

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*Appearance Pro Hac Vice*

*Counsel for Plaintiff*

**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-01824-JST

**PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION AND  
MEMORANDUM OF POINTS AND  
AUTHORITIES**

Date: Thursday, May 22, 2025  
Time: 2:00 pm PDT  
Dept.: Oakland

Trial Date: None Set

PLEASE TAKE NOTICE that on May 22, 2025, or as soon thereafter as they may be heard by the Court, in the courtroom of the Honorable Judge Jon S. Tigar, located at Oakland Courthouse, Courtroom 6 – 2nd Floor, 1301 Clay Street, Oakland, CA 94612, Plaintiffs will hereby and do move pursuant to Rule 65 of the Federal Rules of Civil Procedure and Civil Local Rules 7-2 and 65-2 for a preliminary injunction prohibiting Defendants from enforcing Executive Order Nos. 14,168, 14,151, 14,173, as set forth in detail in the Proposed Order attached hereto.

Without an order from the Court, these executive actions will continue to cause Plaintiffs irreparable harm. This motion is based on this Notice; the Memorandum of Points and Authorities; the Declarations of (1) Iya Dammons of Baltimore Safe Haven Corp., (2) Krista Brown-Ly of Bradbury-Sullivan LGBT Community Center, (3) Michael Munson, of FORGE, Inc., (4) Roberto Ordeñana of the Gay Lesbian Bisexual Transgender Historical Society, (5) Joe Hollendoner of Los Angeles LGBT Center, (6) Dr. Katherine Duffy of Los Angeles LGBT Center, (7) Jeffrey Klein of Lesbian and Gay Community Services Center, Inc. d/b/a The LGBT Community Center, (8) Jessyca Leach of Prisma Community Care, (9) Dr. Tyler TerMeer of San Francisco Aids Foundation, (10) Lance Toma of the San Francisco Community Health Center, and (11) Jose Abrigo of Lambda Legal Defense and Education Fund, Inc. (Counsel for Plaintiffs); Proposed Order; this Court's file; and any matters properly before the Court.

Dated this 3rd of March, 2025.

Respectfully,

/s/ Jennifer C. Pizer

JENNIFER C. PIZER (SBN 152327)  
jpizer@lambdalegal.org  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

CAMILLA B. TAYLOR\*  
ctaylor@lambdalegal.org  
KENNETH D. UPTON, JR.\*  
kupton@lambdalegal.org  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

1 JOSE ABRIGO\*  
jabrigo@lambdalegal.org  
2 OMAR GONZALEZ-PAGAN\*  
ogonzalez-pagan@lambdalegal.org  
3 LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
4 120 Wall Street, 19th Floor  
New York, New York 10005-3919  
5 Telephone: (212) 809-8585

6 KAREN L. LOEWY\*  
kloewy@lambdalegal.org  
7 LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
8 815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
9 Telephone: (202) 804-6245

10 PELECANOS\*  
pelecanos@lambdalegal.org  
11 Boulder County, Colorado  
Telephone: (213) 351-6051  
12 c/o Jennifer C. Pizer, local counsel  
LAMBDA LEGAL DEFENSE AND  
13 EDUCATION FUND, INC.  
800 S. Figueroa St., Ste 1260  
14 Los Angeles, California 90017-2521

15 Counsel for All Plaintiffs  
16 \* Appearance *pro hac vice*  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## TABLE OF CONTENTS

		Page
1	I INTRODUCTION .....	1
2	II STATEMENT OF FACTS .....	3
3	A. Plaintiffs Engage in Speech, Advocacy, and Services Advancing the Rights and Welfare of Transgender People, and Address Systemic Racism, Sexism, and Anti-LGBTQ Bias. ....	3
4	B. Plaintiffs Have a Shared Purpose and Must Be Able to Continue to Advocate for Those They Serve.....	5
5	C. The Defendants .....	7
6	D. The Executive Orders.....	8
7	i. The Gender Order Seeks to Erase Transgender People. ....	8
8	ii. The DEI-1 and DEI-2 Orders Seek to Eliminate Diversity, Equity, Inclusion, and Accessibility Policies and to Penalize Organizations That Embrace Such Policies.....	9
9	iii. The Executive Orders Harm Plaintiffs by Chilling Their Speech, Frustrating Their Core Purposes, and Threatening Penalties.....	10
10	E. The Executive Orders Harm Plaintiffs and Those They Serve. ....	11
11	III LEGAL STANDARD .....	13
12	IV ARGUMENT .....	13
13	A. Plaintiffs Have Standing. ....	13
14	i. There is a Reasonable Likelihood the Executive Orders Will Be Enforced, as Evidenced by Defendants' Actions to Date. ....	14
15	ii. Plaintiffs Intend to Violate the Executive Orders as Plaintiffs' Missions Run Directly Counter to the Executive Orders' Unlawful Mandates. ....	14
16	iii. The Executive Orders Apply to Plaintiffs.....	15
17	B. Plaintiffs Are Likely to Succeed on the Merits.....	16
18	i. The Executive Orders Violate the Free Speech Clause of the First Amendment. ....	16
19	ii. The Executive Orders Violate the Due Process Clause of the Fifth Amendment. ....	18
20	iii. The Executive Orders Are Ultra Vires Because They Exceed the President's Authority, Infringe Upon Congress's Powers, and Violate Article I's Framework for Federal Legislation.....	20
21	iv. The Executive Orders Are Ultra Vires Because They Conflict with Statutory Equity-Related and Nondiscrimination Requirements. ....	24
22	v. The Gender Order Violates the Equal Protection Clause.....	27
23	a. The Gender Order Fails Any Level of Review. ....	27
24	b. The Gender Order Triggers Heightened Scrutiny.....	28
25	c. The Gender Order Fails Heightened Scrutiny.....	29
26	C. Plaintiffs Are Suffering Irreparable Harm Necessitating Injunctive Relief.....	30
27	D. The Balance of Equities and the Public Interest Favor Plaintiffs. ....	31
28	V CONCLUSION .....	32



**TABLE OF AUTHORITIES****Page(s)****Federal Cases**

<i>Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc.</i> , 570 U.S. 205 (2013).....	17
<i>In re Aiken County</i> , 725 F.3d 255 (D.C. Cir. 2013) (Kavanaugh, J.).....	23, 24
<i>All. for the Wild Rockies v. Cottrell</i> , 632 F.3d 1127 (9th Cir. 2011).....	13
<i>Armstrong v. Exceptional Child Ctr., Inc.</i> , 575 U.S. 320 (2015).....	16
<i>C.P. v. Blue Cross Blue Shield of Ill.</i> , No. 3:20-CV-06145-RJB, 2022 WL 17788148 (W.D. Wash. Dec. 19, 2022) .....	26
<i>Cincinnati Soap Co. v. United States</i> , 301 U.S. 308 (1937).....	21
<i>City &amp; County. of San Francisco v. Azar</i> , 411 F. Supp. 3d 1001 (N.D. Cal. 2019) .....	16
<i>City &amp; County of San Fransisco v. Trump</i> , 897 F.3d 1225 (9th Cir. 2018).....	21, 23
<i>City of Cleburne v. Cleburne Living Ctr.</i> , 473 U.S. 432 (1985).....	27
<i>Clinton v. City of New York</i> , 524 U.S. 417 (1998).....	21, 23
<i>County of Santa Clara v. Trump</i> , 250 F. Supp. 3d 497 (N.D. Cal. 2017) .....	21, 23, 24
<i>CTIA—The Wireless Ass'n v. City of Berkeley, Cal.</i> , 928 F.3d 832 (9th Cir. 2019).....	30
<i>Decatur v. Paulding</i> , 39 U.S. (14 Pet.) 497 (1840) .....	27
<i>Dekker v. Weida</i> , 679 F. Supp. 3d 1271 (N.D. Fla. 2023).....	29

1	<i>Dep't of Com. v. New York,</i>	
2	588 U.S. 752 (2019) .....	13
3	<i>Doe v. Horne,</i>	
4	115 F.4th 1083 (9th Cir. 2024).....	29
5	<i>Doe v. Snyder,</i>	
6	28 F.4th 103 (9th Cir. 2022).....	26
7	<i>E. Bay Sanctuary Covenant v. Trump,</i>	
8	354 F. Supp. 3d 1094 (N.D. Cal. 2018) .....	31
9	<i>Hecox v. Little,</i>	
10	104 F.4th 1061 (9th Cir. 2024).....	29
11	<i>Hunt v. City of Los Angeles,</i>	
12	638 F.3d 703 (9th Cir. 2011).....	18, 20
13	<i>INS v. Chadha,</i>	
14	462 U.S. 919 (1983) .....	23, 24
15	<i>Kadel v. Folwell,</i>	
16	100 F.4th 122 (4th Cir. 2024).....	26
17	<i>Karnoski v. Trump,</i>	
18	926 F.3d 1180 (9th Cir. 2019).....	29
19	<i>Knox v. Serv. Emps. Int'l Union, Loc. 1000,</i>	
20	567 U.S. 298 (2012) .....	17
21	<i>Koontz v. St. Johns River Water Mgmt. Dist.,</i>	
22	570 U.S. 595 (2013) .....	21
23	<i>Loper Bright Enters. v. Raimondo,</i>	
24	603 U.S. 369 (2024) .....	24, 27
25	<i>Lopez v. Candaele,</i>	
26	630 F.3d 775 (9th Cir. 2010).....	13, 14
27	<i>Massachusetts v. United States,</i>	
28	435 U.S. 444 (1978) .....	21
	<i>Melendres v. Arpaio,</i>	
	695 F.3d 990 (9th Cir. 2012).....	31
	<i>Nat'l Ass'n of Diversity Officers in Higher Educ. v. Trump,</i>	
	No. 25-cv-00333-ABA, 2025 WL 573764 (D. Md. Feb. 21, 2025) .....	1, 18, 19

1	<i>Nat'l Ass'n of Optometrists &amp; Opticians LensCrafters, Inc. v. Brown,</i>	
2	567 F.3d 521 (9th Cir. 2009).....	13
3	<i>Nat'l Council of Nonprofits v. Off. of Mgmt. &amp; Budget,</i>	
4	No. 25-239 (LLA), 2025 WL 368852 (D.D.C. Feb. 3, 2025).....	21, 22, 24
5	<i>New York v. Trump,</i>	
6	No. 25 Civ. 39, 2025 WL 357368 (D.R.I. Jan. 31, 2025).....	22, 24
7	<i>Norsworthy v. Beard,</i>	
8	87 F. Supp. 3d 1104 (N.D. Cal. 2015).....	29
9	<i>Pennhurst State Sch. &amp; Hosp. v. Halderman,</i>	
10	451 U.S. 1 (1981).....	22
11	<i>Perry v. Sindermann,</i>	
12	408 U.S. 593 (1972).....	17
13	<i>PFLAG, Inc. v. Trump,</i>	
14	No. 25-337-BAH, 2025 WL 510050 (D. Md. Feb. 14, 2025).....	<i>passim</i>
15	<i>PFLAG, Inc. v. Trump,</i>	
16	No. 25-337-BAH, Dkt. No. 61 (D. Md. Feb. 13, 2025).....	1
17	<i>Powers v. Ohio,</i>	
18	499 U.S. 400 (1991).....	16
19	<i>Reed v. Town of Gilbert,</i>	
20	576 U.S. 155 (2015).....	16
21	<i>Regents of the Univ. of Cal. v. U.S. Dep't of Homeland Sec.,</i>	
22	908 F.3d 476 (9th Cir. 2018).....	13
23	<i>Roman v. Wolf,</i>	
24	977 F.3d 935 (9th Cir. 2020).....	31
25	<i>Romer v. Evans,</i>	
26	517 U.S. 620 (1996).....	27, 28
27	<i>Rosenberger v. Rector &amp; Visitors of Univ. of Va.,</i>	
28	515 U.S. 819 (1995).....	16
	<i>Santa Cruz Lesbian &amp; Gay Cmty. Ctr. v. Trump,</i>	
	508 F. Supp. 3d 521 (N.D. Cal. 2020).....	17, 20, 31
	<i>Schmitt v. Kaiser Found. Health Plan of Wash.,</i>	
	965 F.3d 945 (9th Cir. 2020).....	26

1	<i>Sessions v. Dimaya</i> ,	
2	584 U.S. 148 (2018) .....	18, 19
3	<i>Texas v. Johnson</i> ,	
4	491 U.S. 397 (1989) .....	17
5	<i>Train v. City of New York</i> ,	
6	420 U.S. 35 (1975) .....	23
7	<i>Trump v. United States</i> ,	
8	603 U.S. 593 (2024) .....	21
9	<i>U.S. Dep't of Agric. v. Moreno</i> ,	
10	413 U.S. 528 (1973) .....	28
11	<i>U.S. House of Representatives v. Burwell</i> ,	
12	130 F. Supp. 3d 53 (D.D.C. 2015) .....	21
13	<i>United States v. Dickson</i> ,	
14	40 U.S. (15 Pet.) 141 (1841) .....	27
15	<i>United States v. Virginia</i> ,	
16	518 U.S. 515 (1996) .....	29
17	<i>United States v. Windsor</i> ,	
18	570 U.S. 744 (2013) .....	27
19	<i>Valle del Sol Inc. v. Whiting</i> ,	
20	732 F.3d 1006 (9th Cir. 2013) .....	31
21	<i>Washington v. Trump</i> ,	
22	No. 2:25-cv-00244-LK, 2025 WL 509617 (W.D. Wash. Feb. 16, 2025) .....	16, 31
23	<i>Youngstown Sheet &amp; Tube Co. v. Sawyer</i> ,	
24	343 U.S. 579 (1952) .....	21, 23
25	<i>Zivotofsky v. Kerry</i> ,	
26	576 U.S. 1 (2015) .....	22
27	<b>State Cases</b>	
28	<i>Van Garderen v. Montana</i> ,	
	No. DV-23-541, 2023 WL 6392607 (Missoula Cnty. Dist. Ct., Mont. Sept. 27,	
	2023) .....	29
	<b>Federal Statutes</b>	
	2 U.S.C. §§ 683, 684 .....	21

1	31 U.S.C. §§ 3729(1), 3730 .....	10
2	42 U.S.C. §§ 254, 300 .....	22, 25, 26
3	<b>Other Authorities</b>	
4	24 C.F.R. § 574.300 .....	25
5	24 C.F.R. § 574.603 .....	25
6	45 C.F.R. § 92.9 .....	26
7	45 C.F.R. §§ 92.201–92.205 .....	26
8	Exec. Order No. 14,148, <i>Initial Rescissions of Harmful Executive Orders and</i>	
9	<i>Actions</i> , 90 Fed. Reg. 8237 (Jan. 20, 2025) .....	28
10	Executive Order No. 14,151, <i>Ending Radical and Wasteful DEI Programs and</i>	
11	<i>Preferencing</i> , 90 Fed. Reg. 8,339 (Jan. 20, 2025) .....	<i>passim</i>
12	Executive Order No. 14,168, <i>Defending Women From Gender Ideology Extremism</i>	
13	<i>and Restoring Biological Truth to the Federal Government</i> , 90 Fed. Reg. 8,650	
14	(Jan. 20, 2025).....	<i>passim</i>
15	Executive Order No. 14,170, <i>Reforming the Federal Hiring Process and Restoring</i>	
16	<i>Merit to Government Service</i> , Fed. Reg. 8621 (Jan. 20, 2025).....	28
17	Executive Order No. 14,173, <i>Ending Illegal Discrimination and Restoring Merit-</i>	
18	<i>Based Opportunity</i> , 90 Fed. Reg. 8,633 (Jan. 21, 2025).....	<i>passim</i>
19	Executive Order No. 14,183, <i>Prioritizing Military Excellence and Readiness</i> , 90	
20	Fed. Reg. 8757 (Jan. 27, 2025) .....	28
21	Exec. Order No. 14,187, <i>Protecting Children from Chemical and Surgical</i>	
22	<i>Mutilation</i> , 90 Fed. Reg. 8,771 (Jan. 28, 2025) .....	28
23	Executive Order No. 14,190, <i>Ending Radical Indoctrination in K-12 Schooling</i> , 90	
24	Fed. Reg. 8853 (Jan. 29, 2025) .....	28
25	Executive Order No. 14,201, <i>Keeping Men Out of Women’s Sports</i> , 90 Fed. Reg.	
26	9279 (Feb. 5, 2025) .....	28
27	U.S. CONST., Amendments I, V, XIV .....	<i>passim</i>

## MEMORANDUM OF POINTS AND AUTHORITIES

### **I INTRODUCTION**

Plaintiffs seek immediate injunctive relief to halt the implementation of three unlawful executive orders that are causing immediate, irreparable harm to Plaintiffs and the communities they serve. Immediately after taking office President Donald J. Trump<sup>1</sup> (“**President Trump**”) issued Executive Order No. 14,168, *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, 90 Fed. Reg. 8,650 (Jan. 20, 2025) (“**Gender Order**”); Executive Order No. 14,151, *Ending Radical and Wasteful DEI Programs and Preferencing*, 90 Fed. Reg. 8,339 (Jan. 20, 2025) (“**DEI-1 Order**”); and Executive Order No. 14,173, *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*, 90 Fed. Reg. 8,633 (Jan. 21, 2025) (“**DEI-2 Order**”) (collectively, the “**Executive Orders**”).<sup>2</sup>

The Executive Orders violate the fundamental separation of powers upon which the Constitution is based, directly conflict with existing statutes, and violate both the First and Fifth Amendments. The Gender Order is unconstitutional, facially discriminatory, and fundamentally un-American because it decrees that an entire group of people (transgender people) do not exist and makes clear that any organization who states otherwise will be targeted and penalized. Discriminating against transgender people is not just an effect of the Gender Order—it is its sole purpose. Similarly, the DEI-1 and DEI-2 Orders unlawfully bar speech that endorses ideas that President Trump’s administration (“**Trump Administration**”) disfavors—including notions of diversity, equity, inclusion, and accessibility for all. The Executive Orders further provide that

<sup>1</sup> Because in this lawsuit Plaintiffs seek only declaratory relief against President Trump, this Motion does not seek injunctive relief against him.

<sup>2</sup> As of this filing, the Gender Order has been temporarily enjoined, in part, on a nationwide basis. *See PFLAG, Inc. v. Trump*, No. 25-337-BAH, Dkt. No. 61 (D. Md. Feb. 13, 2025) (temporarily restraining defendants “from conditioning or withholding federal funding based on the fact that a healthcare entity or professional provides gender affirming medical care to a patient under the age of nineteen under Section 3(g) of [the Gender Order]. . .”). The DEI Orders have been preliminarily enjoined, in part, on a nationwide basis. *See Nat’l Ass’n of Diversity Officers in Higher Educ. v. Trump*, No. 25-cv-00333-ABA, 2025 WL 573764, at \*31-32 (D. Md. Feb. 21, 2025) (preliminarily enjoining Section 2(b)(i) (the “Termination Provision” of the DEI-1 Order and Sections 3(b)(iv) (the “Certification Provision”) and 4(b)(iii) (the “Enforcement Threat Provision”) of the DEI-2 Order).

1 anyone who engages in speech that does not align with the Trump Administration’s views will have  
2 their federal funding terminated and be subjected to civil investigations and heightened penalties.

3 By barring speech that the Trump Administration dislikes, the Executive Orders penalize  
4 certain viewpoints—the greatest First Amendment sin. By weaponizing conditions on federal  
5 funding as an enforcement mechanism, the President attempts to usurp constitutional powers that  
6 are reserved solely for Congress. The Executive Orders also use impermissibly vague phrases that  
7 exacerbate the chilling effect on speech in violation of the Fifth Amendment. In short, the Executive  
8 Orders amount to an extraordinary abuse of power targeting some of this country’s most vulnerable  
9 and marginalized populations.

10 Plaintiffs are mission-driven nonprofits that specialize in the delivery of high-quality  
11 healthcare, social, and other critical services to members of the lesbian, gay, bisexual, transgender,  
12 and queer (“**LGBTQ**”) community; an organization dedicated to ending the HIV/AIDS epidemic;  
13 and a historical society whose mission is to preserve the history of the LGBTQ community. The  
14 Executive Orders are designed to silence, defund, dismantle, and otherwise penalize Plaintiffs for  
15 acknowledging the existence of transgender people, advocating for the rights of members of  
16 LGBTQ and other historically marginalized communities, and providing humanitarian services in  
17 an equitable manner.

18 The requested injunction is both legally warranted and necessary. Plaintiffs have a  
19 reasonable likelihood of prevailing on their claims. The irreparable harm to Plaintiffs and the  
20 communities they serve is severe, intentional, and undeniable. Without an injunction, Plaintiffs will  
21 lose their ability to provide essential, lifesaving services and will be targeted by the government  
22 with penalties that could cripple their organizations. Rates of HIV, AIDS and other communicable  
23 diseases will increase. People served by Plaintiffs will suffer systemic, government-endorsed  
24 discrimination, and lose healthcare, housing, employment, and dignity. For many who rely on  
25 Plaintiffs’ services, this is a matter of life or death. It is in the public interest to save lives by  
26 enjoining these vague, discriminatory, and unconstitutional Executive Orders.

## II STATEMENT OF FACTS

### A. Plaintiffs Engage in Speech, Advocacy, and Services Advancing the Rights and Welfare of Transgender People, and Address Systemic Racism, Sexism, and Anti-LGBTQ Bias.

Plaintiffs provide necessary services to members of the LGBTQ communities. Speech, advocacy, and services advancing the civil rights and welfare of transgender and other LGBTQ people, and addressing systemic racism, sexism, and anti-LGBTQ bias, are central to each Plaintiff's mission. All Plaintiffs receive federal funding to support their work. Declaration of Iya Dammons of Baltimore Safe Haven Corp. ("**Baltimore Decl.**") ¶¶ 8-9; Declaration of Krista Brown-Ly of Bradbury-Sullivan LGBT Community Center ("**Bradbury Decl.**") ¶ 7; Declaration of Michael Munson of FORGE, Inc. ("**FORGE Decl.**") ¶ 7; Declaration of Roberto Ordeñana of the Plaintiff Gay Lesbian Bisexual Transgender Historical Society ("**GLBT Decl.**") ¶ 14; Declaration of Jose Hollendoner of Los Angeles LGBT Center ("**LA LGBT (Hollendoner) Decl.**") ¶¶ 7, 11; Declaration of Jeffrey Klein of Lesbian and Gay Community Services Center, Inc. d/b/a The LGBT Community Center ("**NY LGBT Decl.**") ¶¶ 13-15; Declaration of Jessyca Leach of Prisma Community Care ("**Prisma Decl.**") ¶¶ 9-15; Declaration of Dr. Tyler TerMeer, of San Francisco Aids Foundation ("**SFAF Decl.**") ¶¶ 5-9; Declaration of Lance Toma, of the San Francisco Community Health Center ("**SFCHC Decl.**") ¶¶ 5-7.

**Plaintiff San Francisco AIDS Foundation.** Plaintiff San Francisco AIDS Foundation ("**SFAF**") is a nonprofit organization that promotes health, wellness, and social justice for communities most affected by HIV, through sexual health and substance use services, advocacy, and community partnerships. SFAF Decl. ¶¶ 1, 3-4. As an essential part of its work, SFAF confronts and combats HIV-related health disparities among gay and bisexual men, transgender women, cisgender women, Black people, Latinx people, and, in particular, people residing at the intersections of these identities. *Id.* ¶¶ 3-4, 7, 10-12, 20-21. SFAF relies on federal funding, following a national model for HIV prevention, which enables SFAF to provide HIV prevention, testing, and treatment services to thousands of people living with or at risk of contracting HIV. SFAF Decl. ¶¶ 5-9. Because of this federal funding, SFAF extends comprehensive sexual health services to populations most affected by HIV and sexually transmitted infections and leverages



1 feedback systems such as surveys, listening sessions, and focus groups to assess community needs  
2 and create equitable and inclusive clinic-level plans. *Id.* ¶¶ 5-13.

3 **Plaintiff Gay Lesbian Bisexual Transgender Historical Society.** Plaintiff Gay Lesbian  
4 Bisexual Transgender Historical Society (“**GLBT Historical Society**”) collects, preserves, and  
5 makes accessible materials to support and promote the understanding of LGBTQ+ history, culture,  
6 and arts. GLBT Decl. ¶ 4. The GLBT Historical Society’s Archives and Special Collections are  
7 among the largest in the world, occupying more than 4,000 linear feet of storage and spanning more  
8 than a century’s worth of LGBTQ+ history. *Id.* ¶¶ 5-7. Their work is centered on combating erasure  
9 of the LGBTQ+ community, which is critically important considering that the Executive Orders  
10 seek to erase the existence of transgender people. *Id.* ¶¶ 10, 16-24. The GLBT Historical Society  
11 receives federal grant funding to further this work. *Id.* ¶ 14.

12 **The LGBTQ Health Centers.** Plaintiffs Los Angeles LGBT Center (“**LA LGBT**  
13 **Center**”), Prisma Community Care (“**Prisma Community**”), and the Asian and Pacific Islander  
14 Wellness Center Inc. d/b/a San Francisco Community Health Center (“**SFCHC**”) (collectively,  
15 “**Plaintiff Health Centers**”) are community health centers that provide healthcare—including HIV  
16 prevention testing and treatment, STI testing, family planning, gender affirming care, nutrition, and  
17 mental health—social services, community, and/or support to low-income patients from a variety  
18 of backgrounds who frequently experience discrimination from other healthcare and social service  
19 providers on the basis of race, sex, HIV+, and LGBTQ status. LA LGBT (Hollendoner) Decl. ¶¶ 3-  
20 6; Prisma Decl. ¶¶ 3-5; SFCHC Decl. ¶¶ 3-4. Federal funding and/or contracts enable Plaintiff  
21 Health Centers to provide these lifesaving services to youth, seniors, domestic violence survivors,  
22 and patients with life-threatening conditions, among others. LA LGBT (Hollendoner) Decl. ¶¶ 7,  
23 11; Prisma Decl. ¶¶ 9-15; SFCHC Decl. ¶¶ 3-7, 12. A core aspect of their missions is to advance  
24 the civil rights of LGBTQ people. *See, e.g.*, Prisma Decl. ¶¶ 1, 3-4, 8; SFCHC Decl. ¶¶ 3-4, 12-14,  
25 19. Further, to care for their patients, Plaintiffs must acknowledge the discrimination and systemic  
26 barriers their patients experience when seeking healthcare. Declaration of Dr. Katherine Duffy of  
27 LA LGBT Center (“**LA LGBT (Dr. Duffy) Decl.**”) ¶¶ 3-18.

**The LGBTQ Community Centers.** Plaintiff LGBTQ Community Centers, which include Plaintiffs SFCHC; LA LGBT Center; Lesbian and Gay Community Services Center, Inc. d/b/a The LGBT Community Center (“**NY LGBT Center**”); Bradbury-Sullivan LGBT Community Center (“**Bradbury-Sullivan**”); and Baltimore Safe Haven Corp. (“**Baltimore Safe Haven**”), offer myriad social services to members of the LGBTQ community, including youth and senior populations and multiple marginalized community members like Black transgender women, addressing their housing, employment, HIV testing and sexual health, substance use, and mental health needs, etc. Bradbury Decl. ¶¶ 2, 5-6, 13-16, 19, 23-25; LA LGBT (Hollendoner) Decl. ¶¶ 3-6; SFCHC Decl. ¶¶ 3-4, 12-14, 19; NY LGBT Decl. ¶¶ 15-19; Baltimore Decl. ¶¶ 3-7, 10-13. Their missions include advocacy for equality for all LGBTQ people. Bradbury Decl. ¶¶ 2, 5-6, 13-16, 19, 23-25; LA LGBT (Hollendoner) Decl. ¶¶ 3-6; SFCHC Decl. ¶¶ 3-4, 12-14, 19; NY LGBT Decl. ¶¶ 3-12, 15-19; Baltimore Decl. ¶¶ 3-7, 10-13. Plaintiff LGBTQ Centers receive federal funding to support these services. Bradbury Decl. ¶ 7; LA LGBT (Hollendoner) Decl. ¶¶ 7, 11; SFCHC Decl. ¶¶ 5-7; NY LGBT Decl. ¶¶ 13-15; Baltimore Decl. ¶¶ 8-9.

**FORGE.** Plaintiff FORGE, Inc.’s (“**FORGE**”) focuses on training service providers who work with victims of sexual assault, intimate partner violence, stalking, and hate crimes to increase their knowledge of how to better serve transgender and nonbinary victims of crime. FORGE Decl. ¶¶ 3-6, 8-10, 15. FORGE also provides direct support, resources, and healing services to transgender survivors of violence. *Id.* FORGE receives federal funding to support the majority of services it provides. *Id.* ¶ 7.

**B. Plaintiffs Have a Shared Purpose and Must Be Able to Continue to Advocate for Those They Serve.**

Plaintiffs save lives and preserve the history of LGBTQ communities—which is critical given that the Executive Orders seek to erase the existence of a group of people and disrupt their access to healthcare and social services. Collectively, Plaintiffs provide services to hundreds of thousands of people annually. *See, e.g.*, LA LGBT (Hollendoner) Decl. ¶ 3 (500,000 people); NY LGBT Decl. ¶ 4 (300,000 people); Prisma Decl. ¶ 5 (over 30,000 people); SFAF Decl. ¶ 4 (approx. 27,000 people).

1 To continue their work, Plaintiffs must be able to continue to acknowledge not only the  
 2 existence of, but the equal dignity and humanity of the people they serve, including people who are  
 3 transgender. *See, e.g.*, Baltimore Decl. ¶ 10 (“BSH’s origin as an organization created by  
 4 transgender people for transgender people makes it imperative that we not only fight injustices  
 5 against transgender people but provide our services to our community in a culturally competent  
 6 way. It is the cornerstone of our identity.”); FORGE Decl. ¶19 (“[E]very aspect of our programming  
 7 and services revolve[s] around transgender and nonbinary survivors and the providers who serve  
 8 them.”); LA LGBT (Dr. Duffy) Decl. ¶¶ 6-21; LA LGBT (Hollendonner) Decl. ¶ 5 (“Respecting  
 9 transgender people and advancing their civil rights is central to the LA LGBT Center’s identity,  
 10 advocacy, and mission, and a necessary part of every aspect of the services we provide.”); NY  
 11 LGBT Decl. ¶¶ 31-34 (“One of the NY LGBT Center’s core purposes is recognizing and affirming  
 12 the existence of transgender and gender-diverse individuals. . . . Compliance with the Executive  
 13 Order would dismantle the NY LGBT Center’s identity, rendering us incapable of serving the  
 14 community we were established to support.”); SFCHC Decl. 19 (“Among the health services we  
 15 provide are primary care, oral health, mental and behavioral health, HIV care, and gender-affirming  
 16 medical care. For our transgender patients, affirmation and recognition of their identities is  
 17 important and integral to the provision of all of these services”).

18 In addition, Plaintiffs must continue to be able to direct their services and advocacy to  
 19 communities most affected by the HIV/AIDS epidemic and to those most impacted by systemic  
 20 barriers to healthcare, housing, and basic social services due to past and current discrimination—  
 21 including Black, Latinx, and Asian and Pacific Islander communities, and transgender people. *See,*  
 22 *e.g.*, FORGE Decl. ¶5 (“[A]ll of our trainings incorporate DEI and DEIA principles because not  
 23 only are transgender people an underserved, marginalized group, but transgender people of color,  
 24 transgender people living with disabilities, and transgender youth face even greater levels of  
 25 victimization and marginalization.”); SFAF ¶¶ 10, 11, 33 (“Targeted services for minority and  
 26 transgender communities are essential for effective HIV treatment and . . . [the CDC] and other  
 27 public health authorities have long recognized that interventions designed specifically for  
 28 populations at higher risk are critical to ending the HIV epidemic.”); Baltimore Decl. ¶ 12 (“Our

1 programming purposely centers around Black transgender women, recognizing that this population  
 2 experiences the most significant barriers created by racism, homophobia, transphobia, and  
 3 sexism.”).

4 Plaintiffs advocate for an end to racism, sexism, and anti-LGBTQ bias and work to  
 5 document and ameliorate structural inequities, including health disparities and housing  
 6 discrimination, affecting these communities. *See e.g.*, Baltimore Decl. ¶¶ 10-13; FORGE Decl. ¶¶  
 7 5, 14, 19; LA LGBT (Hollendoner) Decl. ¶ 3; NY LGBT Decl. ¶¶ 5-12. To perform their work  
 8 effectively, Plaintiffs must be able to continue to advocate for equality for those they serve; embrace  
 9 their identities; be cognizant of the structural and societal barriers they experience; and train their  
 10 staff in diversity, equity, inclusion, and accessibility practices. *See, e.g.*, Baltimore Decl. ¶¶ 10-13;  
 11 Bradbury Decl. ¶¶ 13-17, 20; FORGE Decl. ¶¶ 5, 14, 19; GLBT Decl. ¶¶ 11-13; LA LGBT (Dr.  
 12 Duffy) Decl. ¶¶ 3-18; LA LGBT (Hollendoner) Decl. ¶ 5; NY LGBT Decl. ¶¶ 16-34; SFAF Decl.  
 13 ¶¶ 13-33, 45-46; SFCHC Decl. ¶¶ 19-20.

#### 14 C. The Defendants

15 Defendants include President Trump and the federal agencies and the highest-ranking  
 16 officials within those agencies responsible for implementing the Executive Orders, including the  
 17 U.S. Department of Justice (“**DOJ**”), Office of Federal Contract Compliance Programs  
 18 (“**OFCCP**”), and Office of Management and Budget (“**OMB**”). *See*, Compl. ¶¶ 26-43. Defendants  
 19 also include those federal agencies, and highest-ranking officials of those agencies, through whom  
 20 Plaintiffs receive, either directly or indirectly, the federal funding threatened by the Executive  
 21 Orders, including DOJ, U.S. Department of Labor (“**DOL**”), HHS, U.S. Department of Housing  
 22 and Urban Development (“**HUD**”), National Archives and Records Administration (“**NARA**”), and  
 23 National Endowment for the Humanities (“**NEH**”).<sup>3</sup> *Id.*

24  
 25  
 26 <sup>3</sup> Defendants DOJ; Attorney General Pamela Bondi; DOL; Acting Labor Secretary Vince Micone;  
 27 OFCCP; Acting OFCCP Director Michael Schloss; OMB; OMB Director Russell Vought; HHS;  
 28 HHS Secretary Robert K. Kennedy, Jr.; HUD; HUD Secretary Scott Turner; NARA; Deputy  
 Archivist William J. Bosanko; NEH; and NEH Chair Shelly C. Lowe are referred to collectively as  
 the “**Agency Defendants**.”

**D. The Executive Orders<sup>4</sup>**

**i. The Gender Order Seeks to Erase Transgender People.**

The Gender Order expresses a disparaging and unscientific view of gender identity, repudiates the existence of transgender people, deems their identities to be “false,” orders their exclusion from government recognition and protection, and seeks to coerce others to do the same by threatening termination of federal funding and other penalties.

Specifically, the Gender Order states that a person’s sex is an “immutable biological classification as either male or female” that “does not include the concept of ‘gender identity,’” and that it is the “policy of the United States to recognize two sexes, male and female” which “are not changeable.” “Female” is defined as “a person belonging, at conception, to the sex that produces the large reproductive cell.” “Male” is defined as “a person belonging, at conception, to the sex that produces the small reproductive cell.” Per the Gender Order, “the Executive Branch will enforce all sex-protective laws to promote this reality” and the above definitions shall govern the application of Federal law and administration policy.

The Gender Order asserts that “gender ideology” “replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa, and requiring all institutions of society to regard this false claim as true.” Section 3(e) of the Gender Order demands that agencies “take all necessary steps, as permitted by law, to end the Federal funding of gender ideology,” which is described as “an internal and subjective sense of self, disconnected from biological reality. . . .” Section 3(g) of the Gender Order prohibits the use of federal funds “to promote gender ideology” and directs each agency to “assess grant conditions and grantee preferences” to meet this directive. The Gender Order does not explain what it means to “promote” gender “ideology.” Section 7 requires Agencies to report their implementation of the Gender Order within 120 days. The Gender

---

<sup>4</sup> For the convenience of the Court, the Executive Orders are attached hereto as Exhibits A-C to the Declaration of Jose Abrigo, counsel for Plaintiffs.

Order thus penalizes federal grantees, including Plaintiffs, whose speech, trainings, research, and/or services acknowledge the existence of transgender people and advocate for their equality.

**ii. The DEI-1 and DEI-2 Orders Seek to Eliminate Diversity, Equity, Inclusion, and Accessibility Policies and to Penalize Organizations That Embrace Such Policies.**

The DEI-1 Order asserts that “diversity, equity, inclusion, and accessibility,” (“DEIA”) and related programs are “illegal and immoral discrimination programs,” and, among other things, directs agencies to terminate all equity-related grants or contracts. The DEI-1 Order expressly targets private actors, including Plaintiffs. For example, Section 2(b)(ii) directs agencies to provide the Director of OMB with a “list” of contractors “who have provided DEI training or DEI training materials to agency or department employees” and grantees “who received Federal funding to provide or advance DEI, DEIA, or ‘environmental justice’ programs, services, or activities” in the last four years.

The DEI-2 Order further asserts the illegality of DEIA and outlines specific mechanisms to punish federal contractors and grantees that embrace or necessarily rely on principles of DEIA. The DEI-2 Order directs all executive departments and agencies “to terminate all discriminatory and illegal preferences, mandates, policies, programs, activities, guidance, regulations, enforcement actions, consent orders, and requirements” to “enforce our longstanding civil-rights laws and to combat illegal private-sector DEI preferences, mandates, policies, programs, and activities.”

Similar to the DEI-1 Order, the DEI-2 Order expressly targets private actors, including Plaintiffs. Specifically, Section 3 instructs agencies to cease promoting diversity, requiring contractors to engage in affirmative action, or encouraging workforce balancing based on race, color, sex, sexual preference, religion, or national origin. Section 3 further directs agencies to require grant award recipients to certify that they do not promote DEI and agree that compliance is material for purposes of the False Claims Act. The DEI-2 Order also directs OMB to excise references to DEI and DEIA principles from Federal acquisition, contracting, grants, and financial assistance procedures. Most alarmingly, the DEI-2 Order directs agencies “to advance in the *private sector* the policy of individual initiative, excellence, and hard work,” which the DEI-2 Order asserts is inconsistent with DEI (emphasis added), and directs the Attorney General to submit a

1 report “*containing recommendations . . . to encourage the private sector to end illegal*  
 2 *discrimination and preferences, including DEI*” (emphasis added).

