

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

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

Defendants.

Case No. 1:25-cv-4505-BAH

Motion for Leave to File Declaration of Allyson R. Scher in Support of Plaintiff's Motion for Temporary Restraining Order or, in the Alternative, Preliminary Injunction

Pursuant to Local Rule 65.1(c), Plaintiff respectfully requests leave to file the attached supplemental declaration in support of Plaintiff's Motion for Temporary Restraining Order or, in the Alternative, Preliminary Injunction. At yesterday's hearing on the motion, the Court indicated that Plaintiff was expected to file an affidavit to authenticate the public statements referenced in Plaintiff's briefs in support of its motion. Plaintiff therefore respectfully requests leave to file the attached declaration, which authenticates the public statements cited in its briefs.

Plaintiff's counsel conferred with counsel for Defendants, who represented that they do not oppose Plaintiff's motion.

January 7, 2026

Respectfully submitted,

/s/ Allyson R. Scher

Joshua M. Salzman (D.C. Bar No. 982239)

Allyson R. Scher (D.C. Bar No. 1616379)

Michael J. Torcello (D.C. Bar No. 90014480)

Joel McElvain (D.C. Bar No. 448431)

Robin F. Thurston (D.C. Bar No. 1531399)

DEMOCRACY FORWARD FOUNDATION
P.O. Box 34553
Washington, D.C. 20043
(202) 448-9090
jsalzman@democracyforward.org
ascher@democracyforward.org
mtorcello@democracyforward.org
jmcelvain@democracyforward.org
rthurston@democracyforward.org

Counsel for Plaintiff

IN THE UNITED STATES DISTRICT COURT
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AMERICAN ACADEMY OF PEDIATRICS,

Plaintiff,

v.

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

Defendants.

Case No. 1:25-cv-4505-BAH

Declaration of Allyson R. Scher in Support of Plaintiff's Motion for Temporary Restraining Order or, in the Alternative, Preliminary Injunction

I, Allyson R. Scher, hereby declare as follows:

1. I am an attorney at Democracy Forward Foundation and counsel for Plaintiff in this action. I submit this declaration in support of Plaintiff's Motion for Temporary Restraining Order or, in the Alternative, Preliminary Injunction (ECF No. 2). I have personal knowledge of the facts set forth in this declaration.

2. Attached as Exhibit 1 is a true and correct copy of an X post from Calley Means' X account (@calleymeans) dated Apr. 20, 2025 at 3:01 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/calleymeans/status/1914031641217167844>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 2.

3. Attached as Exhibit 2 is a true and correct copy of an X post from Children's Health Defense's X account (@ChildrensHD) dated Dec. 17, 2025 at 8:53 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at

<https://x.com/ChildrensHD/status/2001470796766593215>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 2 and ECF No. 17 at 8.

4. Attached as Exhibit 3 is a true and correct copy of an X post from Robert W. Malone, MD's X account (@RWMaloneMD) dated Dec. 17, 2025 at 9:10 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RWMaloneMD/status/2001475234646327675>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 2, 20 and ECF No. 17 at 8.

5. Attached as Exhibit 4 is a true and correct copy of a webpage registered to the American Academy of Pediatrics titled "Advocacy," which is publicly available at https://www.aap.org/en/advocacy/?srsltid=AfmBOoqx2JjTVooBtvaDWs1XkVPhZBHqIk_N2dgGbsqdfQlfft4tyUOE. A true and correct copy of the webpage is also available via the permalink at ECF No. 2-1 at 5.

6. Attached as Exhibit 5 is a true and correct copy of the June 13, 2025 article by Maria Godoy titled "*RFK Jr. replaced everyone on the CDC's vaccine panel. Here's why that matters,*" which Democracy Forward obtained from NPR's website, and which is publicly available at <https://www.npr.org/sections/shots-health-news/2025/06/13/nx-s1-5429604/cdc-rfk-acip-vaccine-committee>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 5.

7. Attached as Exhibit 6 is a true and correct copy of the Aug. 4, 2025 article titled "*Top medical organizations kicked out of CDC vaccine recommendations process call decision 'dangerous,'*" which Democracy Forward obtained from CBS News' website, and which is publicly available at <https://www.cbsnews.com/news/medical-organizations-kicked-out-cdc->

vaccine-workgroups-acip/. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 5.

8. Attached as Exhibit 7 is a true and correct copy of the Oct. 15, 2025 article by Melissa Jenco titled “*ACIP work group to look at timing of childhood vaccines, ingredients,*” which Democracy Forward obtained from the American Academy of Pediatrics’ website, and which is publicly available at <https://publications.aap.org/aapnews/news/33556/ACIP-work-group-to-look-at-timing-of-childhood?autologincheck=redirected>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 6.

9. Attached as Exhibit 8 is a true and correct copy of the Sep. 19, 2025 article by Will Stone, et al. titled “*CDC vaccine panel adds new rules for getting the COVID vaccine in a tense meeting,*” which Democracy Forward obtained from NPR’s website, and which is publicly available at <https://www.npr.org/sections/shots-health-news/2025/09/19/nx-s1-5545946/cdc-covid-vaccine-acip-recommendations>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 6.

10. Attached as Exhibit 9 is a true and correct copy of the Dec. 14, 2025 article by Tim Röhn titled “*This vaccine adviser to RFK Jr. has some choice words for his critics,*” which Democracy Forward obtained from Politico’s website, and which is publicly available at https://www.politico.com/news/2025/12/14/vaccine-adviser-retsef-levi-acip-rfk-kennedy-00688979?experience_id=EXYF89KVT5UQ. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 6.

11. Attached as Exhibit 10 is a true and correct copy of the Aug. 19, 2025 news release by the American Academy of Pediatrics titled “*The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule,*” which is publicly available at

<https://www.aap.org/en/news-room/news-releases/aap/2025/the-american-academy-of-pediatrics-releases-its-own-evidence-based-immunization-schedule/>. A true and correct copy of the webpage is also available via the permalink at ECF No. 2-1 at 6.

12. Attached as Exhibit 11 is a true and correct copy of the Aug. 19, 2025 article by Lena H. Sun titled “*RFK Jr., pediatrician association clash over covid shots for kids,*” which Democracy Forward obtained from the Washington Post’s website, and which is publicly available at <https://www.washingtonpost.com/health/2025/08/19/kids-vaccines-american-academy-pediatrics-rfk-cdc/>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 6.

13. Attached as Exhibit 12 is a true and correct copy of the Nov. 19, 2025 press release from the U.S. Department of Health and Human Services titled “*HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures,*” which is publicly available at <https://www.hhs.gov/press-room/hhs-releases-peer-reviewed-report-discrediting-pediatric-sex-rejecting-procedures.html>. A true and correct copy of the webpage is also available via the permalinks at ECF No. 2-1 at 7, 8, 14, and 15.

14. Attached as Exhibit 13 is a true and correct copy of the Dec. 18, 2025 article by Selena Simmons-Duffin titled “*RFK Jr. and Dr. Oz announce moves to ban gender-affirming care for young people,*” which Democracy Forward obtained from NPR’s website, and which is publicly available at <https://www.npr.org/sections/shots-health-news/2025/12/18/nx-s1-5647789/transgender-gender-affirming-care-rfk-jr-dr-oz-trump>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 7.

15. Attached as Exhibit 14 is a true and correct copy of the Aug. 4, 2023 article by Alyson Sulaski Wyckoff titled “*AAP reaffirms gender-affirming care policy, authorizes*

systematic review of evidence to guide update,” which Democracy Forward obtained from the American Academy of Pediatrics’ website, and which is publicly available at <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy?autologincheck=redirected>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 7.

16. Attached as Exhibit 15 is a true and correct copy of the May 1, 2025 news release by Melissa Jenco titled “*AAP speaks out against HHS report on gender dysphoria, infringement on physician-patient relationship,*” which Democracy Forward obtained from the American Academy of Pediatrics’ website, and which is publicly available at <https://publications.aap.org/aapnews/news/32145/AAP-speaks-out-against-HHS-report-on-gender>. A true and correct copy of the webpage is also available via the permalink at ECF No. 2-1 at 7.

17. Attached as Exhibit 16 is a true and correct copy of an X post from Secretary Kennedy’s X account (@SecKennedy) dated Aug. 19, 2025 at 5:17 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/SecKennedy/status/1957914911415153107>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 8, 14.

18. Attached as Exhibit 17 is a true and correct copy of an X post from Calley Means’ X account (@calleymeans) dated Apr. 20, 2025 at 3:01 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/calleymeans/status/1914031641217167844>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 8.

19. Attached as Exhibit 18 is a true and correct copy of the Apr. 25, 2025 article by Joe Kinsey titled “*White House MAHA Official Destroys Youth Transgender Treatments as Nike Continues to Dodge Study Questions*,” which Democracy Forward obtained from OutKick’s website, and which is publicly available at <https://www.outkick.com/analysis/white-house-maha-official-rips-youth-transgender-treatments-nike-continues-dodge-study-questions>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 8.

20. Attached as Exhibit 19 is a true and correct copy of the Aug. 4, 2025 article by Dr. Robert W. Malone titled “*‘Woke’ Bioethics Tyranny*,” which Democracy Forward obtained from Malone News’ website, and which is publicly available at https://www.malone.news/p/woke-bioethics-tyranny?utm_source=publication-search. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 8, 15.

21. Attached as Exhibit 20 is a true and correct copy of an X post from Retsef Levi’s X account (@RetsefL) dated Aug. 4, 2025 at 10:59 AM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RetsefL/status/1952383969443357100>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 8.

22. Attached as Exhibit 21 is a true and correct copy of an X post from Retsef Levi’s X account (@RetsefL) dated Aug. 19, 2025 at 4:28 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RetsefL/status/1957902465891987908>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 8.

23. Attached as Exhibit 22 is a true and correct copy of an X post from Robert W. Malone, MD’s X account (@RWMaloneMD) dated July 12, 2025 at 7:52 AM ET, which

Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RWMaloneMD/status/1944001939265429523>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 15.

24. Attached as Exhibit 23 is a true and correct copy of an X post from Robert W. Malone, MD's X account (@RWMaloneMD) dated Aug. 25, 2025 at 3:06 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RWMaloneMD/status/1960056274227482946>. A true and correct copy of the post is also available via the permalink at ECF No. 2-1 at 15.

25. Attached as Exhibit 24 is a true and correct copy of the Dec. 17, 2025 article by Lena H. Sun & Paige Winfield Cunningham titled "*American Academy of Pediatrics loses HHS funding after criticizing RFK Jr.*," which Democracy Forward obtained from the Washington Post's website, and which is publicly available at <https://www.washingtonpost.com/health/2025/12/17/aap-hhs-funding-rfk/>. A true and correct copy of the article is also available via the permalink at ECF No. 2-1 at 16.

26. Attached as Exhibit 25 is a true and correct copy of a webpage registered to Health Resources and Services Administration titled "Thomas J. Engels" and which is publicly available at <https://www.hrsa.gov/about/organization/engels-bio>. A true and correct copy of the webpage is also available via the permalink at ECF No. 2-1 at 18.

27. Attached as Exhibit 26 is a true and correct copy of a webpage registered to the U.S. Centers for Disease Control & Prevention titled "Acting CDC Director" and which is publicly available at <https://www.cdc.gov/about/leadership/director.html>. A true and correct copy of the webpage is also available via the permalink at ECF No. 2-1 at 18.

28. Attached as Exhibit 27 is a true and correct copy of an X post from HHS General Counsel Mike Stuart's X account (@HHSGCMikeStuart) dated Dec. 27, 2025 at 12:26 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/hhsgcmikestuart/status/2004967224977641918?s=46>. A true and correct copy of the post is also available via the permalink at ECF No. 17 at 5.

29. Attached as Exhibit 28 is a true and correct copy of an X post from Secretary Kennedy's X account (@SecKennedy) dated Dec. 27, 2025 at 12:43 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/seckennedy/status/2004971470167163385?s=46>. A true and correct copy of the post is also available via the permalink at ECF No. 17 at 5.

30. Attached as Exhibit 29 is a true and correct copy of an X post from Retsef Levi's X account (@RetsefL) dated Dec. 30, 2025 at 5:11 PM ET, which Democracy Forward obtained from the X website, and which is publicly available at <https://x.com/RetsefL/status/2006126064188199185>. A true and correct copy of the post is also available via the permalink at ECF No. 17 at 6.

31. Attached as Exhibit 30 is a true and correct copy of the Nov. 18, 2025 article by Dani Blum titled "*Calley Means Returns to Kennedy's Side as Senior Advisor*," which Democracy Forward obtained from the New York Times' website, and which is publicly available at <https://www.nytimes.com/2025/11/18/well/calley-means-rfk-jr-hhs.html>. A true and correct copy of the post is also available via the permalink at ECF No. 17 at 7.

32. Attached as Exhibit 31 is a true and correct copy of a webpage registered to U.S. Department of Health and Human Services titled "Grants by OPDIV" and which is publicly

available at <https://taggs.hhs.gov/ReportsGrants/GrantsByOPDIV>. A true and correct copy of the webpage is also available via the permalink at ECF No. 17 at 1.

Executed on January 7, 2026
Washington, D.C.



Allyson R. Scher

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31	Webpage registered to U.S. Department of Health and Human Services titled "Grants by OPDIV"

EXHIBIT 1



← Post



Calley Means
@calleymeans

...

Happy Easter.

We are fighting against demonic forces but light is shining through.

The American Academy of Pediatrics, which sets the standard of care for U.S. children, has received major donations from pharmaceutical companies that make puberty blockers and from processed food companies.

In 2023, the AAP reaffirmed its support for puberty blockers as part of gender-affirming care for transgender youth. These drugs, often used around age 9 at the onset of puberty, pause physical development to allow time for gender identity exploration.

The AAP has not taken a formal stance that ultra-processed food is harmful to children and has not identified it as a key driver of chronic disease or called for regulatory action against the food industry.

12:01 PM · Apr 20, 2025 · 153.3K Views

89 449 2.8K 85

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What's happening



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EXHIBIT 2



← Post



BREAKING: HHS cuts millions in grants to the American Academy of Pediatrics

“CHD applauds the HHS decision to end seven multimillion dollar grants to the American Academy of Pediatrics.

While this trade organization poses as a professional association promoting children’s health, in fact it is a front organization for the pharmaceutical industry. It markets anything and everything that that industry sells, from vaccines, to weight loss injections, to gender affirming care for children, with little to no science behind its promotions.

It’s time for change, and Secretary Kennedy is bringing that.

We look forward to HHS’s investigation of the true drivers of chronic disease among American children. It is a fool’s errand to look to the AAP or their Pharma backers for these answers. Indeed, the AAP has presided over the worst decline in children’s health in American history. Their defunding is necessary and appropriate.” —Mary Holland, CEO, Children’s Health Defense

HHS cuts millions in grants to the American Academy of Pediatrics
 Story by Berkeley Lovelace Jr. • 4h

Robert F. Kennedy Jr. outside of the West Wing of the White House on Sept. 9. (Saul Loeb / AFP - Getty Images file)
 © Saul Loeb

The Department of Health and Human Services

Mary S. Holland, Esq.

Last edited 5:53 PM · Dec 17, 2025 · 63.3K Views

111 484 2K 85

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Harbaugh
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Sports · Trending
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Sports · Trending
Rooney
8,345 posts

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EXHIBIT 3



← Post



Robert W Malone, MD ✓
@RWMaloneMD



Breaking NEWS: HHS has terminated multiple federal grants to the American Academy of Pediatrics (AAP), totaling around \$18-20 million and for good reason.

The AAP has recommended pediatricians practice gender affirming care for children and from summer 2021 and thereafter, the AAP recommended that all students and school staff age 2 and older wear masks in schools - even though there is no evidence that mask use would stop transmission.

In 2025, the AAP issued its own COVID-19 vaccination guidance that diverged from federal policy, recommending COVID shots for all children 6-23 months old. This puts children at risk for myocarditis and other severe adverse events from these dangerous injections - injections that are not safe for children, do not stop transmission or infection.

The AAP continues to use "identity-based language" and has lost touch with American families and children, advocating various fadish trends that that have caused real physical damage to our youth.

Thank you, Sec. Kennedy and HHS for taking this positive and important step to ensure the health of our children.

Last edited 6:10 PM · Dec 17, 2025 · **348.8K** Views

393

3.9K

15K

701



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EXHIBIT 4



Advocacy

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Feedback Form

Advocacy Snapshot: Ways AAP is Speaking Up

The AAP advocates for a wide range of issues that impact children, families and pediatricians. Learn more about the issues the AAP is monitoring and advocating for (AAP login required).

[Learn More](#)



New AAP Digital Advocacy Guide

AAP members can explore the Academy's new digital Advocacy Guide to learn how to become effective child health advocates (AAP login required).

[Log In](#)

Feedback Form

Protecting Medicaid and the Children's Health Insurance Program

As Congress negotiates the federal budget, the Academy is urging lawmakers to reject funding cuts to Medicaid and the Children's Health Insurance Program (CHIP) and to keep these vital programs strong for the children and families who rely on them.

[Learn more](#)



Community Health and Advocacy

The AAP Community Health and Advocacy Initiatives – Community Access to Child Health (CATCH), Community Pediatric Training Initiative (CPTI), and Council on Community Pediatrics (COCP) – support pediatricians and other healthcare providers in their efforts to better understand and advocate for a culture of health in their communities that ensures every child reaches their optimal health and well-being.

