

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Doctors for America,

Plaintiff,

v.

Office of Personnel Management,
et al.,

Defendants.

Civil Action No. 25-cv-322

DECLARATION OF DR. STEPHANIE LIOU

I, Stephanie Liou, declare as follows:

1. I am a board-certified pediatrician, National Health Service Corps Scholar, Director of Pediatrics at Alivio Medical Center, and Clinical Associate at the University of Chicago. Alivio is a Federally Qualified Health Center serving predominately low-income immigrant families in southwest Chicago. I see patients from newborns through 20 years old, including many adolescents through my work at a School-Based Health Center. I received my B.S. from Stanford University, my M.D. from the University of Washington, and completed residency through a leadership track at the University of Chicago.

2. I am a member and member of the board of directors of Doctors for America (DFA), the plaintiff in the above-captioned case.

3. CDC has removed webpages and datasets from its website that I use in my clinical work. For example, CDC has abruptly removed data from the Youth Risk Behavioral Surveillance System and the Data and Statistics for Adolescent and School Health. As a physician caring for adolescents, including at one of the most underserved high schools in Chicago, I regularly rely

upon this information to help me provide risk assessment screenings and counseling for my patients.

4. The data in these resources helps me learn about regional and national trends in adolescent behavior. For example, when certain types of flavored vapes were becoming popular, these resources helped me provide effective and timely counseling to prevent serious complications such as permanent lung damage or lung transplants. I was also able to put together presentations for school staff and teachers based on these resources to help them better understand health trends and needs in their students.

5. Our team has used this data to apply for grant funding to support expanded mental health resources and therapists at the school clinic. Between the Covid-19 pandemic and the deaths of multiple students due to gun violence over the past few years, rates of depression, anxiety, and self-harm have skyrocketed. Access to mental health resources is extremely limited as most of our students have Medicaid insurance. Without these grant funds, we would be unable adequately to support the students and I worry about the impact on their health as well as school attendance, grades, and graduation rates.

6. Additionally, along with a team of researchers at Northwestern University and the University of Chicago, we are actively working on a grant-funded project at the high school to reduce substance use and opioid overdose risk. Data from both of these sources is crucial for the development and funding of this work. We have had students overdose on opioids at our school and this is a very serious concern.

7. Resources on PrEP and HIV testing are extremely important for my work with adolescents. I screen patients for HIV every day, and regularly recommend PrEP. Data from the CDC helps me stay up to date with best practices and I also provide patients with multilingual

resources from the CDC regularly. We recently had an outbreak of Chlamydia at the high school where I work and are actively meeting with school leadership to address increasing our efforts around STI testing and prevention. Without these crucial CDC resources, I am not able to do my job to help address this urgent situation that is affecting our youth.

8. Removal of the CDC Contraceptive Guidance for Health Care Providers caused a huge disruption in my work. I rely on these resources daily to provide safe and effective contraception for my adolescent patients. For instance, recently I saw a new patient who was interested in starting birth control. She had some health conditions that can make some types of birth control very dangerous. I used the CDC MEC tool to ensure that I was able to discuss safe and effective options for her.

9. Many of my patients have parents who work long hours in multiple jobs and are unable to take them to multiple clinics or specialists. The opportunity to come see me at the school-based clinic is often the only access they have to routine healthcare, including vaccines and screenings. It is also a safe space to discuss their reproductive healthcare and get access to screening for STIs as well as contraception. I am often the first and only medical provider that a teen has talked to about sex.

10. Because I work in an underserved setting, I don't have access to many expensive clinical resources that require subscription fees, nor do I often have the time to do extensive research to make sure that I am keeping up with new developments in clinical care. I have always appreciated the quick and free access to the most up-to-date and comprehensive information from the CDC. It is devastating to lose access to these tools.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 6, 2025



Stephanie Liou