

Exhibit A

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Doctors for America,

Plaintiff,

v.

Office of Personnel Management,
et al.,

Defendants.

Civil Action No. 25-cv-322

DECLARATION OF STEPHANIE COHEN, M.D., M.P.H.

I, Stephanie Cohen, declare as follows:

1. I am a board-certified physician and the Director of the STI/HIV Prevention Section in the Disease Prevention and Control Branch of the Population Health Division of the San Francisco Department of Public Health (SFDPH). San Francisco City Clinic (SF City Clinic), a SFDPH-run sexually transmitted infection (STI) clinic, is one of the key programs within the section I oversee.

2. I have worked at SFDPH since 2010. I was the medical director of SF City Clinic from 2010-2023. In 2021, I additionally began serving as acting director of the STI/HIV Prevention service and moved officially into the role in 2022. I am also an Associate Clinical Professor at the University of California, San Francisco (UCSF) in the division of infectious diseases and the President of the California STD/HIV Controllers Association. I am an HIV primary care provider and attend on the HIV/Infectious Disease consult service at Zuckerberg San Francisco General Hospital. I received my medical degree from Harvard Medical School,

completed training in internal medicine and infectious diseases at UCSF, and have a Masters in Public Health from the University of California, Berkeley.

3. San Francisco City Clinic is a trusted source for sexual health services and information, known for our experienced professionals and our commitment to delivering compassionate, high-quality care for over 100 years. Our mission is to improve our community's sexual health by preventing, diagnosing, and treating sexually transmitted infections (STIs) and HIV, and preventing unintended pregnancy. City Clinic is part of SFDPH's Population Health Division (PHD). PHD provides core public health services for the City and County of San Francisco: health protection, health promotion, disease and injury prevention, and disaster preparedness and response.

4. Throughout SFDPH's San Francisco Health Network—and across the entire public health community—we regularly rely on CDC's websites and data in our work. Some examples of materials and data we use are CDC guidelines on HIV PrEP (pre-exposure prophylaxis), nPEP (non-occupational post-exposure prophylaxis), and doxyPEP (doxycycline post-exposure prophylaxis), mpox vaccine guidelines, data and surveillance summaries (including mpox US and global situation status updates and clade 1 mpox outbreak updates), STI treatment guidelines, contraceptive guidance, and vaccine information sheets.

5. We have been severely impacted by the sudden removal of essential information from CDC's website since January 20, 2025, including STI treatment guidelines, HIV PrEP clinical practice guidelines, and mpox information. My understanding is that while some of this information may have been re-posted, not all of it has. It's important for clinical providers and public health professionals to be able to quickly access these essential resources when providing care.

6. We use CDC guidelines to support the clinical care of patients at SF City Clinic, as well as to train providers throughout San Francisco in the delivery of evidence-based sexual and reproductive health care. Immediately after resources were removed from CDC's website, I personally received messages from providers in San Francisco and throughout the United States asking me if I had downloaded PDFs to share, as the providers were unsure how to proceed with the usual, standard of care practice. Providers' inability to access clinical guidelines may put patients at risk of not receiving evidence-based clinical care.

7. My colleagues and I also rely on CDC's data tables and surveillance summaries. For example, we routinely use the Division of STD Prevention and Division of HIV Prevention websites to compare local and national trends and evaluate programs. My understanding is that these pages were taken down, and while some pages have been added back, I do not know whether and to what extent they have been restored or altered. And any changes to the data will impact our understanding of public health trends.

8. My colleagues and I also rely on CDC's data about mpox. My understanding is that data for clade I and clade IIb mpox nationally and globally have not been updated since January 16th, 2025. We need current information on national and global clade I and II mpox so that we can understand the potential for a local clade I outbreak and whether to anticipate an uptick in clade IIb cases. We also need data to assess the specifics of travel-associated risk: knowing where the mpox cases are helps us assess the level of risk of mpox in a traveler who has a rash. Not having current data hinders our preparedness and our patient care.

9. Access to current information on the CDC website is essential in other areas as well. As other examples, delays in Morbidity and Mortality Weekly Reports (MMWRs), lack of

real-time information on H5N1 (bird flu), measles, and other high-threat and evolving outbreaks impacts the City's preparedness and clinical response.

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

Executed on February 7, 2025, in San Francisco, California.

/s/ Stephanie Cohen
Stephanie Cohen, M.D., M.P.H.