3 Taken together, the DEI-1 and DEI-2 Executive Orders direct that DEIA policies and  
 4 activities are wrong, immoral, fail to comply with federal law, and must cease. Defendants thus  
 5 penalize federal grant recipients and contractors, including Plaintiffs, whose speech, trainings,  
 6 research, and/or services support or require the consideration of DEIA efforts or traits—namely,  
 7 those who seek to assist Black people, women, LGBTQ people, and people living with HIV in  
 8 overcoming systemic barriers to equality resulting from past and current discrimination.

9 **iii. The Executive Orders Harm Plaintiffs by Chilling Their Speech,**  
 10 **Frustrating Their Core Purposes, and Threatening Penalties.**

11 The Executive Orders are designed to silence, defund, and otherwise penalize Plaintiffs for  
 12 acknowledging that transgender people exist and providing them with humanitarian services, which  
 13 Plaintiffs cannot do without acknowledging people’s diverse backgrounds and experiences,  
 14 including race, color, sex, sexual orientation, gender identity, religion, national origin, health status,  
 15 and/or financial status.

16 The Executive Orders’ penalties extend beyond loss of funding. The DEI-2 Order invokes  
 17 the False Claims Act, 31 U.S.C. §§ 3729–33, and its harsh treatment of “material” false statements  
 18 to the government, thereby exposing Plaintiffs to private lawsuits, government prosecution, and  
 19 penalties of up to three times the amount of the government’s damages. 31 U.S.C. §§ 3729(1),  
 20 3730. This is especially troubling given that for many Plaintiffs, complying with the terms of their  
 21 federal grants and the Executive Orders is impossible, because the grants require action that the  
 22 Executive Orders prohibit. *See, e.g.,* LA LGBT (Hollendonner) Decl. ¶ 11, 23 (“Many of the LA  
 23 LGBT Center’s federally funded grants require the LA LGBT Center to acknowledge, address, and  
 24 combat HIV stigma and discrimination...the LA LGBT Center plainly cannot accomplish its  
 25 mission—and its mandates under existing grants—should the Executive Orders be allowed to  
 26 stand...”). Of course, these unprecedented liabilities and the risk of funding loss has a chilling  
 27 effect on Plaintiffs’ free speech.  
 28



Further, the chilling effect that the Executive Orders have on speech is magnified by their provisions directing officials to create lists of private individuals and organizations suspected of opposing the Trump Administration's views. If Plaintiffs are placed on these lists, they will be further targeted—either directly by government action or indirectly through reputational harms, and attrition of staff and donors. Moreover, the Executive Orders do not make clear whether such lists will be made public, which would invite harassment, hostility, or worse.

**E. The Executive Orders Harm Plaintiffs and Those They Serve.**

The Executive Orders harm each of the Plaintiffs in irreparable ways. For example, SFAF will not be able to provide, or will have to substantially reduce preventative care, healthcare, and supportive services to individuals at risk of or living with HIV. SFAF Decl. ¶¶ 10-13, 34-47. GLBT Historical Society will not be able to preserve and provide public access to LGBTQ history, culture, and art, which is essential for education, research, collective identity, memory, and advocating for equal rights. GLBT Decl. ¶¶ 21, 23-24. The LGBTQ Health Centers will be forced to reduce services, cease core programs, and turn away people who rely on these organizations for low- or no-cost essential healthcare, including HIV and STI treatment, testing, and prevention, mental healthcare, and other essential services. *See, e.g.*, Prisma Decl. ¶ 25; SFCHC Decl. ¶¶ 9-12, 15; LA LGBT (Dr. Duffy) Decl. ¶ 21. LGBTQ Community Centers will be forced to reduce or stop providing vital humanitarian services, including food and essential goods, housing, homelessness prevention, HIV and STI testing, mental healthcare, substance use treatment and prevention counseling, social programs, employment and legal assistance, etc. *See, e.g.*, Baltimore Decl. ¶¶ 10-12, 14; Bradbury Decl. ¶¶ 11-28; LA LGBT (Hollendonner) Decl. ¶¶ 21-23; NY LGBT Decl. ¶¶ 16-27, 31-34. Similarly, FORGE, NY LBGT, and SFCHC will lose the ability to provide care and prevention services to victims of violent crime, sexual assault, and intimate partner violence. FORGE Decl. ¶¶ 13, 12; NY LGBT Decl. ¶¶ 27-30; SFCHC Decl. ¶¶ 9-12, 15.

In short, Plaintiffs cannot advertise, provide services, train staff, train other agencies or providers, or accomplish their core mission and mandates under existing grants while simultaneously complying with the Executive Orders. *See, e.g.*, Baltimore Decl. ¶¶ 10-14; Bradbury Decl. ¶¶ 26-28; FORGE Decl. ¶¶ 21-20; GLBT Decl. ¶¶ 12-13, 24; NY LGBT Decl. ¶¶



16-34; LA LGBT (Hollendonner) Decl. ¶ 21; Prisma Decl. ¶ 25; SFAF Decl. ¶¶ 10-13, 34-47; SFCHC Decl. ¶ 23 (“If the Executive Orders are allowed to stand, SFCHC will face the impossible choice of abandoning our mission to provide targeted, culturally competent care to marginalized communities, or forfeit the federal funding supporting many of our lifesaving services.”).

These are not hypothetical harms. Many Plaintiffs have already received termination/stop work orders and lost contracts or partnerships as a result of the Executive Orders. *See, e.g.*, Bradbury Decl. ¶ 27; FORGE Decl. ¶¶ 8, 10, 12, Ex. 1; LA LGBT (Hollendonner) Decl. ¶ 16; NY LGBT Decl. ¶¶ 35-36, Ex. A; SFCHC Decl. ¶ 8, Ex. A-D. FORGE has had to suspend grant proposals in response to the Executive Orders. FORGE Decl. ¶¶ 16-17. Other Plaintiffs anticipate that fear stemming from the Executive Orders will result in a loss of staff, donors, patrons, and patients. *See, e.g.*, Bradbury Decl. ¶ 20; Baltimore Decl. ¶ 15; FORGE Decl. ¶¶ 18-19; LA LGBT (Dr. Duffy) Decl. ¶¶ 18-21; LA LGBT (Hollendonner) Decl. ¶¶ 16, 21; SFCHC Decl. ¶¶ 18, 21-22.

Moreover, reducing or terminating Plaintiffs’ services and programs will have dire consequences—consequences that will most heavily burden the LGBTQ community, but will negatively impact American society as a whole. Instances of communicable diseases like HIV, Hepatitis, STIs, and MPOX will increase. Baltimore Decl. ¶ 14; LA LGBT (Dr. Duffy) Decl. ¶¶ 18-21; SFAF Decl. ¶¶ 10-13, 34-47; SFCHC Decl. ¶ 25. Unemployment, homelessness, and substance use will increase. Baltimore Decl. ¶ 14; SFCHC Decl. ¶ 25. More people will experience discrimination and violence. Baltimore Decl. ¶ 14; SFCHC Decl. ¶ 25. Fewer people will have access to necessary mental healthcare and community support, resulting in increased suicidality and even death. Baltimore Decl. ¶ 14; SFCHC Decl. ¶ 25; *see also* LA LGBT (Dr. Duffy) Decl. ¶¶ 11-12, 18-21. Street medicine teams and mobile outreach programs will no longer be able to operate, ceasing work reversing overdoses and providing HIV-related testing and medication to unhoused people and people engaging in survival sex work, and emergency shelters and transitional housing will close, further exacerbating the nations’ housing crisis. SFCHC Decl. ¶ 12; Baltimore Decl. ¶¶ 2, 5, 16.

1 Stated directly, the Executive Orders are likely to cause some of Plaintiffs’ “clients to die—  
 2 —either through self-harm, murder, untreated disease, overdose, or being arrested because they are  
 3 unhoused.” Baltimore Decl. ¶ 14.

### 4 **III LEGAL STANDARD**

5 A plaintiff seeking a preliminary injunction must show “that he is likely to succeed on the  
 6 merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance  
 7 of equities tips in his favor, and that an injunction is in the public interest.” *Regents of the Univ. of Cal.*  
 8 *v. U.S. Dep’t of Homeland Sec.*, 908 F.3d 476, 505 n.20 (9th Cir. 2018) (quoting *Winter v. Nat. Res.*  
 9 *Def. Council, Inc.*, 555 U.S. 7, 20 (2008)). Under the “sliding scale” approach to preliminary  
 10 injunctions observed in this circuit, “the elements of the preliminary injunction test are balanced,  
 11 so that a stronger showing of one element may offset a weaker showing of another.” *All. for the*  
 12 *Wild Rockies v. Cottrell*, 632 F.3d 1127, 1131 (9th Cir. 2011).

### 13 **IV ARGUMENT**

#### 14 **A. Plaintiffs Have Standing.**

15 “To have standing, a plaintiff must present an injury that is concrete, particularized, and  
 16 actual or imminent; fairly traceable to the defendant’s challenged behavior; and likely to be  
 17 redressed by a favorable ruling.” *Dep’t of Com. v. New York*, 588 U.S. 752, 766 (2019) (internal  
 18 quotation marks omitted). “As a general rule, in an injunctive case this court need not address  
 19 standing of each plaintiff if it concludes that one plaintiff has standing.” *Nat’l Ass’n of Optometrists*  
 20 *& Opticians LensCrafters, Inc. v. Brown*, 567 F.3d 521, 523 (9th Cir. 2009).

21 First, Plaintiffs must show an injury in fact that constitutes “an invasion of a legally  
 22 protected interest which is (a) concrete and particularized, and (b) actual or imminent, not  
 23 conjectural or hypothetical.” *Lopez v. Candaele*, 630 F.3d 775, 785 (9th Cir. 2010). “Because  
 24 constitutional challenges based on the First Amendment present unique standing considerations,  
 25 plaintiffs may establish an injury in fact without first suffering a direct injury from the challenged  
 26 restriction.” *Id.* (internal quotation marks omitted). “In such pre-enforcement cases, the plaintiff  
 27 may meet constitutional standing requirements by demonstrating a realistic danger of sustaining a  
 28 direct injury as a result of the statute’s operation or enforcement.” *Id.* (internal quotation marks

omitted). In pre-enforcement cases, courts consider three related inquiries: (1) whether plaintiffs have shown a reasonable likelihood that the government will enforce the challenged law against them; (2) whether the plaintiffs have established that they intend to violate the challenged law; and (3) whether the challenged law is applicable to the plaintiffs, either by its terms or as interpreted by the government. *See id.* at 786.

**i. There is a Reasonable Likelihood the Executive Orders Will Be Enforced, as Evidenced by Defendants’ Actions to Date.**

The government’s preliminary efforts to enforce a speech restriction constitute strong evidence that pre-enforcement plaintiffs face a credible threat of adverse government action. *Lopez*, 630 F.3d at 786. Plaintiffs have submitted evidence showing that a substantial portion of their funding comes from federal contracts and grants. Baltimore Decl. ¶¶ 8-9; Bradbury Decl. ¶ 7; FORGE Decl. ¶ 7; GLBT Decl. ¶ 14; LA LGBT (Hollendoner) Decl. ¶¶ 7, 11; NY LGBT Decl. ¶¶ 13-15; Prisma Decl. ¶¶ 9-15; SFAF Decl. ¶¶ 5-9; SFCHC Decl. ¶¶ 5-7.

In addition, the Government has manifested a clear commitment to enforcing restrictions on federal contracts and grants, and Plaintiffs are likely to be subject to such enforcement. The Executive Orders themselves unambiguously express Defendants’ intent to enforce restrictions on federal contracts and grants. *See* Gender Order § 3(g); DEI-1 Order § 2(b)(ii), (iii); DEI-2 Order §§ 3(b)(iv), 4.

Plaintiffs have received specific notices indicating the Government’s intent to enforce the Executive Orders in the form of termination notices, stop work orders, etc. *See* Bradbury Decl. ¶¶ 20, 27; FORGE Decl. ¶¶ 8, 10, 12, Ex. 1; NY LGBT Decl. ¶¶ 35-36, Ex. A; Prisma Decl. ¶¶ 17-25, Exs. A-B; SFCHC Decl. ¶ 8, Ex. A-D. Given Plaintiffs’ reliance on federal contracts and grants to serve their communities, and the Government’s intent to enforce the Executive Orders against all federal contracts and grants, it is reasonably likely that the Executive Orders will be enforced against Plaintiffs.

**ii. Plaintiffs Intend to Violate the Executive Orders as Plaintiffs’ Missions Run Directly Counter to the Executive Orders’ Unlawful Mandates.**

Plaintiffs’ missions are fundamentally implicated by the Executive Orders. *See, e.g.*, Bradbury Decl. ¶8 (“Executive Orders that restrict or alter the distribution of these funds place

Bradbury-Sullivan’s operational capacity at significant risk, thereby directly impacting our ability to fulfill our mission and serve the LGBTQ+ community effectively.”); Baltimore Decl. ¶¶ 10-14 (“There is simply no way to do our work and fulfill our mission in a way that does not directly center the experiences of marginalized TLGBQIA+ people.”); FORGE Decl. ¶¶ 13, 18-20 (“FORGE plainly cannot accomplish our mission—and our mandates under existing grants—should the Executive Orders be allowed to stand.”); LA LGBT (Hollendoner) Decl. ¶ 22 (“The Executive Orders make it difficult, if not impossible, for the LA LGBT Center to continue providing the same level of social, mental, and physical health care and related social services to its patients, external partners, and the public.”); NY LGBT Decl. ¶¶ 30, 34 (“The Executive Order targeting ‘gender ideology’ presents an existential threat to the NY LGBT Center’s mission, programs, and the well-being of its clients.”); Prisma Decl. ¶¶ 1, 10, 25 (“Most of our federal funding explicitly requires us to participate in activities and to employ affirming language that appear to be considered ‘diversity, equity, inclusion, or accessibility’ efforts according to the Executive Orders.”); SFAF Decl. ¶ 34 (“These executive orders directly threaten SFAF’s mission. . . . We cannot afford to stand by as policies attempt to dismantle the very foundation of our work.”); SFCHC Decl. ¶ 23 (“If the Executive Orders are allowed to stand, SFCHC will face the impossible choice of abandoning our mission to provide targeted, culturally competent care to marginalized communities, or forfeit the federal funding supporting many of our lifesaving services. . . .”).

As detailed in Plaintiffs’ declarations submitted herewith, each of the Plaintiffs intends to continue the status quo, fulfilling their mission to provide support and services to the LGBT community and greater population, and necessarily violating the Executive Orders in the process.

### **iii. The Executive Orders Apply to Plaintiffs.**

All Plaintiffs receive federal funding and thus are subject to enforcement of the Executive Orders. Baltimore Decl. ¶¶ 8-9; Bradbury Decl. ¶ 7; FORGE Decl. ¶ 7; GLBT Decl. ¶ 14; LA LGBT (Hollendoner) Decl. ¶¶ 7, 11; NY LGBT Decl. ¶¶ 13-15; Prisma Decl. ¶¶ 9-15; SFAF Decl. ¶¶ 5-9; SFCHC Decl. ¶¶ 5-7.

In addition to asserting claims on their own behalf, Plaintiffs assert equal protection claims on behalf of the people they serve, including the LGBTQ individuals who (a) are targeted by the

Gender Order, (b) will suffer direct injuries because of the intended erasure, and (c) face barriers to asserting their own claims. *Powers v. Ohio*, 499 U.S. 400, 410-11 (1991) (acknowledging third-party standing to raise the equal protection rights of another); *see also City & County. of San Francisco v. Azar*, 411 F. Supp. 3d 1001, 1011 (N.D. Cal. 2019) (finding that physician plaintiffs had standing to bring claims on behalf of women seeking abortions and LGBTQ patients). Those individuals are not only the intended beneficiaries of the programs Congress has funded, but also at the heart of Plaintiffs’ mission-driven services.

Finally, the injury threatened arises from, and thus is fairly traceable to, the Executive Orders and enjoining them would address Plaintiffs’ injuries. Private parties may “sue to enjoin unconstitutional actions by state and federal officers.” *Armstrong v. Exceptional Child Ctr., Inc.*, 575 U.S. 320, 327 (2015); *see also Washington v. Trump*, No. 2:25-cv-00244-LK, 2025 WL 509617, at \*7 (W.D. Wash. Feb. 16, 2025). Enjoining enforcement of the Executive Orders would redress the threat that restrictions on federal contracts and grants would irreparably impair Plaintiffs’ ability to promote and apply concepts required by their missions and work.

## **B. Plaintiffs Are Likely to Succeed on the Merits.**

### **i. The Executive Orders Violate the Free Speech Clause of the First Amendment.**

The First Amendment provides that the government “shall make no law . . . abridging the freedom of speech.” U.S. CONST., amend. I. The First Amendment provides robust protection against government attempts to control the topics discussed—and even more so, the *views* expressed—in public discourse. *Reed v. Town of Gilbert*, 576 U.S. 155, 163 (2015). Accordingly, laws that restrict speakers from expressing certain viewpoints are a blatant and egregious form of government speech control that is “presumed to be unconstitutional.” *Rosenberger v. Rector & Visitors of Univ. of Va.*, 515 U.S. 819, 828-29 (1995).

The Executive Orders impermissibly chill the exercise of Plaintiffs’ constitutionally protected speech based on the content and viewpoint of their speech. The Executive Orders also improperly penalize Plaintiffs for engaging in First Amendment activity by weaponizing the federal funding that is necessary for their missions and work, for a public official “may not deny a benefit

1 to a person on a basis that infringes his constitutionally protected interests—especially, his interest  
2 in freedom of speech.” *Perry v. Sindermann*, 408 U.S. 593, 597 (1972).

3 The Executive Orders mandate that recipients of federal funds not “promote” “gender  
4 ideology” or “DEI” and related concepts that the Government dislikes. “It is, however, a basic First  
5 Amendment principle that ‘freedom of speech prohibits the government from telling people what  
6 they must say.’” *Agency for Int’l Dev. v. All. for Open Soc’y Int’l, Inc.*, 570 U.S. 205, 213 (2013)  
7 [hereinafter “*AID*”] (quoting *Rumsfeld v. F. for Acad. & Inst. Rts., Inc.*, 547 U.S. 47, 61 (2006));  
8 *see also Knox v. Serv. Emps. Int’l Union, Loc. 1000*, 567 U.S. 298, 309 (2012) (“The government  
9 may not prohibit the dissemination of ideas that it disfavors, nor compel the endorsement of ideas  
10 that it approves.” (citations omitted)). “If there is a bedrock principle underlying the First  
11 Amendment, it is that the government may not prohibit the expression of an idea simply because  
12 society finds the idea itself offensive or disagreeable.” *Texas v. Johnson*, 491 U.S. 397, 414 (1989)  
13 (collecting cases). The Government’s attempt to do so by way of the Executive Orders is subject to  
14 “the most exacting scrutiny.” *Id.* at 412.

15 Requiring federal grantees to certify that they will not use grant funds to promote concepts  
16 the Government considers offensive, even where the grant program is wholly unrelated to such  
17 concepts, is a violation of the grantee’s free speech rights. *See AID*, 570 U.S. at 218; *see also Santa*  
18 *Cruz Lesbian & Gay Cmty. Ctr. v. Trump*, 508 F. Supp. 3d 521, 528 (N.D. Cal. 2020) [hereinafter  
19 “*Santa Cruz*”] (requiring federal grantees to certify they will not use grant funds to promote  
20 concepts the Government considers “divisive” violated grantee’s free speech rights). Like the  
21 statute struck down in *AID*, the Executive Orders demand, as a condition of federal funding,  
22 compliance with a speech restriction that by its nature “cannot be confined within the scope of the  
23 Government program.” *See AID*, 570 U.S. at 221.

24 In a strikingly similar case, Judge Freeman found that the plaintiffs were likely to succeed  
25 on the merits of a First Amendment challenge to an executive order passed during President  
26 Trump’s first administration. *See Santa Cruz*, 508 F. Supp. 3d at 528. There, President Trump  
27 issued an executive order requiring plaintiffs to censor or cease diversity trainings that were  
28 fundamental to their missions on the pain of losing federal funding in the form of contracts and

1 grants. *See id.* at 542 (quoting Exec. Order, 85 Fed. Reg. at 60, 686–87). The court found that  
 2 “[c]onditioning federal grants in this manner clearly would constitute a content-based restriction  
 3 on protected speech.” *Id.* This was particularly so where the executive order barred any promotion  
 4 of “divisive” concepts using federal funds. *Id.*

5 The same logic applies equally to the Executive Orders, which bar Plaintiffs from promoting  
 6 “gender ideology,” “DEI,” and/or related concepts on the pain of losing federal grant funding. This  
 7 content-based restriction on speech is a flagrant First Amendment violation.

8 **ii. The Executive Orders Violate the Due Process Clause of the Fifth**  
 9 **Amendment.**

10 It is well settled that “‘a basic principle of due process [is] that an enactment is void for  
 11 vagueness if its prohibitions are not clearly defined.’” *Hunt v. City of Los Angeles*, 638 F.3d 703,  
 12 712 (9th Cir. 2011) (quoting *Grayned v. City of Rockford*, 408 U.S. 104, 108 (1972)). In this case,  
 13 a stringent vagueness test applies both because the Executive Orders abridge basic First  
 14 Amendment freedoms and because they invoke heightened penalties, including pursuant to the  
 15 False Claims Act. *See Sessions v. Dimaya*, 584 U.S. 148, 183 (2018) (“stringent vagueness test”  
 16 applies to civil laws that violate the First Amendment or impose penalties similar to those found in  
 17 criminal statutes (Gorsuch, J., concurring)); *see also Nat’l Ass’n of Diversity Officers in Higher*  
 18 *Educ. v. Trump*, No. 25-cv-00333-ABA, 2025 WL 573764, at \*25 (D. Md. Feb. 21, 2025) (applying  
 19 stringent vagueness test and preliminarily enjoining, in part, the DEI Orders).

20 Under the terms of the Executive Orders, there is no objective way to determine which  
 21 speech activities are permitted and which are prohibited. This creates a broad chilling effect and  
 22 invites unpredictable, uneven, and discriminatory enforcement against recipients of federal  
 23 funding, including Plaintiffs.

24 For example, the Executive Orders do not explain what it means to “promote” so-called  
 25 “gender ideology.” Neither do the Executive Orders define the terms “diversity, equity, and  
 26 inclusion,” “DEI,” “diversity, equity, inclusion, and accessibility,” or “DEIA,” despite such terms  
 27 being fundamental to the Executive Orders. Similarly, the Executive Orders do not define the term  
 28 “equity” when used independently from “diversity, equity, inclusion, and accessibility,” even



1 though Section 2(b) of the DEI-1 Order directs the termination of “equity-related” grants and  
 2 contracts, along with other DEI and DEIA activities. Section 3(c) of the DEI-2 Order also uses  
 3 impermissibly broad and vague terminology in mandating OMB to “[e]xcise references to DEI and  
 4 DEIA principles, under whatever name they may appear” from Federal acquisition, contracting,  
 5 grants, and financial assistance procedures. Plaintiffs, therefore, are left to speculate what speech  
 6 or activity might be considered DEI or DEIA “principles” even without using the actual terms  
 7 “DEI” or “DEIA.” *See, e.g.*, SFCHC Decl. ¶ 9; LA LGBT (Hollendonner) Decl. ¶ 19.

8 The Executive Orders create additional ambiguity by distinguishing at times between DEIA  
 9 that they consider “legal” from that which they consider “illegal.” *See* DEI-2 Order § 2 (expressing  
 10 a policy of terminating all “discriminatory and illegal preferences” and “combat[ing] illegal  
 11 private-sector DEI preferences, mandates, policies, program, and activities”); *id.* § 3(b) (requiring  
 12 federal contractors and grantees to certify they do “not operate any programs promoting DEI that  
 13 violate any applicable Federal anti-discrimination law”).

14 The language in these provisions regarding illegality begs the question of who determines  
 15 what diversity, equity, inclusion, and accessibility policies, programs, and activities are legal, as  
 16 opposed to illegal, and pursuant to what criteria. Given the Trump Administration’s actions already  
 17 taken to eliminate DEIA from the federal workplace, it is likely that all DEIA policies, programs,  
 18 and activities would be considered illegal by this Administration even without an investigation.  
 19 This is especially true because the Executive Orders provide no clear, objective standards for  
 20 enforcement, while at the same time specifying a range of serious penalties, including cancellation  
 21 of existing contracts and grants, loss of eligibility for future government contracts and grants, and  
 22 potential civil investigations, regulatory actions, and/or litigation. In the absence of objective  
 23 standards, the Executive Orders give the Trump Administration unfettered discretion to enforce the  
 24 prohibitions against federal contractors and grantees, inviting arbitrary enforcement and  
 25 discrimination that is subject to the whims of the decisionmaker. *See Nat’l Ass’n of Diversity*  
 26 *Officers in Higher Educ.*, 2025 WL 573764, at \*25 (“Vague laws invite arbitrary power.”)  
 27 (quoting *Sessions*, 584 U.S. at 175 (Gorsuch, J., concurring)). Thus, the vagueness of the Executive  
 28



1 Orders’ terms exacerbates the preexisting censorship of Plaintiffs’ speech activities by producing  
2 an even greater chilling effect.

3 The provision of effective and comprehensive housing, healthcare, support, education, and  
4 advocacy services for LGBTQ people and people living with HIV necessarily requires education  
5 and awareness of the historical and ongoing inequities resulting from, among other things, a  
6 person’s race, sex, and/or transgender status, as well as corresponding data collection and attention  
7 to health disparities. *See*, LA LGBT (Dr. Duffy) Decl. ¶¶ 6-21. Plaintiffs therefore have no way to  
8 discern how to differentiate between the acceptable provision of services in furtherance of their  
9 mission and the unacceptable “operation and promotion of DEI” programs and activities or  
10 unacceptable promotion of “gender ideology.”

11 *Santa Cruz* is instructive here as well. There, the court found the plaintiffs were likely to  
12 succeed on the merits of their Fifth Amendment due process challenge regarding President Trump’s  
13 executive order banning the promotion of certain “divisive” concepts. 508 F. Supp. 3d at 543. The  
14 court reasoned that the executive order was likely unconstitutional because it did not provide  
15 sufficient clarity regarding what conduct was prohibited, and therefore posed a danger of arbitrary  
16 and discriminatory application. *Id.* (citing *Hunt*, 638 F.3d at 712).

17 The same logic applies to the Executive Orders. For example, the Executive Orders are  
18 unacceptably unclear on whether Plaintiffs would be in violation for conducting ordinary activities  
19 like using gender pronouns in their e-mail signature blocks, or celebrating Black or Women’s  
20 History Months, or utilizing widely understood and accepted phrases such as “disadvantaged  
21 communities,” “environmental justice,” “women’s empowerment,” or “gender-based violence,” in  
22 the execution of their work. The Executive Orders are so vague that no ordinary person can  
23 understand what kind of conduct they prohibit. They are therefore unconstitutional.

24 **iii. The Executive Orders Are *Ultra Vires* Because They Exceed the**  
25 **President’s Authority, Infringe Upon Congress’s Powers, and Violate**  
26 **Article I’s Framework for Federal Legislation.**

27 The Executive Orders are *ultra vires* actions that exceed the bounds of Article II, infringe  
28 upon Congress’s authority to control the public fisc under Article I, and violate Article I’s

1 Bicameralism and Presentment Clauses. “No matter the context, the President’s authority to act  
 2 necessarily ‘stem[s] either from an act of Congress or from the Constitution itself.’” *Trump v.*  
 3 *United States*, 603 U.S. 593, 607 (2024) (quoting *Youngstown Sheet & Tube Co. v. Sawyer*, 343  
 4 U.S. 579, 585 (1952)). Congress authorizes and allocates funds for federal grants in the annual  
 5 appropriations bill or by federal statute. Federal grants are federal law, and conditioning or  
 6 cancelling federal grants amounts to amending or repealing federal law, which the Executive  
 7 Branch has no constitutional or statutory authority to do. *See Clinton v. City of New York*, 524 U.S.  
 8 417, 444 (1998) (holding cancellations “are the functional equivalent of partial repeals of Acts of  
 9 Congress”); *County of Santa Clara v. Trump*, 250 F. Supp. 3d 497, 531 (N.D. Cal. 2017) (“[T]he  
 10 President does not have the power to place conditions on federal funds[.]”). That power lies with  
 11 Congress. *See* U.S. CONST. art. I, § 7; *id.* art. I, § 8, cl. 1; *see also* 2 U.S.C. §§ 683, 684  
 12 (Impoundment Control Act, prohibiting the President or federal agencies from impounding  
 13 lawfully appropriated funds).

14 “The Appropriations Clause of the Constitution gives Congress the exclusive power over  
 15 federal spending.” *Nat’l Council of Nonprofits v. Off. of Mgmt. & Budget*, No. 25-239 (LLA), 2025  
 16 WL 368852, at \*12 (D.D.C. Feb. 3, 2025) (internal quotation marks omitted); *see* U.S. CONST. art.  
 17 I, § 9, cl. 7. The Appropriations Clause “was intended as a restriction upon the disbursing authority  
 18 of the Executive [Branch].” *Cincinnati Soap Co. v. United States*, 301 U.S. 308, 321 (1937); *see*  
 19 *also U.S. House of Representatives v. Burwell*, 130 F. Supp. 3d 53, 76 (D.D.C. 2015) (“Congress’s  
 20 power of the purse is the ultimate check on the otherwise unbound power of the Executive.”).

21 Consistent with these principles, Congress “may impose appropriate conditions on the use  
 22 of federal property or privileges.” *Massachusetts v. United States*, 435 U.S. 444, 461 (1978); *see*  
 23 *generally Koontz v. St. Johns River Water Mgmt. Dist.*, 570 U.S. 595 (2013). “Aside from the power  
 24 of veto, the President is without authority to thwart congressional will by cancelling appropriations  
 25 passed by Congress.” *City & County of San Francisco v. Trump*, 897 F.3d 1225, 1232 (9th Cir.  
 26 2018).

27 The Executive Orders seek to usurp Congress’s authority by conditioning federal grants on  
 28 grantees not promoting “gender ideology” or “DEI.” Gender Order § 3(g); DEI-1 Order § 2(b)(ii)-

(iii); DEI-2 Order § 3(b)(iv). Such commands attempt to give the President and executive agencies powers they do not have in blatant disregard for the Constitution and its carefully designed separation of powers.<sup>5</sup> See *PFLAG, Inc. v. Trump*, No. 25-337-BAH, 2025 WL 510050, at \*1 (D. Md. Feb. 14, 2025) (granting TRO against, *inter alia*, Section 3(g) of the Gender Order in relation to gender affirming care, finding that the “case presents a straightforward question of separation of powers”); *New York v. Trump*, No. 25 Civ. 39, 2025 WL 357368, at \*2-3 (D.R.I. Jan. 31, 2025) (issuing TRO against OMB directive to withhold federal funds); *Nat’l Council of Nonprofits v. Off. of Mgmt. & Budget*, No. 25 Civ. 239, 2025 WL 368852, at \*14 (D.D.C. Feb. 3, 2025).

The Constitution vests Congress, not the Executive, with authority over the public fisc, and Congress has imposed no conditions on federal grants related to promoting “gender ideology” or “DEI.” When Congress intends to place conditions on federal funds, “it has proved capable of saying so explicitly.” *Pennhurst State Sch. & Hosp. v. Halderman*, 451 U.S. 1, 17-18 (1981); see, e.g., Further Consolidated Appropriations Act, Pub. L. No. 118-47, § 526 (2024) (grant condition regarding the provision of sterile needles); *id.* § 202 (grant condition regarding salary caps).

The Ryan White HIV/AIDS Program, which provides grants to family-centered care for youth in communities disproportionately affected by HIV, exemplifies this incongruity. See 42 U.S.C. § 300ff; 42 U.S.C. § 300ff-71. Congress placed one condition on these grants: the funds may not be used to provide “individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.” 42 U.S.C. § 300ff-1. Congress did not condition such grants on whether the recipient promotes “gender ideology” or “DEI.” Accordingly, the Executive Orders force a Presidential policy that is “incompatible with the expressed or implied will of Congress,” *Zivotofsky v. Kerry*, 576 U.S. 1, 10 (2015), and unconstitutionally intrudes upon the Congressional prerogative to control the public fisc.

The Executive Orders not only usurp Congressional powers but also bypass the Legislative branch altogether to sidestep Article I’s framework for passing laws. “Explicit and unambiguous

<sup>5</sup> The Trump Administration’s actions since the Executive Orders were issued underscore the President’s intent to disregard the separation of powers upon which our Constitution is based. On February 19, 2025, the White House published, on the platform X, a photo of President Trump dressed as a king, with a caption that reads, in part, “LONG LIVE THE KING!” See @WhiteHouse, X (Feb. 19, 2025, 2:31 PM), <https://perma.cc/4JFY-9LB4>.

provisions of the Constitution prescribe and define the respective functions of the Congress and of the Executive in the legislative process.” *INS v. Chadha*, 462 U.S. 919, 945 (1983). Article I requires that every bill pass in both the House of Representatives and the Senate before it is presented to the President. U.S. CONST. art. I, § 7, cl. 2. If the President vetoes the bill, Congress may override his veto by a vote of two thirds of the Senate and the House. *Id.* art. I, § 7, cl. 3. These procedural “steps” are non-negotiable: they were designed “to erect enduring checks on each Branch and to protect the people from the improvident exercise of power by mandating certain prescribed steps.” *Chadha*, 462 U.S. at 951, 957.

“In the framework of our Constitution, the President’s power to see that the laws are faithfully executed refutes the idea that he is to be a lawmaker.” *Youngstown*, 343 U.S. at 587; *see* U.S. CONST. art. II, § 3 (the President has an obligation to “take Care that the Laws be faithfully executed”). Rather, as the Supreme Court has unequivocally stated: “[t]he Constitution limits [the President’s] functions in the lawmaking process to the recommending of laws he thinks wise and the vetoing of laws he thinks bad.” *Id.* If the President does not wish to disburse funds in the manner appropriated by Congress, “the President must propose the rescission of funds, and Congress then may decide whether to approve a rescission bill.” *In re Aiken County*, 725 F.3d 255, 261 n.1 (D.C. Cir. 2013) (Kavanaugh, J.); *see also* U.S. CONST. art. I, § 7, cl. 2, 3.

Article I does not allow the President to circumvent Bicameralism and Presentment by unilaterally amending or canceling federal appropriations via executive order. *See Clinton*, 524 U.S. at 448; *Train v. City of New York*, 420 U.S. 35, 38 (1975). “Where Congress has failed to give the President discretion in allocating funds, the President has no constitutional authority to withhold such funds and violates his obligation to faithfully execute the laws duly enacted by Congress if he does so.” *County of Santa Clara*, 250 F. Supp. at 531 (citing *Clinton*, 524 U.S. at 439); *see also City & County of San Francisco*, 897 F.3d at 1234 (“[T]he President’s duty to enforce the laws necessarily extends to appropriations.”). As then-Judge Kavanaugh explained, “a President sometimes has policy reasons . . . for wanting to spend less than the full amount appropriated by Congress for a particular project or program . . . [b]ut in those circumstances, even the President

1 does not have the unilateral authority to refuse to spend the funds.” *In re Aiken County*, 725 F.3d  
2 at 261 n.1.

3 The Executive Orders are a clear violation of the Constitution because “attempt[s] [by the  
4 Executive Branch] to place new conditions on federal funds [are] an improper attempt to wield  
5 Congress’s executive spending power and is a violation of the Constitution’s separation of powers  
6 principles.” *County of Santa Clara*, 250 F. Supp. 3d at 531. Congress has not imposed conditions  
7 on federal grants regarding gender ideology or DEI. “The Executive Branch has a duty to align  
8 federal spending and action with the will of the people as expressed through congressional  
9 appropriations, not through ‘Presidential priorities.’” *New York*, 2025 WL 357368, at \*2. Because  
10 the Executive Orders did not abide by the “single, finely wrought and exhaustively considered,  
11 procedure” for amending or repealing federal legislation, they are unlawful. *Chadha*, 462 U.S. at  
12 951; *see also Nat’l Council of Nonprofits*, 2025 WL 368852, at \*1 (granting preliminary injunction  
13 regarding OMB direction to federal agencies to pause federal financial assistance, reasoning that  
14 “appropriations of the government’s resources is reserved for Congress, not the Executive Branch,”  
15 and “a wealth of legal authority supports this fundamental separation of powers.”); *PFLAG*, 2025  
16 WL 510050, at \*17 (“[T]he Executive Orders unconstitutionally intrude upon the Congressional  
17 prerogative to control the public fisc.”) (citation omitted).

18 **iv. The Executive Orders Are *Ultra Vires* Because They Conflict with**  
19 **Statutory Equity-Related and Nondiscrimination Requirements.**

20 “The Court has the authority to determine whether the Executive Orders are incompatible  
21 with the will of Congress.” *PFLAG*, 2025 WL 510050, at \*18 (citing *Loper Bright Enters. v.*  
22 *Raimondo*, 603 U.S. 369, 385 (2024)). The Executive Orders are *ultra vires* because they  
23 impermissibly direct agencies to act in contravention of numerous laws and regulations and are  
24 therefore inconsistent with the Constitution’s separation of powers clause. Federal statutes and  
25 regulations specifically authorize Plaintiffs’ equity-related services and advocacy, and their efforts  
26 to eradicate discrimination against transgender and other LGBTQ people. The President does not  
27 have the power to override those statutes and prohibit grant recipients from doing precisely what  
28 Congress has directed, and what duly promulgated regulations prescribe.

1 The DEI-1 and DEI-2 Orders conflict with the funding statutes applicable to Plaintiffs who  
 2 receive funding through the Ryan White Program and the Housing Opportunities for People with  
 3 AIDS (“**HOPWA**”) program, 24 C.F.R. § 574.300. *See, e.g.*, LA LGBT (Dr. Duffy) Decl. ¶ 5;  
 4 Prisma Decl. ¶¶ 9, 13; SFCHC Decl. ¶¶ 7, 23. The Ryan White Program’s statutory framework  
 5 explicitly directs resources to disproportionately affected and historically underserved groups and  
 6 subpopulations, reflecting Congress’s intent to address healthcare disparities for people living with  
 7 HIV/AIDS. 42 U.S.C. § 300ff-12(b)(1); *see also* 42 U.S.C. § 300ff-52 (mandating grant recipients  
 8 to target minority populations); 42 U.S.C. § 300ff-121 (establishing Minority AIDS Initiative to  
 9 evaluate and address racial and ethnic disparities in access to HIV care). Likewise, HOPWA  
 10 regulations reinforce the prioritization of marginalized populations. *See* 24 C.F.R. § 574.603  
 11 (affirmative outreach obligations for those at risk of discrimination based on race, national origin,  
 12 sex, or disability); 24 C.F.R. § 574.3 (defining “family” in a manner inclusive of LGBTQ+ people).

