award Number NU38PW000050 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC has determined that this award no longer effectuates agency priorities. More specifically, your organization's award materials reflect design elements that are not aligned with current CDC priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion (DEI) initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and function of CDC. For example, your organization's award materials commit to providing health equity as a strategy in which Capacity Building Assistance (CBA) will be provided. Further, your organization also uses "Establish standards and support for health information technology (HIT) use that promotes equity and population health improvements." as an outcome measure.

These elements are not incidental; they are woven through your organization's award materials and define your organization's project's objective framework. As such, your organization's activities under Award Number NU38PW000050 are no longer in alignment with the stated CDC priority areas.

After careful review, CDC has determined that this award must be fully terminated because the premises of the award are incompatible with agency priorities, making modifications or partial continuation impossible.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days, from effective date of termination provided above, to liquidate all financial obligations incurred pursuant to the award.

Sincerely,

Jamie Legier -S
Digitally signed by Jamie Legier -
S
Date: 2025.12.16 14:10:03 -05'00'

Jamie W. Legier
Director, Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services
Phone: 770-488-2613

EXHIBIT 3



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU01DD000032-03-01

FAIN# NU01DD000032

Federal Award Date: 12/16/2025

Recipient Information

1. Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
345 Park Blvd
Itasca, IL 60143-2644

2. Congressional District of Recipient

08

3. Payment System Identifier (ID)

1362275597A1

4. Employer Identification Number (EIN)

362275597

5. Data Universal Numbering System (DUNS)

055399364

6. Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

7. Project Director or Principal Investigator

Dr. DEBRA WALDRON
SVP
dwaldron@aap.org
630-626-6110

8. Authorized Official

Ms. Lisa Andry
landry@aap.org
630.626.6720

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Michael Embry
Grants Management Specialist
KOY3@cdc.gov
(770) 488-2881

10. Program Official Contact Information

Tiffany Bazzelle
Drafter/Lead Author
lhv5@cdc.gov
4048634299

30. Remarks

TERMINATION DUE TO DEPARTMENTAL AUTHORITY

Federal Award Information

11. Award Number

6 NU01DD000032-03-01

12. Unique Federal Award Identification Number (FAIN)

NU01DD000032

13. Statutory Authority

42 USC 241 31 USC 6305 42 CFR 52

14. Federal Award Project Title

Enhancing partnerships to address birth defects, infant disorders and related conditions, and the health of pregnant and postpartum people - Component A; Component B

15. Assistance Listing Number

93.073

16. Assistance Listing Program Title

Birth Defects and Developmental Disabilities, Prevention and Surveillance

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2025 - End Date 12/22/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$8,785,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$8,785,000.00

26. Period of Performance Start Date 09/30/2023 - End Date 12/22/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$18,009,899.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. LaQuanda Lewis
Grants Management Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU01DD000032-03-01

FAIN# NU01DD000032

Federal Award Date: 12/16/2025

Recipient Information

Recipient Name

AMERICAN ACADEMY OF PEDIATRICS
345 Park Blvd
Itasca, IL 60143-2644

Congressional District of Recipient

08

Payment Account Number and Type

1362275597A1

Employer Identification Number (EIN) Data

362275597

Universal Numbering System (DUNS)

055399364

Recipient's Unique Entity Identifier (UEI)

DWN9T4FUL313

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$8,785,000.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$8,785,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$8,785,000.00
m. Federal Share	\$8,785,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9211897	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-921ZJTN	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-9390BW3	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-9390BW5	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRAM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRAN	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRCH	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRCK	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRCV	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZRDY	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZTCZ	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZUJM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
3-939ZYHY	23NU01DD000032	DD	410Q	93.073	\$0.00	75-23-0958
4-939ZRDY	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-939ZTCZ	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-939ZRDK	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0948
4-939ZRCV	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-939ZRCK	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-9390MFA	23NU01DD000032	DD	410Q	93.073	\$0.00	75-X-0951
4-9390MCR	23NU01DD000032	DD	410Q	93.073	\$0.00	75-X-0951
4-9390LEL	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0952
4-9390CCD	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0952
4-9390BW5	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-9390BK4	23NU01DD000032	DD	410Q	93.073	\$0.00	75-75-X-0512-009
4-931ZZGP	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0948
4-931ZZGB	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0950
4-939ZUJM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
4-921047D	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0948
4-9211897	23NU01DD000032	DD	410Q	93.073	\$0.00	75-24-0958
5-9390BW5	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU01DD000032-03-01

