

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, *et al.*,**

Defendants.

Civil Action No. 25-01020 (TJK)

**REPLY MEMORANDUM IN SUPPORT OF
PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT AND
OPPOSITION TO PARTIAL CROSS-MOTION FOR SUMMARY JUDGMENT AND
MOTION TO DISMISS WITH A MEMORANDUM OF LAW IN SUPPORT THEREOF**

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<i>HHS Fiscal Year 2024 Freedom of Information Annual Report</i> , HHS (Feb. 21, 2025), https://www.hhs.gov/foia/reports/annual-reports/2024/index.html	7-8
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INTRODUCTION

The U.S. Centers for Disease Control and Prevention (“CDC”) is in crisis. Its director was fired less than a month after being sworn in, apparently for refusing to submit to demands by Department of Health and Human Services (“HHS”) Secretary Robert F. Kennedy Jr. to pre-approve vaccine recommendations and fire career scientists.² This leadership turmoil comes after many months of upheaval at the agency, during which it has slashed billions of dollars in funding and fired hundreds of vital public health employees.³ All the while, measles and other infectious diseases continue to surge,⁴ and the agency’s vaccine policy is in flux. Now, more than ever, transparency at our country’s leading public health agency is key; the American people need the CDC to have an operational Freedom of Information Act (“FOIA”) office and function.

Defendants apparently disagree—mounting a variety of arguments to justify their abrupt closure of the CDC FOIA office and transfer of its responsibilities to an ill-equipped HHS one. Defs.’ Opp. to Pl.’s Mot. for Summ. J. & Partial Cross-Mot. for Summ. J. & Mot. to Dismiss with a Mem. of Law in Supp. Thereof, ECF No. 43 [hereinafter Defs.’ Mem.]. None of Defendants’ arguments entitles them to dismissal or summary judgment as to CREW’s claims.

CREW is entitled to summary judgment on its FOIA policy-or-practice claim because the undisputed facts show that Defendants’ closure of the CDC FOIA office has impaired and will impair CREW’s lawful access to CDC records. CDC FOIA functions have barely resumed and are unlikely to ramp up anytime soon, more than a half-year after HHS’s central FOIA office, OS

² See Erica R. Hendry, *WATCH: Ousted CDC Director Monarez’s Opening Statement in Senate Hearing on RFK Jr., Kids’ Health*, PBS News (Sept. 17, 2025), <https://perma.cc/P4SY-8HL4>.

³ See Lena H. Sun *et al.*, *As CDC Crumbles, Fears Grow About Vaccines, Pandemics*, The Wash. Post (Sept. 24, 2024), <https://perma.cc/4JEK-JNUV>; *see also* Lena H. Sun, *More than 1,000 CDC Staff Receive Layoff Notices During Government Shutdown*, The Wash. Post (Oct. 11, 2025), <https://perma.cc/LW9N-DAP5>.

⁴ CDC, *Measles Cases and Outbreaks*, <https://www.cdc.gov/measles/data-research/index.html>.

FOIA, took them over; Defendants’ paltry showing otherwise fails to persuade. As Defendants’ sole declarant put it in the weeks after the reduction-in-force (“RIF”) impacting the CDC FOIA office and other HHS FOIA offices, “there will be widespread, significant service delays across nearly every HHS . . . FOIA program,” including because OS FOIA must take on work “far beyond [its] capacity.” Suppl. Decl. of Alex M. Goldstein in Supp. of Pl.’s Mot. for Summ. J. & Opp. to Partial Cross-Mot. for Summ. J. & Mot. to Dismiss ¶ 6 (quoting Holzerland emails) [hereinafter Suppl. Goldstein MSJ Decl.]. The undisputed facts prove him right.

CREW is entitled to summary judgment on its Administrative Procedure Act (“APA”) claim because Defendants violated the plain language of their FOIA regulations when they closed the CDC FOIA office. Defendants’ contrary reading ignores the plain text and all the other traditional tools of interpretation, and the other arguments they raise to forestall the Court from even reaching this question do not pass muster. As an affected CDC FOIA requester, CREW has standing to challenge Defendants’ regulatory violation. That violation is exactly the stuff of an APA claim, rather than a FOIA one, because it concerns the legality of Defendants’ restructuring decision itself and not the downstream consequences of that decision on FOIA compliance. And the decision is final agency action because it reflects Defendants’ consummated decision-making and affects CREW and all others wishing to obtain CDC records.

LEGAL STANDARDS

CREW’s opening brief explained the summary-judgment standard. *See* Corrected Mem. in Supp. of Pl.’s Mot. for Summ. J. 13-14, ECF No. 35-1 [hereinafter Pl.’s Mem.]. CREW simply adds two points here that bear on Defendants’ cross-motion. First, “[i]f a party fails to properly support an assertion of fact or fails to properly address another party’s assertion of fact as required by Rule 56(c), the court may . . . consider the fact undisputed . . .” Fed. R. Civ. P. 56(e). Second, agency “affidavits are not sufficient if called into question by contradictory evidence in the

record.” *Gatore v. U.S. Dep’t of Homeland Sec.*, 327 F. Supp. 3d 76, 97 (D.D.C. 2018) (quotation marks omitted), *aff’d*, No. 21-5148, 2023 WL 2576176 (D.C. Cir. Mar. 21, 2023).

To survive a motion to dismiss under Rule 12(b)(1), a plaintiff must prove subject-matter jurisdiction by a preponderance of the evidence. *See Cherokee Nation v. U.S. Dep’t of the Interior*, 643 F. Supp. 3d 90, 103 (D.D.C. 2022). To survive a motion to dismiss under Rule 12(b)(6), a plaintiff must “state a claim to relief” in its complaint “that is plausible on its face.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007). As discussed below, CREW has satisfied both standards.

ARGUMENT

I. CREW Is Entitled to Summary Judgment on Its Claim in Count II that Defendants’ Closure of the CDC FOIA Office Amounts to an Impermissible Policy or Practice

Defendants address CREW’s policy-or-practice claim in just a handful of pages at the end of their brief. *See* Defs.’ Mem. 38-45. Defendants’ short response fails to overcome or otherwise rebut CREW’s substantial showing in support of its claim. *See* Pl.’s Mem. 20-36.

A. Defendants’ Concessions Support Granting Summary Judgment in CREW’s Favor and Denying Defendants’ Cross-Motions

To begin, Defendants concede critical aspects of CREW’s showing:

a. Defendants admit that they have responded to multiple of CREW’s April 1 CDC FOIA requests with acknowledgment letters stating that OS FOIA “automatically” is entitled to 10 more business days to respond because the requests seek records “which require a search in another office” and “unusual circumstances” under FOIA thus “apply.” Defs.’ Counter-Statement of Disputed Material Facts ¶¶ 33, 35, ECF No. 43-1 [hereinafter Defs.’ Counter SOMF]; *see* Pl.’s Mem. 12-13, 27. This concession is unsurprising. Since these acknowledgment letters, Defendants have sent several more, in response to standard and expedited FOIA requests for CDC records, with the same language. *See* Suppl. Goldstein MSJ Decl. ¶¶ 10-12 & n.4, 14-16.

Defendants’ position is damning. As CREW has already explained, it defies reason for OS

FOIA to claim it necessarily gets 10 extra business days on top of FOIA statutory deadlines—and, apparently, on top of the post-deadline time it takes to belatedly send acknowledgment letters—simply because CDC FOIA requests require it to search for records at CDC, a separate “office” from OS FOIA and HHS. *See* Pl.’s Mem. 28. That is not an “unusual circumstance”; that is a circumstance *entirely* of Defendants’ own making, and it is *precisely* the design of their FOIA reorganization. *See id.* No one forced Defendants to do away with the CDC FOIA office. And no one forced them to do so without the advanced planning or infrastructure in place to ensure that OS FOIA could, as a central and separate office, handle CDC FOIA requests in accordance with FOIA’s ordinary deadlines for both standard and expedited requests.⁵ Their foolhardy decision-making does not “automatically” entitle them to blow past these deadlines for CDC FOIA requests—let alone to more time *after* deadlines have passed. *See id.* at 28, 44-45; Suppl. Goldstein MSJ Decl. ¶¶ 12, 16. Tellingly, Defendants offer no response, forfeiting any argument they could raise. *See, e.g., Wannall v. Honeywell, Inc.*, 775 F.3d 425, 428 (D.C. Cir. 2014); *Aleutian Pribilof Islands Ass’n, Inc. v. Kempthorne*, 537 F. Supp. 2d 1, 12 n.5 (D.D.C. 2008).

Any argument Defendants could belatedly muster up surely fails. Their automatic ten-day extension ploy for CDC FOIA requests—on the ground that those requests present the “unusual circumstance” that OS FOIA must reach beyond HHS and into CDC—is the crystallization of their policy-or-practice violation. By their own words, they cannot timely handle CDC FOIA requests

⁵ Defendants’ position is particularly damning for expedited requests, for which FOIA requires agencies to issue determinations within 10 calendar days rather than 20 business days. *Compare* 5 U.S.C. § 552(a)(6)(E)(i), *with id.* § 552(a)(6)(A)(i). The faster timeline reflects “Congress’ recognition of the value in hastening release of certain information.” *Edmonds v. Fed. Bureau of Investigation*, 417 F.3d 1319, 1324 (D.C. Cir. 2005); *see Elec. Priv. Info. Ctr. (“EPIC”) v. Dep’t of Just.*, 416 F. Supp. 2d 30, 40 (D.D.C. 2006). Defendants’ position casts aside this considered judgment. It also invents an extension for expedited requests that Congress did not provide. *See* 5 U.S.C. § 552(a)(6)(B)(i) (specifying extension only of 20-business-day deadline for standard requests and appeals).

from the get-go because of their new FOIA design, and by default must extend FOIA deadlines for them. The D.C. Circuit has forcefully instructed that such illicit and unreasonable delay tactics are exactly the domain of a policy-or-practice claim. *See Jud. Watch, Inc. v. U.S. Dep’t of Homeland Sec.*, 895 F.3d 770, 779-80 (D.C. Cir. 2018) (explaining that “failures to adhere to FOIA’s pre-litigation requirements, including response deadlines,” are actionable policy-or-practice violations, since agencies cannot flout “FOIA’s mandate of ‘prompt’ response[s]”); *see also id.* at 780-82 (explaining agencies cannot “adopt[] a practice of delay” that enables them to inexplicably and repeatedly fail to make non-exempt records available and stand mute).

b. Defendants concede they did not offer advanced notice or explanation of their April 1 closure of the CDC FOIA office. All they point to is their March 27 announcement that they would be streamlining various HHS divisions “in compliance with” the DOGE RIF Order. Defs.’ Counter SOMF ¶ 8. That broad announcement did not indicate that FOIA functions at CDC or other HHS divisions would be cut. In other words, Defendants concede they did not offer any warning that the CDC FOIA office would be closed, or any information about how requesters should obtain CDC records going forward. Defendants also do not provide any indication their decision resulted from prior planning and analysis—not to mention planning and analysis that considered the workload, resource, technical, and logistical factors necessary to pull off their restructuring while abiding by FOIA’s terms. Their FOIA leadership was completely in the dark. As Defendants’ own declarant admitted after the April 1 RIF, he “received zero advance notice,” lacked specifics on the status of HHS components’ FOIA programs, and needed to “get clarity” on the path forward. Suppl. Goldstein MSJ Decl. ¶¶ 6-8 (quoting Holzerland emails).

c. Defendants also admit that they did not even begin “work[ing]” on CDC FOIA requests until May 21, 2025, Defs.’ Mem. 40 (citing Fourth Holzerland Decl. ¶ 28)—nearly two

months after the CDC FOIA office closure, and nearly a month after they assured the Court they were properly handling FOIA responsibilities and would continue to do so, *see* Defs.’ Opp. to Pl.’s Mot. for Prelim. Inj. 14, 21, ECF No. 18; *see also* May 13, 2025 Hr’g Tr. at 41, ECF No. 23.

d. Defendants represent that they continue to experience technical issues. *See* Defs.’ Counter SOMF ¶¶ 45, 47, 68; Fourth Holzerland Decl. ¶ 11 (explaining they cannot disable CDC web submission system and that only “as of September 3,” “once the performance period” for the OS FOIA system ended, did they ensure that CDC requests submitted through FOIA.gov are being “automatically routed” to OS FOIA). Moreover, Defendants concede facts directly contrary to their representations that they gained access to CDC FOIA systems (*i.e.*, its database, tracking system, and email addresses) and resolved technical issues as of May 6. *See* Pl.’s Mem. 22; Defs.’ Mem. 6 (citing Third Decl. of William H. Holzerland ¶ 9, ECF No. 38-1 (similar) [hereinafter Third Holzerland Decl.]); Defs.’ Counter SOMF ¶¶ 27, 43-44, 46; Fourth Holzerland Decl. ¶ 13.

Defendants admit, per their representations in other cases, that they have continued to face basic systems and records access issues after May 6. *See* Pl.’s Mem. 25-27 (identifying May 12, June 6, and June 20 joint status reports in other cases); Defs.’ Counter SOMF ¶¶ 52-53 (admitting to these facts). Additional representations, made since CREW filed its opening brief, reinforce these issues. *See* Joint Status Rep. at 1, *Informed Consent Action Network v. CDC et al.*, No. 25-cv-1331 (Aug. 20, 2025), ECF No. 13 (explaining OS FOIA was still “unable to obtain access to” potentially responsive records on CDC drive); Joint Status Rep. at 1-2, *Bloomberg L.P. v. CDC et al.*, No. 24-cv-03343 (D.D.C. July 29, 2025), ECF No. 17 (explaining that OS FOIA was still “in the process of transitioning records from” CDC FOIA system); *see also* Suppl. Goldstein MSJ Decl. ¶¶ 26-28 (noting that HHS and CDC FOIA web portals are not currently functioning).

e. Defendants do not dispute that OS FOIA faces a massive workload after it

consolidated the FOIA work not just of CDC but also multiple other HHS components. *See* Defs.’ Counter SOMF ¶¶ 49-50 (admitting OS FOIA consolidation of other offices’ work); Defs.’ Statement of Material Facts Not in Dispute ¶ 10, ECF No. 44-1 (same) [hereinafter Defs.’ SOMF]; Defs.’ Counter SOMF ¶¶ 48, 58, 60 (admitting pending request numbers as of May 1, and failing to controvert other statistics sourced from Defendants). OS FOIA recently represented to CREW that it had 7,000 cases. *See* Decl. of Alex M. Goldstein in Supp. of Summ. J. ¶ 4, ECF No. 33-2 [hereinafter Goldstein MSJ Decl.]. In its latest declaration, it represents that it has “nearly 9,315 pending FOIA requests, approximately 640 pending FOIA appeals, and 262 pending FOIA consults.” Fourth Holzerland Decl. ¶ 92; *see Create a Quarterly Report*, FOIA.gov, <https://www.foia.gov/quarterly.html> (a search for HHS-OS FOIA shows that it has 8,787 backlogged requests as of Q3 2025). Defendants’ declarant expressed concerns in the days after the April 1 RIF about how the RIF would affect OS FOIA’s substantial backlog, how the office “was barely keeping up” with its existing work, and how “shuttling [CDC] requesters” to the office would “add a layer of confusion” and be “suboptimal.” Suppl. Goldstein MSJ Decl. ¶ 7 (quoting Holzerland emails).

f. Defendants also do not dispute that, to do all this mounting work, they have extremely limited and shrinking OS FOIA resources. *Id.* (quoting Holzerland email explaining that “[r]esources are severely limited”). They admit that OS FOIA has lost staff. *See* Defs.’ Counter SOMF ¶¶ 48, 51. And they admit that OS FOIA began the 2024 fiscal year with only *eight* full-time employees and twenty-and-a-half additional contractors, *see id.* ¶ 51—a small fraction of the 336 total HHS full-time employees “work[ing] full-time on FOIA administration” before the start of this administration, *2025 Chief FOIA Officer Report HHS*, at Introduction, HHS (Mar. 10, 2025), <https://www.hhs.gov/foia/statutes-and-resources/officers-reports/2025-introduction/index.html> [hereinafter *2025 Chief FOIA Officer Report*]; *see also HHS Fiscal Year 2024*

Freedom of Information Annual Report, HHS (Feb. 21, 2025), <https://www.hhs.gov/foia/reports/annual-reports/2024/index.html> (Section IX) [hereinafter *2024 Annual FOIA Report*].

g. Defendants do not dispute the statistics in their own 2024 annual report showing that OS FOIA already fares poorly compared to other FOIA offices within HHS on several performance metrics. *See* Pl.’s Mem. 30 (citing Pl.’s Resp. to the Suppl. Decl. of William Holzerland 7, ECF No. 26 [hereinafter PI Suppl. Reply]). They simply try to contextualize some of them with vague assertions or unrelated data. *See* Defs.’ Counter SOMF ¶¶ 58-59. But they cannot escape the cold hard facts. The attached table of Defendants’ own data shows that, for nearly a decade and across a range of metrics, OS FOIA has had a flagging FOIA operation when compared to CDC FOIA. *See* Suppl. Goldstein MSJ Decl. ¶ 25. This apples-to-apples comparison speaks for itself.

h. Defendants admit that all CDC requests are being merged into OS FOIA’s existing workload, such that pending CDC requesters are now part of a much broader and backlogged FOIA queue, with OS FOIA handling requests on a first-in, first-out basis. *See* Defs.’ Counter SOMF ¶ 57; Defs.’ Mem. 39. CDC FOIA requests that were part of CDC’s more streamlined queue are now stuck with and behind others in OS FOIA’s considerably longer and growing one, which, as of HHS’s most recent annual FOIA report, has requests pending *since* 2016. *See 2024 Annual FOIA Report, supra*, at Section VII.E. As Defendants’ declarant aptly assessed, this design “inevitab[ly]” sets up CDC FOIA requesters for processing delays. Suppl. Goldstein MSJ Decl. ¶ 6 (quoting Holzerland emails characterizing “service delays” as “an unfortunate inevitability” and stating that “there will be widespread, significant service delays across nearly every HHS . . . FOIA program,” including because OS FOIA must take on work “far beyond [its] capacity”).

In fact, Defendants concede that CREW has already been impacted. Defendants admit

that, as of their filing, they still had not issued determinations for any of CREW’s April 1 requests, *see* Defs.’ Counter SOMF ¶ 36, and that all they could commit to was a plan to “updat[e] [CREW] on or before September 30” about the status of four of its requests and to issue a first interim release for one request, a non-expedited one, by September 15, Fourth Holzerland Decl. ¶¶ 28, 33, 37, 42, 47. Defendants further admit that they did not issue timely acknowledgment or determination letters for CREW’s other CDC requests since April 1, *see* Defs.’ Counter SOMF ¶¶ 67, 69, which are material because they support its standing, *see* Pl.’s Mem. 16-18, and the merits of its live claim that Defendants’ CDC FOIA office closure impairs its “lawful access to information in the future.” *Payne Enters., Inc. v. United States*, 837 F.2d 486, 491 (D.C. Cir. 1988); *see Muckrock, LLC v. Cent. Intel. Agency*, 300 F. Supp. 3d 108, 134 (D.D.C. 2018). CREW’s issues continue—more of its CDC requests have been met with silence and delay. *See* Suppl. Goldstein MSJ Decl. ¶¶ 9-19.

i. Defendants also concede that other CDC FOIA requesters are in the same boat. Defendants offer no facts disputing the raft of declarations CREW submitted from other organizations. *See* Pl.’s Mem. 24, 26. For four organizations, the ACLU, the Center for Science in the Public Interest, Knowledge Ecology International, and the White Coat Waste Project, Defendants simply claim that the organizations’ experiences are “immaterial” and point to OS FOIA’s plan to respond to CREW’s April 1 FOIA requests. Defs.’ Counter SOMF ¶ 65. But of course the experiences are material—they corroborate CREW’s policy-or-practice claim and contradict Defendants’ position that their FOIA reorganization is copacetic. *See* Pl.’s Mem. 24 n.26; *see also, e.g., CREW v. U.S. Dep’t of Hous. & Urb. Dev.*, 415 F. Supp. 3d 215, 225 (D.D.C. 2019). And of course Defendants’ belated plan for handling CREW’s April 1 requests says nothing about their ability to handle CREW’s other pending and future requests.

For the four other organizations, American Oversight, Democracy Forward, the Sierra Club, and the Union of Concerned Scientists (“UCS”), Defendants offer little more. All Defendants additionally point to is that they finally have issued an acknowledgment letter to American Oversight on one request and plan to issue other ones shortly; they have issued “acknowledgment letters *and/or* tracking numbers” for Democracy Forward’s numerous requests; they have issued a belated acknowledgment letter to Sierra Club after four months; and they cannot track down UCS’s communications regarding its request. Defs.’ Counter SOMF ¶¶ 61-64 (emphasis added); *see also* Fourth Holzerland Decl. ¶¶ 51-54. This is hardly inspiring; belatedly doing the bare minimum for some requests does little to demonstrate an actually functioning FOIA operation. Nor is it sufficient to rebut the organizations’ detailed allegations demonstrating that they have had their CDC requests ignored, and improperly handled, for months under OS FOIA’s watch. *See* Pl.’s Mem. 24, 26.

The eight organizations’ declarations and their supplemental ones submitted herein make clear that all the organizations have been and continue to be stymied by the CDC FOIA shutdown, in the same way CREW has been. Others have joined this growing chorus of affected CDC FOIA requesters. *See* Decl. of Jordan Lassiter ¶¶ 3, 8-10; Decl. of Randy E. Miller ¶¶ 3-8; Decl. of Michael Morisy ¶¶ 4, 8-12, 14-17; Compl. for Decl. & Inj. Relief ¶¶ 27-37, *Henry J Kaiser Family Foundation et al. v. HHS et al.*, No. 25-cv-02742-DLF (D.D.C. Aug. 19, 2025), ECF No. 1.

* * *

In short, the facts embraced by both parties readily demonstrate that CREW is entitled to summary judgment on its policy-or-practice claim, and that Defendants’ cross-motions lack merit. Their own admissions demonstrate that they are not exercising “good faith and due diligence” in handling CDC FOIA responsibilities. Defs.’ Mem. 38 (quotation marks omitted).

B. Defendants Fail to Moot or Rebut CREW’s Showing or Otherwise Show They Are Entitled to Any Relief

Set against the backdrop of the undisputed facts, Defendants’ arguments are best understood as an effort to moot CREW’s policy-or-practice claim. *See* Reply Mem. in Supp. of Pl.’s Mot. for Prelim. Inj. 10-12, ECF No. 20 [hereinafter PI Reply]. That claim took shape when Defendants shuttered the CDC FOIA office on April 1—leaving themselves without basic access to CDC systems for more than a month, and requesters like CREW in total limbo. *See id.* at 10; Defs.’ Counter SOMF ¶¶ 29, 36, 43-44. The claim has only strengthened over time as Defendants have struggled mightily to resume basic functionality and take over CDC FOIA office responsibilities. Now, more than six months after the office closure, Defendants claim that everything is back to business as usual for CDC FOIA requesters, and that they “inten[d] to abide by the terms of . . . FOIA” going forward. Defs.’ Mem. 39. But their representations fall well short of demonstrating that they have taken “intervening actions” that have “entirely solved the policy problem or cured [CREW]’s ongoing injur[y].” *Colo. Wild Pub. Lands v. U.S. Forest Serv.*, 691 F. Supp. 3d 149, 172 (D.D.C. 2023); *see, e.g., Payne*, 837 F.2d at 491-92; *Mo. Coal. for the Env’t v. U.S. Army Corps of Eng’rs*, 369 F. Supp. 3d 151, 163 n.5 (D.D.C. 2019).

Policy-or-practice claims present an exception to mootness in the FOIA context, where, ordinarily, an agency can moot challenges predicated on specific requests by addressing them. *Payne*, 837 F.2d at 491; *see also, e.g., Jud. Watch*, 895 F.3d at 777. So long as the plaintiff shows that the agency’s initial failure to properly respond to its FOIA requests reflects a “failure to abide by the terms of . . . FOIA”—as CREW has shown here—a policy-or-practice challenge “is not moot” simply because the agency then responds during litigation. *Payne*, 837 F.2d at 491.

Instead, Defendants face the “heavy burden” of showing that, going forward, they will abide by FOIA’s terms and properly handle CREW’s CDC FOIA requests. *Colo. Wild Pub. Lands*,

691 F. Supp. 3d at 171-72; *see also Fed. Bureau of Investigation v. Fikre*, 601 U.S. 234, 241 (2024). They must prove not only that they have voluntarily ceased the challenged conduct; they must also show “there is no reasonable expectation that the alleged violation will recur” and “interim relief or events have completely or irrevocably eradicated the effects of the alleged violation,” *Colo. Wild Pub. Lands*, 691 F. Supp. 3d at 172 (quotation marks omitted); *see also, e.g., Mo. Coal.*, 369 F. Supp. 3d at 163 n.5, and that showing must be “absolutely clear,” *Valancourt Books, LLC v. Garland*, 82 F.4th 1222, 1230 (D.C. Cir. 2023).

Defendants’ showing misses the mark. Defendants offer up a series of largely recycled arguments, none of which is persuasive.⁶

a. Defendants begin by once again touting “benefits” they anticipate will result from “centralizing” CDC FOIA responsibilities within OS FOIA. Defs.’ Mem. 40; *see id.* at 5-6, 39, 41. For example, Defendants claim that closing the CDC FOIA office will “allow more efficient use of resources,” “simplify[] the customer service process for the public,” and “moderniz[e]” FOIA functions. *Id.* at 40-41. These arguments fall flat. As CREW previously identified in the spring, Defendants’ centralization pitch consists of bare and speculative assertions of generic benefits; ignores concrete evidence showing that centralization will be, and demonstrably has been, a time-consuming and resource-intensive endeavor; is a solution in search of a problem; flies in the face of real-world practice; and fails to demonstrate *actual* compliance with FOIA’s terms and continued CDC FOIA functionality. *See* PI Reply 15-16 & n.6; *see also id.* at 13-14; PI Suppl. Reply 2-3 & n.1, 6; Mem. in Supp. of Pl.’s Mot. for Prelim. Inj. & Partial Summ. J. 7-8, 26, ECF No. 13-1; Pl.’s Mem. 38.

⁶ Even if considered as an effort to undermine the merits of CREW’s claim, Defendants’ showing is unpersuasive for all the reasons discussed below.

Defendants cure none of these analytical shortfalls. They give the Court the same spiel on the goals of their FOIA centralization endeavor. Six months into their endeavor, their pitch hardly looks any more compelling. Defendants do not identify any ways in which their anticipated benefits have manifested. Nor can they, given the undisputed facts discussed above. Simply put, Defendants' goals are irrelevant to evaluating CREW's claim. They are illusory. *See also* Suppl. Goldstein MSJ Decl. ¶ 8 (identifying contradictions in Holzerland's views on centralization).⁷

b. Defendants' attempt to rely on CDC FOIA processing efforts fares no better. Defendants point both to their processing of CREW's five April 1 requests and their purported processing of other CDC requests to argue that they are "doing *something*" to maintain CDC FOIA functionality and thus can stave off CREW's policy-or-practice claim. Defs.' Mem. 39 (quotation marks omitted); *see id.* at 39-40, 43. But none of their processing efforts suffice.

As the D.C. Circuit has explained, "a party's challenge to the policy or practice cannot be mooted by the release of the specific documents that prompted the suit." *Payne*, 837 F.2d at 491 (footnote omitted); *see Jud. Watch*, 895 F.3d at 777-79. So, Defendants' now apparent "good faith" and renewed "diligence" in handling some of CREW's requests is irrelevant. Defs.' Mem. 44 (quotation marks omitted). In any case, Defendants are still in the midst of processing CREW's April 1 requests. Defendants began searches only at the end of July; their searches remain ongoing for multiple requests; and they have only been able to commit to and make a first set of

⁷ CREW agrees "[t]here is no requirement that government be ossified and unchanging," and it supports legitimate and lawful reforms to FOIA operations. Defs.' Mem. 6. If Defendants genuinely wanted to improve their FOIA operations, they could have considered a variety of already thought-out and considered proposals. *See, e.g., Guidance on Backlog Reduction Plans*, U.S. Dep't of Just. Off. of Info. Policy (Aug. 21, 2025), <https://www.justice.gov/oip/oip-guidance/guidance-backlog-reduction-plans>; *FOIA Advisory Committee Recommendations*, Off. of Gov't Info. Servs., FOIA Advisory Comm., <https://www.archives.gov/ogis/foia-advisory-committee/recommendations> (last visited Oct. 16, 2025).

productions. *See* Defs.’ Counter SOMF ¶¶ 33, 35; Fourth Holzerland Decl. ¶¶ 27-28, 32, 37, 41, 46. And this belated progress comes only after Defendants sought at the last minute to stay the ongoing dispositive briefing—in a transparent effort to buy themselves more time to process CREW’s requests and moot its policy-or-practice claim. *See* Opp. to Defs.’ Mot. to Stay, or, in the Alternative, for Extension of Time to Respond to Pl.’s Am. Compl. & Mot. for Summ. J. 6, 12, ECF No. 39 [hereinafter Stay Opp.]. They have failed.

With CREW’s April 1 requests still outstanding, there clearly remains an “ongoing dispute” to resolve. *Leopold v. Dep’t of Def.*, 752 F. Supp. 3d 66, 94 (D.D.C. 2024). Defendants’ belated work fails to demonstrate their ability to abide by statutory deadlines, make CDC records promptly available, and otherwise properly handle CREW’s CDC FOIA requests and ensure its lawful access to information going forward. Especially so when considering the undisputed facts discussed in Part I.A above—namely, that CREW and other CDC FOIA requesters continue to face basic FOIA compliance issues across their requests; that Defendants have admitted that CDC requests present OS FOIA with “unusual circumstances” requiring automatic time extensions; and that Defendants have admitted fundamental workload, resources, and other structural barriers to successfully carrying out CDC FOIA responsibilities in the short-to-medium term.

Defendants’ appeals to their other, supposedly robust CDC FOIA processing work since April 1 are similarly unavailing. They do not substantiate any such work. As CREW has identified, Defendants have *repeatedly* ducked opportunities to supply proof of *CDC-specific* processing (rather than OS FOIA processing for its own, pre-existing docket). *See* PI Reply 13, 15; PI Suppl. Reply 3-5, 9-11; Pl.’s Mem. 23. Their latest bite at the apple is more of the same.

Like before, Defendants continue to generally describe OS FOIA’s absorption of the CDC FOIA workload and its typical process for handling FOIA requests on a first-in, first-out basis—

without offering any concrete proof that this typical process is actually playing out for CDC requests. *See* Defs.’ Mem. 39; Defs.’ Counter SOMF ¶ 27 (generically stating that “the Department is taking actions consistent with its [FOIA] obligations” for new CDC FOIA requests). And, like before, Defendants continue to offer up statistics about OS FOIA processing that do not distinguish between processing for CDC requests (a responsibility OS FOIA took on with Defendants’ reorganization) or Secretary staff-division requests (a responsibility for which OS FOIA always has been responsible). For example, Defendants claim that OS FOIA has been working on CDC FOIA requests since May 21 and, between then and the start of September, “has taken the steps necessary to process and fully resolve 196 pre-existing FOIA requests” across its docket. *See* Defs.’ Mem. 40; *id.* at 43 (similar regarding productions). But Defendants conspicuously fail to specify how many, if any, of these 196 requests, processed over three or so months, were CDC requests. That figure is not out of step with the monthly number of OS FOIA-specific requests that OS FOIA typically processed before April 1, as CREW has already pointed out. *See* PI Suppl. Reply 4-5 & n.4.⁸ And it is far too low to include anything more than a trivial number of the 150-plus FOIA requests CDC typically receives each month. *Id.* at 11 n.10.

Defendants’ silence on the subject of CDC-specific processing speaks volumes. It comes in the face of CREW’s consistent drumbeat that Defendants noticeably keep dodging opportunities to provide proof. And it comes in the face of mounting evidence over the past six months that OS FOIA is not up to the task of handling CDC work. *See supra* Part I.A. Defendants’ explanation for why they have not provided CDC-specific numbers makes no sense. They state that “there

⁸ The 196 requests, which come out to about 65 requests per month, are roughly in line with the 79-105 requests that OS FOIA processed per month in the three quarters prior to the April 1 reorganization. *See* PI Suppl. Reply 4-5 & n.4. That is especially so when one factors in the resources and time OS FOIA has had to devote to effectuating the April 1 reorganization and the office’s loss of staff, which have likely impacted its usual processing.

exists no distinction” between CDC FOIA-request and OS FOIA-request statistics “since requests for CDC records are now part of the OS FOIA portfolio.” Defs.’ Counter SOMF ¶ 56; *see also* Defs.’ SOMF ¶ 47 (similar for all centralized components). But there obviously is a distinction, since the requests seek records from different agencies. And that distinction obviously is salient to this case, which turns on whether Defendants are properly handling requests for CDC records. Defendants plainly have the ability to identify CDC-specific statistics—they have, for example, identified that they have received 212 FOIA requests for CDC records since April 1. *See* Defs.’ Counter SOMF ¶¶ 27, 43. They just have decided (yet again) to omit any numerical or other proof that these requests or other CDC ones are being properly handled, and to instead rely on their conclusory assurances of compliance.⁹

Defendants’ evidentiary failure warrants ruling in CREW’s favor. Courts in this Circuit have rejected similarly unsubstantiated assurances from agencies seeking to defeat policy-or-practice claims. *See, e.g., Payne*, 837 F.2d at 492; *Mo. Coal.*, 369 F. Supp. 3d at 160-62, 163 n.5 (determining agency had impermissible FOIA policy and rejecting agency’s claims to the contrary because declarations offered no examples where agency had abstained from applying policy and nothing supporting assurance that it would not resume); *Muckrock*, 300 F. Supp. 3d at 130, 135-36 (similar); *Colo. Wild Pub. Lands*, 691 F. Supp. 3d at 172-73 (similar).

c. Defendants’ attempt to show CDC FOIA compliance through their reading-room uploads also fails. *See* Defs.’ Mem. 40. In response to CREW’s showing that CDC reading-room uploads have ceased, *see* Pl.’s Mem. 25-26, Defendants opt to once again identify statistics that appear not to include CDC records. Defendants assert that OS FOIA uploaded 70 items to its reading room between April 1 and May 19 and posted an additional 139 items since then. *See*

⁹ By claiming that OS FOIA’s takeover obviates the need to provide data, Defendants have deployed centralization to obscure what is happening at CDC and impede public accountability.