13 The statutory framework for Federally Qualified Health Centers (“**FQHCs**”), which applies  
 14 to Plaintiffs SFCHC and LA LGBT Center, also mandates them to provide medical care to  
 15 “medically underserved populations” and specific minority groups facing systemic barriers to  
 16 healthcare access. *See* 42 U.S.C. § 254b(a)(1); *see also* 42 U.S.C. § 254b-1 (authorizing states to  
 17 determine medically underserved populations eligible for funding). In addition, Congress has  
 18 directly appropriated funds for specific minority populations, including grants for Pacific Islander  
 19 health services and medical workforce development (42 U.S.C. § 254c-1), as well as funding for  
 20 diabetes prevention programs targeted at Native American communities (42 U.S.C. § 254c-3).

21 The HOPWA, Ryan White, and FQHC programs are structured to remediate systemic  
 22 inequities in healthcare and housing and to allocate healthcare resources toward minority  
 23 communities affected by health disparities. The DEI-1 and DEI-2 Orders disregard these statutory  
 24 obligations and contradict the express will of Congress by restricting organizations’ ability to  
 25 provide services in a manner that complies with the requirements of these programs.

26 Moreover, the Gender Order facially discriminates based on sex. It directs agencies to  
 27 withhold grants from entities that “promote gender ideology,” defined as “acknowledging that a  
 28



1 person's gender identity may differ from their sex assigned at birth." This violates federal law  
 2 prohibiting grant recipients from discriminating on the basis of sex.

3 Discrimination based on transgender status, including the failure to acknowledge a patient's  
 4 gender identity, constitutes discrimination on the basis of sex under Section 1557 of the Affordable  
 5 Care Act ("ACA"), 42 U.S.C. § 18116, and Section 1908 of the Public Health Service Act  
 6 ("PHSA"), 42 U.S.C. § 300w-7. Section 1557 of the ACA provides that an individual shall not, on  
 7 the basis of race, national origin, sex, age, or disability "be excluded from participation in, be denied  
 8 the benefits of, or be subjected to discrimination under, any health program or activity, any part of  
 9 which is receiving Federal financial assistance."<sup>6</sup> It thus imposes on health entities an "affirmative  
 10 obligation not to discriminate in the provision of health care." *Schmitt v. Kaiser Found. Health*  
 11 *Plan of Wash.*, 965 F.3d 945, 955 (9th Cir. 2020). Section 1908 of the PHSA similarly prohibits  
 12 discrimination on the basis of sex in programs, services, and activities "receiving Federal financial  
 13 assistance" through Preventive Health and Health Services Block Grants, which Defendant  
 14 Kennedy allots as the Secretary of Defendant HHS. *See* 42 U.S.C. § 300w-1.

15 In *Bostock v. Clayton County*, a Title VII case, the Supreme Court held that "it is impossible  
 16 to discriminate against a person for being . . . transgender without discriminating against that  
 17 individual based on sex." 590 U.S. 644, 660 (2020). And because "[w]e construe Title IX's  
 18 protections consistently with those of Title VII," *Doe v. Snyder*, 28 F.4th 103, 114 (9th Cir. 2022),  
 19 there can be no doubt that "Section 1557 forbids sex discrimination based on transgender status."  
 20 *C.P. v. Blue Cross Blue Shield of Ill.*, No. 3:20-CV-06145-RJB, 2022 WL 17788148, at \*6 (W.D.  
 21 Wash. Dec. 19, 2022); *see also Kadel v. Folwell*, 100 F.4th 122, 164 (4th Cir. 2024). The same  
 22 reasoning extends to Section 1908 of the PHSA, which is nearly identical in wording to Section  
 23 1557 of the ACA. *See PFLAG*, 2025 WL 510050, at \*18.

24 The Gender Order attempts to override federal statutes with President Trump's unilateral  
 25 declaration that federally funded institutions must repudiate the existence of transgender people.

26  
 27 <sup>6</sup> Section 1557 further requires that covered entities take reasonable steps to provide meaningful  
 28 access to their health programs or activities to individuals with limited English proficiency or with  
 disabilities. *See, e.g.*, 45 C.F.R. §§ 92.201–92.205. Likewise, Section 1557 requires covered entities  
 to train their employees as necessary and appropriate to carry out their functions consistent with  
 the requirements of Section 1557 and its implementing regulations. *See* 45 C.F.R. § 92.9.

1 See Gender Order §§ 1, 2. The DEI-1 and DEI-2 Orders attempt to override federal statutes with  
 2 President Trump’s unilateral declaration that federally funded institutions must not engage in  
 3 efforts that promote “diversity, equity, inclusion, or accessibility.”

4 President Trump does not have the power to override Section 1557 of the ACA or Section  
 5 1908 of the PHSA by requiring federal grantees to engage in precisely the discrimination that those  
 6 laws prohibit. Under these statutes, there is no scenario in which the new discriminatory condition  
 7 imposed by the President does not conflict with the non-discrimination mandate set by Congress,  
 8 because for entities like Plaintiff Health Centers, it does not matter what specific grants are at issue  
 9 or what funding stream is used. When the President usurps congressional authority and infringes  
 10 on the constitutional rights of individuals, the essential role of the judiciary is to “say what the law  
 11 is.” *Loper Bright Enters.*, 603 U.S. at 385 (summarizing the function of the Judiciary to interpret  
 12 statutes dating back to the earliest decisions of the Supreme Court and citing *Marbury v. Madison*,  
 13 5 U.S. (1 Cranch) 137, 177 (1803); *United States v. Dickson*, 40 U.S. (15 Pet.) 141, 162  
 14 (1841); *Decatur v. Paulding*, 39 U.S. (14 Pet.) 497, 515 (1840)). The Executive Orders should be  
 15 declared unlawful, and the Agency Defendants should be enjoined from enforcing or implementing  
 16 these unlawful orders.

17 **v. The Gender Order Violates the Equal Protection Clause.**

18 The Gender Order flagrantly violates Plaintiffs’ right to equal protection. *See* U.S. CONST.  
 19 amends. V, XIV; *United States v. Windsor*, 570 U.S. 744, 774 (2013) (“The liberty protected by  
 20 the Fifth Amendment’s Due Process Clause contains within it the prohibition against denying to  
 21 any person the equal protection of the laws.”). It purposefully discriminates based on transgender  
 22 status and it facially classifies based on transgender status and sex, failing any level of review.

23 **a. The Gender Order Fails Any Level of Review.**

24 The Gender Order fails any level of scrutiny because it is transparently motivated by a “bare  
 25 desire to harm” transgender people. *Romer v. Evans*, 517 U.S. 620, 635 (1996) (citation omitted).  
 26 Our Constitution forbids policies based on such “negative attitudes” and “irrational prejudice.” *City*  
 27 *of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 448, 450 (1985). The Gender Order facially  
 28 discriminates against transgender people by declaring they do not exist and deeming their identities



1 to be “false.” Gender Order § 2(f). The Gender Order was issued for the openly discriminatory  
 2 purpose of expressing governmental disapproval of transgender people and rendering them unequal  
 3 to others. As one court recently put it, “[t]he Court cannot fathom discrimination more direct than  
 4 the plain pronouncement of a policy resting on the premise that the group to which the policy is  
 5 directed does not exist.” *PFLAG*, 2025 WL 510050, at \*19.

6 The context surrounding the Gender Order, including other executive actions, betrays its  
 7 underlying animus. For example, another executive order issued on January 27, 2025, deems  
 8 “adoption of a gender identity inconsistent with an individual’s sex” to be in conflict with a  
 9 “commitment to an honorable, truthful, and disciplined lifestyle, even in one’s personal life.”<sup>7</sup> The  
 10 Gender Order challenged here is thus part of a far-reaching attack on transgender people who are  
 11 expressly targeted in a litany of President Trump’s executive orders.<sup>8</sup> The degree of prejudice is  
 12 remarkable in its breadth and scope, and reinforces the Gender Order’s unconstitutional purpose.  
 13 Disapproving of transgender people and enforcing state-mandated gender conformity is not an  
 14 incidental effect of the Gender Order; it is its purpose. It is a status-based classification of persons  
 15 undertaken for its own sake, which is forbidden by the Constitution’s Equal Protection guarantee.  
 16 *Romer*, 517 U.S. at 634; *see also U.S. Dep’t of Agric. v. Moreno*, 413 U.S. 528, 534 (1973). There  
 17 can be no legitimate government interest in facially discriminatory executive action.

#### 18 **b. The Gender Order Triggers Heightened Scrutiny.**

19 The Gender Order is subject to heightened scrutiny because it facially discriminates against  
 20 transgender people and classifies based on sex. The Gender Order defines sex as an “immutable  
 21 biological classification” that “does not include the concept of gender identity,” and asserts that  
 22 transgender identities are invalid and “false” identities that “[do] not provide a meaningful basis  
 23

24 <sup>7</sup> Exec. Order No. 14,183, *Prioritizing Military Excellence and Readiness*, 90 Fed. Reg. 8757  
 (Jan. 27, 2025).

25 <sup>8</sup> Exec. Order No. 14,187, *Protecting Children from Chemical and Surgical Mutilation*, 90 Fed.  
 26 Reg. 8,771 (Jan. 28, 2025); Exec. Order No. 14,148, *Initial Rescissions of Harmful Executive*  
 27 *Orders and Actions*, 90 Fed. Reg. 8237 (Jan. 20, 2025); Exec. Order No. 14,170, *Reforming the*  
 28 *Federal Hiring Process and Restoring Merit to Government Service*, Fed. Reg. 8621 (Jan. 20,  
 2025); Exec. Order No. 14,190, *Ending Radical Indoctrination in K-12 Schooling*, 90 Fed. Reg.  
 8853 (Jan. 29, 2025); Exec. Order No. 14,201, *Keeping Men Out of Women’s Sports*, 90 Fed. Reg.  
 9279 (Feb. 5, 2025).

for identification and cannot be recognized as a replacement for sex.” Gender Order §§ 2(a), (f)-(g). If a law “discriminates based on transgender status, either purposefully or on its face, heightened scrutiny applies.” *Doe v. Horne*, 115 F.4th 1083, 1102 (9th Cir. 2024); *see also Karnoski v. Trump*, 926 F.3d 1180, 1200-01 (9th Cir. 2019). What is more, the Ninth Circuit has held that “discrimination on the basis of transgender status is a form of sex-based discrimination” for equal protection purposes. *Hecox v. Little*, 104 F.4th 1061, 1079 (9th Cir. 2024). “It is well-established that sex-based classifications are subject to heightened scrutiny.” *Id.* (citing *United States v. Virginia*, 518 U.S. 515, 533-34 (1996)); *Virginia*, 518 U.S. at 555 (“[A]ll gender-based classifications . . . warrant heightened scrutiny.”).<sup>9</sup>

### c. The Gender Order Fails Heightened Scrutiny.

“The application of intermediate scrutiny requires the government to show that its gender classification is substantially related to an important governmental interest, ‘requiring an exceedingly persuasive justification.’” *Norsworthy v. Beard*, 87 F. Supp. 3d 1104, 1120 (N.D. Cal. 2015) (quoting *Coal. for Econ. Equity v. Wilson*, 122 F.3d 692, 702 (9th Cir. 1997)). The Gender Order cannot survive any level of scrutiny, much less heightened scrutiny that must be applied here.

Disapproving of transgender people, discouraging people from expressing their gender identities, and directing agencies and federal grantees to do the same are plainly illegitimate purposes that demonstrate the Gender Order was issued for the purpose of discriminating against transgender people. Such an objective is not a legitimate state interest. *See Horne*, 115 F.4th at 1104 (upholding finding of discriminatory purpose where a law’s “burdens [] fall *exclusively* on transgender women and girls” and the law was adopted “for the purpose of excluding transgender girls from playing on sports teams”); *Hecox*, 104 F.4th at 1077 (same); *Dekker*, 679 F. Supp. 3d at 1292-93; *Van Garderen v. Montana*, No. DV-23-541, 2023 WL 6392607, at \*14 (Missoula Cnty. Dist. Ct., Mont. Sept. 27, 2023), *aff’d sub nom.*, *Cross v. Montana*, 2024 MT 303, 560 P.3d 637

<sup>9</sup> Here, the Gender Order constitutes a sex classification in myriad ways. First, as noted above, it is a sex-based classification because it discriminates based on transgender status. Second, it is a sex-based classification on its face. *See Bostock*, 590 U.S. at 660; *see also Dekker v. Weida*, 679 F. Supp. 3d 1271, 1289-90 (N.D. Fla. 2023) (“If one must know the sex of a person to know whether or how a provision applies to the person, the provision draws a line based on sex.”). Third, it discriminates based on sex stereotypes. *See Hecox*, 104 F.4th at 1080.

(Mont. 2024).

**C. Plaintiffs Are Suffering Irreparable Harm Necessitating Injunctive Relief.**

“Irreparable harm is relatively easy to establish in a First Amendment case.” *CTIA—The Wireless Ass’n v. City of Berkeley, Cal.*, 928 F.3d 832, 851 (9th Cir. 2019). “[A] party seeking preliminary injunctive relief in a First Amendment context can establish irreparable injury . . . by demonstrating the existence of a colorable First Amendment claim.” *Id.* (cleaned up).

In addition, Plaintiffs’ declarations provide substantial evidence that the restrictions on speech imposed by the Executive Orders, in conjunction with the vagueness of those restrictions, has chilled Plaintiffs’ exercise of their free speech rights. *See, e.g.*, Baltimore Decl. ¶¶ 14-15 (“The Executive Orders attempt to erase even the word that describes who our people are and interrupt critical initiatives and services”); Bradbury Decl. ¶ 10 (“This forced adherence to the government’s prescribed narrative is not only in direct tension with our mission . . . it also makes it impossible for the Center to conduct its training effectively, as the Center cannot openly and accurately discuss the systemic issues at the core of LGBTQ+ health disparities.”); FORGE Decl. ¶¶ 8, 10-12, 18-20 (FORGE had grant-funded content removed from an agency’s website and work paused on updates to that content; has been told that grant-funded work cannot include certain terms like “equal opportunity,” “pronoun,” and “accessibility,” and is no longer able to advertise or provide trainings); LA LGBT (Hollendonner) Decl. ¶¶ 16-18 (“Domestic violence and sexual assault providers across the country have already begun removing information about the LGBTQ inclusivity of their programs. These censorship actions are directly motivated by President Trump and his administration’s assertions that their federal funding will be pulled. . . .”); SFCHC Decl. ¶¶ 15-18 (“Staff members have expressed confusion and fear about whether their clinical practices, which have been grounded in decades of medical and public health research, may now violate federal mandates.”).

As aptly put by SFAF, “HIV advocates are once again being told to stay silent, forced into an impossible choice: speak the truth about systemic inequities and risk losing federal funding or comply with harmful restrictions that undermine life-saving services. But as the movement learned decades ago, **silence equals death.**” SFAF Decl. ¶ 46.

1 The frustration of Plaintiffs’ ability to carry out their core missions is itself irreparable harm.  
 2 *See Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1029 (9th Cir. 2013) (finding that ongoing harms  
 3 to the plaintiffs’ organizational missions as a result of challenged statute established likelihood of  
 4 irreparable harm); *Santa Cruz*, 508 F. Supp. 3d at 546 (finding that organizations showed a  
 5 likelihood of irreparable harm based on the significant and serious ongoing harms to their  
 6 missions); *E. Bay Sanctuary Covenant v. Trump*, 354 F. Supp. 3d 1094, 1116 (N.D. Cal. 2018).

7 **D. The Balance of Equities and the Public Interest Favor Plaintiffs.**

8 “Where the government is a party to a case in which a preliminary injunction is sought, the  
 9 balance of the equities and public interest factors merge.” *Roman v. Wolf*, 977 F.3d 935, 940-41  
 10 (9th Cir. 2020). As discussed above, Plaintiffs have demonstrated a likelihood of success in proving  
 11 violations of their constitutional rights. “[I]t is always in the public interest to prevent the violation  
 12 of a party’s constitutional rights.” *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012) (cleaned  
 13 up).

14 Moreover, the work Plaintiffs perform is extremely important, even essential, to historically  
 15 underserved communities. *See* Baltimore Decl. ¶¶ 3-7; Bradbury Decl. ¶¶ 2, 4-6; FORGE Decl.  
 16 ¶¶ 3-6; GLBT Decl. ¶¶ 3-19; LA LGBT (Dr. Duffy) Decl. ¶¶ 3-16; LA LGBT (Hollendoner) Decl.  
 17 ¶ 3-6; Prisma Decl. ¶¶ 1, 11-15; SFAF Decl. ¶¶ 11, 41-42; SFCHC Decl. ¶¶ 3-4. Plaintiffs’ ability  
 18 to carry out their missions is impaired by the Executive Orders. Plaintiffs will suffer “a significant  
 19 adverse impact on their organizations and clients, and . . . the public interest is served by reducing  
 20 barriers to health care and other critical services for all communities.” *Santa Cruz*, 508 F. Supp. 3d  
 21 at 547; *see also PFLAG*, 2025 WL 510050, at \*23. Furthermore, “[t]he rule of law is secured by a  
 22 strong public interest that the laws ‘enacted by their representatives are not imperiled by executive  
 23 fiat.’” *Washington v. Trump*, 2025 WL 509617, at \*14 (quoting *E. Bay Sanctuary Covenant v.*  
 24 *Trump*, 932 F.3d 742, 779 (9th Cir. 2018)); *see also PFLAG*, 2025 WL 510050, at \*23 (“Seeking  
 25 to effectively enact legislation by executive order clearly exceeds the bounds of Article II and thus  
 26 does not serve the public interest.”).

27 On the other side of the scale, the Government’s interest in mandating this administration’s  
 28 viewpoint through expenditures of federal dollars is not in the public interest. To the extent that the

Government argues that it is in the public interest to curtail speech that promotes discrimination, that is a gross mischaracterization of the speech Plaintiffs want to express and an insult to their work of addressing discrimination and injustice towards historically underserved communities. That this Government dislikes Plaintiffs' speech is irrelevant to the analysis.

## V CONCLUSION

Plaintiffs respectfully request the Court to enter the Preliminary Injunction in the form of the Proposed Order submitted herewith, to enjoin the implementation of Executive Orders Nos. 14,168, 14,151, and 14,173.

Dated this 3rd of March, 2025.

Respectfully,

/s/ Jennifer C. Pizer  
 JENNIFER C. PIZER (SBN 152327)  
 jpizer@lambdalegal.org  
 LAMBDA LEGAL DEFENSE AND  
 EDUCATION FUND, INC.  
 800 South Figueroa Street, Suite 1260  
 Los Angeles, California 90017-2521  
 Telephone: (213) 382-7600

CAMILLA B. TAYLOR\*  
 ctaylor@lambdalegal.org  
 KENNETH D. UPTON, JR.\*  
 kupton@lambdalegal.org  
 LAMBDA LEGAL DEFENSE AND  
 EDUCATION FUND, INC.  
 3656 North Halsted Street  
 Chicago, Illinois 60613-5974  
 Telephone: (312) 663-4413

JOSE ABRIGO\*  
 jabrigo@lambdalegal.org  
 OMAR GONZALEZ-PAGAN\*  
 ogonzalez-pagan@lambdalegal.org  
 LAMBDA LEGAL DEFENSE AND  
 EDUCATION FUND, INC.  
 120 Wall Street, 19th Floor  
 New York, New York 10005-3919  
 Telephone: (212) 809-8585

1 KAREN L. LOEWY\*  
2 kloewy@lambdalegal.org  
3 LAMBDA LEGAL DEFENSE AND  
4 EDUCATION FUND, INC.  
5 815 16th Street NW, Suite 4140  
6 Washington, DC 20006-4101  
7 Telephone: (202) 804-6245

8 PELECANOS\*  
9 pelecanos@lambdalegal.org  
10 Boulder County, Colorado  
11 Telephone: (213) 351-6051  
12 c/o Jennifer C. Pizer, local counsel  
13 LAMBDA LEGAL DEFENSE AND  
14 EDUCATION FUND, INC.  
15 800 S. Figueroa St., Ste 1260  
16 Los Angeles, California 90017-2521

17 Counsel for All Plaintiffs  
18 \* Appearance *pro hac vice*  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 DR. KATHERINE  
DUFFY, MD, MPH, OF LOS ANGELES  
LGBT CENTER, IN SUPPORT OF  
PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**



1 I, Dr. Katherine Duffy, hereby state as follows:

2 1. I am the Chief Medical Officer at the Los Angeles LGBT Center ("LA LGBT  
3 Center"). I have served in this capacity since 2020. Additionally, I was formerly Medical Director  
4 of the Audre Lorde Health Program at the LA LGBT Center. I received my medical degree from  
5 the University of Illinois at Chicago and completed my residency at McGaw Medical Center of  
6 Northwestern University. I am board-certified in Family Medicine, and I hold certification in HIV  
7 Medicine. I am licensed to practice in the state of California. At the LA LGBT Center, I oversee  
8 all clinical services, programs, and staff, including primary care, gender affirming care, HIV care,  
9 sexual and reproductive health, behavioral health, psychiatry, substance use, and integrative  
10 medicine. I also maintain a panel of patients for whom I provide direct care.

12 2. I am submitting this Declaration in support of Plaintiffs' Complaint and Motion for  
13 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
14 enforcing Executive Order No. 14168 "Defending Women From Gender Ideology Extremism and  
15 Restoring Biological Truth to the Federal Government" ("Gender Order"), issued January 20, 2025;  
16 Executive Order No. 14151 "Ending Radical and Wasteful DEI Programs and Preferencing"  
17 ("DEI-1 Order"), issued January 20, 2025; and Executive Order No. 14173 "Ending Illegal  
18 Discrimination and Restoring Merit-Based Opportunity" ("DEI-2 Order"), issued January 21,  
19 2025 (collectively, the "Executive Orders"), and related agency directives that seek to enforce  
20 these Presidential actions.

22 3. As the Chief Medical Officer, I oversee the health care of over 31,000 current  
23 patients who come to the LA LGBT Center for their care; I personally provide care to a panel of  
24 300 patients. Most of my patients identify as LGBTQ, and approximately 30% of my panel  
25 includes people living with HIV. The patient population at LA LGBT Center is diverse with respect  
26  
27

1 to race and socioeconomic status. Approximately a third of our patients self-report that they are  
2 non-white and the majority are low income. Our patients are often medically and psychosocially  
3 complex, with high rates of chronic medical conditions and food instability. Like the rest of the  
4 LGBTQ community, our patients often have extensive histories of trauma and face significant  
5 barriers in health care access, including overt discrimination and stigmatization. Many of these  
6 patients come to me from different areas of California, other states, and even other nations to seek  
7 services in a safe and affirming environment.  
8

9 4. I provide a wide spectrum of healthcare services, including, but not limited to,  
10 trauma-informed pelvic care; HIV treatment, testing and prevention; STI testing, treatment and  
11 prevention; comprehensive primary care and chronic disease management with an LGBTQ focus;  
12 and comprehensive gender affirming health care. I have worked in this field of medicine  
13 continuously since 2014 and have personally cared for over 2000 people in that time. For the  
14 entirety of my career, I have been committed to caring for underserved adolescents and adults, and  
15 from residency to the present day, I have practiced exclusively in urban Federally Qualified Health  
16 Centers ("FQHC").  
17

18 5. As a director and healthcare provider with the LA LGBT Center, I oversee work  
19 funded by federal grants, including but not limited to work funded under the Ryan White  
20 Comprehensive AIDS Resources Emergency Act of 1990, under Section 330 of the Public Health  
21 Service Act as a FQHC, and from the Centers for Disease Control and Prevention ("CDC"). These  
22 grants account for a significant portion of my work and the healthcare services that I and those I  
23 supervise provide to patients. Losing the funding would significantly impact our ability to provide  
24 adequate healthcare to our medically vulnerable patients.  
25  
26  
27  
28

1           6.       The purpose of these grants, which I help oversee at the LA LGBT Center, is  
2 frustrated by the Executive Orders. Many of the grants received by the LA LGBT Center are  
3 explicitly directed at serving low-income individuals and reducing health disparities based on race,  
4 LGBTQ status, and other factors. For example, the LA LGBT Center receives a Section 330 grant  
5 as a FQHC that enables us to serve as a safety net provider for medically underserved populations  
6 facing barriers to traditional care. We receive these government funds to provide services to patient  
7 populations who face barriers to accessing high-quality care from mainstream health service  
8 providers. Many medical and mental health professionals are not trained in the ways that  
9 sociocultural forces—including racism, heterosexism, and transphobia—can impact an  
10 individual's health status. Therefore, they are often ill-equipped to provide the care that our  
11 patients need. We have utilized our FQHC grant funds to develop a holistic, culturally and LGBT-  
12 competent model of care that addresses the individual and systemic forces impacting our patients'  
13 health and wellness. Similarly, the funds we receive from the Minority HIV/AIDS Fund are  
14 specifically directed to strengthening HIV prevention and care among individuals who are at the  
15 highest risk of infection, including gay and transgender individuals and people of color. These  
16 grants enable targeted outreach efforts in these communities that link these individuals to evidence-  
17 based HIV prevention efforts.

20           7.       This work can succeed only when those of us at the LA LGBT Center who provide  
21 these services can receive training on the ways in which racism, sexism, heterosexism, and  
22 transphobia impact the communities we serve. This includes understanding how a community's  
23 historical interactions in the medical system have caused distrust of that system, as well as the role  
24 of individual healthcare providers and clinics in repairing that distrust. Our staff and clinicians are  
25 trained to practice cultural humility when interacting with patients. This includes training  
26  
27

1 clinicians to recognize the ways in which our own individual backgrounds and biases can present  
2 during patient interactions and strategies for ensuring that medical decision-making and patient  
3 communication are not impacted by these forces. The LA LGBT Center provides such training to  
4 our staff, including me. Such trainings are provided as part of an onboarding process for new hires,  
5 and additional training is provided around specific job roles.

6 8. As people living with HIV, LGBTQ individuals, and people of color, most of our  
7 patients already face considerable stigma, discrimination, and safety concerns. These forces can  
8 significantly impact health risk behaviors and the ability to obtain preventive care and treatment,  
9 ultimately leading to increased morbidity and mortality in these populations. Transgender and  
10 gender expansive individuals are a particularly vulnerable segment of our community and often  
11 report widespread harassment and experiences of violence. According to a 2023 report, one in four  
12 transgender individuals (25%) have been physically attacked because of their gender identity,  
13 gender expression, or sexual orientation.<sup>1</sup> The share rises to three in ten among transgender people  
14 of color (31%) and those who physically present as a gender different than their sex assigned at  
15 birth all or most of the time (30%).<sup>2</sup> Transgender people are more than four times as likely to be  
16 survivors of violent crime than their cisgender counterparts.<sup>3</sup> Given these safety concerns, it is  
17 unsurprising that transgender and gender expansive individuals face a disproportionate risk of  
18 developing depression and post-traumatic stress disorder.<sup>4</sup> Sadly, more than four in ten (43%)  
19 transgender adults report that they've had suicidal thoughts in the past year, a rate much higher  
20  
21  
22  
23

---

24 1 Kirzinger, A., Kearney, A., Montero, A., et al. (2022, March). KFF/The Washington Post Trans Survey. KFF.  
25 <https://files.kff.org/attachment/REPORT-KFF-The-Washington-Post-Trans-Survey.pdf>

26 2 See Footnote 1.

27 3 Flores A, Meyer I, Langton L, et al. Gender Identity Disparities in Criminal Victimization: National Crime  
28 Victimization Survey, 2017–2018. *American Journal of Public Health* 2021 Apr;111(4):726-729.

4 Wanta J, Niforatos J, Durbak E, et al. Mental Health Diagnosis Among Transgender Patients in the Clinical  
Setting: An All-Payer Electronic Health Record Study. *Transgend Health*. 2019 Nov 1;4(1):313–315.

1 than other adults (16%).<sup>5</sup> A quarter (26%) also report having an eating disorder, and 17% say they  
 2 engaged in self-harming behaviors in the past year – six times the rate among other adults (3%).<sup>6</sup>  
 3 Transgender and gender expansive individuals also experience higher rates of chronic disease than  
 4 their cisgender counterparts, including asthma, COPD, diabetes, and HIV.<sup>7</sup> Though transgender  
 5 and gender expansive individuals have higher rates of mental health issues and chronic disease,  
 6 they are less likely to access and receive appropriate care. Nearly half (47%) of transgender adults  
 7 say they did not get needed mental health care in the past year.<sup>8</sup> Nineteen percent of transgender  
 8 people reported that they were refused medical care because of their gender identity.<sup>9</sup> When sick  
 9 or injured, many transgender individuals report postponing medical care due to discrimination  
 10 (28%) or lack of financial resources for medical care (48%).<sup>10</sup> For transgender and gender  
 11 expansive individuals, accessing affirming care has been shown to significantly improve  
 12 psychological functioning and quality of life in these patients.<sup>11</sup> Yet, these life-saving treatments  
 13 remain out of reach for many in this community due to a variety of reasons, including the lack of  
 14 insurance coverage and lack of availability of trans-competent providers. In one survey, nearly  
 15 half (47%) of transgender adults say their healthcare providers know “not much” or “nothing”  
 16 about how to provide care for transgender people.<sup>12</sup> In 31% of cases, medical providers not only  
 17  
 18  
 19  
 20

---

21 5 See Footnote 1.

22 6 See Footnote 1.

23 7 Dragon C, Guerino P, Ewald E, et al. Transgender Medicare Beneficiaries and Chronic Conditions: Exploring Fee-  
 24 for-Service Claims Data. *LGBT Health*. 2017 Dec 1;4(6):404–411.

25 8 See Footnote 1.

26 9 Grant J, Mottet L, Tanis J, et al. National Transgender Discrimination Survey Report on Health and Health Care.  
 27 2010.

28 10 See Footnote 8.

11 Bouman WP, Claes L, Brewin N, Crawford JR, Millet N, Fernandez-Aranda F, Arcelus J. Transgender and  
 anxiety: a comparative study between transgender people and the general population. *Int J Transgenderism* 2017;  
 18(1):16–26 and Foster Skewis L, Bretherton I, Leemaqz SY, et al. Short-term effects of gender-affirming hormone  
 therapy on dysphoria and quality of life in transgender individuals: a prospective controlled study. *Front*  
*Endocrinol* 2021; Jul 29;12:717766.

12 See Footnote 1.

1 lacked knowledge and training on transgender issues, providers simply refused to acknowledge  
2 the patients' gender identity at all.<sup>13</sup>

3 9. To avoid some of these tragic outcomes, healthcare providers must recognize and  
4 acknowledge their patients' diverse gender identities and develop care models that are gender  
5 affirming and trauma informed. In denying the existence of transgender and gender expansive  
6 individuals, the Gender Executive Order makes it impossible to address the health risks and  
7 disparities that our transgender and gender diverse patients experience, leading to worse health  
8 outcomes in this population. Improving the lives of transgender and gender expansive individuals  
9 starts with acknowledging their existence and creating models to support their unique needs. I  
10 advocate for all healthcare providers to receive training about the spectrum of gender identity and  
11 the ways in which affirming care can positive impact patients' health status. For instance, ensuring  
12 use of a patient's preferred name and pronoun can help restore trust with a patient and significantly  
13 improve willingness to engage in care. Using patients' correct names and pronouns are ways that  
14 healthcare providers can build trust with their transgender patients and significantly improve their  
15 patients' willingness to engage with medical and mental health care.  
16  
17

- 18 a. LGBTQ patients often experience discrimination at the hands of other  
19 medical providers, including in life-threatening emergencies. I and the other  
20 providers that I supervise at the LA LGBT Center have treated many  
21 patients who have experienced significant medical trauma and  
22 discrimination as a result of explicit or implicit bias based on their sexual  
23 orientation, gender identity, sex and related sex stereotypes, and/or HIV  
24 status when seeking care from other providers. These experiences decrease  
25  
26

---

27 <sup>13</sup> See Footnote 1.



1 the likelihood of these patients presenting for medical care in the future,  
2 regardless of the seriousness of the circumstances. For example, I have seen  
3 multiple instances of a patient being misgendered by an emergency room  
4 physician or specialty care provider. These experiences can be devastating  
5 to a patient and lead to worsening dysphoria and depression. I have also  
6 heard accounts of medical providers who were unable to provide adequate  
7 care to our patients because they lacked understanding of the patient's  
8 anatomy and therefore were unable or unwilling to provide appropriate  
9 physical examination. In some instances, this had led to missed diagnoses  
10 and devastating patient outcomes.

12 b. A transgender patient who was sexually assaulted while a patient in a skilled  
13 nursing facility. This patient is unable to care for herself at home but due to  
14 her past experience of violence, is unwilling to consider a nursing home or  
15 higher level of care.

17 c. A transgender patient with a cervix who is male presenting and in care with  
18 a primary care provider who did not take a full history nor ever asked about  
19 gender identity. Given this lack of discussion, the primary care provider is  
20 unaware of the patient's anatomy and need for routine cervical cancer  
21 screening.

22 10. I, and the other providers that I supervise at the LA LGBT Center, also have treated  
23 many patients who have experienced past traumatic stigma and discrimination as a result of  
24 systemic racism and/or explicit or implicit bias based on race.  
25



- a. Some patients have sought medical care from us after interactions with law enforcement that have resulted in injury.
- b. Our Black and Brown patients are more likely to report injuries or other health concerns after negative interactions with police.
- c. Our youth services department works with many youth of color who have unnecessary interactions with law enforcement simply because White neighbors disproportionately report young Black and Brown people to police for loitering.

11. These incidents constitute merely a handful of illustrations of the myriad ways in which our patient populations face barriers to care as a result of systemic racism, sexism, and anti-LGBTQ bias, including explicit or implicit bias on the part of healthcare providers on the basis of race, sex, and LGBTQ status. Such experiences are not only insulting and demoralizing for the patient, such as when a screening or treatment is denied or postponed, or the patient is discouraged from seeking medical care out of fear of repeated discrimination. Many of the LA LGBT Center's transgender patients and patients of color express strong distrust of the healthcare system generally, and a demonstrative reluctance to seek care outside the LA LGBT Center unless they are in a crisis or in extreme physical or mental distress.<sup>14</sup> This is because they want to avoid discrimination or belittlement. Such incentives to avoid regular check-ups and other medical care can result in

---

<sup>14</sup> Thomas SD, Dempsey M, King RJ, Murphy M (2024) Health care avoidance and delay in the transgender population: a systematic review exploring associations with minority stress, *Transgender Health*; Kcomt, L., Gorey, K., Barrett, BJ., and McCabe, S., (2020, August), Healthcare Avoidance Due to Anticipated Discrimination Among Transgender People: A Call to Create Trans-Affirmative Environments, Elsevier; Seelman KL, Colón-Díaz MJP, LeCroix RH, Xavier-Brier M, Kattari L. Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgend Health*. 2017 Feb 1;2(1):17-28.

1 disease processes that are more advanced at diagnosis, less responsive to treatment, more  
2 expensive to treat, or even no longer curable in the case of some cancers.

3 12. It is extremely difficult to provide effective care after patients have been rejected or  
4 discriminated against by other providers. The patients' level of trust at that point is so low that  
5 they expect to be mistreated, stereotyped, and discriminated against. This requires providers at the  
6 LA LGBT Center to spend a significant amount of time trying to undo the damage (often  
7 cumulative, particularly with intersectional marginalized identities) of these past experiences.  
8 Patients who have been discriminated against have lost trust in the system and in healthcare  
9 providers. Discrimination creates added health stressors that damage the patient-physician  
10 relationship, resulting in inferior health outcomes for patients. It takes a long time to re-earn the  
11 trust patients hope for but are afraid to give us.  
12

13 13. Training healthcare workers in culturally competent practices, including training to  
14 recognize and address implicit biases based on race, sex, and LGBTQ status, is part of a healthcare  
15 facility's overarching obligation to foster patients' well-being and to do no harm. Good medical  
16 care is based on trust as well as frank and full communication between the patient and their  
17 provider. In many, if not most encounters, providers need patients to fully disclose all aspects of  
18 their health history, sexual history, substance-use history, lifestyle, and gender identity in order to  
19 provide appropriate care for the patients' health, both physical and mental. Incomplete  
20 communication, or miscommunication, can have dangerous consequences. For instance, a patient  
21 who conceals or fails to disclose a same-sex sexual history may not be screened for HIV or other  
22 relevant infections or cancers. A patient who fails to fully disclose their gender identity and sex  
23 assigned at birth may not undergo medically-indicated tests or screenings (such as tests for cervical  
24 or breast cancer for some transgender men, or testicular or prostate cancer for some transgender  
25  
26  
27  
28

1 women). Patients need to feel safe to fully disclose all information relevant to their health care and  
2 potential treatment, which can be achieved only when patients are assured that the information  
3 they provide will be treated confidentially and with respect. This Executive Order directly  
4 threatens my ability to communicate effectively with my patient and to solicit the information  
5 necessary to develop an appropriate plan of care. When patients are unwilling to disclose their  
6 sexual orientation and/or gender identity to healthcare providers out of fear of discrimination and  
7 denial of treatment, or when healthcare providers are unable to ask about patients about these  
8 issues due to political concerns, patients' mental and physical health is critically compromised.

10 14. In sum, when patients experience discrimination in medical settings, whether  
11 intentional or as a result of implicit bias, medical mistrust between a patient and care provider  
12 increases, and the quality of patient care is compromised. Patients often stop seeking care or their  
13 care is detrimentally delayed out of fear of repeated discrimination and denials of care. As a result,  
14 patients' conditions remain untreated for a longer period of time, if they ever get treatment, causing  
15 more acute health conditions and disease processes, and increasing the eventual cost of their care.  
16 Some conditions can become incurable simply because of a delay in treatment. When medical staff  
17 fail to care for every patient in the best way that they can, putting patients' best interests at the  
18 center of medical care, medical mistrust is worsened, care is delayed, and health care becomes  
19 more expensive.

21 15. To overcome medical mistrust, healthcare providers must first acknowledge it exists.  
22 For example, to overcome medical mistrust among patients of color, providers must acknowledge  
23 and address patients' fears resulting from historical and continuing structural racism in medicine,  
24 including a history of unethical experimentation and abuse. As healthcare providers, we also must  
25 overcome medical mistrust among patients who individually have had negative interactions with  
26

1 medical establishment, law enforcement, and other institutions that govern lives, or who are aware  
2 of such experiences among other members of their communities. We need to train our staff to  
3 address the issues that lead to medical mistrust.

