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**Appearance Pro Hac Vice*

Counsel for Plaintiffs

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

SAN FRANCISCO AIDS FOUNDATION, et
al.;

Plaintiffs,

v.

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

Defendants.

Case No. 4:25-cv-1824-JTS

**DECLARATION OF LANCE TOMA
OF SAN FRANCISCO COMMUNITY
HEALTH CENTER, IN SUPPORT OF
PLAINTIFF'S COMPLAINT AND
MOTION FOR PRELIMINARY
INJUNCTION**

1 I, Lance Toma, hereby state as follows:

2 1. I am the Chief Executive Officer at the Asian and Pacific Islander Wellness Center, Inc.
3 d/b/a San Francisco Community Health Center (“SFCHC”), a nonprofit 501(c)(3) organization
4 based in San Francisco, California. SFCHC is rooted in its mission to transform lives by advancing
5 health, wellness, and equality for communities most affected by health inequities. We believe that
6 the most vulnerable and marginalized members of our community deserve access to the highest-
7 quality whole-person health care; we work to foster resilience, strength, connection, and belonging
8 for our communities. Our organization has proudly served the San Francisco Bay Area for nearly
9 40 years, with a dedicated focus on providing culturally competent, comprehensive health care
10 services to underserved populations, including LGBTQ individuals (with a concerted focus on
11 transgender individuals), people of color, individuals experiencing homelessness, and people
12 living with or vulnerable to HIV.
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14 2. I submit this Declaration in support of Plaintiffs’ Complaint and Motion for a
15 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from
16 enforcing Executive Order No. 14168 “Defending Women From Gender Ideology Extremism and
17 Restoring Biological Truth to the Federal Government” (“Gender Order”), issued January 20, 2025;
18 Executive Order No. 14151 “Ending Radical and Wasteful DEI Programs and Preferencing”
19 (“DEI-1 Order”), issued January 20, 2025; and Executive Order No. 14173 “Ending Illegal
20 Discrimination and Restoring Merit-Based Opportunity” (“DEI-2 Order”), issued January 21,
21 2025 (collectively, the “Executive Orders”), and related agency directives that seek to enforce
22 these Presidential actions.
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25 3. SFCHC was founded in 1987 as a response to the 1980s AIDS crisis, specifically
26 addressing the impact of the HIV epidemic on Asian and Pacific Islander communities. In 2007,
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1 we took over operations of a city-wide transgender drop-in and resources center. In 2012, we
2 began overseeing all HIV efforts in the Tenderloin neighborhood of San Francisco for those
3 experiencing homelessness and housing instability. In 2015 we became recognized as a federally
4 qualified health center (“FQHC”) which allowed us to increase our clinical capacity to provide
5 respectful, compassionate, trauma-informed, free, and low-cost comprehensive primary medical,
6 behavioral, and dental health care, alongside substance use disorder treatment, mental health
7 counseling, gender affirming care, case management, and HIV prevention and outreach services.
8 We contribute to uplift the health, wellness, and dignity of our communities comprised of
9 individuals living with HIV, immigrants, transgender community members, and homeless
10 individuals. We are also a local, statewide, and national capacity building provider, disseminating
11 our evidence-based models to support partner organizations throughout the country to effectively
12 serve the highest-need and hardest-to-reach communities.
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14 4. Because we are committed to ensuring that our workforce is comprised of those with
15 the lived experience of our clients, 48% of our 180 employees identify as trans or gender non-
16 conforming, 76% are people of color, and 28% identify as gay, lesbian, or bisexual. Of our health
17 center’s over 5000 patients, 25% are trans or gender non-conforming; 70% are people of color;
18 and 60% are homeless or marginally housed. The lifesaving health outcomes we achieve in
19 partnership with our clients and patients is a testament to the culturally tailored programming we
20 have designed to meet the needs of those we serve.
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22 5. We currently receive several federal funding grants from components of the U.S.
23 Department for Health and Human Services, including the U.S. Centers for Disease Control and
24 Prevention (CDC) and the Substance Abuse and Mental Health Services Administration
25 (SAMHSA). More detail of those awards are outlined below:
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Information	Description
<p>Title: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex With Men and Young Transgender Persons of Color</p> <p>Duration: April 1, 2022–March 31–2027</p> <p>Amount: \$400,000 annually</p>	<p>This grant funds the San Francisco Bay Transgender Alliance for Health Resources (STahr), a program to reduce and prevent new cases of HIV transmission among young trans people of color (YTPC) and their partners in San Francisco and Alameda Counties in accordance with both the HIV National Strategic Plan and the CDC’s High-Impact, Status-Neutral HIV Prevention approach.</p>
<p>Title: Community-Based Approaches to Reducing Sexually Transmitted Diseases</p> <p>Duration: September 30, 2023–September 29, 2026</p> <p>Amount: \$305,500 annually</p>	<p>This grant funds TransHOPE (Transgender Health Outreach, Promotion, and Engagement), an innovative, peer-based initiative to identify new approaches to building community, supporting health and wellness, and decreasing disparities in sexually transmitted diseases among young transgender women ages 18–34.</p>
<p>Title: Minority AIDS Initiative: Prevention Navigator Program for Racial/Ethnic Minorities</p> <p>Duration: September 30, 2023–September 29, 2028</p> <p>Amount: \$300,000 annually</p>	<p>This grant funds TransLink, an innovative, peer-focused initiative designed to significantly reduce the risk of substance use, HIV infection, and STI and viral hepatitis infection among homeless and unstably housed adult transgender women living in San Francisco’s hard-hit Tenderloin neighborhood.</p>
<p>Title: Minority AIDS Initiative: High Risk Populations</p> <p>Duration: September 30, 2023–September 29, 2028</p> <p>Amount: \$500,000 annually</p>	<p>This grant funds Project REACT (Responsive Equitable Action for Community Treatment), an innovative, peer-focused, community-driven initiative which takes a syndemic approach to addressing the interwoven crises of substance use, HIV infection, and STI and viral hepatitis infection among homeless and unstably housed persons of color living in San Francisco’s Tenderloin neighborhood, with a primary focus on Black/African American and Latin American substance users and on transgender substance users of color.</p>