FAIN# NU01DD000032

Federal Award Date: 12/16/2025

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
5-9390BW9	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-9390CCD	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0952
5-9390HVU	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-9390J4K	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0952
5-9390LEL	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0952
5-939ZUJM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRAM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRAW	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRCK	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRCM	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRCV	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRDL	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0948
5-939ZRDW	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRDY	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZREC	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-939ZRVS	23NU01DD000032	DD	410Q	93.073	\$0.00	75-X-0951
5-939ZTCZ	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-9390AEW	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-921ZDYZ	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0958
5-921047D	23NU01DD000032	DD	410Q	93.073	\$0.00	75-25-0948
5-9390PE6	23NU01DD000032	DD	410Q	93.073	\$0.00	75-75-X-0512-009



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU01DD000032-03-01

FAIN# NU01DD000032

Federal Award Date: 12/16/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

AMERICAN ACADEMY OF PEDIATRICS

6 NU01DD000032-03-01

- 1. Terms & Conditions
- 2. Termination Letter

AWARD TERMS & CONDITIONS

Termination: The purpose of this amendment is to terminate this award effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

CDC has determined that this award no longer effectuates agency and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect design elements that are not aligned with current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and functions of both HHS and CDC.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345.

Closeout: Submit all closeout reports identified below within 120 days of the period of performance end date of 12/22/2025. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 2 CFR PART 200.344.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$5,000 or more. If no equipment was acquired under the award, a negative report is required



To: American Academy of Pediatrics

Attn: Debra Waldron, Sr. Vice President, AAP

Funding for Award Number NU01DD000032 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 22, 2025.

Pursuant to the terms of your current Notice of Award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a Federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

CDC has determined that this award no longer effectuates agency and Department of Health and Human Services (HHS) priorities. More specifically, your organization’s award materials reflect design elements that are not aligned with current CDC and HHS priorities to, to the extent permitted by applicable federal law, deprioritize diversity, equity, and inclusion initiatives that prioritize group identity and to improve and protect the lives and health of all Americans. These priorities relate to the overall mission and functions of both HHS and CDC.

Your application submissions and corresponding Award documents expressly center on identity-based language “Enhancing partnerships to address birth defects, infant disorders and related conditions, and the health of pregnant and postpartum people – Component A; Component B.” Your Project Abstract states that AAP “emphasizes equity, diversity, and inclusion as key foundational components” of its work and that the program will “address health disparities and advance health equity.” It further asserts that “disparities caused by racism and poverty are only exacerbated during emergencies,” and commits to “increased incorporation of diverse perspectives into clinical care and public health materials.”

These elements are not incidental; they are woven through the title, narrative, and work plans of your organization’s award project and define your organization’s project’s objective framework. As such, your organization’s activities under Award Number NU84DD000021 are no longer in alignment with the stated HHS and CDC priority areas.

After careful review, CDC has determined that this award must be fully terminated because the premises of the award are incompatible with agency and departmental priorities, making modifications or partial continuation impossible.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 C.F.R. § 200.472 or as may be provided in additional further instruction from the agency. Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days, from the effective date of termination provided above, to liquidate all financial obligations incurred pursuant to the Award.

Sincerely,

 Digitally signed by Jamie Legier
-S
Date: 2025.12.16 14:02:16 -05'00'

Jamie W. Legier
Director, Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services
Phone: 770-488-2613

EXHIBIT 4



5600 Fishers Lane
Rockville, MD 20857



DATE: December 16, 2025

TO: American Academy of Pediatrics

ATTN: Lisa Andry, Senior Sponsored Programs Administrator

FROM: Thomas J. Engels, Administrator

Funding for Award Number UF745730 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 16, 2025.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Health Resources and Services Administration (HRSA) may terminate a federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

HRSA’s current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease. These enhancements will help ensure the program remains responsive and evidence based.

Although in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either HRSA or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Thomas J. Engels

A handwritten signature in black ink that reads "Thomas J. Engels". The signature is fluid and cursive, with a long, sweeping line for the last name.