Defs.’ Counter SOMF ¶ 54; Defs.’ Mem. 40. But, as CREW has pointed out, none of these uploads appear to be of CDC records; the CDC reading room itself has not been updated since March, and the HHS reading room does not appear to have new CDC records either. *See* Pl.’s Mem. 25-26; Suppl. Goldstein MSJ Decl. ¶¶ 20-22 & n.7. Defendants confirm this conclusion by simply identifying HHS records posted—“HHS FOIA Logs and HHS FOIA Litigation Releases,” Defs.’ Counter SOMF ¶ 54—and stating with respect to CDC records only that they “*will* be posted” to HHS’s website going forward, Fourth Holzerland Decl. ¶ 95 (emphasis added).¹⁰

d. Defendants also briefly assert that OS FOIA has the “expertise” to assume the CDC FOIA office’s responsibilities, but their arguments on this front each flounder. Defs.’ Mem. 41. Defendants first recycle their failed argument that OS FOIA’s experience handling FOIA appeals for CDC gives them the ability to handle CDC FOIA requests in the first instance. *See id.* Defendants ignore that OS FOIA’s appellate review critically depends on the substantial initial legwork of component agencies to process the FOIA requests and their expertise in so doing. *See* Pl.’s Mem. 31-32 (citing PI Suppl. Reply 12-14 & n.12).¹¹ In fact, their own representations prove the point. *See* Fourth Holzerland Decl. ¶¶ 67-69 (explaining that OS FOIA’s work involves review of components’ *completed* work to carry out searches, make determinations, and “dispos[e] of . . . cases,” based on the “existing record” compiled by components, and explaining that OS FOIA decisions to overturn require “remanding” back to components for them to do “additional work”).

¹⁰ Defendants’ failure to post CDC reading-room records is relevant not just because it illustrates their CDC FOIA shutdown. It also helps perpetuate the shutdown. Reading-room records like FOIA logs alert the public to who has pending requests. Without this information, CREW and others are left in the dark about the full range of requesters affected by the CDC FOIA office closure. And with HHS throttling the CDC records to be proactively disclosed, the public lacks critical information about CDC policy changes—at a time of significant upheaval at the agency.

¹¹ This is a broadly applicable principle; courts often recognize that appellate work generally is distinct from, and depends on, the initial adjudicatory analysis on review. *See, e.g., Brown v. Plata*, 563 U.S. 493, 513 (2011); *United States v. Tilghman*, 134 F.3d 414, 416 (D.C. Cir. 1998).

Nowhere do Defendants explain how OS FOIA is equipped to take on CDC FOIA's legwork in the first instance. Nor could they. OS FOIA already has had to seek automatic extensions for CDC requests because the requests require it to search another "office" and present it with "unusual circumstances." OS FOIA presumably would not need to make this claim if, as it and Defendants now assert, it has intimate knowledge of CDC and other components' structures and programs and considers searches for components' records to be "routine." Defs.' Mem. 41.

Perhaps sensing the weakness of their initial argument, Defendants pivot, in a single sentence, to arguing that a 2024 statistic on OS FOIA's appellate review of CDC FOIA office cases shows that OS FOIA "can handle" the office's work. *Id.* (explaining that OS FOIA affirmed CDC FOIA actions in roughly 12 percent of CDC appeals that OS FOIA handled). It does not. Defendants' argument fails on its own terms—the very data they rely on, together with their own annual FOIA report data, shows that CDC FOIA had a higher affirmance rate and higher affirmance-to-reversal rate than the other components for which OS FOIA handles appeals. *See* Pl.'s Counter-Statement of Disputed Facts ¶¶ 55-56 [hereinafter Pl.'s Counter SOMF]; Suppl. Goldstein MSJ Decl. ¶ 24. Moreover, Defendants' CDC appellate-affirmance statistic is clearly not a legitimate metric. Defendants do not appear to have previously included it (or any other statistics on OS FOIA appeal dispositions by component) among the litany of numerical benchmarks they use in HHS FOIA annual reports. *See* 5 U.S.C. § 552(e) (detailing required benchmarks). (Recall, those benchmarks show that OS FOIA is not up to snuff compared to CDC FOIA. *See supra* 8.) Nor do Defendants appear to have addressed it, or any appellate review issues for CDC, in recent Chief FOIA Officer reports. Finally, the metric says nothing about OS FOIA's ability to take over CDC FOIA work.¹² Instead, it is a newly concocted, cherry-picked,

¹² By analogy, a district court judge's rate of reversal by an appellate court says nothing about the latter's ability to take on the former's duties. And, as appellate courts often recognize, their

and bare and unpersuasive figure meant to attack CDC FOIA—to try to make the office look bad and justify its closure post hoc. *See* Fourth Holzerland Decl. ¶ 73 (accusing CDC FOIA of simply trying to clear cases). Defendants’ attack misses the mark. It is *OS FOIA*’s performance that is at issue in this case, and on that operative question, Defendants fail to carry their burden.

e. Defendants also point to two new plans they have for their OS FOIA operations, but neither one provides any assurance that their “delinquent” handling of CDC FOIA responsibilities will cease. Defs.’ Mem. 42 (quotation marks omitted). Defendants’ plan to launch a “pilot program” with “artificial intelligence (‘AI’) tools to assist” record reviews does nothing to address OS FOIA’s pressing workload, staffing, and other issues that render it unable to handle CDC FOIA responsibilities in the short-to-medium term. *Id.* As Defendants themselves explain, the planned AI tool does not aid FOIA searching (which is a processing step that OS FOIA claims presents it with unusual circumstances at CDC); its outputs must be reviewed by “trained FOIA personnel” (which are in scarce supply without the CDC FOIA staff and with OS FOIA’s limited staff); and it is simply a test run of a discrete FOIA improvement initiative (which at this point is simply a “goal” that “could” be successful and helpful down the line). *Id.* Defendants’ plan to hire “ten employees to support FOIA operations” is likewise a mere band-aid. *Id.* Defendants do nothing to explain how this minimal number is sufficient to take up the workload of the two dozen CDC FOIA employees fired and the employees fired at other HHS components. In fact, the potential new staff likely will not take up this mantle since, according to Defendants, the employees will “carry distinct responsibilities and qualifications.” *Id.*

reversals of district court judges do not necessarily impugn the judges’ abilities or performance, including because these judges do not have the “luxury of 20–20 hindsight” or the sharpened review that occurs on appeal. *Rachel v. Troutt*, 820 F.3d 390, 395 n.6 (10th Cir. 2016); *see also, e.g., Marino v. Drug Enf’t Admin.*, 685 F.3d 1076, 1081 n.2 (D.C. Cir. 2012). So too in this context, as Defendants begrudgingly acknowledge. *See* Fourth Holzerland Decl. ¶ 75.

f. Moreover, Defendants fail in their attempt to cast doubt on the Doe declarations that CREW submitted. As the declarant explained in April, CDC staff who received April 1 RIF notices lost computer access the next day, which is relevant only in that it showed the CDC FOIA office had closed. *See* Mem. Op. 4 & n.1, ECF No. 29. The fact that the CDC FOIA office is closed is undisputed, *see* Defs.’ SOMF ¶ 6; *infra* 31, so any “systems” access issues later in April and May are immaterial, *see* Defs.’ Mem. 43. Moreover, the Doe declarant did not offer any representations about access during this later period, and CREW is not aware of the access activity Defendants purport to identify and does not have reason to believe from Defendants’ representations that the declarant engaged in this activity. *See* Pl.’s Counter SOMF ¶ 35. And any disputes on these fronts in no way “call[] into question the rest of the” declarant’s statements on other matters, as Defendants claim in cursory fashion. Defs.’ Mem. 43. They do not explain why any other statements are in doubt. In fact, Defendants *admit* the declarant’s representations in several instances, *see* Defs.’ Counter SOMF ¶¶ 3, 5-6, 39, and fail to rebut other ones for the reasons discussed above. At any rate, the Doe declarations are simply one piece of evidence among a much broader array that CREW has compiled and Defendants fail to rebut.

g. Defendants also fail to support their cursory argument that regulatory violations cannot form the basis of a policy-or-practice claim. Such violations can support a policy-or-practice claim. *See* Pl.’s Mem. 21. *Muttitt v. U.S. Central Command*, 813 F. Supp. 2d 221 (D.D.C. 2011), does not say otherwise. *Cf.* Defs.’ Mem. 23. FOIA regulations implement FOIA and, as Defendants acknowledge, must be followed. *Id.* at 25. In any case, Defendants’ regulatory violations, discussed below, are simply the cherry on top of CREW’s already-fully-baked policy-or-practice claim. The claim does not depend on the regulations. *See* Pl.’s Mem. 32.¹³

¹³ If regulatory violations cannot support a policy-or-practice claim, that simply bolsters the availability of APA review for Count III.

h. As a last gasp, Defendants offer a strawman; they argue that “the facts of this case [do not] resemble those of any case in which the D.C. Circuit has indicated that a policy-or-practice claim might succeed.” Defs.’ Mem. 44. The D.C. Circuit has never imposed a *Bivens*-like test for policy-or-practice violations, whereby claims must match the facts of *Payne*, *Newport*, or *Judicial Watch*. Nor has it held that the test for a policy-or-practice claim “turn[s]” on whether an agency can establish its “good faith effort and due diligence” in handling certain FOIA requests. Defs.’ Mem. 44 (quotation marks omitted) (discussing belated processing of CREW’s five requests). Instead, the Circuit has explained that a policy-or-practice claim lies whenever an agency engages in any conduct—including informal conduct—“that will impair the party’s lawful access to information in the future.” *Jud. Watch*, 895 F.3d at 777 (quotation marks omitted); *see* Defs.’ Mem. 2-3. Based on that general test, the D.C. Circuit and judges in this District have found viable policy-or-practice claims across fact patterns. *See* Pl.’s Mem. 20-21. It is therefore of no moment that the D.C. Circuit has never confronted a circumstance like this one, where an agency had its FOIA office shuttered, its FOIA function destroyed, and its FOIA responsibilities forsaken.

This unique situation is exactly the type that calls for policy-or-practice review and relief. By closing the CDC FOIA office and transferring its responsibilities to an ill-equipped central office, Defendants have designed a FOIA scheme that eliminates any realistic possibility they can timely and properly handle CDC FOIA requests from CREW and others; they have instead opted to generally ignore CDC requests, impose belated and unlawful time extensions to respond to the requests, and wait until litigation to attempt to moot them. Contrary to Defendants’ argument, *see* Defs.’ Mem. 44, that is analogous to the impermissible conduct the D.C. Circuit rejected in *Judicial Watch*. *See* 895 F.3d at 779-81; *see also id.* at 784 (explaining that courts can review whether an “agency has organized its records management systems to enable prompt determinations to

produce records or to invoke an exemption”). And Defendants’ argument that processing delays themselves cannot give rise to policy-or-practice claims is refuted by controlling precedent. *Compare* Defs.’ Mem. 45, *with* Pl.’s Mem. 37 (citing *Jud. Watch*, 895 F.3d at 779-81, and *CREW*, 415 F. Supp. 3d at 226).

II. CREW Has Stated a Viable APA Claim in Count III and Is Entitled to Summary Judgment on that Claim

A. CREW Has Standing to Raise Its APA Claim

Defendants mount two halfhearted challenges to CREW’s APA standing. Each fails.

First, Defendants briefly argue that CREW lacks standing because it “implicitly” seeks to vindicate “employment-law claims on behalf of [terminated] CDC FOIA employees” and assert those employees’ injuries, rather than its own. Defs.’ Mem. 2, 9; *see also id.* at 9-10. Not so. CREW easily meets the requirements for asserting standing in its own right.

A plaintiff has standing if it has an “injury in fact” that is “fairly traceable to the challenged action of the defendant” and capable of being “redressed” by the Court. *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 560-61 (1992) (cleaned up). At its core, the standing analysis requires plaintiffs to “answer a basic question—What’s it to you?” *Diamond Alternative Energy, LLC v. Env’t Prot. Agency*, 606 U.S. ----, 145 S. Ct. 2121, 2133 (2025) (quotation marks omitted). Here, the answer is simple—CREW is directly affected by the CDC FOIA office closure as an “organization” that “may submit a FOIA request to [CDC].” 45 C.F.R. § 5.21.

CREW’s Amended Complaint and summary-judgment brief make clear that it is seeking to vindicate its *own* claim, and to obtain redress for its *own* injury, as a present and future FOIA requester for CDC records. *See* Am. Compl. ¶¶ 57-58, 61-73, 85-86, 91-93, ECF No. 31 (allegations regarding the improper handling of CREW’s present requests and the likelihood that future requests will be improperly handled, and regarding how CREW will be harmed as a FOIA

requester, due to Defendants’ unlawful closure of the CDC FOIA office and consolidation of FOIA responsibilities within HHS); Pl.’s Mem. 39, 43 (explaining that CREW’s APA claim arises from the shuttering of the CDC FOIA office, rendering the agency’s FOIA function nonoperational and directly affecting CREW as a FOIA requester reliant on that function). CREW frequently uses FOIA requests to CDC and other agencies as a critical tool to “advance its mission” of “disseminat[ing] . . . information about public officials and their actions,” particularly government impropriety. Decl. of Alex M. Goldstein ¶¶ 2-3, ECF No. 13-3; *see also, e.g.*, Suppl. Decl. of Alex M. Goldstein ¶ 23, ECF No. 26-2; Defs.’ Counter SOMF ¶ 72. CDC’s closed and inoperative FOIA office—a state of affairs that violates binding regulations—harms that mission by depriving CREW of basic access to agency records. That concrete injury more than suffices to give CREW a personal stake in this case. *See, e.g., New York v. Kennedy*, --- F. Supp. 3d ----, No. 25-cv-196, 2025 WL 1803260, at *5-6 (D.R.I. July 1, 2025) (explaining that CDC RIF harms plaintiffs, who rely on impacted services). It is *CREW’s* distinct and particularized impairment, affecting it in a “personal and individual way,” *Lujan*, 504 U.S. at 560 n.1, and doing so separately from the former CDC FOIA officers’ employment rights or injuries.

Third-party employee interests have no bearing on this case, despite Defendants’ attempt to muddy the waters with them. CREW does not seek to vindicate the former CDC employees’ personnel rights or otherwise allege third-party standing—like the defense-attorney plaintiffs in *Kowalski v. Tesmer* sought to do on behalf of their indigent clients. *See* 543 U.S. 125, 129 (2004) (cited at Defs.’ Mem. 10). Rather, CREW seeks to vindicate its own right to a functioning and lawfully operating CDC FOIA office. “Where,” as here, “a party champions [its] own rights,” courts routinely find standing and reject agencies’ invitations to “prudential[ly] limit[]” that standing by bringing third-party considerations into the mix. *Duke Power Co. v. Carolina Env’t*

Study Grp., Inc., 438 U.S. 59, 80 (1978); *see also, e.g., N.Y. Stock Exch. LLC v. Sec. & Exch. Comm’n*, 962 F.3d 541, 552 (D.C. Cir. 2020); *Emergency Coal. to Defend Educ. Travel v. U.S. Dep’t of the Treasury*, 498 F. Supp. 2d 150, 158 & 161 n.6 (D.D.C. 2007), *aff’d sub nom.* 545 F.3d 4 (D.C. Cir. 2008); *Mahoney v. U.S. Capitol Police Bd.*, No. 21-cv-2314-JEB, 2024 WL 4235429, at *5 (D.D.C. July 31, 2024). The Court should follow the same course here.

The Court should also reject Defendants’ second argument—that CREW lacks standing for its assertions that Defendants “are violating” agency reading-room and research-data regulations. *See* Defs.’ Mem. 36-38. Defendants misapprehend CREW’s claim. CREW is not arguing that these particular regulatory violations are freestanding ones that injure it and entitle it to relief in the form of reading-room and research records. Rather, CREW relies on the reading-room and research-data provisions to support its claim that the HHS FOIA regulations in various ways require Defendants to maintain a functional CDC FOIA office—*e.g.*, by requiring HHS components to operate and maintain their own reading-room websites and process requests for their own research data—and that Defendants have violated this requirement by shuttering the office. It is *this* violation that forms the basis of CREW’s APA claim. *See* Pl.’s Mem. 40-42.

For this reason, *CREW v. United States Department of Justice*, 846 F.3d 1235, 1243 (D.C. Cir. 2017) (discussed at Defs.’ Mem. 37-38), has no bearing on CREW’s APA claim. There, the D.C. Circuit considered a court’s remedial power to order posting of reading-room records where CREW pleaded a claim for such relief invoking 5 U.S.C. § 552(a)(2). It did not consider what is at issue here: the elimination of an agency FOIA office and, thus, of the agency’s ability to operate its own independent FOIA reading room and make its own, agency-specific identifications and determinations of what records “must be made publicly available.” 45 C.F.R. § 5.2(b); *see also 2025 Chief FOIA Officer Report, supra*, at Section III (detailing how agencies work with their own

“program offices” to identify covered records, how they work with their own “IT staff” and “communications offices” to identify covered records, and how they post distinct records).¹⁴

B. FOIA Does Not Preclude CREW’s APA Claim

Defendants contend that CREW’s APA claim is precluded because FOIA provides it with an adequate remedy, but their argument rests on distinguishable case law: cases holding that APA review is not available, and ordinary FOIA review suffices, “when litigants seek to gain improperly withheld agency records.” Defs.’ Mem. 13 (quotation marks and citation omitted); *see id.* at 12-16. That case law is inapplicable to CREW’s APA claim. As Defendants acknowledge, the claim does not concern a particular records dispute—to which the review procedure Congress created in FOIA would apply—but instead concerns their violation of binding agency “regulations” when they closed the CDC FOIA office and the need to “set aside” that closure. *Id.* at 11.

A close examination of the cases Defendants marshal reinforces their inapplicability. Consider *CREW*, 846 F.3d 1235, the main case on which Defendants rely. *See id.* at 11-15. There, CREW sought to obtain certain agency records—final opinions and policy statements from the Department of Justice’s Office of Legal Counsel (“OLC”)—that it asserted had to be disclosed under FOIA’s reading-room provision, 5 U.S.C. § 552(a)(2). *See CREW*, 846 F.3d at 1238-39. The agency disagreed, contending that the OLC opinions and policy statements were privileged and did not constitute binding law, and thus were exempt from FOIA and could be withheld. *Id.* at 1239. In adjudicating this records dispute, the D.C. Circuit held that FOIA provides an adequate remedy because the statute’s reading-room provision itself affords an enforceable claim. *Id.* at

¹⁴ In any event, CREW has already submitted a request for reading-room records. *See* Goldstein MSJ Decl. ¶ 10. Defendants have applied the exact same policy or practice to this request that they have applied to CREW’s other requests, including by claiming that “unusual circumstances” apply. *See id.*; Suppl. Goldstein MSJ Decl. ¶¶ 13-16. That “unusual circumstance” would not exist if CDC could maintain its own reading room, as HHS regulations require.

1245. But here, CREW and Defendants are not disputing whether particular records can be withheld. Nor is there some clearly established and explicit provision under FOIA for litigants to press claims related to regulatory violations—violations unrelated to withholdings of reading-room records under § 552(a)(2) or other records under § 552(a)(3), and instead concerning the wholesale elimination of an agency’s FOIA function. For these reasons, *CREW* is inapposite. Nothing in its analysis supports Defendants’ argument that FOIA, rather than the APA, is the exclusive mechanism for parties to litigate disputes related to regulatory violations and agency office closures, and for courts to “set aside” those actions. Those are classic APA issues.

The remaining FOIA cases on which Defendants rely are equally distinguishable. Each involved instances where litigants sought to press grievances over the withholding of requested records under the APA, even though § 552(a)(2) afforded them a right of judicial review for such claims. *EPIC v. Internal Revenue Service*, 261 F. Supp. 3d 1, 12 (D.D.C. 2017) (cited at Defs.’ Mem. 13), is an illustrative example. There, the court rejected an APA claim challenging an agency’s decision not to process a FOIA request and seeking processing of the request because (a) FOIA provides an adequate remedy “when litigants seek[]” such processing, and (b) litigants “cannot bring APA claims that seek remedies available under FOIA,” *i.e.*, processing of their requests and release of nonexempt responsive records. *EPIC*, 261 F. Supp. 3d at 12 (cleaned up). As discussed, these factors are not present here. CREW’s APA claim attacks the legality of the wholesale closure of the CDC FOIA office (not the processing of its five April 1 FOIA requests), and it seeks the set aside of Defendants’ decision (not the release of records after full processing).¹⁵

¹⁵ Comparing to *Greenpeace, Inc. v. Department of Homeland Security*, 311 F. Supp. 3d 110 (D.D.C. 2018) (cited at Defs.’ Mem. 13), is similarly illustrative. There, this Court rejected a plaintiff’s effort to obtain APA review in a “run-of-the-mill FOIA case involving a request that [an agency] turn over specific information it has withheld,” and to obtain the “exact relief” that FOIA provides, *i.e.*, “an order to turn over the requested information.” *Greenpeace*, 311 F. Supp. 3d at 126. Again, these considerations are not present here. An agency’s shuttering of its entire

Defendants also fail to distinguish cases on which CREW relies. *See* Defs.’ Mem. 14-15. As CREW has explained, cases like *Muttitt*, *Public Citizen*, and *National Security Counselors* show how courts can properly consider APA claims like CREW’s claim—those raising regulatory and other legal violations that are FOIA-related but not connected to the processing of any particular FOIA requests. *See* Pl.’s Mem. 40; *see also, e.g., Nat’l Ass’n of Waterfront Emps. v. Chao*, 587 F. Supp. 2d 90, 98 (D.D.C. 2008) (explaining that APA review is available for rulemaking issue, apart from FOIA processing); *S. Env’t L. Ctr. v. Council on Env’t Quality*, 446 F. Supp. 3d 107, 115-18 (W.D. Va. 2020) (similar); *Roberts v. Internal Revenue Serv.*, No. 8:13-cv-1731-T-33TBM, 2014 WL 1724383, at *3-4 (M.D. Fla. Mar. 17, 2014) (explaining plaintiffs can maintain APA and FOIA claims where the former is non-duplicative and seeks distinct relief); *cf. Radack v. U.S. Dep’t of Just.*, 402 F. Supp. 2d 99, 104 (D.D.C. 2005) (similar for APA and Privacy Act claims). Rather than engage with this basic principle, Defendants contend in cursory fashion that CREW “abrogates” it. Defs.’ Mem. 15. It does not. CREW did not consider a regulatory violation unconnected to particular requests, so it had no occasion to foreclose the availability of APA review for such a violation. It simply held that litigants seeking to enforce FOIA’s reading-room provision to obtain covered records could rely on that provision itself. And contrary to Defendants’ assertion, *Muttitt* does not undermine CREW’s APA claim either. The decision explains that procedural violations unconnected to the processing of any particular request are fair game for APA review, and it declined to apply this straightforward principle only because,

FOIA office is not a routine FOIA matter; and setting aside that action is relief that is worlds apart from ordering the disclosure of withheld records. The same holds true for all the other FOIA cases that Defendants cite—even the few they claim are comparable because they involved an alleged regulatory violation or FOIA policy. *See* Defs.’ Mem. 15. Across *all* the cases cited by Defendants, the plaintiffs’ APA claims sought to litigate withholding disputes and processing issues, and to obtain identical FOIA and APA relief with respect to those issues—unlike here.

unlike CREW, the plaintiff did not allege such a violation. *See Muttitt*, 813 F. Supp. 2d at 228-29.

Nor does CREW's FOIA policy-or-practice claim foreclose its APA claim, as Defendants argue. *See* Defs.' Mem. 14-15. CREW's APA claim targets Defendants' unlawful implementation of the DOGE RIF Order against the entire CDC FOIA office, whereas its policy-or-practice claim targets the downstream impact of that APA violation on the processing of CREW FOIA requests. *See* Pl.'s Mem. 40. In that sense, the claims reinforce each other, as CREW has acknowledged, *see* Defs.' Mem. 14, but they plainly center on different violations.¹⁶ And they seek different remedies. CREW's APA claim seeks a set aside of the CDC FOIA office closure, whereas its policy-or-practice claim seeks an order requiring Defendants to augment FOIA review resources for CDC FOIA requests. *See* Pl.'s Mem. 36, 40. Those are not merely "mismatch[ed]" forms of relief, Defs.' Mem. 13, 16 (quoting *CREW*, 846 F.3d at 1246); they are fundamentally distinct. The latter would permit Defendants to continue relying on ill-equipped central FOIA staff, and it would not require Defendants to reopen the CDC FOIA office or use CDC FOIA personnel and infrastructure to handle CDC FOIA requests and other FOIA responsibilities—as binding regulations mandate. Because that is the only way to afford CREW proper relief for its APA claim resting on those regulations, its APA claim should be allowed to proceed.

Taking a step back and considering the practical realities reinforces this conclusion. If Defendants' view prevails, an agency could eliminate its FOIA office and force requesters to play whack-a-mole via individual FOIA suits for particular requests or to litigate protracted policy-or-practice claims offering incomplete relief—all while the agency deploys a delay strategy to mask the consequences of its destructive actions and does nothing to address any root-cause regulatory

¹⁶ Defendants also fail to recognize the context in which CREW stated that the claims are "linked." Defs.' Mem. 14 (quoting Stay Opp. 18 n.8). CREW was simply rebutting Defendants' suggestion that the Court should stay ongoing dispositive briefing except as to the APA claim.

violations. Defendants do not explain why FOIA would compel this result. “The Supreme Court has long instructed that the generous review provisions of the APA must be given a hospitable interpretation such that only upon a showing of clear and convincing evidence of a contrary legislative intent should the courts restrict access to judicial review.” *El Rio Santa Cruz Neighborhood Health Ctr., Inc. v. U.S. Dep’t of Health & Hum. Servs.*, 396 F.3d 1265, 1270 (D.C. Cir. 2005) (quotation marks omitted). No such clear-and-convincing evidence is available where, as here, CREW’s APA claim seeks to litigate a classic APA contrary-to-law question.

Accordingly, the Court can easily “thread” the proverbial “needle” and apply targeted APA review here. Defs.’ Mem. 14. Doing so would not be a monumental change in “uniform[]” practice, *id.* (citation omitted), since it would be consistent with the case law and principles discussed above and confined to, and justified by, the unique facts presented here.

C. CREW’s APA Claim Challenges Final Agency Action

Defendants assert that CREW’s APA claim does not challenge either “agency action” or agency action that is “final.” Defs.’ Mem. 16-19. Neither assertion withstands scrutiny. CREW’s APA claim challenges the closure of the CDC FOIA office when, on April 1, Defendants applied the DOGE RIF Order to terminate all the office’s employees and then transferred its responsibilities to OS FOIA. *See* Am. Compl. ¶¶ 61-62, 64, 92; Pl.’s Mem. 39-41; Decl. of William H. Holzerland ¶¶ 17-18, ECF No. 18-1 (cited in Am. Compl. ¶ 64 n.39, discussing April 1 centralization of CDC FOIA responsibilities) [hereinafter Holzerland Decl.]; Suppl. Decl. of William H. Holzerland ¶¶ 6-7, ECF No. 25-1 (cited in Am. Compl. ¶ 64 n.39, discussing April 1 “FOIA reorganization”) [hereinafter Suppl. Holzerland Decl.]; *see also, e.g.*, Third Holzerland Decl. ¶ 8 (similar). This is discrete, consummated, and legally consequential decision-making—exactly the stuff of “agency action,” and agency action that is “final,” under the APA.

The APA defines “agency action” broadly to include “the whole or a part of an agency

rule, order, license, sanction, relief, or the equivalent or denial thereof, or failure to act.” 5 U.S.C. § 551(13). This definition is “meant to cover comprehensively every manner in which an agency may exercise its power.” *Whitman v. Am. Trucking Ass’n*, 531 U.S. 457, 478 (2001). Defendants’ April 1 decision to terminate all CDC FOIA office employees, close the office, and transfer its responsibilities to OS FOIA plainly falls within this definition, for it is a “specific” and delineated exercise of agency power. *Biden v. Texas*, 597 U.S. 785, 809 (2022); *see also, e.g., Drs. for Am. v. Off. of Pers. Mgmt.*, 766 F. Supp. 3d 39, 50 (D.D.C. 2025). “The government [cannot] seriously challenge” this straightforward conclusion, *Jud. Watch, Inc. v. Nat’l Energy Pol’y Dev. Grp.*, 219 F. Supp. 2d 20, 38 (D.D.C. 2002), nor does it. Defendants themselves consistently describe their conduct as the specific and discrete exercise of agency power. *See* Defs.’ Mem. 30; *see also, e.g.,* Holzerland Decl. ¶ 18; Third Holzerland Decl. ¶ 8. They fail to acknowledge their own framing or explain why, contrary to it, they have not carried out “agency action.”

Although Defendants briefly suggest that their April 1 decision is “among the wide variety of activities that comprise the common business of managing government programs,” and therefore is a broad programmatic issue not reviewable as “agency action,” they do not actually deliver on this claim. Defs.’ Mem. 17 (quotation marks omitted). They offer zero explanation for it. The lone authority they quote, *Fund for Animals, Inc. v. U.S. Bureau of Land Management*, 460 F.3d 13, 20 (D.C. Cir. 2006), is nothing like this case. There, what was at issue was an agency’s budget request to Congress—its “broad programmatic statement” laying out its proposal for funds and “planning” and “goals” for its animal restoration strategy. *Fund for Animals*, 460 F.3d at 20-21 (quotation marks omitted). Here, CREW challenges specific conduct already carried out—Defendants’ decision to close the CDC FOIA office and centralize its duties.¹⁷

¹⁷ This distinction also demonstrates why other cases Defendants cite in passing are inapplicable. *See* Defs.’ Mem. 17 (quoting *Norton v. S. Utah Wilderness All.*, 542 U.S. 55, 62 (2004), and *Lujan*

This decision is also “final” under the APA because it satisfies the two-pronged test for finality. It (1) “mark[s] the consummation of the agency’s decisionmaking process,” and (2) is action “by which rights or obligations have been determined, or from which legal consequences will flow.” *Bennett v. Spear*, 520 U.S. 154, 177-78 (1997) (quotation marks omitted).

Under the first prong, Defendants’ decision to close the CDC FOIA office and transfer its responsibilities is plainly consummated decision-making because it is “definitive.” *U.S. Army Corps of Eng’rs v. Hawkes Co.*, 578 U.S. 590, 598 (2016). There is nothing informal, “tentative[,] or interlocutory” about it. *Appalachian Power Co. v. Env’t Prot. Agency*, 208 F.3d 1015, 1022 (D.C. Cir. 2000). Defendants themselves emphasize and admit—across filings—the conclusive nature of the CDC FOIA office’s closure, and of OS FOIA’s assumption of its work. *See* Defs.’ Mem. 6, 30 (describing operation and responsibilities of “former” CDC FOIA office as folded into OS FOIA as of April 1); Defs.’ Counter SOMF ¶¶ 6, 20 (admitting that CDC FOIA staff were placed on administrative leave, CDC FOIA office no longer exists, and CDC FOIA webpage directs requesters to OS FOIA); Suppl. Holzerland Decl. ¶¶ 7, 17-18 (similar); *see also* Mem. Op. 6 & 4 n.1. And they provide “no indication” they will “reconsider” things. *Int’l Union, United Mine Workers of Am. v. Mine Safety & Health Admin.*, 823 F.2d 608, 615 (D.C. Cir. 1987). Far from it—they double down, *see* Defs.’ Mem. 5-6, 39-40, just as they have done before, *see, e.g.*, Stay Opp. 16. In fact, they have memorialized things in a post-hoc memorandum, further confirming their decision-making process has run its course. *See* Fourth Holzerland Decl. ¶ 86.

v. Nat’l Wildlife Fed’n, 497 U.S. 871, 882 (1990)). Unlike the plaintiffs in *Norton* and *Lujan*, CREW is not mounting a sweeping “programmatic” attack without some “identifiable action or event” in dispute. *Lujan*, 497 U.S. at 891, 899 (quotation marks omitted); *see Norton*, 542 U.S. at 65-67 (similar). It is challenging Defendants’ discrete April 1 decision-making. The fact that this decision-making involved individual firings is of no moment. Defendants’ decision to fire all CDC FOIA employees “across the board” and thus close the FOIA office “of course” represents the type of discrete “agency action” subject to APA review. *Lujan*, 497 U.S. at 890 n.2.

It is equally clear that, under the second finality prong, Defendants’ definitive actions had “direct and appreciable legal consequences.” *Hawkes*, 578 U.S. at 598. CREW and others could no longer access records under FOIA from CDC and instead had to rely on OS FOIA, a backlogged and ill-equipped office that by law cannot handle all CDC FOIA responsibilities, for CDC records. *See* Am. Compl. ¶¶ 51, 53-54, 58, 64-73, 91-93; Pl.’s Mem. 39; Defs.’ Counter SOMF ¶¶ 21-25, 36 (admitted facts). OS FOIA fully stepped into CDC FOIA’s shoes—assuming all of the now-defunct office’s relationships and duties—which had both the legal effect of forcing CREW and others to vindicate their statutory and regulatory FOIA rights to CDC records through OS FOIA and OS FOIA alone, and the practical effect of impairing their access to these records. Under the “pragmatic approach [that courts] have long taken to finality,” this impact clearly gives rise to final agency action. *Hawkes*, 578 U.S. at 599; *see also, e.g., Drs. for Am.*, 766 F. Supp. 3d at 51 (holding that removal of webpages that plaintiffs had a right to access determined “rights and obligations” and was thus final); *Wiley v. Kennedy*, --- F. Supp. 3d ----, No. 25-cv-00227, 2025 WL 1384768, at *9-10 (S.D.W. Va. May 13, 2025) (similar regarding HHS’s decision-making firing employees for its Coal Workers’ Health Surveillance Program, which affected plaintiff and other miners); *Maryland v. Corp. for Nat’l & Cmty. Serv.*, 785 F. Supp. 3d 68, 91-94 (D. Md. 2025) (similar).

Tellingly, Defendants do not actually contend that their challenged conduct is either unconsummated or legally inconsequential. Defendants simply quibble about the recent cases CREW cited, claiming they are distinguishable because they involve “alleged wholesale closures of agencies” rather than, as here, the closure of an agency “component.” Defs.’ Mem. 18. Yet that distinction only strengthens CREW’s APA challenge. On Defendants’ logic, CREW’s APA claim centers on more delineated and targeted agency decision-making than the broader, less discrete actions at issue in the recent litigation involving, *inter alia*, the Department of Education

or the CFPB.¹⁸ That some of these recent cases have been stayed also does not affect their relevance, since a stay pending appeal “does not make or signal any change” in the “law.” *Merrill v. Milligan*, 142 S. Ct. 879, 879 (2022) (Kavanaugh, J., concurring); *cf. Trump v. Boyle*, 606 U.S. ----, 145 S. Ct. 2653, 2654 (2025) (explaining that interim orders are not conclusive as to merits).

In any event, CREW cited the ongoing cases only to provide recent examples applying the general principle—which is settled law—that definitive agency conduct that terminates programs or functions or otherwise impairs them, and that in turn directly affects interested parties, is final agency action. *See, e.g., Texas*, 597 U.S. at 808; *Ciba-Geigy Corp. v. U.S. Env’t Prot. Agency*, 801 F.2d 430, 436 (D.C. Cir. 1986). CREW’s APA claim rests on this general principle, and it therefore does not rise or fall depending on the fate of certain recent cases.