[Learn More](#)

Advocacy Issues

At the federal level, the Academy advocates for a wide range of issues that impact children, families and pediatricians. The Academy's advocacy, driven by its evidence-based policies, extends to all three branches of the federal government. Below is a snapshot of a few AAP advocacy priorities:





Health Care Access & Coverage

Ensure children have access to high-quality, age-appropriate, affordable health insurance.



Firearm Violence Prevention

Address gun violence as a public health issue and advance policies that keep children, families and communities safe.



Child and Adolescent Healthy Mental and Emotional Development

Support a comprehensive approach to children's mental health that addresses prevention, early treatment and crisis response.



Vaccines

Help ensure all children are vaccinated and that all communities are protected from devastating vaccine-preventable diseases.



Protecting the Patient-Physician Relationship

Speak out against policies that seek to jeopardize or threaten the trusted relationship between a patient and their physician.



Online Protections for Youth

Support policies that protect the health and well-being of young people online.



Immigrant Child Health

Speak out against policies that are detrimental to immigrant children's health.

AAP Report: State Progress on Family First Congregate Care Reforms

A report from the AAP, in partnership with Chapin Hill, provides an in-depth look at the progress across all 50 states on implementation of a major child welfare reform law - the AAP-championed Family First Prevention Services Act.

[Read More](#)

Feedback Form



State Advocacy FOCUS

The AAP provides consultation and technical assistance to chapters seeking to influence state government policy.

[See All Topics](#)



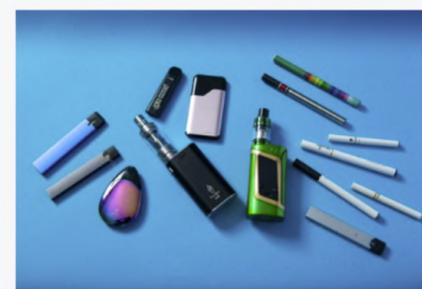
[Assault Weapons Bans](#)

The federal assault weapons ban prohibited the sale and manufacture of certain military-style semiautomatic weapons and high capacity magazines in the U.S. but expired in 2004.



[Childhood Immunizations](#)

Routine childhood immunizations are vital to individual and society health.



[Flavored E-Cigarette and Tobacco Products](#)

E-Cigarettes, also called personal vaporizers or "vapes", present another way for smokers to ingest nicotine.

Advocacy Action Center

Contact your members of Congress on child health issues and learn about AAP's federal advocacy priorities.

[Learn To View Advocacy Issues](#)



[Log in to view Advocacy Issues](#)



Additional Advocacy Resources

Blueprint for Children

The AAP Blueprint for Children outlines a comprehensive child health policy agenda for 2020 and beyond.

Reimagining Child Welfare: Recommendations for Public Policy Change

This policy proposal highlights recommendations to support federal child welfare policy reforms to best promote family preservation, support secure families, and ensure all of America's children and families have the resources they need to thrive.

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RFK Jr. replaced everyone on the CDC's vaccine panel. Here's why that matters

JUNE 13, 2025 · 5:00 AM ET

HEARD ON MORNING EDITION

Maria Godoy

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A group of medical experts that advise the CDC largely determine which vaccines people should receive, what gets covered by insurance and which shots are made available free of charge to millions of low-income children. Joe Raedle/Getty Images

Until recently, it's likely many people hadn't heard much about the Centers for Disease Control and Prevention's vaccine advisory panel.

But the Advisory Committee on Immunization Practices, or ACIP, plays a key role in determining which vaccines children and adults receive, what gets covered by insurance and which shots are made available free of charge to millions of low-income children. So the panel's decisions ultimately affect the health of all Americans.

Health Secretary Robert F. Kennedy Jr. took the unprecedented step of [dismissing all 17 members of the panel](#) on Monday. Two days later, he announced the names of [eight of the people](#) he has chosen to replace them.

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Several of Kennedy's new selections for the panel rose to

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prominence during the COVID-19 pandemic, when they criticized government policies on school closures and lockdowns, and the mRNA vaccines. One, [Vicky](#)



RFK Jr. names new slate of vaccine advisers after purging CDC panel

[Pebsworth](#), has served on the board of the National Vaccine Information Center — an advocacy group that warns against vaccine risks.

Some immunization and infectious disease specialists worry that the newly constituted committee is skeptical of vaccines and could vote to downgrade the importance of some shots, and ultimately make it more difficult for families to get them.

"I am very concerned," says Dr. Walter Orenstein, who served as director of the U.S. immunization program at the CDC from 1988 to 2004 and is now professor emeritus of infectious diseases at Emory University School of Medicine. "I have spent a career of more than 50 years in vaccinology, and I have never seen the names of most of those people."

Dr. Sean O'Leary, chair of the Committee on Infectious Diseases for the American Academy of Pediatrics, calls the changes to ACIP a "disaster."

"Imagine if you took all the air traffic controllers in the U.S. and just fired them and you replaced them with people that not only didn't really know how to be air traffic controllers, but several of them didn't even believe in flying," he says.

In a statement, HHS defended Kennedy's choices for the committee, saying they are "highly credentialed doctors, scientists, and public health experts committed to evidence-based medicine, gold standard science, and common sense."



SHOTS - HEALTH NEWS

RFK Jr. says Americans were healthier when his uncle was president. Is he right?

The statement said that the group "will demand definitive safety and efficacy data for any new vaccine recommendations," and that they will review the current vaccine schedule.

Recommendations that affect insurance coverage

The members of ACIP meet at [least three times](#) a year to sift through the scientific data on vaccines and determine which ones are recommended for different age groups. If the CDC approves ACIP's recommendations, that can lead to a vaccine becoming part of the official immunization schedule for children and adults.

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It also means insurance has to pay for it. Under the Affordable Care Act, health insurers are required to cover all ACIP-recommended vaccines.

ACIP's recommendations also determine which vaccines get covered by the Vaccines for Children program, a federally funded initiative that provides free access to low-income and underinsured children. Around half of all children in the U.S. are eligible for free vaccines from the program, says Orenstein.

That means any changes to the vaccines recommended by ACIP "would be a major potential barrier to access for vaccines for a substantial proportion of the children in this country if they took it from a vaccine off of the schedule," Orenstein says.

He helped launch the Vaccines for Children program in the aftermath of a huge measles resurgence from 1989 to 1991 that resulted in tens of thousands of cases and over 120 deaths. Many of the kids who got sick had not been vaccinated because their families couldn't afford it.

ACIP's recommendations often help guide which immunizations are required for school entry.

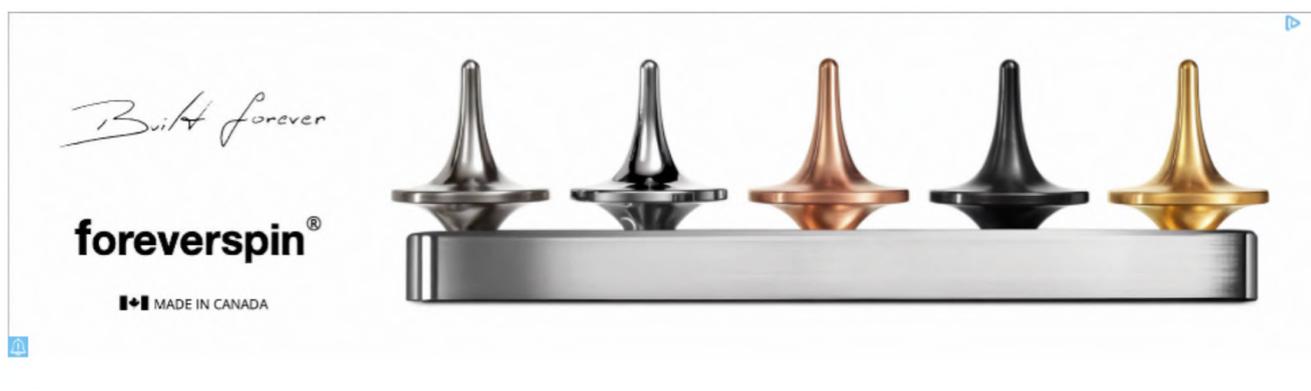
Guidance that influences how doctors practice

The wording of the committee's recommendations matters too. A routine recommendation calls for all people within a given age or risk group to get a specific vaccine, unless there is a medical reason not to. But ACIP can also choose to recommend a vaccine under what's called shared clinical decision-making – which means a doctor and a patient decide together if it makes sense.

"Generally, we don't really like shared clinical decision-making because it makes it less of a priority for clinicians to talk to their patients about a vaccine," says Dr. Michelle Fiscus, a pediatrician and chief medical officer for the Association of Immunization Managers.

It also makes it harder to have a clear, direct conversation with families, says O'Leary, of the American Academy of Pediatrics, who is also a professor of pediatrics at the University of Colorado School of Medicine.

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"What I've heard anecdotally from pediatricians is, what [families will] say is, well, you guys are the experts. If you can't figure out what the right thing to do is, you know, how do you expect us to do that in a ten-minute office visit?" O'Leary says.

That designation can also make it less likely that a medical provider will keep a vaccine in stock, he says. O'Leary notes that most pediatricians and many other health care providers in the U.S. participate in the Vaccines for Children program and are required to keep routinely recommended vaccines in stock. But that's not the case when a vaccine is recommended under shared clinical-decision making.

"Already it's very challenging for a lot of mostly family medicine physicians in rural areas to stock vaccines because it financially is very challenging for them," O'Leary says.

He says recommending a vaccine under shared clinical decision-making could potentially make it less available, especially in rural areas.

The CDC's recently changed the recommendations on COVID vaccines for children to shared clinical decision-making, and O'Leary says that has already sown confusion among parents and pediatricians alike. He worries that, if the new ACIP moves more vaccines to that designation, it will "sow distrust in the process."

"It makes it look like these vaccines aren't important and these vaccines are very important. They save lives every day," he says.

acip rfk jr. vaccines



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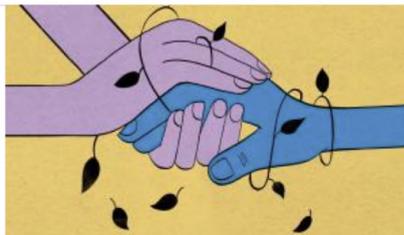
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Top medical organizations kicked out of CDC vaccine recommendations process call decision "dangerous"

 [cbsnews.com/news/medical-organizations-kicked-out-cdc-vaccine-workgroups-acip](https://www.cbsnews.com/news/medical-organizations-kicked-out-cdc-vaccine-workgroups-acip)

August 4, 2025



The nation's [top medical organizations](#) are speaking out after U.S. health officials told them they will no longer have a role in helping establish vaccination recommendations.

The organizations were notified via an email Thursday that their experts are being disinvited from the workgroups that have been the backbone of the Advisory Committee on Immunization Practices, known as ACIP.

In response, the impacted organizations — including the American Medical Association, American Academy of Pediatrics and Infectious Diseases Society of America — released [a joint statement](#) about being excluded from the vaccine recommendation review process.

"We are deeply disappointed and alarmed that our organizations are being characterized as 'biased' and therefore barred from reviewing scientific data and informing the development of vaccine recommendations that have long helped ensure our nation's vaccine program is safe, effective, and free from bias," the statement said.

The workgroups typically include ACIP members and experts from medical and scientific organizations. At workgroup meetings, members evaluate data from vaccine manufacturers and the CDC, and formulate vaccination recommendation proposals to be presented to the full committee.



The video player is currently playing an ad.

The decades-long practice of allowing liaisons from the medical groups to help review vaccine data helped provide unbiased input for ACIP's consideration, the organizations said.

"To remove our deep medical expertise from this vital and once transparent process is irresponsible, dangerous to our nation's health, and will further undermine public and clinician trust in vaccines," the statement continued, urging the administration to reconsider its decision.

The statement was also joined by the American Academy of Family Physicians, American College of Physicians, American Geriatrics Society, American Osteopathic Association and National Medical Association.

Dr. William Schaffner, a Vanderbilt University vaccine expert who for decades has been involved with ACIP and its workgroups, told The Associated Press he's "concerned and distressed" by the CDC's decision, saying the move will likely propel a confusing fragmentation of vaccine guidance. For example, patients may hear the government say one thing and hear their doctors say another.

The structure was created for several reasons, Schaffner said. The professional groups provide input about what might and might not be possible for doctors to implement. And it helped build respect and trust in ACIP recommendations, having the buy-in of respected medical organizations, he said.

Workgroup members are vetted for conflicts of interest, to make sure than no one who had, say, made money from working on a hepatitis vaccine was placed on the hepatitis committee, Schaffner noted.

This isn't the first change to the vaccine advisory panel, also known as ACIP, under the Trump administration. In June, Health and Human Services Secretary Robert F. Kennedy Jr. [removed all 17 members](#) and replaced them with [a group of new advisers](#), including several allies he has worked with closely over the years and some members with a history as vaccine critics.

Last week, the ousted ACIP members spoke out against what the panel has become, in a commentary published in the New England Journal of Medicine. In the piece, the former members [described a "seismic disruption"](#) to the vaccine recommendation process in the U.S. under Kennedy's leadership.

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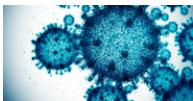
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ACIP work group to look at timing of childhood vaccines, ingredients

October 15, 2025

Melissa Jenco, Senior News Editor

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Article type: [News](#)Topics: [Infectious Diseases](#), [Vaccine/Immunization](#)

Federal vaccine advisers plan to look at 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.

Jose R. Romero, M.D., FAAP, a member of the AAP Committee on Infectious Diseases (COID), fears the advisers will make recommendations that will lead parents to delay vaccination, resulting in increases in diseases that have become rare in the U.S.

"These (vaccines) have a long track record and are very safe," Dr. Romero said. "I mean they've been proven. There's no need to really go back and do this over again."

When Dr. Romero chaired a work group on the child and adolescent immunization schedule for the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) from 2014-'18, he said the focus was making it easily digestible for health care providers. The new iteration of the work group plans to discuss vaccine timing and order, which typically are the purview of work groups studying individual vaccines. An [organizational document](#)

gives an example of looking at when the last toddler dose of [diphtheria, tetanus and acellular pertussis vaccine](#) should be given relative to the measles, mumps and rubella (MMR) vaccine.

A related topic is giving children multiple vaccines and other immunizations such as monoclonal antibodies at the same time. In the last two years, two monoclonal antibody products were approved to protect children from respiratory syncytial virus, the leading cause of hospitalization among infants.

The AAP believes there is [no medical reason](#) to space out childhood immunizations. Multiple vaccines do not overwhelm children's bodies, and they have been tested extensively. Timing is based on when children are most at risk for a disease and coordinated with when they are due for a visit to a health care provider, according to Dr. Romero.

"If you space them all out, there's a greater chance that the child will not complete the necessary vaccines for their protection ... in the proper order in the time necessary," he said. "So, you're destroying the platforms that have been built over time."

The ACIP work group also plans to consider the safety of vaccine ingredients such as aluminum. However, each ingredient in vaccines undergoes rigorous testing for safety, according to an [AAP Fact Checked article](#). Aluminum salts, which are found naturally in soil, water and food, boost the body's immune response, and studies have found no significant health risks associated with the small amount in vaccines.

Looking at the efficacy and safety of vaccine schedules used in different countries also is on the work group's discussion list. Dr. Romero pointed out many countries have universal health care and universal access to vaccines, making it difficult to make a legitimate comparison.

The ACIP work group purportedly will include experts from a variety of disciplines, but it was not immediately clear who those members would be. ACIP recently announced it would [exclude liaison organizations](#) like the AAP and American Medical Association from reviewing scientific evidence and informing vaccine recommendations.

Announcement of the ACIP work group came in June, shortly after Health and Human Services Secretary Robert F. Kennedy Jr. [fired](#) all 17 voting members of ACIP and replaced them with [new members](#), many of whom have a history of spreading vaccine misinformation.

"What we heard in this meeting was really a false narrative that the current vaccine policies are flawed and that they need fixing," COID Chair Sean T. O'Leary, M.D., M.P.H., FAAP, said when the work group was announced. "That's completely false. These policies have saved millions of lives, trillions of dollars."

While the AAP has provided vaccine recommendations for its entire 95-year history, decisions by federal officials that undermined the rigorous scientific process for making recommendations led the AAP to publish an independent, evidence-based [immunization schedule](#) for children and adolescents. [Several medical groups](#) have expressed support and alignment with the AAP's immunization guidance for the upcoming respiratory season.

The AAP already has pushed back on several of the new ACIP's decisions, including its approval of [flu vaccines without thimerosal](#) despite studies showing the [preservative is safe](#) and its [recommendation](#) that children under 4 years receive an MMR vaccine and a separate varicella vaccine, not the combined MMRV vaccine.

For months, AAP leaders were concerned about children's access to COVID-19 vaccines in the upcoming respiratory virus season. While AAP leaders were relieved that the vaccines would be allowed after shared clinical decision-making, [its own recommendations](#) more explicitly call for specific groups of children to get vaccinated.

In September, ACIP also spent hours discussing a proposal to delay the birth dose of hepatitis B vaccine even though it is [critical to reducing the risk of a chronic hepatitis B infection](#), which can lead to liver damage, liver failure, liver cancer or death. The committee postponed a vote on the issue indefinitely.