4 16. As healthcare providers, we also must explicitly acknowledge and confront the role of  
5 implicit bias among healthcare workers as a contributor to medical mistrust and health disparities  
6 and inequities. Implicit or unconscious biases are embedded stereotypes about groups of people  
7 that are automatic, unintentional, deeply engrained, universal, and able to influence behavior. Such  
8 biases can influence peoples' judgment and cause them to behave in biased ways even when they  
9 are not intentionally acting based on prejudice. Research demonstrates that people hold implicit  
10 biases even when well-intentioned, resulting in actions and outcomes that do not necessarily align  
11 with a person's explicit intentions. Implicit bias among healthcare workers shapes their behavior  
12 and produces differences in diagnosis, treatment, and health outcomes along the lines of race, sex,  
13 and LGBTQ status. Many health disparities are inexplicable for any reason other than implicit bias  
14 on the part of healthcare providers.  
15

16 17. The unclear wording in the Executive Orders that references DEI do not provide  
17 adequate definitions of the terms diversity, equity, and inclusion. Because of this, we are left with  
18 the threat that the entirety of our health center's programs and services could be at risk—and  
19 potentially come to an abrupt end. The DEI Executive Orders threaten the termination of our  
20 programs and services, which are grounded in historical health equity and racial justice  
21 underpinnings. The Executive Orders' prohibition on workplace trainings to address implicit bias  
22 and systemic racism and its prohibition on the use of certain grant funds to "promote" such  
23 concepts invites discrimination and damages public health, particularly when communities of color  
24 already face severe health disparities.  
25  
26  
27

1 18. The Executive Orders seek to eliminate vital training tools and grant-funded targeted  
2 outreach to communities of color, women, and LGBTQ people, including efforts to address  
3 medical mistrust. This will result in sicker patients and lower participation with the healthcare  
4 system within these communities. We already have a problem with transgender people avoiding  
5 the emergency room when they need care out of fear of discrimination. After a person has been  
6 told enough times by an emergency room: “we don’t serve your kind here,” they are not likely to  
7 go back even if it means they might die. Healthcare providers must make particular efforts to  
8 provide affirming and culturally competent care, free of bias— whether explicit or implicit— in  
9 order to encourage people to seek the health care they need—not only for a patient’s own sake but  
10 for the sake of the public health generally. LGBTQ people and members of other marginalized  
11 communities may otherwise avoid seeking medical care out of fear of being subjected to such  
12 discrimination in their most vulnerable moments. Indeed, the LA LGBT Center receives public  
13 funding to perform this work precisely because the Center enjoys greater trust among the  
14 communities it serves than does the government or other healthcare provider alternatives.  
15

16  
17 19. A large body of literature shows clear disparities in healthcare for Black people in  
18 America. Numerous studies also show that implicit and explicit bias exist among healthcare  
19 providers and that bias is related to negative health outcomes. In order to combat the clearly  
20 established and pervasive influence of racial bias in health outcomes, a group of White doctors at  
21 the LA LGBT Center has created a learning collaborative to prevent themselves from being part  
22 of the problem. They are using part of their time funded by federal grants to do this work. We are  
23 concerned that even these individual efforts to improve the quality of our care could be deemed  
24 non-compliant with the Executive Orders and risk the loss of our grants.  
25  
26  
27  
28

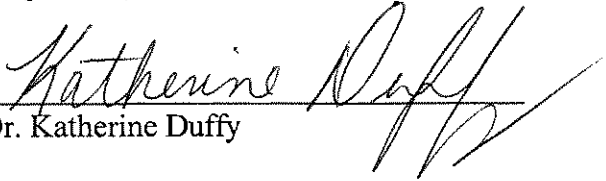
1           20. By undermining training requirements, and chilling employers, supervisors, and  
2 trainers from training staff about systemic racism, critical race theory, and implicit bias, the  
3 Executive Order is very likely to result in many more incidents of discrimination and greater harm  
4 to LGBTQ individuals, patients living with HIV, patients who are struggling with mental health  
5 or substance use issues, and especially patients of color, including the patients whom I treat and  
6 whose treatment I supervise. The Executive Orders try and keep us from addressing the very  
7 challenges the government funds us to address.  
8

9           21. One of the guiding ethics of medicine is to treat all patients equally. However, systemic  
10 barriers to care can get in the way. Medical personnel see people in their most vulnerable states;  
11 the trust placed in us is sacred. The Executive Orders' suppression of concepts and ideas central  
12 to preventing discrimination against our patients frustrates the mission and activities of the LA  
13 LGBT Center, my mission and activities, and the guiding principle for healthcare professionals  
14 that we should do no harm. The Executive Orders make it difficult, if not impossible, for the LA  
15 LGBT Center to continue providing the same level of social, mental, and physical health care and  
16 related social services to its patients, external partners, and the public. The LA LGBT Center  
17 plainly cannot accomplish its mission—and its mandates under existing grants—should the  
18 Executive Orders be allowed to stand.  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 25 2025

Respectfully submitted,

4   
5 \_\_\_\_\_  
6 Dr. Katherine Duffy



JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 TYLER  
TERMEER, CHIEF EXECUTIVE  
OFFICE OF THE SAN FRANCISCO  
AIDS FOUNDATION, IN SUPPORT  
OF PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**

1 I, Dr. Tyler TerMeer, hereby state as follows:

2 1. I am the Chief Executive Officer of San Francisco AIDS Foundation (“SFAF”), a  
3 nonprofit 501(c)(3) organization based in San Francisco, California. SFAF works to promote  
4 health, wellness, and social justice for communities affected by HIV through advocacy, education,  
5 and direct services. I have served in this capacity since February 14, 2022.

6 2. I submit this Declaration in support of Plaintiffs’ Complaint and Motion for a  
7 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
8 enforcing Executive Order No. 14168 “Defending Women From Gender Ideology Extremism and  
9 Restoring Biological Truth to the Federal Government” (“Gender Order”), issued January 20, 2025;  
10 Executive Order No. 14151 “Ending Radical and Wasteful DEI Programs and Preferencing”  
11 (“DEI-1 Order”), issued January 20, 2025; and Executive Order No. 14173 “Ending Illegal  
12 Discrimination and Restoring Merit-Based Opportunity” (“DEI-2 Order”), issued January 21,  
13 2025 (collectively, the “Executive Orders”), and related agency directives that seek to enforce  
14 illegal, *ultra vires* Presidential action.  
15  
16

17 3. At SFAF, our mission is to promote health, wellness, and social justice for communities  
18 most impacted by HIV through sexual health and substance use services, advocacy, and  
19 community partnerships. We envision a future where health justice is achieved for all people  
20 living with or at risk for HIV, a future where race and gender identity is not a barrier to health and  
21 wellness, substance use is not stigmatized, HIV status does not determine quality of life, and HIV  
22 transmission is eliminated. Recent executive orders restricting DEI pro-grams, services for  
23 transgender people, and targeted support for communities of color directly threaten our ability to  
24 achieve this vision.  
25  
26  
27  
28

4. Over the past four decades, SFAF has been at the forefront of the fight against HIV and AIDS, providing free, comprehensive services to approximately 27,000 clients annually. These services include harm reduction, behavioral health care, sexual health, HIV prevention and care, and community engagement initiatives tailored to diverse populations. SFAF's mission focuses on preventing HIV, educating the public, advocating for impacted communities, and providing compassionate care for individuals living with or at risk of HIV. As a Black, Indigenous and People of Color, ("BIPOC")-led organization, SFAF's leadership team and board of directors reflect its commitment to inclusion and equity, ensuring the foundation remains deeply connected to the communities it serves.

5. For Fiscal Year 2025–2026, SFAF is contracted to receive \$2,275,557.00 in direct and indirect funding. Of this amount, \$641,625.00 is directly funded through agreements with CDC, and the balance of \$1,633,952.00 is indirectly funded by a variety of federal agencies through subcontracts with state and local agencies.

6. Below is a table detailing the relevant grants SFAF was contracted to receive, but will not be received because of the Executive Orders:

Funding source	Grant name	Amount	Period
Centers for Disease Control ("CDC")	Comprehensive High-Impact HIV Prevention Projects National Center for HIV, Viral Hepatitis, STD, and TB Prevention	\$441,625 annually	2021–2026
CDC	Enhancing STI and Sexual Health Clinic Infrastructure (CDC - PS-23-0011)	\$200,000 annually	2024–2028

7. The “Comprehensive High-Impact HIV Prevention Projects National Center for HIV, Viral Hepatitis, STD, and TB Prevention” grant supports a national model for HIV prevention, targeting communities most impacted by HIV, including Black, Indigenous, and People of Color; men who have sex with men; people who inject drugs; and transgender and non-binary individuals. It enables SFAF to provide over 70,000 HIV and STI services to clients across the San Francisco Bay Area, and expand testing efforts, biomedical interventions like PrEP and PEP, harm reduction services, and telehealth options. It also supports strategic partnerships with organizations like Building Healthy Online Communities (BHOC).

8. The “Enhancing STI and Sexual Health Clinic Infrastructure” grant enables SFAF to expand comprehensive sexual health services for populations most impacted by HIV and STIs at Magnet, a no-cost sexual health clinic. It strengthens community engagement and clinical capacity by involving key populations in service planning through a community advisory board and various feedback mechanisms like surveys, listening sessions, and focus groups. This feedback informs a comprehensive community needs assessment, shaping an equitable and inclusive clinic-level plan.

9. Below is a table detailing the relevant grants SFAF was subcontracted to receive, but will not be received because of the Executive Orders:

Funding source	Subcontracting agency	Grant name	Amount	Period
National Institute of Health (“NIH”)	University of California San Francisco (“UCSF”)	Staged Low Barrier and Mobile Care to Improve Retention and Viral Suppression in Hard-to-Reach Vulnerable People Living with HIV	\$133,440	7/1/2024–6/30/2025

NIH	CDC Foundation	MPOX Resurgence	\$50,000.00	8/1/2024-3/31/2025
CDC	Heluna Health	Capacity Building for High-Impact HIV Prevention (CBA)	\$2,400.00	12/05/2024-3/31/2025
CDC	AIDS United	National Capacity Building Assistance for Strengthening HIV Syndemic Systems & Services	\$17,500.00	9/1/2024-3/31/2025
Behavioral Health Recovery Services Program ("BHRSP")	Sierra Health	BHRSP Hear Us - Phase 2	\$250,000.00	12/1/2023-6/30/2025
CDC	San Francisco Department of Health ("SFDPH")	Overdose Data to Action Grant (CFDA 93.136)	\$809,745.00	9/1/2024-8/31/2025
Centers for Medicare & Medicaid Services ("CMS")	SFDPH	Stonewall Project Mental Health & Substance Use Disorder	\$162,500.00	7/1/2024-6/30/2025
NIH	UCSF	UCSF Bay Area CAR	\$66,500.00	2/1/2024-1/31/2025
NIH	UCSF	HIV Obstructed by Program Epigenetics	\$27,710	5/1/2024-4/30/2025
NIH	UCSF	Doxy-PEP Impact Study:	\$52,822.00	7/18/2024-6/30/2025

10. The Executive Orders would have a profound and damaging impact on all of SFAF's federally funded programs and services, which are critical in providing HIV prevention,

1 sexual health services, and harm reduction efforts to the most vulnerable populations, specifically  
2 Black, Indigenous, and People of Color; transgender and nonbinary individuals; and men who have  
3 sex with men. These populations are disproportionately affected by HIV, and are also directly  
4 targeted by the restrictions in the Executive Orders, which place limitations on the ability to  
5 provide the culturally competent, gender-affirming care that is necessary to effectively engage and  
6 serve them.

7  
8 11. SFAF's core HIV prevention efforts rely on federal funding to provide services  
9 such as testing, treatment, PrEP, PEP, harm reduction, and telehealth to underserved communities.  
10 The Executive Orders's restrictions on DEI programs, as outlined in the DEI-1 Order, would  
11 severely limit SFAF's capacity to deliver services tailored to the unique needs of marginalized  
12 groups, including Black, Indigenous, and People of Color; transgender and nonbinary individuals;  
13 and men who have sex with men. These groups face multiple empirically documented health  
14 disparities and are in urgent need of programs that are culturally competent and responsive to their  
15 identities. Without a clear, inclusive approach, SFAF would find it difficult to provide the  
16 affirming care these communities require, weakening our HIV prevention efforts and reducing  
17 engagement in care.  
18

19 12. For example, the Comprehensive High-Impact HIV Prevention Projects grant  
20 supports our work in the San Francisco Bay Area, including offering PrEP and PEP and engaging  
21 in biomedical interventions that are vital for Black, Indigenous, and People of Color, transgender  
22 and gender non-binary, and men who have sex with men. The Executive Orders' emphasis on  
23 eliminating recognition of transgender identity and restricting community-specific interventions  
24 would hinder our ability to address the social determinants of health, such as stigma, homelessness,  
25  
26  
27  
28

1 and substance use, that disproportionately affect these groups. This, in turn, would exacerbate  
2 HIV prevalence within these communities.

3 13. SFAF also participates in indirectly funded programs, such as research studies and  
4 capacity-building initiatives. For example, our participation in the NIH study on low-barrier care  
5 is essential in offering mobile HIV care and flexible services for individuals who struggle to access  
6 traditional healthcare settings. The Executive Orders could directly impact this work by erasing  
7 transgender identity and forcing us to no longer provide targeted gender-affirming care for  
8 transgender and gender non-binary individuals, making it harder to implement mobile or drop-in  
9 care models for these communities. The MPOX Resurgence grant also targets gay, bisexual, and  
10 other men who have sex with men, including transgender and gender non-binary individuals. The  
11 restriction of DEI efforts and gender-affirming care could lead to decreased vaccine acceptance  
12 and access, reducing the effectiveness of this program and potentially increasing the spread of  
13 mpox among vulnerable groups.  
14

15 14. Our work is deeply rooted in core values of justice, dignity, courage, leadership,  
16 and excellence. These values drive not only our services but also how we operate as an  
17 organization. We strive for diversity, equity, and inclusion of communities most impacted by HIV  
18 across all levels of our organization. We are committed to recognizing, interrupting, and  
19 addressing oppression. We believe that all people have dignity and the right to be respected; no  
20 one's choices should be judged. The Executive Orders fundamentally conflict with these core  
21 values and our commitment to addressing systemic barriers to health.  
22

23 15. Research consistently shows that representation in healthcare dramatically impacts  
24 health outcomes. When healthcare providers reflect the communities they serve, patients report  
25 greater satisfaction, increased trust, and better communication with their providers. This  
26  
27



1 representation leads to longer, more detailed patient visits, increased medication adherence, and  
2 better health outcomes. For communities that have historically experienced discrimination in  
3 healthcare settings, seeing themselves reflected in their healthcare providers can be the difference  
4 between engaging in care or avoiding it altogether.

5 16. This representation becomes even more critical in HIV prevention and care, where  
6 trust and cultural competency are essential for reaching communities most impacted by the  
7 epidemic. Historical medical trauma, ongoing stigma, and systemic barriers make many  
8 individuals hesitant to access HIV services. When our staff share lived experiences with our clients,  
9 whether as people of color, LGBT individuals, people who use drugs, or people living with HIV -  
10 they bridge these gaps of trust and understanding. They navigate not just the medical aspects of  
11 HIV care but the complex social and cultural contexts that influence health decisions.  
12

13 17. For our most recent strategic plan, we established five strategic priorities that guide  
14 our work and resource allocation. First, we are expanding HIV, hepatitis C, and STI prevention  
15 and treatment services to ensure equitable access and utilization by People of Color. Second, we  
16 are expanding substance use services, syringe access, and overdose prevention efforts. Third, we  
17 are creating comprehensive health and wellness services for people over 50 living with HIV.  
18 Fourth, we are strengthening organizational excellence with a focus on living our values, including  
19 a deep commitment to racial justice. Fifth, we are responding to public health crises with race  
20 equity strategies. The Executive Orders's restrictions fundamentally conflict with these priorities,  
21 particularly our commitment to ensuring equitable access to services for people of color and our  
22 organizational commitment to racial justice.  
23  
24

25 18. In furtherance of these strategic goals, we have prioritized our internal Justice,  
26 Equity, Diversity, Inclusion and Belonging ("JEDI(B)") work because we understand that diverse,  
27  
28

equitable and inclusive workplaces perform better. As a part of this effort, we collect and analyze staff and board census data to understand our organizational demographics and guide improvement. Our Emerging Managers Program is a cohort-based program aimed at least in part on increasing competencies in the knowledge, skills, and abilities of emerging Black, Indigenous, and People of Color staff. We have developed an equitable compensation philosophy to address generations of systematic race- and gender-based discrimination which have resulted in significant pay disparities for women and people of color. We have expanded our recruitment capacity to diversify our candidate pools, increased staff involvement in policy development, and require hiring managers to participate in anti-bias training to support equitable recruitment and selection. Our DEI efforts not only increase retention and satisfaction among existing employees, but they are also critical for us to meet our goals articulated the nationally adopted “Ending the Epidemic” plan. The “Ending the Epidemic” plan recognizes that race, gender, gender expression, and sexual orientation play key roles in the continued prevalence of HIV in the United States.

19. To reach these highly impacted communities, our workforce should reflect and serve the specific needs of the identities and cultures of those communities. Indeed, the lived experiences of our staff are often what bring them to this work and give them the expertise and perspective needed to serve our communities effectively. Their firsthand understanding of cultural contexts, community needs, and systemic barriers enables them to build trust and provide culturally competent care in ways that cannot be replicated through training alone. When clients see themselves reflected in our staff, they are more likely to engage in services, stay in care, and achieve better health outcomes. This is particularly crucial for our Black, Latin American, and transgender communities who have historically experienced discrimination and barriers in

1 healthcare settings. The Executive Orders threaten our ability to maintain this vital connection  
2 between lived experience and service delivery.

3 20. According to recent data while Black people represent only 12% of the U.S.  
4 population, they account for 39% of new HIV diagnoses, 40% of all people living with HIV, and  
5 43% of deaths among people with HIV. Similarly, Latin Americans face three times the HIV  
6 infection rates as whites. Hispanic individuals and Latin Americans accounted for 32% of new  
7 HIV diagnoses in the United States, although they represented 19 % of the population. Moreover,  
8 we know that recent immigrants are even more disproportionately affected by HIV and have more  
9 barriers when accessing HIV testing, prevention, and treatment services.  
10

11 21. Similarly, studies show that transgender women have a much higher HIV  
12 prevalence compared to the general population, with some estimates indicating that they are 66  
13 times more likely to have HIV. Transgender men experience elevated risk compared to the general  
14 population, with some studies suggesting they are almost seven times more likely to have HIV  
15 than the general population. Trans people of color fare even worse with nearly one-half of Black  
16 transgender women living with HIV. Transgender people face significant barriers to healthcare,  
17 including fear of discrimination and denial of treatment due to their gender identity or expression.  
18 These barriers can lead to lower rates of HIV testing and retention in care. As a result, we have  
19 created many programs that specifically address the needs of these populations.  
20

21 22. The Elizabeth Taylor 50-Plus Network creates vital community connections for gay,  
22 bisexual, and trans men over 50, honoring both HIV-negative individuals and long-term survivors  
23 who have lived through the AIDS epidemic. Through social activities, support groups, and  
24 volunteer opportunities, the program addresses isolation and builds meaningful relationships  
25 among members who share similar lived experiences. Rather than viewing aging LGBT adults  
26  
27  
28

1 through a lens of deficit, the program celebrates their resilience and wisdom while fostering mutual  
2 support. This approach creates renewed hope and vitality through authentic connection with peers  
3 who understand each other's journeys.

4 23. Our Black Brothers Esteem (BBE) program offers psychosocial support  
5 specifically for African American men who have sex with men, addressing intersectional  
6 challenges including HIV, hepatitis C, racism, substance use, poverty, homophobia, violence, and  
7 housing instability. Restrictions on DEI programs would force us to scale back these proven  
8 successful programs that reach communities with the highest HIV burden.  
9

10 24. We created our Black Health Clinical Assistant Internship Program because we  
11 recognize that lived experience is as valuable as formal education in providing effective  
12 community health services. Through this program, we create career pathways for individuals from  
13 the communities we serve, helping to build a more representative healthcare workforce.  
14

15 25. Our Programa Latino offers comprehensive services in Spanish, regardless of  
16 immigration status, providing a family-like environment for Latin American individuals and their  
17 families through El Grupo de Apoyo Latino. We train Promotores de Salud to ensure culturally  
18 competent care reaches our Spanish-speaking communities. These executive orders would  
19 severely limit our ability to maintain these specialized programs that address the specific cultural,  
20 linguistic, and social contexts that impact HIV risk and care access in communities of color.  
21

22 26. Through TransLife and our trans-inclusive healthcare programs, we serve  
23 transgender women, transgender men, and non-binary individuals with group support, events, and  
24 gender-affirming care. We recognize the disproportionate impact of HIV on trans communities,  
25 particularly trans women. Restrictions on gender-affirming services would significantly impair  
26  
27  
28

1 our ability to provide the comprehensive, integrated care that makes our services accessible and  
2 effective for transgender and gender non-binary people who face disproportionate HIV rates.

3 27. Additional TGNB programing includes “Beyond the Binary” (a monthly  
4 community engagement program for intersex and non-binary individuals of all ages to gather and  
5 build community) and “Trans Substance Use Support Group” (a drop-in harm reduction group for  
6 transgender, nonbinary and gender expansive individual struggling with substance use).

7 28. Our sexual health clinic, Magnet, in addition to comprehensive sexual health  
8 services also provides gender affirming care services for TBNG individuals at no cost. Services  
9 include prescribing and providing gender-affirming hormones to address the spectrum of trans and  
10 non-binary needs, hormone level checks to assist individuals to safely reach their transition goals  
11 in a medically safe and research backed manner, and hormone injection assistance services where  
12 a healthcare provider can administer hormone injections and provide self-injection education and  
13 training.  
14

15 29. Magnet Sexual Health Clinic plays a crucial role in ending the HIV/STI epidemics  
16 by eliminating traditional barriers to care through our comprehensive, client-centered approach.  
17 Our impact is evident in the numbers: in 2024 alone, we provided 11,733 HIV tests, 2,482 HCV  
18 tests, and 72,637 STI tests, while supporting 740 new clients in starting PrEP and maintaining a  
19 total of 3,012 PrEP clients. By offering testing, treatment, PrEP services, linkage to care, and  
20 insurance navigation under one roof, we create a seamless care experience that meets clients where  
21 they are. Our culturally responsive model recognizes that healthcare access has historically  
22 excluded transgender, non-binary, and BIPOC communities, so we intentionally center their needs  
23 and experiences in our service delivery. Through immediate access to testing and treatment, same-  
24 day PrEP initiation, and wraparound support services, we remove the administrative and social  
25  
26  
27

1 obstacles that often prevent people from accessing sexual health care. This integrated approach  
2 not only facilitates better health outcomes but also builds trust with communities that have faced  
3 discrimination in traditional healthcare settings. The success of our model demonstrates that when  
4 we combine clinical excellence with cultural humility and eliminate barriers to access, we create  
5 an environment where everyone can take control of their sexual health and contribute to ending  
6 the epidemics.

7  
8 30. The Stonewall Project exemplifies our commitment to meeting people where they  
9 are through state-certified, harm reduction-based substance use treatment and counseling, which  
10 includes specialized groups tailored to meet the unique needs of our diverse communities. We also  
11 provide dedicated groups for transgender and gender non-binary individuals; Black, Indigenous,  
12 and People of Color individuals, and others ensuring that traditionally marginalized communities  
13 can access care in affirming environments that understand their specific experiences and  
14 challenges with substance use. Through core services like substance use treatment, individual  
15 counseling, virtual walk-in support, and medication-assisted treatment options like Suboxone,  
16 combined with these culturally-specific support groups, we create multiple pathways for  
17 engagement and healing that honor each person's identity and background. This person-centered  
18 model acknowledges that recovery looks different for everyone and that sustainable change comes  
19 from empowering individuals to define and pursue their own wellness goals within spaces that  
20 celebrate and affirm their whole selves.

21  
22 31. The success of our programs depends on our ability to recruit and retain staff who  
23 reflect the communities we serve—an essential factor in delivering effective, culturally humble  
24 care. These executive orders would directly hinder our capacity to build and sustain a workforce  
25 that understands and relates to our clients' lived experiences. The consequences would be  
26  
27

1 devastating—reduced access to HIV prevention and care in communities already facing the highest  
2 barriers, increased mistrust in healthcare systems, higher rates of late HIV diagnosis, and lower  
3 rates of viral suppression. Decades of public health research confirm that one-size-fits-all  
4 approaches to HIV prevention and care fail to meet the needs of communities most impacted by  
5 HIV.

6 32. As an organization dedicated to health justice, we must continue advocating for  
7 evidence-based strategies that prioritize those most affected by the epidemic. We achieve this by  
8 providing integrated and targeted sexual health and substance use services that meet people where  
9 they are, engaging in advocacy to dismantle systemic barriers and inequities, and strengthening  
10 community partnerships to create networks of support. Our commitment to racial justice and  
11 health equity is embedded in every aspect of our work—from program design to service delivery  
12 to organizational culture. We recognize that the communities we serve are not separate but deeply  
13 interconnected, shaped by overlapping identities and experiences.

14 33. Targeted services for minority and transgender communities are essential for  
15 effective HIV treatment and prevention because these populations experience disproportionate  
16 rates of HIV due to systemic barriers. Decades of epidemiological research consistently  
17 demonstrate that tailored outreach, testing, and prevention services are more successful in reaching  
18 these communities, improving health outcomes, and reducing transmission rates. The Centers for  
19 Disease Control and Prevention (CDC) and other public health authorities have long recognized  
20 that interventions designed specifically for populations at higher risk are critical to ending the HIV  
21 epidemic. In line with this evidence, government contracts funding HIV outreach and care  
22 programs include requirements to target these communities, ensuring resources are directed where  
23  
24  
25  
26  
27  
28



1 they are most needed and have the greatest public health impact. This approach is not only  
2 evidence-based but also essential to fulfilling public health goals and health equity mandates.

3 34. These executive orders are an existential threat to our mission. They are not just  
4 administrative obstacles—they threaten to dismantle decades of progress in building trust with the  
5 communities most impacted by HIV. By restricting our ability to provide targeted and culturally  
6 responsive care and maintain a workforce that reflects our clients, these policies would  
7 fundamentally alter our ability to fulfill our mission. If we are forced to eliminate specialized  
8 programs for communities of color and transgender individuals or cannot retain staff who represent  
9 these communities, we will lose the very elements that make our services effective. This is  
10 particularly alarming because these orders target Black and Latin American individuals,  
11 transgender people, and other marginalized groups—the same populations facing the highest rates  
12 of HIV and the greatest barriers to care. Without the ability to address these disparities explicitly,  
13 we risk reversing decades of progress and watching HIV rates rise among those we have fought  
14 hardest to serve.  
15  
16

17 35. These executive orders directly threaten SFAF's mission by undermining our  
18 ability to provide targeted, identity-centered, intersectional care. They jeopardize critical funding,  
19 force programmatic changes, and create new legal and bureaucratic barriers to the services we  
20 have long tailored to LGBT communities of color. We cannot afford to stand by as policies attempt  
21 to dismantle the very foundation of our work. The stakes are too high, and the lives of those we  
22 serve depend on our ability to push back against these harmful policies.  
23

24 36. The vagueness and incomprehensibility of the Executive Orders only deepen their  
25 harmful impact. Without clear guidelines, organizations like SFAF are left navigating uncertain  
26 terrain, making it difficult to comply while maintaining effective, affirming services. This  
27  
28

1 confusion breeds distrust in public health initiatives, particularly among communities that already  
2 face healthcare discrimination—including Black, Indigenous, and People of Color; transgender  
3 and nonbinary individuals; and men who have sex with men. If people fear that care will no longer  
4 be inclusive, they may disengage from HIV services altogether, threatening the progress made in  
5 reducing health disparities.

6         37. Racial justice is at the core of SFAF’s mission, especially in our work with Black  
7 and Latin American gay, bisexual, and transgender communities. Yet, the vague and restrictive  
8 language of these Executive Orders risks forcing self-censorship and program restructuring to  
9 avoid punitive action. This not only compromises our ability to address racial disparities in HIV  
10 care but also diverts critical resources from direct services to legal defense, compliance, and policy  
11 revisions. Programs like Black Brothers Esteem, Healing and Uniting Every Sista, and our Latin  
12 American outreach initiatives could face defunding or forced restructuring, weakening the very  
13 infrastructure designed to support the most vulnerable.

14         38. The Gender Order is particularly egregious in its attempt to erase transgender and  
15 gender nonbinary individuals from public life. Denying the existence of transgender and gender  
16 nonbinary individuals under the guise of political expediency is not just an attack on gender-  
17 affirming care is a fundamental violation of human dignity. This kind of erasure causes deep,  
18 lasting harm, forcing individuals to navigate a world that refuses to recognize them as their true  
19 selves.

20         39. Similarly, the DEI-1 Order and DEI-2 Order aims to dismantle efforts to address  
21 systemic racism and historical injustice. By reducing or eliminating DEI programs, these orders  
22 do not merely restrict policy—they actively seek to erase the historical and ongoing inequities  
23 faced by marginalized communities. Rather than acknowledging the need for corrective measures  
24  
25  
26  
27

1 to address centuries of discrimination, they attempt to whitewash the past, denying the very  
2 realities that demand urgent action. This calculated erasure of history and lived experience aligns  
3 with regressive ideologies that resist equity and reinforce existing power structures, ensuring that  
4 injustice continues under the pretense of neutrality.

5 40. At its core, this is not just a matter of policy—it is a battle over truth. By attempting  
6 to erase communities and their histories, these Executive Orders do not just undermine public  
7 health; they perpetuate the very inequalities they claim to ignore.

8 41. In concrete terms, the impact of these callous and uncaring efforts extends far  
9 beyond mere administrative changes, they threaten to disrupt life-saving services for thousands of  
10 community members who rely on our culturally-specific programs. Last year alone, our  
11 community specific services for Black, Indigenous, and People of Color; transgender and  
12 nonbinary individuals; and men who have sex with men, female identified, and individuals over  
13 50 served at total of 1,068 people. Our Substance Use Disorder and Mental Health programs  
14 through the Stonewall project provided more than 12,000 substance use treatment clinical visits.  
15 Our sexual health and testing clinic, Magnet, provides over 70,000 people with free STI/HIV  
16 testing and prevention interventions using culturally responsive and identity affirming  
17 methodologies annually. Our harm reduction and syringe access services impact the lives of  
18 countless people in the San Francisco Bay Area and save thousands of lives each year through  
19 overdose prevention and reversal services.

20 42. Our ability to maintain these specialized targeted programs, which collectively  
21 serve more than 27,000 individuals annually across all our culturally-specific services, hangs in  
22 the balance. These are not just numbers—they represent real people who have built trust with  
23 providers who understand their experiences, who have found community in our spaces, and who  
24  
25  
26  
27  
28

1 rely on our services to maintain their health and wellbeing. If we are forced to dismantle these  
2 population specific programs, thousands of our community members, particularly those facing the  
3 highest barriers to care and greatest health disparities, will lose access to services specifically  
4 designed to meet their needs.

5 43. The AIDS crisis entered public consciousness in 1981, initially mischaracterized as  
6 a disease affecting only gay, white men. This false narrative led to stigma, neglect, and the  
7 exclusion of other heavily impacted communities, including Haitian immigrants, injection drug  
8 users, and sex workers. Systemic racism, homophobia, transphobia, and misogyny exacerbated the  
9 crisis, particularly for Black and Latine people, transgender women, and women more broadly.  
10 Government apathy persisted for years, with President Reagan failing to even mention AIDS until  
11 1985 and only addressing it in earnest in 1987.

13 44. In response to the silence and inaction, activists formed ACT UP in 1987, rallying  
14 around the battle cry "Silence = Death." Their bold, confrontational protests forced the government  
15 to take action, saving countless lives. Yet, while the movement fought for change, it also failed for  
16 decades to fully acknowledge and address the epidemic's disproportionate impact on Black, Latine,  
17 and transgender communities—disparities that persist today and demand continued advocacy.

19 45. Now, history threatens to repeat itself. The Executive Orders restrict federal  
20 funding recipients from recognizing transgender identities and racial health inequities, directly  
21 impeding essential HIV prevention and care for transgender people and people of color,  
22 populations disproportionately affected by HIV. By forcing organizations to erase transgender  
23 identities, and ignore systemic racial barriers, the order undermines culturally competent services  
24 and worsens existing health disparities.  
25  
26  
27  
28

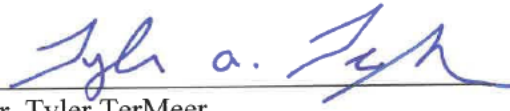
1           46.     HIV advocates are once again being told to stay silent, forced into an impossible  
2 choice: speak the truth about systemic inequities and risk losing federal funding or comply with  
3 harmful restrictions that undermine life-saving services. But as the movement learned decades ago,  
4 **silence equals death.** The fight against HIV has always been a fight against discrimination, and  
5 advocates refuse to be silenced by government-imposed restrictions. The mission is not up for  
6 debate. The movement will not compromise its values.

7           47.     We will not be silenced by our own government when silence equals death.  
8  
9  
10  
11         ///  
12         ///  
13         ///  
14         ///  
15         ///  
16         ///  
17         ///  
18         ///  
19         ///  
20         ///  
21         ///  
22         ///  
23         ///  
24         ///  
25         ///  
26         ///  
27         ///  
28

1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 24, 2025

Respectfully submitted,

4   
5 \_\_\_\_\_  
6 Dr. Tyler TerMeer  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 IYA DAMMONS  
OF BALTIMORE SAFE HAVEN CORP  
IN SUPPORT OF PLAINTIFF'S  
COMPLAINT AND MOTION FOR  
PRELIMINARY INJUNCTION**



1 I, Iya Dammons, hereby state as follows:

2 1. I am the Founder & Executive Director of Baltimore Safe Haven Corp (“BSH”), a  
3 not-for-profit 501(c)(3) organization based in Baltimore, Maryland. BSH is rooted in its mission  
4 to empower transgender, lesbian, gay, bisexual, queer, intersex, and asexual (“TLGBQIA+”)  
5 individuals in Baltimore who are navigating survival modes by providing inclusive and  
6 supportive spaces, resources, and opportunities. Our mission is to foster an environment where  
7 every member of the TLGBQIA+ community not only survives but thrives, promoting resilience,  
8 dignity, and inclusivity as we collectively work towards a more compassionate and equitable  
9 Baltimore.  
10

11 2. I submit this Declaration in support of Plaintiffs’ Complaint and Motion for a  
12 Preliminary Injunction, which seek to prevent Defendant agencies and their leadership from  
13 enforcing Executive Order No. 14168 “Defending Women From Gender Ideology Extremism  
14 and Restoring Biological Truth to the Federal Government,” issued January 20, 2025; Executive  
15 Order No. 14151 “Ending Radical and Wasteful DEI Programs and Preferencing,” issued  
16 January 20, 2025; and Executive Order No. 14173 “Ending Illegal Discrimination and Restoring  
17 Merit-Based Opportunity,” issued January 21, 2025 (collectively, the “Executive Orders”), and  
18 related agency directives that seek to enforce illegal, *ultra vires* Presidential action.  
19

20 3. BSH was founded in 2018 with a visionary mission: to forge a supportive community  
21 and essential resource for TLGBQIA+ individuals, especially focusing on Black transgender  
22 women navigating survival mode living. As someone with lived experience, I founded BSH as a  
23 mutual aid organization focused on providing life-saving support for survival sex workers and  
24 other marginalized TLGBQIA+ individuals. Our work began with a comprehensive wellness and  
25 outreach program, meeting people where they were—on the stroll, in encampments, and in  
26  
27  
28

1 overlooked parts of the city—providing safer sex education, overdose prevention tools, and peer  
2 support.

3 4. Within a year, BSH was granted 501(c)(3) status and was able to begin applying for  
4 grant funding to expand our mission. We received \$100,000 in pass-through grant funding from  
5 the Substance Abuse and Mental Health Services Administration (“SAMHSA”) via the  
6 Maryland Department of Health and used it to advance our mobile outreach work and open a  
7 brick-and-mortar drop-in center. There we could provide hot meals, showers, laundry services, and  
8 case management, as well as a safe, affirming environment where people could rest, connect  
9 with peers, and access harm reduction services related to substance use. Over time our drop-in  
10 center has expanded its services to include behavioral health coordination and crisis intervention,  
11 integrated physical health services including HIV testing and sexual health care, workforce  
12 support, and legal support.

14 5. Our mobile outreach programs continue to this day, including weekly overnight  
15 mobile outreach on Fridays and Saturdays to high-risk areas, providing basic needs and survival  
16 support; health and harm reduction services such as sterile syringes, naloxone kits, safe sex  
17 supplies, HIV testing and linkage to other medical care services; and peer support and navigation  
18 to TLGBQIA+ community members in need.

20 6. In 2020, BSH launched our first housing program—an emergency and transitional  
21 housing program aimed at underserved youth aged 18–24. This work was supported by pass-  
22 through Housing and Urban Development (“HUD”) grants from the Maryland Department of  
23 Health and the Mayor’s Office of Homelessness Services through the City of Baltimore. Since  
24 then, we have expanded our housing supports significantly, providing homelessness prevention  
25 services aimed at assisting TLGBQIA+ individuals at risk of homelessness, emergency and  
26

1 transitional housing, permanent supportive housing for older adults, housing placement  
2 assistance, and housing stability support.

3 7. BSH also provides extensive community programming, fostering cultural resilience,  
4 advocacy, and peer support through community-driven initiatives. This includes a Ballroom Arts  
5 & Health Initiative integrating Black TLGBQIA+ ballroom culture with health and wellness  
6 resources; quarterly community Events focusing on advocacy, wellness, and celebration of  
7 TLGBQIA+ resilience; Baltimore Trans Pride, an advocacy march and resource block party with  
8 30+ local TLGBQIA+ supportive organizations; safe spaces for mental health support, shared  
9 experiences, and collective healing; and programs tailored for aging TLGBQIA+ individuals,  
10 ensuring safe, affirming housing and community connections.

