

Exhibit L

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

PFLAG, INC.; *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States; *et al.*,

Defendants.

Civil Action No.

**DECLARATION OF ALEX SHELDON, EXECUTIVE DIRECTOR OF
GLMA: HEALTH PROFESSIONALS ADVANCING LGBTQ+ EQUALITY**

I, Alex Sheldon, hereby declare and state and follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I go by they/them pronouns.
3. I have personal knowledge of the facts set forth in this declaration and would testify competently to those facts if called to do so.
4. I am the Executive Director of American Association of Physicians for Human Rights, Inc., d/b/a GLMA: Health Professionals Advancing LGBTQ+ Equality (“GLMA”), which is an organizational plaintiff in this case bringing claims on behalf of its members.
5. I am a professional researcher, strategist, and advocate with over 15 years of experience in the field of human rights, with a particular emphasis on LGBTQ+ rights. Prior to joining GLMA, I was the Head of Research & Social Impact at an LGBTQ+ start-up company, where I specialized in economic inclusion for LGBTQ+ people. Previously, I served as the Deputy Director of the Clinton Global Initiative (CGI) at the Clinton Foundation, and I held roles at

Everytown for Gun Safety, the Movement Advancement Project (MAP), and several international nonprofits.

6. GLMA is a 501(c)(3) national membership nonprofit organization based in Washington D.C. and incorporated in California. Founded in 1981, GLMA is the world's largest and oldest association of LGBTQ+ healthcare professionals. Our mission is to ensure health equity for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals, and equality for LGBTQ+ health professionals in their work and learning environments. To achieve this mission, GLMA utilizes the scientific expertise of its diverse multidisciplinary membership to inform and drive advocacy, education, and research.

7. GLMA was originally founded as the American Association of Physicians for Human Rights (AAPHR) and was an offshoot of the Bay Area Physicians for Human Rights (BAPHR), a San Francisco-based physician organization founded to fight discrimination faced by gay and lesbian physicians in the workplace based upon their sexual orientation. AAPHR was founded to take this mission to a national level. Its initial mission focused on responding with policy advocacy and public health research to the growing medical crisis that would become the HIV/AIDS epidemic.

8. Since being founded, GLMA's mission has broadened to address the full range of health concerns and issues affecting LGBTQ+ people, including ensuring that sound science and research inform health policy and practices regarding the LGBTQ+ community.

9. GLMA represents the interests of tens of thousands of LGBTQ+ and allied health professionals, as well as millions of LGBTQ+ patients and families. GLMA's membership includes approximately 1,000 member physicians, nurses, advanced practice nurses, physician assistants, researchers and academics, behavioral health specialists, health profession students, and

other health professionals. GLMA's members reside and work across the United States and in several other countries. Their practices represent the major health care disciplines and a wide range of health specialties, including endocrinology, internal medicine, family practice, psychiatry, obstetrics/gynecology, emergency medicine, neurology, and infectious diseases.

10. Different healthcare professionals can become and are members of GLMA. General membership in GLMA is open to health professionals and health professionals in training, as defined by GLMA's Board of Directors. These different memberships account for practicing health professionals of all disciplines and specialties, with various years of experience, as well as those who are retired and are students. Members who are health professionals or health professionals in training can serve as committee members and have the right to cast an advisory vote.

11. In addition to general members, GLMA has a "friend" membership for those individuals who are invested in LGBTQ+ health equity but are not directly involved in health professions. Unlike general members, these "health equity supporters" do not have the right to cast an advisory vote.

12. In addition to our formal members, GLMA serves thousands of people in the community through our programs, events, and services every year.

13. GLMA's members include health professionals who provide medical interventions as treatment for gender dysphoria to young people under the age of 19 and who work at medical institutions that receive federal grant funding, from subagencies of the U.S. Department of Health & Human Services, including the National Institutes for Health (NIH), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), and Substance Abuse and Mental Health Services

Administration (SAMHSA), among others. GLMA's members also include health professionals who conduct federally funded research, including research that is completely unrelated to gender-affirming care, but work at medical institutions that provide medical interventions as treatment for gender dysphoria to young people who are under the age of 19.