6. We also receive a Health Resources and Services Administration (HRSA) multi-year base grant of \$1,432,805 annually because of our FQHC designation. This figure includes funding

1 from Community Health Center Programs (Section 330(e) of the Public Health Service Act),
2 Health Care for the Homeless (Special Populations -- Section 330(h) of the Public Health Service
3 Act), and Ending the HIV Epidemic.

4 7. We also receive HRSA Ryan White and Ending HIV Epidemic funding through San
5 Francisco Department of Public Health contracts totaling \$2.2 million annually

6 8. Shortly after the Executive Orders were signed, we received multiple termination/stop
7 work orders. They are listed below:

8 a. On January 29, 2025, we received notices for both of our CDC awards,
9 instructing us to “immediately terminate, to the maximum extent, all programs, personnel,
10 activities, or contracts promoting “diversity, equity, and inclusion” (DEI) at every level
11 and activity, regardless of your location or the citizenship of employees or contractors, that
12 are supported with funds from this award.” A copy of this notice is attached as **Exhibit A**.

13 b. On January 31, 2025, we received notices for both of our CDC awards,
14 instructing us to “immediately terminate, to the maximum extent, all programs, personnel,
15 activities, or contracts promoting or inculcating gender ideology at every level and activity,
16 regardless of your location or the citizenship of employees or contractors, that are
17 supported with funds from this award.” A copy of this notice is attached as **Exhibit B**.

18 c. On February 1, 2025, we received a notice of termination for
19 Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who
20 Have Sex With Men and Young Transgender Persons of Color award effective January 31,
21 2025. A redacted copy of the termination notice is attached as **Exhibit C**. Subsequently,
22 we received a notice that the termination was rescinded on February 12, 2025. A redacted
23 copy of the termination rescission notice is attached as **Exhibit D**.

1 d. We received an email from HRSA on February 5, 2025, that read, “Dear
2 Recipient: HRSA rescinds the notice titled “Important Message for HRSA Award
3 Recipients” that was sent to all HRSA grantees on January 31, 2025. If you have questions,
4 please contact us at DGMOCcommunications@hrsa.gov. Thank you.” To the best of my
5 knowledge, we did not receive the original notice and only received the notice about the
6 rescission.

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8 9. The terse and vaguely worded Executive Orders referencing DEI do not provide
9 adequate definitions of the terms “diversity”, “equity”, and “inclusion”. The Gender Order cruelly
10 attempts to redefine gender and forbids the recognition of transgender people’s identities. Because
11 of this, coupled with our understanding of the purpose of our federal grants and other legal
12 obligations, we cannot understand how to comply with the Executive Orders, and we are left with
13 the threat that the entirety of our health center’s programs and services could be at risk—and
14 potentially come to an abrupt end. The DEI-1 Order and DEI-2 Order threaten the termination of
15 our programs and services which are grounded in historical health equity and racial justice
16 underpinnings. The Executive Orders appear to dismiss the long-fought efforts of communities
17 like ours that have spent decades advocating alongside our federal partners to disaggregate data
18 and reveal the institutional inequities that have disproportionately impacted the delivery of care to
19 the most vulnerable members of society. These data revealed findings that prompted a response
20 by previous federal administrations to fund racial and gender-specific programs and services and
21 to focus on medically underserved communities. The Executive Orders’s language effectively
22 erases these critical data and threatens the very existence of all our health center’s programs and
23 services.
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1 10. The ultimate impact of the Executive Orders is that the very existence of transgender
2 and gender non-conforming individuals will be eliminated in the eyes of the federal government,
3 and transgender and gender non-conforming individuals will be stripped of the lifesaving and
4 culturally-tailored whole person healthcare resources that are critical their individual wellness and
5 self-realization. Furthermore, transgender and gender non-conforming individuals will be
6 increasingly subject to an engulfing climate of fear, terror, and discrimination.