D. Defendants’ Closure of the CDC FOIA Office Violates Their Binding Agency Regulations and Is Thus Contrary to Law Under the APA

The parties agree that Defendants must comply with HHS FOIA regulations. *See* Pl.’s Mem. 40; Defs.’ Mem. 25. The parties also agree that courts “must start with the plain meaning of the [regulatory] text, looking to the language itself, the specific context in which that language is used, and the broader context” of the regulatory and statutory scheme. *Connecticut v. U.S. Dep’t of the Interior*, 363 F. Supp. 3d 45, 65 (D.D.C. 2019) (citation omitted); *see* Defs.’ Mem. 25, 32.

¹⁸ The D.C. Circuit’s opinion in the CFPB litigation also is distinguishable on Defendants’ logic. *See Nat’l Treasury Emps. Union v. Vought*, 149 F.4th 762 (D.C. Cir. 2025) (cited in passing at Defs.’ Mem. 18). The court’s reasoning further demonstrates why the case has no bearing here. As the court explained, the alleged CFPB shutdown was (a) “abstract” because plaintiffs had not identified any agency statement prescribing or implementing it; (b) “not final” because it was not a “definitive” decision to stop agency work; and (c) “insufficiently discrete” because it did not derive from any authoritative source. *Id.* at 783-85 (cleaned up). All three considerations cut in the exact opposite direction here. Defendants have (a) explained that they shut down the CDC FOIA office through a concrete reorganization effectuated April 1 and memorialized August 1, (b) stood by their decision and continued to build on it, and (c) identified 45 C.F.R. § 5.3, their August 1 memorandum, and Executive Order 14,210 as their legal bases.

Where the parties diverge is their fidelity to these principles. CREW has hewed closely to them. *See* Pl.’s Mem. 40-42. Defendants respond with an atextual and novel regulatory interpretation—one that turns on a tortured reading of a single regulatory provision.

1. The Plain Text of the HHS FOIA Regulations Does Not Authorize the CDC FOIA Office Closure

Defendants claim that the “discretion” 45 C.F.R. § 5.3 gives OS FOIA to handle FOIA requests involving other HHS Operating Divisions “[i]n *certain* circumstances” actually gives the office that authority to handle “*all* FOIA requests.” Defs.’ Mem. 27 (emphases added). That claim is wrong. It rests on the false premise that OS FOIA’s discretion is “unqualified” both as a general legal matter, *see id.* (urging that “discretion” allows wielder to exercise power according to his “own understanding and conscience” (quotation marks omitted)), and as a textual one, *see id.* at 27, 31, 33 (arguing that § 5.3 does not “limit[]” OS FOIA’s authority to handling “some” requests).

The mere use of the word “discretion” in statutory or regulatory text is not a talisman that authorizes any agency exercise of authority, based on its own unchecked views and irrespective of textual limitations. “It is well settled that an agency, even one that enjoys broad discretion, must adhere to voluntarily adopted, binding policies that limit its discretion.” *Seeger v. U.S. Dep’t of Def.*, 306 F. Supp. 3d 265, 283 (D.D.C. 2018) (brackets and quotation marks omitted) (quoting *Padula v. Webster*, 822 F.2d 97, 100 (D.C. Cir. 1987)); *cf. Window Covering Mfrs. Ass’n v. Consumer Prod. Safety Comm’n*, 82 F.4th 1273, 1290 (D.C. Cir. 2023) (explaining that agencies have unchecked discretion only when “courts have . . . no concrete limitations to impose on the agency’s exercise of discretion” (quotation marks omitted)). Here, the plain text of § 5.3 restricts OS FOIA’s discretion; it permits the office to handle FOIA requests “involving” other divisions, like CDC, only in “*certain* circumstances.” 45 C.F.R. § 5.3 (emphasis added). The word “certain” “limits” OS FOIA’s power to handling “some” requests of another division, Defs.’ Mem. 27,

because “certain” does mean “some.” See *Certain*, Collins Dictionary, <https://www.collinsdictionary.com/dictionary/english/certain> (defining certain as, *inter alia*, “some, but not very much; appreciable”).¹⁹ It therefore does not mean “all.”

In arguing to the contrary, Defendants ignore ordinary English. They also flout basic interpretive rules. Namely, Defendants render superfluous the “certain circumstances” limitation in § 5.3, and render obsolete the separate division FOIA “officials,” “operations,” “programs,” “offices,” and “process[ing]” that the regulations carefully delineate as part of the “decentralized” HHS FOIA system they set out. Pl.’s Mem. 41. Defendants read the “exception” to this decentralization—OS FOIA’s discrete power to occasionally go beyond its purview of processing requests for Secretary staff-division records—so broadly that it “swallow[s] the rule.” *Pac. Gas & Elec. Co. v. Fed. Energy Regul. Comm’n*, 113 F.4th 943, 949 (D.C. Cir. 2024) (quotation marks omitted). Defendants offer nothing to justify these cardinal construction errors.

The broader context in which § 5.3’s limited conferral of discretion sits confirms its limited scope and incompatibility with Defendants’ assertion of broad OS FOIA processing power. For one, § 5.3 itself explains that OS FOIA’s discretion to process requests beyond Secretary division records is in play only when the requests “involve[] other [divisions].” 45 C.F.R. § 5.3. The logical implication is that OS FOIA’s discretion applies only when another division’s request implicates overlapping jurisdictions—involving records not just from that division but also from OS FOIA or another division—and thus overlapping work. Defendants’ own declarant supports this view. As he has explained, OS FOIA historically has been involved in another FOIA office’s processing of a request when that request also implicates it or another office, *see* Suppl. Holzerland

¹⁹ See also, e.g., *Certain*, Oxford English Dictionary, https://www.oed.com/dictionary/certain_adj?tab=factsheet#9732757 (defining “certain” as, *inter alia*, “[o]f positive yet restricted . . . quantity, amount, or degree” and “a restricted or limited number of”); *Certain*, Cambridge Dictionary, <https://dictionary.cambridge.org/us/dictionary/english/certain> (similar).

Decl. ¶ 32 (explaining that “while a requester may submit a FOIA request to a particular HHS FOIA Office like the former CDC-FOIA office, it often happens that the fulfillment of the request will involve other FOIA offices within the Department (often OS-FOIA), either to search for or review records”); otherwise, HHS FOIA administration has traditionally been “decentralized” with “independently run FOIA offices,” Holzerland Decl. ¶ 6. Neither he nor Defendants identify a circumstance where OS FOIA previously has taken its limited power to handle overlapping requests and used it to subsume a division’s FOIA workload, as they now claim OS FOIA can do.

Defendants’ reading is unprecedented. For years, Defendants have, in their annual FOIA reports, emphasized and celebrated the decentralized nature of the HHS FOIA system and the authority and autonomy of division FOIA offices. *See* Pl.’s Mem. 42; *U.S. Department of Health and Human Services (HHS) Chief Freedom of Information Act (FOIA) Officer Report*, at 14, HHS (Mar. 15, 2010), http://web.archive.org/web/20130607023958/http://www.hhs.gov/foia/final_chief_foia_officer_rpt.pdf (“The Department has an established legacy of a decentralized FOIA program structure for responding to FOIA requests.”); *Chief Freedom of Information Act (FOIA) Officer Reports (2011)*, at Section II, HHS, <http://web.archive.org/web/20130614133005/http://www.hhs.gov/foia/reference/step2.html> (explaining that “[e]ach [HHS] office has a unique situation in terms of the records it handles and the nature of the programs with which it deals,” and that, in the “decentralized” system, offices can address their own workload, staffing, and technology needs); *HHS Fiscal Year 1998 Freedom of Information Annual Report*, HHS, <http://web.archive.org/web/20130607023955/http://www.hhs.gov/foia/98anlrpt.html> (explaining that HHS operating divisions have the authority to release or deny their own records); *see also* Holzerland Decl. ¶ 6. Although the reports do not have “the force of law,” Defs.’ Mem. 32, they are relevant because they reflect Defendants’ official views on FOIA administration, *see id.*; 2025

Chief FOIA Officer Report, supra, at Introduction, and show that, in shuttering the CDC FOIA office, Defendants have abruptly departed from their long-standing and consistent position that their FOIA regulations create an intentionally diffuse organizational design.

The regulations have maintained this decentralized design for decades, with a clear through-line to present day. Since the 1980s, the regulations have made clear that component FOIA officials exist and operate independently from OS FOIA. *See* 52 Fed. Reg. 43,575, 43,581-82 (Nov. 13, 1987). The current iteration of the regulations, promulgated in 2016 through notice-and-comment rulemaking, worked no change to this system. As HHS explained in the 2016 proposed rule, it was updating the regulatory discussion of “organizational structure” simply to reflect that additional divisions had been “created,” and “to specify that each HHS Freedom of Information Officer” for the divisions “has the authority to task agency organizational components to search for records in response to a FOIA request and provide records located to the cognizant FOIA office.” 81 Fed. Reg. 39,003, 39,004 (June 15, 2016). The finalized regulations, which are operative today, fully align with this description. They state that (1) the FOIA officials of CDC and other divisions are “the officials who are responsible for overseeing the daily operations of their FOIA programs in their respective Operating Divisions or Staff Divisions, with the full authority as described in the definition of *Freedom of Information Act (FOIA) Officer*”—*i.e.*, the authority to search for records, provide records, and carry out other processing responsibilities, and (2) “[t]hese individuals serve as the principal resource and authority for FOIA operations and implementation within their respective Operating Divisions or Staff Divisions.” 45 C.F.R. § 5.3.

This regulatory language is crystal clear: division FOIA officials, and by extension the divisions to which they belong, have their own FOIA operations, programs, authority, and responsibilities, independent of HHS. The other regulatory provisions are fully consistent with

this decentralized system. *See* Pl.’s Mem. 40-42. And the benefits of this design are straightforward: divisions like CDC can address their own unique FOIA needs, and they can rely on their own FOIA staffs, which have the requisite expertise on their own distinct records systems, structures, and scientific and technical work, to efficiently “task agency organizational components to search for records in response to a FOIA request” and provide responsive and non-exempt ones to requesters. 45 C.F.R. § 5.3; *see* Defs.’ Mem. 31; PI Reply 15 n.6; PI Suppl. Reply 13.

2. Defendants’ Efforts to Circumvent the Plain Text Fail

Defendants mount various efforts to get around the plain regulatory text, but each fails. They first offer up a strawman, arguing that CREW’s claim fails because, contrary to the claim, the regulations nowhere use “mandatory terms” like “mandate” or “require” to describe the existence of the CDC FOIA office, other division FOIA offices, or their officers. Defs.’ Mem. 31; *see id.* at 32-33. CREW has not “stake[d]” its claim on such terms. *Id.* at 31. Rather, its claim follows logically from the regulatory language expressly contemplating that separate division FOIA officials, offices, operations, programs, authority, and responsibilities *do* already exist and will continue to exist as part of the decentralized HHS FOIA system the regulations lay out. *See supra* Part II.D.1; Pl.’s Mem. 41. Defendants do not meaningfully grapple with this common-sense conclusion. They do not explain why the regulations would describe divisions’ separate and autonomous FOIA spheres but also contemplate that they need not exist and can be collapsed.

Next, Defendants attempt to write off the regulatory provision expressly characterizing the HHS FOIA design as “decentralized” and comprised of FOIA offices with their own officials; they claim the provision is an “isolate[ed]” one that cannot, in “context,” support a reading of the regulations that requires a separate CDC FOIA office. Defs.’ Mem. 32. But read in the context of the various provisions contemplating separate divisional FOIA work and apparatuses, that is exactly what the provision does. Again, it makes no sense for the regulations to explicitly

characterize the HHS FOIA design as decentralized but nonetheless contemplate that separate division FOIA offices need not exist and OS FOIA—which may handle other divisions’ requests only in “certain circumstances”—has unbounded authority to centralize operations.

Finally, Defendants try to sidestep the plain language describing division FOIA officials’ power over daily FOIA operations and programs. *See* Defs.’ Mem. 32-33. Defendants claim this power is not an independent one—that is, one that operates separately and thus demonstrates the need for a distinct CDC FOIA office, with all its accoutrements—but instead is one entirely derived from HHS “delegated authority.” *Id.* Yet that is not what the plain language of § 5.3 says. The provision states that HHS has various operating divisions, including CDC, and these divisions’ FOIA officers have the “*full authority* as described in the definition of *Freedom of Information Act (FOIA) Officer*”—*i.e.*, “the authority” that “an HHS official” also has “to release or withhold records” or carry out other processing work—for “their [own] respective . . . [divisions].” 45 C.F.R. § 5.3 (first emphasis added). It also states that division officers are the “principal resource and authority for FOIA operations and implementation within their respective [divisions].” *Id.* In other words, the provision gives CDC and other division FOIA officials free rein over their separate FOIA domains and places them on equal footing with their FOIA counterparts at HHS—like the “*HHS Freedom of Information Act (FOIA) Officer*” in OS, who likewise has the power to “oversee[] the daily operations” within his or her own domain. *Id.* This language providing for distributed and separate authority makes good sense. It helps give effect to the decentralized FOIA system the regulations set out, and it facilitates the key benefit of this decentralization: division FOIA officials can apply their division-specific expertise to handle requests for division records.

The regulatory language in no way pegs divisions’ independent FOIA authority to any delegation from HHS. The plain text does not require this outcome. It specifically demarcates

division officials’ separate existence and authority over divisional FOIA operations and implementation, with zero mention about how they operate pursuant to an HHS official’s delegation and in HHS’s “stead.” *Soundboard Ass’n v. Fed. Trade Comm’n*, 888 F.3d 1261, 1271 n.3 (D.C. Cir. 2018) (quoted at Defs.’ Mem. 28) (similar).²⁰ All it states with respect to HHS is that division officials have the full processing authority that an HHS official does, regardless of whether the latter operates with “delegated” authority. Going beyond this logical reading, to condition divisional FOIA authority and in turn the very existence of a division’s FOIA apparatus, on any sort of separate HHS pass-down, makes no sense. It not only contravenes the actual language describing divisions’ independent FOIA authority, but also flies in the face of, and renders superfluous, the HHS FOIA regulatory scheme itself. Under Defendants’ reading, the scheme’s careful delineation of a “decentralized” HHS FOIA structure—with separate and independent divisional FOIA officials, operations, offices, programs, responsibilities, and authority—is all for naught, able to be done away with by a single HHS bureaucrat exercising amorphous and delegated “discretion.” That cannot be.

In any event, Defendants do not identify any regulatory basis for their extravagant assertion of power. They do not point to anything in 45 C.F.R. Part 5 enabling them to delete from existence an established division FOIA office with its own delineated workforce, duties, and powers. The regulations do not give anyone this authority, allow it to be delegated, or describe a delegation

²⁰ This circumstance stands in stark contrast to *United States v. Libby*, 429 F. Supp. 2d 27, 44 (D.D.C. 2006) (cited at Defs.’ Mem. 28-29). There, in the context of rejecting an Appointments Clause challenge, the court explained that the special counsel was removable at will by the Deputy Attorney General (and thus an inferior officer) because the counsel was operating based only on limited and temporary authority delegated in memoranda, absent governing regulations. *See id.* at 38-44. Here, Defendants do not identify any comparable delegation. Likewise, they do not identify any regulatory language indicating that HHS “may delegate” to the division offices but need not do so. Defs.’ Mem. 29 (quoting *Thunder v. U.S. Parole Comm’n*, 133 F. Supp. 3d 5, 9 (D.D.C. 2015)).

chain for it—let alone one in which an unspecified HHS official can shutter a division office and transfer its functions. If Defendants wanted to restructure their FOIA operations, they should have amended their regulations in the proper course before doing so. But they did not, so they remain bound by the regulatory language on the books. *See Nat’l Env’t Dev. Ass’n’s Clean Air Project v. Env’t Prot. Agency*, 752 F.3d 999, 1009 (D.C. Cir. 2014) (“Although it is within the power of an agency to amend or repeal its own regulations, an agency is not free to ignore or violate its regulations while they remain in effect” or “to play fast and loose with” them (cleaned up)).²¹

3. Defendants’ Revocation of Delegated Authority Is Immaterial

Against this regulatory backdrop, the August 1, 2025 Holzerland memorandum, purporting to revoke and reassign all the CDC FOIA office’s “delegated” authorities after the fact, is a smokescreen. Defs.’ Mem. 30. It is immaterial because the regulations do not provide Holzerland (or anyone else) with this power. The regulations separately provide for the CDC FOIA office’s authority and existence; these are not matters of delegation. Thus, Holzerland cannot unilaterally revoke the office’s independent FOIA processing authority (which was never his to confer or take back), and he likewise cannot exercise any delegated discretion to close the office (which never existed simply by virtue of his will). Because Holzerland lacks the office-closure power he claims, Defendants’ delegation argument falls apart from the get-go. Defendants cannot “effectively

²¹ The Court can reject Defendants’ delegated-authority argument simply based on plain regulatory language, without needing to resort to any specific canons of construction. Two canons do offer additional reason to reject Defendants’ argument, however. First, it “hide[s] [an] elephant” (the power to eliminate a division’s separately described FOIA authority and apparatus) “in [a] mousehole[]” (a stray reference to a delegation solely within HHS, to an HHS official, that the regulation presumes already “has been” carried out). *West Virginia v. Env’t Prot. Agency*, 597 U.S. 697, 746 (2022) (Gorsuch, J., concurring) (quoting *Whitman*, 531 U.S. at 468). Second, it overrides the “specific” definition of division FOIA officers as operating with their own authority with the more “general” definition of a FOIA officer as operating with delegated HHS authority. *RadLAX Gateway Hotel, LLC v. Amalgamated Bank*, 566 U.S. 639, 645 (2012).

amend the Code of Federal Regulations by issuing a memorandum with contradictory guidance.” *Scott & White Health Plan v. Becerra*, 693 F. Supp. 3d 1, 17 (D.D.C. 2023).

Defendants’ argument also fails on its own terms. Defendants fail to identify regulatory text to support their claim that they have the power to close the CDC FOIA office by “exercis[ing] their discretion to end CDC’s delegated authority.” Defs.’ Mem. 30. Because they cannot do so, they instead attempt to place their August 1 memorandum at the end of a “series” of past memoranda delegating “authority over FOIA operations.” *Id.* at 29. But these past memoranda relate to, and effectuate delegations of, the Chief FOIA Officer’s authority. Under the regulations, the Chief FOIA Officer’s authority is distinct from ordinary FOIA officials’ authority to process requests and run individual division FOIA programs—it instead concerns general oversight of FOIA “compliance” department-wide by a “senior [HHS] official.” 45 C.F.R. § 5.3.²² And unlike for division FOIA officials, the regulations expressly contemplate for the Chief FOIA Officer that the official’s oversight responsibilities are delegated. *See id.* In other words, Defendants’ delegation-memoranda foray is a sideshow with no bearing on the CDC FOIA office’s existence.

Defendants tacitly admit as much in their argument. As they explain, the regulations specify that the Chief FOIA Officer is an HHS official with department-wide “responsibility for ensuring efficient and appropriate” FOIA compliance, monitoring FOIA implementation, and making recommendations on FOIA implementation. Defs.’ Mem. 26-27 (quoting 45 C.F.R. § 5.3). And, as Defendants further explain, the regulations specify that the HHS Secretary “has designated” the “Assistant Secretary for Public Affairs (ASPA)” as the HHS Chief FOIA Officer,

²² The regulatory requirement for a Chief FOIA Officer stems from Executive Order 13,392, 70 Fed. Reg. 75,373 (Dec. 19, 2005) (requiring this officer to carry out general oversight), and the OPEN Government Act, Pub. L. No. 110-175, § 10, 121 Stat. 2524 (2007) (writing this requirement into FOIA statute, codified at 5 U.S.C. § 552 (j)). *See* 81 Fed. Reg. at 39,003-04. Neither the executive order nor the Act authorizes the closure of agency FOIA offices.

and that the “Deputy Agency Chief FOIA Officer” (DACFO) is a “designated” ASPA official who “has been authorized by the Chief FOIA Officer to act upon their behalf to implement” FOIA compliance. *Id.* at 27 (quoting 45 C.F.R. § 5.3). The delegation memoranda that Defendants identify simply carry out these regulatorily-specified delegations of general FOIA oversight power, as Defendants themselves describe. *See id.* at 29-30 (explaining that the Secretary’s memorandum designates the ASPA as the Chief FOIA Officer and delegates associated oversight authority to the ASPA, the ASPA’s memorandum authorizes the DACFO to carry out Chief FOIA Officer oversight responsibilities, and how, rounding out the chain, the DACFO’s memorandum delegates various FOIA administration and implementation down to division officers); *see also*, *e.g.*, Defs.’ Mem., Ex. 8 at 1-2, ECF No. 43-10 (explaining that what the DACFO is delegated, and thus may redelegate and undelegate, is “Chief FOIA Officer duties,” including “monitor[ing] [FOIA] implementation,” “[o]ffer[ing] training to agency staff,” “including concise descriptions of the [FOIA] exemptions in [public] guidelines,” and “review[ing]” FOIA administration issues such as the “use of exemptions”); *id.*, Ex. 13 at 1, ECF No. 43-15 (similar); Fourth Holzerland Decl. ¶¶ 84-85 (similar, describing delegation of Chief FOIA Officer authority).

Nothing in the memoranda can be understood to pass down, from the Secretary to the ASPA on down, anything more than the Chief FOIA Officer’s general oversight responsibilities. Although these responsibilities can certainly be delegated and in turn undelegated and centralized—enabling Defendants to achieve some of the unified FOIA oversight they wish to achieve—that says nothing about centralizing the basic independent processing responsibilities that belong to the agency FOIA offices themselves. No text or guidance authorizes anyone in the delegation chain to eliminate a division FOIA function and reassign its responsibilities, as the August 1 memorandum purports to carry out. In fact, the prior memoranda *presume* that division

FOIA officers and offices separately exist and will continue to do so, can have certain management duties delegated down to them, and will be generally overseen for FOIA compliance. *See, e.g., id.*, Ex. 7 at 1, ECF No. 43-9 (discussing redelegation down to division FOIA officers); *id.*, Ex. 8 at 2 (discussing training for agency staff and monitoring of FOIA implementation throughout department). And, as they must, the memoranda all state they are acting “[c]onsistent with 45 C.F.R. § 5.3,” *see id.*, Ex. 8 at 1, which dictates the structure of HHS FOIA operations and specifies the separate and independent nature of the CDC FOIA and other division FOIA apparatuses, *see supra* Part II.D.1-2. That regulatory language is what governs. To the extent there is any conflict between the regulations and memoranda, the regulations govern. Defendants cannot override them via internal memoranda. *See, e.g., Scott*, 693 F. Supp. 3d at 17; *Libby*, 429 F. Supp. 2d at 41-42.

4. Defendants’ Regulatory Interpretation Is Not Entitled to Deference

As a last resort, Defendants contend their regulatory interpretation is entitled to *Auer* deference. Defs.’ Mem. 34-36 (citations omitted). But such deference is available only if the regulations at issue are “genuinely ambiguous” and the agency’s reading is “reasonable.” *Kisor v. Wilkie*, 588 U.S. 558, 574-75 (2019) (quotation marks omitted). Neither condition is met here, *see supra* Part II.D.1, foreclosing deference as a threshold matter, *see Newman v. Fed. Energy Regul. Comm’n*, 27 F.4th 690, 696 (D.C. Cir. 2022). Two other factors bar deference here: Defendants’ reading is a “new” one that “conflict[s] with a prior one,” and it is merely a “post hoc” rationalization and “convenient litigating position.” *Kisor*, 588 U.S. at 579 (cleaned up).

Defendants’ reading is novel and contradictory because it departs from their decades-long view that division FOIA offices operate with independent authority under the FOIA regulations and decentralized structure the regulations set out. *See supra* 36-37. Defendants themselves admit their longstanding practice of treating the division offices as “federated” parts of the “significantly decentralized” HHS FOIA system. Fourth Holzerland Decl. ¶ 83. They do not identify any

instance before April 1 when, like now, they have read their regulations as giving OS FOIA discretionary power to absorb other division FOIA offices' entire processing responsibilities, and as providing these division FOIA offices only delegated and thus revocable authority. Defendants simply identify delegations of Chief FOIA Officer responsibilities, *see* Defs.' Mem. 36, which, as discussed, are immaterial here, *see supra* Part II.D.3. Even on Defendants' own terms, their argument fails. They ask the Court to defer not to a clearly stated reading of 45 C.F.R. § 5.3, but instead to one that must be "inferred" as a "corollary" within memoranda that do not actually discuss OS FOIA's "discretion" to process requests or division FOIA officers' authority to do so. *Id.* at 35. In other words, the memoranda do not supply a "vehicle" that can be properly "understood to make authoritative policy" on these questions. *Kisor*, 588 U.S. at 577.

Defendants' reading is a post-hoc one because it arose only during this litigation. Defendants admit that the only authority they invoked to justify the CDC FOIA office closure before litigation was Executive Order 14,210. *See* Defs.' Mem. 5, 39; Defs.' Counter SOMF ¶ 8. They do not identify any instance, prior to their first filing in this case on May 1, where they invoked 45 C.F.R. § 5.3 to justify their decision-making, or where they explained their view that the provision authorized them to close the CDC FOIA office and transfer its functions. *See* Defs.' Counter SOMF ¶ 37; *supra* 5. And, their delegated-authority reading is brand new. They did not articulate this view until the instant briefing; and, as they admit, they did not memorialize it until August 1, five months after the CDC FOIA office closure. *See* Defs.' Mem. 30.

CONCLUSION

The Court should grant CREW's motion and deny Defendants' motions.

Date: October 21, 2025

Respectfully Submitted,

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,

Plaintiff,

v.

U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, *et. al.*,

Defendants.

Civil Action No. 25-01020 (TJK)

SUPPLEMENTAL DECLARATION OF ALEX M. GOLDSTEIN
IN SUPPORT OF PLAINTIFF’S MOTION FOR SUMMARY JUDGMENT AND
OPPOSITION TO PARTIAL CROSS-MOTION FOR SUMMARY JUDGMENT AND
MOTION TO DISMISS

I, ALEX M. GOLDSTEIN, hereby declare as follows:

1. I am Associate Counsel at Citizens for Responsibility and Ethics in Washington (“CREW”) and counsel for CREW in the above-captioned action. I previously submitted declarations in this matter on April 21, 2025 (ECF No. 13-3), May 22, 2025 (ECF No. 26-2), and July 17, 2025 (ECF No. 33-2). I make this Supplemental Declaration in support of Plaintiff’s Motion for Summary Judgment and Opposition to Partial Cross-Motion for Summary Judgment and Motion to Dismiss, which incorporates and supplements my prior declarations, based on my personal knowledge, consultation with colleagues, and review of CREW’s files.

April 1, 2025 FOIA Requests

2. On April 1, 2025, CREW submitted five FOIA requests to the U.S. Centers for Disease Control and Prevention (“CDC”). These requests are the subject of this litigation and are described in greater detail in my first declaration (ECF No. 13-3). The requests have the following tracking numbers: 25-10001-FOIA-CDC (concerning measles report), 25-10002-FOIA-CDC

(concerning the decision to place the CDC FOIA office on administrative leave), 25-10003-FOIA-CDC (concerning communications from DOGE and OPM related to the placement of CDC FOIA office on administrative leave), 25-10004-FOIA-CDC (concerning plans to handle CDC FOIA responsibilities), and 25-10005-FOIA-CDC (concerning takedown of CDC FOIA portal). *See* ECF No. 18-2; Fourth Decl. of William H. Holzerland ¶¶ 24, 30, 35, 39, 44, ECF No. 43-3 [hereinafter Fourth Holzerland Decl.].¹

3. On September 15, 2025, OS FOIA issued a first interim response to FOIA request 25-10002-FOIA-CDC. As OS FOIA explained in the response, it located and produced Reduction in Force (“RIF”) emails and attachments, *i.e.*, the email and memorandum notice of the RIF action and accompanying attachments sent to affected CDC employees. A true and correct copy of the OS FOIA first interim response letter is attached as Exhibit A. An excerpt of the underlying documents produced is attached as Exhibit B; as indicated in the response letter, the documents produced are simply HHS RIF emails and attachments sent to CDC employees.² OS FOIA has represented that it is continuing its search because additional custodians may have responsive records. *See* Fourth Holzerland Decl. ¶ 32.

4. On September 30, 2025, OS FOIA issued a response to FOIA request 25-10001-FOIA-CDC. A true and correct copy of the OS FOIA response letter is attached as Exhibit C. As

¹ Defendants appear to have altered the tracking number formatting in various ways in this case. For example, in their May 1, 2025 acknowledgment letters, Defendants indicated that the tracking number for the measles request is “2025-100001-FOIA-CDC,” *see* ECF No. 18-1 at 13, but their September 30, 2025 response letter uses the tracking number “2025-10001-FOIA,” *see* Ex. C, and their declarant uses their tracking number “25-10001-FOIA-CDC,” *see* Fourth Holzerland Decl. ¶ 24. For ease, CREW uses the tracking number used by Defendants’ declarant.

² CREW has added Bates numbering to the productions it has received, using the prefixes of the request tracking numbers as the Bates prefixes (*e.g.*, “25-10001” as the Bates prefix for the 25-10001-FOIA-CDC request, “25-10002” as the Bates prefix for the 25-10002-FOIA-CDC request, and so forth).

OS FOIA explained in the response letter, it had reviewed 36 pages and released 34 in full and 2 in part. The response letter does not indicate how many records in total OS FOIA located or if the letter is an interim or final response.

5. On September 30, 2025, OS FOIA issued a response to FOIA request 25-10003-FOIA-CDC. A true and correct copy of the OS FOIA response letter is attached as Exhibit D. As OS FOIA explained in the letter, its search did not locate any responsive records.

6. On September 30, 2025, OS FOIA issued a response to FOIA request 25-10004-FOIA-CDC. A true and correct copy of the OS FOIA response letter is attached as Exhibit E. As OS FOIA explained, it located and reviewed 64 pages and released them with redactions applied to portions of those pages. A true and correct copy of excerpted pages of the documents produced is attached as Exhibit F. Included in the exhibit are the following documents:

- An April 4, 2025 email from William H. Holzerland (“Holzerland”) to OS FOIA employees stating in relevant part:

I think the logistical piece related to processing FOIA requests across Op Divs - to the extent we must do so - would be the unusual part. We do not yet have access to existing CDC/NIH/FDA requests, so the most immediate problem is that we have to *manage peoples’ expectations with respect to the level of service we can provide. This is going to take time to sort out, unfortunately, and we received zero advance notice of what occurred earlier this week.* Apparently, some of the individuals terminated in the FOIA enterprise in the OpDivs were recalled to work, and I have no visibility into what that means in the long term yet.

...

I’m working with the press folks in ASPA to ensure we have clear messaging posted to existing Op Div FOIA websites *about upcoming service delays as the reorg unfolds, as that is an unfortunate inevitability.*

25-10004-011 (emphases added).

- An April 7, 2025 email from Holzerland to various HHS division employees stating in relevant part:

While *I do not have a comprehensive list of the personnel changes across OpDivs and StaffDivs* - whether we're talking those that impacted FOIA personnel, or those that impacted reporting chains - I want to get the conversation started surrounding how we move forward.

25-10004-009 (emphasis added).

- An April 3, 2025 email from Holzerland to the Deputy Director of the Office of Government Information Services stating in relevant part:

The short answer is that *I don't have specifics* on most of the below [regarding the current status of HHS's component FOIA programs]. *I learned about recent personnel actions by reading about them.*

...

On granular issues - eg what happens when an email goes to a specified email address at an identified HHS OpDiv - *we are miles away from having fixes or even a solid factual landscape for such discrete issues.* i need to manage everyone's expectations as what is clear right now *is there will be widespread, significant service delays across nearly every HHS OpDiv FOIA program* as we reorganize.

25-10004-032 (emphases added).

- An April 16, 2025 email from Holzerland to OS FOIA employees stating in relevant part:

At this time, *ASPA is not able to provide a reasonable estimate of the SSF FOIA work or resource needs for the remainder of FY25.* FOIA staff at ACF, ACL, CDC, FDA, NIH, and SAMHSA have been recently RIF'd and *the OS FOIA team will need to pick up a volume of ongoing and new work* that is still being quantified. It is unknown at this time if additional personnel or funding will be dedicated to the absorption of existing HHS FOIA programs, *necessitating completion of statutorily-mandated daily work and litigation, far beyond the capacity of the current OS FOIA team.*

25-10004-040 (emphases added).

7. On September 30, 2025, OS FOIA issued a response to FOIA request 25-10005-FOIA-CDC. A true and correct copy of the OS FOIA final response letter is attached as Exhibit G. As OS FOIA explained in the letter, it had located 254 pages and released them with redactions

applied to portions of those pages. A true and correct copy of excerpted pages of the documents produced is attached as Exhibit H. Included in the exhibit are the following documents:

- An April 7, 2025 email from Holzerland to CDC and OS FOIA employees stating in relevant part:

At the moment, we're going to focus on triaging and identifying the most urgent items in need of attention, recognizing the same process will be playing out across a number of HHS OpDivs simultaneously. *Resources are severely limited at the moment, so CDC can expect that we're going to all be flooded simultaneously* as the Department reorganizes.

25-10005-119 (emphasis added).

- An April 1, 2025 email from Holzerland to CDC employees stating in relevant part, in response to suggestions for CDC FOIA requests to be “redirect[ed]” to HHS intake or for CDC FOIA intake to have an “automated response that there’s a pause in FOIA processing”:

All of the options are suboptimal right now and *I worry that shuttling requesters here will add a layer of confusion* we do not need. If our *backlog hadn't doubled from ~3k on 10/1 to ~6k today*, I'd far prefer the alternative. As it stands, we're doing lit productions and *barely keeping up* with that. *Trying to get clarity on the path forward*, since we do not have the discretion to let requests languish.

25-10005-239, 241 (emphases added).

8. I have reviewed the declarations of William H. Holzerland, including the Fourth Declaration he submitted on September 4, 2025. The above-quoted emails from him contradict his representations that the closure of the CDC FOIA office and transfer of its responsibilities to OS FOIA resulted from strategic decision-making based on “shifting resource demands” and “evolving workloads,” Fourth Holzerland Decl. ¶ 11, and a desire to “streamlin[e] inefficient operations,” “consolidat[e] . . . duplicative functions,” and enhance transparency, Decl. of William H. Holzerland ¶¶ 18, 20, ECF No. 18-1; *see also id.* ¶¶ 19, 21-25 (similar). They also contradict

his representations that the closure and transfer decision aligns with FOIA and would not affect transparency because “OS-FOIA remains fully capable of receiving[,] processing[,] and responding to FOIA requests directed at CDC’s records.” Fourth Holzerland Decl. ¶ 91. As the above-quoted emails show, Holzerland did not know of the CDC FOIA office closure decision beforehand despite serving as the HHS official responsible for overseeing FOIA compliance and implementation throughout the department, *see* ¶ 9; scrambled to have OS FOIA pick up CDC FOIA responsibilities; and believed that the closure and transfer of responsibilities would seriously impact FOIA compliance and result in widespread and serious delays because of OS FOIA’s limited capacity and burgeoning workload.