ACIP was scheduled to meet next week, but the meeting has been postponed.



Resources

- [AAP immunization schedule](#)
- AAP Fact Checked articles on [vaccines and autism](#), [aluminum in vaccines](#), [receiving multiple vaccines](#), [measles vaccine](#), [pediatrician payments](#), [hepatitis B vaccine](#), [thimerosal](#) and [vaccine ingredients](#)
- Information for parents from HealthyChildren.org on [vaccine ingredients](#) and [the AAP immunization schedule](#)



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CDC vaccine panel adds new rules for getting the COVID vaccine in a tense meeting

UPDATED SEPTEMBER 19, 2025 · 6:09 PM ET

HEARD ON ALL THINGS CONSIDERED

By Will Stone, Rob Stein, Pien Huang, Selena Simmons-Duffin

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ACIP member Retsef Levi speaks during a meeting of the CDC's Advisory Committee on Immunization Practices on September 18, 2025 in Atlanta, Ga. The federal vaccine advisory group, recently appointed by Health Secretary Robert F. Kennedy Jr., made recommendations on the COVID vaccine.

Elijah Nouvelage/Getty Images

A panel of vaccine advisers to the federal government debated several changes to COVID-19 vaccine access in a chaotic meeting Friday, marked by confusion over processes, technical difficulties and passionate disagreement among members and other experts in attendance.

Ultimately, the Advisory Committee on Immunization Practices, or ACIP, backed away from its most controversial proposal that called for states to require those who want a COVID-19 vaccine to get a prescription. But the end result is that the COVID-19 vaccine could be less available than it has been the last few years.

The group, which crafts recommendations on vaccine policy for the Centers for Disease Control and Prevention, voted to recommend vaccination for adults 65 and older and younger people, subject to a process called "shared decision making." Their recommendations would not prohibit anyone over six months from getting the shot, but call for patients to speak with a clinician about the risks and benefits.

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"In the prior seasons of COVID, we've had routine vaccine access — you or I could go to our pharmacy or doctor's office and just get our vaccine, it was encouraged as a routine recommendation," says [Jen Kates](#), director of global health and HIV policy at KFF.



PUBLIC HEALTH

'We are rookies': Day 2 of CDC vaccine meeting opens with a reversal and a surprise

Friday's vote essentially says "this is no longer routinely recommended — it's 'shared clinical decision-making,'" says Kates. The details about what that entails and how access will play out are not immediately clear, Kates says, but what is clear is that it's a "more narrow recommendation" than it has been in past years.

And ACIP's recommendation states that for people 64 and younger the conversation should emphasize that benefits are greatest for people with the most risk of serious disease and lowest for people without increased risk.

The advisers also voted that the CDC should add information about the possible risks and uncertainties related to COVID vaccine effectiveness to information sheets about the shots. Many of the risks were speculative or already known to be unfounded.

Heated debate and a tie vote

The gathering underscored the turbulent and highly politicized nature of vaccine policy under Health Secretary Robert F. Kennedy Jr.'s leadership, which is now at odds with positions held by major medical organizations.

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The recommendation that a prescription be required for anyone to get a COVID vaccine — which could have been a new hurdle in many places, if states adopted the recommendation — ended in a tie. ACIP chairman Martin Kulldorff voted no, breaking the tie. The motion failed.

But the debate over the proposal got heated. Some on the committee warned it would ultimately lead to fewer people getting shots. [Dr. Amy Middleman](#) of the Society for Adolescent Health and Medicine, was among many who spoke up, urging committee members to reject this idea.

"If we start asking for prescriptions for vaccines — which are a primary prevention public health strategy — we are going to overwhelm physicians' offices."

Committee members also expressed their concern, saying it would create access problems especially for people who are underinsured or don't have primary care providers. "I am also concerned as it is my understanding that approximately 30% of Americans don't have access readily to primary health care providers," said committee member Dr. Joseph Hibbeln.

Earlier this year, Kennedy [fired the existing ACIP panel](#), installed during the Biden administration, and replaced them with his own handpicked roster, including five members he [added this week](#).

Some of those he chose have a history of being critical of vaccines, as does Kennedy himself – he once called COVID-19 vaccines a "crime against humanity." Kennedy's ACIP was widely expected to curb access to the COVID booster.

Over the course of the meeting, many clinicians in attendance raised concerns about how ACIP had sidelined expert input, elevated questionable or preliminary data, and broken from the established process for developing these recommendations, which influence insurance coverage.

"It's troubling to see the erosion of the committee's integrity," said Dr. Sandra Fryhofer, who spoke on behalf of the American Medical Association on Friday, "We're concerned about how vaccine recommendations are being developed by this new panel, data is being selectively used to justify specific conclusions."

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In a break from past precedent, the voting topics for the COVID vaccine were not shared publicly until the end of the meeting, when ACIP member Retsef Levi, an MIT professor of operations management, presented them. Several outside medical groups in attendance had requested that they be shared for the sake of transparency.

Levi led much of the discussion leading up the votes on COVID-19. In his comments, he emphasized safety concerns about the vaccines.

"I don't think that the public currently believes the narrative of safe and effective," he told the panel.

The meeting was marked by disorganization and confusion, even among the voting members. During the vote on individual decision making, Dr. Cody Meissner, asked what it would mean in practice. "A Vaccine Information Sheet is [already required by law](#) for every vaccine – so what will change here is the content of the Vaccine Information Sheet. Is that correct?"

Levi said yes, that would be the change. "We suggest that the content will be changed. The CDC will have to apply their judgment about how to do that exactly, given this suggestion that we are making here."

Confusion and a patchwork of policies for COVID shots

In recent weeks, states and insurance companies have undertaken a flurry of actions to blunt the potential impact of ACIP's decisions in their two-day meeting. For instance, California, Oregon and Washington launched a [West Coast Health Alliance](#) and states from Maine to Maryland formed the [Northeast Public Health Collaborative](#) to issue their own vaccine recommendations.

America's Health Insurance Plans, the industry group for private insurance companies, [issued a statement](#) that COVID-19 vaccines would be covered with no cost-sharing through the end of 2026. There's less clarity about how coverage will work for public health insurance programs like Medicaid, Medicare, the Children's Health Insurance Program, and the Vaccines for Children program given this new recommendation.

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Regardless of their insurance coverage, patients trying to get vaccinated in different places are reporting that they're being turned away from pharmacies, including caregivers of those with high risk conditions.

Kates says the patchwork of policies and access depending on where you live is reminiscent of the early days of the COVID-19 vaccine rollout.

"In the early days everybody wanted it and there was very little skepticism about it," she says. "Today the demand is much lower, but for those who want it, they're going to have to do a little extra work — I think that's the bottom line here."

While the CDC generally adopts the recommendations of the panel, the votes are not final until acting CDC director Jim O'Neill signs off on them. He was installed by Kennedy after director Susan Monarez, who'd been confirmed by the Senate, was ousted in part for refusing to commit to adopting ACIP's recommendations before she'd seen evidence, she [testified to the Senate](#) earlier this week.

NPR's Sydney Lupkin contributed to this report.

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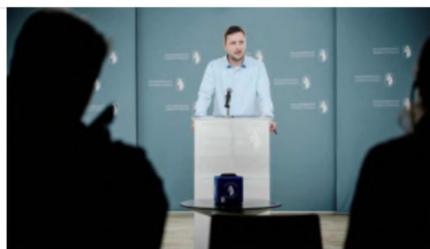
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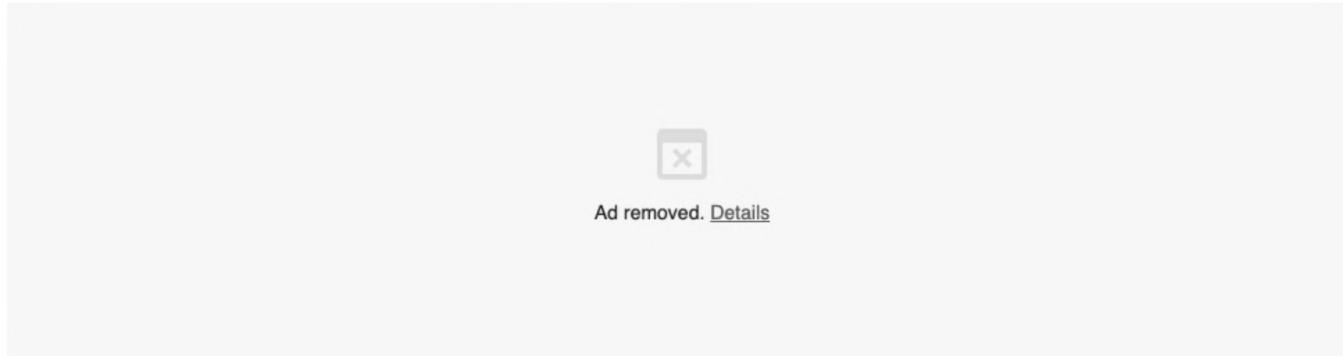


POLITICS

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EXHIBIT 9



This vaccine adviser to RFK Jr. has some choice words for his critics

MIT business professor Retsef Levi teaches about how health care decisions are made, but isn't a doctor.



Levi has led a review of Covid vaccine safety for a government advisory panel. | Elijah Nouvelage/Getty Images

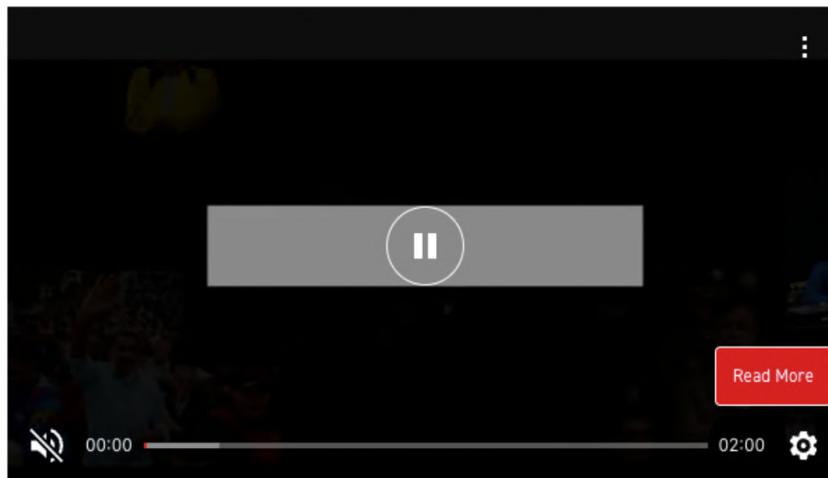
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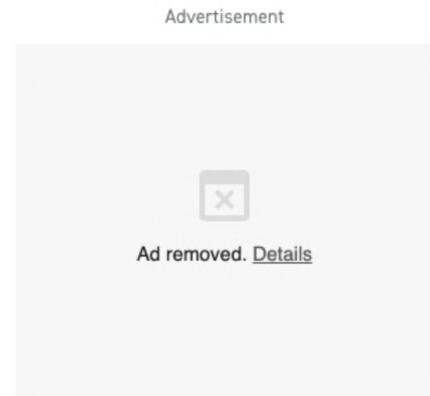
“Reckless” and “dangerous” were just two of the broadsides American medical groups lobbed at Robert F. Kennedy Jr.’s vaccine advisers after they recommended ending universal vaccination at birth for hepatitis B, the virus that causes liver failure and cancer.

Retsef Levi, one of the advisers, has some choice words for the critics: They’re conflicted. They’re misleading the public. They’re party to gross, even criminal negligence, he says.

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The war of words — and a new directive from President Donald Trump — suggests the Advisory Committee on Immunization Practices on which Levi sits



will soon launch a much broader review of the childhood vaccine schedule.

That could have far-reaching consequences both for public health and for vaccine uptake. States rely on federal guidance in determining which shots to require for daycare and school attendance.

Kennedy named Levi, an Israeli-born professor of operations management at MIT's Sloan School of Management to the advisory committee this spring. He's a business professor who examines decision-making in health care, but is not a doctor.

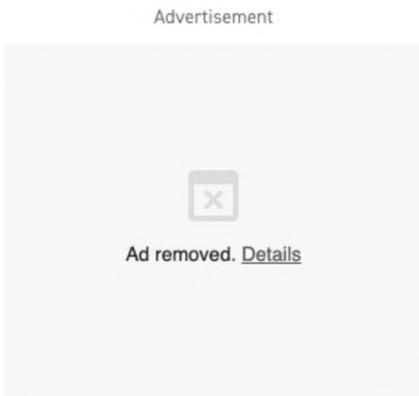
In an interview with POLITICO, he made disputed claims about the risk-benefit calculus for hep B shots, arguing few if any of the approximately 3.5 million babies born in the U.S. each year are at risk if their mother tests negative for the virus.

He painted a picture of a vaccine safety system that doesn't "really look" for risks and that actively covers up the ones it finds, a point disputed in [a December piece](#) in the New England Journal of Medicine by 12 former Food and Drug Administration commissioners from both parties, [as well as](#) the agency the vaccine committee advises, the Centers for Disease Control and Prevention.

The CDC ultimately decides which shots to put on the list recommended for kids and adults.

Levi was among the eight panel members to vote earlier this month to recommend the CDC end the universal birth dose of the hep B shot. The American public health establishment credits that dose, given within 24 hours of birth, with nearly wiping out infections in children who otherwise can catch the virus from their mothers. The committee would still encourage vaccination of children born to mothers who test positive for hepatitis B or whose infection status is unknown.

Levi said the experts have it all wrong, that the 98 percent drop in infection rates came before the universal birth dose became the norm in 2005 and that vaccination of at-risk people, sex workers and intravenous drug users, is the real reason rates have plummeted. The vaccine was first rolled out in the 1980s and recommended for all children in 1991.



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Levi also discussed the Food and Drug Administration's still-unpublished analysis of child deaths from Covid vaccine-associated myocarditis, the push inside federal agencies to study how vaccines affect health beyond the diseases they target, and why he insists that questioning long-standing vaccine policies is "pro-vaccine."

The interview below has been edited for length and clarity.

You just recommended ending the policy of giving every U.S. newborn a hepatitis B shot at birth. What convinced you this was the right thing to do?

When I first learned that my own children had been vaccinated at birth against hepatitis B, nobody had even talked to me about it. I only found out later, and I was puzzled: Why would you vaccinate a baby born to a mother who has tested negative for hepatitis B on the very first day of life? Just at the level of common

sense, that doesn't pass the test for most people.

When we started working on this in ACIP, it was striking to see two things. First, the U.S. is one of very few developed countries that gives a universal hepatitis B birth dose. Others either give it later in childhood or only to babies whose mothers are infected.

Public health agencies say universal infant vaccination is what nearly eliminated hepatitis B in children. Are they just misreading the data?

I think they are misinterpreting it. When you plot the CDC data age group by age group, you see that the major reduction in acute hepatitis B infections occurs in people who were adults during the 1990s and early 2000s. They did not get a birth dose.

The main driver was vaccination and other interventions in high-risk adult populations — sex workers, people who inject drugs, health-care workers — together with measures like needle-exchange programs and safer-sex campaigns, many of them introduced in the context of the HIV epidemic. The narrative that the universal birth dose was responsible for most of the reduction is simply not supported by the CDC data. It's either a mistake or a deliberate attempt to promote a story that doesn't match the evidence.

At the same time it's clear we need to test pregnant women more rigorously for hepatitis B. We need to test them even upon admission to the hospital again to make sure that we don't miss cases.

So there was no new blockbuster study — this was more of a philosophical shift about how you weigh risk, benefit and parental choice?

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The risk that a baby born to a hepatitis B-negative mother will be infected in the first months of life is extremely, extremely low. To prevent a single horizontal infection you may need to vaccinate millions of healthy babies. For that to make sense in a risk-benefit analysis, you have to believe the vaccine has essentially no harm at all.

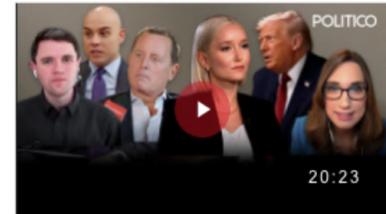
The more I've studied vaccines, the more astonished I am by how weak our safety culture is. We say with great confidence that products are "safe and effective" and that there is "no evidence of harm," but very often that just means we didn't really look.

Scientists warn that delaying the birth dose will mean extra hepatitis B infections in infants and, down the line, more liver cancer and deaths. Are you underestimating that risk?

Those projections almost always assume two things: first, that the universal birth dose was the main reason cases fell, and second, that the vaccine is essentially risk-free. I don't think either assumption is justified.

We are talking about intervening in an extremely vulnerable period when a baby's brain, metabolism and immune system are not yet developed. In my view, when you give a medical intervention to a zero-day or one-month-old baby, your safety and benefit thresholds should be far more stringent than for

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an older child.

Leading medical groups, including the American Academy of Pediatrics, have said they will keep recommending a birth dose for all newborns. They called the panel’s decision “a dangerous move that will harm children.” Does that undercut the ACIP as a national reference point?

Some of their liaisons to ACIP no longer really engage in substantive discussion; they use their time to deliver coordinated, inflammatory attacks on ACIP members.