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8 11. At our healthcare center, we have already seen a dramatic increase in depression,
9 anxiety, and suicidal ideology amongst our patients, clients, and staff members. Without the
10 preventative care SFCHC provides to these vulnerable and stigmatized communities, negative
11 health outcomes will explode, emergency room visits will overburden our City's safety net system,
12 and diseases such as HIV and viral hepatitis will rampantly and unnecessarily spread within these
13 communities and beyond. We anticipate a rate of new HIV infections as we have not seen in many
14 decades, which will take years and millions of dollars to bring back down amidst many lives lost.
15 As the only primary care provider for homeless individuals in San Francisco, if our street medicine
16 services were to stop, ongoing care and lifesaving treatment will be halted, and health outcomes
17 will decline immediately.

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19 12. Because of the Executive Orders, the following programs and services offered by
20 SFCHC are at risk:

21 a. Our Primary Medical, Behavioral, and Dental Health Care Services
22 program fill persistent gaps in the mainstream health care system, which has failed to meet
23 the needs of many of our queer, transgender, unhoused, and HIV-positive neighbors,
24 communities of color, and otherwise historically marginalized people. Located in the
25 Tenderloin neighborhood, the epicenter of homelessness, substance use, mental illness, and
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1 HIV in San Francisco, SFCHC casts a wide net in welcoming the city’s most marginalized
2 individuals. Approximately 50% of the San Francisco’s unhoused population lives in the
3 Tenderloin neighborhood, which also contains the city’s Transgender District, which has
4 served as a haven for transgender people since the 1920s.

5 b. Our Street Medicine Team is committed to eliminating barriers to high-
6 quality health services for the unhoused community on and around the streets of the
7 Tenderloin neighborhood; this team of talented and compassionate clinicians, case
8 managers, and health workers provide street-based primary and behavioral health care,
9 urgent wound care and treatment for opioid addiction and connect individuals to additional
10 services they need to stay healthy. Our street medicine team is on the frontlines of the
11 opioid crisis in the Tenderloin neighborhood, which has seen more than 25% of the city’s
12 overdose deaths in recent years.

13 c. Our Community Living Room program is a vibrant community hub open
14 five days a week for the Tenderloin neighborhood, especially those experiencing the stress
15 of homelessness and housing instability. Guests are invited indoors to a place of belonging
16 to enjoy a warm meal, find community, and engage in the array of services we offer. This
17 space is primarily run by Community Ambassadors, who are hired and trained directly
18 from the community—many have experienced housing instability, struggled with
19 substance use and mental illness, engaged in sex work, and come from immigrant
20 communities.

21 d. Our Trans Thrive program is our five-day a week stand-alone drop-in and
22 resource center run for and by the trans community. It is a safe and welcoming space where
23 transgender and gender non-conforming individuals can access gender affirming resources,
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1 behavioral health care, psychoeducational groups, social events and activities, and case
2 management. In the past six months, we have served 692 unique clients. Of these clients
3 81% identify as transgender women, 17% as transgender men, 2% as gender non-
4 conforming; 34% as Latin American, 25% as Black, 16% as Asian and Pacific Islander,
5 15% as White, and 10% as other.

6 e. Our Taimon Booton Navigation Center is San Francisco's only emergency
7 shelter designed for trans and non-binary unhoused individuals and is lifesaving for this
8 very reason. Being unhoused in San Francisco is dangerous, especially for the transgender
9 community, as general population shelters are generally not trained to be trans-competent
10 or to create a safe and welcoming environment for gender-diverse people. Today we are
11 at capacity with 64 beds and will be adding 10 more beds in the next few months. In the
12 past year, we have had 150 guests, 30 have been moved to permanent supportive housing,
13 and 10 are awaiting housing placements.

14 f. Our TransLink program is a beacon of empowerment and support for
15 homeless and unstably housed transgender women facing systemic challenges. This peer-
16 focused initiative is designed to significantly reduce the risk of substance use, HIV and
17 viral hepatitis infections, and other sexually transmitted infections.