EXHIBIT 5



5600 Fishers Lane
Rockville, MD 20857



DATE: December 16, 2025
TO: American Academy of Pediatrics
ATTN: Debra Waldron, Senior Vice President
FROM: Thomas J. Engels, Administrator

Funding for Award Number U5252989 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 16, 2025.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Health Resources and Services Administration (HRSA) may terminate a federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

HRSA’s current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease. These enhancements will help ensure the program remains responsive and evidence based.

Although in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either HRSA or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Thomas J. Engels

EXHIBIT 6



5600 Fishers Lane
Rockville, MD 20857



DATE: December 16, 2025

TO: American Academy of Pediatrics

ATTN: Lisa Andry, Senior Sponsored Programs Administrator

FROM: Thomas J. Engels, Administrator

Funding for Award Number U3I43505 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 16, 2025.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Health Resources and Services Administration (HRSA) may terminate a federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

HRSA’s current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease. These enhancements will help ensure the program remains responsive and evidence based.

Although in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either HRSA or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Thomas J. Engels

A handwritten signature in black ink that reads "Thomas J. Engels". The signature is fluid and cursive, with a horizontal line drawn through it.

EXHIBIT 7



5600 Fishers Lane
Rockville, MD 20857



DATE: December 16, 2025

TO: American Academy of Pediatrics

ATTN: Lisa Andry, Senior Sponsored Programs Administrator

FROM: Thomas J. Engels, Administrator

Funding for Award Number U4N49926 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective December 16, 2025.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Health Resources and Services Administration (HRSA) may terminate a federal award “to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities.”

HRSA’s current priorities include focusing agency resources toward activities that more directly support improved health outcomes for adolescents and young adults, including the addition of a focused emphasis on nutrition and the prevention and management of chronic disease. These enhancements will help ensure the program remains responsive and evidence based.

Although in its discretion HRSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before HRSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either HRSA or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Thomas J. Engels

A handwritten signature in black ink that reads "Thomas J. Engels". The signature is fluid and cursive, with a horizontal line underneath it.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

Case No. 1:25-cv-4505

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, *et al.*,

Defendants.

DECLARATION OF MARK DEL MONTE

I, Mark Del Monte, declare as follows:

1. I am the Chief Executive Officer/Executive Vice President of the American Academy of Pediatrics (AAP). I have held that position since September 2019 and have been an employee of AAP since 2005.
2. I completed my law degree from the University of California, Berkeley – School of Law in 1997.
3. I am over eighteen years old and have personal knowledge of the facts and information in this declaration. I respectfully provide this declaration to offer context regarding AAP's child health advocacy and the hostile response to that advocacy from Secretary of Health and Human Services Robert F. Kennedy, Jr. and his allies, as well as to detail the devastating effects that the abrupt termination of AAP awards administered by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) will have on AAP.
4. AAP's mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. AAP is committed to advancing child health and well-being and the profession of pediatrics.
5. To advance this mission, AAP educates the public on issues of child health. It also identifies the expert consensus among its members on important child health matters and advocates for that position. This requires AAP to speak out publicly about the importance of vaccinations, both for the vaccinated individuals and for immunity levels among the population generally, and to respond publicly to efforts by the administration to create confusion about vaccines that have been proven to be safe and effective. Our public positions on vaccinations are based on established science and the consensus of AAP members.
6. AAP has been consistently vocal about its support for pediatric

vaccinations for COVID-19, influenza, MMRV, RSV, hepatitis B, and others, and has publicly opposed the contradictory positions of the Department of Health and Human Services (HHS). Those contradictory positions are not supported by science, and AAP has determined they will be harmful to children and youths.

7. Since Secretary Kennedy fired the 17 sitting members of the CDC's Advisory Committee on Immunization Practices (ACIP), for example, ACIP has demonstrated its distrust of vaccines and voted to no longer recommend certain vaccinations for certain populations. AAP nevertheless has continued to recommend COVID-19, hepatitis B, and other vaccines that ACIP no longer widely recommended. For the first time in 30 years, AAP shared vaccine recommendations that differ from the federal government's guidance. And AAP has consistently spoken out against the administration's anti-vaccine views that depart from the generally accepted scientific consensus.