May 21, 2025 CDC FOIA Requests

9. On May 21, 2025, CREW submitted two additional FOIA requests for CDC records to OS FOIA. Those requests are detailed in my May 22, 2025 declaration (ECF No. 26-2), and again in my July 17, 2025 declaration (ECF No. 33-2). As detailed in the latter declaration, CREW had not received any correspondence on either request as of July 17, 2025.

10. On September 2, 2025, on the eve of Defendants’ deadline for their summary judgment opposition and incorporated cross-motion to dismiss or, in the alternative, for summary judgment, *see* August 27, 2025 Minute Order, OS FOIA sent acknowledgment letters to CREW for both of the May 21 requests. True and correct copies of the letters are attached as Exhibits I-J.

11. Each of the September 2, 2025 acknowledgment letters mirrored the acknowledgment letters that CREW received on June 23, 2025, seeking additional time to respond.

See ECF No. 33-2 ¶ 4. Each of the September 2 acknowledgment letters stated:

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. *See* 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days

to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 6,000 cases.³

12. CREW received these letters well after the 20-working-day time limit for its requests had run. 5 U.S.C. § 552(a)(6)(B)(i) permits agencies to “extend[]” by 10 working days the 20-working-day time limit only before the time limit has run. 5 U.S.C. § 552(a)(6)(B)(i); *see also* 45 C.F.R. § 5.24(f) (explaining that, for time extensions under 5 U.S.C. § 552(a)(6)(B), “we will notify you . . . *before expiration of the 20-day period to respond*” (emphasis added)).⁴

June 25, 2025 CDC FOIA Requests

13. On June 25, 2025, CREW submitted five additional FOIA requests to OS FOIA for CDC records. The requests are detailed in my July 17, 2025 declaration (ECF No. 33-2). As detailed in that declaration, one of these requests sought expedited processing. And, as detailed in that declaration, CREW had not received any correspondence on any of the requests as of July 17, 2025.

14. On September 2, 2025, on the eve of Defendants’ deadline for their summary judgment opposition and incorporated cross-motion to dismiss or, in the alternative, for summary

³ The June 23, 2025 acknowledgment letters stated that OS FOIA’s current workload is approximately 7,000 cases, not 6,000 cases. *See* ECF No. 33-2 ¶ 4.

⁴ CREW is aware that Defendants have sent virtually identical acknowledgment letters in response to other CDC FOIA requests. *See* Decl. of Vanessa Allen ¶ 29 (supplemental declaration from American Oversight, attached to CREW’s filing today, describing September 2025 OS FOIA acknowledgment letters for CDC requests that mirror what CREW has received, except that they state OS FOIA’s current workload is 8,000 cases).

judgment, *see* August 27, 2025 Minute Order, OS FOIA sent acknowledgment letters to CREW for each of the five requests. True and correct copies of the letters are attached as Exhibits K-O.

15. Each of these September 2, 2025 acknowledgment letters mirrored the other acknowledgment letters that CREW received the same day, *see supra* ¶ 11, and the ones that CREW received on June 23, 2025, *see* ECF No. 33-2 ¶ 4. Each of the September 2 acknowledgment letters sought additional time, stating:

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.⁵

16. CREW received these letters well after the 20-working-day time limit for its four non-expedited FOIA requests had run. 5 U.S.C. § 552(a)(6)(B)(i) permits agencies to “extend[]” by 10 working days the 20-working-day time limit only before the time limit has run. 5 U.S.C. § 552(a)(6)(B)(i); *see also* 45 C.F.R. § 5.24(f) (explaining that, for time extensions under 5 U.S.C. § 552(a)(6)(B), “we will notify you . . . *before expiration of the 20-day period to respond*” (emphasis added)). CREW also received the extension letter in response to its expedited request even though 5 U.S.C. § 552(a)(6)(B)(i) does not permit time extensions of the 10-calendar-day

⁵ As reflected in paragraph 11 above, the other acknowledgment letters that CREW received on the exact same day indicated that OS FOIA’s current workload is approximately 6,000 cases, not 3,000 cases. Nothing in the letters explains this discrepancy. Nor does anything in the Fourth Holzerland Declaration, which states that, as of September 3, 2025, the day after the September 2, 2025 letters in question, OS FOIA “had nearly 9,315 pending FOIA requests” across “its portfolio.” Fourth Holzerland Decl. ¶ 92.

time limit for expedited requests; it permits extensions only of the 20-working-day time limits “prescribed” by the statute. 5 U.S.C. § 552(a)(6)(B)(i).

September 2025 CDC FOIA Requests

17. In early September, CREW submitted two additional FOIA requests to OS FOIA for CDC records.

18. First, on September 2, 2025, CREW submitted an expedited request related to the CDC’s decision to remove the COVID-19 vaccine from its recommended vaccine schedule for pregnant women and children. A true and correct copy of the request is attached as Exhibit P. CREW submitted the request through the HHS FOIA Public Access Link Portal and via email. CREW received an automated email, assigning the request Tracking No. #2025-03701-FOIA-OS. CREW did not receive an expedited processing determination on its request within 10 calendar days, *see* 5 U.S.C. § 552(a)(6)(E)(ii)(I); 45 C.F.R. § 5.27(c), and still has not received a determination. To date, CREW has received no additional information or correspondence on this request, such as the required acknowledgment letter within 10 business days. *See* 45 C.F.R. § 5.24(a).

19. On September 5, 2025, CREW submitted a request seeking records related to the ouster of CDC Director Susan Monarez. A true and correct copy of the request is attached as Exhibit Q. CREW submitted the request through the HHS FOIA Public Access Link Portal and via email. CREW received an automated email, assigning the request Tracking No. #2025-03719-FOIA-OS. To date, CREW has received no additional information or correspondence on this request, such as the required acknowledgment letter within 10 business days. *See* 45 C.F.R. § 5.24(a).

Reading Room

20. I have reviewed the representations made by William H. Holzerland regarding Defendants' compliance with CDC reading-room obligations. *See* Fourth Holzerland Decl. ¶ 95. I previously discussed this issue in my July 17, 2025 declaration. *See* ECF No. 33-2 ¶ 9 n.2.

21. The CDC FOIA reading-room website is no longer online. It was previously available at <https://foia.cdc.gov/app/ReadingRoom.aspx>,⁶ but, as of October 17, 2025, it is no longer accessible. A true and correct copy of a screenshot of the broken CDC FOIA reading-room website is attached as Exhibit R. The CDC *FOIA Resources* webpage, available at <https://www.cdc.gov/foia/resources/index.html>, does not appear to have CDC reading-room records either. A true and correct copy of that webpage as of October 17, 2025 is attached as Exhibit S. As of October 17, 2025, the link on that webpage to CDC FOIA request logs (which has the link <https://foia.cdc.gov/app/MainPage.aspx>) is broken as well, as reflected in a true and correct copy of the linked webpage attached as Exhibit T.

22. HHS FOIA online resources do not contain up-to-date CDC reading-room information. The OS FOIA reading-room webpage, available at <https://www.hhs.gov/foia/electronic-reading-room/index.html> and reflected in Exhibit U, a true and correct copy of the webpage as of October 17, 2025, does not appear to contain up-to-date CDC reading-room records. It states at the very bottom (at page 16 of Exhibit U) that the webpage content was last reviewed May 23, 2025.⁷ It purports to link to the CDC reading-room webpage. But that link is broken, as

⁶ An Internet Archive copy of the reading room from August 8, 2025 is available at <http://web.archive.org/web/20250808234216/https://foia.cdc.gov/app/ReadingRoom.aspx>. The Internet Archive is a nonprofit that archives Internet webpages. *See About the Internet Archive*, Internet Archive, <https://archive.org/about/>.

⁷ Relevant pages linked on the OS FOIA reading-room webpage similarly have not been updated for some time and appear restricted to OS FOIA records. For example, the *FOIA Logs* linked webpage, available at <https://www.hhs.gov/foia/electronic-reading-room/foia-logs/index.html>,

reflected in Exhibit W, a true and correct copy of the linked webpage as of October 17, 2025. It automatically routes to the CDC *FOIA Resources* webpage, with the URL https://www.cdc.gov/foia/resources/?CDC_AAref_Val=https://www.cdc.gov/od/foia/reading/index.htm. A true and correct copy of that webpage as of October 17, 2025, with a more direct URL, is described in paragraph 21 above (attached as Exhibit S). Again, the webpage does not contain up-to-date CDC reading-room records, for the reasons discussed in paragraph 21 above. The HHS FOIA reading room, available at <https://requests.publiclink.hhs.gov/App/ReadingRoom.aspx>, does not either. A true and correct copy of a screenshot of the HHS reading room, reflecting an October 17, 2025 search for documents in all of the “Reading Room File Cabinet” categories and the results of that search, is attached as Exhibit X.

Analysis of CDC FOIA and OS FOIA Statistics

23. I and my colleagues at CREW have reviewed the representations made by William H. Holzerland regarding CDC FOIA and OS FOIA “metrics.” Fourth Holzerland Decl. ¶ 70; *see id.* ¶¶ 71-73.

24. First, my colleagues and I reviewed the appellate review statistics provided by Holzerland. *See id.* ¶¶ 71-73. Based on the statistics provided, and the statistics HHS provides in its FOIA annual reports, my colleagues and I generated Table 1 on the following page. The analysis in the table shows that, contrary to the assessment of Holzerland, “the relative quality of the former CDC-FOIA office’s determinations” was not out-of-step with its peer HHS FOIA offices. *Id.* ¶ 72;

only contains OS FOIA logs between 2017 and 2023 and states its content was last reviewed May 6, 2025. A true and correct copy of the *FOIA Logs* linked webpage as of October 20, 2025 is attached as Exhibit V. Also included in Exhibit V is a true and correct copy of the *FOIA Litigation Releases* webpage (available at <https://www.hhs.gov/foia/electronic-reading-room/litigation-releases/index.html>), and a number of the dozen or so webpages linked therein, as of October 20, 2025. None of the litigation release webpages, all of which relate to litigation initiated in 2023, appear to concern CDC litigation and releases of CDC records.

see id. ¶ 75 (similarly claiming that appellate statistics showed that CDC appellate statistics are “signals or indicators” of its relative performance).

Table 1

**Comparing 2023-2024 FOIA Appeals Statistics for CDC FOIA and Other Divisions
Whose Appeals Are Handled By OS FOIA***

		CDC	Other Components	Total
2024	Number of Appeals Processed by OS	113	106	219
	Number of Appeals Affirmed	13 (12% of total processed for agency)	6 (6% of total processed for others)	19 (9% of total processed)
	Number of Appeals Reversed	37 (32% of total processed for agency)	29 (27% of total processed for others)	66 (30% of total processed)
	Affirmed/Reversed Ratio	35%	21%	29%
2023	Number of Appeals Processed by OS	115	115	230
	Number of Appeals Affirmed	24 (21% of total processed for agency)	32 (28% of total processed for others)	56 (24% of total processed)
	Number of Appeals Reversed	21	34	55
	Affirmed/Reversed Ratio	114%	94%	102%

* This data is derived from paragraphs 71-73 of the Fourth Holzerland Declaration, Sections VI.A and VI.B of the 2023 and 2024 HHS FOIA annual reports (available at <https://www.hhs.gov/foia/reports/annual-reports/index.html>),⁸ and basic arithmetic involving

⁸ See HHS Fiscal Year 2024 Freedom of Information Annual Report, HHS, <https://www.hhs.gov/foia/reports/annual-reports/2024/index.html> [hereinafter 2024 Annual FOIA Report]; HHS Fiscal

these two sources of data. For example, paragraph 72 of the Holzerland declaration states that OS FOIA processed 113 CDC appeals in 2024, and the 2024 FOIA annual report indicates that OS FOIA processed 219; the difference between the two indicates that OS FOIA processed 106 appeals for other components. Similarly, paragraph 72 of the declaration states that OS FOIA reversed CDC on appeal 58 times across 2023 and 2024 and reversed CDC on appeal 37 times in 2024, and the difference between the two yields 21 reversals for CDC on appeal in 2023. The data across the two sources appears to be consistent and fit together to create a basic understanding of appellate reversals (which the incomplete declaration statistics in paragraphs 71-73 themselves did not show). For example, both paragraph 72 and the 2024 FOIA annual report indicate that OS FOIA overturned a total of 66 requests in 2024, and the figures the declaration provides for CDC reversals and other components' reversals add up to 66.

25. Second, my colleagues and I have reviewed Holzerland's assertions that certain OS FOIA metrics that CREW previously provided lack context. *See* Fourth Holzerland Decl. ¶ 70. To provide additional context, and a more complete view of how OS FOIA and CDC FOIA have performed over the years, my colleagues and I reviewed HHS FOIA annual reports between 2018 and 2024 and generated Table 2 on the following page. The data in the table demonstrates that OS FOIA has fared much worse than CDC FOIA across different FOIA metrics.

(See following page)

Year 2023 Freedom of Information Annual Report, HHS, <https://www.hhs.gov/foia/reports/annual-reports/2023/index.html> [hereinafter *2023 Annual FOIA Report*].

Table 2

**Comparing FOIA Statistics for OS FOIA and CDC FOIA from 2018-2024 Based on HHS Fiscal Year FOIA Annual Reports
(Sections V.A, VII.A, VIII.A, VIII.B, X.II.A of Reports)***

	Expedited Processing Average Days to Adjudicate, with Request Processing Numbers (Section VIII.A)		Average Response Times for Simple, Complex, and Expedited Requests (Section VII.A)		Fee Waiver Average Days to Adjudicate (Section VIII.B)		Number of Backlogged Requests at Year End (Section XII.A), with Request Processing Numbers (Section V.A)	
	OS	CDC	OS	CDC	OS	CDC	OS	CDC
2024	270 days (49 requests, 37 adjudicated within 10 days)	1.62 days (174 requests, 173 adjudicated within 10 days)	15.27 days (S) 434 days (C) 374.85 days (E)	17.67 days (S) 58.28 days (C) 127.52 days (E)	557.75 days (8 requests)	1.62 days (282 requests)	3,020 requests (2,819 received, 1,329 processed)	110 requests (1,838 received, 1,918 processed)
2023	336.07 days (14 requests, 7 adjudicated within 10 days)	1.87 days (192 requests, 190 adjudicated within 10 days)	20.38 days (S) 530.65 days (C) 962.93 days (E)	12.14 days (S) 69.76 days (C) 218.25 days (E)	560.66 days (12 requests)	1.59 days (71 requests)	2,066 requests (1,432 received, 2,100 processed)	186 requests (1,951 received, 2,048 processed)
2022	276.23 days (17 requests, 5 adjudicated within 10 days)	1.57 days (372 requests, 370 adjudicated within 10 days)	12.67 days (S) 285.56 days (C) 549 days (E)	12.14 days (S) 56.95 days (C) 130 days (E)	366.3 days (10 requests)	1.84 days (471 requests)	2,714 requests (1,592 received, 1,684 processed)	257 requests (2,400 received, 2,481 processed)

	Expedited Processing Average Days to Adjudicate (Section VIII.A)		Average Response Times for Simple, Complex, and Expedited Requests (Section VII.A)		Fee Waiver Average Days to Adjudicate (Section VIII.B)		Number of Backlogged Requests at Year End (Section XII.A), with Request Processing Numbers (Section V.A)	
	OS	CDC	OS	CDC	OS	CDC	OS	CDC
2021	69.39 days (38 requests, 12 adjudicated within 10 days)	5.96 days (495 requests, 476 adjudicated within 10 days)	74 days (S) 399.21 days (C) 278.11 days (E)	16.29 days (S) 47.31 days (C) 113.26 days (E)	604.67 days (9 requests)	4.88 days (503 requests)	2,425 requests (1,640 received, 1,375 processed)	282 requests (2,477 received, 2,564 processed)
2020	30.16 days (116 requests, 39 adjudicated within 10 days)	1.51 days (612 requests, 607 adjudicated within 10 days)	98.28 days (S) 296.77 days (C) 103.44 days (E)	12.4 days (S) 23.01 days (C) 27.3 days (E)	192 days (7 requests)	1.51 days (87 requests)	2,239 requests (1,706 received, 1,171 processed)	304 requests (2,481 received, 2,058 processed)
2019	103.89 days (9 requests, 1 adjudicated within 10 days)	4.04 days (109 requests, 107 adjudicated within 10 days)	52.37 days (S) 162.26 days (C) 315 days (E)	122.6 days (S) 26.23 days (C) 35 days (E)	N/A (0 requests)	2.79 days (89 requests)	1,725 requests (1,372 received, 843 processed)	18 requests (1,270 received, 1,263 processed)
2018	35.67 days (43 requests, 20 adjudicated within 10 days)	1.07 days (89 requests, 88 adjudicated within 10 days)	29.53 days (S) 144.7 days (C) 61.5 days (E)	12.25 days (S) 54.88 days (C) 179.36 days (E)	N/A (0 requests)	0.3 days (123 requests)	1,184 requests (1,573 received, 1,016 processed)	24 requests (1186 received, 1,219 processed)

* The 2022-2024 annual report data are available at <https://www.hhs.gov/foia/reports/annual-reports/index.html>.⁹ The 2016-2021 annual reports are not available on HHS's archive page for annual reports (available at <https://www.hhs.gov/foia/reports/annual-reports/archive/index.html>); the links on that page appear to be broken and are not accessible using the Internet Archive. But the Department of Justice's Office of Information Policy has an archive of agency annual FOIA reports. Agency annual reports from 2018-2024 are located at <https://www.justice.gov/oip/reports-1#s1>. The links for HHS annual reports on these webpages appear to be broken as well, but they are accessible using the Internet Archive.¹⁰

Current Status of HHS FOIA Portal and CDC FOIA Portal Webpages

26. As of October 17, 2025, the HHS FOIA portal webpage, previously available at <https://requests.publiclink.hhs.gov/> and described at Fourth Holzerland Decl. ¶ 21 (citing ECF No. 25-2, Ex. 4 at 5, which is a screenshot of the webpage), is no longer functioning. Rather than providing the ability to submit FOIA requests, view previously submitted requests, or undertake other available functions, the webpage simply displays a nearly blank page, with only the word "Home" repeated twice at the top and no working links or place to submit requests, check the status of requests, or obtain any other information or perform any functions. A true and correct copy of the webpage as of October 17, 2025 is attached as Exhibit Y.

27. As of October 17, 2025, the CDC FOIA portal webpage, previously accessible at foia.cdc.gov (and also accessible through the reading-room webpage at <https://foia.cdc.gov/app/>

⁹ See 2024 Annual FOIA Report, *supra* note 8; 2023 Annual FOIA Report, *supra* note 8; HHS Fiscal Year 2022 Freedom of Information Annual Report, HHS, <https://www.hhs.gov/foia/reports/annual-reports/2022/index.html>.

¹⁰ See HHS Fiscal Year 2021 Freedom of Information Annual Report, HHS, <http://web.archive.org/web/20240805165244/https://www.hhs.gov/foia/reports/annual-reports/2021/index.html>; HHS Fiscal Year 2020 Freedom of Information Annual Report, HHS, <http://web.archive.org/web/20211123022911/https://www.hhs.gov/foia/reports/annual-reports/2020/index.html>; HHS Fiscal Year 2019 Freedom of Information Annual Report, HHS, <http://web.archive.org/web/202011101065643/https://www.hhs.gov/foia/reports/annual-reports/2019/index.html>; HHS Fiscal Year 2018 Freedom of Information Annual Report, HHS, <http://web.archive.org/web/20200830221913/https://www.hhs.gov/foia/reports/annual-reports/2018/index.html>.

[ReadingRoom.aspx](#)) and described as functional at Fourth Holzerland Decl. ¶ 11, is no longer functional. A true and correct copy of the broken webpage is attached as Exhibit Z.

28. Because of these broken webpages, CREW is currently unable to submit CDC FOIA requests or engage in other necessary functions, such as reviewing the status of its pending requests.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Dated: October 21, 2025



Alex Goldstein

Exhibit A



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No.: 2025-100002-FOIA-CDC

September 15, 2025

Sent via email to:

Amanda Bangle

CREW

Citizens for Responsible Ethics in Washington

abangle@citizensforethics.org

Dear Ms. Bangle:

This is the first interim response to your Freedom of Information Act (FOIA) request, dated April 1, 2025, requesting:

1. All communications sent or received by CDC Public Liaison Bruno Viana, CDC/ATSDR FOIA Officer Roger Andoh, or any other employees in the CDC/ATSDR FOIA Office that mention, reference, or relate to the decision to place the CDC FOIA office on administrative leave on April 1, 2025.
2. All communications sent or received by any CDC employee outside the CDC/ATSDR FOIA Office that mention, reference, or relate to the decision to place the CDC FOIA office on administrative leave on April 1, 2025.
3. All memoranda, directives, or other final records relating to the decision to place the CDC FOIA office on administrative leave on April 1, 2025.

We received your request in our office on April 1, 2025.

The Centers for Disease Control's Office of the Chief Information Officer (OCIO) conducted a search and located 1,783 pages of responsive pages, of which 1,547 pages are duplicates of the nine (9) attachments provided with the reduction-in-force notices. After a careful review of the non-duplicative pages, I have determined that 10 pages and portions of other pages are exempt from disclosure pursuant to Exemption (b)(6) of the FOIA (5 U.S.C. §552), as described below. Accordingly, your request is granted in part.

FOIA exemption (b)(6) permits a federal agency to withhold information and records about individuals in "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The definition of "similar files" has historically been broadly interpreted to include a wide variety of files, and the United States Supreme Court has held that Congress intended the term "similar files" to be interpreted broadly, rather than narrowly. I have analyzed these records and find they meet the threshold requirement of this exemption. Additionally, I have reviewed and weighed the public interest in disclosure of this information against the privacy interest in nondisclosure and found that the privacy interest outweighs the public's interest in disclosure.

We are continuing our search for responsive records and will provide additional records as they become available. If you have questions regarding the handling of this request or HHS FOIA procedures, feel free to contact us at FOIArequest@hhs.gov.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'AMP', with a large circular flourish at the end.

Arianne M. Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Enclosures:
Responsive Records (226 pages)

Exhibit B

From: OHRCorrespondence@hhs.gov
Sent: Tue, 1 Apr 2025 09:05:46 +0000
To: (b)(6) CDC/OCOO/OD)
Subject: Personnel Notification
Attachments: Notice of RIF.pdf, Acknowledgement of Receipt.docx, Authorization for Release of Information.pdf, MSPB Attachment.pdf, MSPB E-Appeal Information Sheet.pdf, OPM Retention Regulations.pdf, Severance Pay Estimation Worksheet.pdf, State Workforce Agencies.pdf, The Employees Guide to Career Transition - CTAP ICTAP RPL.pdf, Unemployment Insurance Information.pdf
Importance: High

Dear (b)(6),

I regret to inform you that you are being affected by a reduction in force (RIF) action. Please find attached a notice memorandum explaining the RIF and next steps. This RIF action does not reflect directly on your service, performance, or conduct. It is being taken solely for the reasons stated in the memorandum.

After you receive this notice, you will be placed on administrative leave and will no longer have building access beginning Tuesday, April 1, unless directed otherwise by your leadership. Additionally, please save this email and its attachments, or forward them to a personal email address, for your records.

Leadership at HHS appreciates your service.

Sincerely,

Tom Nagy



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

March 31, 2025

MEMORANDUM FOR:

(b)(6)

VIA EMAIL:

(b)(6)

cdc.gov

FROM:

Tom Nagy, Chief Human Capital Officer

SUBJECT:

Specific Notice of Reduction in Force

In accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and the Department of Health and Human Services' (HHS) broader reorganization strategy to improve its efficiency and effectiveness to make America healthier, HHS is executing a Reduction in Force (RIF). This memorandum constitutes a specific notice of a RIF.

I regret to inform you that you are being affected by a RIF action. This RIF is necessary to reshape the workforce of HHS.

This is your specific notice of the RIF. In accordance with the RIF procedures specified in Chapter 35 of Title 5 of the United States Code and Title 5 of the Code of Federal Regulations, Part 351, and HHS policy, you are being released from your competitive level based on your retention standing. Consequently, you will be separated from the Federal service effective **June 2, 2025**. In the event you are qualified and have assignment rights to a position that becomes available during the notice period, you will be informed via a specific, subsequent notice. Should the circumstances of the RIF otherwise change, this notice may be withdrawn.

Retention Standing

To conduct the RIF, retention registers were prepared which list employees in retention standing order by civil service tenure group and subgroup, veterans' preference, performance ratings, and length of Federal service. The following information was used to determine your retention standing as of the RIF effective date:

Competitive Area:

FREEDOM OF INFORMATION ACT-

Competitive Level:

GIS8

Tenure Group & Subgroup:

(b)(6)

Veterans' Preference:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Most Recent Performance Ratings:

(b)(6)

Additional Years of Credit Based on Performance Ratings:

(b)(6)

Reduction In Force Service Computation Date (SCD):

(b)(6)

Adjusted RIF Service Computation Date (SCD):

The adjusted RIF SCD includes all creditable military and civilian service and is adjusted with additional credit (up to a maximum of 20 years) for the performance ratings.

NOTE: All employees in your competitive area will be separated.

You have been reached for release from your competitive level in accordance with RIF regulations and procedures. You have no assignment rights to positions within your competitive area. Therefore, you will be separated from HHS at the close of business on June 2, 2025.

Based on a preliminary evaluation, (b)(6) severance pay pursuant to 5 U.S.C. § 5595.

If you are a competitive service employee, or a covered excepted service employee under HHS Instruction 330-2, you are eligible to have your name placed on the Reemployment Priority List and to participate in the Interagency Career Transition Assistance Plan (ICTAP). You are also eligible to participate in the HHS Career Transition Assistance Program. However, if you resign or retire before your separation under reduction in force, you will no longer be eligible for special selection priority under this program and you may lose eligibility for special selection priority through the Reemployment Priority List (RPL) and the ICTAP. Information and registration procedures for the RPL are included in the attachments to this notice.

Please contact your supervisor or email OHR-General-Inquiries@hhs.gov immediately if you believe any of the above information is incorrect.

RIF Package

Each employee impacted by the RIF has been sent documents that outline applicable benefits for which you may be eligible or entitled as appropriate. You may make an appointment with the Office of Human Resources (OHR) to obtain paper copies of the documents. You may make an appointment by contacting OHR-General-Inquiries@hhs.gov. In addition, the websites to certain relevant external benefits provided by other entities are found immediately below.

For training benefits under the Workforce Improvement Act of 1998, please see www.careeronestop.org.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

For unemployment compensation benefits, please refer to the Department of Labor website at www.dol.gov.

For general information on transition assistance, please refer to the Office of Personnel Management website at www.opm.gov.

Appeal and Grievance Rights**U.S. Merit Systems Protection Board (MSPB)**

If you believe your retention rights have not been applied correctly or have been violated, you may appeal this action to the MSPB. You may file your appeal with the MSPB's regional or field office serving the area where your duty station was located. The address of your regional or field office has been included in your RIF package.

For a complete listing of MSPB regional and field offices, see [Appendix II](#) of Part 1201 of the Board's regulations. Your appeal must be in writing and may be filed any time after receipt of this notice until no later than 30 calendar days after the effective date. Failure to file an appeal within the time limit may result in dismissal of the appeal as untimely filed. More information on filing appeals is included in your RIF package. You may also access the MSPB website at www.mspb.gov for additional and further detailed information on the appeal process.

Equal Employment Opportunity (EEO)

If you believe this personnel action is based in whole or in part on discrimination based on your race, color, religion, sex, national origin, age or disability, or in retaliation for prior protected activity you may file an EEO complaint with your designated HHS EEO representative:

Reginald R. Mebane, Director

RMebane@cdc.gov

(770) 488-3210

You must contact your EEO representative no later than 45 calendar days of the effective date of your separation from Federal service. Alternatively, you may file an appeal with the MSPB as noted above and raise discrimination as an affirmative defense. However, you may not proceed through both forums; you must elect one or the other. You may access the U.S. Equal Employment Opportunity Commission (EEOC) website at www.eeoc.gov for additional and further detailed information on the Federal sector EEO process.

Office of Special Counsel

You may also seek corrective action before the U.S. Office of Special Counsel (OSC). Visit the OSC e-filing system web site at www.osc.gov, to access the online application. However, if you do so, you will be limited to whether the agency took one or more covered personnel actions against you in retaliation for making protected whistleblowing disclosures. If you choose to file

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

an action with OSC, you will be foregoing your right to file an MSPB appeal regarding this personnel action.

Conclusion

This action is being taken in accordance with the applicable civil service RIF regulations. Included in your RIF package is a copy of the Office of Personnel Management (OPM) RIF regulations, 5 C.F.R., Part 351. Further detailed information about the RIF regulations may also be accessed on the OPM [website](#). You may make an appointment to review and obtain a copy of the RIF regulations and/or records pertaining to you by contacting OHR-General-Inquiries@hhs.gov.

The Employee Assistance Program (EAP) is available free to you and in most cases your immediate family. EAP counselors are available 24 hours a day, 365 days per year at 1-800-222-0364 or www.FOH4YOU.com.

If you are eligible for severance pay following your separation, the attached worksheet will allow you to calculate an estimate. Regardless, the following additional information is also available in your RIF package:

- Information on unemployment compensation under applicable State or District of Columbia programs.
- Training benefits under the Workforce Investment Act of 1998 (WIA).
- Request for authorization to release employment information to prospective employers.

Because you are being separated through a RIF action, you are eligible for career transition and placement assistance. Specifically, you are eligible for the HHS Reemployment Priority List (RPL), Career Transition Assistance Program (CTAP), and Interagency Career Transition Assistance Program (ICTAP). Your RIF package includes further information on these programs.

If you elect to resign before the effective date of the RIF, your separation will be considered involuntary for severance pay purposes and you will still be eligible to receive your severance pay. Please be advised that an early resignation may affect your eligibility for placement assistance and your appeal rights. It may also impact your ability to qualify for unemployment compensation and training benefits provided under WIA. You are encouraged to contact your State's Department of Labor and Employment for any questions regarding unemployment compensation. You are also encouraged to contact OHR-General-Inquiries@hhs.gov to determine how an early resignation may affect your benefits.

This RIF action does not reflect directly on your service, performance, or conduct. It is being taken solely for the reasons stated above, and because your duties have been identified as either unnecessary or virtually identical to duties being performed elsewhere in the agency. Leadership at HHS are appreciative of your service.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Please return a signed copy of the Acknowledgement of Receipt and Authorization for Release of Employment Information by email to OHR-General-Inquiries@hhs.gov within 14 days of receipt of this notice.

Attachments (9)

1. Acknowledgement of Receipt
2. MSPB Appeal Information
3. OPM Retention Regulations
4. Severance Pay Worksheet
5. Unemployment Insurance and State Workforce Agencies
6. Authorization for Release of Employment Information
7. CTAP, ICTAP and Reemployment Priority List (RPL) Program Information
8. Reference Guide to Benefits during RIF
9. List of MSPB Regional and Field Offices

Exhibit C



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Assistant Secretary for Public Affairs
Washington, D.C. 20201

Litigation No: 25-cv-01020/CREW
HHS Case No: 25-10001-FOIA

September 30, 2025

Amanda Bangle
Citizens for Responsibility and Ethics in Washington
Sent via email: abangle@citizensforethics.org

Dear Ms. Bangle:

This letter responds to your organization's Freedom of Information Act (FOIA) request to the Department of Health and Human Services (HHS) for records of the Centers for Disease Control and Prevention (CDC). The request, assigned number 2025-10001-FOIA, is the subject of litigation case number 25-cv-01020. Specifically, your organization sought all records, from January 20, 2025, through the date of processing, that mention, reference, or relate to the CDC's decision not to release an assessment prepared by the Center for Forecasting and Outbreak Analytics concerning the risk of measles transmission in connection with local vaccination rates.

For this response, the HHS, Office of the Secretary (OS) FOIA Office reviewed 36 pages of CDC records. Following our review, we have determined to release 34 pages in full and 2 pages in part, with redactions made pursuant to Exemption 6 (5 U.S.C. § 552(b)(6)).

Exemption 6 of the FOIA permits federal agencies to withhold information contained in "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy" (5 U.S.C. § 552(b)(6)). The term "similar files" has been interpreted broadly by courts, and the U.S. Supreme Court has affirmed that Congress intended this broad application. Upon review, I have determined that the withheld information meets the threshold requirement for protection under this exemption. We also assessed the public interest in disclosure against the privacy interest in nondisclosure and concluded that the privacy interest prevails. Under Exemption 6, the withheld information consists of cell phone numbers.

In applying Exemption 6, we determined that releasing the withheld information would foreseeably harm an individual's personal privacy. We further concluded that no additional reasonably segregable, non-exempt portions of the records exist beyond the material already being released.

Should you have questions or concerns regarding the Department's response and/or the processing of your request, any such issues should be communicated to your legal counsel and Department of Justice Attorney representing the Department in this matter.

Sincerely,

Brandon L. Lancey -S
Digitally signed by
Brandon L. Lancey -S
Date: 2025.09.30
17:12:19 -04'00'

Brandon L. Lancey
Lead Government Information Specialist
FOI/Privacy Act Division

Enclosures: 36 pages

Exhibit D



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Assistant Secretary for Public Affairs
Washington, D.C. 20201

Litigation No: 25-cv-01020/CREW
HHS Case No: 25-10003-FOIA

September 30, 2025

Amanda Bangle
Citizens for Responsibility and Ethics in Washington
Sent via email: abangle@citizensforethics.org

Dear Ms. Bangle:

This letter responds to your organization's Freedom of Information Act (FOIA) request to the Department of Health and Human Services (HHS) for records of the Centers for Disease Control and Prevention (CDC). The request, assigned number 2025-10003-FOIA, is the subject of litigation case number 25-cv-01020. Specifically, your organization sought:

1. All communications that mention, reference, or relate to the deliberation of or decision to place the CDC FOIA office on administrative leave on April 1, 2025, received by CDC staff and sent by any individual with an email address associated with DOGE, U.S. DOGE Service, or the Office of Personnel Management ("OPM").
2. All memoranda, directives, and other final records relating to the deliberation of or decision to place the CDC FOIA office on administrative leave on April 1, 2025 received by CDC staff and sent by any individual with an email address associated with DOGE, U.S. DOGE Service, or the Office of Personnel Management ("OPM").

For this request, the CDC conducted an electronic search of the email accounts of several key CDC officials. The search used the terms "FOIA and DOGE," "FOIA and DOGE Service," "FOIA and OPM," and "FOIA and Office of Personnel Management," with a date range of January 20, 2025, through April 1, 2025. This search did not locate any records responsive to your organization's request.

Should you have questions or concerns regarding the Department's response and/or the processing of your request, any such issues should be communicated to your legal counsel and Department of Justice Attorney representing the Department in this matter.