18 g. Our San Francisco Transgender Alliance for Health Resources program is
19 San Francisco's Health Access Point focused on meeting the comprehensive health and
20 HIV needs of transgender women in San Francisco and Oakland. Led by a team of trans-
21 identified staff members, it also provides comprehensive training and technical assistance
22 to reduce HIV, Hepatitis C, and other sexually transmitted infections, while improving
23 health and quality of life.
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1 h. Our What’s T program is a drop-in space for young transgender people of
2 color, providing empowerment through community building, education, collaboration,
3 sexual health education, free health screenings, fun events, and targeted programming
4 aimed at uplifting our clients.

5 i. Our Project Empower Her program is a transformative national initiative
6 designed to empower transgender women and girls to first design and subsequently
7 implement a unique STI prevention and community building program. This program has
8 dual objectives towards sexual health and safety, and as well as community building and
9 sisterhood.

10 j. Our Black Health Center of Excellence program provides high quality,
11 multi-disciplinary, culturally competent health care to African Americans living with
12 HIV/AIDS at the intersection of poverty, mental health needs, substance use, incarceration,
13 and housing insecurity. This program strives to reduce harm, to improve health status and
14 quality of life for clients, and to integrate multiple health professions into a team-based,
15 multi-disciplinary approach to care.

16 k. Our Stop The Hate program is a groundbreaking initiative addressing the
17 alarming rise of anti-Asian and Pacific Islander (“API”) LGBTQ hate, violence, and crime
18 in our community. We believe in fostering a safe and inclusive environment where
19 everyone can thrive without fear of discrimination or violence. This program combats anti-
20 API LGBTQ hate with support groups, non-violence trainings, holistic health, mental
21 health resources, medical and legal aid referrals, hate incidents reporting, and senior escort
22 services.
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1 14. The transgender community, in particular, faces significant barriers to accessing health
2 care. Transgender individuals are more likely to experience health care discrimination, economic
3 insecurity, life-threatening violence, and homelessness, all of which contribute to poorer health
4 outcomes. At SFCHC, we have seen firsthand how affirming, gender-inclusive care dramatically
5 improves health outcomes for transgender clients, especially transgender women of color who are
6 at elevated risk for HIV. Our services include gender-affirming hormone therapy, mental health
7 support, HIV treatment and prevention, linkage to care, navigation and referrals to gender-
8 affirming surgery, case management, and primary medical care, all of which are provided in
9 culturally sensitive environments that cultivate community and a sense of belonging.
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11 15. The Executive Orders fundamentally undermine our ability to provide these critical
12 services. By prohibiting the acknowledgment of gender identities that differ from sex assigned at
13 birth, the Gender Order forces us to effectively deny the existence of trans and gender-diverse
14 people and thus abandon evidence-based community tailored practices that are essential to
15 transgender health care. The inability to use clients' correct names and pronouns and treat them
16 with lifesaving, evidence-based care will erode trust, reduce engagement in care, and ultimately
17 lead to worse health outcomes. Under the Gender Order, clinicians who have taken the oath to
18 “first do no harm” and have been entrusted to care for their gender-diverse patients would be
19 compelled by the federal government to inflict harm and neglect on the most vulnerable patients
20 they have promised to protect. For transgender clients living with HIV, this loss of trust can result
21 in missed medical appointments, decreased medication adherence, and increased HIV transmission
22 rates within the broader community.
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25 16. Similarly, DEI-1 Order’s attack on DEI initiatives directly threatens our capacity to
26 train our staff in the cultural competencies necessary to serve our diverse client base. Our critical
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1 DEI trainings, including of transgender-sensitivity trainings, equip healthcare providers with the
2 skills to address implicit bias, understand cultural health beliefs, and build rapport and trust
3 required with clients from marginalized communities. Our providers gain comfort in treating
4 racially and gender diverse patients, increased awareness of racial health disparities, improved
5 fluency in gender-affirming medical terminology, and heightened familiarity with navigating the
6 use of pronouns. These trainings are necessary to deliver sensitive, life-saving medical care with
7 competency. Without these trainings, providers may unintentionally perpetuate the same systemic
8 inequities our work seeks to dismantle and alienate patients. The loss of DEI-informed practices
9 will create barriers to culturally competent care, particularly for communities of color who already
10 experience negative health outcomes due to systemic racism.

12 17. Furthermore, DEI-2 Order 's call to end so-called “preference” in public health
13 programs jeopardizes our targeted interventions for high-risk populations. Public health principles
14 clearly demonstrate the importance of prioritizing services for populations with elevated health
15 risks. Our HIV prevention programs, for example, include targeted outreach and testing for
16 transgender women of color, who face disproportionately high HIV acquisition rates. Our API
17 HIV programs address cultural barriers and shame that have prevented access to HIV and mental
18 health resources. Our Black Health programming focuses in on the specific mistrust of our medical
19 and healthcare system to bridge access to providers who can build the necessary trust and rapport
20 to combat stigma prevalent in communities of color. If we are forced to implement a “colorblind”
21 or “gender-neutral” approach, we will lose the ability to respond effectively to epidemiological
22 data that guide our community-defined, evidence-based interventions.