11  
12 8. Currently, approximately 80% of BSH's budget comes from federal grant money. In  
13 2024, we launched a capital campaign to establish BSH's first permanent home—the Safe Haven  
14 Campus, a one-stop TLGBQIA+ housing and resource center, bringing together housing, harm  
15 reduction, healthcare, workforce development, and community-building initiatives under one  
16 roof. Congressman Kweisi Mfume secured an appropriation of \$1 million of HUD Community  
17 Development funding to help us purchase the building, which was supposed to become available  
18 to us shortly after the beginning of the year. We had completed the purchase of the building on  
19 December 31, 2024 and uploaded all of the required documents to the HUD portal for drawing  
20 down federal funding. Soon after the Executive Orders issued, we were receiving notifications  
21 that the funding was available to us and had been deposited into our account, but it was not. We  
22 became very concerned that the funding was being held up because of the Executive Orders'  
23 restrictions on BSH's core work. We could not get a hold of any HUD staff member who could  
24 provide us with any insight. Finally, on February 18, 2025, the money was deposited into our  
25 account.  
26  
27  
28



1           9. BSH also receives approximately \$3 million in operating funds via federal grant  
2 money, whether directly or as a subgrantee. These include the following for 2025 as part of  
3 multi-year agreements:

4           a. We receive two grants of HUD dollars from the Mayor's Office of  
5 Homeless Services through the City of Baltimore. The first is for \$239,000 in funding  
6 from the HUD Youth Homelessness Demonstration Project to fund our transitional  
7 housing program for 18–24-year-olds. The second is for \$751,000 in funding from  
8 HUD's Continuum of Care Program's Transitional Housing/Rapid Rehousing component  
9 to fund our transitional housing and rental assistance programs.  
10

11           b. We receive a \$182,000 grant of funding from the Centers for Disease  
12 Control and Prevention ("CDC") via the Baltimore City Health Department ("BCHD").  
13 The funding was provided to the BCHD through the CDC's High Impact HIV and  
14 Surveillance Programs for Health Departments, part of the CDC's longstanding "Ending  
15 the HIV Epidemic" initiative. When the BCHD issued its request for proposals from  
16 subgrantees, it specifically invited proposals for HIV-prevention programs with a focus  
17 on transgender people in the zip codes BSH most regularly serves.  
18

19           c. We receive a \$630,000 grant of SAMHSA funds through the Maryland  
20 Department of Health to support our harm reduction efforts, with a focus towards  
21 preventing overdoses and HIV transmission. While the Department's RFP for this grant  
22 was more generally about optimizing services for people who use drugs, BSH's proposal  
23 focused on expanding harm reduction efforts to TLGBQIA+ individuals living in survival  
24 mode in Baltimore.  
25

26           10. The Executive Orders threaten this funding. Respecting transgender people and  
27 advancing our civil rights is central to BSH's identity, advocacy, and mission, and a necessary  
28

1 part of every aspect of the services we provide. BSH's origin as an organization created by  
2 transgender people for transgender people makes it imperative that we not only fight injustices  
3 against transgender people but provide our services to our community in a culturally competent  
4 way. It is the cornerstone of our identity.

5 11. Even though we serve everyone, we are a trans-led organization and being forced  
6 to hide or diminish that part of our identity would harm both us and our clients. It would harm  
7 us because we are unique in that we are Baltimore's only trans-led drop-in wellness center. And  
8 it would also harm our clients by eroding their trust in us, since many clients turn to us  
9 specifically because of our trans-centered background and approach. Being forced to abandon  
10 that focus would turn us into just another agency that does not serve the transgender community,  
11 leaving no one to ensure that the multiply marginalized transgender people we serve have access  
12 to basic necessities—housing, food, and the ability to survive. It would diminish our community  
13 and our leadership.

14  
15 12. BSH takes an equitable approach to providing services, focusing our resources on  
16 underserved communities and, in fact, many of our grants require us to take this approach. Our  
17 programming purposely centers around Black transgender women, recognizing that this  
18 population experiences the most significant barriers created by racism, homophobia, transphobia,  
19 and sexism. Our staff's work is rooted in their own lived experience and in peer-led initiatives  
20 because there is no substitute for having walked the walk and experienced things and come out  
21 on the other side. Understanding of the system is what allows community-led solutions to come  
22 through. The Executive Orders would require us to ignore that Black transgender women do not  
23 have the same access to healthcare, housing, or economic mobility—every measure of health and  
24 wellness. Not only would this do tremendous harm to the TLGBQIA+ people who look to us for  
25 care and support, but we would lose the ability to identify other marginalized populations in need  
26  
27  
28

1 of the same supports and services, such as cisgender women engaging in survival sex work and  
2 aging populations.

3 13. BSH is an example of what DEI should be; not words or a job title, but having the  
4 power to make decision, provide solutions, and work with others to make chances and advocate  
5 in different spaces. For example, we share spaces with BLM, reproductive and bodily autonomy  
6 groups, and criminal justice reform groups. Simply put, DEI is our ethos.

7 14. The Executive Orders will have a disastrous effect on BSH's work because it will  
8 stop our funding. There is simply no way to do our work and fulfill our mission in a way that  
9 does not directly center the experiences of marginalized TLGBQIA+ people. The Executive  
10 Orders attempt to erase even the word that describes who our people are and interrupt critical  
11 initiatives and services solely because they are being provided to certain underserved  
12 communities. Their goal is to get rid of us on every front and to take away the progress we have  
13 made, even if it harms the general community. Ultimately, they will cause our clients to  
14 die—either through self-harm, murder, untreated disease, overdose, or being arrested because  
15 they are unhoused. Without this funding, the populations we serve would suffer in immeasurable  
16 ways.  
17

18 15. Our municipal and state grant partners are sharing with us mixed messages from  
19 their federal grantors. We get the impression that they are ready to sacrifice our subgrants to  
20 keep their broader funding. They have not put anything in writing or made any public statements,  
21 but that is the message we are getting through side conversations, in which they have told us that  
22 whatever we put in the proposals is what they are sending along so there is no shielding our  
23 trans-focused proposals from the federal grantors.  
24

25 16. At an institutional level, the loss of this funding would be devastating as the core  
26 of our programs would be jeopardized. Financially, it would take us years to rebuild BHS.  
27  
28

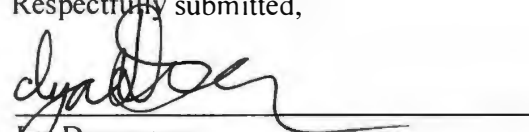


1 Although we could try to fundraise, many of our philanthropic partners are also federally funded,  
2 so the Executive Orders would not allow us to turn to them for support. In the short term, BHS  
3 would not be able to operate as it currently does.

4 I declare under penalty of perjury under the laws of the United States of America that the  
5 foregoing is true and correct.  
6

7 Dated: February 24, 2025

Respectfully submitted,

8   
9 Iya Dammons  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 JEFFREY KLEIN,  
OF CHIEF OPERATING OFFICER OF  
THE LGBT COMMUNITY CENTER,  
IN SUPPORT OF PLAINTIFF'S  
COMPLAINT AND MOTION FOR  
PRELIMINARY INJUNCTION**

1 I, Jeffrey Klein, declare as follows:

2 1. I am the Chief Operating Officer for Plaintiff The Lesbian and Gay Community  
3 Services Center, Inc. d/b/a The LGBT Community Center (“NY LGBT Center”). Except where  
4 stated upon information and belief, I have personal knowledge of the facts stated herein and, as to  
5 those matters stated to be upon information and belief, I believe them to be true. If called upon, I  
6 could and would competently testify to the matters stated herein.

7 2. I submit this Declaration in support of Plaintiffs’ Motion for a Preliminary  
8 Injunction in the above-captioned matter with respect to three executive orders that are an  
9 existential threat to the NY LGBT Center and the LGBTQ+ community it serves: (i) Executive  
10 Order No. 14168 “Defending Women From Gender Ideology Extremism and Restoring Biological  
11 Truth to the Federal Government”; (ii) Executive Order No. 14151, “Ending Radical and Wasteful  
12 Government DEI Programs and Preferences”; and (iii) Executive Order No. 14173, “Ending Illegal  
13 Discrimination and Restoring Merit-Based Opportunity” (collectively, the “Executive Orders”),  
14 and related agency directives that seek to enforce the Executive Orders.

15 **A. The NY LGBT Center is a Cornerstone of New York City’s LGBTQ+ Community.**

16 3. The NY LGBT Center is a not-for-profit 501(c)(3) organization based in New York,  
17 NY. We were established in 1983 at the height of the AIDS crisis to provide a safe and affirming  
18 place for LGBTQ+ New Yorkers to respond to the urgent threats facing the community. Over the  
19 last 40 years, the NY LGBT Center has grown to meet the changing needs of New York’s  
20 LGBTQ+ community, delivering services that empower people to lead healthy, successful lives.  
21 Today, our commitment to justice and eliminating stigma continues as it grows to meet the needs  
22 of LGBTQ+ New Yorkers.

23 4. The NY LGBT Center has over 300,000 annual visitors; 400 community groups  
24 call our space home; and we offer a host of direct services to those seeking accessible, affordable,  
25 and affirming support. Every week, the NY LGBT Center receives over 6,000 visits from  
26 individuals seeking our wide range of services, including recovery and wellness programs,  
27  
28

1 economic advancement initiatives, family and youth support, advocacy, arts and cultural  
2 programming, and space for community organizing, connection, and celebration.

3         5.       The NY LGBT Center is also a cornerstone of LGBTQ+ culture in New York City.  
4 It is where, on any given day, you can catch a premiere on our 22-foot screen, hear dynamic  
5 musical talent, listen as prominent authors and public figures discuss their work, or attend a  
6 theatrical presentation. From Keith Haring’s iconic “Once Upon a Time” mural to the many  
7 portraits that double as walls, art has been an integral part of The Center’s history of activism in  
8 the city. Queer artists used their work to address issues of AIDS, homophobia, and social justice,  
9 helping to raise awareness and promote change. Our LGBT Center National History Archive is a  
10 community-based archive that collects, preserves, and makes available to the public the  
11 documentation of LGBTQ+ lives and organizations centered in and around New York. Through  
12 our collections, we enable the stories and experiences of New York’s LGBTQ+ people to be told  
13 with historical depth and understanding. Through art and history, we have been able to express  
14 ourselves, see and share our stories, and fight for our rights, leaving a lasting impact on the city’s  
15 cultural landscape.

16         6.       Every year, the NY LGBT Center hosts events around the Trans Day of  
17 Remembrance (“TDOR”) and Trans Day of Visibility (“TDOV”). For TDOR, we hold a candle-  
18 lit vigil to memorialize those who have been killed because of anti-transgender violence and bring  
19 attention to the continued brutality endured by the trans and gender-expansive members of our  
20 community. It also features storytellers (music, poetry, dance, etc.) sharing their personal  
21 reflections of hope, grief, solidarity, and resilience. For TDOV, we hold a Trans Day of Visibility  
22 Market, which is a market entirely curated by our trans and gender-expansive community to  
23 include creatives and small business owners selling handmade crafts, jewelry, original art, and  
24 more. This market also features a free legal name change clinic for community members.

25         7.       Additionally, the NY LGBT Center offers numerous social support groups to seek  
26 community and social support. These are spaces for community members to openly discuss their  
27 experiences as transgender, gender expansive/nonconforming, nonbinary, and genderqueer  
28

1 individuals. The NY LGBT Center has dedicated groups to support trans and gender  
2 nonconforming Black, Indigenous, and People of Color (“BIPOC”) for explorations and  
3 engagement around identity, gender, race, and life experiences.

4 8. The NY LGBT Center also offers a healthy environment for transgender and gender  
5 nonconforming community members, as well as their partners and families, to connect with others  
6 going through similar experiences. Starting with our Gender Identity Project, created in 1989, our  
7 services for transgender and gender nonconforming community members have evolved over time  
8 to include a range of advocacy, education, and economic stability initiatives. Programming for  
9 the transgender and gender nonconforming communities at the NY LGBT Center also provides an  
10 opportunity for members to interact with other trans-identified and allied community members and  
11 service providers. We offer counseling, referral services, resources for skills-building and career  
12 development, and a range of support groups for our transgender and gender nonconforming  
13 community members all in a supportive environment.

14 9. Despite legal protections in New York State, the effects of discrimination continue  
15 to place transgender and gender nonconforming community members at extremely high rates of  
16 poverty, unemployment, underemployment, and homelessness. The NY LGBT Center provides  
17 services to directly combat this inequality, including individual career coaching support, case  
18 management, events focused on career exploration, legal workshops, and networking  
19 opportunities.

20 10. The NY LGBT Center also is a hub for LGBTQ+ organizing, activism, and  
21 advocacy. We serve as a catalyst for progressive social change. Our advocacy is grounded in  
22 creating a strategic policy agenda that features policy analysis, forums, and enforcement efforts.  
23 The NY LGBT Center is the administrator of the New York State Lesbian, Gay, Bisexual and  
24 Transgender Health & Human Services Network, which is a coalition consisting of 62 LGBTQ-  
25 specific and LGBTQ-supportive nonprofit organizations that provide care to LGBTQ+ New  
26 Yorkers and their families.

11. In short, the NY LGBT Center is a place of safety, connection, activism, and joy. For many members of the LGBTQ+ community, the NY LGBT Center is a lifeline.

**B. The NY LGBT Center Offers a Range of Services to the LGBTQ+ Community Using Federal Funds That Have Been Put at Risk by the Executive Orders.**

12. Diversity, equity, and inclusion, and the recognition of and support for transgender individuals is woven into the very fabric of the NY LGBT Center’s mission and are at the heart of the behavioral and mental health, substance use, and other services we offer by acknowledging that certain communities have been historically neglected and harmed by racism, transgender bias, sexism, and poverty. This includes LGBTQ+ people who are BIPOC, transgender, poor/working-class, living with HIV/AIDS, immigrants, and/or youth. The NY LGBT Center puts these communities at the center of all our work and is committed to serving all members of the LGBTQ+ community.

13. Over \$2 million of the NY LGBT Center’s annual budget comes from federal funding, both in direct grants from federal agencies and in pass-through federal funds received from New York State agencies. This accounts for approximately 12% of the NY LGBT Center’s annual budget.<sup>1</sup>

14. The NY LGBT Center receives direct funding from the federal government via grant agreements with the Substance Abuse and Mental Health Services Administration (“SAMHSA”) and the Office of Victims of Crime within the U.S. Department of Justice.<sup>2</sup> The

---

<sup>1</sup> The NY LGBT Center also has an \$856,000 grant from the federal Health Resources and Services Administration (“HRSA”) for a capital project to upgrade the HVAC system in its building and other necessary upgrades to The Center’s physical infrastructure. These upgrades are necessary to keep the NY LGBT Center’s employees, visitors, and the community it serves healthy and to allow its space to continue functioning. Given the broad and vague language in the Executive Orders, and their apparent intent to cut-off funding to organizations, like the NY LGBT Center, with a focus on diversity, equity, and inclusion and historically marginalized groups, including members of the LGBTQ+ community, it is unclear whether the NY LGBT Center can make the representations that HRSA will likely require for the NY LGBT Center to continue to receive this grant.

<sup>2</sup> Upon information and belief, SAMHSA is a branch of the U.S. Department of Health and Human Services.

1 NY LGBT Center also receives indirect pass-through funding via various New York State  
2 agencies, including the New York State Office of Victim Services, the New York State Department  
3 of Health, and the New York State Office of Addiction Services and Support (“OASAS”).

4 15. The direct and indirect federal funds the NY LGBT Center receives are critical to  
5 its ability to provide the range of important services it offers to members of the LGBTQ+  
6 community. These funds are used to support services including substance use treatment and  
7 prevention, youth programming, HIV testing and prevention, mental health counseling, case  
8 management, support for survivors of violence, training for clinicians and capacity building for  
9 other providers on working with the LGBTQ+ community, and more. The federal funds the NY  
10 LGBT Center receives are also used to support several full-time employees whose work is  
11 necessary to provide these services.

12 *i. The NY LGBT Center provides a range of behavioral and mental health services that*  
13 *we would not be able to provide if our federal funding is terminated.*

14 16. The NY LGBT Center’s behavioral and mental health services represent a holistic  
15 approach to wellness and empowerment for the LGBTQ+ community. This includes recovery  
16 programming designed to help our community lead healthy lives through substance use treatment,  
17 mental health counseling, recovery groups, HIV/AIDS testing and education. The NY LGBT  
18 Center also provides services and programs designed for LGBTQ+ young people in a safe,  
19 inclusive, affirming environment where they can connect with peers, build leadership skills, and  
20 take care of their mental and physical health. If the NY LGBT Center does not have  
21 programming in a particular area, we help connect clients to those needed services, which can  
22 include anything from identifying affirming medical providers, securing housing support, or  
23 connecting with legal services. Finding affirming providers and service organizations is critical to  
24 navigating life as a LGBTQ+ person.

25 17. It is well-researched and established that health disparities amplify due to the  
26 intersectionality of oppression. When it comes to those disproportionately impacted by HIV, there  
27 are significant disparities for LGBTQ+ men of color and transgender women of color. The NY  
28

1 LGBT Center's services are designed to meet the needs of those whose health is most impacted by  
 2 social inequities. This includes those who experience the greatest barriers, who have the least  
 3 access, and those who are afraid to come forward for care due to stigma, mistrust, and  
 4 traumatization. The NY LGBT Center offers a wide range of LGBTQ+-specific outreach,  
 5 prevention, and treatment services specifically designed to remove barriers and facilitate access to  
 6 care. We offer education, outreach, economic stability, treatment, and prevention initiatives to  
 7 address the disparities in access, service use, and outcomes for LGBTQ+ minority populations  
 8 with substance use disorders and co-occurring substance use and mental health disorders who are  
 9 at risk for or living with HIV/AIDS. We also work to serve the critical need for strategic outreach,  
 10 education, and support to reduce the HIV infection rate and increase the viral suppression rate  
 11 among populations most at risk.<sup>3</sup>

12 18. As part of this work, the NY LGBT Center runs an HIV & Sexual Health Services  
 13 program that provides HIV and Hepatitis C testing and community outreach services to BIPOC,  
 14 queer, trans, and gender nonconforming community members. This program is paid for by funds  
 15 received under a five-year grant agreement (for the period August 2020 through August 2025) with  
 16 SAMHSA titled Reducing Youth Substance Use for LGB and TGNC individuals in NYC (the  
 17 "RYSULT Grant"). The goal of the RYSULT Grant as stated in the grant agreement with  
 18 SAMHSA is to "provide training and education around the risks of substance misuse, education  
 19 on HIV/AIDS to youth ages 13-24 living in NYC, specifically targeting racial minorities, and  
 20

---

21 <sup>3</sup> Although there have been gains toward ending the HIV/AIDS epidemic in New York City,  
 22 inequities persist across many communities. Of all cisgender and transgender women newly  
 23 diagnosed with HIV in 2020, 92% were Black or Latina; and of all cisgender and transgender men  
 24 newly diagnosed, 79% were Black or Latino. Of all men newly diagnosed with HIV in 2020, 59%  
 25 were MSM; of these, 78% were Black or Latino, with 79% of these aged 20-39 years. Nearly half  
 26 of New Yorkers newly diagnosed with HIV in 2020 lived in neighborhoods of high or very high  
 27 poverty. See NYC Department of Health. (2021, December 1). *New HIV Diagnoses in New York*  
 28 *City Declined 21% From 2019 to 2020*. <https://www1.nyc.gov/site/doh/about/press/pr2021/new-hiv-diagnoses>. The NY LGBT Center works to reduce the disparities in access, service use, and  
 outcomes by addressing and mitigating these barriers through the use of specially trained  
 counselors and clinicians who are culturally competent for the LGBTQ+ community and who have  
 experience supporting and addressing the multifaceted needs of those who seek their services.



1 needed linkages to service provision for youth with HIV.” Pursuant to the RYSULT Grant, the  
2 NY LGBT Center is to receive \$200,000 per year from SAMHSA and those funds also support  
3 2.8 full-time employees necessary to provide these services.

4 19. The NY LGBT Center also provides medical insurance enrollment services to  
5 LGBTQ+ individuals in New York City pursuant to a grant from the New York State Department  
6 of Health using pass-through funds the state receives from the Centers for Medicare & Medicaid  
7 Services (“CMS”).<sup>4</sup> This grant’s goal is to “increase access to health insurance in the LGBT  
8 community” and expressly prohibits the NY LGBT Center from discriminating based on “gender  
9 and gender identity” (among other categories). This grant further specifies that the NY LGBT  
10 Center’s “outreach will focus particularly on vulnerable and hard to reach populations, particularly  
11 the LGBTQ and Latinx (gender-neutral term for queer people of Latin American descent)  
12 community.” Pursuant to this grant, the NY LGBT Center is to receive \$501,346 per year through  
13 July 2025 to provide health insurance enrollment assistance to individuals eligible for insurance  
14 through the New York State health insurance marketplace under the federal Affordable Care Act.  
15 These funds also support 4.72 full-time employees necessary to provide these services.

16 20. Given the broad and vague language in the Executive Orders, we cannot understand  
17 how to comply in order continue to receive federal funding. Executive Orders 14151 and 14173  
18 purport to prohibit “illegal DEI” initiatives, yet they fail to define what they mean by “DEI” and  
19 what now would be considered unlawful under federal law.

20 21. The NY LGBT Center’s SAMSHA and CMS grants require that we provide  
21 targeted services to underserved minority populations. By their terms, these grants require an  
22 “equity” lens which appears to violate the DEI prohibitions. We cannot determine how to comply  
23 with the Executive Orders without simultaneously violating the requirements of these grants. We  
24 are already planning for the event if the NY LGBT Center is prohibited from receiving these funds.  
25 We will be required to eliminate staff roles and will be unable to continue to provide many of the

26 \_\_\_\_\_  
27 <sup>4</sup> Upon information and belief, CMS is a branch of the U.S. Department of Health and Human  
28 Services.

important and necessary behavioral and mental health services we currently provide to an otherwise underserved population that are supported by grants from SAMHSA and the NY Department of Health.

*ii. The NY LGBT Center provides a range of substance abuse services that we would not be able to provide if our federal funding is terminated.*

22. The NY LGBT Center provides the only licensed substance use program in New York City designed specifically to address the unique needs of LGBTQ+ youth. A significant part of this program is funded through SAMHSA, through a grant awarded in September 2020 and titled Substance Abuse Services and HIV Intervention Project 2 (the “SASHI 2 Grant”). Under the terms of the SASHI 2 Grant, the NY LGBT Center is to receive \$500,000 per year through September 2027. These funds are used to provide substance use treatment and prevention counseling and mental health counseling for the LGBTQ+ community in New York City. Using this funding, the NY LGBT Center provides programming to increase engagement in care for racial and ethnic underrepresented individuals ages 13+ with substance use disorders and co-occurring substance use and mental health disorders who are at risk for, or are living with, HIV/AIDS and receive HIV/AIDS services/treatment.

23. The service emphasis in the SASHI 2 Grant is “caring for those most at risk for HIV: men who have sex with men (MSM), especially young MSM ages 12-25 (YMSM); transgender individuals, especially those involved with sex work and transactional sex; HIV-negative partners of individuals living with AIDS; minorities in the LGBTQ+ community who are Black and/or Latino/Hispanic, low-income, and/or non-English speaking or English as a Second Language.” The NY LGBT Center has designed its programming and activities to achieve this

1 service emphasis.<sup>5</sup> These funds also support 4.8 full-time employees necessary to provide these  
2 services.

3 24. The NY LGBT Center was also awarded a five-year grant in September 2024 by  
4 SAMHSA, titled Supporting LGBTQI+ Youth in NYC through Prevention, Resources,  
5 Information, Data, and Evaluation (the “PRIDE Grant”). Under the PRIDE Grant, the NY LGBT  
6 Center is to receive \$375,000 per year from SAMHSA through September 2029. The funds  
7 received under the PRIDE Grant will be used to run a program, which the NY LGBT Center is in  
8 the process of launching the training, to reduce the onset and progression of substance use and its  
9 related problems in LGBTQ+ youth through training and data collection. As part of this program,  
10 the NY LGBT Center will conduct training to increase the capacity of prevention providers and  
11 stakeholders throughout New York City to improve their ability to deliver affirming and inclusive  
12 services, including to support substance abuse capacity training for school substance use  
13 counselors and youth service workers on providing affirming substance use prevention services to  
14 LGBTQ+ youth in school and community settings across New York City. The funds the NY  
15 LGBT Center is to receive under the PRIDE Grant also support 1.3 full-time employees necessary  
16 to run the program.

17 25. Additionally, the NY LGBT Center receives \$149,136 per year in federal pass-  
18 through funds from OASAS via SAMHSA. The NY LGBT Center’s grant agreement with  
19 OASAS is for five years, from September 2021 through September 2026, and requires the NY  
20 LGBT Center to provide SBIRIT screening (Screening, Brief Intervention, and Referral to  
21 Treatment) for high school age students. SBIRIT is an evidence-based approach used to identify,  
22 reduce, and prevent problematic substance use and connect young people to care when screened

---

23 <sup>5</sup> Nearly 65% of the LGBTQ+ youth of color the NY LGBT Center serves report that they are  
24 barely getting by. Overall, LGBTQ+ youth of color are twice as likely to use substances and  
25 struggle with low educational attainment and employability due to the systemic barriers they face.  
26 The NY LGBT Center’s youth programming tackles drivers of poverty and empowers LGBTQ+  
27 youth of color to become healthy, successful adults. Over 75% of the NY LGBT Center’s youth  
28 program participants are people of color. In light of the COVID pandemic, the isolation and  
challenges facing LGBTQ+ youth of color have been immense, but the NY LGBT Center has been  
able to adapt by serving these youth and is committed to continuing that work.

1 positive. The funds the NY LGBT Center receives from OASAS also support 2.7 full-time  
2 employees necessary to provide these services.

3         26. Given the broad and vague language in the Executive Orders, and their apparent  
4 intent to cut-off funding to organizations, like the NY LGBT Center, with a focus on diversity,  
5 equity, and inclusion and historically marginalized groups, including members of the LGBTQ+  
6 community, it is unclear whether the NY LGBT Center can make the representations that  
7 SAMHSA will likely require for the NY LGBT Center to be able to continue to receive the funding  
8 under its grants with SAMHSA and OASAS. If the NY LGBT Center is prohibited from receiving  
9 these funds, we will be required to eliminate staff roles and will be unable to continue to provide  
10 many of the important and necessary substance abuse treatment and prevention services it currently  
11 provides to an otherwise underserved, and disproportionately at-risk population that are supported  
12 by our grants from SAMHSA and OASAS.

13             ***iii. The NY LGBT Center provides necessary services to victims of crime that we would***  
14             ***not be able to provide if our federal funding is terminated.***

15         27. People identifying as LGBTQ+ suffer from violent crimes at a disproportionately  
16 higher rate than their non-LGBTQ+ counterparts. The U.S. Department of Justice's Office for  
17 Victims of Crime Human Trafficking Task Force reports that LGBTQ+ individuals are more likely  
18 to be bullied by their peers, ostracized by their communities, or vulnerable to human trafficking.  
19 According to the Family and Youth Services Bureau within the Administration for Children and  
20 Families at the U.S. Department of Health and Human Services, LGBTQ+ youth account for up  
21 to 40% of the runaway and homeless youth population. The U.S. Centers for Disease Control and  
22 Prevention ("CDC") has acknowledged that almost half (47.5%) of American Indian/Alaska  
23 Native women, 45.1% of non-Hispanic Black women, 37.3% of non-Hispanic White women,  
24 34.4% of Hispanic women, and 18.3% of Asian-Pacific Islander women experience contact sexual  
25 violence, physical violence, and/or stalking by an intimate partner in their lifetime. And LGBTQ+  
26 women, trans people and non-binary people are equally as likely, if not more so, than their  
27 cisgender and heterosexual peers to have experienced IPV at some point in their lifetimes. The NY  
28

1 LGBT Center's staff's work is to understand and address the systemic obstacles to services  
2 members of the LGBTQ+ community face due to their race, gender identity, immigration status  
3 or other historically oppressed identities.

4 28. The NY LGBT Center's work in this area is funded, in part, by a grant from the  
5 New York State Office of Victims' Services ("OVS") using pass-through federal funding OVS  
6 receives from the U.S. Department of Justice, Office of Victims of Crime ("DOJOVC"). That  
7 grant requires the funding received by the NY LGBT Center be used specifically to help LGBTQ+  
8 individuals (a population OVS has identified as "Underserved") directly confront and heal from  
9 traumas resulting from violent crime. The NY LGBT Center's grant with OVS is for a three-year  
10 period from October 2022 through September 2025 and the NY LGBT Center is in the process of  
11 applying to renew the grant. The NY LGBT Center receives \$277,127 per year in grant funds  
12 from OVS and those funds are used to provide case management, counseling services and  
13 resources for survivors of crime, including hate crimes and intimate partner violence. The funds  
14 received through the OVS grant also support 1.8 full-time employees.

15 29. The NY LGBT Center also has a grant agreement directly with the DOJOVC  
16 pursuant to which the NY LGBT Center is to receive \$100,000 per year from October 2024 through  
17 September 2026. The funds received through this grant are to provide direct care to victims of  
18 crime like transportation, temporary hotel stays, food, and personal care. The funds received  
19 directly from DOJOVC will support one full-time employee to administer the direct care and  
20 conduct intake for internal or external referrals for ongoing support.

21 30. Given the broad and vague language in the Executive Orders, and their apparent  
22 intent to cut-off funding to organizations, like the NY LGBT Center, with a focus on diversity,  
23 equity, and inclusion that supports historically marginalized groups, including members of the  
24 LGBTQ+ community, it is unclear whether the NY LGBT Center can make the representations  
25 the Department of Justice will likely require for the NY LGBT Center to be able to continue to  
26 receive the funding under its grant agreements with OVS and DOJOVC. If the NY LGBT Center  
27 is prohibited from receiving these funds, we will be required to eliminate staff roles and will be  
28

1 unable to continue to provide many of the important and necessary services we currently provides  
2 to an otherwise underserved population of crime victims that are supported by our grants from  
3 OVS and DOJVOC.

4 **C. The NY LGBT Center Cannot Operate without Recognizing the Transgender**  
5 **Community.**

6 31. The NY LGBT Center serves as a vital resource for the LGBTQ+ community,  
7 providing essential services, programs, and support to individuals of diverse sexual orientations,  
8 gender identities, and expressions. The NY LGBT Center's ability to function depends entirely  
9 on its commitment to inclusivity and its acknowledgment of transgender and gender-diverse  
10 individuals.

11 32. One of the NY LGBT Center's core purposes is recognizing and affirming the  
12 existence of transgender and gender-diverse individuals. The Executive Orders' mandate to reject  
13 or refrain from acknowledging gender identity as distinct from sex assigned at birth would  
14 undermine our foundational principles and its day-to-day operations. If the NY LGBT Center  
15 were compelled to comply, we would face the untenable choice of either violating our deeply held  
16 mission or risking legal consequences for noncompliance. Compliance with the Executive Order  
17 would dismantle the NY LGBT Center's identity, rendering us incapable of serving the community  
18 we were established to support.

19 33. The NY LGBT Center is a trusted institution within the community, serving  
20 thousands of clients annually. If forced to comply with the Executive Order, the loss of services  
21 targeted by the Executive Orders would sever the NY LGBT Center's trust with the transgender  
22 community, leaving many individuals without crucial support. This breakdown in trust would  
23 have cascading effects, furthering the already significant barriers to accessing healthcare and social  
24 services that this marginalized population faces.. Our programs designed for LGBTQ+  
25 individuals, particularly those addressing mental health, HIV prevention, and crisis intervention,  
26 require a gender-affirming approach. Removing transgender identity from these programs would  
27

1 make them ineffective, invalidating the expertise and credibility of the NY LGBT Center's staff  
2 and reducing the impact of our services

3 34. The Executive Order targeting "gender ideology" presents an existential threat to  
4 the NY LGBT Center's mission, programs, and the well-being of its clients. This Executive Order  
5 would definitively have health and safety implications for the communities we serve. Compliance  
6 would necessitate abandoning the recognition and affirmation of transgender and gender-diverse  
7 individuals, effectively erasing a significant portion of the community the NY LGBT Center exists  
8 to serve. Such a requirement is antithetical to our values, would cause demonstrable harm to  
9 vulnerable populations, and undermine critical public health efforts. As such, the NY LGBT  
10 Center seeks relief from the implementation of this harmful and discriminatory policy to preserve  
11 our mission and continue our essential work in supporting all members of the LGBTQ+  
12 community.

13 **D. The NY LGBT Center Has Received a Notice Implementing the Executive Orders.**

14 35. On January 31, 2025, the NY LGBT Center received the following notice via email  
15 from HRSA:

16 Dear Recipient:

17 Your Health Resources and Services Administration (HRSA) award is funded in whole or  
18 in part with U.S. government funds.

19 Effective immediately, HRSA grant funds may not be used for activities that do not align  
20 with Executive Orders (E.O.) entitled Ending Radical and Wasteful Government DEI  
21 Programs and Preferencing, Initial Rescissions of Harmful Executive Orders and Action,  
22 Protecting Children from Chemical and Surgical Mutilation, and Defending Women from  
23 Gender Ideology Extremism and Restoring Biological Truth to the Federal Government  
(Defending Women). Any vestige, remnant, or re-named piece of any programs in conflict  
with these E.O.s are terminated in whole or in part.

24 You may not incur any additional costs that support any programs, personnel, or activities  
25 in conflict with these E.O.s

26 If you have any questions, contact us at [DGMOCcommunications@hrsa.gov](mailto:DGMOCcommunications@hrsa.gov).

27 (emphasis added.)



36. A true and correct copy of the January 31, 2025 notice the NY LGBT Center received from HRSA is attached hereto as **Exhibit A**.<sup>6</sup>

///

///

///

///

///

///

///

///

///

///

//

---

<sup>6</sup> The email address of the NY LGBT Center email address to which the notice was directed as been redacted.

1  
2 I declare under penalty of perjury under the laws of the United States of America that the  
3 foregoing is true and correct.

4 Dated: February 24, 2025

Respectfully submitted,

5   
6 Jeffrey Klein

# EXHIBIT A

----- Forwarded message -----

From: **Health Resources and Services Administration** <[hrsa@public.govdelivery.com](mailto:hrsa@public.govdelivery.com)>

Date: Fri, Jan 31, 2025 at 4:07 PM

Subject: Important Message for HRSA Award Recipients

To: [REDACTED]@gaycenter.org>



Dear Recipient:

Your Health Resources and Services Administration (HRSA) award is funded in whole or in part with U.S. government funds.

Effective immediately, HRSA grant funds may not be used for activities that do not align with Executive Orders (E.O.) entitled *Ending Radical and Wasteful Government DEI Programs and Preferencing*, *Initial Rescissions of Harmful Executive Orders and Action*, *Protecting Children from Chemical and Surgical Mutilation*, and *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government (Defending Women)*. Any vestige, remnant, or re-named

piece of any programs in conflict with these E.O.s are terminated in whole or in part.

You may not incur any additional costs that support any programs, personnel, or activities in conflict with these E.O.s

If you have any questions, contact us at  
[DGMOCommunications@hrsa.gov](mailto:DGMOCommunications@hrsa.gov).



Connect with HRSA

To learn more about our agency, visit [www.HRSA.gov](http://www.HRSA.gov)



Sign up for eNews

Follow Us:



Subscriber Services: [Manage Preferences](#) / [Unsubscribe](#) | [Help](#)  
Health Resources and Services Administration  
5600 Fishers Lane Rockville, MD 20857



This email was sent to [REDACTED]@gaycenter.org using GovDelivery Communications Cloud on behalf of: HRSA · 5600 Fishers Lane · Rockville, MD 20857



--

[REDACTED]  
Name Pronunciation: [Listen here](#)

Pronouns: He, Him, His | [Why they matter](#)

T: [REDACTED] | F: 212.924.2657 | [REDACTED]@gaycenter.org

The Lesbian, Gay, Bisexual & Transgender Community Center  
208 W 13th St, New York, NY 10011 | [gaycenter.org](http://gaycenter.org)

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 JESSYCA  
LEACH, CHIEF EXECUTIVE  
OFFICER OF PRISMA COMMUNITY  
CARE, IN SUPPORT OF PLAINTIFF'S  
COMPLAINT AND MOTION FOR  
PRELIMINARY INJUNCTION**

1 I, Jessyca Leach, declare as follows:

2 1. I am the Chief Executive Officer of Prisma Community Care, a nonprofit 501(c)(3)  
3 organization and health and wellness clinic based in Phoenix, Arizona. As one of Phoenix's largest  
4 and longest standing 2SLGBTQIA+ health centers, we offer affirming and inclusive services to  
5 promote well-being and advance health equity for diverse communities, particularly people of  
6 color, 2SLGBTQIA+ individuals, and those affected by HIV. Our commission is to offer  
7 compassionate care to all who seek it. Prisma Community Care was previously known as  
8 Southwest Center for HIV/AIDS, Inc. and adopted its new name on January 1, 2025.  
9

10 2. I submit this Declaration in support of Plaintiffs' Complaint and Motion for a  
11 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
12 enforcing Executive Order No. 14168 "Defending Women From Gender Ideology Extremism and  
13 Restoring Biological Truth to the Federal Government" ("Gender Order"), issued January 20, 2025;  
14 Executive Order No. 14151 "Ending Radical and Wasteful DEI Programs and Preferencing"  
15 ("DEI-1 Order"), issued January 20, 2025; and Executive Order No. 14173 "Ending Illegal  
16 Discrimination and Restoring Merit-Based Opportunity" ("DEI-2 Order"), issued January 21,  
17 2025 (collectively, the "Executive Orders"), and related agency directives that seek to enforce  
18 these Presidential actions.  
19

20 3. Prisma Community Care was founded in 1990 and has proudly served as a leader in  
21 providing affirming, inclusive healthcare for marginalized communities. At Prisma Community  
22 Care, we envision a just and equitable world where who we are is embraced in all spaces –  
23 especially in barrier-free access to health and wellness – leading each of us to live a full, rich, and  
24 authentic life. Prisma Community Care provides a safe, welcoming environment where community  
25 members can always expect respectful and compassionate care from our dedicated staff.  
26  
27  
28



1           4. Prisma Community Care focuses on the following values: we are person-centered, we  
2 incorporate humility into our services, we integrate intersectionality, we provide leadership  
3 through innovation, we will act with integrity, we are collaborative and community-focused, and  
4 we are committed to wellness.