8. AAP has issued a number of public statements in 2025 to this effect. For example, Sean O'Leary, a physician who heads the AAP's infectious-diseases committee, said in response to HHS's COVID-19 vaccine policy: "The majority of what we've seen from the secretary has been a pretty clearly orchestrated strategy to sow distrust in vaccines. We make our recommendations based on what's in the best interest of the health of children." These statements have prompted a hostile reaction from Secretary Kennedy and his allies, including threats to funding provided to AAP by the HHS.

9. Similarly, AAP has consistently supported access to gender-affirming care, a determination that is also based on the consensus of its experts. *See, e.g., Alyson Sulaski Wyckoff, AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update, Am. Acad. of Pediatrics, (Aug. 4, 2023), https://perma.cc/V39Q-72B4.* AAP has publicly opposed HHS's contradictory positions. AAP recently publicly criticized HHS's report seeking to discredit gender-affirming medical care, explaining that AAP "oppos[es] [HHS's] infringements on the patient-

physician relationship.” Melissa Jenco, *AAP speaks out against HHS report on gender dysphoria, infringement on physician-patient relationship*, Am. Acad. of Pediatrics, (May 1, 2025), <https://perma.cc/4W3E-2WN5>.

10. On December 16 and 17, 2025, AAP received abrupt termination notices for three CDC awards and four HRSA awards. As detailed in the accompanying declaration of Debra B. Waldron, those award terminations will have catastrophic effects on public health.

11. The award terminations will also have a devastating impact on AAP as an organization and will significantly impair our ability to carry out our mission.

12. If the awards at issue are not reinstated by January 9, 2026, AAP will be forced to send termination notices to several dozen employees who are directly or indirectly compensated by these awards. That constitutes approximately 10% of our workforce.

13. Those employees administer and operationalize the projects funded by the awards, provide fiscal management of the awards, and focus their day-to-day activities on managing the projects.

14. If AAP is forced to terminate employees supporting these awards now, we will be irreparably harmed even if we later prevail and have the awards reinstated because those terminated employees will no longer be able to work on the awards. We will lose subject-matter experts, talent, experience, and intellectual property related to these awards—which cover, among other things, programs related to reducing sudden unexplained infant death, supporting children with birth defects, and improving access to rural health care. If we later prevail, we will likely not be able to recoup that talent or intellectual property.

15. AAP is currently spending approximately \$116,500 per week on employee salaries and benefits and indirect costs that were previously covered by the awards. AAP lacks the resources to continue making these payments past January 9, 2026.

16. If AAP is forced to terminate employees, we will have to reimburse the state of Illinois for unemployment compensation benefits, with maximum potential costs in the range of \$14,092 to \$19,292 per employee. These unemployment compensation benefits are not recoupable even if the awards are later reinstated.

17. If AAP is forced to terminate employees, state law requires that we pay out their earned but unused vacation time. This amount is not recoupable even if the awards are later reinstated.

18. AAP does not have another source of grant funds available to save the projects funded by the terminated awards. AAP could not reallocate funds for these projects without further reducing resources for other programs and, in turn, putting those programs at risk.

I declare under penalty of perjury under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge.

Executed this 24th day of December 2025 in Itasca, Illinois.



Mark Del Monte

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

Case No. 1:25-cv-4505

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, *et al.*,

Defendants.

[PROPOSED] ORDER GRANTING TEMPORARY RESTRAINING ORDER

Upon consideration of Plaintiff's motion for a temporary restraining order or, in the alternative, preliminary injunction, it is hereby

ORDERED that the motion is **GRANTED**; and it is further

ORDERED that Defendants and their agents are **ENJOINED** from enforcing or otherwise giving effect to the termination of any award to the American Academy of Pediatrics (AAP), including through the enforcement of closeout obligations; and it is further

ORDERED that Defendants and their agents are **ENJOINED** from re-obligating funds used to support AAP's awards; and it is further

ORDERED that Defendants and their agents take all steps necessary to ensure that the Centers for Disease Control and Prevention and Health Resources and Service Administration disburse funds on AAP's awards in the customary manner and in customary timeframes; and it is further

ORDERED that this Order shall apply to the maximum extent provided for by Federal Rule of Civil Procedure 65(d)(2); and it is further

ORDERED that Defendants shall file a status report with the Court within 24 hours of this Order apprising the Court of the status of their compliance with this Order.

SO ORDERED.

Dated: _____, 2025

THE HON. _____
UNITED STATES DISTRICT JUDGE