25 18. The Executive Orders’s impact is not theoretical—it is already being felt in our
26 community. Staff members have expressed confusion and fear about whether their clinical
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1 practices, which have been grounded in decades of medical and public health research, may now
2 violate federal mandates. Most distressingly, some clients have reported increased anxiety about
3 the continuity of their care, fearing that the federal government's actions signal a broader rollback
4 of LGBTQ health protections.

5 19. At SFCHC, we know that existing health care providers often fail to meet the needs of
6 many of our queer, trans, unhoused, HIV+ neighbors, communities of color, and otherwise
7 historically marginalized people. As such, at SFCHC, we fight to close these gaps by providing
8 health services that are compassionate and humanizing, where all of our patients receive the
9 highest quality of care, regardless of their identities, backgrounds, or experiences. Among the
10 health services we provide primary care, oral health, mental and behavioral health, HIV care, and
11 gender-affirming medical care. For our transgender patients, affirmation and recognition of their
12 identities is important and integral to the provision of all of these services, not just those related to
13 gender-affirming care, which is vital for the day-to-day survival for transgender clients, as their
14 care enables them to physically, emotionally, and psychologically “show up” and be who they are
15 in our society which is increasing hostile to the transgender community.
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18 20. In order for us to effectively treat patients we must be able to recognize the whole
19 person. Refusal to acknowledge a transgender patient’s identity may cause distrust between
20 provider and patient and lead to worsening health outcomes. Abruptly discontinuing or
21 inconsistently any type of care, whether it relates to gender affirmation or HIV treatment, may
22 cause catastrophic, life-threatening harms to patients. Stopping access to necessary care can have
23 a negative impact on patients’ mental health and stress from restricted access to care will lead to
24 increased anxiety, depression and suicidal ideation. The ensuing chronic, elevated levels of stress
25 and resulting hopelessness in gender-diverse patients can then lead to countless additional adverse
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1 health outcomes ranging from worsening hypertension and management of chronic diseases like
2 HIV, diabetes, and hyperlipidemia, as well as increased substance use and other risk-taking
3 behaviors. In short, the threat posed by the interruption to lifesaving care due to fear of
4 discrimination or lack of affirmation is terrorizing for transgender clients, and leaves clinicians
5 helpless to assist patients in their plight. Identity documentation aligned with the true gender of
6 our transgender clients is also of tremendous concern. Not having access to this leaves our clients
7 open to discriminatory actions when accessing benefits and resources.
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9 21. Our providers have been actively addressing the intense fear and outright
10 discrimination inflicted upon our transgender clients, who are expressing increased suicidal
11 ideation and reporting more physical isolation that will lead to exacerbated depressive symptoms
12 and substance abuse.

13 22. We have already heard about the impact the Executive Orders are having on our
14 patients. They include the following:

15 a. One patient expressed concern about the Executive Orders and what they
16 may mean for her access to affirming care. They fear these possibilities will be taken away,
17 causing her to revert to a body she does not feel comfortable in. Because she is an
18 undocumented person, she expressed fear of being sent back to her country of origin, where
19 she would receive no help to complete her gender transition.
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21 b. A non-binary individual has been undergoing gender-affirming therapy for
22 years, but they are concerned that due to the Executive Orders, some insurers may stop
23 covering gender-affirming care and procedures. They worry that their next visit to the
24 doctor will be met with “we can’t help you anymore,” and the thought of having to go
25 through the grueling process of finding a new provider or even being denied care
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1 indefinitely feels overwhelming, especially since they rely on their mental health support
2 to survive.

3 c. One of our Black transgender female clients expressed her knowledge of
4 how this administration has deemed there to be only two genders - male and female - and
5 that she is grateful that all of her legal documentation already states “female”. However,
6 she still feels her care, her rights, and her very existence could be taken from her at any
7 moment, without warning. This has activated her PTSD, leaving her in a constant state of
8 anxiety and with increasingly severe depressive symptoms. At times she is unable to leave
9 her home, deeply concerned about possible violence against her as a transgender individual.
10 She is deeply distraught after having fought so hard and survived to where she is today,
11 feeling now that all of her efforts may have been in vain.

12 d. A transgender male client is in the middle of a legal process to update his
13 name and gender on his official documents, but the Executive Orders have made him fear
14 that this process could become more complicated or even impossible. His mismatched IDs
15 have already caused problems at the Department of Motor Vehicles, and he is terrified that
16 the system will reject his request for an accurate ID. Without correct, consistent
17 identification, he worries about being denied housing and health care and for his overall
18 safety in society.