On top of that, the AAP [recently published an opinion article](#) calling for the elimination of religious exemptions to vaccine mandates. In practice, that means parents who don’t adhere to the U.S. vaccine schedule could see their children barred from daycare, from school, and sometimes even from medical practices. I find that outrageous.

In 2023 you said, “the evidence is mounting and indisputable that mRNA COVID vaccines cause serious harms, including death, especially among young people.” Looking back two years later, do you still stand by that?

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Yes. People ignore the fact that there is already a body of medical literature documenting serious adverse events after these vaccines, including in young people. I wish I had been wrong — it gives me no pleasure to say that young people and children died — but unfortunately, I think the evidence has only become stronger.

Inside the FDA, Commissioner Marty Makary has spoken about at least 10 children allegedly killed by vaccine-induced myocarditis, but they haven’t released any underlying analysis. Critics say those claims aren’t backed by evidence. What have you seen?

I can’t speak for the FDA’s internal analysis, but I can talk about the kind of cases already published in the literature, and my understanding is that the cases FDA looked at are very similar.

Take a healthy child who receives an mRNA Covid vaccine and dies two or three days later in their sleep. An autopsy finds no other cause of death except clear signs of myocarditis — a condition we know these vaccines can cause. In any reasonable framework, you would at least consider that child’s death as likely related to the vaccine and investigate it thoroughly.

What has happened instead is that many such cases have been hidden and not reported to the public.

Do you demand the disclosure of the evidence the FDA has?

My understanding is that the FDA is supposed to release its analysis soon.

The bigger news is that agencies knew about them as early as 2021–22 and still chose to suppress the information for years instead of pursuing it and sharing it transparently. That suppression is one of the reasons public trust in health agencies has been so badly damaged.

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agencies has been so badly damaged.

Inside HHS there’s talk of reviewing vaccine campaigns through the lens of “non-specific effects” — how vaccines influence overall mortality and other diseases, not just the target infection. Are you looking into this?

I think it’s an important and overdue shift. Traditionally, clinical trials have evaluated vaccines mainly on how well they protect against the target infection. That matters, but it’s not sufficient. What we really care about is the overall impact on health — all-cause mortality, all-cause hospitalization, serious life-changing medical events.

To me, taking those questions seriously is a pro-vaccine approach.

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Some people hear all this and say: “These people are just anti-vaccine.” Do you accept that label?

I reject that label completely. There is a deliberate attempt to frame anyone who raises these questions as “anti-vax” in order to shut down debate. What I’m arguing for is the opposite: a modern, science-based approach where we optimize vaccines and vaccine schedules to maximize benefits and minimize harms.

You’ve taken a lot of criticism for your involvement with the ACIP. What drives you to participate?

I think we’ve adopted an extremely medicalized view of health. Our system is very centralized and coercive. Too many public-health policies assume that a small group at the top should make decisions for everyone and enforce them instead of putting the individual at the center and empowering people, with the support of doctors and others, to take ownership of their health.

Tim Röhn is a global reporter at Axel Springer and head of investigations for WELT, POLITICO Germany and Business Insider Germany.

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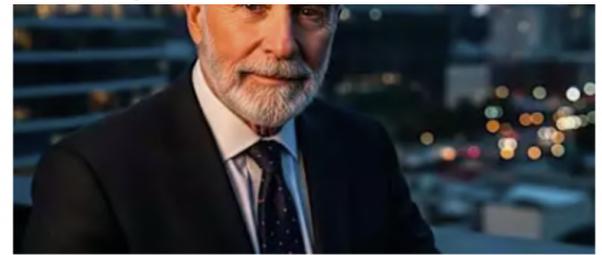
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EXHIBIT 10



News Release

The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule

[Home](#) / [News Room](#) / The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule


ITASCA, IL— As respiratory virus season approaches, the American Academy of Pediatrics has published an evidence-based immunization schedule that includes updated guidance for influenza, RSV, and COVID-19 immunizations for children and adolescents from birth to age 18. The schedule, "[Recommended Childhood and Adolescent Immunization Schedule: United States, 2025](#)," was published Aug. 19, 2025 in the AAP Red Book Online, the Academy's clinical guidebook for infectious diseases prevention and treatment.

Since its founding in 1930, the American Academy of Pediatrics has been a [leading voice in vaccine recommendations](#), creating evidence-based guidance to support pediatricians in caring for children and families. The schedule published Tuesday continues in this tradition. It differs from recent recommendations of the Advisory Committee on Immunization Practices of the CDC, which was overhauled this year and replaced with individuals who have a history of spreading vaccine misinformation.

"The AAP will continue to provide recommendations for immunizations that are rooted in science and are in the best interest of the health of infants, children and adolescents," said AAP President Susan J. Kressly, MD, FAAP. "Pediatricians know how important routine childhood immunizations are in keeping children, families and their communities healthy and thriving."

The schedule represents formal recommendations from the AAP for routine immunizations for infants, children and adolescents against 18 diseases. The schedule published Aug. 19 includes updated recommendations for RSV, influenza, and COVID-19 immunizations for pediatric populations.

In addition to the updated recommendations for the three respiratory viruses, the schedule incorporates recent updates regarding pentavalent meningococcal vaccine, the starting age of the Human Papilloma Virus vaccine, and removal of a hepatitis vaccine that is no longer available.

"The AAP urges every insurer to cover all the vaccines that are included in this immunization schedule," Dr. Kressly said. "AAP is committed to working with our partners at the local, state and federal levels to make sure every child, in every community has access to vaccines."

AAP will also publish parent-friendly immunization schedule on [HealthyChildren.org](#).

RSV

RSV (Respiratory Syncytial Virus) is the leading cause of hospitalization for babies before their first birthday. It is a virus that affects the lungs and airways and spreads easily through the air and by physical contact with the germs. Immunizations for pregnant mothers and newborns provide antibodies that offer necessary protection.

"Babies who become infected with RSV can get much sicker than older kids because their lungs and airways are so tiny," said Kristina Bryant, MD, FAAP, a member of the AAP Committee on Infectious Diseases. "There are two ways to help your baby get ahead of this serious respiratory illness. Moms who get the RSV vaccine during their pregnancy can pass important antibodies to their developing baby through the placenta. Or new babies can get an RSV shot for RSV season. Well-timed RSV immunizations help babies stay healthy."

Nirsevimab and clesrovimab are the recommended immunizations to prevent RSV. Both are monoclonal antibody products, which are given to babies for instant protection. Another monoclonal antibody, palivizumab, is a shorter-acting product that is no longer recommended for use.

The AAP recommends:

For Release:

8/19/2025

Media Contact:

Lisa Robinson

630-626-6084

lrobinson@aap.org

- Immunization for infants younger than 8 months who are born during or entering their first RSV season if the pregnant parent did not receive vaccine during pregnancy, if the vaccination status is unknown, or if the infant was born less than 14 days after the pregnant parent received the vaccine.
- Immunization for infants and children 8 through 19 months of age at high risk of severe RSV disease and entering their second RSV season. High-risk infants include children with chronic lung disease, immunocompromise, or cystic fibrosis, as well as other groups.



The Academy's recommendations for RSV immunizations are published online [here](#) and will be published in the November issue of Pediatrics (online Aug. 19).

Influenza

AAP recommends annual flu vaccines for all children starting at 6 months old, unless they have a medical reason not to be immunized. This helps protect not only the child but also the community—especially during seasons when other viruses like RSV and COVID-19 are also circulating. The Academy's [flu vaccine recommendations](#) and an accompanying [technical report](#) were pre-published July 28 in Pediatrics and will be published in the October 2025 print issue.

“The flu can be much more serious than just a cold or run-of-the-mill viral infection, especially for children under the age of 5 or those with conditions like asthma or diabetes. It is also something that kids can catch — and spread — easily. An annual influenza immunization helps your child’s immune system recognize and resist the virus so they can stay in school, go on playdates and do the things kids love doing,” Dr. Bryant said.

Influenza (or the flu) is a viral infection of the nose, throat and lungs. It spreads when an infected person coughs or sneezes and another person breathes in the virus from the air, or when someone touches a contaminated surface then puts a finger in their mouth or nose.

Children who are hospitalized, have serious or worsening flu symptoms, or have health conditions that put them at higher risk for complications should start antiviral treatment for the flu as soon as possible, even if they've been sick for a few days.

The 2024–2025 influenza season was a high-severity season for persons of all ages, according to the Centers for Disease Control and Prevention. The CDC reported 267 influenza-related pediatric deaths through August 2, 2025. Of those, 43.6% occurred in children without a high-risk medical condition.

Historically, up to 80% of influenza-associated pediatric deaths have occurred in unvaccinated or incompletely vaccinated children. Children younger than 5 years, especially those less than 2 years, are especially vulnerable to severe illness and hospitalizations or death due to influenza.

COVID

COVID-19 continues to result in hospitalization and death in the pediatric population. Infants and children 6 through 23 months of age are at the highest risk for severe COVID-19. Given this, the AAP recommends a COVID-19 vaccine for all children ages 6 through 23 months old to help protect against serious illness. Children younger than 2 years old are especially vulnerable to severe COVID-19 and should be prioritized for vaccination unless they have a known allergy to the vaccine or its ingredients.

In addition to the recommendation for all children younger than 2 years, the AAP recommends a single dose of age-appropriate COVID-19 vaccine for all children and adolescents 2 through 18 years of age in the following risk groups :

- Persons at high risk of severe COVID-19
- Residents of long-term care facilities or other congregate settings
- Persons who have never been vaccinated against COVID-19
- Persons whose household contacts are at high risk for severe COVID-19

The AAP also recommends the vaccine be available for children ages 2-18 who do not fall into these risk groups, but whose parent or guardian desires them to have the protection of the vaccine. The most updated version of the COVID-19 vaccine that is available should be used. The Academy's recommendations for COVID-19 vaccines are [published online here](#) and will be published in the November issue of Pediatrics (online Aug. 19).

“We extensively reviewed the most recently available data about COVID-19 risks in kids, as well as safety and effectiveness of available COVID-19 vaccines. It's clear they are very safe for all populations. Among the reasons we decided to move to a risk-based recommendation for healthy older children is the fact that the hospitalization rate for young children and children with underlying medical conditions remains high, in line with rates for many

of the other vaccine-preventable diseases for which we vaccinate," said Sean O'Leary, MD, FAAP, chair of the AAP Committee on Infectious Diseases.

Resources:

[All About the Recommended Immunization Schedules - HealthyChildren.org](#)

[How Vaccine Schedules Changed Over Time & Why - HealthyChildren.org](#)

About AAP

The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.



We're 67,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

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EXHIBIT 11



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RFK Jr., pediatrician association clash over covid shots for kids

The American Academy of Pediatrics recommends all children ages 6 months to 23 months old receive a coronavirus vaccine as federal officials move to roll back recommendations.

Updated August 19, 2025

6 min Summary 282

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Vaccine pamphlets on display in the waiting room of a pediatric care office in Seattle. (Annabel Clark/For The Washington Post)



By [Lena H. Sun](#)

The American Academy of Pediatrics on Tuesday urged parents to get their youngest children vaccinated for covid, part of a broader effort by medical organizations to bypass Health and Human Services Secretary Robert F. Kennedy Jr. and his criticism of broadly administering coronavirus vaccines.

Kennedy blasted the medical association in response and described it as beholden to corporate interests.

The AAP is recommending that all children ages 6 months through 23 months receive a coronavirus vaccine to help protect against serious illness. Children in that age group are especially vulnerable to becoming hospitalized for covid, the AAP said in its vaccine guidance for parents and pediatricians ahead of the fall-winter respiratory season.

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The medical association's guidance contradicts what Kennedy declared in May when he posted a video on X saying healthy children should no longer receive the vaccine, arguing there is no clinical data to justify repeatedly giving them coronavirus shots. Under Kennedy, the vaccine recommendation process has been upended, resulting in widespread confusion among pediatricians, public health officials and medical associations.

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“The majority of what we’ve seen from the secretary has been a pretty clearly orchestrated strategy to sow distrust in vaccines,” said Sean O’Leary, a physician who heads the AAP’s infectious-diseases committee. “We make our recommendations based on what’s in the best interest of the health of children.”

In an X post, Kennedy responded to the AAP's new vaccine recommendations by calling them "corporate-friendly" and blasting the medical organization for receiving donations from vaccine manufacturers.

He said the organization should disclose its "corporate entanglements" and conflicts of interest "so that Americans may ask whether the AAP's recommendations reflect public health interest, or are, perhaps, just a pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors."

Susan Kressly, AAP's president, said her group welcomes an opportunity to meet Kennedy to discuss the recommendations.

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"This attack on the integrity of pediatricians is unfortunate, but it does not change the facts," Kressly said in a statement. "We are transparent about our funders, follow rigorous conflict-of-interest disclosures and maintain safeguards to ensure the integrity and independence of our guidance."

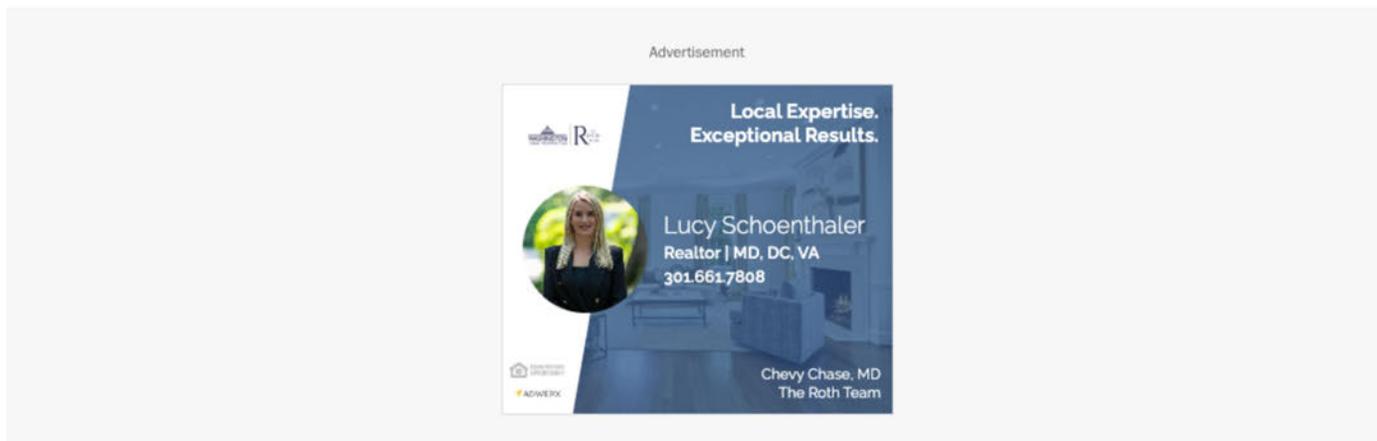
The country is in the midst of a summer uptick in coronavirus cases, and the future of vaccine access is uncertain.

The Centers for Disease Control and Prevention did not go as far as Kennedy directed and did not remove coronavirus vaccines from the childhood immunization schedule. Instead, the public health agency softened its recommendation for all children to receive an annual coronavirus shot. It now recommends parents consult a doctor to decide whether to vaccinate their children.

The AAP took a similar approach for older children. Its new guide says

healthy children ages 2 to 18 can receive a coronavirus vaccine if their parents or guardians want them to have that protection.

Few parents do. The CDC estimates that 13 percent of all eligible children are up-to-date on coronavirus vaccines, as well as 4.5 percent of children between the ages of 6 months and 23 months.



By issuing a broader coronavirus vaccine recommendation for young children, the AAP is trying to boost uptake and keep the shots free. Between October 2022 and April 2024, a little more than half of children between the ages of 6 months and 23 months admitted to intensive care for covid had no underlying conditions, a CDC study found.

Still, the vast majority of children infected by coronavirus will have mild symptoms, and few will become hospitalized. Health officials say it has become difficult to measure the effectiveness of coronavirus vaccines in young children because the vaccination rates are so low.

Vaccine policy



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How vaccine policy, including for coronavirus, has changed under RFK Jr.
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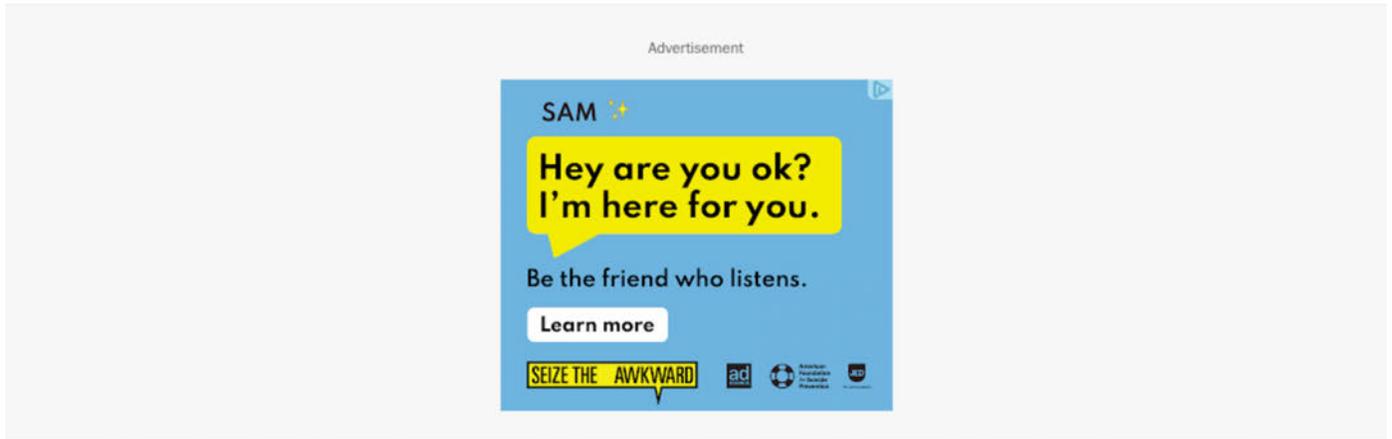


Limited data shows the 2024-2025 coronavirus vaccines provided extra protection against severe illness in children and adults compared with people who did not receive a vaccine, according to CDC data presented in June.

