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10 Attorneys for Plaintiff
 11 CITY AND COUNTY OF SAN FRANCISCO

12
 13 UNITED STATES DISTRICT COURT
 14 NORTHERN DISTRICT OF CALIFORNIA

15 CITY AND COUNTY OF SAN
 16 FRANCISCO,

17 Plaintiff,

18 vs.

19 ALEX M. AZAR II, Secretary of U.S.
 Department of Health and Human Services;
 20 ROGER SEVERINO, Director, Office for
 Civil Rights, Department of Health and Human
 21 Services; U.S. DEPARTMENT OF HEALTH
 AND HUMAN SERVICES; and DOES 1-25,

22 Defendants.

Case No. 3:19-cv-2405-JCS

**DECLARATION OF DR. CHRISTOPHER
 COLWELL IN SUPPORT OF CITY AND
 COUNTY OF SAN FRANCISCO'S MOTION
 FOR PRELIMINARY INJUNCTION**

Hearing Date: July 12, 2019
 Time: 10:30 a.m.
 Judge: Hon. Joseph C. Spero
 Place: Courtroom G, 15th Floor
 Trial Date: Not set

1 I, Dr. Christopher Colwell, declare as follows:

2 1. I have personal knowledge of the facts set forth in this declaration and, if called as a
3 witness, could and would testify competently to the matters set forth below.

4 2. I am Chief of Emergency Medicine at Zuckerberg San Francisco General Hospital and
5 Trauma Center (“ZSFG”). I have served in that position since July 1, 2016. In this capacity, I oversee
6 all emergency service operations for the City and County of San Francisco (“San Francisco” or
7 “City”), including the Emergency Department at ZSFG.

8 3. Prior to coming to ZSFG, I was chief of the Department of Emergency Medicine at
9 Denver Health and professor and executive vice chair of the Department of Emergency Medicine at
10 University of Colorado School of Medicine. I have been an emergency physician for 24 years and
11 have published more than 100 manuscripts or book chapters in the areas of prehospital, emergency and
12 trauma care. I received my Bachelor of Science degree from University of Michigan and my medical
13 doctorate from Dartmouth Medical School. I completed residency training in emergency medicine at
14 Denver Health where I served as chief resident. I am a fellow of the American College of Emergency
15 Physicians.

16 4. ZSFG is the only trauma center in San Francisco. In addition, ZSFG is the provider of
17 trauma care for the northern portion of San Mateo County and thus has a service area of 1.5 million
18 people. It has the highest trauma center designation (Level 1) which increases a seriously injured
19 patient’s chances of survival by an estimated 20-25%. The ZSFG trauma team serves nearly 4,000
20 adults & children annually for traumatic injuries.

21 5. Pursuant to ZSFG Administrative Policy 5.15, if a staff member in the ZSFG
22 Emergency Department requests not to participate in an aspect of patient care because doing so would
23 conflict with the person’s religious or moral beliefs, the Department will honor that request as long as
24 it does not negatively affect the quality of patient care. Importantly, however, if the immediate nature
25 of the patient’s needs do not allow for a substitution of personnel, individuals are required to perform
26 their duties unless and until other competent personnel can be provided.

27 6. If individuals could categorically refuse to assist with a critical procedure—and suffer
28 no repercussions—patients would suffer.

1 7. Every day, patients present in the ZSFG emergency room with life threatening
2 conditions. Many times every month, those conditions involve serious complications relating to
3 pregnancy or a sexually transmitted disease/infection. A team member opting out of those patients'
4 treatment would put their health—and even lives—at serious risk.

5 8. Within the last few weeks, I was personally involved in the treatment of a healthy
6 young woman who had bled substantially into her abdomen due to an ectopic pregnancy. Her
7 condition was critical. If a member of the team responsible for her care had opted out of her treatment
8 for any reason, the woman would have died before other competent personnel could have been
9 substituted in.

10 9. Similarly, I was involved in the treatment of a young woman who was septic and
11 hypotensive due to pelvic inflammatory disease resulting from a sexually transmitted disease. The
12 patient required immediate treatment. If a member of the team responsible for her care had opted out
13 of her treatment for any reason, the woman might have died.

14 10. Put simply, emergency medical teams cannot do our jobs and save people's lives if
15 there is an option for team members to opt-out of providing emergency care.

16 11. If San Francisco's Health and Human Services ("HHS") funding were terminated, the
17 results for the healthcare system in San Francisco would be catastrophic.

18 12. Because the vast majority of its funding comes from HHS, the ZSFG Emergency
19 Department would likely be forced to close within months. I believe it would reasonably take more
20 than three years for another hospital to build the necessary infrastructure and obtain the required
21 verifications to open a similar program.

22 13. In the interim, other local hospitals would not be able to cover the increase in demand
23 for emergency care. Accordingly, there would be no place in the region for patients with severe
24 trauma to be treated. Patient care for individuals with major injuries like gun-shot wounds, stab
25 wounds, severe blunt trauma, traumatic car crash injuries, and traumatic brain injuries would be
26 severely compromised and more of these individuals would die.

27 14. In addition, the ZSFG Emergency Department personnel treat a wide range of non-
28 traumatic complaints for a predominantly underserved, urban population. ZSFG is the primary

1 provider of psychiatric emergency care in the City. Accordingly, closure of the Department would
2 mean that thousands of people would lose access to medical care and individuals suffering psychiatric
3 emergencies would have no place to be treated.

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5 I declare under penalty of perjury that the foregoing is true and correct and that this declaration
6 was executed on June 3, at San Francisco, California.

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Christopher Colwell, MD