Sincerely,

Brandon L.
Lancey -S

Digitally signed by
Brandon L. Lancey -S
Date: 2025.09.30
17:13:20 -04'00'

Brandon L. Lancey
Lead Government Information Specialist
FOI/Privacy Act Division

Enclosures

Exhibit E



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No.: 2025-100004-FOIA-CDC

September 30, 2025

Sent via email to:

Amanda Bangle
CREW
Citizens for Responsible Ethics in Washington
abangle@citizensforethics.org

Dear Ms. Bangle:

This is the first interim response to your Freedom of Information Act (FOIA) request to the Department of Health and Human Services (HHS), dated April 1, 2025, requesting:

1. All guidance, communications, memoranda, directives, or policies describing CDC's plans to respond to, process and otherwise manage open FOIA requests and future FOIA requests.
2. All guidance, communications, memoranda, directives, or policies describing CDC's plans to otherwise comply with its statutory responsibilities under FOIA.

We received your request in our office on April 1, 2025.

For this response, we have located and reviewed 64 pages of responsive records. After a careful review, we have determined that portions of those pages are exempt from disclosure pursuant to Exemptions (b)(5) and (b)(6) of the FOIA (5 U.S.C. §552), as described below. Accordingly, your request is granted in part.

FOIA exemption (b)(5) protects inter-agency or intra-agency memoranda or letters which would not be available by law to a party other than an agency in litigation with the agency. This exemption protects documents that would be covered by any privilege an agency could assert in a civil proceeding. These privileges include, among others, the deliberative process privilege, the attorney-client privilege, and the attorney work-product privilege. In this instance, the deliberative process and attorney-client privileges apply.

We are withholding portions of the responsive records pursuant to Exemption (b)(6). Exemption (b)(6) protects "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The Supreme Court has held that the term "similar files" must be interpreted broadly to include any information that applies to a particular individual. *See Dep't of State v. Washington Post Co.*, 456 U.S. 595, 602 (1982).

The records at issue contain personal identifying information, including cell phone numbers of agency employees. Disclosure of this information would not shed light on the operations or

activities of the government and would constitute a clearly unwarranted invasion of personal privacy. Accordingly, this information has been withheld. To further FOIA's goal of ensuring transparency with respect to agency operations, we are releasing the work-related cell phone numbers of certain officials with direct FOIA responsibilities. Specifically, the records include the cell phone numbers of the Deputy Agency Chief FOIA Officer and me (Office of the Secretary's FOIA Officer), which are being disclosed to you.

We are continuing our search for responsive records and will provide additional records as they become available. If you have questions regarding the handling of this request or HHS FOIA procedures, feel free to contact us at FOIArequest@hhs.gov.

Sincerely yours,

A handwritten signature in blue ink, appearing to be 'AMP', with a large loop at the end.

Arianne M. Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Enclosures:
Responsive Records (64 pages)

Exhibit F

From: [Holzerland, William \(HHS/ASPA\)](#)
To: [Kotler, Sarah \(FDA/OC\)](#); [May, Brian \(HRSA\)](#); [Daley, Garfield \(ACL\)](#); [Mitchell, Carl \(IHS/HQ\)](#); [Smith, Celeste \(ACF\)](#); [Garcia-Malene, Gorka \(NIH/OD\) \[E\]](#); [Tripline, Joseph \(CMS/OSORA\)](#); [Lampasone, Kara \(SAMHSA/NMHSUPL/EXEC SEC\)](#); [ARPA-H FOIA](#); [Souther, James \(IHS/HQ\)](#); [Smith, Candrea \(SAMHSA/NMHSUPL/EXEC SEC\)](#); [Manheim, Marianne \(NIH/NHLBI\) \[E\]](#); [ACF FOIA \(ACF\)](#); [ACL FOIA \(ACL\)](#); [foiarequests@cdc.gov](#); [HRSA FOIA](#); [SAMHSA FOIA](#); [Klocinski, Jennifer \(ACL\)](#); [Davis, Candace \(FDA/CDRH\)](#); [Philips, Howard \(FDA/CDER\)](#); [Schlaifer, Meredith \(FDA/OC\)](#); [Bordine, Roger \(NIH/OD\) \[E\]](#); [Gaynor, Desiree \(CMS/OSORA\)](#)
Cc: [Perkins, Arianne \(OS/ASPA\)](#); [Sikandar, Nusheen \(OS/ASPA\)](#); [Lancey, Brandon \(OS/ASPA\)](#); [Formoso, Paula \(HHS/ASPA\)](#); [Carter, Kerey \(CDC/OCIO/OCIO/CSPO\)](#); [Gomes, Dominic \(OS/OCIO/OIS\)](#); [Rollins, Dwayne \(OS/OCIO/Ops\)](#); [Keck, Samantha \(HHS/OGC\)](#); [Ford, Kenya S. \(CDC/OGC\)](#)
Subject: Ongoing HHS FOIA operations
Date: Monday, April 7, 2025 11:59:00 AM

All:

I know we're all adjusting to sweeping personnel changes that occurred last week and that we face a challenging road ahead as the Department reorganizes.

This is a particularly difficult moment as we navigate the immediate path forward without so many respected colleagues and friends and we will be sensitive to that. I am here for you and am available to talk as we chart the path forward on business and other needs to the extent it will be helpful to lend an ear.

I've been asked to stitch the team together as we move forward with executing our FOIA mission and ensuring transparency. While I do not have a comprehensive list of the personnel changes across OpDivs and StaffDivs - whether we're talking those that impacted FOIA personnel, or those that impacted reporting chains - I want to get the conversation started surrounding how we move forward.

I apologize if I omitted parties necessary to the discussion, but please add them to the chain where necessary. I've included several colleagues from OGC and OCIO who need viz into the legal and IT aspects of the road ahead, but again, don't have a comprehensive list of necessary parties. Please make connections where necessary and we'll sort out questions as quickly as we can.

There are going to be numerous discrete issues to navigate – including those impacting day-to-day customer service, data access, ongoing litigation, and others. We're going to triage and address the most emergent items first. With respect to existing backlogs, the immediate focus must remain on logging incoming work, continuing to process on a first-in/first-out basis, starting with your 10 oldest cases, and capturing the status of ongoing litigation productions.

We're working on consistent messaging to be posted on HHS.gov and mirrored on FOIA websites enterprise-wide to acknowledge that we're adjusting business operations and to capture ongoing issues for orderly resolution. To the extent you receive press inquiries, requests for comment, and the like, please refer media outlets here:

<https://hhscewp.my.site.com/ASPAPublic/s/request-for-comment>.

I'd like to talk to senior FOIA personnel that remain tomorrow to begin gathering the facts on what's happening in each existing FOIA office. I'll send a meeting invite, but please feel free to add to it as necessary; to manage expectations, I expect there will be more questions than answers at this point.

Please hang in there – we are in this together.

Regards,

Bill

William H. Holzerland

Deputy Chief FOIA Officer

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services (HHS)

Desk: (202) 260-6635 Mobile: (202) 809-7774

From: [Holzerland, William \(HHS/ASPA\)](#)
To: [Taylor, Natasha \(OS/ASPA\)](#)
Cc: [Perkins, Arianne \(OS/ASPA\)](#); [Williams, Alesia \(OS/ASPA\)](#); [Lancey, Brandon \(OS/ASPA\)](#)
Subject: RE: Reorg and RIF inquiries/requests
Date: Friday, April 4, 2025 10:06:00 AM

Morning!

I'm not following as to why any of these FOIA requests would be unusual. We'll process them as we normally would, on a first-in, first-out basis. I did see one in there from a HRSA employee, so we need to refer that to HRSA immediately, as that FOIA office is apparently still intact and operating.

I think the logistical piece related to processing FOIA requests across OpDivs – to the extent we must do so - would be the unusual part. We do not yet have access to existing CDC/NIH/FDA requests, so the most immediate problem is that we have to manage peoples' expectations with respect to the level of service we can provide.

This is going to take time to sort out, unfortunately, and we received zero advance notice of what occurred earlier this week. Apparently, some of the individuals terminated in the FOIA enterprise in the OpDivs were recalled to work, and I have no visibility into what that means in the long term as of yet.

To the extent individuals have questions about RIFs, we must simply refer them back to the language in the RIF notices for points of contact along with HHS OHR. I understand that some of the POCs were themselves RIFed, and allegedly, one of the listed POCs is apparently deceased, which is horrible. However, we cannot comment on the RIFs and it is not our place to get involved in the logistics, unfortunately, so we cannot be of assistance with that.

I'm working with the press folks in ASPA to ensure we have clear messaging posted to existing OpDiv FOIA websites about upcoming service delays as the reorg unfolds, as that is an unfortunate inevitability.

Regards,

Bill

William H. Holzerland

Deputy Chief FOIA Officer

Office of the Assistant Secretary for Public Affairs (ASPA)

Alina M. Semo

Director, Office of Government Information Services
National Archives and Records Administration
Phone: (202) 741-5771; Cell: (b)(6)



[OGIS Website](#)

[The FOIA Ombuds Blog](#)

X (Formerly Twitter): [@FOIA_Ombuds](#)

Physical Address:

732 North Capitol Street, N.W., Suite A702
Washington, DC 20401-0001

Mailing Address:

8601 Adelphi Road – OGIS
College Park, MD 20740-6001

On Thu, Apr 3, 2025 at 2:17 PM Holzerland, William (HHS/ASPA)

<William.Holzerland@hhs.gov> wrote:

Hi, Martha:

The short answer is that I don't have specifics on most of the below. I learned about recent personnel actions by reading about them.

I have no idea what SAMHSA's status is at the moment, since I don't have a comprehensive list of who remains. I had (b) (6), but hope to be back soon. One of the directors on my team is out for the next few weeks for similar reasons and the second will be retiring in the next few weeks. We're operating a skeleton crew at the moment.

On granular issues - eg what happens when an email goes to a specified email address at an identified HHS OpDiv - we are miles away from having fixes or even a solid factual landscape for such discrete issues.

i need to manage everyone's expectations as what is clear right now is there will be widespread, significant service delays across nearly every HHS OpDiv FOIA program as we reorganize.

In the meantime, we're going to be triaging and prioritizing as best we can within my office.

Regards,

Bill

William H. Holzerland

Deputy Chief FOIA Officer

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services (HHS)

Desk: (202) 260-6635 Mobile: (202) 809-7774

From: Martha Murphy <martha.murphy@nara.gov>

Sent: Thursday, April 3, 2025 12:37:22 PM

To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>

Cc: Alina M. Semo <alina.semo@nara.gov>; Kirsten Mitchell <kirsten.mitchell@nara.gov>; Carrie

From: Holzerland, William (HHS/ASPA)
Sent: Wed, 16 Apr 2025 16:41:10 +0000
To: Henneman, Jeffrey (OS/ASPA); Johnson, Danielle (OS/ASPA); Jones, Christine (OS/ASPA)
Subject: RE: For completion: SSF FY25 MYR questionnaire (ASFR) – Due Friday, April 18, 3pm

At this time, ASPA is not able to provide a reasonable estimate of the SSF FOIA work or resource needs for the remainder of FY25. FOIA staff at ACF, ACL, CDC, FDA, NIH, and SAMHSA have been recently RIF'd and the OS FOIA team will need to pick up a volume of ongoing and new work that is still being quantified. It is unknown at this time if additional personnel or funding will be dedicated to the absorption of existing HHS FOIA programs, necessitating completion of statutorily-mandated daily work and litigation, far beyond the capacity of the current OS FOIA team. Accordingly, we ask that all current ASPA employees with SSF FOIA payroll distributions be changed to ASPA GDM as work on existing SSF FOIA requests and appeals will be paused pending future reorganization plans in favor of devoting resources to monthly litigation productions. We are happy to discuss in the meeting to be scheduled.

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: (202) 260-6635 Mobile: (202) 809-7774

From: Henneman, Jeffrey (OS/ASPA) <Jeffrey.Henneman@hhs.gov>
Sent: Wednesday, April 16, 2025 12:14 PM
To: Johnson, Danielle (OS/ASPA) <Danielle.Johnson@hhs.gov>; Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>; Jones, Christine (OS/ASPA) <Christine.Jones@hhs.gov>
Subject: RE: For completion: SSF FY25 MYR questionnaire (ASFR) – Due Friday, April 18, 3pm

Draft FOIA response...

At this time, ASPA is not able to provide a reasonable estimate of the SSF FOIA work or resource needs for the remainder of FY25. Many FOIA staff in other OpDivs have been recently RIF'd (add detail if you want) and the ASPA/FOIA team will need to pick up these duties. It is unknown at this time if they are to receive additional personnel or funding to perform this work, which is far beyond the capacity of the current ASPA/FOIA team, both SSF and GDM. Accordingly, we ask that all current ASPA employees with SSF FOIA payroll distributions be changed to ASPA GDM as work on SSF FOIA requests and appeals will be suspended pending future reorganization plans. We are happy to discuss in the meeting to be scheduled.

Exhibit G



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Public Affairs
Washington, D.C. 20201

Litigation No: 25cv1020

HHS Case No.: 2025-100005-FOIA-CDC

September 30, 2025

Sent via email to:

Amanda Bangle

CREW

Citizens for Responsible Ethics in Washington

abangle@citizensforethics.org

Dear Ms. Bangle:

This is the final response to your Freedom of Information Act (FOIA) request to the Department of Health and Human Services (HHS), dated April 1, 2025, requesting:

1. All guidance, communications, memoranda, directives, policies, or other final directives relating to CDC's plan to take down its FOIA portal website at <https://foia.cdc.gov/>.
2. All guidance, communications, memoranda, directives, policies, or other final directives relating to CDC's plan to provide an automated email response to requesters' FOIA emails.

We received your request in our office on April 1, 2025.

The Centers for Disease Control and Prevention (CDC) and HHS' Office of the Chief Information Officer located 254 responsive pages. After a careful review, we have determined that portions of those pages are exempt from disclosure pursuant to Exemptions (b)(5) and (b)(6) of the FOIA (5 U.S.C. §552), as described below. Accordingly, your request is granted in part.

FOIA exemption (b)(5) protects inter-agency or intra-agency memoranda or letters which would not be available by law to a party other than an agency in litigation with the agency. This exemption protects documents that would be covered by any privilege an agency could assert in a civil proceeding. These privileges include, among others, the deliberative process privilege, the attorney-client privilege, and the attorney work-product privilege. In this instance, the deliberative process and attorney-client privileges apply.

We are withholding portions of the responsive records pursuant to Exemption (b)(6). Exemption (b)(6) protects "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The Supreme Court has held that the term "similar files" must be interpreted broadly to include any information that applies to a particular individual. *See Dep't of State v. Washington Post Co.*, 456 U.S. 595, 602 (1982).

The records at issue contain personal identifying information, including cell phone numbers of agency employees. Disclosure of this information would not shed light on the operations or activities of the government and would constitute a clearly unwarranted invasion of personal privacy. Accordingly, this information has been withheld. To further FOIA's goal of ensuring transparency with respect to agency operations, we are releasing the work-related cell phone numbers of certain officials with direct FOIA responsibilities. Specifically, the records include the cell phone numbers of the Deputy Agency Chief FOIA Officer and me (Office of the Secretary's FOIA Officer), which are being disclosed to you.

Should you have questions or concerns regarding the Department's response and/or the processing of your request, any such issues should be communicated to your legal counsel and Mason Bracken, mason.bracken@usdoj.gov, the Department of Justice Attorney representing the Department in this matter

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'AMP', with a stylized flourish extending to the right.

Arianne M. Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Enclosures:
Responsive Records (254 pages)

Exhibit H

From: Carter, Kerey (CDC/OCOO/OCIO/CSPO) <kvc2@cdc.gov>
Sent: Monday, April 7, 2025 11:02 AM
To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>
Cc: Volk, Nathan (CDC/OCOO/OCIO/CSPO) <ent1@cdc.gov>; Sikandar, Nusheen (OS/ASPA) <Nusheen.Sikandar@hhs.gov>; Lancey, Brandon (OS/ASPA) <Brandon.Lancey@hhs.gov>; Perkins, Arianne (OS/ASPA) <Arianne.Perkins@hhs.gov>
Subject: RE: CDC FOIA request / PAL website

Thank you for these updates Bill. I can work with my management to help facilitate access to the data your team needs. We are trying to identify a point of contact within our larger business organization who can manage operational decisions. Look forward to partnering on this.

Bruno was updating me on the OPEXUS incident. Will look for the update on the OPEXUS contract.

Here are the CDC FOIA office contact information and email addresses for public inquiries, to my knowledge:

[Freedom of Information Act \(FOIA\) | FOIA | CDC](#)
Email address for FOIA requests - FOIARequests@cdc.gov
Email address for FOIA PAL questions - foiaiteam@cdc.gov

From: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>
Sent: Monday, April 7, 2025 10:41 AM
To: Carter, Kerey (CDC/OCOO/OCIO/CSPO) <kvc2@cdc.gov>; Perkins, Arianne (OS/ASPA) <Arianne.Perkins@hhs.gov>
Cc: Volk, Nathan (CDC/OCOO/OCIO/CSPO) <ent1@cdc.gov>
Subject: Re: CDC FOIA request / PAL website

Hello, Kerey:

Thank you for reaching out. I am aware of the personnel changes that occurred last week and recognize this creates some immediate practical challenges for us.

The short answer here is that my team will need access to existing FOIA data, inclusive of that contained within FX, main email addresses that may field customer service inquiries or receive requests, and info pertaining to ongoing litigation.

At the moment, we're going to focus on triaging and identifying the most urgent items in need of attention, recognizing the same process will be playing out across a number of HHS OpDivs simultaneously.

Resources are severely limited at the moment, so CDC can expect that we're going to all be flooded simultaneously as the Department reorganizes.

Adding to the complexity is the fact there exists an ongoing security incident with Opexus, the FX vendor, that may impact the status of existing contracts across HHS for this product. Expect more on that to follow this week.

Bottom line, you're in the right place. We look forward to partnering to shape the path forward.

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: [\(202\) 260-6635](tel:202-260-6635) Mobile: [\(202\) 809-7774](tel:202-809-7774)

From: Carter, Kerey (CDC/OCOO/OCIO/CSPO) <kvc2@cdc.gov>
Sent: Monday, April 7, 2025 10:22:44 AM
To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>; Perkins, Arianne (OS/ASPA) <Arianne.Perkins@hhs.gov>
Cc: Volk, Nathan (CDC/OCOO/OCIO/CSPO) <ent1@cdc.gov>
Subject: CDC FOIA request / PAL website

Good morning. I am the systems security and privacy officer at CDC who supported our FOIA office and worked with Bruno Viana. My understanding is all CDC FOIA office staff were included in the RIF. I am attempting find out what the current FOIA request process workflow is and what should happen with the system hosting our [CDC FOIA request / PAL website](#). Will CDC FOIA requests and processing be centralized at HHS? If there is someone else I should contact, please let me know. Thanks for your assistance.



Kerey Carter
Systems Security and Privacy Officer (SSPO)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
770.488.8674 (office) (b)(6)
IT Incident Reporting: 1.866.655.2245 | nosc@cdc.gov

From: Holzerland, William (HHS/ASPA)
Sent: Tue, 1 Apr 2025 22:25:26 +0000
To: Tress, Deborah W. (CDC/OGC); Ford, Kenya S. (CDC/OGC)
Subject: Re: my contact info

I totally get where you're coming from on the path forward.

The FOIA submission web page is not something the comms people who run most of the pages would handle. I'm trying to understand whether this is something we (as in the govt) did, or dysfunction from the vendor.

I want to help sort this out - who in IT and procurement at CDC do I need to speak with in order to get a process implemented to ensure service delivery (in as painless a manner as possible under the circumstances)?

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: [\(202\) 260-6635](tel:202-260-6635) Mobile: [\(202\) 809-7774](tel:202-809-7774)

From: Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>

Sent: Tuesday, April 1, 2025 3:51:34 PM

To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>; Ford, Kenya S. (CDC/OGC) <kdf6@cdc.gov>

Subject: RE: my contact info

I hear you Bill, but these decisions were made by HHS, so CDC will need instructions on the plan forward. Unfortunately, the unit responsible for managing the CDC webpages was also eliminated and that function is transitioning to HHS. But, let me know which option you prefer, and I'll try to make it happen.

Thanks.

From: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>

Sent: Tuesday, April 1, 2025 3:47 PM

To: Ford, Kenya S. (CDC/OGC) <kdf6@cdc.gov>; Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>

Subject: RE: my contact info

All of the options are suboptimal right now and I worry that shuttling requesters here will add a layer of confusion we do not need.

If our backlog hadn't doubled from ~3k on 10/1 to ~6k today, I'd far prefer the alternative. As it stands, we're doing lit productions and barely keeping up with that.

Trying to get clarity on the path forward, since we do not have the discretion to let requests languish.

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: (202) 260-6635 Mobile: (202) 809-7774

From: Ford, Kenya S. (CDC/OGC) <kdf6@cdc.gov>
Sent: Tuesday, April 1, 2025 3:43 PM
To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>; Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>
Subject: RE: my contact info

Can we do that given the 20-day time for responding? Recognizing we may not have a choice.

Kenya
Kenya Ford
Deputy CDC/ATSDR Legal Advisor
Health and Human Services
Office of the General Counsel
Public Health Division
CDC/ATSDR Branch
Telephone: (404) 639-7237
Cell phone: (b)(6)
Email: kdf6@cdc.gov

This email message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.

From: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>
Sent: Tuesday, April 1, 2025 3:42 PM
To: Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>
Cc: Ford, Kenya S. (CDC/OGC) <kdf6@cdc.gov>
Subject: RE: my contact info

The latter may make the most sense as an interim until we get this sorted.

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: (202) 260-6635 Mobile: (202) 809-7774

From: Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>
Sent: Tuesday, April 1, 2025 3:38 PM
To: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>
Cc: Ford, Kenya S. (CDC/OGC) <kdf6@cdc.gov>
Subject: RE: my contact info

Not clear who made the decision, but would an alternative be to redirect to the HHS intake? Or, the CDC intake would need an automated response that there's a pause in FOIA processing.

From: Holzerland, William (HHS/ASPA) <William.Holzerland@hhs.gov>
Sent: Tuesday, April 1, 2025 3:02 PM
To: Tress, Deborah W. (CDC/OGC) <dew3@cdc.gov>
Subject: my contact info

Thanks again, Deborah, and my apologies for saddling you with this issue.

If shuttering the page wasn't an active decision within CDC, I would be eternally grateful if you could point me towards the CO or someone in procurement who can get on the phone with the vendor.

Regards,
Bill

William H. Holzerland
Deputy Chief FOIA Officer
Office of the Assistant Secretary for Public Affairs (ASPA)
U.S. Department of Health and Human Services (HHS)
Desk: (202) 260-6635 Mobile: (202) 809-7774

Exhibit I



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-02780-FOIA-OS

September 2, 2025

Sent via email:

Mr. Chun Hin Jeffrey Tsoi
Senior Fellow (CREW)
Citizens for Responsibility and Ethics in Wash.
P.O. Box 14596
Washington, DC 20044

Dear Mr. Tsoi:

This acknowledges receipt of your May 21, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning:

- All communications sent or received by any employees of the Centers for Disease Prevention and Control (CDC) that mention, reference, or relate to the Reduction-in-Force of CDC staff on April 1, 2025.
- All memoranda, directives, or other final records relating to the Reduction-in-Force of CDC staff on April 1, 2025.”

We received your request on May 21, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 6,000 cases.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)

U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,



Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit J



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-02781-FOIA-OS

September 2, 2025

Sent via email:

Mr. Chun Hin Jeffrey Tsoi
Senior Fellow (CREW)
Citizens for Responsibility and Ethics in Wash.
P.O. Box 14596
Washington, DC 20044

Dear Mr Tsoi:

This acknowledges receipt of your May 21, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning:

1. All communications sent or received by any employees of the Centers for Disease Prevention and Control (CDC) that mention, reference, or relate to the decision to terminate the Healthcare Infection Control Practices Advisory Committee (HICPAC).
2. All memoranda, directives, or other final records relating to the decision to terminate the HICPAC."

We received your request on May 21, 2025.

Because you seek records which require a search in another office, "unusual circumstances" apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 6,000 cases.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)

Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

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Telephone: 202-741-5770
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E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Arianne Perkins', with a stylized, cursive script.

Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit K



DEPARTMENT OF HEALTH & HUMAN SERVICES
Secretary

Office of the

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-03154-FOIA-OS

September 2, 2025

Sent via email: agoldstein@citizensforethics.org
Alex Goldstein
CREW

Dear Alex Goldstein:

This acknowledges receipt of your June 25, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning “1. *All communications sent or received by any employees of the Centers for Disease Prevention and Control (CDC) that mention, reference, or relate to the Advisory Committee on Immunization Practices (ACIP) and/or its scheduled June 2025 meeting.*

2. *Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to the Department of Health and Human Services (“HHS”) decision to retire 17 members of ACIP and appoint 8 new members.*

3. *Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to the withdrawal of Dr. Michael Ross from ACIP. (Date Range for Record Search: From 1/20/2025 To 6/25/2025)”.*

We received your request on June 25, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.

Your request is assigned to the complex track. In an effort to speed up our records search, you may wish to narrow the scope of your request to limit the number of potentially responsive records or agree to an alternative time frame for processing, should records be located. You may also wish to await the completion of our records search to discuss either of these options.

I regret the necessity of this delay, but I assure you that your request will be processed as soon as possible. If you have any questions or wish to discuss reformulation or an alternative time frame

for the processing of your request, you may contact the HHS FOIA office via email at foiarequest@hhs.gov.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Arianne Perkins', with a stylized, flowing script.

Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit L



DEPARTMENT OF HEALTH & HUMAN SERVICES
Secretary

Office of the

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-03155-FOIA-OS

September 2, 2025

Sent via email: agoldstein@citizensforethics.org

Alex Goldstein

CREW

Dear Alex Goldstein:

This acknowledges receipt of your June 25, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning “1) Any and all statements of policy and interpretations which have been adopted by CDC and are not published in the Federal Register, as required under 5 U.S.C. § 552a(2)(B). 2) Any and all administrative staff manuals and instructions to staff that affect a member of the public, as required under 5 U.S.C. § 552a(2)(C). 3) Any and all CDC FOIA logs, as required under 5 U.S.C. §§ 552a(2)(D), (E). (Date Range for Record Search: From 1/20/2025 To 6/25/2025)”.

We received your request on June 25, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.

Your request is assigned to the complex track. In an effort to speed up our records search, you may wish to narrow the scope of your request to limit the number of potentially responsive records or agree to an alternative time frame for processing, should records be located. You may also wish to await the completion of our records search to discuss either of these options.

I regret the necessity of this delay, but I assure you that your request will be processed as soon as possible. If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact the HHS FOIA office via email at foiarequest@hhs.gov.

If you are not satisfied with any aspect of the processing and handling of this request, you have

the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

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Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Arianne Perkins', with a stylized, cursive script.

Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit M



DEPARTMENT OF HEALTH & HUMAN SERVICES
Secretary

Office of the

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-03156-FOIA-OS

September 2, 2025

Sent via email: agoldstein@citizensforethics.org

Alex Goldstein

CREW

Dear Alex Goldstein:

This acknowledges receipt of your June 25, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning “1) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to measles rates, treatments, severity, or vaccinations. 2) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to handling public communications or FOIA requests about measles rates, treatments, severity, or vaccinations. 3) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to CDC staff and resources to address measles outbreaks. (Date Range for Record Search: From 1/20/2025 To 6/25/2025)”.

We received your request on June 25, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.

Your request is assigned to the complex track. In an effort to speed up our records search, you may wish to narrow the scope of your request to limit the number of potentially responsive records or agree to an alternative time frame for processing, should records be located. You may also wish to await the completion of our records search to discuss either of these options.

I regret the necessity of this delay, but I assure you that your request will be processed as soon as possible. If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact the HHS FOIA office via email at foiarequest@hhs.gov.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,



Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit N



DEPARTMENT OF HEALTH & HUMAN SERVICES
Secretary

Office of the

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-03157-FOIA-OS

September 2, 2025

Sent via email: agoldstein@citizensforethics.org

Alex Goldstein

CREW

Dear Alex Goldstein:

This acknowledges receipt of your June 25, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning “1) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to the rehiring of CDC employees fired after January 20, 2025, including those fired as part of the implementation at CDC of the February 11, 2025 executive order titled “Department of Government Efficiency’ Workforce Optimization Initiative” (90 Fed. Reg. 9669). 2) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to concerns about the CDC’s ability to accomplish aspects of its mission or services because of employee layoffs. 3) Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to the involvement of the Department of Government Efficiency in decisions to fire or hire CDC employees. (Date Range for Record Search: From 1/20/2025 To 6/25/2025)”.

We received your request on June 25, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.

Your request is assigned to the complex track. In an effort to speed up our records search, you may wish to narrow the scope of your request to limit the number of potentially responsive records or agree to an alternative time frame for processing, should records be located. You may also wish to await the completion of our records search to discuss either of these options.

I regret the necessity of this delay, but I assure you that your request will be processed as soon as possible. If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact the HHS FOIA office via email at foiarequest@hhs.gov.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,



Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit O



DEPARTMENT OF HEALTH & HUMAN SERVICES
Secretary

Office of the

Assistant Secretary for Public Affairs
Washington, D.C. 20201

HHS Case No: 2025-03158-FOIA-OS

September 2, 2025

Sent via email: agoldstein@citizensforethics.org

Alex Goldstein

CREW

Dear Alex Goldstein:

This acknowledges receipt of your June 25, 2025, Freedom of Information Act (FOIA) request, submitted to the Department of Health and Human Services (HHS), FOI/Privacy Acts Division concerning “1) *Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to CDC work on autism, including but not limited to the CDC’s April 17, 2025 report titled Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years*² and its review of the link between thimerosal-containing vaccines and autism

2) *Any and all memoranda, communications, policies, directives, guidance, or other records that mention, reference, or relate to HHS’s request that CDC conduct a vaccine-autism study (Date Range for Record Search: From 1/20/2025 To 6/25/2025)*”.

We received your request on June 25, 2025.

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). Further, we estimate needing more than 10 additional days to respond to your request and so, in the next paragraph of this letter we are offering you an opportunity to narrow your request, in case narrowing the request would enable us to respond to the request sooner. The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 3000 cases.

Your request is assigned to the complex track. In an effort to speed up our records search, you may wish to narrow the scope of your request to limit the number of potentially responsive records or agree to an alternative time frame for processing, should records be located. You may also wish to await the completion of our records search to discuss either of these options.

I regret the necessity of this delay, but I assure you that your request will be processed as soon as possible. If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact the HHS FOIA office via email at foiarequest@hhs.gov.

If you are not satisfied with any aspect of the processing and handling of this request, you have the right to seek dispute resolution services from:

HHS FOIA/PA Public Liaison
FOI/Privacy Acts Division
Assistant Secretary for Public Affairs (ASPA)
Office of the Secretary (OS)
U.S. Department of Health and Human Services (HHS)
Telephone: (202) 690-7453
E-mail: HHS_FOIA_Public_Liaison@hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

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Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov

If you are not already submitting your requests through our Public Access Link (PAL), we recommend all future requests and appeals be submitted through PAL - <https://requests.publiclink.hhs.gov/>. Submitting requests through PAL automatically logs your requests into our tracking system and provides you with a tracking number. Your PAL account will allow you to track the progress of your request, receive your documents directly through the portal, and securely submit privacy-sensitive or business-sensitive documents.

Sincerely yours,



Arianne Perkins
Director, Initial FOIA Requests
FOI/Privacy Acts Division

Exhibit P



September 2, 2025

Department of Health and Human Services
Freedom of Information Act Office
Hubert H. Humphrey Building, Room 729H
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Expedited Freedom of Information Act Request

Dear FOIA Officers:

Citizens for Responsibility and Ethics in Washington ("CREW") makes this request for records pursuant to the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552, and Department of Health and Human Services ("HHS") regulations.

Specifically, CREW requests all records of the U.S. Centers for Disease Control and Prevention ("CDC"), from January 20, 2025 to the date this request is processed, that mention, reference, or relate to the CDC's decision to remove the COVID-19 vaccine from its recommended vaccine schedule for pregnant women and children.¹

Please search for responsive records regardless of format, medium, or physical characteristics. We seek records of any kind, including paper records, electronic records, audiotapes, videotapes, photographs, data, and graphical material. Our request includes without limitation all correspondence, letters, emails, text messages, facsimiles, telephone messages, voice mail messages, and transcripts, notes, or minutes of any meetings, telephone conversations, or discussions. Our request also includes any attachments to emails and other records, and anyone who was cc'ed or bcc'ed on any emails. If it is your position any portion of the requested records is exempt from disclosure, CREW requests that you provide it with an index of those documents as required under *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). If some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. See 5 U.S.C. § 552(b). If it is your position that a document contains non-exempt segments, but that those non-exempt segments are so dispersed throughout

¹ That decision has been widely reported on by various publications. See, e.g., Mike Stobbe, *CDC removes language that says healthy kids and pregnant women should get COVID shots* (May 30, 2025), <https://www.pbs.org/newshour/health/cdc-removes-language-that-says-healthy-kids-and-pregnant-women-should-get-covid-shots>; Dr. Jason L. Schwartz, *Revised Recommendations for Covid-19 Vaccines — U.S. Vaccination Policy under Threat*, *The New England J. of Med.* (June 18, 2025), <https://www.nejm.org/doi/full/10.1056/NEIMp2507766>.

the document as to make segregation impossible, please state what portion of the document is non-exempt, and how the material is dispersed throughout the document. *See Mead Data Central v. U.S. Dep't of the Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

Please be advised that CREW intends to pursue all legal remedies to enforce its rights under FOIA. Accordingly, because litigation is reasonably foreseeable, the agency should institute an agency wide preservation hold on all documents potentially responsive to this request.

Fee Waiver Request

In accordance with 5 U.S.C. § 552(a)(4)(A) and agency regulations, CREW requests a waiver of fees associated with processing this request for records. The subject of this request concerns the operations of the federal government, and the disclosures likely will contribute to a better understanding of relevant government procedures by CREW and the general public in a significant way. *See id.* § 552(a)(4)(A)(iii). Moreover, the request primarily and fundamentally is for non-commercial purposes. *See, e.g., McClellan Ecological v. Carlucci*, 835 F.2d 1282, 1285 (9th Cir. 1987).

As discussed in the request for expedited processing below, the requested information is of urgent and critical public interest. The requested records are likely to contribute to a greater public understanding of the CDC's decision-making and operations, its recommended immunization schedules, and the information the CDC considers when making changes to schedules. The public has a right to know the details of the CDC's decision to dramatically modify its recommended immunization schedule and if it was influenced by factors other than scientific accuracy, such as political views.

CREW is a non-profit corporation, organized under section 501(c)(3) of the Internal Revenue Code. CREW is committed to protecting the public's right to be aware of the activities of government officials, to ensuring the integrity of those officials, and to highlighting and working to reduce the influence of money on politics. CREW uses a combination of research, litigation, and advocacy to advance its mission. CREW intends to analyze the information responsive to this request and to share its analysis with the public through reports, press releases, or other means. In addition, CREW will disseminate any documents it acquires from this request to the public through its website, www.citizensforethics.org. The release of information obtained through this request is not in CREW's financial interest.