But pediatric infectious-disease specialists have argued that regularly

vaccinating children makes sense as a public health strategy because evidence has shown each year that protection in children is similar to that seen in adults.

Federal officials have yet to approve or recommend an updated coronavirus vaccine, which usually debuts in late summer. The Food and Drug Administration has signaled it would not license upcoming coronavirus vaccines for otherwise healthy children.



Kennedy recently fired all members of the CDC’s Advisory Committee on Immunization Practices, a group of experts who decide who should receive FDA-approved or authorized vaccines. Four of the seven members Kennedy appointed as replacements have been publicly critical of the broad use of coronavirus vaccines.

For the past three decades, the AAP and the CDC have been mostly aligned in their vaccine recommendations — until now.

The AAP’s schedule “differs from recent recommendations of the Advisory Committee on Immunization Practices of the CDC, which was overhauled this year and replaced with individuals who have a history of spreading vaccine misinformation,” the organization said in a statement.

Retsef Levi, an ACIP member who has denounced the use of mRNA coronavirus vaccines, criticized the AAP’s recommendation in an X post, arguing covid poses “zero risk” to babies and the shots could damage their hearts. His message was reposted by Robert Malone, another ACIP member who has been critical of coronavirus vaccines.

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Under federal law, insurers must cover the cost of ACIP-recommended vaccinations. The AAP and other professional organizations have been holding discussions with insurance companies to continue covering the shots based on guidance from professional associations rather than the federal government.

O'Leary said insurers "are signaling that they are committed to covering our recommendations." AHIP, the major insurance lobby, has said its members are committed to continue paying for respiratory virus vaccines this season.

The new ACIP panel did not make any coronavirus recommendations when it met for the first time in late June.

It may not even convene a special meeting to discuss the coronavirus vaccines until mid-September, according to industry employees and CDC officials who spoke on the condition of anonymity to share sensitive information. That timing has become more uncertain after the Aug. 8 shooting at the CDC that severely damaged several buildings and traumatized CDC staff. The ACIP is scheduled to hold a meeting in October.

The AAP's full vaccine guidance, published Tuesday in the organization's clinical guidebook for infectious-diseases prevention and treatment, represents formal recommendations for immunizations for infants, children and adolescents against 18 diseases. Its recommendations for flu and respiratory syncytial virus, or RSV, are essentially the same as what federal health officials including Kennedy have recommended.

Rachel Roubain contributed to this report.

What readers are saying

The comments overwhelmingly support the American Academy of Pediatrics' recommendation for vaccinating young children against COVID-19, emphasizing the importance of trusting medical professionals over figures like Robert F. Kennedy Jr., who lacks medical expertise. Many... [Show more](#)

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By [Lena H. Sun](#)

Lena H. Sun is a staff writer covering health with a focus on public health/infectious disease. Email: lena.sun@washpost.com. Or reach her securely on Signal @LenaSun.04X @bylenasun

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EXHIBIT 12



Home > Press Room > HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures



Press Room
HHS Live

FOR IMMEDIATE RELEASE
November 19, 2025

Contact: HHS Press Office
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HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures

WASHINGTON, NOV. 19, 2025 — The U.S. Department of Health and Human Services (HHS) today published [Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices](#), its [peer-reviewed](#) study of the medical dangers posed to children from attempts to change their biological sex.

The report, released through the Office of the Assistant Secretary for Health, finds that the harms from sex-rejecting procedures — including puberty blockers, cross-sex hormones, and surgical operations — are significant, long term, and too often ignored or inadequately tracked. These conclusions confirm President Trump's Make America Healthy Again Commission's findings that unnecessary procedures and long-term health risks such as infertility are the byproduct of the overmedicalization of children.

"The American Medical Association and the American Academy of Pediatrics peddled the lie that chemical and surgical sex-rejecting procedures could be good for children," **said Health and Human Services Secretary Robert F. Kennedy, Jr.** "They betrayed their oath to first do no harm, and their so-called 'gender-affirming care' has inflicted lasting physical and psychological damage on vulnerable young people. That is not medicine — it's malpractice."

"This report marks a turning point for American medicine," **said National Institutes of Health Director Jay Bhattacharya, MD, PhD.** "The evidence in it meticulously documents the risks the profession has imposed on vulnerable children. At the NIH, we are committed to ensuring that science, not ideology, guides America's medical research."

"What are we going to tell the young people who can't have children because the medical profession stole that from them?" **said Assistant Secretary for Health Brian Christine, MD.** "Our report is an urgent wake up call to doctors and parents about the clear dangers of trying to turn girls into boys and vice-versa."

Before submitting its report for peer review, HHS commissioned the most comprehensive study to date of the scientific evidence and clinical practices surrounding the treatment of children and adolescents for "gender dysphoria." The authors were drawn from disciplines and professional backgrounds spanning medicine, bioethics, psychology, and philosophy.

- **Evgenia Abbruzzese**, Society for Evidence Based Gender Medicine
- **Alex Byrne, PhD**, Massachusetts Institute of Technology
- **Farr Curlin, MD**, Duke University
- **Moti Gorin, PhD, MBE**, Colorado State University
- **Kristopher Kaliebe, MD, DFAACAP**, University of South Florida
- **Michael K. Laidlaw, MD**, Michael K. Laidlaw MD, Inc.
- **Kathleen McDevitt, MD**, Baylor College of Medicine
- **Leor Sapir, PhD**, Manhattan Institute for Policy Research
- **Yuan Zhang, PhD**, Evidence Bridge

HHS invited the American Academy of Pediatrics and the Endocrine Society to contribute their evidence to this report. Both organizations declined to participate.

###

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EXHIBIT 13



SHOTS - HEALTH NEWS

RFK Jr. and Dr. Oz announce moves to ban gender-affirming care for young people

UPDATED DECEMBER 18, 2025 · 5:25 PM ET

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Health Secretary Robert F. Kennedy Jr. and Medicare and Medicaid Administrator Dr. Mehmet Oz (right) will announce new restrictions to gender-affirming care for minors Thursday. Andrew Caballero-Reynolds/AFP via Getty Images

Health officials from the Trump administration announced several moves Thursday that will have the effect of essentially banning gender-affirming care for transgender young people, even in states where it is still legal.

Health Secretary Robert F. Kennedy Jr. and Dr. Mehmet Oz, who leads Medicaid and Medicare, announced the measures in a press conference at the headquarters of the Department of Health and Human Services in Washington, D.C.

"So-called gender affirming care has inflicted lasting physical and psychological damage on vulnerable young people," Kennedy said. "This is not medicine. It is malpractice."

The American Academy of Pediatrics pushed back strongly against HHS's actions.

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The ban takes the form of two new proposed rules from Medicaid and Medicare. The first prohibits doctors and hospitals from receiving federal Medicaid reimbursement for gender-affirming care provided to transgender patients younger than age 18. Medicaid is the health care program that covers low-income Americans.

The second rule blocks all Medicaid and Medicare funding for any services at hospitals that provide pediatric gender-affirming care. Virtually every hospital in the country takes Medicare, which covers older Americans and the disabled. Because hospitals rely on Medicare, the rule would have a wide-ranging effect.

Supporters and opponents of transgender rights agree that, taken together, the forthcoming hospital rules could make access to pediatric gender-affirming care across the country extremely difficult, if not impossible.



SHOTS - HEALTH NEWS
Trump pushes an end to medical care for transgender youth nationally

The care is already banned in [27 states](#). The proposed rules will be entered into the Federal Register on Friday and that starts a 60-day comment period. The rules would not take effect immediately.

The American Civil Liberties Union has announced plans to sue to stop the rules; other legal action is also expected.

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"These rules are a baseless intrusion into the patient-physician relationship," the AAP's Kressly said. "Patients, their families, and their physicians—not politicians or government officials—should be the ones to make decisions together about what care is best for them."

Kennedy and others at the press conference insisted that AAP and others—including transgender people themselves—are wrong.

"There is no such thing as being transgender," said activist Chloe Cole, who uses her experience of transitioning as a young person and regretting it to advocate for government restrictions on this care.

Cole continued, "To the young people out there who are struggling with this mental illness, I want you to know, it's not too late to accept the beautiful way that God has created you."

Other actions to restrict care

The pivot to the topic of transgender minors comes one day after Republicans in the House of Representatives passed a package of health care bills that do not extend subsidies for people who buy health insurance in Affordable Care Act plans.

Kressly, of the pediatrics academy, said that the new measures do nothing to bring down health care costs and instead, "unfairly stigmatize a population of young people."

The legislative package Congress considered this week included a bill, introduced by Rep. Marjorie Taylor Greene, R-Ga., that makes it a crime to provide gender-affirming care to transgender minors, punishable by a fine or prison time of up to 10 years. It passed on Wednesday.



SHOTS - HEALTH NEWS
HHS changed the name of transgender health leader on her official portrait

Another bill, passed Thursday, was introduced by Rep. Dan Crenshaw, R-Texas. It would prohibit Medicaid reimbursement for gender-affirming care for youth. Both bills would also have to pass the Senate to become law.

At Thursday's press conference, Dr. Marty Makary, who heads the Food and Drug Administration, announced that the FDA would be sending warning letters to businesses that manufacture chest binders and advertise them to young people.

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Dr. Jay Bhattacharya, who leads the National Institutes of Health, talked about grants rescinded earlier this year on research affecting transgender young people.

Since Day 1

The actions are consistent with steps President Trump has taken since his first day in office. On Day 1, he signed an [executive order](#) declaring that the United States "will not fund, sponsor, promote, assist, or support the so-called 'transition' of a child from one sex to another."

Since then there have been other measures including:

- HHS released a report critical of the research that supports access to this care.
- A federal suicide prevention lifeline specifically for transgender youth was canceled, as were hundreds of millions of dollars in scientific research funding related to LGBTQ health.
- Federal health officials warned state Medicaid directors to tread carefully, and the Department of Justice announced subpoenas of some children's hospitals and threatened providers with prosecution.

One family reacts

For one mom of a transgender teen in California, the rules and bills released this week are concerning. She asked that NPR not name her or her child because she fears she could lose her job or risk her family's safety by speaking about their experiences.

"It feels like we're being hunted," she says.

She describes her own process of learning about the options for gender-affirming care for her teenager and concluding that the benefits outweighed the risks. "If we can't stop the government from legislating what health care families can receive in consultation with their doctors, then I don't recognize this America," she says.

Her son is 15-years-old and has been taking testosterone for about 6 months. He is a scout, he runs cross-country, and wants to work in a math or science field. His friends know he is transgender but not everyone at his high school does.



POLICY-ISH
Her state bans gender-affirming care for teenagers. So she travels 450 miles for it

"I kind want to make it clear — I came out to my parents and said that I wanted to start [hormone therapy] and it took them a long time to be OK with that," he says. "We went to a lot of therapy. We had a lot of discussions. My parents — they were scared for me to start it." He says both he and his parents researched it: "It wasn't just like a whim."

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He says starting hormone therapy brings to mind a hiking metaphor: "I was like, 'Oh, this is the path that's going to take me to where I want.' I feel like my body is going in the right direction."

The changes the Trump administration and Congress are doing worry him. "It feels like someone's throwing me into the bush just off the path I'm on," he says. "And that's kind of terrifying. I don't want to be lost. I want to keep going where I'm going."

Correction

Dec. 18, 2025

An earlier version of this story misspelled Rep. Marjorie Taylor Greene's last name as Green.



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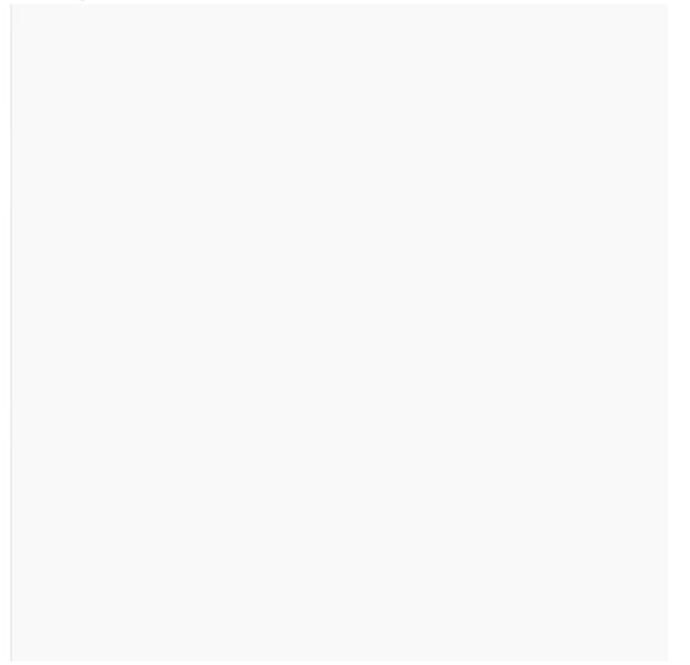
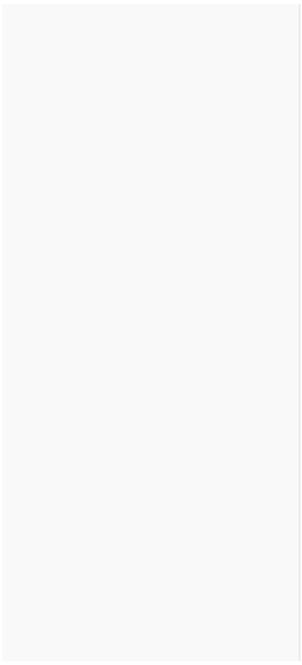


EXHIBIT 14



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AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update

August 4, 2023

Alyson Sulaski Wyckoff, Associate Editor

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Article type: [News](#)

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The AAP Board of Directors voted to reaffirm the 2018 AAP policy statement on gender-affirming care and authorized development of an expanded set of guidance for pediatricians based on a systematic review of the evidence.

An updated policy statement, plus companion clinical and technical reports, will reflect data and research on gender-affirming care since the original policy was released and offer updated guidance. The board recognized the value of additional detail with five more years of experience since the 2018 policy statement was issued.

The decision to authorize a systematic review reflects the board's concerns about restrictions to access to health care with bans on gender-affirming care in more than 20 states.

AAP CEO/Executive Vice President Mark Del Monte, J.D., is speaking today at the AAP Leadership Conference in Itasca, Ill.

He emphasizes that policy authors and AAP leadership are confident the principles presented in the original policy, [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#), remain in the best interest of children.

As part of its mission, the AAP will continue to "ensure young people get the reproductive and gender-affirming care they need and are seen, heard and valued as they are," Del Monte said.

The board reviews evidence and considers policy renewal on a regular schedule as authorizations expire. Based on the continuing review, the board reaffirmed the current guidance on transgender care until there is an updated version.

To ensure the policy update process is transparent and inclusive, the AAP will invite members and other stakeholders to share input.

The AAP and other major medical organizations — including the American Medical Association, the American College of Obstetricians and Gynecologists and the World Health Organization — support giving transgender adolescents access to the health care they need.

The AAP opposes any laws or regulations that discriminate against transgender and gender-diverse individuals, or that interfere in the doctor-patient relationship.

Additional Leadership Conference coverage

- [Leadership Conference: AAP pledges to address payment issues, support pediatrician wellness](#)
- [Leadership Conference: Top resolution calls for federal protections of gender-affirming care for patients, doctors](#)
- [Reform humanitarian system for migrant children: Leadership Conference speaker](#)

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EXHIBIT 15



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AAP speaks out against HHS report on gender dysphoria, infringement on physician-patient relationship

May 1, 2025

Melissa Jenco, Senior News Editor

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Article type: News

Topics: [Advocacy](#), [Diversity, equity and inclusion](#)

AAP leaders say they are “deeply concerned” about a new government report on caring for transgender and gender-diverse youths. Medical society leaders also are defending the physician-patient relationship from political interference.

The [report on pediatric gender dysphoria](#) from the U.S. Department of Health and Human Services raises concerns about medical interventions for transgender youths and relies on a narrow set of data and perspectives.

AAP President Susan J. Kressly, M.D., FAAP, questioned the credibility of the report.

“This report misrepresents the current medical consensus and fails to reflect the realities of pediatric care,” Dr. Kressly said in a [statement](#). “As we have seen with immunizations, bypassing medical expertise and scientific evidence has real consequences for the health of America’s children. AAP was not consulted in the development of this report, yet our policy and intentions behind our recommendations were cited throughout in inaccurate and misleading ways. The report prioritizes opinions over dispassionate reviews of evidence.”

She urged policymakers to consider the “full breadth of peer-reviewed research” and said the AAP would continue to support pediatricians and the well-being of all children.