19 e. A transgender woman was working at a tech company, but after being open
20 about her gender identity, she was fired. Now she is struggling to find a new job, as she is
21 concerned that her outdated ID documents do not match her gender identity and that this
22 will present a barrier to her being hired anywhere. Her anxiety about employment
23 discrimination keeps her from being able to make ends meet, and she is increasingly
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1 anxious about losing access to health care, making it even harder for her to complete her
2 transition.

3 f. A transgender woman is homeless and was in the process of changing her
4 name and gender on her identification when the Executive Orders were announced.
5 Currently, her birth certificate, passport, and driver’s license all have different names or
6 gender markers on them. She recently enrolled in a job-skills training program but was
7 exited from the program because the staff overseeing this program were unable to “verify
8 her identity.” She is now extremely worried and anxious about achieving financial stability
9 and access to more permanent housing.
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11 g. A young transgender man receiving gender-affirming care had to move to
12 Beaumont, Texas, to support an ill family member, but was forced to return back to our
13 care prematurely because he did not feel safe there, nor could he find a clinician to reliably
14 provide his gender-affirming testosterone therapy.
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16 h. A transgender women unable to secure employment while going through
17 her transition was forced into survival sex work and became HIV-positive. This led her to
18 develop profound depression and use of fentanyl as a means of coping with her suffering.
19 She maintained that engaging with SFCHC’s case management and gender affirming care
20 was her only lifeline to survival.
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22 23. If the Executive Orders are allowed to stand, SFCHC will face the impossible choice
23 of abandoning our mission to provide targeted, culturally competent care to marginalized
24 communities, or forfeit the federal funding supporting many of our lifesaving services. We receive
25 significant funding through HRSA’s Ryan White HIV/AIDS Program, HRSA’s Bureau of Primary
26 Health Care, CDC, SAMHSA and other federal initiatives (like the Minority AIDS Initiative)
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1 designed to address health disparities. Without these resources, we will be forced to reduce
2 services, shutter programs, and turn away clients who rely on us for essential care.

3 24. For example, a young, unhoused transgender woman is receiving shelter and case
4 management services at our emergency shelter as well as affirming health care and behavioral
5 health therapy. She insists she “would be dead” if it were not for the support and care received
6 from our clinic. She had been rejected by her family and was unable to secure a job while going
7 through her transition, which would have left her homeless and destitute if not for SFCHC. And
8 a homeless transgender client just moved into his own apartment in San Francisco and successfully
9 gained employment with our support. With the threat of possibly losing services from us, he is
10 making plans to flee the country and seek asylum in another country due to fear that attacks from
11 the federal government could escalate with a possible result of placing transgender people in camps.
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13 25. The public health consequences of these cuts would be catastrophic, resulting in a
14 resurgence of HIV transmission rates, which we have worked for decades to reduce. A higher
15 burden of HIV prevalence in our communities increase risk of transmission for all Americans,
16 having profound public health implications for generations to come. Mental health crises,
17 exacerbated by the loss of affirming services, would also rise. Overdose deaths would rebound
18 because clients will be more and more isolated without dependable and reliable safe spaces. The
19 transgender community, already facing disproportionate rates of violence, homelessness, and
20 health disparities, would be pushed further to the margins. Current suicidal ideation experienced
21 by our transgender clients will lead to suicide attempts and death. Moreover, increased fear around
22 transgender people accessing medical care will have a corrosive effect on broader public health by
23 limiting access to routine vaccinations and STI, reducing our herd immunity to common infections
24 and facilitating spread of STIs.
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1 26. One of my colleagues at SFCHC recently told me “as a trans woman working in the
2 community to provide essential services, I’ve witnessed firsthand the profound impact that the
3 recent executive orders have had on our community. Not only has it caused immense distress for
4 our clients, but it has also created a palpable fear and anxiety among my colleagues. We are all
5 navigating these very scary times together, and the uncertainty is overwhelming. Many of our
6 clients rely on the programs and support we provide to improve their quality of life whether it’s
7 accessing gender affirming care, housing, or mental health support. The potential loss of these
8 programs would be devastating, as they are often a lifeline for those who are most vulnerable. The
9 stress and uncertainty this situation have created are taking a serious toll on everyone.”

10 27. SFCHC stands committed to the principle that health care is a human right, and that
11 equitable, inclusive care is essential to achieving health justice. We urge the Court to enjoin the
12 implementation of the Executive Orders, and prevent irreparable harm to our clients, our
13 organization, and the broader community we serve.
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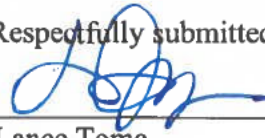
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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: February 24, 2025

Respectfully submitted,



Lance Toma

EXHIBIT A



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

January 29, 2025

Dear Recipient:

This Centers for Disease Control and Prevention (CDC) award is funded in whole or in part with United States Government funds.