CREW further requests that it not be charged search or review fees for this request pursuant to 5 U.S.C. § 552(a)(4)(A)(ii)(II) because CREW qualifies as a member of the news media. *See Nat'l Sec. Archive v. U.S. Dep't of Defense*, 880 F.2d 1381, 1386 (D.C. Cir. 1989) (holding non-profit a "representative of the news media" and broadly interpreting the term to include "any person or organization which regularly publishes or disseminates information to the public").

CREW routinely disseminates information obtained through FOIA to the public in several ways. For example, CREW's website receives hundreds of thousands of page views every month. The website includes blogposts that report on and analyze newsworthy developments regarding government ethics, corruption, and money in politics, as well as

numerous reports CREW has published to educate the public about these issues. These reports frequently rely on government records obtained through FOIA. CREW also posts the documents it obtains through FOIA on its website. Under these circumstances, CREW satisfies fully the criteria for a fee waiver.

Expedited Processing Request

CREW is entitled to expedited processing because there is an “urgency to inform the public concerning actual or alleged Federal Government activity,” and CREW “is primarily engaged in disseminating information,” 5 U.S.C. § 552(6)(E)(v)(II); *see also* 45 C.F.R. § 5.27(b)(2).

CREW is “primarily engaged in disseminating information” to the public. This “standard ‘requires that information dissemination be the main [and not merely an incidental] activity of the requestor,’” but “publishing information ‘need not be [the organization’s] sole occupation.” *Protect Democracy Project, Inc. v. U.S. Dep’t of Def.*, 263 F. Supp. 3d 293, 298 (D.D.C. 2017). CREW routinely disseminates information obtained through FOIA to the public in several ways. For example, CREW’s website receives hundreds of thousands of page views every month. The website includes blogposts that report on and analyze newsworthy developments regarding government ethics, corruption, and money in politics, as well as numerous reports CREW has published to educate the public about these issues. These reports frequently rely on government records obtained through FOIA. CREW also posts the documents it obtains through FOIA on its website. CREW is a credible requestor and disseminator of information often relied on by major media outlets.²

There are widespread media reports that cases of COVID-19 are currently rising across the United States.³ Yet, amidst surging cases, HHS Secretary Robert F. Kennedy Jr. announced on May 27, 2025 that COVID-19 vaccines have been “removed from the CDC recommended immunization schedule” for “healthy children and healthy pregnant

² *See, e.g.,* *Citizens for Responsibility and Ethics in Washington*, N.Y. Times, <https://www.nytimes.com/topic/citizens-for-responsibility-and-ethics-in-washington> (last visited Nov. 20, 2024) (list of New York Times articles referencing CREW spanning over a decade); Ed Pilkington and Dharna Noor, *Top US ethics watchdog investigating Trump over dinner with oil bosses*, The Guardian (May 15, 2024), <https://www.theguardian.com/us-news/article/2024/may/15/ethics-watchdog-investigating-trump-big-oil> (referring to CREW as “Top US ethics watchdog”).

³ *See, e.g.,* Shreya Srinivasan & Berkeley Lovelace Jr., *Summer Covid Cases Are Rising Across the U.S. — is it Time for a Vaccine?*, NBC News (July 23, 2025), <https://www.nbcnews.com/health/health-news/covid-vaccine-nb181-us-cases-rise-summer-razor-blade-throat-rcna220223>; Caroline Kee, *Is the US in a Summer COVID Surge? Cases are Rising in These States*, TODAY (Aug. 4, 2025), <https://www.today.com/health/coronavirus/covid-2025-summer-surge-rcna218754>; Melody Schreiber, *Covid Cases Rising in US as Officials Plan to Restrict Booster Vaccines*, The Guardian (Aug. 5, 2025), <https://www.theguardian.com/world/2025/aug/05/us-covid-cases-rising>. The CDC itself reports that cases are growing across 36 states. *See* CDC, *Current Epidemic Trends (Based on R_t) for States* (Aug. 22, 2025), <https://www.cdc.gov/cfa-modeling-and-forecasting/rt-estimates/index.html>.

women.”⁴ Shortly thereafter, the CDC revised its COVID-19 vaccine recommendation language, removing guidance that endorsed use of COVID-19 vaccines during pregnancy and altering its language regarding healthy children—shifting from a recommendation for routine administration to a statement the vaccines may be administered if desired by parents and informed by shared decision-making with their clinician.⁵ Secretary Kennedy’s announcement and the CDC’s altered guidance have triggered immediate concern and backlash⁶; some from leading medical organizations have even brought litigation.⁷ And just last week, both the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists issued guidance recommending the COVID-19 vaccine for pregnant women and children.⁸

Against this backdrop, it is clear that CREW’s request warrants expedited processing because (1) the request concerns a matter of current exigency to the American public; (2) the consequences of delaying a response would compromise a significant recognized interest; and (3) the request concerns federal government activity. *Al-Fayed v. C.I.A.*, 254 F.3d 300, 310 (D.C. Cir. 2001).

First, the requested records concern a matter of current exigency to the American public insofar as they are “the subject of a currently unfolding story” about a major change to the CDC’s COVID-19 vaccination recommendations during the ongoing COVID-19 epidemic. *Id.* The CDC’s shifting vaccine policy for COVID-19 has been a focal point in the news,⁹ as part of broader coverage and concern regarding shifting CDC and HHS guidance on vaccinations generally.¹⁰

⁴ See Rob Stein, *RFK Jr. Says COVID Shots no Longer Recommended for Kids, Pregnant Women*, NPR (May 27, 2025), <https://www.npr.org/sections/shots-health-news/2025/05/27/nx-s1-5413179/covid-vaccine-children-pregnant-rfk-cdc>.

⁵ See, e.g., Stobbe, *supra* note 1; Schwartz, *supra* note 1; Alexander Tin, *CDC now says kids “may receive” COVID-19 vaccines, should talk to their doctors*, CBS News (May 30, 2025), <https://www.cbsnews.com/news/cdc-kids-covid-19-vaccine-recommendation/>.

⁶ See, e.g., Asuka Koda, *New federal Covid-19 vaccine policies are already keeping some people from getting shots*, CNN (June 12, 2025), <https://www.cnn.com/2025/06/12/health/covid-vaccine-pregnant-women>.

⁷ See Will Stone, *RFK Jr.’s Vaccine Policy Sparks a Lawsuit From the American Academy of Pediatrics*, NPR (July 8, 2025), <https://www.npr.org/sections/shots-health-news/2025/07/08/nx-s1-5459978/rfk-jr-vaccine-pediatrics-public-health-lawsuit>.

⁸ See, e.g., Deidre McPhillips, *Another major medical association breaks from CDC as ob/gyn group recommends Covid-19 vaccines during pregnancy*, CNN (Aug. 22, 2025), <https://www.cnn.com/2025/08/22/health/covid-vaccine-pregnancy-acog-recommendations>; Stephanie Sy & Jackson Hudgins, *Why the American Academy of Pediatrics is diverging from CDC vaccine guidelines*, PBS News Hour (Aug. 20, 2025), <https://www.pbs.org/newshour/show/why-the-american-academy-of-pediatrics-is-diverging-from-cdc-vaccine-guidelines>.

⁹ See, e.g., *supra* notes 1, 4-8.

¹⁰ See, e.g., Helen Branswell, *HHS Orders CDC to Halt Some Vaccine Ads, Saying RFK Jr. Wants Message Focused on ‘Informed Consent’*, STAT (Feb. 20, 2025), <https://www.statnews.com/2025/02/20/cdc-vaccine-promotions-rfk-jr-informed-consent/>;

Second, given the ongoing COVID-19 epidemic, the public urgently needs to know the details of the CDC's decision to modify its COVID-19 vaccination recommendations. In particular, the public needs to know whether the decision was evidence-based or politically motivated. Because COVID-19 cases are rising nationally,¹¹ this is a critical time for the CDC to be transparent about its operations, and for the public to be assured that the CDC will operate in the best interest of American public health.

Finally, the modification of official health guidance from a federal agency concerns quintessential federal government activity.

The undersigned certifies that the above statement is true and correct.

Conclusion

If you have any questions about this request or foresee any problems in fully releasing the requested records, please email agoldstein@citizensforethics.org and foia@citizensforethics.org or call (202) 408-5565. Also, if CREW's request for a fee waiver is denied, please contact our office immediately upon making such a determination.

Where possible, please produce records in electronic format. Please send the requested records to agoldstein@citizensforethics.org and foia@citizensforethics.org. Thank you for your assistance in the matter.

Sincerely,



Alex Goldstein
Associate Counsel

Tina Reed, *RFK Jr. Contradicts CDC on Causes of Autism*, Axios (Apr. 16, 2025), <https://www.axios.com/2025/04/16/kennedy-cdc-autism-rates/>; Alexander Tin, *RFK Jr. Asks CDC for New Measles Treatment Guidance Amid His Unfounded Claims*, CBS News (May 1, 2025), <https://www.cbsnews.com/news/rfk-jr-cdc-measles-treatment-guidance/>; Amanda Seitz, *RFK Jr. pulls funding for vaccines being developed to fight respiratory viruses*, PBS News (Apr. 5, 2025), <https://www.pbs.org/newshour/health/rfk-jr-pulls-funding-for-vaccines-being-developed-to-fight-respiratory-viruses>.

¹¹ See *supra* note 2.

Exhibit Q



September 5, 2025

Department of Health and Human Services
Freedom of Information Act Office
Hubert H. Humphrey Building, Room 729H
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Freedom of Information Act Request

Dear FOIA Officer:

Citizens for Responsibility and Ethics in Washington ("CREW") makes this request for records pursuant to the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552, and Department of Health and Human Services ("HHS") regulations.

Specifically, CREW requests the following records of the U.S. Centers for Disease Control and Prevention ("CDC"):

1. All records pertaining to the roles and responsibilities of former CDC Director Susan Monarez and CDC Chief of Staff Matt Buzzelli between March 24, 2025, when Monarez was nominated to serve as CDC Director and by law could no longer serve as Acting Director, and July 29, 2025, when she was confirmed as Director.
2. All memoranda, directives, and other final records relating to the decision to reportedly make Buzzelli the CDC Acting Director before Monarez was confirmed on July 29, 2025.
3. All directives, memoranda, communications, and other final records relating to the vaccine policies and vaccine-policy disagreements that reportedly led to Monarez's ouster as Director on or about August 27, 2025.

Please search for responsive records regardless of format, medium, or physical characteristics. We seek records of any kind, including paper records, electronic records, audiotapes, videotapes, photographs, data, and graphical material. Our request includes without limitation all correspondence, letters, emails, text messages, facsimiles, telephone messages, voice mail messages, and transcripts, notes, or minutes of any meetings, telephone conversations, or discussions. Our request also includes any attachments to emails and other records, and anyone who was cc'ed or bcc'ed on any emails.

If it is your position any portion of the requested records is exempt from disclosure, CREW requests that you provide it with an index of those documents as required under *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). If some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. See 5 U.S.C. § 552(b). If it is your position that a document contains non-exempt segments, but that those non-exempt segments are so dispersed throughout the document as to make segregation impossible, please state what portion of the document is non-exempt, and how the material is dispersed throughout the document. See *Mead Data Central v. U.S. Dep't of the Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

Please be advised that CREW intends to pursue all legal remedies to enforce its rights under FOIA. Accordingly, because litigation is reasonably foreseeable, the agency should institute an agencywide preservation hold on all documents potentially responsive to this request.

Fee Waiver Request

In accordance with 5 U.S.C. § 552(a)(4)(A) and agency regulations, CREW requests a waiver of fees associated with processing this request for records. The subject of this request concerns the operations of the federal government, and the disclosures likely will contribute to a better understanding of relevant government procedures by CREW and the general public in a significant way. See *id.* § 552(a)(4)(A)(iii). Moreover, the request primarily and fundamentally is for non-commercial purposes. See, e.g., *McClellan Ecological v. Carlucci*, 835 F.2d 1282, 1285 (9th Cir. 1987).

Susan Monarez was Acting Director of the CDC from January 23, 2025 to March 24, 2025.¹ On March 24, President Trump nominated Monarez to be Director of the CDC.² By law, she could no longer serve as Acting Director after this point. But CDC's website and two separate memos sent to CDC staff reportedly stated that Monarez remained in control of the agency.³ In mid-May, HHS Secretary Robert F. Kennedy Jr. stated in congressional testimony that Matt Buzelli was serving as Acting Director.⁴ Yet this testimony did not quell confusion about CDC's leadership, including because the agency declined to confirm Buzelli's status or otherwise clearly indicate that he was serving as the CDC Acting Director.⁵

¹ See, e.g., Melody Schreiber, *Who is in charge at the US Centers for Disease Control and Prevention?*, The Guardian (June 29, 2025), <https://www.theguardian.com/us-news/2025/jun/29/who-is-in-charge-at-the-cdc>; Helen Branswell, *Does the CDC have an acting director?*, Stat News (May 16, 2025), <https://www.statnews.com/2025/05/16/does-the-cdc-have-an-actingdirector-yes-says-rfkjr/>.

² Donald J. Trump (@realDonaldTrump), TRUTH SOCIAL (Mar. 24, 2025, 4:12 PM), <https://truthsocial.com/@realDonaldTrump/posts/114219231809224627>.

³ Jeremy Faust, *Scoop: CDC has no Acting Director, sources confirm.*, INSIDE MEDICINE (April 9, 2025), <https://insidemedicine.substack.com/p/scoop-cdc-has-no-acting-director>.

⁴ See, e.g., Branswell, *supra* note 1.

⁵ See, e.g., Schreiber, *supra* note 1; Branswell, *supra* note 1; Maya Goldman, *Questions swirl over who's running the CDC*, Axios (June 5, 2025), <https://www.axios.com/2025/06/05/cdc-director-leadership-vacancy-rfk>; Hellen Branswell & Daniel Payne, *Blunt Rochester presses RFK Jr. on CDC acting director*, Stat News (May 20,

These conflicting accounts, and the absence of legally authorized CDC leadership, concerned many in the past months.⁶ The public has a right to know who was in charge of the CDC as major changes at the agency, including the dismissal of all members of the CDC's vaccine advisory panel and the firing of over 2400 CDC employees, played out.⁷

Moreover, the CDC's leadership uncertainty continues. Monarez was ousted as CDC Director on or about August 27, 2025, less than a month after she was sworn in.⁸ Monarez's abrupt firing has generated considerable attention and concern, with ongoing media reporting indicating that Monarez was forced out because of her refusal to go along with vaccine policies that she and others believed flew in the face of science.⁹ The public has a right to know exactly what led to Monarez's ouster and whether it was in fact motivated by bad science.

CREW is a non-profit corporation, organized under section 501(c)(3) of the Internal Revenue Code. CREW is committed to protecting the public's right to be aware of the activities of government officials, to ensuring the integrity of those officials, and to highlighting and working to reduce the influence of money on politics. CREW uses a combination of research, litigation, and advocacy to advance its mission. CREW intends to analyze the information responsive to this request and to share its analysis with the public through reports, press releases, or other means. In addition, CREW will disseminate any documents it acquires from this request to the public through its website, www.citizensforethics.org. The release of information obtained through this request is not in CREW's financial interest.

2025),

<https://www.statnews.com/2025/05/20/blunt-rochester-presses-rfk-jr-on-cdc-acting-director/>.

⁶ See, e.g., *supra* notes 1, 5.

⁷ See, e.g., Brandy Zadronzy et al., *CDC staff and retired workers call for Kennedy's resignation in a protest outside headquarters*, NBC News (June 10, 2025), <https://www.nbcnews.com/health/health-news/cdc-workers-call-kennedy-resignation-protest-rcna212104>.

⁸ See, e.g., Mike Stobbe et al., *CDC gets new acting director as leadership turmoil leaves agency reeling*, AP News (Aug. 28, 2025), <https://apnews.com/article/cdc-monarez-fired-trump-kennedy-vaccines-science-17fd8a19064e39906bc0125fd81e3525>; Lena H. Sun et al., *White House fires CDC director who says RFK Jr. is 'weaponizing public health'*, The Wash. Post (Aug. 28, 2025), <https://www.washingtonpost.com/health/2025/08/27/susan-monarez-cdc-director-ousted/>.

⁹ See *supra* note 8; see also, e.g., Erika Edwards & Berkeley Lovelace Jr., *CDC crisis triggered by upcoming vaccine meeting, leading to director's firing and resignations*, NBC News (Aug. 28, 2025), <https://www.nbcnews.com/health/health-news/cdc-crisis-vaccine-meeting-director-fired-rfk-jr-rcna227777>; Sheryl Gay Stolberg et al., *White House Says New C.D.C. Director Is Fired, but She Refuses to Leave*, The N.Y. Times (Aug. 27, 2025), <https://www.nytimes.com/2025/08/27/health/cdc-monarez-kennedy-vaccines.html#selection-521.0-521.71>.

Page 4

CREW further requests that it not be charged search or review fees for this request pursuant to 5 U.S.C. § 552(a)(4)(A)(ii)(II) because CREW qualifies as a member of the news media. *See Nat'l Sec. Archive v. U.S. Dep't of Defense*, 880 F.2d 1381, 1386 (D.C. Cir. 1989) (holding non-profit a "representative of the news media" and broadly interpreting the term to include "any person or organization which regularly publishes or disseminates information to the public").

CREW routinely disseminates information obtained through FOIA to the public in several ways. For example, CREW's website receives over 150,000 page views every month. The website includes blogposts that report on and analyze newsworthy developments regarding government ethics, corruption, and money in politics, as well as numerous reports CREW has published to educate the public about these issues. These reports frequently rely on government records obtained through FOIA. CREW also posts the documents it obtains through FOIA on its website.

Under these circumstances, CREW satisfies fully the criteria for a fee waiver.

Conclusion

If you have any questions about this request or foresee any problems in fully releasing the requested records, please email agoldstein@citizensforethics.org and foia@citizensforethics.org or call me at (202) 408-5565. Also, if CREW's request for a fee waiver is denied, please contact our office immediately upon making such a determination.

Where possible, please produce records in electronic format. Please send the requested records to agoldstein@citizensforethics.org and foia@citizensforethics.org. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Alex Goldstein".

Alex Goldstein
Associate Counsel

Exhibit R



This site can't be reached

The connection was reset.

Try:

- Checking the connection
- [Checking the proxy and the firewall](#)
- [Running Windows Network Diagnostics](#)

ERR_CONNECTION_RESET

Reload

Details

Exhibit S

The Trump Administration is working to reopen the government for the American people. Mission-critical activities of CDC will continue during the Democrat-led government shutdown. Certain federal government activities have ceased due to a lack of appropriated funding. During the government shutdown, only web sites supporting excepted functions will be updated. As a result, the information on this website may not be up to date and the agency may not be able to respond to inquiries.



Freedom of Information Act (FOIA)



FOIA Resources



For Everyone
SEPT. 16, 2024

⚠ CDC FOIA UPDATE

If you have questions about the FOIA process, please email FOIAResponse@hhs.gov. Submit all FOIA requests to:

[FOIA](#)

PURPOSE

Resources to assist users with FOIA-related questions and tasks, including the submitting and tracking of FOIA requests.

References

Below are general resources to learn more about FOIA

- [CDC FOIA Statistics](#) [PDF](#)
- [CDC FOIA Annual Reports](#)
- [CDC FOIA Request Log](#)
- [FOIA Statute \(includes amendments to the statute, "FOIA Improvement Act of 2016"\)](#) [↗](#)
- [HHS FOIA Regulations](#) [↗](#)
- [Trainings – Department of Justice Office of Information Policy](#) [↗](#)
- [Food and Animal Contact Outbreaks FOIA Guide](#) [DOC](#)

FOIA Regulations

[Freedom of Information Regulations](#) [↗](#)

(FOIA) Department of Health & Human Services

E-Z Guide to FOIA Exemptions

Exemption 1 – protects national security information concerning national defense or foreign relations.

Exemption 2 – covers records related solely to internal personnel rules and practices of an agency. Low 2 – trivial requests involving matters of no public interest. High 2 – disclosure would allow circumvention of agency regulations.

Exemption 3 – authorizes withholding of information prohibited from disclosure by another Federal statute .

Exemption 4 – exempts trade secrets and information which is commercial or financial.

Exemption 5 – protects records of a predecisional nature, as necessary. Such records typically contain the opinions, conclusions, or recommendations of the author and are part of the decision-making/deliberative process. Encompasses inter-agency or intra-agency memoranda or documents; attorney-work product; attorney-client communications.

Exemption 6 – provides protection for personal privacy interests; permits withholding documents if disclosure would be a clearly unwarranted invasion of personal privacy.

Exemption 7 – protects from mandatory disclosure records compiled for law enforcement proceedings. Protects identities of personal information and confidential sources. Protects records in their entirety on ongoing investigations.

Exemption 8 – covers matters contained in or related to reports prepared by or for use by an agency responsible for regulation of financial institutions.

Exemption 9 – pertains to geological and geophysical information and data concerning wells and includes maps.

SOURCES

CONTENT SOURCE:

[Freedom of Information Act \(FOIA\); Centers for Disease Control and Prevention](https://www.cdc.gov/foia/resources/?CDC_AAref_Val=https://www.cdc.gov/od/foia/reading/index.htm)

Exhibit T



This site can't be reached

The connection was reset.

Try:

- Checking the connection
- [Checking the proxy and the firewall](#)
- [Running Windows Network Diagnostics](#)

ERR_CONNECTION_RESET

Reload

Details

Exhibit U

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) </> [FOIA \(Freedom of Information Act\)](#) </foia/index.html> [Electronic Reading Room](#)

Navigate to:



Office of the Secretary FOIA Library / Electronic Reading Room

Before submitting a FOIA request, we recommend searching all the available repositories below:

The HHS website contains such materials as certain agency manuals, specific agency policy statements, and opinions developed in the adjudication of cases.

Other HHS FOIA Libraries:

- Administration for Children and Families <<https://www.acf.hhs.gov/e-reading-room>>
- Administration for Community Living
<https://www.acl.gov/site_utilities/foia/index.aspx#eroom>
- Agency for Healthcare Research and Quality
<<https://www.ahrq.gov/policy/foia/foiaindx.html>>
- Centers for Disease Control and Prevention & Agency for Toxic Substances and Disease Registry <<https://www.cdc.gov/od/foia/reading/index.htm>>
- Center for Medicare & Medicaid Services <<https://www.cms.gov/regulations-and-guidance/legislation/foia/rdgroom.html>>
- Food and Drug Administration
<<https://www.fda.gov/regulatoryinformation/foi/electronicreadingroom/default.htm>>
- Health Resources and Services Administration
<<https://www.hrsa.gov/foia/electronicreading.html>>
- Indian Health Service
- Office of Inspector General <<https://oig.hhs.gov/foia/efoia.asp>>
- National Institutes of Health <<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/freedom-information-act-office/nih-foia-library>>
- Substance Abuse and Mental Health Services Administration
<<https://www.samhsa.gov/foia>>

HHS FOIA Library Material:

FOIA Logs

- FOIA Logs <[/foia/electronic-reading-room/foia2017/index.html](https://www.hhs.gov/foia/electronic-reading-room/foia2017/index.html)>

FOIA Litigation Releases

- FOIA Litigation Releases </foia/electronic-reading-room/litigation-releases/index.html>

Final Opinions

- Departmental Appeals Board Decisions </dab/decisions/index.html>

Policy Statements

- HHS Policy for Records Management </web/governance/digital-strategy/it-policy-archive/hhs-ocio-policy-for-records-management.html>
- HHS Policy for Improving Race and Ethnicity Data <https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status>

Administrative Staff Manuals/Instructions to Staff

- Freedom of Information Act Foreseeable Harm Standard [PDF, 213 KB] </sites/default/files/2024-april-5-aspa-foreseeable-harm-memo.pdf>
- HHS Administrative Manuals </about/hhs-manuals/index.html>
- Guidance to HHS FOIA Offices About Mailing SSNs [PDF, 186 KB] </sites/default/files/ssn-foia-pa-div-guidance-protecting-ssns.pdf>
- Information for Prospective Requesters Seeking Contract Documents [PDF, 183 KB] </sites/default/files/information-prospective-requesters-seeking-contract-documents.pdf>

Frequently Requested Records

- COVID-19 Contracts </foia/coronavirus-contracts/index.html>
- 2016/2017 HHS Presidential Transition Documents </foia/transition.html>
- SIGNED - ASH to DEA Letter Marijuana [PDF, 86 KB] </sites/default/files/signed-ash-to-dea-letter-marijuana.pdf>

- Ratification of Prior Appointment and Prospective Appointment Appointment Affidavit June 2023 [PDF, 226 KB] </sites/default/files/ratification-appointment-affidavit-2023.pdf>
- Sharpless 2017 Ethics Agreements [PDF, 1.57 MB] </sites/default/files/sharpless-2017-ethics-agreements.pdf>
- Examples of 2018 Title X Grant Applications [PDF, 7.86 MB] </sites/default/files/examples-of-2018-title-x-grant-applications.pdf>
 - People using assistive technology may not be able to fully access information in this file. For assistance, please contact Diane Foley 240-453-2888
- Public Comments for "Removing Barriers for Religious and Faith-Based Organizations to Participate in HHS Programs and Receive Public Funding" <https://www.regulations.gov/document/hhs-os-2017-0002-0001>
- Dr. Fitzgerald Ethics Agreement [PDF, 4.55 MB] </sites/default/files/dr-fitzgerald-ethics-agreement.pdf>
- Correspondence from the Chairman and CEO of Aetna [PDF, 480 KB] </sites/default/files/aetna-release-response.pdf>
- Network Intrusion Attempts Database [XLSX, 114 KB] </sites/default/files/federal%20times%20-%20network%20data%20intrusion%20response.xlsx>
 - Network Intrusion Attempts Response Letter [PDF, 33 KB] </sites/default/files/federal%20times%20response%20letter%20-%202015-01051-foia-os.pdf>
- HHS EFOIA Reading Room Certification </foia/electronic-reading-room/reading-room-certification/index.html>
- HHS FOIA Reference Materials </foia/statutes-and-resources/index.html>
- Office of Inspector General Reports, Audits, etc. <https://oig.hhs.gov/>
- Office of the Inspector General Corporate Integrity Agreements <https://oig.hhs.gov/compliance/corporate-integrity-agreements/index.asp> (NOTE: includes directions on obtaining settlement agreements from the Department of Justice)

- Office of Civil Rights/ Health Insurance Portability and Accountability Act (HIPAA) </ocr/privacy/hipaa/understanding/summary/index.html>
- HHS Administrative Manuals </about/hhs-manuals/index.html>

Operation Warp Speed:

- Becton, Dickinson, & Company, Expanding Domestic Production of Needles & Syringes [PDF, 2.83 MB] </sites/default/files/becton-dickinson-company-expanding-domestic-production-needles-syringes.pdf>*^{*}
- Janssen Corp COVID-19 Vaccine Contract [PDF, 16.48 MB] </sites/default/files/janssen-corp-covid-19-vaccine-contract.pdf>*^{*}
- Ology Bioservices Therapeutic [PDF, 4.73 MB] </sites/default/files/ology-bioservices-therapeutic.pdf>*^{*}
- Pfizer, Inc. COVID-19 Vaccine Contract [PDF, 8.25 MB] </sites/default/files/pfizer-inc-covid-19-vaccine-contract.pdf>*^{*}
- RTI, Expanding Production of Needles and Syringes [PDF, 5.42 MB] </sites/default/files/rti-expanding-production-needles-syringes.pdf>*^{*}

Proactive Releases

- IDIQ agreement for testing equipment and tests with Cepheid [PDF, 10.32 MB] </sites/default/files/idiq-agreement-testing-equipment-tests-with-cepheid.pdf>*^{*}
- mAbs infusion capacity agreement with KPMG [PDF, 8.08 MB] </sites/default/files/mabs-infusion-capacity-agreement-with-kpmg.pdf>*^{*}
- mAbs manufacturing platform development agreement with Ology [PDF, 31.72 MB] </sites/default/files/mabs-manufacturing-platform-development-agreement-with-ology.pdf>*^{*}
- mABs production contract with Regeneron [PDF, 11.59 MB] </sites/default/files/mabs-production-contract-with-regeneron.pdf>*^{*}
- Merck mAB therapeutic production contract [PDF, 17.73 MB] </sites/default/files/merck-mab-therapeutic-production-contract.pdf>*^{*}

- Needle and Syringe capacity expansion project agreement with Smith Medical ASD [PDF, 17.04 MB] </sites/default/files/needle-syringe-capacity-expansion-project-agreement-with-smith-medical-asd.pdf>*
- SARS-COV-2 LFI Kits Order from ANP Tech [PDF, 1.45 MB] </sites/default/files/sars-cov-2-lfi-kits-order-from-anp-tech.pdf>*
- Tech Transfer agreement with Microbiologics [PDF, 16.14 MB] </sites/default/files/tech-transfer-agreement-with-microbiologics.pdf>*
- Vaccine Donation Contract with Pfizer [PDF, 7.90 MB] </sites/default/files/vaccine-donation-contract-with-pfizer.pdf>*
- Vaccine Agreement with Novavax, Mods 1 thru 3 [PDF, 10.22 MB] </sites/default/files/vaccine-agreement-with-novavax.pdf>*
- Therapeutics Contract with Eli Lilly, Mod 2 [PDF, 3.85 MB] </sites/default/files/therapeutics-contract-with-eli-lilly.pdf>*
- Redacted, Therapeutic Contract with Eli Lilly, Mod 8 [PDF, 2.06 MB] </sites/default/files/redacted-therapeutic-contract-with-eli-lilly.pdf>*
- Redacted, On-site temperature monitoring contract with Controlant HF, mods 5, 7 and 8 [PDF, 3.64 MB] </sites/default/files/redacted-on-site-temperature-monitoring-contract-with-controlant-hf.pdf>*
- Needles and Syringes Contract with Dupross, mods 4 thru 7 [PDF, 12.39 MB] </sites/default/files/needles-and-syringes-contract-with-dupross-mods-4-thru-7.pdf>*
- Needles and Syringes Contract with Dupross, Mod 9 [PDF, 5.05 MB] </sites/default/files/needles-and-syringes-contract-with-dupross-mod-9.pdf>*
- Needles and Syringes Capacity Expansion Agreements with Becton and Dickson, Mod 3 [PDF, 3.50 MB] </sites/default/files/needles-and-syringes-capacity-expansion-agreements-with-becton-and-dickson.pdf>*
- Moderna Vaccine Contract, Mods 7 thru 10 [PDF, 9.17 MB] </sites/default/files/moderna-vaccine-contract-mods-7-thru-10.pdf>*

- Goldbelt Needles and Syringes Contract, mod 12 [PDF, 647 KB]
</sites/default/files/goldbelt-needles-and-syringes-contract.pdf>*
- Fill-finish capacity agreement with GRAM, Mods 1 thru 5 [PDF, 5.79 MB]
</sites/default/files/fill-finish-capacity-agreement-with-gram.pdf>*
- COVID therapeutic contract with Regeneron, Mod 4 [PDF, 839 KB]
</sites/default/files/covid-therapeutic-contract-with-regeneron.pdf>*
- Biomedical support services contract with Tauri, mod 17 [PDF, 858 KB]
</sites/default/files/biomedical-support-services-contract-with-tauri.pdf>*
- Agreement for Needles and Syringes Capacity Expansion with Retractable Tech, Mod 2 [PDF, 6.24 MB] </sites/default/files/agreement-for-needles-and-syringes-capacity-expansion-with-retractable-tech.pdf>*
- Agreement for COVID therapeutic with Eli Lilly, Mod 3 [PDF, 274 KB]
</sites/default/files/agreement-for-covid-therapeutic-with-eli-lilly.pdf>*
- Needles and Syringes Contract with Goldbelt, Mod 12 [PDF, 991 KB]
</sites/default/files/needles-and-syringes-contract-with-goldbelt.pdf>*
- PPE supply contract with Federal Resources Supply [PDF, 4.59 MB]
</sites/default/files/ppe-supply-contract-with-federal-resources-supply.pdf>*
- Hand Sanitizer Supply Contract with Goldbelt [PDF, 4.36 MB] </sites/default/files/hand-sanitizer-supply-contract-with-goldbelt.pdf>*
- Delivery Order for FDA Cleared NGDS Instrument from Biofire [PDF, 1.42 MB]
</sites/default/files/delivery-order-for-fda-cleared-ngds-instrument-from-biofire.pdf>*
- Contract for non-contract thermometers with Atlantic Diving Supply [PDF, 2.73 MB] </sites/default/files/contract-for-non-contract-thermometers-with-atlantic-diving-supply.pdf>*
- Cell culture media manufacturing lines with Global Life Sciences Solutions [PDF, 4.74 MB] </sites/default/files/cell-culture-media-manufacturing-lines-with-global-life-sciences-solutions.pdf>*
- Bulk Sanitizer with JFW [PDF, 4.72 MB] </sites/default/files/bulk-sanitizer-with-jfw.pdf>*

- Agreement for electroporation device and array with Inovio [PDF, 12.51 MB] </sites/default/files/agreement-for-electroporation-device-and-array-with-inovio.pdf>>*
- Agreement for High Yield Anti-Covid-19 Immune Globulin Hyperimmune Manufacturing Process with Plasma Tech [PDF, 3.91 MB] </sites/default/files/agreement-for-high-yield-anti-covid-19-immune-globulin-hyperimmune-manufacturing-process-with-plasma-tech.pdf>>*
- Agreement for mAB prototype with AstraZeneca [PDF, 15.03 MB] </sites/default/files/agreement-for-mab-prototype-with-astrazeneca.pdf>>*
- Agreement for prototyping antibodies therapeutic with Immunome [PDF, 6.88 MB] </sites/default/files/agreement-for-prototyping-antibodies-therapeutic-with-immunome.pdf>>*
- Agreement for prototyping volatile organic compounds detector with Worlds Enterprises [PDF, 21.72 MB] </sites/default/files/agreement-for-prototyping-volatile-organic-compounds-detector-with-worlds-enterprises.pdf>>*
- Agreement for Tech Transfer with IIT Research Institute [PDF, 11.22 MB] </sites/default/files/agreement-for-tech-transfer-with-iit-research-institute.pdf>>*
- Agreement to conduct coalescent plasma clinical trials with Emergent Biosolutions [PDF, 6.28 MB] </sites/default/files/agreement-to-conduct-coalescent-plasma-clinical-trials-with-emergent-biosolutions.pdf>>*
- Agreement to conduct therapeutic clinical trials with Henry F. Jackson Foundation [PDF, 8.24 MB] </sites/default/files/agreement-to-conduct-therapeutic-clinical-trials-with-henry-jackson-foundation.pdf>>*
- Agreement to conduct therapeutic clinical trials with Pharm-Olam [PDF, 11.02 MB] </sites/default/files/agreement-to-conduct-therapeutic-clinical-trials-with-pharm-olam.pdf>>*
- Agreement to Develop a Domestic Continental U.S.-Based Hybrid Pharmaceutical Vial, SIO2 Medical Products [PDF, 12.03 MB] </sites/default/files/agreement-to-develop-domestic-continental-us-based-hybrid-pharmaceutical-vial-sio2-medical-products.pdf>>*
- Agreement to Develop LFI Kits from ANP Tech [PDF, 8.24 MB] </sites/default/files/agreement-to-develop-lfi-kits-from-anp-tech.pdf>>*