5           5. Prisma Community Care’s services include primary care services, low- to no-cost HIV  
6 testing, rapid start initiation for HIV treatment, STI testing, PrEP and nPEP therapy and navigation,  
7 family planning services, comprehensive gender affirming care, mental health services, nutrition  
8 services, outreach and education, and other important community services consistent with and in  
9 furtherance of our mission. Prisma Community Care also hosts a “safe space” that includes open  
10 hours, events, and affinity group meetings, including the Committee for Culture, Education,  
11 Diversity, and Inclusion (CEDI), Gender Expansive Group, and Latinx Group. Each year, we serve  
12 over 30,000 people in Arizona.

13  
14           6. Prisma Community Care provides annual cultural competency in healthcare  
15 training for all staff, with many also enhancing their knowledge through trauma-informed care  
16 training. There are six primary objectives of our cultural competency in healthcare training: 1)  
17 learn how cultural competency can improve health outcomes, 2) define cultural competency in  
18 health care, 3) comprehend the language communication barriers, 4) gain knowledge of limited  
19 English proficiency (LEP), 5) summarize the 15 CLAS standards, and 6) identify family-centered  
20 and culturally competent care. We also provide opportunities for further training. For example, in  
21 September 2024, we offered a Minority Stress and Gender Expansive Identities training, in May  
22 2024, an Implicit Bias training, and in January 2023, an Introduction to Anti-Racist Clinical Care  
23 training. Many of our practices may be considered to promote “diversity, equity, inclusion, and  
24 accessibility” under the Executive Orders.  
25  
26  
27  
28

1           7. Prisma Community Care teams are comprised of individuals who reflect the  
2 community we serve. Prisma Community Care emphasizes the importance of having a staff that is  
3 reflective of the community in its hiring process and policies, ensuring that its direct service staff  
4 have past work and volunteer experience with members of target populations and/or have lived  
5 experience. Nearly 24% of Prisma Community Care's staff speak a second language; all services  
6 provided are offered in English, Spanish, and ASL.

7  
8           8. By having this representation, Prisma Community Care can build trust with  
9 vulnerable communities, such as transgender and gender-expansive individuals, Black, Latinx,  
10 Indigenous, and other communities of color, and women of color. This range of experiences and  
11 identities strengthens Prisma Community Care's ability to provide patient-centered care to clients  
12 and relate with staff and the community. This also creates an exceptionally strong team that  
13 cultivates a culture of meeting clients where they are and using a harm reduction approach to help  
14 clients achieve their goals. We focus on understanding gender diversity and the culture of  
15 communities of color because it is the right thing to do, and it improves the health outcomes of our  
16 patients.

17  
18           9. Currently, Prisma Community Care receives over three million dollars in federal  
19 funding, either directly or as pass-through funding through state agencies like the Arizona  
20 Department of Health Services (ADHS). The majority of this funding is from subagencies of the  
21 U.S. Department of Health and Human Services (HHS), including the U.S. Centers for Disease  
22 Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration  
23 (SAMHSA). We also receive federal funds under the Ryan White HIV/AIDS Program for HIV  
24 treatment and under Title X for family planning services.

1           10.     Most of our federal funding explicitly requires us to participate in activities and to  
2 employ affirming language that appear to be considered “diversity, equity, inclusion, or  
3 accessibility” efforts according to the Executive Orders.

4           11.     Under the CDC 24 grant, otherwise known as “Ways to Scale Up Prevention” grant,  
5 Prisma Community Care is required to provide affirming, stigma and discrimination-free HIV  
6 prevention and linkage to care services for our four priority populations and three groups of interest  
7 facing health disparities and disproportionately impacted by the syndemic of HIV and STIs in  
8 Maricopa County. Those priority populations are 1) gay, bisexual, and other Men who have Sex  
9 with Men (MSM), especially of color; 2) youth, ages 13 to 34 years old, especially of color; 3)  
10 gender expansive persons, defined as a variety of gender identities, experiences, and does not refer  
11 to sexual preference or orientation (e.g., two-spirit, transgender, nonbinary, etc.); and 4)  
12 individuals who use or have used substances. HIV, STIs, and Hepatitis C impact these populations  
13 more, according to surveillance data. Additionally, “groups of interest” were identified through an  
14 Arizona statewide survey, focus groups, and community-based health events. Groups of interest  
15 are based on individuals who need increased support and face health inequities when accessing  
16 quality prevention and care services as follows: A) persons of color; B) persons experiencing  
17 mental health challenges; and C) persons experiencing housing instability or homelessness. These  
18 priority populations and groups of interest are identified in the AZ 2022-2026 HIV/STI/HEP C  
19 Integrated Plan Report with a syndemic approach to STIs/Hep C to better address Maricopa  
20 County’s Ending the HIV Epidemic (EHE) goals.  
21  
22

23           12.     Under the “Minority AIDS Initiative: Substance Use Disorder Treatment for  
24 Racial/Ethnic Minority Populations at High Risk for HIV/AIDS” grant, Prisma Community Care  
25 must address substance use disorder needs for specific populations and subpopulations. We are  
26  
27  
28

1 mandated to report on the specific needs of these underserved populations and the barriers faced  
2 by subpopulations.

3 13. Under the “Ryan White Part B” grant, the grant acknowledges that “clinical  
4 facilities are more likely to serve minority populations, which are disproportionately impacted by  
5 HIV and have formed unique relationships not only with these most vulnerable populations but  
6 also within the community where the facility is located. Because of this, clinical facilities can offer  
7 routine HIV testing in ways that other entities cannot.” Under this grant, Prisma Community Care  
8 is required to provide free HIV testing services to the following priority populations: White, Black  
9 and Latinx MSM, especially youth; Latinx people of all genders; African Americans of all genders;  
10 and Transgender and gender non-conforming individuals.  
11

12 14. Under the “PrEP & nPEP” grant, the scope of services requires that Prisma  
13 Community Care “prioritize access to PrEP with target populations.” In our grant application,  
14 Prisma Community Care specified that our marketing team creates PrEP and nPEP campaigns to  
15 raise awareness of the advantages of PrEP and nPEP by targeting different underserved  
16 populations, such as Black, transgender and gender non-conforming, Latinx, and Indigenous  
17 communities. The application also explains that Prisma Community Care’s core competencies of  
18 the PrEP and nPEP navigation services include trauma-informed care, cultural humility, harm  
19 reduction, anti-racism, LGBTQIA+ community and culture, and BIPOC community and culture.  
20

21 15. Under the “Ending the Epidemic, Condom Distribution” grant, the program  
22 implementation requires Prisma Community Care to “increase normalization of condom use as an  
23 HIV prevention intervention among key populations.” The grant defines key populations to include  
24 “gay, bisexual and other MSM, especially of color; young person’s ages thirteen (13) through  
25 thirty-four (34), especially of color; and gender expansive persons.” Under this grant, Prisma  
26  
27  
28

1 Community Care has to submit activity reports to “ensure that key populations are receiving  
2 services.”

3 16. In all of our grant terms and conditions, we are mandated to comply with all  
4 applicable Federal and State laws, rules, and regulations. The terms and conditions also require  
5 Prisma Community Care to follow the anti-discrimination mandates in Title VI of the Civil Rights  
6 Act of 1964, Section 504 of Rehabilitation Act of 1973, Title II of the Americans with Disabilities  
7 Act of 1990, the Age Discrimination Act of 1975, Title IX of the Education Amendment of 1972,  
8 as well as Section 1557 of the Affordable Care Act, and that we agree “that no individual will be  
9 turned away from or otherwise denied access” based on race, color, national origin, age, sex, or  
10 disability.  
11

12 17. On January 28, 2025, the day after the Office of Management and Budget (OMB)  
13 issued a memorandum declaring a freeze on grant funding, Prisma Community Care logged into  
14 the grant portal and received the portal message that “access has been shut down.” Prisma  
15 Community Care was unable to access the funds for two CDC grants and a SAMHSA grant. Our  
16 program officers for the three grants did not have any information. Prisma Community Care then  
17 convened an emergency meeting to discuss grant funding.  
18

19 18. On January 29, 2025, Prisma Community Care received a message in our funding  
20 portal demanding we cease DEI activities on our CDC funded activities. The message said that our  
21 CDC award is funded in whole or in part with United States Government funds. Then it said, to  
22 implement the DEI Executive Orders, Prisma Community Care must “immediately terminate, to  
23 the maximum extent, all programs, personnel, activities, or contracts promoting ‘diversity, equity,  
24 and inclusion’ (DEI) at every level and activity” that was supported by our CDC funds. A copy of  
25 this notice is attached hereto as **Exhibit A**. Again, Prisma Community Care had an emergency  
26 meeting about grant funding. Without access to our federal funding, we would need to lay off  
27  
28

1 almost 40% of our staff by the following week. In response to the troubling funding freeze news,  
2 Prisma Community Care submitted five requests, totaling \$878,147.84, for our grant funding.

3 19. On January 30, 2025, one of Prisma Community Care's funding requests for  
4 \$45,000 cleared, and the other four requests were stuck with a "pending review" status. Once again,  
5 we were locked out of our grant portal with a portal message saying, "access has been shut down."

6 20. On January 31, 2025, Prisma Community Care received a second message through  
7 the funding portal demanding we cease activities promoting "gender ideology." The message said  
8 that our CDC award is funded in whole or in part with United States Government funds. Then it  
9 said, to implement the Gender Order, and in accordance with the Office of Personnel  
10 Management's Initial Guidance, Prisma Community Care had to "immediately terminate, to the  
11 maximum extent, all programs, personnel, activities, or contracts promoting or inculcating gender  
12 ideology at every level and activity" that was supported by our CDC funds. It continued that "any  
13 vestige, remnant, or re-named piece of any gender ideology programs funded by the U.S.  
14 government under this award are immediately, completely, and permanently terminated." A copy  
15 of this notice is attached hereto as **Exhibit B**. Our four funding requests were still stuck in the  
16 "pending review" status. Prisma Community Care received one additional email stating we have  
17 submitted a "larger than usual payment request." This was the first time Prisma Community Care  
18 had received a message about the funding amount, the federal employee questioned how much  
19 time it would take the organization to spend the funds. The federal employee said they "would like  
20 assurance" that the funds would be used within three working days. In response, Prisma  
21 Community Care cancelled the requests and resubmitted the requests with amounts similar to  
22 previous months. The Prisma Community Care Board of Directors had an emergency meeting  
23 about grant funding.  
24  
25  
26  
27  
28

1           21. On February 3, 2025, Prisma Community Care submitted a help ticket request to  
2 customer support because our funding was still pending. The responsive email said that “the  
3 payment request generally posts the next business day.” It also said that if payments are not  
4 received after one business day, it is likely “due to the Executive Orders regarding potentially  
5 unallowable grant payments.” Prisma Community Care withdrew the funding requests and  
6 resubmitted them.

7           22. On February 5, 2025, Prisma Community Care received the grant funding requests  
8 in amounts similar to a typical monthly withdrawal.

9           23. On February 21, 2025, Prisma Community Care received an email from the CDC  
10 explaining that our program officer was terminated during the mass layoffs more than a week prior.  
11 However, our program officer was silent or had little to share even before he was terminated. The  
12 last time we had a call with him was January 28, and we exchanged a few emails on February 3.

13           24. Uncertain about Prisma Community Care’s future ability to access our grant  
14 funding, we have decided to take funds out of our account on a weekly basis.


15           25. The stress of yo-yoing access of Prisma Community Care’s federal funding has left  
16 us confused and concerned about the potential impact on our operations, staff, and the quality of  
17 patient-centered care we provide. We are unsure if there is any way to maintain access given that  
18 so many aspects of our operation depend on an equitable approach to the provision of health care,  
19 and respectful acknowledgement of the dignity of transgender people. If we uphold our evidence-  
20 based, patient-centered care practices, then we might lose our funding. If we attempt to adhere to  
21 these Executive Orders by fundamentally altering our organizational identity and approach to  
22 whole-person care, it would compromise our high medical standards for providing medically  
23 necessary care, ultimately causing our patients to suffer.  
24  
25  
26  
27  
28



1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 252025

Respectfully submitted,

4  
5   
6 \_\_\_\_\_  
7 Jessyca Leach  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# 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](mailto:PRISM@cdc.gov)

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 JOE  
HOLLENDONER, CHIEF  
EXECUTIVE OFFICER OF THE LOS  
ANGELES LGBT CENTER, OFFICER  
OF THE LGBT COMMUNITY  
CENTER, IN SUPPORT OF  
PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**

1 I, Joe Hollendonner, hereby state as follows:

2 1. I am the Chief Executive Officer of the Los Angeles LGBT Center ("LA LGBT  
3 Center"), a nonprofit 501(c)(3) organization based in Los Angeles, California, that provides a  
4 variety of services to members of the lesbian, gay, bisexual, transgender, and queer ("LGBTQ")  
5 communities. I have served in this capacity since 2022. I joined the staff of the LA LGBT Center  
6 in 2021.

7 2. I am submitting this Declaration in support of Plaintiffs' Complaint and Motion for  
8 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
9 enforcing Executive Order No. 14168 "Defending Women From Gender Ideology Extremism and  
10 Restoring Biological Truth to the Federal Government" ("Gender Order"), issued January 20, 2025;  
11 Executive Order No. 14151 "Ending Radical and Wasteful DEI Programs and Preferencing"  
12 ("DEI-1 Order"), issued January 20, 2025; and Executive Order No. 14173 "Ending Illegal  
13 Discrimination and Restoring Merit-Based Opportunity" ("DEI-2 Order"), issued January 21,  
14 2025 (collectively, the "Executive Orders"), and related agency directives.

15 3. The LA LGBT Center was founded in 1969 and offers programs, services, and global  
16 advocacy that span four broad categories: health, social services and housing, culture and  
17 education, and leadership and advocacy. The mission of the LA LGBT Center is to fight bigotry  
18 and build a world where LGBT people thrive as healthy, equal, and complete members of society.  
19 Today the LA LGBT Center's more than 800 employees provide services for more LGBTQ people  
20 than any other organization in the world, with more than 500,000 client visits per year.

21 4. As the largest provider of services to LGBTQ people in the world, many of the LA  
22 LGBT Center's patients tell us that they come to the LA LGBT Center seeking culturally  
23 competent health care due to being denied care or being discriminated against based on their real  
24 or perceived sexual orientation, gender identity, transgender status, and HIV status. The LA LGBT  
25



Center's client population is disproportionately low-income and experiences high rates of chronic physical and mental conditions, homelessness, unstable housing, trauma and discrimination, and stigmatization in health care and social services. Our client population is diverse with respect to race and class, and more than 55% of our clients self-report that they are non-white or of Latinx heritage. Many of our clients come to the LA LGBT Center from different areas of California, other states, and even other nations to seek services in a safe and affirming environment.

5. Respecting transgender people and advancing their civil rights is central to the LA LGBT Center's identity, advocacy, and mission, and a necessary part of every aspect of the services we provide. Indeed, nearly every aspect of the services provided by the LA LGBT Center directly or indirectly impacts the transgender community, and the LA LGBT Center has provided its services to more than 6,000 transgender individuals over the past ten years—the majority of such services relating to their medical care.

6. The LA LGBT Center is one of the nation's largest and most experienced providers of LGBTQ health and mental health care. At the LA LGBT Center, we provide a wide spectrum of healthcare services, including, but not limited to, HIV treatment, testing, and prevention care, and mental health care. The LA LGBT Center also has medical providers who specialize in the care of transgender patients and who provide a full range of primary care services in addition to hormone therapy, pre- and post-surgical care, and trans-sensitive pap smears, pelvic exams, and prostate exams. The LA LGBT Center's broad array of healthcare services are all under one organization, from counseling and therapy to pharmaceutical and nutrition needs. In many cases, these services are quite literally lifesaving.

7. The LA LGBT Center is also a federal contractor, subcontractor, grantee, and subgrantee. The federal government is contractually obligated to provide the LA LGBT Center an estimated 22 million dollars of funding for use over multiple years. A significant portion of the

1 LA LGBT Center's revenue comes from federal programs, including, but not limited to, direct  
2 funding from the Department of Justice (DOJ) Office of Violence Against Women and the  
3 Department of Health & Human Services (HHS) divisions: Centers for Disease Control and  
4 Prevention (CDC); Health Resources and Services Administration (HRSA) Bureau of Primary  
5 Health Care, under which the LA LGBT Center is a Federally Qualified Health Center (FQHC);  
6 and the Administration for Children Youth & Families.

7  
8 8. As an FQHC, the LA LGBT Center is required to serve anyone on a nondiscriminatory  
9 basis who walks into its doors. We accept a variety of health insurance plans, including Medi-Cal  
10 (California's Medicaid program), Medicare, and most private insurance plans, in addition to  
11 providing services to uninsured individuals. We work with these individuals to help them access  
12 insurance through Covered California (California's Affordable Care Act "exchange"), and/or  
13 navigate other medical- and drug-assistance programs. Where insurance is not available, our  
14 services are offered on a sliding-scale basis, based on the ability to pay. We pride ourselves on  
15 providing leading-edge health care, regardless of individuals' ability to pay.  
16

17 9. In order to help patients navigate healthcare services, program, and insurance, the LA  
18 LGBT Center employs "navigators," which is a term for patient-facing staff members who provide  
19 assistance and support to patients facing barriers to care. To build trust and understanding,  
20 navigators often reflect the identities of those most impacted by health disparities, such as people  
21 of color, LGBTQ people, and people living with HIV. Navigators link patients to various services.  
22 A navigator's job is to reduce and eliminate any barriers that someone may have to accessing  
23 health care. Navigators complete evidence-based internal and external trainings and are equipped  
24 with tools to work with clients in priority populations. Navigators engage patients receiving  
25 services to ensure ongoing engagement and retention in care, including establishing patient health  
26 and wellness goals and working with clients to achieve those goals. They learn how to become a  
27  
28

1 trusted source for people who often lack trust in health care providers due to previous experiences.  
2 Through relationship building and rapport building, navigators are successful in connecting  
3 patients to medical providers, mental health services, and other health offerings.

4 10. Some of the LA LGBT Center's navigators work with high-risk populations to help  
5 them access and remain on Pre-Exposure Prophylaxis (PrEP), a biomedical intervention that  
6 prevents HIV. Other navigators specialize in housing stabilization, retention in care for People  
7 Living with HIV (PLWH), substance use recovery, seniors, or young people. For example, Black  
8 and Latinx gay men experience disproportionate rates of new HIV diagnoses in Los Angeles  
9 County. This is due to systemic factors, such as housing insecurity, stigma in healthcare settings,  
10 employment discrimination, transportation barriers, and more. Navigators connect individuals to  
11 HIV and STI testing and treatment, PrEP and PEP, HIV care, housing resources, healthcare, mental  
12 health services, medication adherence, social supports, and other social services. Navigators thus  
13 serve as critical patient and provider resources to support ongoing and regular engagement in  
14 health care and social services. Navigators work within a larger care team of providers, nurses,  
15 social workers, and case managers to holistically address current or anticipated barriers to care and  
16 ongoing engagement in care. Navigators use an intersectional lens to inform their interventions to  
17 meet clients where they are, validate their experiences, and contextualize their experiences within  
18 a context of institutional and structural racism, homophobia, transphobia, sexism, and xenophobia.  
19  
20

21 11. In addition to client services, like some of the work performed by the LA LGBT  
22 Center's navigators, which is conducted pursuant to a federally funded grant that specifically funds  
23 outreach to gay Black and Latinx men about barriers to care, we also conduct research. The LA  
24 LGBT Center receives federal funding for research programs and is currently a participant in  
25 multiple federally funded studies, including through the NIH and CDC. Many of the LA LGBT  
26 Center's federally funded grants require the LA LGBT Center to acknowledge, address, and  
27  
28

1 combat HIV stigma and discrimination. For example, the LA LGBT Center participates in the  
2 MACS/WIHS Combined Cohort Study (MWCCS), the longest-running study of HIV and AIDS  
3 in the United States. Since early in the epidemic, the NIH has supported this study to understand  
4 the impact of HIV on every aspect of health and wellbeing. As people living with HIV can now  
5 lead long and healthy lives, the focus of the study has shifted to the impact of the disease on aging,  
6 the long-term impacts of antiretroviral medications, as well as chronic conditions such as  
7 cardiovascular disease, pulmonary disease, neurologic, and sleep disorders. Another example is  
8 the mStudy, a longitudinal study seeking to understand how drug use affects the immune system  
9 of HIV-positive and HIV-negative men who have sex with men.  
10

11 12. The LA LGBT Center works hard in numerous ways to identify and address disparities  
12 in access to health care and patient health inequities based on race, sex, national origin, and  
13 LGBTQ status. In addition to client services and research, the LA LGBT Center provides training  
14 to its own staff. Internal staff training educates the LA LGBT Center's staff on identifying and  
15 acknowledging disparities in underlying health conditions, understanding cultural and historical  
16 barriers to care, and combating implicit bias that could interfere with patient-provider interactions,  
17 the ability of patients to receive equitable access to care and patient outcomes. We have a Chief  
18 Equity Officer whose mission is to create a space where everyone—staff, as well as the community  
19 at large—feels safe in their intersectional identities. We have implemented an equity framework  
20 on such issues to train our staff, from the Board to volunteers, which is meant to acknowledge and  
21 address systemic racism and the role of implicit bias in contributing to health disparities, including  
22 anti-LGBTQ bias. Lack of such training would exacerbate health care disparities that LGBTQ  
23 people, trans people, and people of color face in the broader health care environment—a directly  
24 contradictory outcome to the LA LGBT Center's grant mandates and fundamentally at odds with  
25 the LA LGBT Center's mission to provide the highest quality care to patients and clients without  
26  
27  
28

1 discrimination. Without addressing topics such as implicit bias and grappling with historical  
2 racism and anti-LGBTQ bias in the medical and social sciences fields, the LA LGBT Center cannot  
3 successfully fulfill the obligations of its federal funding. Such training is inherent in the work the  
4 LA LGBT Center has been funded to do.

5 13. In addition to training its own staff on cultural competency, the LA LGBT Center  
6 performs external trainings for partner organizations, providers, and the public. Our medical  
7 provider trainings mitigate the risk that providers subject patients to trauma and undermine doctor-  
8 patient trust, which can result from a provider harboring damaging sex-based stereotypes about  
9 LGBTQ people, particularly transgender people, and related bias—whether implicit or explicit. A  
10 transgender patient who experiences such discrimination will be far less likely to receive the health  
11 care treatment that they need because, after being discriminated against, they are unlikely to seek  
12 other care out of fear of repeated rejections. In turn, this type of delay has obvious and serious  
13 medical ramifications—both for the individuals and for public health at large—which results in  
14 increased costs to the LA LGBT Center and the health care system generally. The LA LGBT  
15 Center also provides numerous mental health related services, which are particularly important for  
16 our many patients who have experienced traumatic discrimination based on sexual orientation,  
17 gender identity, transgender status, HIV status, and other factors. The LA LGBT Center has  
18 received federal funding to perform trainings for providers at other institutions, this includes  
19 funding from the HHS Family and Youth Services Bureau, which funds the LA LGBT Center's  
20 operation of the National LGBTQ Institute on Intimate Partner Violence, and a grant from the DOJ  
21 Office on Violence Against Women to provide training and technical assistance on serving  
22 LGBTQ youth survivors of domestic violence, sexual assault, dating violence, stalking, and the  
23 overlap with commercial sexual exploitation.  
24  
25  
26  
27  
28

1 14. The LA LGBT Center's Youth Services team also conducts external trainings directed  
2 at cultural competency in working with LGBTQ foster youth and in creating safe and affirming  
3 schools, amongst other topic areas. Many of the recipients of these trainings, including schools  
4 and the California Department of Child and Family Services also receive federal funding. We also  
5 have staff at our Trans Wellness Center who regularly facilitate cultural competency trainings at  
6 numerous workplaces, and to other social service providers specific to the experience of  
7 transgender, gender non-conforming, and intersex communities. Many of these trainings, if not all  
8 of them, contain an explicit acknowledgment of systemic racism and implicit biases with respect  
9 to race, sex, and LGBTQ status. Additionally, most trainings have a significant focus on the  
10 experiences of the transgender community, including the systemic barriers that the transgender  
11 community faces and the resulting harm caused by these barriers.

13 15. The baseless and confusing Executive Orders threaten the work of the LA LGBT  
14 Center. One of the many examples of that threat relates to our National LGBTQ Institute on  
15 Intimate Partner Violence ("the Institute"). This federally funded Institute provides training and  
16 technical assistance to domestic violence and sexual assault providers across the country to ensure  
17 services are inclusive of LGBTQ people. The Institute was initially known as a Capacity Center  
18 when work began on it in 2013. Then in 2017, that work evolved into a National Institute as part  
19 of the federal Domestic Violence Resource Network, now rebranded as the federal Gender Based  
20 Violence Resource Network. In September 2020, the LA LGBT Center was awarded the federal  
21 contract to operate the Institute, which was formally relaunched a year later. This work is necessary  
22 because queer and transgender people experience disproportionate rates of violence and need care  
23 that is affirming of their sexual orientation and gender identity or expression.

26 16. While the Center remains resolute in conducting the trainings that we are contractually  
27 obligated to provide, we are already seeing the dire consequences of these Executive Orders.



1 Domestic violence and sexual assault providers across the country have already begun removing  
2 information about the LGBTQ inclusivity of their programs. These censorship actions are directly  
3 motivated by President Trump and his administration's assertions that their federal funding will  
4 be pulled, and is a prime example of the deliberate lack of clarity baked into these Executive  
5 Orders—an intentional ambiguity designed to confuse, intimidate, and stifle organizations by  
6 weaponizing undefined terms like “gender ideology” and “DEI preferencing.” In addition, our  
7 Institute staff have heard domestic violence programs announce that they would no longer serve  
8 transgender survivors or are questioning if their program is still allowed to serve transgender  
9 survivors because of the Executive Orders. The actions of our partners leave countless survivors—  
10 particularly transgender and nonbinary people—without competent care when they are in crisis.

12 17. The staff at the LA LGBT Center who perform these internal and external trainings are  
13 now concerned that their programming and presentations will be used as a justification for  
14 suspending or terminating the LA LGBT Center's federal funding from grants and contracts. Such  
15 censorship can defeat the purpose of the training and leave the audience without the tools necessary  
16 to ensure nondiscriminatory services to vulnerable communities. Besides the trainings, the LA  
17 LGBT Center staff members are also concerned about how to speak on behalf of the LA LGBT  
18 Center or interact in culturally inclusive and affirming ways with our patients and clients.  
19 Notwithstanding the practical difficulties of interpreting the Executive Orders, each staff member  
20 must worry about what they are allowed to say about the LA LGBT Center's mission and the  
21 importance of having an affirming and nondiscriminatory environment in which to seek medical  
22 care and other services for LGBTQ people, particularly transgender people, people from  
23 marginalized communities, and people of color. As a practical matter, it also appears that the  
24 Executive Orders restrict the LA LGBT Center's ability to advertise our services, and the  
25 Executive Orders restrict other federally funded organizations from partnering with us or  
26  
27  
28



1 participating in our trainings, which naturally undermines the LA LGBT Center's ability to meet  
2 its obligations under federal grant funding.

3 18. And critically, the Gender Executive Order prohibits the promotion of "gender  
4 ideology," seeming to condition federal funding on the denial of the very existence of transgender  
5 people. It is impossible for the LA LGBT Center to fulfill its mission and provide any of its services  
6 to transgender patients and clients without acknowledging and recognizing transgender people for  
7 who they are. Part of the LA LGBT Center's mission is to "fight against bigotry" and to help "build  
8 a better world—a world in which LGBTQ people can be healthy, equal, and complete members of  
9 society." Accordingly, our values of "courage" and "liberation" require us to "center the members  
10 of our community who need our care the most" and "to ensure the safety and freedom of *all*  
11 LGBTQ people." This includes recognizing the existence, identities, and experience of our  
12 transgender and gender diverse community members. Because we must do so in every aspect of  
13 our work, it is impossible for the LA LGBT Center to comply with or accede to the Gender  
14 Executive Order's requirement that we deny the existence of transgender people. We exist to serve  
15 all members of the LGBTQ community, and we will not abandon transgender people, a vulnerable  
16 segment of our community, as a condition of federal funding that is necessary to provide our wide  
17 array of services to thousands of people across the Greater Los Angeles area, and indeed, the world.

18 19. Trainings—whether internal or external—only comprise one part of the comprehensive  
19 services we offer to accomplish our mission, and the Executive Orders call into question whether  
20 other substantive work performed by the LA LGBT Center could be subject to scrutiny. For  
21 example, nowhere do the Executive Orders explain exactly what it means to "promote" so-called  
22 "gender ideology." Similarly, the Executive Orders do not define the terms "diversity, equity, and  
23 inclusion," "DEI," "diversity, equity, inclusion, and accessibility," or "DEIA." The term "equity"  
24 when used independently from "diversity, equity, inclusion, and accessibility" is particularly  
25  
26  
27  
28

1 vague and ambiguous. One of the Executive Orders says it is terminating “equity-related” grants  
2 and contracts, along with other DEI and DEIA activities. One of the Executive Orders also  
3 mandates OMB to excise references to DEI and DEIA *principles, under whatever name they may*  
4 *appear* from Federal acquisition, contracting, grants, and financial assistance procedures. The LA  
5 LGBT Center’s staff, therefore, cannot be certain what speech or activity might be considered DEI  
6 or DEIA “principles” even without using the actual terms “DEI” or “DEIA.” Beyond the confusing,  
7 undefined terminology, the LA LGBT Center and its partner organizations cannot figure out to  
8 what extent these Executive Orders seek to censor speech and actions beyond our grant-funded  
9 work. Does it extend to anything and everything our organizations say and do?

11 20. The LA LGBT Center also engages in numerous targeted initiatives that may—or may  
12 not—fall within the ambit of the ambiguous language of the Executive Orders. Consider the  
13 following examples. The LA LGBT Center engages in advertising around Pre-Exposure  
14 Prophylaxis (“PrEP”) and HIV prevention, particularly targeting young queer men of color, which  
15 is intended to build trust and community around the LA LGBT Center’s medical care and  
16 prevention services. The LA LGBT Center’s Trans Wellness Center has a specific focus on care  
17 for transgender and non-binary clients. The LA LGBT Center also has programs for monolingual  
18 Spanish speakers, programs on violence prevention with an emphasis on transgender women of  
19 color, programs providing post-incarceration linkages into services, and provides information to  
20 assist sex workers in negotiating safety. These offerings are fundamental to the LA LGBT Center’s  
21 mission, and our staff must be fluent in these and related concepts that may be considered as  
22 “promoting” “gender ideology” or relating to “DEI,” “DEIA,” or “Equity” as those terms are used  
23 in the Executive Orders.

26 21. Notwithstanding the Executive Orders, a significant number of LGBTQ patients fear  
27 going to a healthcare provider due to negative past experiences directly related to their sexual  
28

1 orientation, gender identity, or transgender status. The LA LGBT Center's providers have  
2 personally observed patients arriving at the LA LGBT Center with acute medical conditions that  
3 could have been avoided but-for the patients' reluctance to seek routine and necessary medical  
4 care for fear of discrimination. Even so, under the Executive Orders, the stories that the LA LGBT  
5 Center staff are hearing about discrimination in health care have shifted dramatically. The  
6 Executive Orders have resulted in a marked increase in anxiety, depression, and distress in our  
7 patients. They express deep concern and sometimes even panic that the Executive Orders will  
8 prevent them from receiving the life-saving care that they require. We are hearing this from all  
9 sectors of the LGBTQ community, including folks living with HIV, those who are undocumented,  
10 patients on gender affirming therapy, and individuals needing hormonal contraception for  
11 pregnancy prevention and menstrual related concerns. Medical providers are spending a significant  
12 amount of time in clinical encounters discussing these concerns and offering reassurance that we  
13 intend to continue providing care to all of our patients regardless of the external political  
14 environment. However, this does put added stress on our providers and care team, who are  
15 themselves very concerned about the ways that the Executive Orders will impact them personally  
16 and professionally.

17  
18  
19 22. At its core, the LA LGBT Center's mission includes ensuring LGBTQ individuals,  
20 particularly transgender people, of all backgrounds can be healthy, equal, and complete members  
21 of society. The Executive Orders make it difficult, if not impossible, for the LA LGBT Center to  
22 continue providing the same level of social, mental, and physical health care and related social  
23 services to its patients, external partners, and the public.

24  
25 23. The Executive Orders are part of a calculated assault on transgender rights, seeking to  
26 undermine and even deny the dignity, safety, and existence of our transgender and gender diverse  
27 community. While the LA LGBT Center plainly cannot accomplish its mission—and its mandates  
28

1 under existing grants—should the Executive Orders be allowed to stand, we will not allow bigotry,  
2 misinformation, or fearmongering to dictate who gets to access care. The LA LGBT Center is firm  
3 in its commitment that every transgender person deserves to live safely, authentically, and with  
4 dignity.

1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 25, 2025

Respectfully submitted,

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
  
Joe Hollendonner

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 JOSE ABRIGO IN  
SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION**

1 I, Jose Abrigo, hereby state as follows:

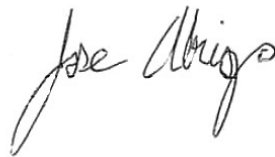
2 1. I am an attorney admitted to practice in the Northern District of California *pro hac*  
3 *vice*. See Dkt. No. 30. I am a Senior Attorney at Lambda Legal Defense and Education Fund and  
4 counsel for Plaintiffs San Francisco Aids Foundation, *et. al*, in the above-referenced litigation. I  
5 have personal knowledge of the matters stated herein and am competent to testify thereto. I submit  
6 this Declaration in support of Plaintiffs' Motion for a Preliminary Injunction.

7 2. Attached hereto as **Exhibit A** is a true and correct copy of Executive Order 14,168,  
8 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the*  
9 *Federal Government*, 90 Fed. Reg. 8,650 (Jan. 20, 2025) ("**Gender Order**").

10 3. Attached hereto as **Exhibit B** is a true and correct copy of Executive Order 14,151,  
11 *Ending Radical and Wasteful DEI Programs and Preferencing*, 90 Fed. Reg. 8,339 (Jan. 20, 2025)  
12 ("**DEI-1 Order**").

13 4. Attached hereto as **Exhibit C** is a true and correct copy of Executive Order 14,173,  
14 *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*, 90 Fed. Reg. 8,633 (Jan.  
15 21, 2025) ("**DEI-2 Order**").

16 Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is  
17 true and correct. Executed on February 28, 2025.

18 

19  
20 \_\_\_\_\_  
Jose Abrigo



# EXHIBIT A

## Presidential Documents

Executive Order 14168 of January 20, 2025

### Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 7301 of title 5, United States Code, it is hereby ordered:

**Section 1. *Purpose.*** Across the country, ideologues who deny the biological reality of sex have increasingly used legal and other socially coercive means to permit men to self-identify as women and gain access to intimate single-sex spaces and activities designed for women, from women's domestic abuse shelters to women's workplace showers. This is wrong. Efforts to eradicate the biological reality of sex fundamentally attack women by depriving them of their dignity, safety, and well-being. The erasure of sex in language and policy has a corrosive impact not just on women but on the validity of the entire American system. Basing Federal policy on truth is critical to scientific inquiry, public safety, morale, and trust in government itself.

This unhealthy road is paved by an ongoing and purposeful attack against the ordinary and longstanding use and understanding of biological and scientific terms, replacing the immutable biological reality of sex with an internal, fluid, and subjective sense of self unmoored from biological facts. Invalidating the true and biological category of "woman" improperly transforms laws and policies designed to protect sex-based opportunities into laws and policies that undermine them, replacing longstanding, cherished legal rights and values with an identity-based, inchoate social concept.

Accordingly, my Administration will defend women's rights and protect freedom of conscience by using clear and accurate language and policies that recognize women are biologically female, and men are biologically male.

**Sec. 2. *Policy and Definitions.*** It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality. Under my direction, the Executive Branch will enforce all sex-protective laws to promote this reality, and the following definitions shall govern all Executive interpretation of and application of Federal law and administration policy:

(a) "Sex" shall refer to an individual's immutable biological classification as either male or female. "Sex" is not a synonym for and does not include the concept of "gender identity."

(b) "Women" or "woman" and "girls" or "girl" shall mean adult and juvenile human females, respectively.

(c) "Men" or "man" and "boys" or "boy" shall mean adult and juvenile human males, respectively.

(d) "Female" means a person belonging, at conception, to the sex that produces the large reproductive cell.

(e) "Male" means a person belonging, at conception, to the sex that produces the small reproductive cell.

(f) "Gender ideology" replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa, and requiring all institutions of society to regard this false claim as true.

Gender ideology includes the idea that there is a vast spectrum of genders that are disconnected from one's sex. Gender ideology is internally inconsistent, in that it diminishes sex as an identifiable or useful category but nevertheless maintains that it is possible for a person to be born in the wrong sexed body.

(g) "Gender identity" reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex.

**Sec. 3. *Recognizing Women Are Biologically Distinct From Men.*** (a) Within 30 days of the date of this order, the Secretary of Health and Human Services shall provide to the U.S. Government, external partners, and the public clear guidance expanding on the sex-based definitions set forth in this order.

(b) Each agency and all Federal employees shall enforce laws governing sex-based rights, protections, opportunities, and accommodations to protect men and women as biologically distinct sexes. Each agency should therefore give the terms "sex", "male", "female", "men", "women", "boys" and "girls" the meanings set forth in section 2 of this order when interpreting or applying statutes, regulations, or guidance and in all other official agency business, documents, and communications.

(c) When administering or enforcing sex-based distinctions, every agency and all Federal employees acting in an official capacity on behalf of their agency shall use the term "sex" and not "gender" in all applicable Federal policies and documents.

(d) The Secretaries of State and Homeland Security, and the Director of the Office of Personnel Management, shall implement changes to require that government-issued identification documents, including passports, visas, and Global Entry cards, accurately reflect the holder's sex, as defined under section 2 of this order; and the Director of the Office of Personnel Management shall ensure that applicable personnel records accurately report Federal employees' sex, as defined by section 2 of this order.

(e) Agencies shall remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual's sex shall list male or female, and shall not request gender identity. Agencies shall take all necessary steps, as permitted by law, to end the Federal funding of gender ideology.

(f) The prior Administration argued that the Supreme Court's decision in *Bostock v. Clayton County* (2020), which addressed Title VII of the Civil Rights Act of 1964, requires gender identity-based access to single-sex spaces under, for example, Title IX of the Educational Amendments Act. This position is legally untenable and has harmed women. The Attorney General shall therefore immediately issue guidance to agencies to correct the misapplication of the Supreme Court's decision in *Bostock v. Clayton County* (2020) to sex-based distinctions in agency activities. In addition, the Attorney General shall issue guidance and assist agencies in protecting sex-based distinctions, which are explicitly permitted under Constitutional and statutory precedent.