To implement Executive Orders entitled *Ending Radical and Wasteful Government DEI Programs and Preferencing* and *Initial Rescissions of Harmful Executive Orders and Action*, you must immediately terminate, to the maximum extent, all programs, personnel, activities, or contracts promoting “diversity, equity, and inclusion” (DEI) at every level and activity, regardless of your location or the citizenship of employees or contractors, that are supported with funds from this award. Any vestige, remnant, or re-named piece of any DEI programs funded by the U.S. government under this award are immediately, completely, and permanently terminated.

No additional costs must be incurred that would be used to support any DEI programs, personnel, or activities.

If you are a global recipient and have previously received this notification regarding DEI activities, please follow those instructions accordingly.

EXHIBIT B



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

Dear Recipient:

This Centers for Disease Control and Prevention (CDC) award is funded in whole or in part with United States Government funds.

To implement the Executive Order entitled *Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government* ([Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government – The White House](#)), and in accordance with Office of Personnel Management’s Initial Guidance ([Memorandum to Heads and Acting Heads of Departments and Agencies: Initial Guidance Regarding President Trump’s Executive Order Defending Women](#)), you must immediately terminate, to the maximum extent, all programs, personnel, activities, or contracts promoting or inculcating gender ideology at every level and activity, regardless of your location or the citizenship of employees or contractors, that are supported with funds from this award. Any vestige, remnant, or re-named piece of any gender ideology programs funded by the U.S. government under this award are immediately, completely, and permanently terminated.

No additional costs must be incurred that would be used to support any gender ideology programs, personnel, or activities.

Any questions should be directed to PRISM@cdc.gov

EXHIBIT C



Award# 6 NU65PS923732-03-01
 FAIN# NU65PS923732
 Federal Award Date: 01/31/2025

Recipient Information

- 1. Recipient Name**
 ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
 730 Polk St FL 4
 San Francisco, CA 94109-7813
 415-292-3400
- 2. Congressional District of Recipient**
 12
- 3. Payment System Identifier (ID)**
 [REDACTED]
- 4. Employer Identification Number (EIN)**
 [REDACTED]
- 5. Data Universal Numbering System (DUNS)**
 [REDACTED]
- 6. Recipient's Unique Entity Identifier (UEI)**
 [REDACTED]
- 7. Project Director or Principal Investigator**
 [REDACTED]
 Chief Operating Officer
 [REDACTED]@sfcommunityhealth.org
 [REDACTED]
- 8. Authorized Official**
 [REDACTED]
 Chief Financial Officer
 [REDACTED]@sfcommunityhealth.org
 [REDACTED]

Federal Agency Information

- CDC Office of Financial Resources
- 9. Awarding Agency Contact Information**
 Mr. Ryan Springer
 Grants Management Specialist (GMS)
 rji2@cdc.gov
 678-475-4693
- 10. Program Official Contact Information**
 Scott R Strobel
 Program Officer
 oyp8@cdc.gov
 111-111-1111

Federal Award Information

- 11. Award Number**
 6 NU65PS923732-03-01
- 12. Unique Federal Award Identification Number (FAIN)**
 NU65PS923732
- 13. Statutory Authority**
 This Program is authorized under section 318 of the Public Health Service Act (42 U.S.C. Section 247c, as amended)
- 14. Federal Award Project Title**
 San Francisco Bay Transgender Alliance for Health Resources (STAHR): Year 2 Supplemental Funding SAFE SPACES EVALUATION
- 15. Assistance Listing Number**
 93.939
- 16. Assistance Listing Program Title**
 HIV Prevention Activities_Non-Governmental Organization Based
- 17. Award Action Type**
 Terminate
- 18. Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date	04/01/2024	- End Date	01/31/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$400,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$400,000.00
26. Period of Performance Start Date	04/01/2022	- End Date	01/31/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$1,262,500.00

- 28. Authorized Treatment of Program Income**
 ADDITIONAL COSTS
- 29. Grants Management Officer - Signature**
 Ms. Stephanie Latham
 Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU65PS923732-03-01

FAIN# NU65PS923732

Federal Award Date: 01/31/2025

Recipient Information
Recipient Name ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC. 730 Polk St FL 4 San Francisco, CA 94109-7813 415-292-3400
Congressional District of Recipient 12
Payment Account Number and Type [REDACTED]
Employer Identification Number (EIN) Data [REDACTED]
Universal Numbering System (DUNS) [REDACTED]
Recipient's Unique Entity Identifier (UEI) [REDACTED]

31. Assistance Type Cooperative Agreement
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$118,022.00
b. Fringe Benefits	\$29,505.00
c. Total Personnel Costs	\$147,527.00
d. Equipment	\$0.00
e. Supplies	\$31,500.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$16,512.00
i. Contractual	\$163,000.00
j. TOTAL DIRECT COSTS	\$358,539.00
k. INDIRECT COSTS	\$41,461.00
l. TOTAL APPROVED BUDGET	\$400,000.00
m. Federal Share	\$400,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
2-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-22-0950
2-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-22-0950
3-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
3-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
3-9390KZS	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
4-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-24-0950
4-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-24-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU65PS923732-03-01

FAIN# NU65PS923732

Federal Award Date: 01/31/2025

Direct Assistance

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

AWARD ATTACHMENTS

ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.