- Bulk Gloves Contract with Culmen [PDF, 6.36 MB] </sites/default/files/bulk-gloves-contract-with-culmen.pdf>*
 - Disclosure of Lobbying Activities - GlaxoSmithKline [PDF, 678 KB]
 - </sites/default/files/disclosure-of-lobbying-activities-glaxosmithkline.pdf>*
 - GlaxoSmithKline Holdings (Americas) Inc. Small Business Subcontracting Plan [PDF, 1.80 MB] </sites/default/files/glaxosmithkline-holdings-americas-inc-small-business-subcontracting-plan.pdf>*
 - GSK Exhibit A Contract Data Requirements List [PDF, 1.04 MB] </sites/default/files/gsk-exhibit-a-contract-data-requirements-list.pdf>*
 - GlaxoSmithKline COVID-19 Vaccine Contract [PDF, 6.18 MB]
 - </sites/default/files/glaxosmithkline-covid-19-vaccine-contract.pdf>*
 - AstraZeneca COVID-19 Vaccine Trials Contract [PDF, 12.50 MB]
 - </sites/default/files/astrazeneca-covid-19-vaccine-trials-contract.pdf>*
 - AstraZeneca COVID-19 Vaccine Letter Contract [PDF, 5.61 MB]
 - </sites/default/files/astrazeneca-covid-19-vaccine-letter-contract.pdf>*
 - Disclosure of Lobbying Activities - AstraZeneca [PDF, 127 KB]
 - </sites/default/files/disclosure-of-lobbying-activities-astrazeneca.pdf>*
 - Astrazeneca Small Business Subcontracting Plan [PDF, 1.35 MB]
 - </sites/default/files/astrazeneca-small-business-subcontracting-plan.pdf>*
 - TASSO Serology Kits - With All Mods [PDF, 3.83 MB] </sites/default/files/tasso-serology-kits-with-all-mods.pdf>*
 - Sanofi COVID-19 Vaccine Contract [PDF, 10.54 MB] </sites/default/files/sanofi-covid-19-vaccine-contract.pdf>*
 - Regeneron Contract - Therapeutics [PDF, 5.99 MB] </sites/default/files/regeneron-contract-therapeutics.pdf>*
 - Novavax COVID-19 Vaccine Contract [PDF, 4.87 MB] </sites/default/files/novavax-covid-19-vaccine-contract.pdf>*

- Moderna COVID-19 Vaccine Contract [PDF, 7.83 MB] </sites/default/files/moderna-covid-19-vaccine-contract.pdf>*
- Monoclonal Antibody Production Contract with Eli Lilly [PDF, 16.68 MB] </sites/default/files/monoclonal-antibody-production-contract-with-eli-lilly.pdf>
- Base OTA Consortium Agreement - COVID-19 Vaccine [PDF, 15.07 MB] </sites/default/files/base-ota-consortium-agreement-covid-19-vaccine.pdf>*
- Request for Prototype Projects (RPP) [PDF, 3.60 MB] </sites/default/files/request-for-prototype-projects.pdf>*
- RPP Appendix I [PDF, 825 KB] </sites/default/files/rpp-appendix-i.pdf>*
- RPP Appendix II [PDF, 1.25 MB] </sites/default/files/rpp-appendix-ii.pdf>*
- RPP Appendix III [PDF, 2.62 MB] </sites/default/files/rpp-appendix-iii.pdf>*
- GRAM Contract [PDF, 4.68 MB] </sites/default/files/gram-contract.pdf>*
- Medline OWS Contract [PDF, 6.67 MB] </sites/default/files/medline-ows-contract.pdf>*
- Quality Impact OWS Contract [PDF, 10.32 MB] </sites/default/files/quality-impact-ows-contract.pdf>*
- Dupross OWS Contract [PDF, 11.71 MB] </sites/default/files/dupross-ows-contract.pdf>*
- Cardinal OWS contract [PDF, 8.99 MB] </sites/default/files/cardinal-ows-contract.pdf>*
- COVID-19 Support Services Contract with BCG Federal Corp [PDF, 2.84 MB] </sites/default/files/covid-19-support-services-contract-with-bcg-federal-corp.pdf>*
- Letter Contract for Vaccine Development with Novavax [PDF, 3.36 MB] </sites/default/files/letter-contract-for-vaccine-development-with-novavax.pdf>*
- Needles and Syringes Contract with Gold Coast Medical Supply [PDF, 12.54 MB] </sites/default/files/needles-and-syringes-contract-with-gold-coast-medical-supply.pdf>*
- Needles and Syringes Contract with HTL-STREFA [PDF, 12.25 MB] </sites/default/files/needles-and-syringes-contract-with-htl-strefa.pdf>*

- Medical laboratory scientist and medical laboratory technician services contract with Patricio Enterprises [PDF, 4.15 MB] </sites/default/files/medical-laboratory-scientist-and-medical-laboratory-technician-services-contract-with-patricio-enterprises.pdf>*
- Contract for Domestic Industrial Base Expansion for Glass Tubing and Vials with Corning [PDF, 10.13 MB] </sites/default/files/contract-for-domestic-industrial-base-expansion-for-glass-tubing-and-vials-with-corning.pdf>*
- Vaccine Contract with Moderna; Modifications P00001, P00002, P00003 [PDF, 7.20 MB] </sites/default/files/vaccine-contract-with-moderna-modifications-p00001-p00002-p00003.pdf>*
- COVID-19 Vaccine Components Agreement with Cytiva [PDF, 5.28 MB] </sites/default/files/covid-19-vaccine-components-agreement-with-cytiva.pdf>*
- Testing and Assays Contract with Cue Health [PDF, 10.07 MB] </sites/default/files/testing-and-assays-contract-with-cue-health.pdf>*
- COVID-19 Therapeutic Development Agreements with Merck [PDF, 3.40 MB] </sites/default/files/covid-19-therapeutic-development-agreements-with-merck.pdf>*
- COVID-19 Therapeutic Development Contract with Partner Therapeutics [PDF, 3.99 MB] </sites/default/files/covid-19-therapeutic-development-contract-with-partner-therapeutics.pdf>*
- Vaccine Agreement with GlaxoSmithKline, Modifications 1 and 2 [PDF, 5.76 MB] </sites/default/files/vaccine-agreement-with-glaxo-smith-kline-modifications-1-and-2.pdf>*
- Contract for COVID-19 related medical devices with Inovio [PDF, 3.92 MB] </sites/default/files/contract-for-covid-19-related-medical-devices-with-inovio.pdf>*
- Contract for COVID-related medical countermeasure with Rigel Pharmaceuticals [PDF, 13.31 MB] </sites/default/files/contract-covid-related-medical-countermeasure-rigel-pharmaceuticals.pdf>*
- Contract for Face Coverings for COVID-19 with Source America [PDF, 7.03 MB] </sites/default/files/contract-for-face-coverings-for-covid-19-with-source-america.pdf>*
- Needles and Syringes Contract with Goldbelt 0058 [PDF, 10.48 MB] </sites/default/files/needles-and-syringes-contract-with-goldbelt-0058.pdf>*

- Needles and Syringes Contract with Goldbelt 0059 [PDF, 15.65 MB]
</sites/default/files/needles-and-syringes-contract-with-goldbelt-0059.pdf>*
- Needles and Syringes Contract with Goldbelt 0060 [PDF, 14.47 MB]
</sites/default/files/needles-and-syringes-contract-with-goldbelt-0060.pdf>*
- OTA-p for COVID-related Diagnostic with New Horizons Diagnostics [PDF, 9.07 MB]
</sites/default/files/ota-p-for-covid-related-diagnostic-with-new-horizons-diagnostics.pdf>*
- OTA-p for COVID-related Wearable Device with Ultran [PDF, 6.96 MB]
</sites/default/files/ota-p-for-covid-related-wearable-device-with-ultran.pdf>*
- OTA-p for plasma based therapeutic with Grifols [PDF, 3.41 MB]
</sites/default/files/ota-p-for-plasma-based-therapeutic-with-grifols.pdf>*
- Technical Direction Letter for Emory U Arenavirus Treatment Research [PDF, 4.11 MB] </sites/default/files/technical-direction-letter-emory-u-arenavirus-treatment-research.pdf>
- Assay Kit Delivery Purchase Order with Biofire Defense, 0171* [PDF, 1.82 MB]
</sites/default/files/assay-kit-delivery-purchase-order-with-biofire-defense-0171.pdf>
- COVID-19 Lateral Flow Immunoassay Kits Contract with Maxim Biomedical* [PDF, 13.62 MB] </sites/default/files/covid-19-lateral-flow-immunoassay-kits-contract-with-maxim-biomedical_0.pdf>
- COVID-19 Test Kit Contract with Cepheid* [PDF, 6.08 MB] </sites/default/files/covid-19-test-kit-contract-with-cepheid.pdf>
- COVID-related MCM Clinical Trial Agreement with ICON* [PDF, 9.42 MB]
</sites/default/files/covid-related-mcm-clinical-trial-agreement-with-icon.pdf>
- COVID-related MCM Domestic Fill and Finish Capacity Reservation Contract with Ology* [PDF, 12.33 MB] </sites/default/files/covid-related-mcm-domestic-fill-and-finish-capacity-reservation-contract-with-ology.pdf>
- COVID-related Sample Collection Kits Contract with Cepheid* [PDF, 3.72 MB]
</sites/default/files/covid-related-sample-collection-kits-contract-with-cepheid.pdf>

- COVID-related convalescent plasma clinical trial agreement with John Hopkins* [PDF, 9.11 MB] </sites/default/files/covid-related-convalescent-plasma-clinical-trial-agreement-with-john-hopkins.pdf>
- Contract for DNA Sequencing Device with Oxford Nanopore* [PDF, 5.84 MB] </sites/default/files/contract-for-dna-sequencing-device-with-oxford-nanopore.pdf>
- Lateral Flow Immunoassay Kits Contract with ANP* [PDF, 10.73 MB] </sites/default/files/lateral-flow-immunoassay-kits-contract-with-anp.pdf>
- Lateral Flow Immunoassay Kits Contract with Murtech* [PDF, 11.48 MB] </sites/default/files/lateral-flow-immunoassay-kits-contract-with-murtech.pdf>
- Monoclonal Antibody Production Contract with Eli Lilly* [PDF, 16.68 MB] </sites/default/files/monoclonal-antibody-production-contract-with-eli-lilly.pdf>
- Needles and Syringes Contract with GoldBelt (0058), with mods 4, 5, and 6 and production schedules* [PDF, 12.78 MB] </sites/default/files/needles-and-syringes-contract-with-goldbelt-0058-mods-4-5-6.pdf>
- Needles and Syringes Contract with GoldBelt (0059), with mods 5, 6, and 7 and production schedules* [PDF, 18.33 MB] </sites/default/files/needles-and-syringes-contract-with-goldbelt-0059-mods-5-6-7.pdf>
- Needles and Syringes Contract with GoldBelt (0060), with mods 5, 6, 7, and 8 and production schedules* [PDF, 17.45 MB] </sites/default/files/needles-and-syringes-contract-with-goldbelt-0060-mods-5-6-7-8.pdf>
- OT to Expand Covalent Plasma Collection Capabilities with America's Blood Centers* [PDF, 6.84 MB] </sites/default/files/ot-to-expand-covalent-plasma-collection-capabilities-with-america-blood-centers.pdf>
- Order for Commercial Assay Kit Delivery from Biofire Defense, 2017* [PDF, 864 KB] </sites/default/files/order-for-commercial-assay-kit-delivery-from-biofire-defense.pdf>
- TIA to Expand Domestic Production of Needles and Syringes with Becton and Dickinson* [PDF, 9.23 MB] </sites/default/files/tia-to-expand-domestic-production-of-needles-and-syringes.pdf>

- TIA to Expand Domestic Production of Needles and Syringes with Retractable Technology* [PDF, 10.30 MB] </sites/default/files/tia-to-expand-domestic-production-of-needles-and-syringes-with-retractable-technology.pdf>
- Vaccine Development to Large Scale Manufacturing Agreement with Novavax* [PDF, 12.27 MB] </sites/default/files/vaccine-development-to-large-scale-manufacturing-agreement-with-novavax.pdf>
- Vaccine Production Contract with Pfizer* [PDF, 9.95 MB] </sites/default/files/vaccine-production-contract-with-pfizer.pdf>
- COVID Tests Contract with VelocityDX [PDF, 3.72 MB] </sites/default/files/covid-tests-contract-with-velocitydx.pdf>*
- COVID Tests Contract with Visby Medical [PDF, 5.07 MB] </sites/default/files/covid-tests-contract-with-visby-medical.pdf>*
- Monoconal Antibody Production Contract to Modification 7, Eli Lilly [PDF, 17.91 MB] </sites/default/files/monoconal-antibody-production-contract-modification-7-eli-lilly.pdf>*
- (Revised) Vaccine Agreement with Janssen Corp [PDF, 12.68 MB] </sites/default/files/revised-vaccine-agreement-with-janssen-corp.pdf>*
- (Revised) Vaccine Agreement with Moderna, 0100 [PDF, 17.22 MB] </sites/default/files/revised-vaccine-agreement-with-moderna-0100.pdf>*
- Technical Direction Letter for Expanded Diagnostic Testing Device Project with Cepheid [PDF, 10.06 MB] </sites/default/files/technical-direction-letter-expanded-diagnostic-testing-device-project-cepheid.pdf>*
- Vaccine Contract with AstraZeneca [PDF, 17.09 MB] </sites/default/files/vaccine-contract-with-astrazeneca.pdf>*
- (Revised), Needles and Syringes Contract with Goldbelt, -0059 [PDF, 16.75 MB] </sites/default/files/revised-needles-and-syringes-contract-with-goldbelt-0059.pdf>*
- (Revised), Needles and Syringes Contract with Goldbelt, -0060 [PDF, 15.56 MB] </sites/default/files/revised-needles-and-syringes-contract-with-goldbelt-0060.pdf>*

- COVID-19 Related Medical Countermeasure System Contract with Murtech [PDF, 7.88 MB] </sites/default/files/covid-19-related-medical-countermeasure-system-contract-with-murtech.pdf>*
- COVID-19 Vaccine Components Agreement with Cytiva [PDF, 5.52 MB]
</sites/default/files/covid-19-vaccine-components-agreement-cytiva.pdf>*
- mABs Production Contract with Regeneron [PDF, 15.06 MB] </sites/default/files/mabs-production-contract-regeneron.pdf>*
- mAbs Therapeutic Contract with GSK [PDF, 14.62 MB] </sites/default/files/mabs-therapeutic-contract-with-gsk.pdf>*
- Moderna Vaccine Contract, Mods 7 thru 14 [PDF, 17.44 MB]
</sites/default/files/moderna-vaccine-contract-mods-7-thru-14.pdf>*
- Redacted, Other Transaction Agreement for a COVID-related medical countermeasure prototype project with 60 Degrees [PDF, 10.76 MB]
</sites/default/files/redacted-other-transaction-agreement-covid-related-medical-countermeasure-prototype-project-60-degrees.pdf>*
- Vaccine Donation Contract with Pfizer [PDF, 8.46 MB] </sites/default/files/vaccine-donation-contract-pfizer.pdf>*
- Test Kits Contract with Atlantic Trading to Mod 1 [PDF, 5.97 MB]
</sites/default/files/test-kits-contract-atlantic-trading-mod-1.pdf>*
- Test Kits Contract with Medea [PDF, 6.54 MB] </sites/default/files/test-kits-contract-with-medea.pdf>*

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Content last reviewed May 23, 2025

Exhibit V

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) [FOIA \(Freedom of Information Act\)](#) [Electronic Reading Room](#)

Navigate to:



FOIA Logs

OS FOIA Logs 2017 [XLSX, 279 KB] [</sites/default/files/fy-2017-foia-log-final.xlsx>](#)

OS FOIA Logs 2018 [XLSX, 334 KB] [</sites/default/files/fy-2018-foia-log.xlsx>](#)

OS FOIA Logs 2019 [XLSX, 370 KB] [</sites/default/files/fy-2019-foia-log.xlsx>](#)

OS FOIA Logs 2020 [XLSX, 369 KB] [</sites/default/files/fy-2020-foia-log.xlsx>](#)

OS FOIA Logs 2021 [XLSX, 295 KB] [</sites/default/files/fy-2021-foia-log.xlsx>](#)

OS FOIA Logs 2022 [XLSX, 277 KB] </sites/default/files/fy-2022-foia-log.xlsx>

OS FOIA Logs 2023 [XLSX, 229 KB] </sites/default/files/fy-2023-foia-log.xlsx>

Content created by Assistant Secretary for Public Affairs (ASPA)

Content last reviewed May 6, 2025

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) [FOIA \(Freedom of Information Act\)](#) [Electronic Reading Room](#)

Navigate to:



HHS FOIA Litigation Releases

FOIA litigation releases are made public after a court orders the release of records that were previously withheld under FOIA. Explore litigation releases below listed by the FOIA requesting entity.

- [America First Legal Foundation](#)
- [Bader Family Foundation](#)

- **Bloomberg (Rozen)** </foia/electronic-reading-room/litigation-releases/bloomberg-rozen/index.html>
- **Calhoun Bhella & Sechrest** </foia/electronic-reading-room/litigation-releases/calhoun-bhella-and-sechrest/index.html>
- **Exela Pharma Sciences** </foia/electronic-reading-room/litigation-releases/exela-pharma-sciences/index.html>
- **Florida Agency for Health Care Administration** </foia/electronic-reading-room/litigation-releases/florida-agency-for-health-care-admin/index.html>
- **Functional Government Initiative (FGI)** </foia/electronic-reading-room/litigation-releases/functional-government-initiative/index.html>
- **Judicial Watch** </foia/electronic-reading-room/litigation-releases/judicial-watch/index.html>
- **Lavelle, Kristin** </foia/electronic-reading-room/litigation-releases/kristin-lavelle/index.html>
- **Lenahan, Hayley** </foia/electronic-reading-room/litigation-releases/hayley-lenahan/index.html>
- **Lerman, Deborah** </foia/electronic-reading-room/litigation-releases/deborah-lerman/index.html>
- **Protect the Public's Trust** </foia/electronic-reading-room/litigation-releases/protect-the-publics-trust/index.html>
- **State of Florida** </foia/electronic-reading-room/litigation-releases/state-of-florida/index.html>
- **Zorn, Matthew** </foia/electronic-reading-room/litigation-releases/matthew-zorn/index.html>

Content created by Freedom of Information Act (FOIA) Division
Content last reviewed August 7, 2025

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) </> [FOIA \(Freedom of Information Act\)](#) </foia/index.html> [Electronic Reading Room](#)

Navigate to:



America First Legal Foundation

FOIA Litigation Releases

Case number: 23-cv-03680

Original Request and Complaint

- FOIA HHS-FDA Hydroxychloroquine Use for COVID-19 Treatment - August 08, 2022 [PDF, 133 KB] </sites/default/files/foia-hhs-fda-hydroxychloroquine-08082022.pdf>*
- FOIA HHS-FDA Ivermectin Use for COVID-19 Treatment - September 14, 2022 [PDF, 120 KB] </sites/default/files/foia-hhs-fda-ivermectin-09142022.pdf>*
- FOIA America First Legal Foundation Complaint Case 1:23-cv-03680 - December 11, 2023 [PDF, 1.36 MB] </sites/default/files/foia-aflf-complaint-case-cv-23-03680-12-11-23.pdf>*

Interim Responses

- America First Legal Foundation 1st Interim Response [PDF, 13.06 MB] </sites/default/files/foia-aflf-1st-interim-response-redacted.pdf>*
- America First Legal Foundation 2nd Interim Response [PDF, 24.17 MB] </sites/default/files/foia-aflf-2nd-interim-response-records.pdf>*
- America First Legal Foundation 3rd Interim Response [PDF, 82.07 MB] </sites/default/files/foia-aflf-3rd-interim-response-final.pdf>*
- America First Legal Foundation 4th Interim Response [PDF, 46.23 MB] </sites/default/files/foia-aflf-4th-interim-response-redacted.pdf>*
- America First Legal Foundation 7th Interim Response [PDF, 2.16 MB] </sites/default/files/foia-aflf-7th-interim-response-redacted.pdf>*
- America First Legal Foundation 8th Interim Response 1 [PDF, 14.94 MB] </sites/default/files/foia-aflf-8th-interim-response-final-response.pdf>*

- America First Legal Foundation 8th Interim Response 2 [PDF, 317 KB]
</sites/default/files/foia-aflf-8th-interim-response-final-response-2.pdf>*
- America First Legal Foundation 9th Interim Response [PDF, 12.90 MB]
</sites/default/files/foia-aflf-9th-interim-response-redacted.pdf>*
- America First Legal Foundation 10th Interim Response [PDF, 58.59 MB]
</sites/default/files/foia-aflf-10th-interim-response-final-redacted.pdf>*
- America First Legal Foundation 11th Interim Response [PDF, 70.91 MB]
</sites/default/files/foia-aflf-11th-interim-response-records-redacted.pdf>*
- America First Legal Foundation 12th Interim Response [PDF, 42.95 MB]
</sites/default/files/foia-aflf-12th-interim-response-redacted.pdf>*

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Content last reviewed May 14, 2025

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) [FOIA \(Freedom of Information Act\)](#) [Electronic Reading Room](#)

Navigate to:



Bader Family Foundation FOIA

Litigation Releases

Case number: 23-cv-3546

Original Request and Complaint

- Bader Family Foundation Civil Action No. 23-3546 - December 07, 2023 [PDF, 2.38 MB] </sites/default/files/foia-hhs-bff-23cv03546-12072023.pdf>*
- FOIA Request from Liberty Unyielding & Bader Family Foundation - February 28, 2023 [PDF, 804 KB] </sites/default/files/foia-request-from-bff-lu-hhs-02282023.pdf>*

Interim Responses

- Bader Family Foundation Civil Action No. 23-3546 1st Interim Response [PDF, 76.47 MB] </sites/default/files/foia-bff-23-cv-3546-1st-interim-response.pdf>*
- Bader Family Foundation Civil Action No. 23-3546 2nd Interim Response [PDF, 41.95 MB] </sites/default/files/foia-bff-23-cv-3546-2nd-interim-response.pdf>*
- Bader Family Foundation Civil Action No. 23-3546 3rd Interim Response [PDF, 47.87 MB] </sites/default/files/foia-bff-23-cv-3546-3rd-interim-response.pdf>*

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Content last reviewed May 14, 2025

 An official website of the United States government

Mission-critical activities of HHS will continue during the Democrat-led government shutdown. Please use this site as a resource as the Trump Administration works to reopen the government for the American people.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Navigate to:



Bloomberg (Rozen) FOIA Litigation

Releases

Case number: 23-cv-02291

Original Request and Complaint

- Bloomberg Industry Group and Courtney Rozen Civil Action No. 23-cv-02291 - August 8, 2023 [PDF, 300 KB] </sites/default/files/foia-bigcr-23-cv-02291-08082023.pdf>*
- Bloomberg Industry Group and Courtney Rozen Revision To Request Letter For 2022-01093-FOIA-OS - August 30, 2022 [PDF, 174 KB] </sites/default/files/foia-bigcr-revision-to-request-letter-08302022.pdf>*

Interim Responses

- Bloomberg Industry Group and Courtney Rozen 1st Interim Response [PDF, 32.81 MB] </sites/default/files/foia-bigcr-1st-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 2nd Interim Response [PDF, 15.24 MB] </sites/default/files/foia-bigcr-2nd-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 3rd Interim Response [PDF, 142.73 MB] </sites/default/files/foia-bigcr-3rd-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 4th Interim Response [PDF, 13.43 MB] </sites/default/files/foia-bigcr-4th-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 5th Interim Response [PDF, 15.13 MB] </sites/default/files/foia-bigcr-5th-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 6th Interim Response [XLSX, 192 KB] </sites/default/files/foia-bigcr-6th-interim-response.xlsx>*
- Bloomberg Industry Group and Courtney Rozen 7th Interim Response [XLSX, 154 KB] </sites/default/files/foia-bigcr-7th-interim-response.xlsx>*

- Bloomberg Industry Group and Courtney Rozen 8th Interim Response [XLSX, 228 KB] </sites/default/files/foia-bigcr-8th-interim-response.xlsx>*
[Bloomberg \(Rozen\) FOIA Litigation Releases | HHS.gov](#)
- Bloomberg Industry Group and Courtney Rozen 9th Interim Response [XLSX, 307 KB] </sites/default/files/foia-bigcr-9th-interim-response.xlsx>*
- Bloomberg Industry Group and Courtney Rozen 10th Interim Response [XLSX, 174 KB] </sites/default/files/foia-bigcr-10th-interim-response.xlsx>*
- Bloomberg Industry Group and Courtney Rozen 11th Interim Response [PDF, 26.50 MB] </sites/default/files/foia-bigcr-11th-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 12th Interim Response [PDF, 123.80 MB] </sites/default/files/foia-bigcr-12th-interim-response.pdf>*
- Bloomberg Industry Group and Courtney Rozen 13th Interim Response [PDF, 1.95 MB] </sites/default/files/foia-bigcr-13th-interim-response.pdf>*

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Exhibit W

The Trump Administration is working to reopen the government for the American people. Mission-critical activities of CDC will continue during the Democrat-led government shutdown. Certain federal government activities have ceased due to a lack of appropriated funding. During the government shutdown, only web sites supporting excepted functions will be updated. As a result, the information on this website may not be up to date and the agency may not be able to respond to inquiries.



Centers for Disease Control and Prevention



The page you were looking for has moved.

You will be automatically redirected to the new location in 10 seconds or you can click here to go to [FOIA Resources](#).

Please update any bookmarks you may have saved for this page.

Exhibit X

FOIA Reading Room

FOIA Reading Room

The Freedom of Information Act, FOIA [5 USC 552(a)(2)(D)], requires that certain documents of interest to the general public be published electronically. HHS is making these documents available to the general public in electronic form.

All records are stored as a repository, in the FOIA Reading Room, in the appropriate format, where paper copies of all documents are available for inspection and copying.

HHS posts information to the FOIA Reading Room on a scheduled basis or on demand, where individual requesters can download the requisite information without having to make a formal FOIA request.

The FOIA reading room is updated on a timely basis, based on the frequency of the request received by the agency.

The following types of documents can be found in the reading room:

(1) Final opinions and orders made in adjudicating cases;

(2) Final statements of policy and interpretations which have not been published in the Federal Register;

(3) Administrative staff manuals and instructions to staff that affect a member of the public;

(4) Copies of records that have been the subject of a FOIA request and that are of sufficient public interest or curiosity that the agency believes other persons are likely to request them; and

(5) Agency's annual FOIA report--which includes such information as the number of requests received by the agency, the amount of time taken to process requests, the total amount of fees collected by the agency, information regarding the backlog of pending requests, and other information about the agency's handling of FOIA requests. Beside the above categories, other documents may also be available in the FOIA Reading Room. You can view any document(s) in the FOIA Reading Room and also download it.

Note: Please read the search tips provided, before searching for documents, by clicking the Search Tips button on the FOIA Reading Room screen.

To search and view documents in the FOIA Reading Room:

1. Click on the FOIA Reading Room link on the menu.
2. Enter the document name and the custom field information for the document and click Search else click Clear to clear all previously entered values.
3. Select the document type under which the document is listed.
4. All documents are displayed by document name, published date and the no. of pages contained. Click on the document name to view the document information.
5. You can also choose to download the document, which is in a zipped format, then download the document on your local system and unzip it to read it.
6. If the document is in a PDF format, then you must have an Adobe Acrobat reader, version 3.0 or higher to be able to read the document.
7. Click on the arrow symbol (located to the extreme right of the screen) to go back to the FOIA Reading Room screen.

The FOIA Reading Room includes the following:

Search for Documents in Reading Room

☒	Reading Room File Cabinet	Description
☒	Final Opinions	This category of records includes final opinions and orders issued in the adjudication of administrative cases.
☒	Policy Statements	This category of records includes certain policy statements issued or approved by HHS that concern the general public.
☒	Administrative Staff Manuals	This category of records available for inspection includes HHS Administrative Staff Manuals that may affect the public.
☒	Frequently Requested Records	This category of records includes all records that have been the subject of at least three FOIA requests.
☒	2016/17 Transition Docs	Folder containing all released 2016/2017 HHS Transition Documents

Folder Name:

*

Content Search:	
Published Date	From (mm/dd/yyyy) To (mm/dd/yyyy)
Sort by :	▼ ▼

[Search](#)[Clear](#)[Search Tips](#)



The FDFA Funding Request form includes the following:

Request for Funding	Description
1. Project Name	Project Name
2. Project Number	Project Number
3. Project Start Date	Project Start Date
4. Project End Date	Project End Date
5. Project Status	Project Status

Below the table, there are fields for:

- Project Name
- Project Number
- Project Start Date
- Project End Date
- Project Status (dropdown menu)

Exhibit Y

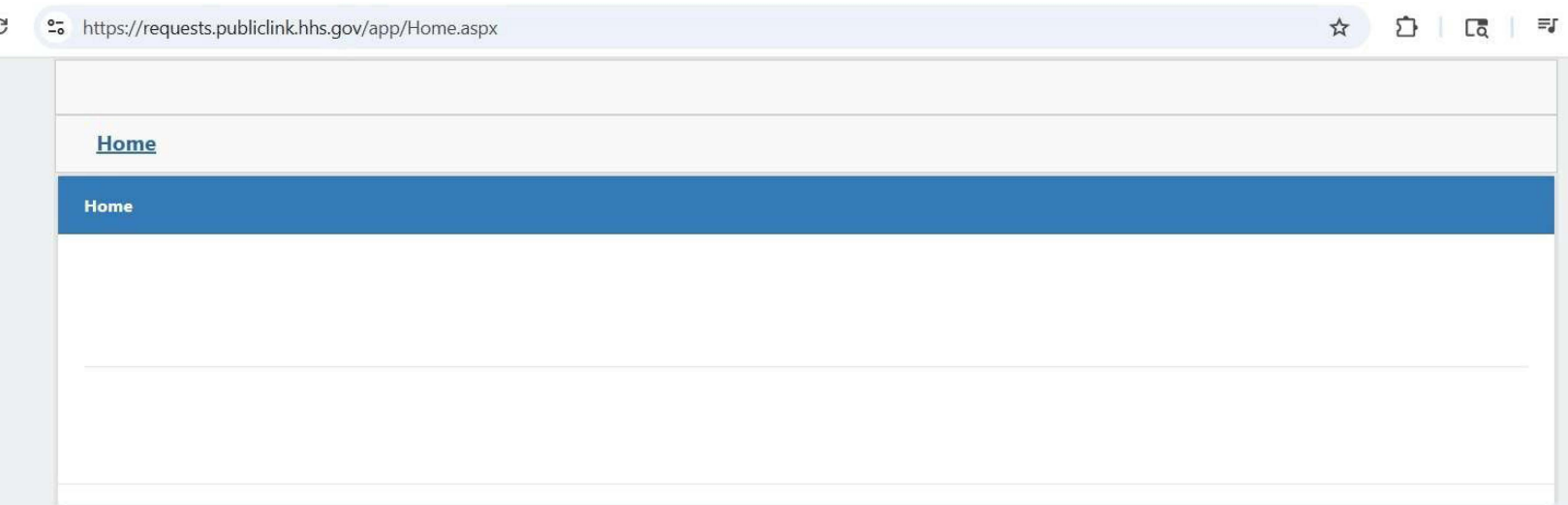


Exhibit Z



This site can't be reached

The connection was reset.

Try:

- Checking the connection
- [Checking the proxy and the firewall](#)
- [Running Windows Network Diagnostics](#)

ERR_CONNECTION_RESET

Reload

Details

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

DECLARATION OF VANESSA ALLEN

I, Vanessa Allen, declare as follows:

1. American Oversight submits this declaration, supplementing the prior declarations (ECF Nos. 26-5 and 33-3) it submitted in this matter concerning Freedom of Information Act (“FOIA”) compliance at the Centers for Disease Control and Prevention (“CDC”) and the Department of Health and Human Services (“HHS”) and in support of Plaintiff’s Motion for Summary Judgment.

2. I am the Paralegal Operations Manager at American Oversight. I have been employed at American Oversight since March 2025. In this role, I have been responsible for, among other things: overseeing the preparation and filing of FOIA requests, tracking and managing incoming productions, monitoring agency correspondence handled by American Oversight’s paralegal team, tracking FOIA requests through our internal database, and consulting with American Oversight attorneys and researchers concerning discussions and negotiations with agency FOIA officers.

3. The facts set forth in this Declaration are true and of my own personal knowledge or based on a review of American Oversight’s business records generated in connection with

American Oversight's work.

4. American Oversight is a nonpartisan, non-profit section 501(c)(3) organization primarily engaged in disseminating information to the public. American Oversight is committed to promoting transparency in government, educating the public about government activities, and ensuring the accountability of government officials. Through research and FOIA requests, American Oversight uses the information gathered, and its analysis of it, to educate the public about the activities and operations of the federal government through reports, published analyses, press releases, and other media.

5. Since its founding, American Oversight has submitted approximately 16,000 requests for public records, including approximately 8,700 federal FOIA requests.¹

6. In 2025 so far, American Oversight has submitted 20 requests to the CDC.

7. Of these twenty FOIA requests, eight were submitted before the reported closure of CDC's FOIA office on April 1, 2025. For each of these requests, American Oversight received some communications from CDC, and in many cases, final responses. As described in more detail below, for the 12 requests submitted after April 1, 2025, American Oversight has received from CDC an acknowledgment of only seven of those requests and no communications at all for the remainder.

8. American Oversight has received no responsive records nor any other final responses to any requests submitted to the CDC since April 1, 2025.

9. American Oversight generates certain records through the course of its regularly

¹ Due to recordkeeping limitations, there is a minor margin for error in the numbers presented in this declaration. I have listed them as precisely as possible based on the information available, and to the best of my knowledge, the figures are very close to accurate. I would estimate the margin for error to be approximately no more than +/- 10.

conducted activities of submitting FOIA and public records requests. Specifically, at or near the time each FOIA or public records request is submitted, American Oversight staff responsible for and with direct knowledge of submitting each request customarily assigns an internal tracking number (AO FOIA #) to each request, creates an entry for that request in an internal database referencing the AO FOIA #, and saves the request to a folder labeled with the AO FOIA # in an internal file management system. Subsequently, American Oversight staff logs and saves correspondence about the request in the relevant folder at or near the time the correspondence is sent or received.

10. I have reviewed my colleague Anisha Hindocha's declaration submitted previously in this litigation, ECF No. 26-5, my prior declaration, ECF No. 33-3, and reviewed American Oversight's relevant business records.