14. GLMA is also partners with the American Medical Association (AMA), the United States Preventative Services Task Force (USPSTF), the National Minority Health (NMH) Alliance, the Reproductive Health Coalition, the American Medical Student Association (AMSA), and the American Academy of Physician Assistants (AAPA), among other medical associations and health organizations.

15. As part of its mission to ensure health care equity for the LGBTQ+ community as well as equity for LGBTQ+ health care professionals, GLMA is committed to breaking down barriers to comprehensive care for the LGBTQ+ community. This includes GLMA's steadfast commitment to ensure that transgender individuals receive the gender-affirming care they want, need, and deserve.

16. For example, in 2018, GLMA adopted a formal policy statement on "Transgender Healthcare." This policy statement (127-18-101-21 - Transgender Healthcare) was readopted in 2021. The policy statement reads: "GLMA: Health Professionals Advancing LGBTQ+ Equality considers therapeutic treatments, including hormone therapy, mental health therapy, vocal therapy, hair removal, and gender-affirming surgeries, as medically necessary for the purpose of gender-affirmation or the treatment of gender dysphoria or gender incongruence. These gender-affirming medical and surgical treatments should be covered by all public and private insurance plans."

17. In 2019, in conjunction with the American Medical Association, GLMA published an issue brief titled "Health insurance coverage for gender-affirming care of transgender patients."

This brief discusses both the positive effects and outcomes of gender-affirming medical care for transgender patients, as well as the negative effects and serious health consequences that transgender patients are denied access to gender-affirming medical care when medically indicated for them. A copy of the issue brief is available at: <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>.

18. In addition, GLMA seeks to promote education and encourages research surrounding LGBTQ+ health issues. As such, our Annual Conference on LGBTQ+ Health regularly includes numerous scientific abstracts and poster presentations relating to LGBTQ+ health issues. Some of this research relates gender-affirming care and the treatment of transgender patients; some of it does not. Since its inception in 1981, GLMA's Annual Conference on LGBTQ+ Health has served as the premier scientific conference for LGBTQ+ and allied health professionals to share innovative health care breakthroughs and interventions, as well as the latest research on LGBTQ+ health. The conference is open to health care providers of all disciplines, researchers, academics, health administrators, policy experts, and others interested LGBTQ+ health.

19. Because health care equity for the LGBTQ+ community as well as equality for LGBTQ+ health care professionals is our mission, we heard an immediate outcry from members and supporters following the Executive Order 14187, titled "Protecting Children from Chemical and Surgical Mutilation," on January 28, 2025, and Executive Order 14168, titled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," on January 20, 2025.

20. I am aware that Executive Order 14187 (the "Care Denial Order") instructs federal agencies to take immediate steps to ensure that medical institutions, including medical schools and

hospitals, receiving federal grant funding, such as research and education grants, end the provision of puberty-delaying hormone blockers, gender-affirming hormone therapy, or gender-affirming surgeries as treatment for transgender patients with gender dysphoria who are under the age of 19 years old. Similarly, I am aware that Executive Order 14168 (the “Gender Identity Executive Order”) requires federal agencies from restricting the use of grant funds to any entities that it considers are promoting “gender ideology,” which it defines as recognizing that a person may have a gender identity incongruent with their birth-assigned sex. Throughout this declaration I collectively refer to the “Care Denial Order” and “Gender Identity Order” as “the Executive Orders.”

21. The implementation of these Executive Orders would be devastating for access to care for young transgender people under the age of 19, the vast majority of this care is provided in medical institutions that receive federal grant funding, often times completely unrelated to the provision of gender-affirming medical care. Our members and their patients thus stand to be negatively affected by implementation of the Executive Orders in several ways.