“Patients, their families, and their physicians—not politicians or government officials—should be the ones to make decisions together about what care is best for them based on evidence-based, age-appropriate care,” she said. “... The AAP remains focused on supporting pediatricians in delivering the best possible care to every child, informed by science and the lived experiences of patients and families. We will continue to support the well-being of all children and access to high-quality care that meets their needs.”

President Donald J. Trump called for the report in a Jan. 28 [executive order](#) on gender-affirming care, which he refers to as “chemical and surgical mutilation.” An [April 28 update](#) on actions taken since the order was signed touts the elimination of \$477 million in related research grant funding, making plans to remove gender-affirming care as a covered benefit for the children of federal employees and exploring ways to increase access to detransition care.

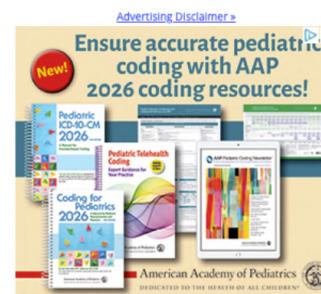
The update follows an [April 22 memo](#) from Attorney General Pam Bondi threatening physicians with felony charges for providing certain types of gender-affirming care.

The AAP joined five other medical organizations representing 600,000 physicians and medical students [opposing infringements](#) on the patient-physician relationship.

The groups said they “firmly believe the trusted relationship between a physician and their patient should never be jeopardized by the actions of policymakers, that physicians should not be criminalized or penalized for providing care and that medical standards of care and physician education training and education must remain evidence-based and free from political interference.”

In addition to the AAP, the statement was signed by the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association and American Psychiatric Association.

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EXHIBIT 16



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 **Secretary Kennedy**  
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This is a screenshot from American Academy of Pediatrics' webpage, thanking the organization's top corporate donors. These four companies make virtually every vaccine on the CDC recommended childhood vaccine schedule. AAP is angry that CDC has eliminated corporate influence in decisions over vaccine recommendations and returned CDC to gold-standard science and evidence-based medicine laser-focused on children's health.

AAP today released its own list of corporate-friendly vaccine recommendations. The Trump Administration believes in free speech and AAP has a right to make its case to the American people. But AAP should follow the lead of HHS and disclose conflicts of interest, including its corporate entanglements and those of its journal—Pediatrics—so that Americans may ask whether the AAP's recommendations reflect public health interest, or are, perhaps, just a pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors.

AAP should also be candid with doctors and hospitals that recommendations that diverge from the CDC's official list are not shielded from liability under the 1986 Vaccine Injury Act.



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EXHIBIT 17



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Happy Easter.

We are fighting against demonic forces but light is shining through.

The American Academy of Pediatrics, which sets the standard of care for U.S. children, has received major donations from pharmaceutical companies that make puberty blockers and from processed food companies.

In 2023, the AAP reaffirmed its support for puberty blockers as part of gender-affirming care for transgender youth. These drugs, often used around age 9 at the onset of puberty, pause physical development to allow time for gender identity exploration.

The AAP has not taken a formal stance that ultra-processed food is harmful to children and has not identified it as a key driver of chronic disease or called for regulatory action against the food industry.

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EXHIBIT 18

Home > Analysis > White House MAHA Official D...

White House MAHA Official Destroys Youth Transgender Treatments As Nike Continues To Dodge Study Questions

Joe Kinsey Published April 25, 2025 2:52 PM EDT • Updated April 30, 2025 7:47 PM EDT



While Nike continues to play word games while OutKick digs for answers on if the sneaker company is financing transgender athlete studies, a senior White House advisor working on the Make America Healthy Again campaign says mainstream health agencies are "committing war on kids."

During a 30-minute sitdown interview at the White House with OutKick founder Clay Travis, MAHA official Calley Means lit into the forces behind youth transgender treatments and the demonic forces at work who are subjecting, in some cases, gender-affirming care for two-year-olds.

"This is what is so historic and vital about this moment for MAHA and this administration. There's going to be massive policies to transform our health care system," Means told Clay.

"But I think a cultural awakening and reckoning is happening. The Daily Beast just ran a headline that said, 'Demonic forces,' and they're like, 'Trump administration officials are saying there are supernatural forces against kids.' I do think there are demonic against kids," Means said with his voice rising.



Clay & Callie Means - Nike Story

On Thursday, a Nike official told OutKick's Dan Zaksheske that the corporation "never intialized" a study on transgender athletes as young as 12 and that the study "is not moving forward."

What does that mean? That's what we want to know.

Meanwhile, what's clear to Means is that these forces against kids show no signs of slowing down their "demonic" agenda.

"There are dark, dark things happening to kids. How else can you explain, to this day, the American Medical Association says it's OK to have gender-affirming care for a two-year-old?" the MAHA official asked.

In 2021, the AMA "urged governors to oppose state legislation that would prohibit medically necessary gender transition-related care for minor patients." In 2024, it was estimated that 5,747 minors had received sex-change surgery over a five-year span from 2019-2023 and nearly 14,000 minors had received some sort of gender reassignment treatment.

The top three states for gender surgeries for minors over that span included: California, Oregon and Washington.

Means believes the AMA and the American Academy of Pediatrics have been "completely captured" and "in many cases, are practicing evil."

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Clayton Kopp, senior advisor at Health and Human Services (HHS) and co-founder of TrueMed, at the Semafor World Economy Summit during the International Monetary Fund (IMF) and World Bank Spring meetings in Washington, DC, US, on Friday, April 25, 2025. Kent Nishimura/Bloomberg via Getty Images

Captured by whom?

Means says look no further than corporations.

"These groups that are not fringe groups, that are making medical care, I think they committing war on kids and it is corporate interests. 100%," he continued.

"The gender transition industry is massive. It's billions and billions of dollars."

Why would Nike be in that world?

That's what we want to know.

#CLAY TRAVIS #WHITE HOUSE #TRANSGENDER ATHLETES #BKT #NIKE STUDY

Written by Joe Kinsey

Joe Kinsey is the Senior Director of Content of OutKick and the editor of the Morning Screenshots column that examines a variety of stories taking place in real America. Kinsey is also the founder of OutKick's Thursday Night Mowing League, America's largest virtual mowing league. Kinsey graduated from University of Toledo.

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EXHIBIT 19

"Woke" Bioethics Tyranny

An extreme absurd example illustrates an underlying moral and ethical failure



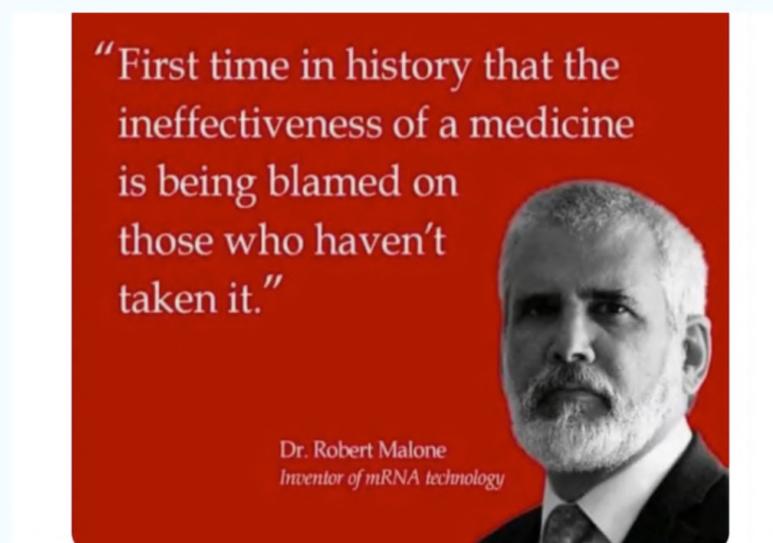
DR. ROBERT W. MALONE
AUG 04, 2025

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Sometimes it is necessary to push a moral philosophy to the extreme before its flaws become clear to all. And then once that happens, it gets much easier to recognize and reject less extreme examples that grow from the same root. At other times, true believers in a flawed moral philosophy will voluntarily advocate for an extreme example without being pushed, and in doing so, inadvertently reveal the absurdity of their proposition.

Plato wrote of Socrates' use of the logical reasoning method of reducing a philosophical assertion he opposed to the point of absurdity, giving rise to the debating method known as an apagogical argument. This involves attempting to establish a claim by showing that following the logic of a proposition or argument would lead to absurdity or contradiction.

The focus of this essay is the philosophical position that, in the case of public health, it is acceptable to mandate that members of society accept a medical treatment without granting personal informed consent, justified as necessary to achieve the greatest good for the greatest number. I argue that the proposition that the majority or the State has the right to impose a medical procedure on the minority is both flawed and repugnant to an ethical society. The self-evident recent embodiment of this flawed and repugnant logic is the mandated "emergency use authorized" experimental gene therapy products marketed as COVID vaccines. But, as any parent of a school-aged child or hospital-based health care worker can attest, mandates to accept medical procedures (ergo, "vaccination") without full informed consent are ubiquitous.

These mandates were and are a form of coercion and compulsion. Moreover, the use of government-sponsored propaganda to cause people to accept a medical procedure typically involves coercion, compulsion, and enticement, and governments used all of these during the COVID-19 crisis to "overcome vaccine hesitancy"- defined as unwillingness to accept injection with an emergency use authorized experimental medical product whose side effects include cardiac damage and death.

The next step in the logical progression with this thinking involves the development and deployment of medical "vaccine" products that surreptitiously spread within the general population by infecting or otherwise immunizing non-consenting individuals once the product is introduced into the population. In the historical case of live attenuated polio vaccine, this was accomplished with knowledge and quiet endorsement by public health officials without informed consent by most others, as the "live" vaccine strain is shed in the feces of the vaccinated and typically infects family members and other close associates.

In the current case, the intentional failure of the FDA and other regulatory bodies to require "shedding" studies for either the COVID mRNA or self-replicating RNA vaccines suggests that a willful neglect to provide even the most superficial informed consent continues to be a feature of Western nation "public health" leadership.

Bioethics, Medical Mandates and Nazi Physicians

The use or imposition of coercion, enticement, and compulsion by an individual, group, or government to cause a person to accept a medical procedure has long been considered fundamentally unethical. This philosophical position was reinforced as a core principle of civilized society during the Nuremberg trials of Nazi physicians. Historically, the core of modern medical ethics has been that individuals have personal autonomy and sovereignty over their own bodies, must freely consent to accept a medical procedure, and must receive a complete disclosure of potential risks and

medical procedure, and must receive a complete disclosure of potential risks and benefits, before granting personal consent. This fundamental ethical truth is not negotiable, nor is it context-dependent.

There is no ethical codicil that this logic no longer applies if and when a medical emergency has been declared, or else individuals, groups, or governments would be at liberty to bypass this whenever they “felt” or “believed” that a goal or objective warranted imposing a medical procedure on others.

Time and again the world has experienced some authority or authoritarian organization declaring a medical emergency that turned out to be anything but. To illustrate this point, the German National Socialist Government (Nazi’s) thought that the deleterious effects of cold weather in Northern climes on their troops constituted a medical emergency that warranted forced experimentation on prisoners. They conducted horrific medical experiments on prisoners to study hypothermia and develop treatments for cold exposure, primarily to aid their military in harsh climates like the Eastern Front.

The most notorious experiments were carried out at the Dachau concentration camp under Dr. Sigmund Rascher. Prisoners were subjected to extreme cold, often submerged in freezing water or left exposed in subzero temperatures, to simulate conditions faced by German soldiers or pilots. Data was collected on how long it took for victims to lose consciousness or die, and various rewarming techniques were tested on those who survived initial exposure. These experiments, part of a broader program of pseudoscientific and inhumane medical research, were conducted without consent and caused immense suffering and death. The results were later documented in reports like the “Dachau hypothermia studies,” which were presented at the Nuremberg Trials as evidence of war crimes. While some data was later referenced in medical literature, its use remains ethically controversial due to the atrocities involved.

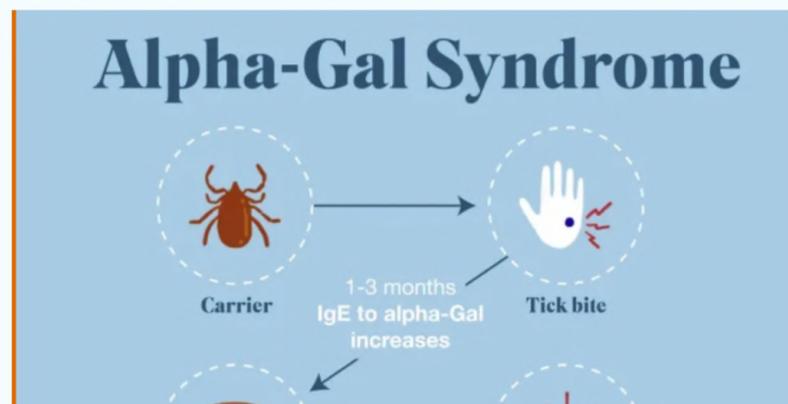
Beneficial Bloodsucking and Mandates

With this in mind, I recommend to you the curious case of the 22 July 2025 article in the peer-reviewed journal “Bioethics” titled “Beneficial Bloodsucking”, written by the academic bioethicists Parker Crutchfield and Blake Hereth. Both authors are affiliated with the Department of Medical Ethics, Humanities, and Law, Western Michigan University Homer Stryker M.D. School of Medicine, Kalamazoo, Michigan, USA.



In a logical argument that (on first read) I assumed must be intentionally absurd (akin to Dr. James Lindsay’s infamous peer-reviewed “grievance studies affair” exposing woke absurdities), Crutchfield and Hareth make the argument that promoting the development and proliferation of post-tick bite alpha-gal syndrome (AGS) is morally obligatory, and that ticks should be genetically engineered and released to promote this objective. Their peer-reviewed abstract succinctly details their logic:

The bite of the lone star tick spreads alpha-gal syndrome (AGS), a condition whose only effect is the creation of a severe but nonfatal red meat allergy. Public health departments warn against lone star ticks and AGS, and scientists are working to develop an inoculation to AGS. Herein, we argue that if eating meat is morally impermissible, then efforts to prevent the spread of tickborne AGS are also morally impermissible. After explaining the symptoms of AGS and how they are transmitted via ticks, we argue that tickborne AGS is a moral bioenhancer if and when it motivates people to stop eating meat. We then defend what we call the Convergence Argument: If x-ing prevents the world from becoming a significantly worse place, doesn’t violate anyone’s rights, and promotes virtuous action or character, then x-ing is strongly *pro tanto* obligatory; promoting tickborne AGS satisfies each of these conditions. Therefore, promoting tickborne AGS is strongly *pro tanto* obligatory. It is presently feasible to genetically edit the disease-carrying capacity of ticks. If this practice can be applied to ticks carrying AGS, then promoting the proliferation of tickborne AGS is morally obligatory.





In short, the argument goes as follows: eating meat is ethically bad. AGS disease of humans acquired from tickbite causes people to stop eating meat. Therefore, it is ethically obligatory to promote tick-borne AGS. They even argue that it may be possible to genetically modify ticks to increase their ability to promote AGS disease in humans. Therefore, doing so to encourage the proliferation of tick-borne AGS is a moral obligation.

If the past predicts the future, I expect an announcement of funding to engineer ticks to promote AGS to be forthcoming from the Gates Foundation any day now. Because this would perfectly complement Mr. Gates' commitment to developing synthetic or plant-based "meat" substitutes.

Here is another gem from Crutchfield, published in "Bioethics", illustrating where "Woke" logic has taken the field of bioethics.

Bioethics, 2019 Jan;33(1):112-121.

Compulsory moral bioenhancement should be covert

Parker Crutchfield

Abstract

Some theorists argue that moral bioenhancement ought to be compulsory. I take this argument one step further, arguing that if moral bioenhancement ought to be compulsory, then its administration ought to be covert rather than overt. This is to say that it is morally preferable for compulsory moral bioenhancement to be administered without the recipients knowing that they are receiving the enhancement. My argument for this is that if moral bioenhancement ought to be compulsory, then its administration is a matter of public health, and for this reason should be governed by public health ethics. I argue that the covert administration of a compulsory moral bioenhancement program better conforms to public health ethics than does an overt compulsory program. In particular, a covert compulsory program promotes values such as liberty, utility, equality, and autonomy better than an overt program does. Thus, a **covert compulsory moral bioenhancement program is morally preferable to an overt moral bioenhancement program.**

And so with this, these two woke academic bioethicists have provided us with a great spontaneous example of *reductio ad absurdum* ("reduction to absurdity"). The most extreme example of failure to honor the fundamental principle of informed consent is to release an infectious agent or vector (the tick) into a population of individuals who are not complying with what a subgroup defines as a moral imperative (not eating meat).

Just a tiny step back from that is the introduction of another insect vector (mosquitos) capable of transmitting a vaccine. And one step back from that is forcing a population to accept a "vaccine" product that introduces synthetic genetic material in the form of modified mRNA (and DNA fragments) into the cells of their body without obtaining freely given fully informed consent. And then to introduce a synthetic self-replicating RNA based on a virus that causes encephalitis into their cells, without demonstrating that this product cannot be shed and infect others.