(g) Federal funds shall not be used to promote gender ideology. Each agency shall assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology.

**Sec. 4. *Privacy in Intimate Spaces.*** (a) The Attorney General and Secretary of Homeland Security shall ensure that males are not detained in women's prisons or housed in women's detention centers, including through amendment, as necessary, of Part 115.41 of title 28, Code of Federal Regulations and interpretation guidance regarding the Americans with Disabilities Act.

(b) The Secretary of Housing and Urban Development shall prepare and submit for notice and comment rulemaking a policy to rescind the final rule entitled “Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs” of September 21, 2016, 81 FR 64763, and shall submit for public comment a policy protecting women seeking single-sex rape shelters.

(c) The Attorney General shall ensure that the Bureau of Prisons revises its policies concerning medical care to be consistent with this order, and shall ensure that no Federal funds are expended for any medical procedure, treatment, or drug for the purpose of conforming an inmate’s appearance to that of the opposite sex.

(d) Agencies shall effectuate this policy by taking appropriate action to ensure that intimate spaces designated for women, girls, or females (or for men, boys, or males) are designated by sex and not identity.

**Sec. 5. *Protecting Rights.*** The Attorney General shall issue guidance to ensure the freedom to express the binary nature of sex and the right to single-sex spaces in workplaces and federally funded entities covered by the Civil Rights Act of 1964. In accordance with that guidance, the Attorney General, the Secretary of Labor, the General Counsel and Chair of the Equal Employment Opportunity Commission, and each other agency head with enforcement responsibilities under the Civil Rights Act shall prioritize investigations and litigation to enforce the rights and freedoms identified.

**Sec. 6. *Bill Text.*** Within 30 days of the date of this order, the Assistant to the President for Legislative Affairs shall present to the President proposed bill text to codify the definitions in this order.

**Sec. 7. *Agency Implementation and Reporting.*** (a) Within 120 days of the date of this order, each agency head shall submit an update on implementation of this order to the President, through the Director of the Office of Management and Budget. That update shall address:

- (i) changes to agency documents, including regulations, guidance, forms, and communications, made to comply with this order; and
- (ii) agency-imposed requirements on federally funded entities, including contractors, to achieve the policy of this order.

(b) The requirements of this order supersede conflicting provisions in any previous Executive Orders or Presidential Memoranda, including but not limited to Executive Orders 13988 of January 20, 2021, 14004 of January 25, 2021, 14020 and 14021 of March 8, 2021, and 14075 of June 15, 2022. These Executive Orders are hereby rescinded, and the White House Gender Policy Council established by Executive Order 14020 is dissolved.

(c) Each agency head shall promptly rescind all guidance documents inconsistent with the requirements of this order or the Attorney General’s guidance issued pursuant to this order, or rescind such parts of such documents that are inconsistent in such manner. Such documents include, but are not limited to:

- (i) “The White House Toolkit on Transgender Equality”;
- (ii) the Department of Education’s guidance documents including:
  - (A) “2024 Title IX Regulations: Pointers for Implementation” (July 2024);
  - (B) “U.S. Department of Education Toolkit: Creating Inclusive and Non-discriminatory School Environments for LGBTQI+ Students”;
  - (C) “U.S. Department of Education Supporting LGBTQI+ Youth and Families in School” (June 21, 2023);
  - (D) “Departamento de Educación de EE.UU. Apoyar a los jóvenes y familias LGBTQI+ en la escuela” (June 21, 2023);
  - (E) “Supporting Intersex Students: A Resource for Students, Families, and Educators” (October 2021);
  - (F) “Supporting Transgender Youth in School” (June 2021);

(G) “Letter to Educators on Title IX’s 49th Anniversary” (June 23, 2021);

(H) “Confronting Anti-LGBTQI+ Harassment in Schools: A Resource for Students and Families” (June 2021);

(I) “Enforcement of Title IX of the Education Amendments of 1972 With Respect to Discrimination Based on Sexual Orientation and Gender Identity in Light of *Bostock v. Clayton County*” (June 22, 2021);

(J) “Education in a Pandemic: The Disparate Impacts of COVID–19 on America’s Students” (June 9, 2021); and

(K) “Back-to-School Message for Transgender Students from the U.S. Depts of Justice, Education, and HHS” (Aug. 17, 2021);

(iii) the Attorney General’s Memorandum of March 26, 2021 entitled “Application of *Bostock v. Clayton County* to Title IX of the Education Amendments of 1972”; and

(iv) the Equal Employment Opportunity Commission’s “Enforcement Guidance on Harassment in the Workplace” (April 29, 2024).

**Sec. 8. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

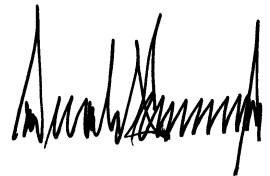
(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

(d) If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected thereby.



THE WHITE HOUSE,  
January 20, 2025.

# EXHIBIT B



## Presidential Documents

Executive Order 14151 of January 20, 2025

### Ending Radical and Wasteful Government DEI Programs and Preferencing

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

**Section 1. *Purpose and Policy.*** The Biden Administration forced illegal and immoral discrimination programs, going by the name “diversity, equity, and inclusion” (DEI), into virtually all aspects of the Federal Government, in areas ranging from airline safety to the military. This was a concerted effort stemming from President Biden’s first day in office, when he issued Executive Order 13985, “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

Pursuant to Executive Order 13985 and follow-on orders, nearly every Federal agency and entity submitted “Equity Action Plans” to detail the ways that they have furthered DEI’s infiltration of the Federal Government. The public release of these plans demonstrated immense public waste and shameful discrimination. That ends today. Americans deserve a government committed to serving every person with equal dignity and respect, and to expending precious taxpayer resources only on making America great.

**Sec. 2. *Implementation.*** (a) The Director of the Office of Management and Budget (OMB), assisted by the Attorney General and the Director of the Office of Personnel Management (OPM), shall coordinate the termination of all discriminatory programs, including illegal DEI and “diversity, equity, inclusion, and accessibility” (DEIA) mandates, policies, programs, preferences, and activities in the Federal Government, under whatever name they appear. To carry out this directive, the Director of OPM, with the assistance of the Attorney General as requested, shall review and revise, as appropriate, all existing Federal employment practices, union contracts, and training policies or programs to comply with this order. Federal employment practices, including Federal employee performance reviews, shall reward individual initiative, skills, performance, and hard work and shall not under any circumstances consider DEI or DEIA factors, goals, policies, mandates, or requirements.

(b) Each agency, department, or commission head, in consultation with the Attorney General, the Director of OMB, and the Director of OPM, as appropriate, shall take the following actions within sixty days of this order:

(i) terminate, to the maximum extent allowed by law, all DEI, DEIA, and “environmental justice” offices and positions (including but not limited to “Chief Diversity Officer” positions); all “equity action plans,” “equity” actions, initiatives, or programs, “equity-related” grants or contracts; and all DEI or DEIA performance requirements for employees, contractors, or grantees.

(ii) provide the Director of the OMB with a list of all:

(A) agency or department DEI, DEIA, or “environmental justice” positions, committees, programs, services, activities, budgets, and expenditures in existence on November 4, 2024, and an assessment of whether these positions, committees, programs, services, activities, budgets, and expenditures have been misleadingly relabeled in an attempt to preserve their pre-November 4, 2024 function;



(B) Federal contractors who have provided DEI training or DEI training materials to agency or department employees; and

(C) Federal grantees who received Federal funding to provide or advance DEI, DEIA, or “environmental justice” programs, services, or activities since January 20, 2021.

(iii) direct the deputy agency or department head to:

(A) assess the operational impact (e.g., the number of new DEI hires) and cost of the prior administration’s DEI, DEIA, and “environmental justice” programs and policies; and

(B) recommend actions, such as Congressional notifications under 28 U.S.C. 530D, to align agency or department programs, activities, policies, regulations, guidance, employment practices, enforcement activities, contracts (including set-asides), grants, consent orders, and litigating positions with the policy of equal dignity and respect identified in section 1 of this order. The agency or department head and the Director of OMB shall jointly ensure that the deputy agency or department head has the authority and resources needed to carry out this directive.

(c) To inform and advise the President, so that he may formulate appropriate and effective civil-rights policies for the Executive Branch, the Assistant to the President for Domestic Policy shall convene a monthly meeting attended by the Director of OMB, the Director of OPM, and each deputy agency or department head to:

(i) hear reports on the prevalence and the economic and social costs of DEI, DEIA, and “environmental justice” in agency or department programs, activities, policies, regulations, guidance, employment practices, enforcement activities, contracts (including set-asides), grants, consent orders, and litigating positions;

(ii) discuss any barriers to measures to comply with this order; and

(iii) monitor and track agency and department progress and identify potential areas for additional Presidential or legislative action to advance the policy of equal dignity and respect.

**Sec. 3. Severability.** If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected.

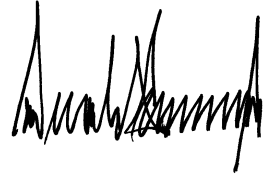
**Sec. 4. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

A handwritten signature in black ink, appearing to be "Donald Trump", located in the upper right quadrant of the page.

THE WHITE HOUSE,  
*January 20, 2025.*

# EXHIBIT C

## Presidential Documents

Executive Order 14173 of January 21, 2025

### Ending Illegal Discrimination and Restoring Merit-Based Opportunity

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

**Section 1. *Purpose.*** Longstanding Federal civil-rights laws protect individual Americans from discrimination based on race, color, religion, sex, or national origin. These civil-rights protections serve as a bedrock supporting equality of opportunity for all Americans. As President, I have a solemn duty to ensure that these laws are enforced for the benefit of all Americans.

Yet today, roughly 60 years after the passage of the Civil Rights Act of 1964, critical and influential institutions of American society, including the Federal Government, major corporations, financial institutions, the medical industry, large commercial airlines, law enforcement agencies, and institutions of higher education have adopted and actively use dangerous, demeaning, and immoral race- and sex-based preferences under the guise of so-called “diversity, equity, and inclusion” (DEI) or “diversity, equity, inclusion, and accessibility” (DEIA) that can violate the civil-rights laws of this Nation.

Illegal DEI and DEIA policies not only violate the text and spirit of our longstanding Federal civil-rights laws, they also undermine our national unity, as they deny, discredit, and undermine the traditional American values of hard work, excellence, and individual achievement in favor of an unlawful, corrosive, and pernicious identity-based spoils system. Hard-working Americans who deserve a shot at the American Dream should not be stigmatized, demeaned, or shut out of opportunities because of their race or sex.

These illegal DEI and DEIA policies also threaten the safety of American men, women, and children across the Nation by diminishing the importance of individual merit, aptitude, hard work, and determination when selecting people for jobs and services in key sectors of American society, including all levels of government, and the medical, aviation, and law-enforcement communities. Yet in case after tragic case, the American people have witnessed first-hand the disastrous consequences of illegal, pernicious discrimination that has prioritized how people were born instead of what they were capable of doing.

The Federal Government is charged with enforcing our civil-rights laws. The purpose of this order is to ensure that it does so by ending illegal preferences and discrimination.

**Sec. 2. *Policy.*** It is the policy of the United States to protect the civil rights of all Americans and to promote individual initiative, excellence, and hard work. I therefore order all executive departments and agencies (agencies) to terminate all discriminatory and illegal preferences, mandates, policies, programs, activities, guidance, regulations, enforcement actions, consent orders, and requirements. I further order all agencies to enforce our longstanding civil-rights laws and to combat illegal private-sector DEI preferences, mandates, policies, programs, and activities.

**Sec. 3. *Terminating Illegal Discrimination in the Federal Government.*** (a) The following executive actions are hereby revoked:

- (i) Executive Order 12898 of February 11, 1994 (Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations);
  - (ii) Executive Order 13583 of August 18, 2011 (Establishing a Coordinated Government-wide Initiative to Promote Diversity and Inclusion in the Federal Workforce);
  - (iii) Executive Order 13672 of July 21, 2014 (Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, Equal Employment Opportunity); and
  - (iv) The Presidential Memorandum of October 5, 2016 (Promoting Diversity and Inclusion in the National Security Workforce).
- (b) The Federal contracting process shall be streamlined to enhance speed and efficiency, reduce costs, and require Federal contractors and subcontractors to comply with our civil-rights laws. Accordingly:
- (i) Executive Order 11246 of September 24, 1965 (Equal Employment Opportunity), is hereby revoked. For 90 days from the date of this order, Federal contractors may continue to comply with the regulatory scheme in effect on January 20, 2025.
  - (ii) The Office of Federal Contract Compliance Programs within the Department of Labor shall immediately cease:
    - (A) Promoting “diversity”;
    - (B) Holding Federal contractors and subcontractors responsible for taking “affirmative action”; and
    - (C) Allowing or encouraging Federal contractors and subcontractors to engage in workforce balancing based on race, color, sex, sexual preference, religion, or national origin.
  - (iii) In accordance with Executive Order 13279 of December 12, 2002 (Equal Protection of the Laws for Faith-Based and Community Organizations), the employment, procurement, and contracting practices of Federal contractors and subcontractors shall not consider race, color, sex, sexual preference, religion, or national origin in ways that violate the Nation’s civil rights laws.
  - (iv) The head of each agency shall include in every contract or grant award:
    - (A) A term requiring the contractual counterparty or grant recipient to agree that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the government’s payment decisions for purposes of section 3729(b)(4) of title 31, United States Code; and
    - (B) A term requiring such counterparty or recipient to certify that it does not operate any programs promoting DEI that violate any applicable Federal anti-discrimination laws.
  - (c) The Director of the Office of Management and Budget (OMB), with the assistance of the Attorney General as requested, shall:
    - (i) Review and revise, as appropriate, all Government-wide processes, directives, and guidance;
    - (ii) Excise references to DEI and DEIA principles, under whatever name they may appear, from Federal acquisition, contracting, grants, and financial assistance procedures to streamline those procedures, improve speed and efficiency, lower costs, and comply with civil-rights laws; and
    - (iii) Terminate all “diversity,” “equity,” “equitable decision-making,” “equitable deployment of financial and technical assistance,” “advancing equity,” and like mandates, requirements, programs, or activities, as appropriate.

**Sec. 4. Encouraging the Private Sector to End Illegal DEI Discrimination and Preferences.** (a) The heads of all agencies, with the assistance of the

Attorney General, shall take all appropriate action with respect to the operations of their agencies to advance in the private sector the policy of individual initiative, excellence, and hard work identified in section 2 of this order.

(b) To further inform and advise me so that my Administration may formulate appropriate and effective civil-rights policy, the Attorney General, within 120 days of this order, in consultation with the heads of relevant agencies and in coordination with the Director of OMB, shall submit a report to the Assistant to the President for Domestic Policy containing recommendations for enforcing Federal civil-rights laws and taking other appropriate measures to encourage the private sector to end illegal discrimination and preferences, including DEI. The report shall contain a proposed strategic enforcement plan identifying:

- (i) Key sectors of concern within each agency's jurisdiction;
- (ii) The most egregious and discriminatory DEI practitioners in each sector of concern;
- (iii) A plan of specific steps or measures to deter DEI programs or principles (whether specifically denominated "DEI" or otherwise) that constitute illegal discrimination or preferences. As a part of this plan, each agency shall identify up to nine potential civil compliance investigations of publicly traded corporations, large non-profit corporations or associations, foundations with assets of 500 million dollars or more, State and local bar and medical associations, and institutions of higher education with endowments over 1 billion dollars;
- (iv) Other strategies to encourage the private sector to end illegal DEI discrimination and preferences and comply with all Federal civil-rights laws;
- (v) Litigation that would be potentially appropriate for Federal lawsuits, intervention, or statements of interest; and
- (vi) Potential regulatory action and sub-regulatory guidance.

**Sec. 5. Other Actions.** Within 120 days of this order, the Attorney General and the Secretary of Education shall jointly issue guidance to all State and local educational agencies that receive Federal funds, as well as all institutions of higher education that receive Federal grants or participate in the Federal student loan assistance program under Title IV of the Higher Education Act, 20 U.S.C. 1070 *et seq.*, regarding the measures and practices required to comply with *Students for Fair Admissions, Inc. v. President and Fellows of Harvard College*, 600 U.S. 181 (2023).

**Sec. 6. Severability.** If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected thereby.

**Sec. 7. Scope.** (a) This order does not apply to lawful Federal or private-sector employment and contracting preferences for veterans of the U.S. armed forces or persons protected by the Randolph-Sheppard Act, 20 U.S.C. 107 *et seq.*

(b) This order does not prevent State or local governments, Federal contractors, or Federally-funded State and local educational agencies or institutions of higher education from engaging in First Amendment-protected speech.

(c) This order does not prohibit persons teaching at a Federally funded institution of higher education as part of a larger course of academic instruction from advocating for, endorsing, or promoting the unlawful employment or contracting practices prohibited by this order.

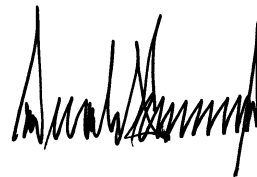
**Sec. 8. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

- (i) the authority granted by law to an executive department, agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to and does not create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

A handwritten signature in black ink, appearing to be a stylized name, possibly "Donald Trump", written in a cursive, slanted style.

THE WHITE HOUSE,  
*January 21, 2025.*



JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 KRISTA  
BROWN-LY, EXECUTIVE  
DIRECTOR OF THE BRADBURY-  
SULLIVAN LGBT COMMUNITY  
CENTER, IN SUPPORT OF  
PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**

1 I, Krista Brown-ly, hereby state as follows:

2 1. I am the Interim Executive Director of Bradbury-Sullivan LGBT Community  
3 Center (“Bradbury-Sullivan” or “the Center”), a nonprofit 501(c)(3) organization based in  
4 Allentown, Pennsylvania. Bradbury-Sullivan was established in 2014 and operates and serves the  
5 Greater Lehigh Valley region.

6 2. Our mission is to advance the health, well-being, and social equity of LGBTQ+  
7 individuals through advocacy, health programs, arts and culture events, and community-building  
8 activities. We provide essential services to thousands of LGBTQ+ individuals each year, with a  
9 focus on historically underserved populations, including transgender individuals and people of  
10 color.  
11

12 3. I submit this declaration in support of Plaintiffs’ Complaint and Motion for a  
13 Preliminary Injunction, which seeks to prevent the enforcement of Executive Order No. 14168,  
14 “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the  
15 Federal Government” (“Gender Order”), issued January 20, 2025; Executive Order No. 14151,  
16 “Ending Radical and Wasteful Government DEI Programs and Preferencing” (“DEI-1 Order”),  
17 issued January 20, 2025; and Executive Order No. 14173, “Ending Illegal Discrimination and  
18 Restoring Merit-Based Opportunity” (“DEI-2 Order”), issued January 21, 2025 (collectively, the  
19 “Executive Orders”), and related agency directives that seek to enforce these Presidential actions.  
20

21 4. These Executive Orders threaten Bradbury-Sullivan’s ability to fulfill its mission,  
22 deliver critical health and community services, and maintain financial stability. If allowed to stand,  
23 the Executive Orders will fundamentally undermine our core operations and the well-being of the  
24 LGBTQ+ community we serve.  
25  
26  
27  
28

1           5. Diversity, equity, inclusion, and belonging (“DEIB”) principles are central to  
2 Bradbury-Sullivan’s services and mission. Our programs address systemic barriers to healthcare,  
3 promote cultural competency in service provision, and provide affirming spaces for LGBTQ+  
4 individuals, including transgender people who face heightened disparities in healthcare,  
5 employment, and social services.

6           6. Transgender individuals are a core constituency of our Center. We provide peer  
7 support groups, health resources, educational workshops, and advocacy efforts specifically  
8 tailored to meet the unique challenges they encounter. These services are vital for ensuring that  
9 transgender individuals can access affirming care, mental health resources, and social support.  
10

### 11 **Funding and Operational Impact**

12           7. A significant portion of our funding comes from federal sources, including the U.S.  
13 Centers for Disease Control and Prevention (“CDC”), through pass-through contracts with state  
14 and local agencies such as the Pennsylvania Department of Health. Approximately sixty-two  
15 percent (62%) of our budget depends on these funds.  
16

17           8. The continuation of this funding is critical to the sustainability of Bradbury-  
18 Sullivan’s health programs and services. Without these financial resources, the organization would  
19 be unable to provide the majority of its health-related programs and essential services to the  
20 LGBTQ+ community. Executive Orders that restrict or alter the distribution of these funds place  
21 Bradbury-Sullivan’s operational capacity at significant risk, thereby directly impacting our ability  
22 to fulfill our mission and serve the LGBTQ+ community effectively.  
23

24           9. It is difficult for us to understand how to implement the DEI-1 and DEI-2 Orders.  
25 The orders do not define what “DEI” means, nor do they give examples of programs that would  
26 be in violation. The boundaries are not defined, even broadly, and it is difficult for us to adjust our  
27

1 programming accordingly. It is unclear whether the targeted work of serving underserved and  
2 disproportionately vulnerable populations would violate this order. We are even unsure if  
3 acknowledging these disparities themselves would be a violation of the orders.

4 10. The Gender Order seeks to coerce Bradbury-Sullivan to adopt the government's  
5 viewpoint by prohibiting or severely restricting the use of critical terms and concepts essential to  
6 our mission and work. This forced adherence to the government's prescribed narrative is not only  
7 in direct tension with our mission, which demands of us to recognize and serve all members of the  
8 LGBTQ+ community as who they are, it also makes it impossible for the Center to conduct its  
9 training effectively, as the Center cannot openly and accurately discuss the systemic issues at the  
10 core of LGBTQ+ health disparities. By imposing these restrictions, the government not only  
11 obstructs the CDC-funded program's goals but also interferes with Bradbury-Sullivan's ability to  
12 fulfill its contractual obligations and carry out its mission in addressing public health needs.

#### 14 **Impact on Health Programs and Training**

15 11. The Executive Orders pose a significant threat to our ability to fulfill our mission,  
16 serve the community, and carry out the essential work for which we receive federal and state  
17 funding. These orders directly undermine the purpose of the grants that support Bradbury-  
18 Sullivan's health initiatives and educational programs, restricting the ability to effectively address  
19 the health disparities that disproportionately impact LGBTQ+ individuals.

20 12. Bradbury-Sullivan plays a key role in addressing LGBTQ+ health disparities  
21 through programs like tobacco cessation initiatives, cancer screening education, and mental health  
22 advocacy. These efforts are supported by federal funding and require training on systemic factors  
23 contributing to health disparities, including implicit bias and discrimination.  
24  
25  
26  
27  
28

1           13. Bradbury-Sullivan’s Education Institute provides workshops and training for  
2 schools, businesses, healthcare providers, and other organizations to promote inclusivity and  
3 affirming practices. These trainings are crucial for dismantling bias, combating stigma, and  
4 ensuring structural changes that improve LGBTQ+ experiences across multiple sectors.

5           14. For example, Bradbury-Sullivan has a contract through the Pennsylvania  
6 Department of Health, funded by the CDC, to address tobacco-use disparities among LGBTQ+  
7 individuals. As part of this contract, Bradbury-Sullivan provides training to contractors and  
8 subcontractors of the Pennsylvania Department of Health’s Division of Tobacco Prevention and  
9 Control on evidence-based strategies for reducing LGBTQ+ tobacco use disparities in  
10 Pennsylvania. A critical component of this training includes an exploration of the systemic factors  
11 contributing to health disparities, such as implicit bias, systemic racism, sex stereotyping, and  
12 discrimination based on race, sex, gender, gender identity, and LGBTQ+ status. These discussions  
13 are essential for addressing the root causes of disparities and ensuring that health interventions are  
14 effective and equitable.  
15

16           15. Additionally, Bradbury-Sullivan receives funding from the Pennsylvania Coalition  
17 to Advance Respect (PCAR) to provide LGBTQ+ cultural competency training for personnel  
18 working with survivors of sexual violence. These trainings are essential in helping service  
19 providers understand the unique barriers that LGBTQ+ individuals face when accessing support  
20 services. This work necessarily involves discussions on health disparities related to race, gender,  
21 and sexual orientation, as well as their underlying causes. Without the ability to address these  
22 systemic issues, healthcare professionals and service providers will be unable to create affirming  
23 and inclusive environments for LGBTQ+ individuals seeking care.  
24  
25  
26  
27  
28

1           16. Bradbury-Sullivan’s training work can only succeed when we are able to provide  
2 external, data-driven training to community organizations, healthcare providers, and other  
3 stakeholders on how racism and bias impact the communities we serve. Our trainings are grounded  
4 in scientific research and public health data, addressing the historical mistreatment of marginalized  
5 communities by medical researchers and healthcare providers, as well as the resulting mistrust that  
6 persists today. We also provide evidence-based education on health disparities related to race, sex,  
7 and LGBTQ+ status, and how these systemic factors influence interactions between healthcare  
8 professionals and the communities they serve. These external trainings are essential for equipping  
9 organizations with the knowledge and tools needed to deliver culturally competent care and reduce  
10 health disparities. We tailor our trainings to meet the specific needs of each audience, ensuring  
11 that professionals across sectors are prepared to engage with LGBTQ+ communities in a respectful,  
12 inclusive, and effective manner.  
13

14           17. The Executive Orders’ restrictions on “equity-related” grants and the “promotion”  
15 of “gender ideology” directly impede our ability to conduct these trainings effectively. Healthcare  
16 providers need to respect the identities of transgender patients and offer competent affirming care  
17 to LGBTQ+ individuals. Healthcare providers also must combat implicit bias and address medical  
18 mistrust among communities of color. Limiting discussions of these subjects not only hampers our  
19 training programs but also risks increased health disparities within our community.  
20

### 21 **Transgender Youth**

22           18. LGBTQ+ youth face disproportionate risks of mental health challenges, bullying,  
23 and family rejection. Our youth and family programming provide essential support through  
24 initiatives like Coping and Support Training (“CAST”), implemented in multiple Lehigh Valley  
25 school districts, equipping LGBTQ+ youth with emotional regulation and resilience-building skills.  
26  
27  
28

1 In addition, the Center supports parents and caregivers through programs like the Parents of Trans  
2 Kids group and LGBTQ+ family community groups, ensuring that families have the resources and  
3 connections needed to foster a supportive environment.

4 19. Our community programs provide peer-led support groups, youth and family  
5 services, and educational workshops that foster connection and resilience. Transgender individuals  
6 participate in these groups at significant rates due to the limited availability of affirming spaces  
7 elsewhere.  
8

9 20. The restrictions imposed by these Executive Orders would force us to close down  
10 these programs. By forbidding the acknowledgment of transgender people and restricting  
11 discussions on systemic issues that directly impact transgender youth and their families. This  
12 forced silence not only harms the communities served but also jeopardizes the effectiveness of  
13 programs designed to improve LGBTQ+ youth outcomes. Additionally, funding partners are  
14 considering withdrawing support due to concerns about compliance with the Executive Orders,  
15 leading to direct financial losses that threaten the availability and sustainability of these vital  
16 services.  
17

18 21. The Executive Orders' restrictions on acknowledging systemic challenges faced by  
19 transgender individuals impair our ability to facilitate meaningful conversations in these groups.  
20 This limitation hinders the development of coping skills, resilience, and a sense of community  
21 which are key components of our mental health support services.  
22

### 23 **Impact on Essential Community Services**

24 22. For many LGBTQ+ individuals, barriers to basic necessities and affirming services  
25 create significant challenges to health, stability, and well-being. At Bradbury-Sullivan LGBT  
26  
27  
28



Community Center, we work to bridge these gaps through essential resource programs that ensure community members can access the support they need to thrive.

23. Our Care Cupboard provides free hygiene products, gender-affirming supplies, and emergency essentials to those facing financial hardship. Many LGBTQ+ individuals, particularly transgender and non-binary individuals, face discrimination when attempting to access gender-affirming products in traditional retail settings. By offering accessible, affirming support, we remove these barriers and ensure that no one in our community is denied the basic items necessary for dignity and well-being.

24. Additionally, our resource referral line connects individuals to LGBTQ-affirming healthcare providers, legal services, housing assistance, and mental health support. As a trusted link between the LGBTQ+ community and critical services, we ensure that individuals can seek support without fear of discrimination or bias. Whether helping someone find a trans-competent doctor, secure stable housing, or access legal assistance, our referral network is a vital tool for ensuring that community members receive affirming care and support.

25. The Gender Order would severely disrupt these essential services by imposing restrictions that prohibit open acknowledgment of transgender identities and their specific community needs. By labeling discussions of gender identity as “ideology,” the Gender Order undermines the foundation of these programs. The order would obstruct the resource referral line’s ability to connect community members with affirming healthcare, legal services, and mental health support by preventing the use of accurate, inclusive language critical to these referrals. Ultimately, these restrictions would compromise the Center’s mission to meet the basic needs of LGBTQ+ individuals with dignity, leaving many without access to essential services that support their health, stability, and well-being.

**Threat to Organizational Survival**

26. The combined effect of the Executive Orders places Bradbury-Sullivan's core mission and operational existence at risk. By targeting DEIB initiatives and discussions of gender identity, these Orders not only reduce the effectiveness of our programs but also jeopardize the funding necessary to sustain our operations.

27. Many organizations who we provide these services to are already beginning to scale back and cancel trainings or services, over concerns about these Orders.

28. We face the imminent risk of losing critical funding streams, being forced to scale back essential services, and ultimately failing to meet the urgent health and social needs of the LGBTQ+ community in the Greater Lehigh Valley.

///

///

///

///

///

///

///

///

///

1  
2 I declare under penalty of perjury under the laws of the United States of America that the  
3 foregoing is true and correct.

4 Dated: February 24, 2025

Respectfully submitted,

5  
6   
7 \_\_\_\_\_  
8 Krista Brown-Ly  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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.  
13

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.  
23  
24

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,  
27

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.  
13

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.  
21

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:  
26  
27  
28

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

14 b. On January 31, 2025, we received notices for both of our CDC awards,  
15 instructing us to “immediately terminate, to the maximum extent, all programs, personnel,  
16 activities, or contracts promoting or inculcating gender ideology at every level and activity,  
17 regardless of your location or the citizenship of employees or contractors, that are  
18 supported with funds from this award.” A copy of this notice is attached as **Exhibit B**.  
19

20 c. On February 1, 2025, we received a notice of termination for  
21 Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who  
22 Have Sex With Men and Young Transgender Persons of Color award effective January 31,  
23 2025. A redacted copy of the termination notice is attached as **Exhibit C**. Subsequently,  
24 we received a notice that the termination was rescinded on February 12, 2025. A redacted  
25 copy of the termination rescission notice is attached as **Exhibit D**.  
26  
27  
28

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.

7  
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.  
24  
25  
26  
27  
28

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.

7  
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.

18  
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  
26

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,  
24  
25  
26  
27  
28

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.

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

11           j.       Our Black Health Center of Excellence program provides high quality,  
12 multi-disciplinary, culturally competent health care to African Americans living with  
13 HIV/AIDS at the intersection of poverty, mental health needs, substance use, incarceration,  
14 and housing insecurity. This program strives to reduce harm, to improve health status and  
15 quality of life for clients, and to integrate multiple health professions into a team-based,  
16 multi-disciplinary approach to care.  
17

18           k.       Our Stop The Hate program is a groundbreaking initiative addressing the  
19 alarming rise of anti-Asian and Pacific Islander ("API") LGBTQ hate, violence, and crime  
20 in our community. We believe in fostering a safe and inclusive environment where  
21 everyone can thrive without fear of discrimination or violence. This program combats anti-  
22 API LGBTQ hate with support groups, non-violence trainings, holistic health, mental  
23 health resources, medical and legal aid referrals, hate incidents reporting, and senior escort  
24 services.  
25  
26  
27  
28

1           l.       The Lotus Project is San Francisco’s Health Access Point for and by API  
2       gay, bisexual, queer men and transgender women, aiming to reduce HIV and other  
3       communicable illnesses through community building, safe spaces, health services, and  
4       inclusive social events that foster health, wellness, and friendship.

5           m.     The Tenderloin Center of Excellence program serves people living with  
6       HIV who are or were affected by homelessness and for whom the traditional medical  
7       system has failed by providing drop-in services and holistic programming with a focus on  
8       engaging clients in HIV primary medical care. Our clients have the opportunity to connect  
9       with community, eat breakfast, watch TV, use the internet, make phone calls, participate  
10      in art therapy, attend support groups focused on mental health and harm reduction, and  
11      access case management and navigation.

12           n.     Our LBTQ Health Equity Initiative is a capacity building effort targeting  
13      providers in the Northern California region to enhance their ability to deliver culturally  
14      responsive health services for LGBTQ communities, addressing systemic bias and the lack  
15      of tailored care.

16           13. Our work is deeply informed by public health data, which demonstrates that  
17      communities of color, LGBTQ individuals, and people living with HIV experience  
18      disproportionately poor health outcomes. These disparities are rooted in historical and structural  
19      discrimination, including racism, xenophobia, misogyny, homophobia, and transphobia. To  
20      address these inequities, SFCHC employs evidence-based, community-defined, culturally  
21      competent care models that acknowledge the unique needs and life experiences of our client  
22      populations. Our programs are designed not only to treat illness but also to address the social  
23      determinants of health that contribute to persistent disparities.



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.  
10

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.  
23  
24

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  
27  
28

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.

23  
24  
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  
27

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.  
16  
17

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  
26  
27  
28

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.

8  
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.

20 b. A non-binary individual has been undergoing gender-affirming therapy for  
21 years, but they are concerned that due to the Executive Orders, some insurers may stop  
22 covering gender-affirming care and procedures. They worry that their next visit to the  
23 doctor will be met with “we can’t help you anymore,” and the thought of having to go  
24 through the grueling process of finding a new provider or even being denied care  
25  
26  
27  
28

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

13 d. A transgender male client is in the middle of a legal process to update his  
14 name and gender on his official documents, but the Executive Orders have made him fear  
15 that this process could become more complicated or even impossible. His mismatched IDs  
16 have already caused problems at the Department of Motor Vehicles, and he is terrified that  
17 the system will reject his request for an accurate ID. Without correct, consistent  
18 identification, he worries about being denied housing and health care and for his overall  
19 safety in society.  
20

21 e. A transgender woman was working at a tech company, but after being open  
22 about her gender identity, she was fired. Now she is struggling to find a new job, as she is  
23 concerned that her outdated ID documents do not match her gender identity and that this  
24 will present a barrier to her being hired anywhere. Her anxiety about employment  
25 discrimination keeps her from being able to make ends meet, and she is increasingly  
26  
27  
28

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.  
10

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.  
15

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.  
21

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)  
27  
28

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.

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.  
25  
26  
27  
28



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

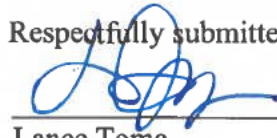
11           27. SFCHC stands committed to the principle that health care is a human right, and that  
12 equitable, inclusive care is essential to achieving health justice. We urge the Court to enjoin the  
13 implementation of the Executive Orders, and prevent irreparable harm to our clients, our  
14 organization, and the broader community we serve.  
15  
16  
17

18 ///

1  
2 I declare under penalty of perjury under the laws of the United States of America that the  
3 foregoing is true and correct.

4 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](mailto: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****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****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



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





Award# 6 NU65PS923732-03-02  
FAIN# NU65PS923732  
Federal Award Date: 02/11/2025

## 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

### 8. Authorized Official

[REDACTED]

Chief Financial Officer

[REDACTED]@sfcommunityhealth.org

## 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



## 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

**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





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.

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 MICHAEL  
MUNSON, EXECUTIVE DIRECTOR  
OF FORGE, IN SUPPORT OF  
PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**

1 I, Michael Munson, hereby state as follows:

2 1. I am the co-founder and Executive Director of FORGE Inc. (“FORGE”), a nonprofit  
3 501(c)(3) organization based in Milwaukee, Wisconsin, which provides training and support to  
4 service providers who serve victims of crime, as well as provides direct support and resources to  
5 transgender and nonbinary survivors of violence. I have served in this capacity since 1994.

6 2. I submit this Declaration in support of Plaintiffs’ Complaint and Motion for a  
7 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
8 enforcing Executive Order No. 14168 “Defending Women From Gender Ideology Extremism and  
9 Restoring Biological Truth to the Federal Government” (“Gender Order”), issued January 20, 2025;  
10 Executive Order No. 14151 “Ending Radical and Wasteful DEI Programs and Preferencing”  
11 (“DEI-1 Order”), issued January 20, 2025; and Executive Order No. 14173 “Ending Illegal  
12 Discrimination and Restoring Merit-Based Opportunity” (“DEI-2 Order”), issued January 21,  
13 2025 (collectively, the “Executive Orders”), and related agency directives that seek to enforce  
14 illegal, *ultra vires* Presidential action.  
15  
16

17 3. FORGE was founded in 1994 and offers programs and services to reduce the impact of  
18 trauma on transgender and nonbinary survivors of violence by empowering service providers,  
19 advocating for systems reform, and connecting survivors to healing possibilities. Most of this work  
20 focuses on training service providers who work with victims of sexual assault, intimate partner  
21 violence, stalking, and hate crimes to increase their knowledge of how to better serve  
22 transgender/nonbinary victims of crime. FORGE also provides direct support, resources, and  
23 healing services to transgender community members.  
24

25 4. Acknowledging transgender people’s existence, respecting them, and advancing their  
26 civil rights is central to FORGE’s identity, advocacy, and mission, and is a necessary part of every  
27  
28

1 aspect of the services we provide. Indeed, every aspect of the services provided by FORGE directly  
2 or indirectly impacts the transgender community.