11. There have been no changes in the status of any of the requests discussed in Ms. Hindocha's declaration; that is, American Oversight has received no further communications nor any productions of responsive documents from CDC in the requests numbered CDC-25-0084², CDC-25-0768, HHS-(CDC)-25-1148, HHS-(CDC)-25-1153, HHS-(CDC)-25-1208, or HHS-(CDC)-25-1321.

Requests Discussed in My Prior Declaration

12. With respect to the requests discussed in my prior declaration, I can provide the following updates:

13. American Oversight has also received no further communications nor any production of responsive documents from CDC in the request numbered HHS-(CDC)-25-1408.

² As discussed in Ms. Hindocha's May 22, 2025 declaration, American Oversight received one interim production of documents responsive to request CDC-25-0084 prior to the announcement that the CDC's FOIA office was being placed on administrative leave.

14. On September 3, 2025, CDC acknowledged request HHS-(CDC)-25-1563, which was filed on June 18, 2025, but has not provided any responsive documents or otherwise communicated substantively with American Oversight regarding this request.

Requests Submitted Subsequent to My Prior Declaration

15. The paragraphs below summarize the requests American Oversight has submitted to CDC since July 17, 2025.

Outstanding FOIA Request AO FOIA # HHS-CDC-25-2024

16. On August 18, 2025, American Oversight submitted a request to CDC via the FOIA.gov portal, seeking records regarding the dismissal of the members of the Advisory Committee on Immunization Practices (ACIP) at the CDC.

17. CDC, via the HHS FOI/Privacy Acts Division, acknowledged receipt of this request on September 3, 2025.

18. To date, American Oversight has not received any records responsive to this request nor any other communications concerning this request.

Outstanding FOIA Request AO FOIA # MULTI-HHS-CDC-25-2064

19. On August 21, 2025, American Oversight submitted a request to CDC via the HHS online portal, seeking records regarding the composition and leadership of agency DOGE teams.

20. CDC, via the HHS FOI/Privacy Act Division, acknowledged this request on September 3, 2025.

21. To date, American Oversight has not received any records responsive to this request nor any other communications concerning this request.

Outstanding FOIA Request AO FOIA # HHS-CDC-25-2208

22. On September 16, 2025, American Oversight submitted a request to CDC via the FOIA.gov online portal, seeking records regarding the firing of former CDC Director Dr. Susan

Monarez.

23. CDC has not acknowledged this request nor otherwise communicated with American Oversight regarding this request.

Outstanding FOIA Request AO FOIA # HHS-CDC-25-2209

24. On September 16, 2025, American Oversight submitted a request to CDC via the FOIA.gov online portal, seeking records regarding an August 25, 2025 meeting between Dr. Monarez, HHS Secretary Robert F. Kennedy, Jr., and others.

25. CDC has not acknowledged this request nor otherwise communicated with American Oversight regarding this request.

Outstanding FOIA Request AO FOIA # HHS-CDC-25-2237

26. On September 18, 2025, American Oversight submitted a request to CDC via the FOIA.gov online portal, seeking recordings of a meeting attended by Dr. Monarez and Secretary Kennedy referenced by U.S. Senator Markwayne Mullin at a September 17, 2025 meeting of the Senate Committee on Health, Education, Labor, and Pensions.

27. CDC, via the HHS FOI/Privacy Acts Division, acknowledged receipt of this request on September 29, 2025.

28. To date, American Oversight has not received any records responsive to this request nor any other communications concerning this request.

29. The acknowledgement letters referenced in paragraphs 14, 17, 20, and 27 of this declaration each contain language that states:

Because you seek records which require a search in another office, “unusual circumstances” apply to your request, automatically extending the time limit to respond to your request for ten additional days. See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2012 & Supp. V. 2017). The actual time needed to process your request will depend on the complexity of our records search and on the volume and complexity of any material located. For your information, this Office assigns incoming requests to one of three tracks: simple, complex, or expedited. Each request is then

handled on a first-in, first-out basis in relation to other requests in the same track. Our current workload is approximately 8,000 cases.³

CONCLUSION

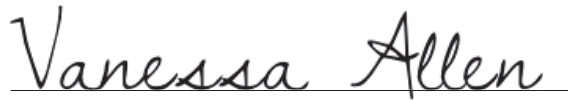
30. As described above, American Oversight has received only acknowledgment letters from CDC since April 1, 2025, but has had no substantive communications with CDC regarding any submitted FOIA requests.

31. None of the American Oversight's requests pending with CDC discussed in this declaration or either of American Oversight's prior declarations in this case have been issued a complete determination within the statutory deadline. In light of the closure of the CDC FOIA Office, American Oversight is unsure when or whether it will receive the requested records.

32. These challenges are impacting American Oversight's mission, which depends on its ability to obtain records through FOIA requests, and American Oversight anticipates there may be ongoing future negative impacts on its work.

33. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 17, 2025


Vanessa Allen

³ The only substantive difference in the language of the four acknowledgment letters is that, where the letters referenced in paragraphs 14, 17, and 20 each note a backlog of 8000 cases, the letter referenced in paragraph 27 notes a backlog of 7000 cases.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

SUPPLEMENTAL DECLARATION OF CLAIRE CASSEDY

I, Claire Cassedy, declare as follows:

1. Knowledge Ecology International (“KEI”) submits this declaration in support of Plaintiff’s Motion for Summary Judgment. This declaration incorporates and supplements the declaration I previously submitted in this case (ECF No. 33-4).

2. I am a Senior Researcher at KEI. The facts set forth in this supplemental declaration are true and of my own personal knowledge or based on a review of KEI’s business records generated in connection with KEI’s work.

3. As a Senior Researcher, my work at KEI includes research, analysis, writing, publishing, advocacy, outreach, data and website management. As part of my duties, I process, manage, analyze, and publish files, data, and Freedom of Information Act (“FOIA”) records obtained by KEI.

4. As detailed in my past declaration, KEI leverages FOIA requests to shed light on government activities, and has submitted more than 600 public records requests in the past 8 years, including many requests to public health agencies located within the Department of

Health and Human Services (“HHS”).

5. As detailed in my past declaration, KEI has a FOIA request that was filed with the CDC on September 29, 2023 (Case Number 23-01883-FOIA) which was marked as “Closed” when I checked the CDC FOIA portal on April 11, 2025. This FOIA request was closed with no letter of response or other communication. When I reached out to the CDC FOIA office via email to inquire about this request, I received an automatic reply email which stated, “Hello, the FOIA office has been placed on admin leave and is unable to respond to any emails.”

6. Since I submitted my last declaration, KEI has received no further correspondence, update, or response from CDC on the September 29, 2023 request.

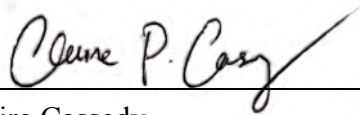
7. On September 26, 2025, I sent an email to the CDC FOIA office email address and copied the HHS FOIA Office email address inquiring about Case Number 23-01883-FOIA. I received automatic responses from both addresses. The CDC FOIA email address automatic reply message stated, “For all FOIA requests, please go to the HHS FOIA Office website: <https://www.hhs.gov/foia/index.html>.” The HHS FOIA email address automatic reply message was a lengthy message providing general information on HHS FOIA contacts and how to submit a FOIA request.

8. Also on September 26, 2025, I then followed up on Case Number 23-01883-FOIA by reaching out to the HHS FOIA Public Liaison. I immediately received another automatic reply from that address, which provided information as to what types of emails the HHS Public Liaison email address replies (from which I understood my request inquiry would fall under the category of meriting a response). As of October 1, 2025, I had not received a response from the HHS FOIA Public Liaison office.

9. As detailed in my past declaration, KEI's past CDC-FOIA requests related to issues that were timely and circumstances that developed quickly. The delays in processing CDC FOIA requests caused by the shutdown of the CDC FOIA office could cause critical delays in providing the public with trusted information in unforeseen health emergencies and disease outbreaks.

10. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 17, 2025



Claire Cassidy

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

SUPPLEMENTAL DECLARATION OF JARED GOODMAN

I, Jared Goodman, declare as follows:

1. I am general counsel at The White Coat Waste Project, Inc. (“White Coat Waste,” or “WCW”), a non-profit, bipartisan, government watchdog organization pursuant to Section 501(c)(3) of the Internal Revenue Code, and submit this declaration in support of Plaintiff’s Reply in Support of its Motion for Summary Judgment and Opposition to Defendant’s Motion for Summary Judgment in the above-captioned matter.

2. The facts set forth in this declaration are true and of my own personal knowledge or based on a review of WCW’s business records generated in connection with WCW’s work.

3. I previously submitted a declaration dated July 16, 2025, in support of Plaintiff’s Motion for Summary Judgment in this matter (the “Initial Declaration”). I incorporate that declaration herein by reference.

4. The Initial Declaration described three Freedom of Information Act (“FOIA”) requests WCW submitted to the Centers for Disease Control and Prevention (“CDC”), identified as request numbers 25-000526, 2025-03112-FOIA-OS, and 2025-03145-FOIA-PHS.

5. Since the execution of the Initial Declaration on July 16, 2025, WCW has not received any further communication or response from the CDC or any Defendant concerning any of these three requests.

6. As of the date of this declaration, no determinations have been issued, and no records have been produced with respect to any of these three requests.

7. WCW continues to await the CDC's responses and remains uncertain whether or when the agency intends to comply with its statutory obligations under FOIA.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 15, 2025



Jared Goodman

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

SECOND SUPPLEMENTAL DECLARATION OF ANDREA ISSOD

I, Andrea Issod, declare as follows:

1. The Sierra Club submits this declaration support of Plaintiff's Motion for Summary Judgment. This declaration incorporates and supplements the declarations I previously submitted in this case (ECF No. 26-4, 33-8).

2. I am a Senior Attorney in the Sierra Club's Environmental Law Program. The facts set forth in this supplemental declaration are true and of my own personal knowledge or based on a review of Sierra Club's business records generated in connection with Sierra Club's work.

3. The Sierra Club is the nation's oldest grassroots organization with more than 1 million members and supporters nationwide. Sierra Club has spent years promoting the public interest through the development of policies that protect human health and the environment.

4. Part of my work as a Senior Attorney in the Sierra Club's Environmental Law Program includes identifying the Sierra Club's information needs, drafting FOIA requests, tracking requests to ensure timely responses, and litigating FOIA actions when needed.

5. As detailed in my past declarations, Sierra Club submitted a Freedom of Information Act (FOIA) request to the U.S. Centers for Disease Control and Prevention (CDC) on April 1, 2025.

6. Since I submitted my last declaration, OS FOIA, the central FOIA office of the U.S. Department of Health and Human Resources, OS-FOIA, issued an acknowledgment letter and tracking number for that request on July 30, 2025.

7. The letter states the Office handles requests on a “first-in, first-out” basis, and that its “current workload is approximately 7000 cases.”

8. Sierra Club has received no further correspondence, update, or response from CDC on the April 1 FOIA request.

9. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 20, 2025



Andrea Issod

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

SUPPLEMENTAL DECLARATION OF DR. PETER LURIE

I, Dr. Peter Lurie, declare as follows:

1. I am the President and Executive Director of Center for Science in the Public Interest (CSPI). The facts set forth in this Supplemental Declaration are true and based on my own personal knowledge or review of CSPI's business records generated in connection with CSPI's work, and they supplement the prior declaration I submitted in this case (ECF No. 33-7).

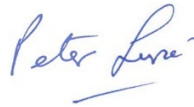
2. As I detailed in my past declaration, CSPI submitted a Freedom of Information Act (FOIA) request to the U.S. Centers for Disease Control and Prevention (CDC) on March 11, 2025. That request for CDC records, with tracking number #25-00958-FOIA, remains pending.

3. CSPI has received no further correspondence, update, or response from the CDC on the pending request since I submitted my last declaration. Nor has CSPI received any correspondence from the U.S. Department of Health and Human Services concerning the pending request.

4. Due to the elimination of the CDC FOIA office, CSPI is unsure when or whether we will receive the CDC records we have requested.

5. The delay in processing CSPI's FOIA request continues to impact CSPI's mission to provide the public with evidence-based information about government activity and advocate for evidence-based policy, as CSPI would use the requested information to inform the public about the CDC's ability to carry out its duties related to outbreaks of foodborne illness.

6. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

A handwritten signature in blue ink that reads "Peter Lurie". The signature is cursive and includes a horizontal line underneath the name.

Executed on October 14, 2025

Dr. Peter Lurie

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

THIRD SUPPLEMENTAL DECLARATION OF DARYA MINOVI

I, DARYA MINOVI, declare as follows:

1. I am a senior analyst at the Union of Concerned Scientists (UCS). The facts set forth in this Third Supplemental Declaration are true and based on own personal knowledge or review of UCS's business records generated in connection with UCS's work, and they supplement the prior declarations I submitted in this case (ECF Nos. 13-19, 26-6, 33-8).

2. As detailed in my past declarations, UCS representatives submitted a Freedom of Information Act (FOIA) request to the U.S. Centers for Disease Control and Prevention (CDC) on March 11, 2025. That request for CDC records, with tracking number #25-00954-FOIA, remains pending.

3. I am aware that Defendants in this case "aver" that OS FOIA, the central FOIA office of the U.S. Department of Health and Human Resources (HHS), "has not received a communication from [UCS] from April 1 through [September 4]. The former CDC FOIA email inbox has had an approved auto-reply enabled since May 1, 2025 recommending requesters contact OS FOIA for service." ECF No. 43-1, ¶ 64. That averment disregards communications

from the organization that submitted the FOIA request on UCS's behalf and has acted as UCS's representative.

4. On July 18, UCS's representative emailed OS FOIA at FOIARequest@hhs.gov explaining that "[a] FOIA requested was originally submitted to the CDC's FOIA office and assigned #25-00954-FOIA"; attaching the acknowledgement letter the CDC FOIA office had sent on March 27; identifying that the "request response was due in May but we have yet to receive any follow up" and that "the two contact persons listed in the [March 27] acknowledgement letter no longer appear available"; and requesting an "update on this request please be provided, including a date for response given that it is past due." No one at HHS or OS FOIA responded to this email; nor did they respond when UCS's representative attempted to reach them by phone the same day.

5. On August 7, UCS's representative again emailed FOIARequest@hhs.gov (and cc'ed several others, including the HHS FOIA public liaison at HHS_FOIA_Public_Liaison@hhs.gov, the public liaison Paula Formoso at her personal HHS email address, and the HHS FOIA officer Arianne Perkins at her personal HHS email address).

UCS's representative stated:

I am following up on our FOIA Request #25-0094-FOIA, which had an anticipated response date of May 6, 2025. To date, we have not received any responsive documents from this FOIA. We have also been unable to engage with any officer or analyst assigned to this matter to discuss an updated production estimate or the possibility of a rolling production, as it appears that the individuals listed on our acknowledgement letter are no longer currently employed with HHS.

Please provide the contact information for the FOIA officer currently working on this matter, as well as an updated production estimate. If you have any questions, please do not hesitate to contact me at the below phone number.

6. On August 13, Paula Formoso responded by email and stated:

I am responding to your inquiry about the mentioned FOIA requests below. The

responsive records for your request have been uploaded in our system by CDC and it is under review. Currently, our office has a backlog of approximately 7,000 requests and limited resources. Based on that, I would estimate that it will take at least four more months before a final response is issued. Thanks for your patience.

7. On August 14, UCS's representative responded to the August 13 email from Paula Formoso asking for a rolling release of the documents as they become available. Paula Formoso did not respond.

8. Since the August 13 email, neither UCS nor its representative have received any further correspondence from OS FOIA or HHS regarding UCS's March 11 FOIA request.

9. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 17, 2025

Darya Minovi

Darya Minovi

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

DECLARATION OF JULIA SZYBALA

I, JULIA SZYBALA, declare as follows:

1. I submit this updated declaration on behalf of the Democracy Forward Foundation (“DFF”) concerning Freedom of Information Act (“FOIA”) compliance at the Centers for Disease Control and Prevention (“CDC”) and the Department of Health and Human Services (“HHS”) and in support of Plaintiff’s Consolidated Opposition.

2. I am the Interim Director of Oversight and Engagement at DFF. The facts set forth in this Declaration are true and of my own personal knowledge or based on a review of DFF’s business records generated in connection with DFF’s work.

3. Democracy Forward Foundation is a nonprofit national legal organization that advances democracy and social progress through litigation, policy and public education, and regulatory engagement. Part of DFF’s work includes promoting transparency and accountability in government by educating the public on government actions and policies.

4. DFF has a demonstrated ability to uncover information of public interest using freedom of information statutes, and to assist in disseminating those records to contribute to the public’s understanding of actions throughout the government. Indeed, records received by DFF

have previously formed the basis of news reports.

5. As Interim Director of Oversight and Engagement, I manage the organization's submission of public records requests, investigative work, accountability efforts for potential ethics violations, and related matters. This includes supervising the drafting of FOIA requests to seek records of significant public interest on matters of public concern.

6. DFF has submitted requests of significant public concern to CDC during this administration, but has not received any meaningful responses. This hampers DFF's efforts to uncover important information about matters of public concern for dissemination to the public. CDC has not issued a response or determination even in response to a request that it acknowledged warranted expedited processing more than six months ago. The agency has become increasingly less responsive and has not responded to DFF's emails and phone calls seeking information on the status of outstanding and overdue requests.

7. On January 21, 2025 and February 11, 2025, DFF submitted FOIA requests to CDC that remain pending. True and correct copies of these requests are included in Exhibit A. These requests were submitted via email according to Defendants' then-existing instructions that "[a] FOIA request must be e-mailed to CDC at: FOIARequests@cdc.gov."

8. On March 20, 2025, April 7, 2025, April 25, 2025, and September 25, 2025 DFF submitted FOIA requests to the CDC that remain pending. True and correct copies of these requests are included in Exhibit A. The requests were submitted via the [FOIA.gov](https://www.foia.gov) online portal.

9. DFF's FOIA requests to CDC seek information of considerable public concern, namely: information concerning SF-50 and SF-52 personnel actions; ethics forms for DOGE affiliates at the agency; position and personnel reports for DOGE affiliates at the agency; Memoranda of Understanding, Memoranda of Agreement, service agreements, or other similar agreements between the CDC and DOGE; and external communications of several agency

officials.

10. DFF has received acknowledgements and tracking numbers for four of the six pending FOIA requests it submitted to CDC. Those tracking numbers are: 25-00653-FOIA, 25-00796-FOIA, 25-00992-FOIA, and 25-01110-FOIA. DFF's April 25, 2025 and September FOIA request has not yet received an acknowledgement or tracking number.

11. On January 23, 2025, Defendants sent an acknowledgement letter for request #25-00653-FOIA, which stated that the agency would require "more than thirty working days to respond to your request because: [1] We reasonably expect to receive and review voluminous and complex records in response to your request. [2] We reasonably expect to consult with two or more Centers/Institutes/Offices."

12. On February 13, 2025, Defendants sent an acknowledgment letter for request #25-00796-FOIA, which specified that the request was "placed in our Expedited processing queue" and that "your FOIA request will be processed as quickly as possible."

13. On March 21, 2025, Defendants sent an acknowledgement letter for request #25-00992-FOIA, which stated that the agency would "require an additional ten-working-days to respond to your request because: X We reasonably expect to consult with two or more C/I/O/s, or another HHS operating division or another federal agency about your request."

14. On April 7, 2025, Defendants sent emails acknowledging receipt of request #25-01110-FOIA and stating that the status of the request was updated to "Received." These short, apparently-automated email messages did not include any description of the request, information about the processing queue, or a determination regarding DFF's fee waiver request. All of which is not sufficient acknowledgement of our request.

15. DFF has received no further contact from Defendants concerning any of these pending FOIA requests.

16. Defendants' deadline to issue an initial determination in response to DFF's FOIA request #25-00653-FOIA – including the ten-working-day extension of time allowed “unusual circumstances,” invoked here by the agency – expired on March 6, 2025.

17. Defendants' deadline to issue an initial determination in response to DFF's FOIA request #25-00796-FOIA – which the agency placed in its “expedited processing queue” – expired on March 11, 2025.

18. Defendants' deadline to issue an initial determination in response to DFF's FOIA request 25-00992-FOIA – including the ten-working-day extension of time allowed “unusual circumstances,” invoked here by the agency – expired on May 1, 2025.

19. Defendants' deadline to issue an initial determination in response to DFF's FOIA request 25-01110-FOIA expired on May 5, 2025.

20. DFF's requests submitted to CDC on April 25, 2025 and September 2, 2025 have yet to receive tracking numbers, as noted above. Section 7 of the OPEN Government Act of 2007, Pub. L. No. 110-175, 121 Stat. 2524, requires Defendants to provide FOIA requesters with an individualized tracking number for any request that will take longer than 10 days to process. Defendants' deadline to issue a tracking number for the April 25, 2025 request was May 5, 2025 and its deadline to issue an initial determination expired on May 23, 2025. The defendants' deadline to issue a tracking number for the September 2, 2025 request was September 16, 2025.

21. DFF has made multiple attempts to receive updates on the status of these requests. During the week of May 12, 2025, I made several calls to the CDC's FOIA Office (770-488-6399). My calls went straight to a generic answering machine each time, without ever ringing. On May 15, 2025, I left a voicemail requesting a status update, which included my name, phone number, and the tracking numbers for DFF's pending FOIA requests. I have not received any response to this voicemail message.

22. I also attempted to reach the CDC's FOIA Officer, Roger Andoh, at the phone number listed in some of the CDC's acknowledgement letters (770-488-6277). I left a voicemail requesting a status update on May 16, 2025, but have not received a response.

23. I also attempted to call the publicly listed phone line for HHS's main FOIA (202-690-7453), but only reached an automated message stating that this phone number has been disconnected.

24. DFF has sought status updates from the CDC's FOIA inbox, foiarequests@cdc.gov, and HHS's FOIA inbox, foiarequest@hhs.gov, but received no response.

25. DFF has also sought to retrieve information from the CDC's FOIA portal, but is unable to access our account. When logging in, the login page says that our password is invalid, and when attempting to reset the password, we do not receive a verification email to allow us to finish the process.

26. As of October 14, 2025, DFF has received no additional communication from Defendants concerning our pending FOIA requests and has been unsuccessful in reaching anyone responsible for processing these requests or gaining access to the CDC's FOIA portal. We continue to be unsure of when or whether we will receive the requested records with the elimination of the CDC FOIA office.

27. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 14, 2025

/s/Julia Szybala
JULIA SZYBALA

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

SUPPLEMENTAL DECLARATION OF NATHAN FREED WESSLER

I, Nathan Freed Wessler, declare as follows:

1. I write to supplement my previous declaration in the above-captioned case concerning the Centers for Disease Control and Prevention's ("CDC") response to a Freedom of Information Act ("FOIA") request submitted by the American Civil Liberties Union ("ACLU") on February 7, 2025. My previous declaration was signed on July 1, 2025, and filed in this case by the plaintiff on July 17, 2025, as ECF No. 33-10.

2. The facts set forth in this Supplemental Declaration are true and of my own personal knowledge or based on a review of the ACLU's business records generated in connection with the organization's work.

3. The ACLU has received no further correspondence, update, or response from the CDC since I submitted my original declaration. Nor has the ACLU received any correspondence from the Department of Health and Human Services concerning the request to the CDC.

4. On September 11, 2025, I logged into the CDC FOIA portal to check the status of the request. At that time, the status continued to be listed as "In Process."

5. On October 16, 2025, I attempted to log into the CDC FOIA portal to again check

the status of the request, but the webpage (foia.cdc.gov) would not load and my web browser displayed an error message stating: “Secure Connection Failed.” I tried accessing the CDC’s FOIA portal using two additional web browsers, but received error messages on those as well (“can’t reach this page” and “This site can’t be reached”).

6. On October 16, 2025, I also tried accessing the Department of Health and Human Services’ FOIA portal (<https://requests.publiclink.hhs.gov/>), in the hope that I could check the status of my CDC FOIA request there. But that website is also not functional. It displays a nearly blank page, with only the word “Home” repeated twice at the top, but no working links and no place to check the status of FOIA requests or to obtain any other information.

7. The CDC’s FOIA information page (www.cdc.gov/foia) includes a prominent link titled “Submit a FOIA Request / FOIA Request Status.” As of October 16, 2025, that link directs to the U.S Department of Justice-operated website FOIA.gov (www.foia.gov). There is no apparent way to check the status of an existing FOIA request via that website.

8. It has now been 35 weeks (eight months) since the CDC granted expedited processing, and 23 weeks (more than five months) since the estimated final response date of May 4, 2025. The agency is in violation of its statutory obligation to “process as soon as practicable any request for records to which the agency has granted expedited processing,” 5 U.S.C. § 552(a)(6)(E)(iii), and to make a determination of the request within 20 working days, *id.* § 552(a)(6)(A)(i).

9. This delay is negatively impacting the ability of the ACLU to inform the public about critical questions regarding the privacy and security of sensitive and personally identifying records held by the CDC.

10. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 16, 2025



Nathan Freed Wessler

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

DECLARATION OF JORDAN LASSITER

I, Jordan Lassiter, declare as follows:

1. I am an independent investigative journalist currently working with TransparencyReport.pw, a digital news outlet committed to maintaining transparency and accountability within the public and private sector. I have published several articles in online publications, as well as on my independently operated website, transparencyreport.info, which was active from around 2003 to 2024 and is no longer maintained.

2. As part of my work, I frequently submit Freedom of Information Act (“FOIA”) requests to a range of federal agencies.

3. On February 2, 2025, I submitted a FOIA request to the U.S. Centers for Disease Control and Prevention (“CDC”) to obtain records related to the agency’s removal of LGBTQ+ health data following Executive Order 14168. In my request, I requested expedited processing and a fee waiver. A true and correct copy of my FOIA request is attached as Exhibit A. I submitted the request via the CDC FOIA portal at <https://foia.cdc.gov/app/CreateRequest.aspx>. Alongside my FOIA request, I included a fee waiver request letter; a true and correct copy of my fee waiver request is attached as Exhibit B.

4. On February 2, I received an automated email from the CDC FOIA office informing me that my FOIA request had been received and assigned the tracking number #25-00731-FOIA.

5. On February 5, I received, via email, an acknowledgement letter from the CDC FOIA office regarding my request. The letter informed me that the FOIA office had placed my request in its complex processing queue and required more than 30 days to process the request because the office reasonably expected to consult with two or more Centers/Institutes/Offices, and with federal agencies. And the letter informed me that my expedited processing and fee waiver requests had both been granted. A true and correct copy of the acknowledgement letter is attached as Exhibit C.

6. On February 13, I received, via email, a letter from the CDC FOIA office informing me that my request did not adequately describe the agency records I sought. A true and correct copy of the letter is attached as Exhibit D.

7. On February 14, I responded via email to the CDC FOIA office and narrowed the scope of my request. A true and correct copy of my response is available at <https://www.muckrock.com/foi/united-states-of-america-10/records-related-to-the-removal-of-lgbtq-health-data-following-executive-order-14168-180835/#comms>.

8. On March 17, Muckrock staff emailed the CDC FOIA office on my behalf to follow up on my FOIA request and inquire when I could expect to receive a response. A CDC FOIA office employee responded stating that the office had “received records for” my request, but that “several requests” were “ahead” of mine and that “an exact estimate at this time” but expected it would be “a few more weeks.” A true and correct copy of the March 17 email exchange with the CDC FOIA office is available at <https://www.muckrock.com/foi/united-states-of-america-10/records-related-to-the-removal-of-lgbtq-health-data-following-executive-order-14168-180835/#comms>.

9. On April 16, May 16, June 16, July 16, August 15, and September 15, Muckrock staff emailed, via an automated follow-up email, the same CDC FOIA employee who had previously responded. No one has responded to these emails, and since March 17 I have not received any communications from CDC or HHS regarding my request.

10. Following the elimination of the CDC FOIA office, I am unsure when or whether I will receive the records responsive to my pending CDC FOIA request.

Executed on October 14, 2025

/s/ Jordan Lassiter
Jordan Lassiter

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

DECLARATION OF RANDY E. MILLER

I, Randy E. Miller, declare as follows:

1. I am a Co-Founder and Principal at at PoliScio Analytics LLC (“PoliScio”), a publisher and online data journalism platform specializing in data-driven U.S. political and governmental research. The facts set forth in this Declaration are true and of my own personal knowledge or based on a review of PoliScio’s business records generated in connection with PoliScio’s work.

2. As part of its work, PoliScio frequently submits Freedom of Information Act (“FOIA”) requests to federal agencies.

3. In particular, PoliScio uses FOIA requests to obtain FOIA logs. It collects FOIA logs and makes them searchable for clients as part of its FOIAengine platform, which tracks FOIA requests in as close to real-time as their availability allows. The platform is an online database containing the FOIA request logs of over 40 federal agencies and departments. Further information about the FOIAengine is available at <https://PoliScio.com/about-foia-engine/>.

4. The U.S. Centers for Disease Control and Prevention (“CDC”) has been one of the core federal agencies for which PoliScio has collected FOIA logs.

REM

5. Since November 2024, PoliScio began submitting monthly FOIA requests to CDC requesting the prior month's FOIA log. The CDC provided these logs to PoliScio for December 2024, January 2025, and February 2025. But on April 2, 2025, PoliScio received an email informing us that we would not receive the March 2025 log and that "the entire CDC FOIA Office was placed on administrative leave yesterday."

6. PoliScio has continued to submit FOIA requests, using the CDC online FOIA portal, seeking the CDC's prior month FOIA logs, to no avail; it has done so on May 6 (request number 25-01197-FOIA), June 4 (25-01224-FOIA), July 1 (25-01237-FOIA), August 5 (25-01252-FOIA), and September 3 (25-01268-FOIA). In each case, we received an acknowledgement the day of our request submission.

7. PoliScio has not received a response of any type from CDC or the Department of Health and Human Resources in response to its five pending CD FOIA requests for monthly FOIA logs.

8. Following the elimination of the CDC FOIA office, PoliScio is unsure when or whether it will receive the records responsive to its pending CDC FOIA requests. This delay is negatively impacting the ability of PoliScio to maintain its FOIAengine.

Executed on October 15, 2025


Randy E. Miller

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

**CITIZENS FOR RESPONSIBILITY AND
ETHICS IN WASHINGTON,**

Plaintiff,

v.

**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION, et al.,**

Defendants.

Civil Action No. 25-01020 (TJK)

DECLARATION OF MICHAEL MORISY

I, Michael Morisy, declare as follows:

1. I am the co-founder and Chief Executive Officer at MuckRock Foundation, Inc. (“MuckRock”), a journalism and government transparency non-profit organization. Since its founding in 2010, MuckRock has helped thousands of journalists, professionals, and ordinary citizens request, share, and understand public records.

2. The facts set forth in this Declaration are true and of my own personal knowledge or based on a review of MuckRock’s business records generated in connection with MuckRock’s work.

3. As part of its work, MuckRock frequently submits Freedom of Information Act (“FOIA”) requests to federal agencies, both as part of its own newsgathering efforts and in partnership with third-party partners.

March 26, 2025 FOIA Request 1

4. On March 26, 2025, MuckRock, in partnership with the Trans Journalists Association, submitted a FOIA request to the U.S. Centers for Disease Control and Prevention (“CDC”) to obtain records related to a CDC survey sent to grantees and responses to that survey.

With its request, MuckRock submitted images of the survey in question. A true and correct copy of the FOIA request is available at <https://www.muckrock.com/foi/united-states-of-america-10/cdc-survey-183981/#comms> (“MuckRock Communications Page,” March 26 FOIA Request 1). MuckRock submitted the request via the CDC FOIA portal at <https://foia.cdc.gov/app/CreateRequest.aspx>. Within the request, MuckRock also requested a fee waiver.

5. On March 26, MuckRock received an automated email from the CDC FOIA office stating that the FOIA request had been received and assigned the tracking number # 25-01029-FOIA.

6. On March 27, MuckRock received via email an acknowledgement letter from the CDC FOIA office, which also stated that the office would need additional time beyond the twenty-working-day time limit set forth in FOIA because it anticipated the request would reasonably expect consultation with other Centers/Institutes/Offices. A true and correct copy of the letter is available on the MuckRock Communications Page for the request, linked in paragraph 4 above.

7. On March 27, MuckRock received via email an additional letter from the CDC FOIA office, which stated that MuckRock had not submitted a proper request because the request lacked specificity. The FOIA office asked for additional information, such as which CDC program office or employee should conduct the search and any additional images of, links to, or other information about the survey. A true and correct copy of the letter is available on the MuckRock Communications Page for the request, linked in paragraph 4 above.

8. On April 1, MuckRock responded by email and explained that it did not know which CDC program or employee would be responsible for the survey, but it attached instructions for the survey that grantees would have received. MuckRock asked whether the instructions were sufficient to determine which program office created and/or sent the survey. A true and correct copy

of the email and attachment is available on the MuckRock Communications Page for the request, linked in paragraph 4 above.

9. On July 24, August 25, and September 24, MuckRock staff emailed an automated follow-up email to the April 1 email MuckRock has previously sent.

10. MuckRock has not received a response to its April 1 email, and it has not received any further communications from CDC or HHS regarding its request.

11. Following the elimination of the CDC FOIA office, MuckRock is unsure when or whether it will receive the records responsive to its pending CDC FOIA request. This delay is negatively impacting the ability of MuckRock to inform the American people about critical questions of public interest.

March 26, 2025 FOIA Request 2

12. On March 26, 2025, MuckRock submitted a FOIA request to CDC seeking any internal policies, procedures, training materials, memos, or other explanations provided by HHS or CDC to guide the changes to HHS websites and HHS division websites based on the implementation of President Donald Trump's January 20 executive orders. A true and correct copy of the FOIA request is available at <https://www.muckrock.com/foi/united-states-of-america-10/hhscdc-changes-centers-for-disease-control-and-prevention-183979/> ("MuckRock Communications Page," March 26, 2025 FOIA Request 2). MuckRock submitted the request via the CDC FOIA portal at <https://foia.cdc.gov/app/CreateRequest.aspx>. Within the request, MuckRock also requested a fee waiver.

13. On March 26, MuckRock received an automated email from the CDC FOIA office stating that the FOIA request had been received and assigned the tracking number # 25-01059-FOIA.

14. On June 2, MuckRock received an acknowledgement letter from OS FOIA, which

also informed it that the office's "current workload consists of a backlog of approximately 6000 cases." A true and correct copy of the letter is available on the MuckRock Communications Page for the request, linked in paragraph 12 above.

15. On September 1, MuckRock emailed, via an automated follow-up email, OS FOIA inquiring about the status of MuckRock's FOIA request.

16. No one has responded to this email, and since June 2, MuckRock has not received any further communications from CDC or HHS regarding its request.

17. Following the elimination of the CDC FOIA office, MuckRock is unsure when or whether it will receive the records responsive to its pending CDC FOIA request. This delay is negatively impacting the ability of MuckRock to inform the American people about critical questions of public interest.

Executed on October 14, 2025



Michael Morisy