This has now been normalized by "public health officials". But it is morally wrong, and fundamentally repugnant. The ends do not justify the means. Mandating that members of society accept a medical treatment without granting personal informed consent, to achieve the greatest good for the greatest number, is wrong. And even more ethically repugnant is to administer or release a product that will surreptitiously modify human behavior by inflicting an acquired medical condition such as AGS. And if you agree to this, then you can see that administering or releasing a product that will surreptitiously modify the genetics and immune function of non-consenting humans is a crime against humanity.

All of the above are morally wrong. They are uncivilized. They are examples of crimes against humanity.

The American Academy of Pediatrics and Mandates

Now, with that in mind, let's turn to considering the positions taken by the American Academy of Pediatrics (AAP) regarding vaccine mandates. The following bullet points are from the AAP website:

- "American Academy of Pediatrics (AAP): The AAP has updated its policy to advocate for the elimination of all nonmedical exemptions—religious, philosophical, conscientious, or personal belief—from childhood vaccine mandates required for school and childcare attendance, stating such exemptions undermine public health and create disparities in immunization coverage. The organization emphasizes that only medical exemptions, based on recognized contraindications, should be permitted. This position, reaffirmed in July 2025,

aligns with concerns over rising vaccine exemption rates and a significant measles outbreak in the U.S. during 2025.

- **AAP Lawsuit Against HHS Secretary Robert F. Kennedy Jr.:** In July 2025, the AAP joined other medical organizations in filing a lawsuit challenging a directive by Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. that removed COVID-19 vaccines from the recommended immunization schedules for children and pregnant people. The AAP argues this action contradicts scientific evidence on vaccine safety and efficacy, undermines physician-patient trust, and disrupts legal frameworks tied to federal vaccine recommendations.
- **AAP's Position on Religious Exemptions:** The AAP asserts that major world religions do not prohibit vaccination and that religious objections often conflict with official religious teachings, suggesting vaccination can be a moral or religious duty to protect others. The group contends that allowing religious exemptions leads to inconsistent enforcement and reduced community immunity.
- **AAP's Historical Advocacy on Vaccine and Mask Mandates:** Throughout the COVID-19 pandemic, the AAP consistently supported mask mandates for children and promoted pediatric vaccination, even as risks to children were comparatively low. State chapters advocated for continued public health restrictions into 2021 despite declining case numbers.
- **AAP's position on "Gender Affirming Care: The AAP Board of Directors voted to reaffirm the 2018 AAP policy statement on gender-affirming care** and authorized development of an expanded set of guidance for pediatricians based on a systematic review of the evidence.

An updated policy statement from 2023, plus companion clinical and technical reports, will reflect data and research on gender-affirming care since the original policy was released and offer updated guidance. The board recognized the value of additional detail with five more years of experience since the 2018 policy statement was issued.

The decision to authorize a systematic review reflects the board's concerns about restrictions to access to health care with bans on gender-affirming care in more than 20 states. AAP CEO/Executive Vice President Mark Del Monte, J.D., spoke at the AAP Leadership Conference in Itasca, Ill. He emphasized that policy authors and AAP leadership are confident the principles presented in the original policy, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, remain in the best interest of children.

As part of its mission, the AAP will continue to "ensure young people get the reproductive and gender-affirming care they need and are seen, heard and valued as they are," Del Monte said."

The AAP fully endorses the argument that, in the interests of "public health", members of society (and specifically children) should be mandated to accept a medical treatment with or without personal informed consent, to achieve the greatest good for the greatest number.

This logic is flawed; this and other AAP positions are morally wrong, must be rejected, and organizations promoting this logic should be shamed and shunned.

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Meddling Kid Aug 4 Shamed and shunned is not enough. Fauci caused millions of premature deaths because of his belief that genetic experimentation was for a greater good. It was not, it was for power. And he should pay for that with his life as a mass murderer. Those participating in any such form of genetic alteration to force public behavior change are guilty of no less. Protein is needed in our diet and the substitutes are wholly insufficient. People will

starve, the intended genetic effect will go sideways and have horrible unintended effects.

Outlaw it now. Disappear Gates and Soros and all of the other maniacal oligarchs before it's too late.

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JollyLittlePerson Aug 4

I know people with Alpha Gal syndrome. It makes them very ill. They also mostly went through months of suffering before they got a diagnosis.

Forcing it on people is insane and evil.

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EXHIBIT 20



← Post



Retsef Levi [@RetsefL](#)
The American Academy of Pediatrics (AAP) ([@AmerAcadPeds](#)) advocates for getting unvaccinated children out of school!

They are so vaccine-fanatics, or perhaps financially conflicted, they ignore their own research on the devastating harm of expelling children from school!

Continuous moral & scientific failure of the AAP that didn't stand up against school closure & promoted children masking during COVID!



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EXHIBIT 21



← Post



Retsef Levi ✓
@RetsefL

The @AmerAcadPeds recommends COVID vaccines that vast majority of medical professionals elect not to take to young babies!

What brings them to recommend to babies that have zero risk vaccines that could harm their 💔?!?

Financial interests?

Personal vendetta?

Fanaticism?

Leading Pediatrics Group Recommends Covid-19 Shots for Young Children, Differing from CDC

Under HHS's Robert F. Kennedy Jr., CDC has altered its Covid-19 vaccine guidance for kids



The American Academy of Pediatrics released immunization guidelines Tuesday. LYNNE SLADKY/ASSOCIATED PRESS

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EXHIBIT 22



← Post

 **Robert W Malone, MD** 
@RWMaloneMD

TO BE CLEAR, pregnant women remain eligible to receive the COVID-19 vaccine in the U.S. if they want it. HHS policy is to recommend that they consult with a doctor before doing so.

The lawsuit was filed by the AAP, other woke organizations and "Jane Doe" because of a COVID "vaccine" policy change by the US Department of HHS has nothing to do with access to vaccines.

The inconvenient fact is that the pregnant woman ("Jane Doe" - a pediatrician) in this bogus lawsuit has not even tried to get a COVID-19 vaccination. This lawsuit is completely frivolous - they are suing because they claim they aren't sure of the government's policy. Yep - that is the reason.

The lawfare against the Trump administration has to stop. There have to be consequences for such behavior, which is meant to tie up the executive branch of the federal government so that it can't do the real work of running the country and make impactful change on our healthcare system.

Keep in mind that the Illinois-based AAP was a leading proponent of broad access to "gender reassignment surgery" for American children.

HEALTH

Illinois-based American Academy of Pediatrics among group of doctors, public health organizations suing Kennedy over vaccine policy change

by: MIKE STORBE, Associated Press
Posted: Jul 7, 2025 / 06:23 PM CDT
Updated: Jul 8, 2025 / 06:03 AM CDT

4:52 AM · Jul 12, 2025 · 54.4K Views

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EXHIBIT 23



← Post

 **Robert W Malone, MD** 
@RWMaloneMD

AAP Received Tens of Millions in Federal Funding to Push Vaccines and Combat 'Misinformation' • Children's Health Defense



From childrenshealthdefense.org

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EXHIBIT 24

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EXCLUSIVE

American Academy of Pediatrics loses HHS funding after criticizing RFK Jr.

HHS cuts key AAP grants, citing concerns about “identity-based language” and insufficient focus on agency priorities. The organization said the cuts could harm child health.

December 17, 2025

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The D.C. headquarters for the Department of Health and Human Services. (Jason Andrew/For The Washington Post)

By Lena H. Sun and Paige Winfield Cunningham

FOR YOU
Opinion | RFK Jr. to America: Just trust me!

The Department of Health and Human Services has terminated seven grants totaling millions of dollars to the American Academy of Pediatrics, including for initiatives on reducing sudden infant deaths, improving adolescent health, preventing fetal alcohol syndrome and identifying autism early, according to documents obtained by The Washington Post.

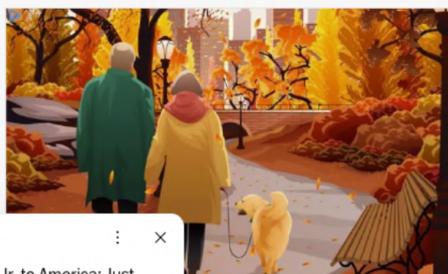
The abrupt loss of funds this week surprised the professional pediatrician association, which has been one of the harshest critics of Health Secretary Robert F. Kennedy Jr.’s changes to federal vaccine policy.



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“The sudden withdrawal of these funds will directly impact and potentially harm infants, children, youth, and their families in communities across the United States,” Mark Del Monte, AAP’s chief executive and executive vice president, said in a statement to The Post. The organization is exploring options to push back, he said, including a legal challenge.

Administration officials cited a range of reasons for cutting off the funding to AAP, including the group’s use of “identity-based language,” including references to racial disparities and “pregnant people,” and

insufficient focus in at least one grant program on nutrition and chronic disease prevention, which they said runs afoul of HHS's priorities.

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These grants, previously awarded to the American Academy of Pediatrics, were canceled along with a number of other grants to other organizations because they "no longer align with the Department's mission or priorities," HHS spokesman Andrew Nixon said in a statement.

The AAP has criticized Kennedy for making unilateral changes to federal vaccine policy, calling them unscientific and arguing that his actions undermined evidence-based medicine, sidelined expert advice, eroded trust in vaccines and jeopardized public health by making communities more vulnerable to preventable diseases. The group condemned his firing of the CDC's independent vaccine advisers to replace them with his own picks, many of whom previously criticized vaccine guidance.



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Kennedy has blasted AAP for receiving funding from vaccine manufacturers and pharmaceutical companies. In response to the organization contradicting him by recommending annual covid vaccination for infants and toddlers, Kennedy called on the group to disclose conflicts of interest "so that Americans may ask whether the AAP's recommendations reflect public health interest, or are, perhaps, just a pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors."

The AAP and other medical groups are suing HHS and Kennedy in federal court, alleging that his coronavirus vaccine policy changes violate federal law. The lawsuit is seeking to have Kennedy's vaccine advisory panel disbanded and reconstituted under court supervision.

AAP received \$18.4 million in federal grants from HHS this year, according to a federal grants database. Some anti-vaccine activists and other allies of Kennedy had criticized the federal funding of the group because it supports school vaccine mandates.

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Three of the terminated grants had been awarded by the Centers for Disease Control and Prevention; four others had been awarded by the Health Resources and Services Administration (HRSA), another health agency.

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"This vital work spanned multiple child health priorities, including reducing sudden infant death, rural access to health care, mental health, adolescent health, supporting children with birth defects, early identification of autism, and prevention of fetal alcohol spectrum disorders, among other topics," Del Monte said.

Most Read



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Aldrich Ames, most damaging CIA traitor in agency history,



Column Michael J.



James Miller, a top HHS official and political appointee, emailed other department and CDC officials Tuesday with the subject line, “CDC Termination Memos for Review,” and directed officials to “please proceed with canceling these today if not done already,” according to the email obtained by The Post.

“10-4. On it,” Jordan Faircloth, CDC’s deputy chief of staff and a political appointee, responded about an hour later.

One letter terminating a CDC grant on birth defects and infant disorders said “identity-based language” used in grant materials are “not aligned with current CDC and HHS priorities.” AAP received \$18 million from that grant from 2023 to 2025.

The letter highlighted language in AAP’s application and award documents, including a reference to “the health of pregnant and postpartum people,” a statement that “disparities caused by racism and poverty are only exacerbated during emergencies” and a commitment to incorporating “diverse perspectives into clinical care and public health materials.”

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“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,” Jamie Legier, director of CDC’s office of grants services, wrote in the letter. “As such, your organization’s activities under [award number] are no longer in alignment with the stated HHS and CDC priority areas.”

Several grant terminations to AAP cited a federal statute allowing a federal award to be terminated “if an award no longer effectuates the program goals or agency priorities.”

In a termination letter, Thomas Engels, the HRSA administrator, suggested one grant aimed at “comprehensive systems integration for adolescent and young adult health” wasn’t aligned with the agency’s “focused emphasis on nutrition and the prevention and management of chronic disease.”

A former senior leader at CDC said relationships with provider organizations like the AAP are essential to effective public health.

“Groups such as AAP translate evidence into clinical guidance, support frontline providers, and help ensure that public health recommendations reach children and families in real-world settings,” according to a text message from Greta Massetti, who was principal deputy director of CDC’s National Center for Injury Prevention and Control until August and now chairs the population health sciences department at Georgia State University. “Abruptly canceling grants that support these partnerships risks weakening the infrastructure that connects science, practice, and prevention.”

What readers are saying

The comments express strong disapproval of the termination of HHS funding to the American Academy of Pediatrics (AAP), highlighting concerns about the negative impact on child health initiatives and research. Many commenters criticize the decision as politically motivated and... [Show more](#)

This summary is AI-generated. AI can make mistakes and this summary is not a replacement for reading the comments.

Comments 790

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Earlier today



These are the vaccines the CDC no longer broadly recommends to children

January 5, 2026



By [Lena H. Sun](#)

Lena H. Sun is a staff writer covering health with a focus on public health/infectious disease. Email: lena.sun@washpost.com. Or reach her securely on Signal @LenaSun.04X @bylenasun



By [Paige Winfield Cunningham](#)

Paige Winfield Cunningham is a national health reporter. Reach her on Signal at @pwc.90. X @pw_cunningham

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Column R. Eric Thomas

Asking Eric: Siblings stage hearing aid 'intervention'

Today at 9:47 a.m. EST



Column Judith Martin, Nicholas Martin and Jacobina Martin

Miss Manners: The lament of the January baby

Today at 12:00 a.m. EST



Column Judith Martin, Nicholas Martin and Jacobina Martin

Miss Manners: Why is everyone so obsessed with being thanked?

Jan. 5, 2026



Column Carolyn Hax

Carolyn Hax: They've become this mom's free day care, and she has notes

Today at 12:00 a.m. EST



Column Carolyn Hax

Carolyn Hax: Husband does travel — just not with spouse to visit family

Jan. 5, 2026



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EXHIBIT 25



Home » About HRSA » Organization » Thomas J. Engels

Thomas J. Engels



Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services

Biography

Thomas Engels is the Administrator of the Health Resources and Services Administration (HRSA). HRSA is the primary federal agency within the U.S. Department of Health and Human Services responsible for improving access to health care for people who are geographically isolated and economically or medically vulnerable.

As the Administrator, Mr. Engels oversees HRSA's efforts to expand access to quality health care through grants awarded to state and local governments, providers of health profession training programs.

Under Mr. Engels' leadership, HRSA serves more than 31 million people through 1,400 health centers - an essential component of America's health care safety net- with 15,000 sites in underserved and rural communities that provide primary care services regardless of patients' ability to pay. Health centers are providing substance use disorder services-behavioral health-in steadily increasing numbers.

Toward that end, the agency continues to grow the behavioral health workforce and recruit providers to underserved and rural communities by investing in growing the National Health Service Corps, which provides loan repayment and scholarships to providers in return for practicing in these high-need communities.

In keeping with its mission, HRSA programs reach more than 60 million pregnant women, infants, and children; more than 560,000 people with HIV; more than 1,900 rural counties and municipalities; and more than 21,000 clinicians in the National Health Service Corps and Nurse Corps and other programs who provide medical, dental and mental health services to over 22 million Americans.

Mr. Engels is the first person to be twice appointed HRSA Administrator by a U.S. President serving nonconsecutive terms.

Mr. Engels was HRSA Administrator from November 2019 until January 2021.

During his initial tenure as administrator, Mr. Engels oversaw programs to address the opioid epidemic through the integration of behavioral health into primary care and HIV care settings. He also directed the management of the historic \$175 billion COVID-19 Provider Relief Fund, which provided relief and assistance to hospitals and other health care professionals on the front lines of the coronavirus pandemic. Additionally, he completed the most significant reorganization of the agency in its 40-year history. Mr. Engels also served on the White House Coronavirus Task Force.

Prior to first joining HRSA, Mr. Engels was Deputy Secretary of the Wisconsin Department of Health Services from 2015 to 2019, managing a department with more than 6,000 employees and a \$12 billion budget. In that role, he championed and oversaw the expansion of the state's mental health services, the establishment of a statewide electronic health record system and an increase in staffing at long-term care facilities. He was also an active member of the Governor's Task Force on Opioid Abuse.

Formerly Vice President of Public Affairs at the Pharmacy Society of Wisconsin, Mr. Engels also served as the Government Affairs Director for the Wisconsin State Telecommunications Association, and previously held public service positions working as Governor Tommy Thompson's Deputy Press Secretary and Communications Director for the Senate Republican Caucus.

More recently, he was elected as Sergeant-At-Arms by the Wisconsin State Senate in 2021 and re-elected in 2023 and 2025. The Wisconsin State Sergeant-At-Arms is a nonpartisan constitutional officer.

He also is a certified emergency medical technician, and for many years a volunteer firefighter.

Mr. Engels is a native of Wisconsin and holds a Bachelor of Arts degree from the University of Wisconsin-Madison.

Date Last Reviewed: February 2025

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EXHIBIT 26



Acting CDC Director

AUG. 29, 2025 • ESPAÑOL

STAFF BIO

Jim O'Neil is the new acting director of the [Centers for Disease Control and Prevention \(CDC\)](#).