22. All individuals, including transgender and gender diverse young people, deserve access to respectful, compassionate, and evidence-based care. As outlined in our issue brief mentioned above, gender-affirming medical care improves the health, wellbeing, and quality of life of transgender people with gender dysphoria. Conversely, effectively prohibiting access to this evidence-based and effective medical care leads to negative health outcomes. By threatening to take away all of an institution’s federal grant funding because that institution provides gender-affirming care—even when the grants being taken away are not themselves related to gender-affirming care—the Executive Orders put transgender young people across the United States at

risk of being denied critical and oft times lifesaving healthcare services, leading to potentially severe health consequences. Many of these youth are cared for by GLMA's members.

23. The Executive Orders are also an affront to healthcare ethics and the principles of equality and inclusivity that should govern healthcare practices. Healthcare professionals have an ethical obligation to prioritize patient care and well-being, and laws like the Executive Orders undermine this obligation.

24. The Executive Orders place GLMA's health professional members and the medical institutions in which they work in an untenable position. If they choose to comply with the Executive Orders, they endanger the health and wellbeing of their transgender adolescent and young adult patients. If they follow their duty to their patients by providing their transgender adolescent and young adult patients with the best care and the care they need, health professional and medical institutions risk losing essential federal funding, the vast majority of which is unrelated to gender-affirming care, endangering the health and wellbeing of other patients, and significantly hampering their ability to contribute to the scientific and medical knowledge base critical to ensuring and improving the health and wellbeing of all people in the United States.

25. GLMA, along with many of its sibling medical and health professional associations, such as the American Medical Association, American Psychiatric Association, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatrists, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, Endocrine Society, Pediatric Endocrine Society, and others, supports the provision of gender-affirming medical care to treat gender dysphoria as evidence-based, safe, and effective medicine.

26. In addition, transgender patients frequently face heightened stigma and discrimination and are particularly apprehensive in medical encounters. These concerns of the

patients of GLMA's members are magnified by their well-founded belief that the Executive Orders seek to encourage discrimination by healthcare professionals and healthcare institutions.

27. One of the guiding ethics of medicine is to treat all patients equally. We do not treat blue-eyed people better than brown-eyed people. We do not treat women better than men. We do not provide better care to blonde-haired people than red-haired people. Health professionals see people at their most vulnerable; the trust placed in them is sacred. To tie a healthcare provider's hands, to not permit a provider to make individualized assessments of the medical needs of all patients, hurts patients by preventing them from accessing needed care even at trusted facilities and practices.

28. If GLMA's health professional members are to provide evidence-based care to their transgender adolescent and young adult patients that is consistent with their oaths, the Executive Orders cannot stand.

29. If not enjoined, the Executive Orders will harm GLMA's health professional members and the transgender adolescent and young adult patients who GLMA's health professional members treat. We have heard reports from members of mass confusion and fear across a multitude of medical institutions across the country. Patients and parents are calling providers in tears and expressing extreme distress. At institutions that have suspended care in response to the Executive Orders, our members are receiving calls from their patients who are experiencing significant distress and even suicidality as a result of their appointments being canceled. And even at institutions that are providing care, the widespread fear has led many patients to express feelings of extreme distress and even suicidality as a result of fear of discontinued care.

30. GLMA exists to foster a world where health care professionals can make decisions to best care for LGBTQ+ individuals. To prevent our members from being able to provide this oft lifesaving, evidence-based, and effective medical care would significantly hamper our mission to foster health equity for the LGBTQ+ community.

31. As an organization dedicated to supporting LGBTQ+ medical professionals and advocating for LGBTQ+ health equity, GLMA strongly condemns regressive and discriminatory laws like the Executive Orders and affirms our unwavering commitment to championing equitable and inclusive healthcare for all individuals, without exception.

32. GLMA stands united in its resolve to fight against such laws that undermine the principles of equality, respect, and evidence-based care

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

Dated this 3rd day of February 2025.



Alex Sheldon
Executive Director, GLMA