3 5. Additionally, FORGE's approach is deeply informed by intersectionality, recognizing  
4 that the experiences of transgender and nonbinary people are further impacted by other  
5 marginalized identities they may have, such as race, ethnicity, and disability, which necessitates a  
6 nuanced and comprehensive approach in all our programs and services. Simply put, all of our  
7 trainings incorporate DEI and DEIA principles because not only are transgender people an  
8 underserved, marginalized group, but transgender people of color, transgender people living with  
9 disabilities, and transgender youth face even greater levels of victimization and marginalization,  
10 especially Black transgender women and transgender youth of color. Recognizing those  
11 intersections is necessary to ensure that the service providers we train are able to work effectively  
12 with the wide range of individuals within the transgender community.  
13

14 6. Although FORGE only has four employees, in 2024 alone, we facilitated over eighty  
15 trainings, events, podcasts, and listening sessions for service providers. These trainings and  
16 support events were attended by over four thousand individuals, reaching people from 43 states  
17 and 3 territories. Throughout the year, we facilitated another eighteen events specifically for  
18 transgender and nonbinary survivors and community members. In addition to the trainings, events,  
19 and media that FORGE produced last year, we also created transgender-specific documents, such  
20 as academic articles, textbook chapters, technical guidance, and toolkits. Over the longer course  
21 of our work, we have also conducted trainings and prepared written content for government  
22 agencies, like the Department of Justice (DOJ), Federal Bureau of Investigation, and the  
23 Department of Veterans Affairs.  
24  
25  
26  
27  
28

1 7. FORGE is a federal grantee and subgrantee. Approximately 90% of FORGE's revenue  
2 arises from federal programs and grants, including but not limited to grants from the DOJ Offices  
3 for Victims of Crime (OVC), Justice Programs (OJP), and Violence Against Women (OVW) and  
4 National Institute of Justice (NIJ), the Substance Abuse and Mental Health Services  
5 Administration (SAMHSA), and the National Institutes of Health National Institute on Alcohol  
6 Abuse and Alcoholism (NIH-NIAAA). FORGE's existing federally funded grants support various  
7 initiatives, including the development of training materials and direct support services for  
8 transgender and nonbinary survivors. These Federal offices and governmental departments have  
9 made explicit in the requests for proposals that organizations should, and in some cases must, focus  
10 on target populations, including transgender people and people of color.

12 8. For example, FORGE was the original author of the 2014 OVC Guide, *Responding to*  
13 *Transgender Victims of Sexual Assault*, an extensive online toolkit for service providers hosted on  
14 the OVC website, funded by OVC. In 2022, FORGE applied for and received a grant from OVC  
15 to create an updated version of this vital resource. The new toolkit expands beyond the singular  
16 crime of sexual assault to address a wide range of crimes against transgender people and will focus  
17 content for several dozen types of service providers. The grant solicitation explicitly outlined that  
18 the toolkit must address the barriers and disparities experienced by transgender women and girls  
19 of color and address the diverse identities and experiences within the transgender community that  
20 are uniquely negatively impacted, underserved, and inadequately cared for by service providers.  
21 This is an important aspect of the toolkit because each group and subpopulation within the  
22 transgender community experiences different types and severity of violence and different barriers  
23 to receiving services. Although the original toolkit was on the OVC website for over a decade,  
24 after the Executive Orders issued, OVC removed it from their site. Because of the Executive  
25  
26  
27  
28



1 Orders, I am uncertain about whether the updated version OVC has funded us to produce will ever  
2 be made public or whether we will be able to drawdown the funds to cover the expenses we have  
3 incurred in the last month for its production. Although I have not heard directly from OVC, I did  
4 hear from the National Violence Against Women Law Enforcement Training and Technical  
5 Assistance Consortium, who was supposed to provide a section of the toolkit for law enforcement  
6 professionals, that their funder, OVW, asked them to pause their support for the toolkit because of  
7 the Executive Orders.  
8

9 9. Likewise, FORGE partners with numerous national mainstream organizations that also  
10 provide training and technical assistance to victim service providers under their grant-funded work.  
11 Partnerships, working groups, advisory teams, and other forms of collaboration are central to  
12 carrying out our training and technical assistance work. FORGE's specific role in these  
13 partnerships is to bring a focus on the needs and realities of transgender survivors of violence to  
14 their broader efforts.  
15

16 10. Currently, FORGE is working on an OVW grant-funded project with the International  
17 Association of Forensic Nurses (IAFN) on the National Tribal Clearinghouse on Sexual Assault.  
18 FORGE's work on this project focuses on survivor services and outreach initiatives for Two-Spirit  
19 people. Two-Spirit people are Native people whose gender and sexuality do not fit into the Western  
20 colonial paradigms of the gender binary articulated in the Executive Orders. Since the Executive  
21 Orders issued, we participated in a working group with IAFN and other partners related to the joint  
22 resources we are creating under this grant. Members of the working group shared that their  
23 program managers from OVW and OVC had instructed that our grant funded work could not  
24 include terms like "equal opportunity," "pronoun," "colonialism," "Westernization"  
25 "intersectionality," "genocide," "accessibility," and "historical trauma." Restricting the use of  
26  
27  
28

1 these words not only results in inadequate contextual understanding but also fails to address the  
2 systemic issues at the core of historic harms faced by Native people, including Two-Spirit people.  
3 These restrictions on FORGE's discussions of gender and DEI completely undermine our ability  
4 to carry out grant-funded work. More critically, IAFN reported to FORGE during a meeting that  
5 the program manager for this grant at OVW told them that the work with Two-Spirit people under  
6 the grant had to stop because of the Executive Orders, which they confirmed by email to me on  
7 February 4, 2025. A true and accurate copy of that email is attached hereto as Exhibit 1.  
8

9 11. FORGE has heard from other primary grantees about similar restrictions on work we  
10 carry out as a subgrantee or contractor, including on OVW-funded webinar content focusing on  
11 transgender youth survivors of dating violence; webinar content on culturally responsive support  
12 for LGBTQ youth of color; podcast content focusing on sexual assault and the dynamics of  
13 LGBTQ people on faith-based college campuses; and continued participant engagement on NIH-  
14 NIAAA funded research related to transgender people, intimate partner violence and the role of  
15 alcohol. We are uncertain about how exactly this work is going to be constrained and what will be  
16 allowed. None of the restrictions we are hearing about have been put in writing by the funding  
17 agencies, making it challenging to keep track of the changing environment. I have spent so much  
18 time talking with my staff, with our partners, and with leaders of other organizations working in  
19 the sexual assault and domestic violence spaces trying to make sense of what these Executive  
20 Orders allow and prohibit. We are trying to strategize around how to fund the work with both  
21 providers and survivors if our federal funding is cut off. The heavy focus in the last few weeks has  
22 been specifically on transgender youth survivors and ensuring they continue to have access to post-  
23 assault emergency care. We are all committed to this vital work and to navigating these Executive  
24  
25  
26  
27  
28

1 Orders' attempts to erase the identities of both our organizations and the people we are trying to  
2 help.

3 12. FORGE's collaborations with other organizations have also been disrupted because of  
4 partners' grant funding. FORGE has been part of a workgroup for a project funded by the National  
5 Institute of Corrections on improving care of transgender people in correctional settings. On  
6 February 11, 2025, we were informed by the grantee that work on this project has been paused  
7 because of the Executive Orders. Though we were not paid for participating in this workgroup,  
8 FORGE is nonetheless impacted by its termination because we lose access to partners that may be  
9 best positioned to make major policy changes. Removing FORGE from the conversation results  
10 in policy changes that insufficiently consider the needs and realities of transgender survivors of  
11 violence and ultimately makes our work harder in the long run because we must fill the gaps in the  
12 policies that are enacted.  
13

14 13. Without grants from these federal programs, FORGE would not be able to develop and  
15 provide trainings geared towards providers serving transgender and nonbinary survivors of  
16 violence. The lack of such training material would leave transgender survivors without access to  
17 professionals with the knowledge, skills, and cultural competency to provide the support and  
18 services that all survivors of violence need and deserve. Without recognizing the unique  
19 experiences of transgender people across different lines of race, age, and ability, transgender  
20 survivors experience additional harm from service organizations and increased systemic  
21 victimization. All of FORGE's grant-funded work focuses on transgender survivors and the  
22 professionals who provide services to transgender survivors. All grant activities outlined in  
23 approved and funded proposals are centered on transgender and nonbinary people who are victims  
24 of crime. The barriers to transgender survivors reporting this violence and seeking support are  
25  
26  
27

1 tremendous. These barriers increase when professionals are not trained and do not have the skills  
2 to meet survivors' needs in ways that are affirming and respectful of every aspect of their identities.

3 14. Without addressing topics such as implicit bias and grappling with how racism, sexism,  
4 and ablism intersect with transphobia, FORGE cannot successfully fulfill the obligations of our  
5 federal funding. Failing to train the professionals working with transgender survivors of violence  
6 on the impacts of systemic inequalities and barriers related to race, age, disability, lack of language  
7 access, and economic status would mean that those professionals will not be able to effectively  
8 serve those survivors.  
9

10 15. Some of the recent content created by FORGE is listed below:

- 11 a. In partnership with End Violence Against Women International (EVAWI),  
12 FORGE created a new training module in EVAWI's OVW-funded "Sexual  
13 Assault Medical Forensic Exam: A Virtual Practicum." This module  
14 includes an immersive training case example focused on a black trans man  
15 who experienced sexual assault and his interactions with a sexual assault  
16 nurse examiner and victim advocate. The module's components included a  
17 video of the case/scenario, a director's cut, voice-over additional training  
18 notation, resources, and links to additional trans-specific learning  
19 opportunities for sexual assault nurse examiners.  
20
- 21 b. In January 2024, FORGE developed and presented a training requested by  
22 OVC, for the DOJ PREA (Prison Rape Elimination Act) Workgroup, titled  
23 "Working with Trans and Nonbinary People in Detention."  
24
- 25 c. In September 2024, FORGE was asked by DOJ/OJP to present at the 2024  
26 Hate Crimes Grantee Conference in Birmingham, Alabama, hosted by the  
27  
28

1 DOJ. FORGE presented on a keynote panel (titled “Building Community  
2 Resilience Against Hate”) and a workshop (titled “Developing Actionable  
3 Community Response Plans”). The content included in these sessions was  
4 on hate violence committed against transgender people, addressing the  
5 implications of race, national origin, and religion, and how communities  
6 respond to that violence.

7 All of this content was prepared using federal grants.

8  
9 16. FORGE has already suspended several proposals for federal grants that were in  
10 progress because of the Executive Orders. These include the OVW FY25 Research and Evaluation  
11 Initiative and the NIJ FY25 Research and Evaluation on Hate Crimes, both of which FORGE  
12 outlined responses to and drafted content ready for submission. Additionally, FORGE was  
13 exploring proposals for the OVW FY25 Training and Services to End Abuse in Later Life and the  
14 NIJ FY25 Research on the Abuse, Neglect, and Financial Exploitation of Older Adults. Two days  
15 before the DEI Executive Order was signed, FORGE submitted a proposal to the Culturally  
16 Responsive Victim Services Grant Program, which is funded by the OVC FY 2021 National Center  
17 for Culturally Responsive Victim Services.  
18

19 17. As an organization, we do not want to waste any more time applying for grants that we  
20 will never be awarded in light of the Gender and DEI Executive Orders. We are extremely  
21 pessimistic that we will be awarded the one OVC grant we did apply for, the award date for which  
22 is March 10, 2025. At the same time, these are the types of grants we have previously been awarded  
23 and depend on as an organization. Even though we did not know if we would receive these  
24 particular grants, the suspension of these proposals signifies the insecurity of our funding for  
25 critical initiatives aimed at supporting transgender and nonbinary victims of crime and violence.  
26  
27

1 But more than that, it is extremely concerning that whoever does receive the grants we are now  
2 excluded from because of the Executive Orders will also be unable to mention transgender and  
3 nonbinary people or racial disparities.

4 18. It is beyond dispute that transgender and nonbinary people historically and currently  
5 experience disproportionately high rates of victimization and have faced significant barriers to  
6 accessing services for survivors of violence. FORGE's work squarely relates to decreasing those  
7 barriers by increasing service providers' culturally specific knowledge, skills, and trust, thereby  
8 reducing revictimizing and retraumatizing. The transgender and nonbinary people we serve are  
9 acutely aware of the Executive Orders and the possible implications on their safety and ability to  
10 receive services. Here are two concrete examples: First, FORGE recently announced a three-part  
11 series on emotional regulation for trans survivors and noticed that participants only registered with  
12 their first names. For nearly thirty years, registration for events has never resulted in such massive  
13 non-disclosure of attendees' full names. Since the Executive Orders were issued, FORGE has  
14 received requests from 988/hotlines for training specific to transgender people in crisis following  
15 the release of the Executive Order; contacts by family members concerned about their trans loved  
16 ones safety and request for guidance on how to support them; transgender people reached out in a  
17 panicked state asking for support on how they can update their identity documents and asking what  
18 harm could be done if they apply for name or gender changes; and media outlets requested  
19 interviews or statements specifically about the Executive Order.

20 19. We are uncertain about how to conduct our work since every aspect of our  
21 programming and services revolve around transgender and nonbinary survivors and the providers  
22 who serve them. We cannot remove references to transgender and nonbinary people from our work,  
23 because our work focuses on transgender victims of crime. We are deeply concerned that the  
24  
25  
26  
27  
28


1 trainings and services we provide—all focused on transgender content—will be used as a  
2 justification for suspending or terminating FORGE’s federal funding from grants and contracts. It  
3 is an impossible position with no way forward. If trainers are required to censor discussions about  
4 implicit bias, the importance of diversity, equity, and inclusion, and issues affecting the  
5 transgender community, which are often central to the purpose of a particular training, then they  
6 are adding to the trauma of survivors, not mitigating it. Such censorship can defeat the purpose of  
7 the training and leave the service providers without the tools necessary to ensure nondiscriminatory  
8 services to vulnerable communities. And as a practical matter, the Executive Orders restrict  
9 FORGE’s ability to advertise such trainings and limit the organizations that can participate because  
10 of risks to their own grant funding, which naturally results in fewer individuals attending the  
11 trainings and undermines FORGE’s ability to meet its obligations under federal grant funding.  
12

13         20. The Executive Orders interfere with FORGE’s ability to train service providers on  
14 basic cultural competency and service provision to transgender and nonbinary survivors of  
15 violence. The Executive Orders also directly interfere with our ability to provide support directly  
16 to transgender and nonbinary survivors. FORGE plainly cannot accomplish our mission—and our  
17 mandates under existing grants—should the Executive Orders be allowed to stand. The Executive  
18 Orders threaten FORGE’s grant funding, the loss of which would result in FORGE having to end  
19 its current operations.  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 24, 2025

Respectfully submitted,

4   
5

6 Michael Munson  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



# EXHIBIT 1

**michael munson**

---

**From:** [REDACTED]@forensicnurses.org>  
**Sent:** Tuesday, February 4, 2025 4:23 PM  
**To:** michael munson  
**Cc:** [REDACTED]  
**Subject:** Re: Still on track to continue?

Hi Michael,

Thanks for being able to meet today. I know that I shared the update with you during our meeting, but I also wanted to provide it to you in writing so that you have it for your records, should you need it at any point. After meeting with our OVW grant manager for the NTCSA project, we have been directed to pause all work on the LGBTQ2S Outreach Project until they are able to provide us with some guidance and direction over how to move forward with our work. I have sent an email update to [REDACTED] and [REDACTED], as these were the two individuals who IAFN had moved forward with connecting with as potential collaborative partners for the Outreach Plan. Once I hear something different from OVW we will let you know. I can only imagine who this is impacting FORGE, I am sorry that we are even at a place in time where we are having to have these conversations.

Hang in there Michael, talk to you soon,

[REDACTED]  
*Forensic Nursing Director*

*She, Her, Hers*

INTERNATIONAL ASSOCIATION OF

**Forensic Nurses**

***Research. Educate. Lead.***

**[www.forensicnurses.org](http://www.forensicnurses.org)**

[REDACTED]**[@forensicnurses.org](mailto:[REDACTED]@forensicnurses.org)**

Phone: 410-626-7805 ext 104 | Fax: 410-626-7804

Working in US Eastern Standard Time Zone

IAFN Technical Assistance: **[1-877-819-7278](tel:1-877-819-7278)**

IAFN Technical Assistance: **[safeta@forensicnurses.org](mailto:safeta@forensicnurses.org)**

National Tribal Clearinghouse on Sexual Assault

Helpline: **[1-800-999-5444](tel:1-800-999-5444)**

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245

*\*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 ROBERTO  
ORDEÑANA, OF GLBT HISTORICAL  
SOCIETY, IN SUPPORT OF  
PLAINTIFF'S COMPLAINT AND  
MOTION FOR PRELIMINARY  
INJUNCTION**

1 I, Roberto Ordeñana, hereby state as follows:

2 1. I am the Executive Director of the GLBT Historical Society, a nonprofit 501(c)(3)  
3 organization based in San Francisco, California. I have served in this capacity since October 2022.

4 2. Founded in 1985, the GLBT Historical Society is a global leader in LGBTQ+ public  
5 history. Fourteen years ago, the GLBT Historical Society established and continues operating the  
6 first museum of LGBTQ+ history and culture in the United States. It established and still maintains  
7 the Dr. John P. DeCecco Archives, one of the largest repositories of LGBTQ+ historical materials  
8 in the world.  
9

10 3. I submit this Declaration in support of Plaintiffs' Complaint and Motion for a  
11 Preliminary Injunction, which seeks to prevent Defendant agencies and their leadership from  
12 enforcing Executive Order No. 14168 "Defending Women From Gender Ideology Extremism and  
13 Restoring Biological Truth to the Federal Government" ("Gender Order"), issued January 20, 2025;  
14 Executive Order No. 14151 "Ending Radical and Wasteful DEI Programs and Preferencing,"  
15 issued January 20, 2025; and Executive Order No. 14173 "Ending Illegal Discrimination and  
16 Restoring Merit-Based Opportunity," issued January 21, 2025 (collectively, the "Executive  
17 Orders"), and related agency directives that seek to enforce these Presidential actions.  
18

19 4. The GLBT Historical Society collects, preserves, exhibits, and makes accessible to the  
20 public materials and knowledge to support and promote understanding of LGBTQ+ history, culture,  
21 and arts in all their diversity.  
22

23 5. The organization was founded during the height of the HIV/AIDS epidemic;  
24 community members began collecting materials belonging to primarily gay and bisexual men who  
25 were dying of AIDS-related illnesses when families of origin had abandoned them, and healthcare  
26 systems and the government had failed them. Their contributions to the community and culture  
27

1 were at risk of being erased, and organizers needed to act quickly before more memories  
2 disappeared. This was also a time when many archival repositories excluded LGBTQ+ historical  
3 records, and LGBTQ+ primary source materials were not available to scholars and researchers.  
4 The founders of the GLBT Historical Society wanted to establish a robust repository of LGBTQ+  
5 historical materials with public access to allow for the chronicling of the contributions of LGBTQ+  
6 individuals and groups to civil society, their activism, and the organizing necessary to challenge  
7 multiple forms of intersecting oppression impacting LGBTQ+ people.  
8

9 6. The GLBT Historical Society's Archives and Special collections are among the largest  
10 and most extensive holdings in the world of materials about LGBTQ+ people, occupying more  
11 than 4,000 linear feet of storage, equivalent to the distance from the rim of the Grand Canyon to  
12 the floor. Our over 1,000 collections, spanning over a century's worth of LGBTQ+ history about  
13 San Francisco, Northern California, and beyond, include personal papers, organizational records,  
14 periodicals, oral histories, photographs, audiovisual material, ephemera, artifacts, and works of art.  
15 Some of our most treasured holdings include the last remaining segment of the original Pride flag  
16 created in 1978 by Gilbert Baker and friends; the suit that Supervisor Harvey Milk was wearing  
17 when he was assassinated along with a note carried in his pocket on that fateful day; and the  
18 journals of Louis Sullivan, a gay and transgender community activist, lay historian, diarist, and a  
19 GLBT Historical Society founding member. It also includes the Denise D'Anne Papers that  
20 document the life of a proud, pioneering transgender woman who was an activist, environmentalist,  
21 and civil servant. And the Lorraine Hurdle Papers, which provide insight into the life of an African  
22 American lesbian and army veteran who served in Germany during World War II. It includes the  
23 Phyllis Lyon and Del Martin Papers, which document the life and work of these lesbian pioneers  
24 and activists who, in 1955, co-founded the first lesbian civil and political rights organization in the  
25  
26  
27  
28

1 United States, the Daughters of Bilitis. The José Sarria Papers, which chronicle the life and work  
2 of this legendary drag queen, World War II veteran, and the first openly gay candidate to run for  
3 public office in the United States, running in 1961. The papers of longtime bisexual activist and  
4 sexologist, Maggi Rubenstein (nicknamed the “Godmother of SexEd”) are also part of the  
5 collection. As are the papers of Elsa Gidlow, lesbian poet who wrote *On a Grey Thread* (1923),  
6 believed to be the first book of openly lesbian love poetry published in North America. It also  
7 includes collections relating to the founding and development of Gay American Indians, the first  
8 recorded organization for LGBTQ+ Native Americans in the United States, and so many more  
9 collections.  
10

11 7. Our over 1,000 collections provide source material to diverse researchers, including  
12 educators, students, journalists, filmmakers, professional scholars, artists and others. We welcome  
13 researchers to our publicly accessible reading room throughout the year and serve an incredibly  
14 high volume of remote researchers through our website, email, and phone reference services and  
15 digital collections. Visitors come from all over the world to engage with materials as they produce  
16 a wide array of exhibitions, books, academic publications, theses, documentaries, films, and works  
17 of visual and performing arts. In a typical year, our archives reading room receives approximately  
18 400 visitors to access materials. We serve as a trusted repository for the LGBTQ+ community’s  
19 history, and we continue to actively collect new materials; on average we respond to around 15-  
20 25 donation inquiries a month and we work with community groups and individuals to ensure the  
21 community’s history is not lost, destroyed or forgotten.  
22

23 8. The Executive Orders pose a grave threat to our mission, our work, and our community.  
24

25 9. The Gender Order is particularly harmful and offensive to our organization and  
26 community. Transgender, nonbinary, and gender-expansive community members, regardless of  
27  
28

1 named identities, have always existed and been at the forefront of our modern-day LGBTQ+ civil  
2 rights movement. From contemporary Two-Spirit activists who keep alive the histories of ancestral  
3 Indigenous peoples and their systems of gender and sexuality that embraced same-sex intimacy  
4 and honored those whose gender transcended the male/female binary enforced by Christian  
5 colonists to the patrons of Compton's Cafeteria in San Francisco who stood up to police  
6 harassment in August of 1966 or the patrons of the Stonewall Inn in New York City who mounted  
7 a weeklong uprising also against the harassment by law enforcement three years later in June of  
8 1969, queer and transgender people have refused to be silenced or erased. Exhibiting and creating  
9 greater access to LGBTQ+ history and culture has never been more important, and the GLBT  
10 Historical Society is committed to combating the attempted erasure of transgender contributions,  
11 past, present, and future.  
12

13 10. On February 13, 2025, the National Park Service, pursuant to the Gender Order,  
14 removed references from the government web pages of the Stonewall National Monument in lower  
15 Manhattan. The National Park Service removed the letters "T" and "Q," which stands for  
16 transgender and queer people, removed facts that acknowledged participants in the Stonewall Riots  
17 were transgender or worked on behalf of transgender rights, and deleted entire web pages dedicated  
18 to Marsha P. Johnson and Silvia Rivera, who were celebrated transgender advocates that  
19 contributed to the Stonewall Riots. While neither "transgender" nor "queer" were commonly used  
20 as terms of identity in 1969, "transvestite," "transsexual," and other similar terms were, including  
21 by people at the Stonewall Inn and the protests that followed. The historical record does not support  
22 these changes concerning the events that the Stonewall National Monument commemorates.  
23 Participants in the Stonewall Riots challenged both mistreatment based on their sexual orientation  
24 and mistreatment based on how they expressed their gender in everyday life. Efforts to address  
25  
26  
27  
28

1 both forms of oppression were part of the uprising in 1969 and the civil rights struggle that  
2 followed. Any accurate account of the Stonewall Riots and the subsequent fight for LGBTQ+ civil  
3 rights must recognize the full range of people who joined the uprising and the full scope of the  
4 oppression they faced. The actions of the National Park Service reduce these events to a story that  
5 is only about sexual orientation, but that interpretation lacks basis in historical fact and distorts the  
6 legacy of this important event in American history. This is exactly why private organizations like  
7 the GLBT Historical Society must maintain accurate records of history to prevent the permanent  
8 loss of this knowledge.  
9

10 11. The GLBT Historical Society would not be able to advance public knowledge and  
11 accurate history – invaluable resources for understanding the challenges of the present and  
12 inspiring dreams for a future of greater social justice for our community – without creating access  
13 to accurate representations of transgender, nonbinary, and gender-expansive people throughout  
14 time. It is catastrophic to civil society and to the fields of history, education, public health, art,  
15 and culture to erase the existence and contributions of any member of the LGBTQ+ community,  
16 especially transgender, non-binary, and gender-expansive people who together have faced and  
17 stood up against some of the most impactful forms of violence, economic marginalization, and  
18 health disparities in our community's history. But that is precisely what the Executive Orders seek  
19 to do. They are symbolic acts of violence—akin to digital book burning.  
20

21 12. It is core to the GLBT Historical Society's mission to shine a light on the histories  
22 of the most historically marginalized members of our LGBTQ+ community, including women,  
23 transgender, non-binary, gender expansive people, BIPOC, bisexual, and LGBTQ+ community  
24 members with disabilities – histories that dominate narratives have not amplified in equal measure  
25 to other segments of our community and that still today are portrayed in inaccurate representations  
26  
27  
28



1 and through stereotypes. The GLBT Historical Society seeks to share a history that is as close to  
2 complete and accurate as possible of our city, region, and community's past. The Executive Orders  
3 directly attack all this important work, which is critical to our organization's mission.

4       13. The DEI Executive Orders also harm and undercut the very purpose and mission of  
5 our organization, and its ability to serve our community. The GLBT Historical Society is  
6 committed to advancing racial and gender equity, accessibility, and inclusion as organizational  
7 values, through our museum exhibitions, public programming, archival collecting, community  
8 partnerships, and operations. We intentionally prioritize content highlighting historically  
9 underrepresented and underserved communities in archival, exhibition, and other public history  
10 programs. We also ensure that historically marginalized communities are integral to all aspects of  
11 the organization to foster trusting relationships and collaborations that counter established systems  
12 of racism, sexism, biphobia, transphobia, ableism, and other forms of oppression. We build on  
13 these relationships and partnerships with historians, archivists, educators, artists, curators, and  
14 community members to preserve, celebrate, and share diverse LGBTQ+ histories and cultures. The  
15 DEI Executive Orders would, however, prevent us from fulfilling this core commitment by  
16 relegating our equity and inclusion efforts to "illegal and immoral discrimination programs" and  
17 "illegal preferences and discrimination."  
18

19  
20       14. For nearly 20 years, federal funding, mainly from the National Endowment for the  
21 Humanities (NEH) and the National Archives through the National Historic Publications and  
22 Records Commission (NHPRC), has allowed the GLBT Historical Society to preserve, digitize,  
23 catalog, and make accessible thousands of materials for public research. Current funding from an  
24 open NHPRC grant of approximately \$122K supports work to process, digitize, and create online  
25 access for collections related to LGBTQ+ Asian American/Pacific Islander people. We also have  
26  
27  
28

1 an open NEH grant of around \$10K that supports the purchase of a new archival storage cabinet  
2 to ensure the continued care of our ever-expanding collections.

3 15. For over 14 years, the GLBT Historical Society has operated the nation's first  
4 museum of LGBTQ+ history and culture, and in a typical year (before the COVID pandemic), the  
5 museum receives an average of 20,000 annual visitors from all over the world. Patrons include  
6 members of the LGBTQ+ community along with allies, educators, student groups, researchers,  
7 scholars, artists, and other members of the public who can access exhibitions that highlight archival  
8 holdings, share the contributions of LGBTQ+ people to history, community and culture, and  
9 highlight the resilience and strength of our community through organizing and activism.  
10 Exhibitions reflect the diversity of the intersecting identities represented in the LGBTQ+  
11 community. They are developed in collaboration with community curators and organizational  
12 partners to inspire the viewers to learn and take action in their local communities. We also host  
13 associated programs, talks, and community events in this vibrant public museum space.  
14

15 16. The archives are committed to providing public access for all to this vital history.  
16 From our no-cost, public archival reading room to our no-cost online resources and reference  
17 services, we strive to ensure that anyone wanting to learn this history and use our archival material  
18 has access. Our museum makes this history accessible to a diverse public audience through  
19 narrative exhibitions and public programs. The Executive Orders' censorship, on the other hand,  
20 is antithetical to our work and hampers the public's ability to engage in critical discourse, evidence-  
21 based debate and education, and historical inquiry. Attempts to erase LGBTQ+ primary source  
22 material and secondary research materials, or deny access to these resources, are grounded in a  
23 desire to deny the very existence of the LGBTQ+ community. As an LGBTQ+ archive and  
24  
25  
26  
27  
28

1 museum, our work has always been centered on preserving and sharing historical material to  
2 combat this erasure.

3 17. It is vital for members of our LGBTQ+ community of all ages, particularly the most  
4 marginalized and vulnerable, including HIV+ and people living with AIDS, LGBTQ+ youth who  
5 have higher rates of rejection, homelessness, and suicidal ideation compared to their cisgender  
6 counterparts, and elders who have not only suffered great injustices when coming out and living  
7 their lives authentically at a time when they had less legal protection in CA, lost many of their  
8 friends and found-family and are also currently challenged with a lack of access to culturally  
9 competent support systems, to all see their histories reflected in exhibitions, public programming,  
10 and archival materials that reaffirm their sense of identity, pride, and connection – which have  
11 been proven to be determinants of favorable health outcomes and economic stability. The  
12 Executive Orders pose an existential threat to our ability to further this important work.

14 18. A whole generation of gay and bisexual men, transgender women, and people of  
15 color were lost during the height of the HIV/AIDS epidemic. Among the physical lives lost were  
16 also the histories of individuals who contributed to our LGBTQ+ community and who made  
17 countless contributions to society. Many of our archival holdings and even a current exhibition at  
18 our museum today help preserve and keep these stories and memories alive. This work allows  
19 researchers, educators, students, and artists to learn about the struggles of everyday life for HIV+  
20 people and people living with AIDS, including the activism and organizing work that called for  
21 better treatment and therapies, which ultimately forced the government to begin responding to this  
22 public health crisis. Access to our materials helps shape the historical narrative, helps HIV+ people  
23 and people living with AIDS to feel seen and heard, and helps to inform future research, education,  
24  
25  
26  
27  
28

1 and artistic works that advance prevention, care, and work to destigmatize people living with the  
2 disease.

3 19. From 1985 to today, the GLBT Historical Society has been deeply rooted in the  
4 community. We work hard to ensure our community's full cultural expression and representation.  
5 We recognize the historical marginalization and compounding impacts of intersecting forms of  
6 oppression on LGBTQ+ people of color, women, transgender, non-binary, gender-expansive  
7 community members, and people with disabilities. We are committed to advancing racial and  
8 gender equity, accessibility, and inclusion as organizational values, through our museum  
9 exhibitions, public programming, archival collecting, community partnerships, and operations. We  
10 intentionally prioritize content highlighting historically underrepresented and underserved  
11 communities in archival, exhibition, and other public history programs.  
12

13 20. Our archival collection development policy prioritizes material that is  
14 underrepresented in our existing holdings. Our collection data demonstrates that our archives have  
15 a strong representation of the histories of gay men, white people, middle-class and wealthy people,  
16 and cisgender individuals. We acknowledge the gaps in this representation and seek to strategically  
17 expand the archives by focusing on collecting areas that include:  
18

- 19 a. Black, Latinx, Asian American and Pacific Islander, Southwest Asian and  
20 North African, and other people of color LGBTQ+ communities,  
21 individuals, and histories.  
22 b. LGBTQ+ Indigenous and Two-Spirit communities, individuals, and  
23 histories.  
24 c. Transgender, intersex, and nonbinary communities, individuals, and  
25 histories.  
26  
27  
28

- d. Lesbian communities, individuals, and histories, particularly queer women of color.
- e. Material related to bisexual, pansexual, and asexual people, as well as other underrepresented queer sexual communities.
- f. LGBTQ+ people with disabilities.
- g. LGBTQ+ poor and working-class people, including those experiencing homelessness.
- h. And Personal material created by LGBTQ+ sex workers and records related to sex worker organizing.

21. But the Executive Orders directly threaten our prioritization of these materials. We ensure that historically marginalized communities are integral to all aspects of the organization to foster trusting relationships and collaborations that counter established systems of racism, sexism, biphobia, transphobia, ableism, and other forms of oppression. We build on these relationships and partnerships with historians, archivists, educators, artists, curators, and community members to preserve, celebrate, and share diverse LGBTQ+ histories and cultures.

22. The great majority of exhibitions mounted by the GLBT Historical Society are inspired, proposed, and organized by LGBTQ+ community members. Community curators are supported by archival and curatorial experts, who can help them tell complete and complex stories. Our public events similarly draw on public proposals and continued engagement with community partners to create a wide range of public programming.

23. Should we lose federal funding as a result of our inability to comply with the Executive Orders, we would not be able to process, digitize, and make accessible priceless

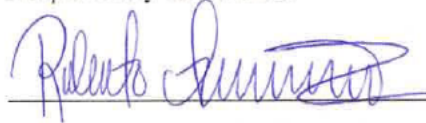
1 historical materials that help researchers, scholars, educators, students, and artists create works of  
2 intellectual and artistic merit that support a healthy and thriving civil society.

3         24. The Executive Orders, if enforced, would inflict irreparable harm on our  
4 organization and our community. They would jeopardize our ability to sustain our operations, staff,  
5 and programs that depend on federal funding. They would compromise our ability to fulfill our  
6 mission, vision, and values that guide our work. They would undermine our ability to serve our  
7 community, especially the most vulnerable and marginalized members, who rely on our services,  
8 resources, and support. They would damage our ability to preserve and share our community's  
9 history, culture, and arts, which are essential for our collective identity, memory, and resistance.  
10 They would also deprive the public of the opportunity to access and learn from our historical  
11 materials, which are vital for education, research, and artistic creation.  
12

1 I declare under penalty of perjury under the laws of the United States of America that the  
2 foregoing is true and correct.

3 Dated: February 25, 2025

Respectfully submitted,

4   
5

6 Roberto Ordeñana  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

JENNIFER C. PIZER (SBN 152327)  
*jpizer@lambdalegal.org*  
PELECANOS\*  
*pelecanos@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
800 South Figueroa Street, Suite 1260  
Los Angeles, California 90017-2521  
Telephone: (213) 382-7600

JOSE ABRIGO\*  
*jabrigo@lambdalegal.org*  
OMAR GONZALEZ-PAGAN\*  
*ogonzalez-pagan@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Telephone: (212) 809-8585

CAMILLA B. TAYLOR\*  
*ctaylor@lambdalegal.org*  
KENNETH D. UPTON, JR\*  
*kupton@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
3656 North Halsted Street  
Chicago, Illinois 60613-5974  
Telephone: (312) 663-4413

KAREN L. LOEWY\*  
*kloewy@lambdalegal.org*  
LAMBDA LEGAL DEFENSE AND  
EDUCATION FUND, INC.  
815 16th Street NW, Suite 4140  
Washington, DC 20006-4101  
Telephone: (202) 804-6245  
*\*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

**[PROPOSED] ORDER GRANTING  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION AND  
MEMORANDUM OF POINTS AND  
AUTHORITIES**

Date: Thursday, May 22, 2025  
Time: 2:00 pm PDT  
Dept.: Oakland

Trial Date: None Set



1           Upon due consideration of Plaintiffs’ Motion for Preliminary Injunction, and all briefing  
2 papers filed in connection therewith, and with the benefit of oral argument, the Court hereby finds  
3 there is good cause to **GRANT** the motion.

4           The Court may issue a preliminary injunction when a plaintiff establishes that “he is likely  
5 to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary  
6 relief, that the balance of equities tips in his favor, and that an injunction is in the public interest.”  
7 *Winter v. Natural Resources Defense Council, Inc.*, 555 U.S. 7, 20 (2008); *see also Alliance for the*  
8 *Wild Rockies v. Cottrell*, 632 F.3d 1127, 1131-35 (9th Cir. 2011). The Court finds that Plaintiffs  
9 have carried their burden to satisfy each of those factors and that immediate relief is appropriate.

10           Therefore, the Court hereby **ORDERS** that Plaintiffs’ Motion for a Preliminary Injunction  
11 is **GRANTED** and issues the following preliminary injunction with immediate effect:

- 12           1. Agency Defendants<sup>1</sup> are hereby **ENJOINED** from enforcing Executive Order No. 14168  
13 against Plaintiffs. Specifically, Defendants shall not:
  - 14           a. Condition or withhold any federal funding or contract eligibility on Plaintiffs’  
15 compliance with Executive Order No. 14168;
  - 16           b. Open or conduct any investigation of any Plaintiff with regard to compliance with  
17 Executive Order No. 14168;
  - 18           c. Terminate or modify existing governmental contracts with or grants to Plaintiffs  
19 for purported non-compliance with:
    - 20           i. Any provision of Executive Order No. 14168,
    - 21           ii. Any agency action taken to implement Executive Order No. 14168, or
    - 22           iii. Any term of a contract or grant imposed to implement Executive Order No.  
23 14168;

24  
25  
26 <sup>1</sup> Defendants DOJ; Attorney General Pamela Bondi; DOL; Acting Labor Secretary Vince  
27 Micone; OFCCP; Acting OFCCP Director Michael Schloss; OMB; OMB Director Russell  
28 Vought; HHS; HHS Secretary Robert K. Kennedy, Jr.; HUD; HUD Secretary Scott Turner;  
NARA; Deputy Archivist William J. Bosanko; NEH; and NEH Chair Shelly C. Lowe are referred  
to collectively as the “Agency Defendants.”

d. Take any other action against Plaintiffs, whether or not listed above, intended to effectuate or enforce:

- i. Any provision of Executive Order No. 14168,
- ii. Any agency action taken to implement Executive Order No. 14168, or
- iii. Any term of a contract or grant imposed to implement Executive Order No. 14168.

2. Defendants are hereby **ENJOINED** from enforcing Executive Order Nos. 14151 and 14173 against Plaintiffs. Specifically, Defendants shall not:

- a. Condition or withhold any federal funding or contract eligibility on Plaintiffs' compliance with Executive Order Nos. 14151 and 14173;
- b. Open or conduct any investigation of any Plaintiff with regard to compliance with Executive Order Nos. 14151 and 14173;
- c. Terminate or modify existing governmental contracts with or grants to Plaintiffs for purported non-compliance with:
  - i. Any provision of Executive Order Nos. 14151 and 14173,
  - ii. Any agency action taken to implement Executive Order Nos. 14151 and 14173, or
  - iii. Any term of a contract or grant imposed to implement Executive Order Nos. 14151 and 14173;
- d. Take any other action against Plaintiffs, whether or not listed above, intended to effectuate or enforce:
  - i. Any provision of Executive Order Nos. 14151 and 14173,
  - ii. Any agency action taken to implement Executive Order Nos. 14151 and 14173, or
  - iii. Any term of a contract or grant imposed to implement Executive Order Nos. 14151 and 14173.

3. This injunction shall take effect immediately.