Role at CDC

Full biography coming soon

Spotlight

[CDC Priority Statement](#)

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U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION



EXHIBIT 27



← Post

 **HHS General Counsel Mike Stuart** 
@HSGCMikeStuart

AAP's decision to hire radical, anti-Trump, anti-faith, and anti-mainstream counsel for its lawsuit against HHS sends a clear message about its true agenda. Democracy Forward's client list reads like a who's-who of radical special interests. Why were AAP's grants canceled? Simple: the funding didn't align with HHS's mission or priorities. This is the same reason many other grants outside AAP were terminated. HHS is not obligated to fulfill AAP's employment or spending desires with American taxpayer dollars. The arrogance behind this lawsuit is staggering — AAP seems to believe it's their money to spend as they please. Wrong! It's our money, and it's HHS's duty to protect taxpayers from wasteful spending. And that's exactly what I'm going to do. The days of unchecked funding for radical causes are over.

 **The Hill**  @thehill · Dec 24, 2025
American Academy of Pediatrics sues RFK Jr. over funding cuts trib.al/j1LLrfh

9:26 AM · Dec 27, 2025 · **128K** Views

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EXHIBIT 28



← Post

 **Secretary Kennedy**  
@SecKennedy

Thank you, Mike Stuart, for stopping this wasteful spending and fiercely defending the interests of hardworking Americans.

 **HHS General Counsel Mike Stuart**  @HHSGCMikeStuart · Dec 27, 2025
AAP's decision to hire radical, anti-Trump, anti-faith, and anti-mainstream counsel for its lawsuit against HHS sends a clear message about its true agenda. Democracy Forward's client list reads like a who's-who of radical special interests. Why were AAP's grants canceled? x.com/thehill/status...
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EXHIBIT 29



← Post



Why @AmerAcadPeds leaders are mad at ACIP?

ACIP recommended to eliminate mercury (neurotoxin metal) from flu vaccines!

AAP argue it is a bad idea 😬

ACIP recommended that the first dose of MMRV will be separated to MMR + V to avoid increased risk of febrile seizures.

AAP claims it is a horrible idea - against what 85% of pediatricians already do 😬

ACIP recommended that COVID vaccines should be recommended based on individual risk-benefit assessment.

AAP insist that US should continue to be one of few countries that still broadly recommends these to healthy children & pregnant women, when most of its own members elect not to take them 😬

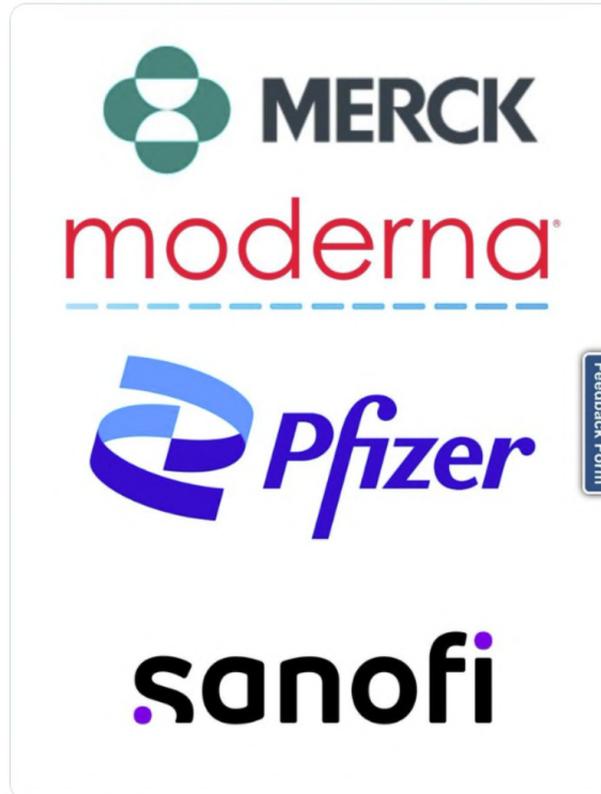
ACIP recommended that Hepatitis B vaccine will be given at birth only to babies at risk, like what almost all developed countries do.

AAP insist that babies born to healthy non-carrier mothers should be vaccinated at birth against a disease transmitted through sexual intercourse and drug needles 😬

ACIP believes in inform consent and individual-based decision making.

AAP complain that talking to patients on risks and benefits is confusing 😬

Who are they representing??



2:11 PM · Dec 30, 2025 · 172.3K Views

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EXHIBIT 30

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Calley Means Returns to Kennedy's Side as Senior Adviser

Mr. Means, who co-founded a wellness company, has emerged as one of the most prominent voices in the Make America Healthy Again movement.

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Al Drago for The New York Times



By Dani Blum

Nov. 18, 2025

Sign up for the Well newsletter. Essential news and guidance to live your healthiest life. [Get it sent to your inbox.](#)

Calley Means, a health care entrepreneur and [key adviser](#) to Health Secretary Robert F. Kennedy Jr., is back in the federal health department.

The directory for the Department of Health and Human Services [now lists](#) Mr. Means as a senior adviser. Andrew Nixon, a representative for the department, confirmed to The New York Times on Tuesday that Mr. Means had been hired, and said he would support food and nutrition policy in his new role.

Mr. Means previously served as a special government employee, a temporary position limited to a 130-day term. He said last month that he had [vacated the role](#).

Mr. Means has exerted wide influence in moving forward Mr. Kennedy's "Make America Healthy Again" agenda, emerging as one of the loudest — and most assertive — voices in the movement. He coordinated a major government report that painted a [bleak picture of the state of American children's health](#). Lately, he has been championing upcoming reforms to federal dietary guidelines, among other initiatives he says can help combat chronic disease. He posted an image of a food pyramid on social media last month, labeling it "[one of the deadliest documents in American history](#)."

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He is a fixture on panels and podcasts, touting what he views as Mr. Kennedy’s accomplishments and casting the American health apparatus as broken and corrupt. Mr. Means frequently decries American medicine as a “sick-care” system that pressures patients onto a pharmaceutical [“treadmill”](#) and prioritizes profits over prevention.

Mr. Means declined to comment for this article.

In 2024, he released the best-selling book “Good Energy,” which he wrote alongside his sister, Dr. Casey Means, the nominee for surgeon general. Dr. Means was scheduled to testify before a Senate health committee last month but [went into labor](#) before she was set to appear. The hearing was postponed.

Mr. Means is the co-founder of [Truemed](#), a start-up that helps customers funnel their flexible savings accounts dollars toward supplements, gym equipment and other wellness products.

He had come under scrutiny for potential conflicts of interest, given his stake in the company. Last month, two [Democratic congressmen](#) sent a letter to Mr. Kennedy asking if Mr. Means would release financial disclosure forms.

Mr. Means will divest his holdings in Truemed, Mr. Nixon said. Joe Vladeck, general counsel at the company, wrote in an email Tuesday that Mr. Means had left Truemed and no longer has any role with the company.

Dani Blum is a health reporter for The Times.

See more on: [Health and Human Services Department](#), [Robert F. Kennedy Jr.](#), [U.S. Politics](#)



Editors' Picks



The Latest on the Trump Administration

- **Funding Freeze:** The Trump administration [plans to freeze \\$10 billion in funding](#) for child care subsidies, social services and cash support for low-income families in five states controlled by Democrats, claiming widespread fraud throughout those states, without citing evidence, after a major welfare fraud scheme in one of them.
- **Greenland:** Stephen Miller, a top aide to President Trump, asserted that Greenland rightfully belonged to the United States and that the Trump administration [could seize the semiautonomous Danish territory if it wanted](#). Trump has [repeatedly expressed interest](#) in taking Greenland, and European leaders [are urging the U.S.](#) to respect its sovereignty.
- **Medical Research Cuts:** A federal appeals court ruled that the Trump administration [could not make drastic cuts](#) to the funding supporting much of the country’s medical and scientific research, reaffirming a lower court’s ruling from early last year.
- **Slain Minnesota Lawmaker:** The children of the slain Minnesota state lawmaker Melissa Hortman asked Trump to [remove a social media post](#) that gave credence to a conspiracy theory about the shooting that killed their parents and critically injured two others last June.
- **Updated White House Ballroom Plans:** After pressure from preservationists, [the administration is expected to present the plans](#) to a commission and make them public for the first time.

How We Report on the Trump Administration

Hundreds of readers asked about our coverage of the president. Times editors and reporters [responded to some of the most common questions](#).

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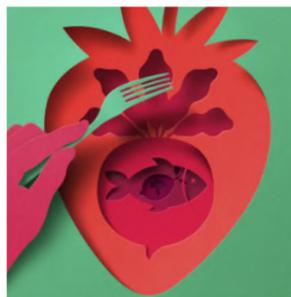
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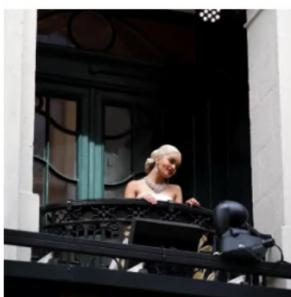


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EXHIBIT 31

Grants By OPDIV

Report Selections:

CHOOSE A FISCAL YEAR

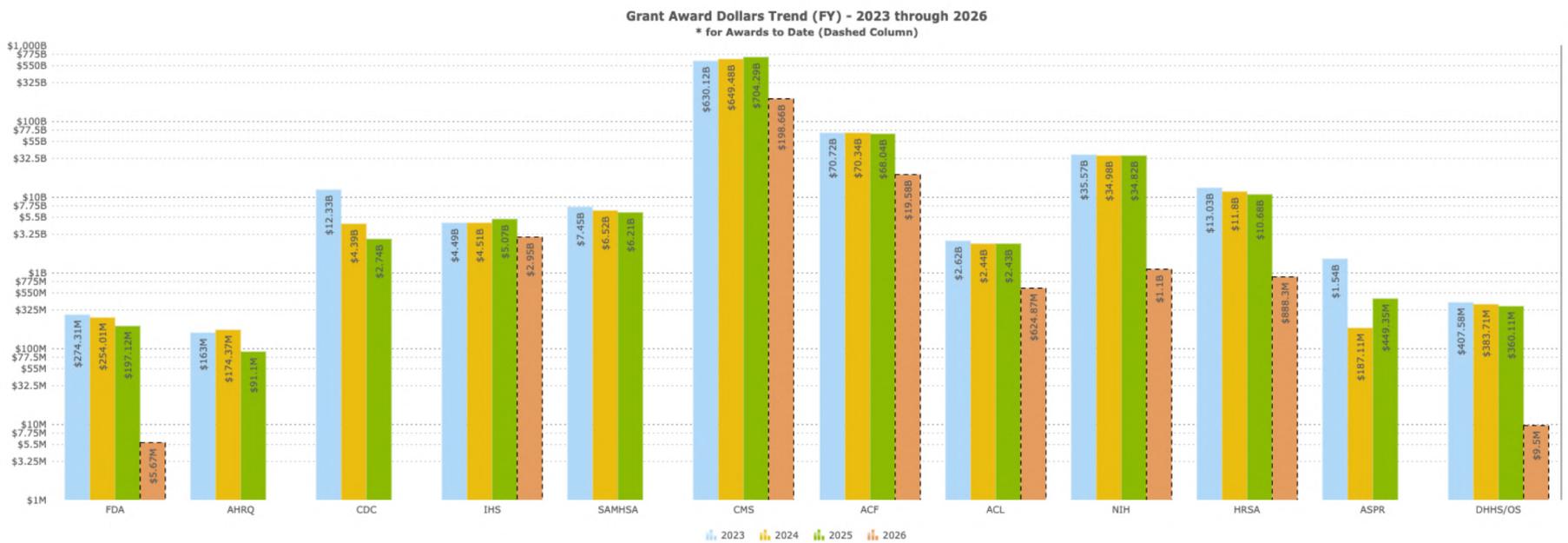
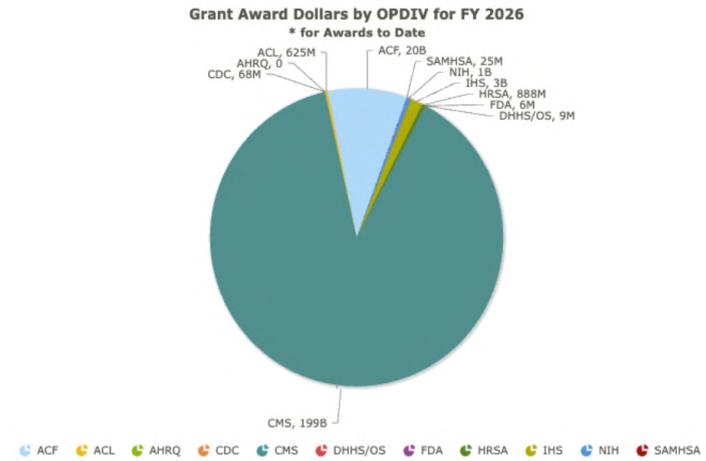
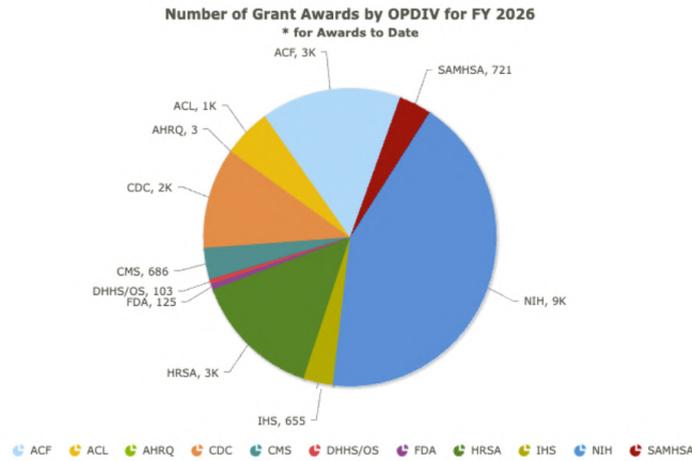
2026

This report shows the total number of grants (formula/block & entitlement and discretionary) and the total number of grant dollars awarded by each HHS operating division (agency) in a fiscal year. The report also shows:

- The percentage of the total number of grants
- The percentage of total grant dollars that each agency awarded with respect to the total number of grants and grant dollars awarded by all HHS agencies

To view data from a fiscal year, select one Fiscal Year from the dropdown box. Two pie charts will display below and a 4 year Grant Award Amount trend column chart ending with the year selected.

To export the report grid, select one of the export option icons that appear at the top right of the grid. To export a chart or map, hover over the export link and select from list that appears.



Export Options: [Icons]

Grant Award Dollars Trend 2023 through 2026

Fiscal Year	OPDIV	Award Row Count	Award Amount
2026	ACF	3,099	\$19,582,230,210
2026	ACL	1,062	\$624,873,738
2026	AHRQ	3	\$0
2026	CDC	2,198	-\$68,288,918
2026	CMS	686	\$198,656,041,560
2026	DHHS/OS	103	\$9,499,403
2026	FDA	125	\$5,671,745
2026	HRSA	2,842	\$888,298,231
2026	IHS	655	\$2,947,472,544
2026	NIH	8,577	\$1,100,140,437
2026	SAMHSA	721	-\$24,648,182
2025	ACF	12,582	\$68,037,841,691
2025	ACL	5,996	\$2,429,956,223
2025	AHRQ	389	\$91,102,306
2025	ASPR	190	\$449,353,672
2025	CDC	6,147	\$2,740,575,804
2025	CMS	1,292	\$704,293,886,072
2025	DHHS/OS	356	\$360,107,908
2025	FDA	665	\$197,123,641
2025	HRSA	14,565	\$10,677,556,239
2025	IHS	1,221	\$5,074,392,381
2025	NIH	86,567	\$34,820,310,866

2025	SAMHSA	6,435	\$6,208,193,657
2024	ACF	15,816	\$70,344,238,972
2024	ACL	9,098	\$2,436,595,922
2024	AHRQ	675	\$174,366,660
2024	ASPR	209	\$187,105,865
2024	CDC	7,035	\$4,386,612,859
2024	CMS	1,107	\$649,477,021,819
2024	DHHS/OS	567	\$383,707,635
2024	FDA	737	\$254,007,884
2024	HRSA	13,763	\$11,803,304,922
2024	IHS	1,195	\$4,510,415,974
2024	NIH	88,371	\$34,983,612,006
2024	SAMHSA	7,267	\$6,518,759,874
2023	ACF	17,771	\$70,722,459,816
2023	ACL	6,958	\$2,619,304,927
2023	AHRQ	647	\$163,004,745
2023	ASPR	192	\$1,539,207,095
2023	CDC	6,982	\$12,328,191,931
2023	CMS	1,357	\$630,119,674,462
2023	DHHS/OS	622	\$407,584,532
2023	FDA	752	\$274,308,324
2023	HRSA	17,048	\$13,028,966,438
2023	IHS	1,547	\$4,491,833,119
2023	NIH	82,309	\$35,572,164,086
2023	SAMHSA	7,304	\$7,450,628,628



HHS Tracking Accountability in Government Grants System (TAGGS) website provides access to detailed descriptions of grants, loans, aggregated direct payments and other types of financial assistance awarded by the HHS Operating Divisions (OPDIVs) and the Office of the Secretary Staff Divisions (STAFFDIVs).

Federal Websites

- [Data.gov](#)
- [Grants.gov](#)
- [HealthCare.gov](#)
- [System for Award Management \(SAM\)](#)
- [The White House](#)
- [U.S. Access Board](#)
- [USA.gov](#)
- [USASpending.gov](#)

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