6 NU65PS923732-03-01

1. Terms

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award in accordance with the President's Executive Order, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to Federal Government and Office of Personnel Management guidance issued January 29, 2025.

No additional activities can be conducted, and no additional costs may be incurred. Un-obligated balances will be de-obligated.

Closeout: Submit all closeout reports identified below within 120 days of the period of performance end date of January 31, 2025. Submit the documentation as a "Grant Closeout" amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR PART 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following: • Statement of progress made toward the achievement of originally stated aims. • Description of results (positive or negative) considered significant. • List of publications resulting from the project, with plans, if any, for further publication.

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

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

EXHIBIT D



Recipient Information

1. Recipient Name

ASIAN AND PACIFIC ISLANDER WELLNESS
 CENTER, INC.
 730 Polk St FL 4
 San Francisco, CA 94109-7813
 415-292-3400

2. Congressional District of Recipient
 12

3. Payment System Identifier (ID)
 [REDACTED]

4. Employer Identification Number (EIN)
 [REDACTED]

5. Data Universal Numbering System (DUNS)
 [REDACTED]

6. Recipient's Unique Entity Identifier (UEI)
 [REDACTED]

7. Project Director or Principal Investigator

[REDACTED]
 Chief Operating Officer
 [REDACTED]@sfcommunityhealth.org
 [REDACTED]

8. Authorized Official

[REDACTED]
 Chief Financial Officer
 [REDACTED]@sfcommunityhealth.org
 [REDACTED]

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Ryan Springer
 Grants Management Specialist (GMS)
 rji2@cdc.gov
 678-475-4693

10. Program Official Contact Information

Scott R Strobel
 Program Officer
 oyp8@cdc.gov
 111-111-1111

Federal Award Information

11. Award Number

6 NU65PS923732-03-02

12. Unique Federal Award Identification Number (FAIN)

NU65PS923732

13. Statutory Authority

This Program is authorized under section 318 of the Public Health Service Act (42 U.S.C. Section 247c, as amended)

14. Federal Award Project Title

San Francisco Bay Transgender Alliance for Health Resources (STAHR): Year 2 Supplemental Funding
 SAFE SPACES EVALUATION

15. Assistance Listing Number

93.939

16. Assistance Listing Program Title

HIV Prevention Activities_Non-Governmental Organization Based

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	04/01/2024	- End Date	03/31/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$400,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$400,000.00
26. Period of Performance Start Date	04/01/2022	- End Date	03/31/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$1,262,500.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
 Team Lead, Grants Management Officer

30. Remarks



<p>Recipient Information</p> <p>Recipient Name ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC. 730 Polk St FL 4 San Francisco, CA 94109-7813 415-292-3400</p> <p>Congressional District of Recipient 12</p> <p>Payment Account Number and Type [REDACTED]</p> <p>Employer Identification Number (EIN) Data [REDACTED]</p> <p>Universal Numbering System (DUNS) [REDACTED]</p> <p>Recipient's Unique Entity Identifier (UEI) [REDACTED]</p>

<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$118,022.00
b. Fringe Benefits	\$29,505.00
c. Total Personnel Costs	\$147,527.00
d. Equipment	\$0.00
e. Supplies	\$31,500.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$16,512.00
i. Contractual	\$163,000.00
j. TOTAL DIRECT COSTS	\$358,539.00
k. INDIRECT COSTS	\$41,461.00
l. TOTAL APPROVED BUDGET	\$400,000.00
m. Federal Share	\$400,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
2-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-22-0950
2-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-22-0950
3-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
3-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
3-9390KZS	22NU65PS923732	PS	41.51	93.939		\$0.00	75-23-0950
4-93908J1	22NU65PS923732	PS	41.51	93.939		\$0.00	75-24-0950
4-9390JS5	22NU65PS923732	PS	41.51	93.939		\$0.00	75-24-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU65PS923732-03-02

FAIN# NU65PS923732

Federal Award Date: 02/11/2025

Direct Assistance

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

AWARD ATTACHMENTS

ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.

6 NU65PS923732-03-02

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.