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14 UNITED STATES DISTRICT COURT  
15 NORTHERN DISTRICT OF CALIFORNIA

16 CITY AND COUNTY OF SAN FRANCISCO,

17 Plaintiff,

18 v.

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

25 Defendants.

No. 3:19-cv-2405-WHA

**DECLARATION OF RACHEL PERRY  
LIMON IN SUPPORT OF SEIU 1021'S  
AMICUS BRIEF IN SUPPORT OF  
PLAINTIFF'S MOTION FOR  
PRELIMINARY INJUNCTION**

Date: July 17, 2019  
Time: 8:00 a.m.  
Dept.: 12, 19th Floor  
Judge: Hon. William H. Alsup

26 I, RACHEL PERRY LIMON, hereby declare as follows:

27 1. I am a Registered Nurse and an employee of the City and County of San Francisco  
28 ("City"). I work in the Emergency Department ("ED") of the San Francisco General Hospital. I  
have been a Registered Nurse for approximately seventeen years, and in the last ten years, I have  
also served as a Nurse Educator in the ED in addition to my clinical nursing. As a Nurse  
Educator, my role is to maintain the clinical competency of the ED staff. I am also a member of

1 the Service Employees International Union, Local 1021 (“SEIU Local 1021”). I have personal  
2 knowledge of the matters stated in this declaration, and if called as a witness, I would and could  
3 testify competently to the matters stated herein.

4 2. I understand that the United States Department of Health and Human Services  
5 (“HHS”) has passed a new rule that allows healthcare employees to refuse to assist in any  
6 healthcare service they feel conflicts with their personal ethical or religious beliefs, without  
7 regard to the effect on patient care. The rule is supposed to protect healthcare workers from  
8 experiencing conflicts with their religious and ethical values. I oppose this rule. I do not believe  
9 it serves my interests as a nurse and healthcare provider. As a healthcare provider, I feel my job  
10 is to advocate for my patients and support their autonomy as decision-makers in their own health,  
11 despite my personal judgments or beliefs about their individual decisions and circumstances. I  
12 believe these values are reflected in the American Nurses Association Code of Ethics. The new  
13 HHS rule endangers patients, will make my and other healthcare providers’ jobs more difficult,  
14 and conflicts with the basic values I hold as a healthcare provider—which is to ensure patients  
15 receive safe, high-quality healthcare at all times, regardless of their social position, lifestyle, and  
16 personal circumstances.

17 3. The new HHS rule will endanger patient care. As a care provider in the ED, I and  
18 all my coworkers must be constantly prepared for the wide variety of cases that come through our  
19 doors. The ED at San Francisco General Hospital is very busy. It is not uncommon in the ED to  
20 have multiple critically ill or injured patients, requiring a team of providers to rush in and begin  
21 immediate resuscitative efforts. The ED sees patients from every walk of life, economic class,  
22 race and culture, gender, and family circumstance: our patients may or may not have a home, they  
23 may be emotionally healthy and supported by a family, or they may be struggling with mental  
24 illness, abuse, criminal environments, and many other possible risk factors. They present with all  
25 manner of medical conditions and emergencies. I and each of my coworkers must be ready at all  
26 times to deal with whatever is presented. When a patient walks through the door, everyone on the  
27 team—from the staff who conduct intakes, to the physician, technologists, and nurses who treat

1 the patient—each of us has a crucial role to ensure that the patient is assessed and treated safely,  
2 swiftly, and effectively. When an emergent resuscitative effort is required, each provider must be  
3 ready to accept the duties assigned and there is absolutely no time for negotiation. Cases in the  
4 ED can be complex and it is not possible to predict what may be required. If we are forced to  
5 stop a case and juggle staff around because of individual staff beliefs, it would unquestionably  
6 compromise patient safety and risk lives.

7 4. I also believe the new HHS rule, because it prioritizes individual beliefs over  
8 patient care, will destroy the cohesiveness and severely impair the effectiveness of our care teams  
9 in the ED. As I stated, every member of the staff is part of the team that delivers care. While  
10 delivering care, our ability to work together cohesively is vitally important, both to staff morale  
11 and to patient outcomes. This crucial team dynamic is facilitated by the fact that each care  
12 provider has committed to prioritize the patient above all else without distraction while they are  
13 providing care—that value is an important glue that enables the team to function effectively to  
14 care for the patient. If providers were distracted by concerns about a team member’s religious or  
15 ethical beliefs or decision not to treat a certain patient, or the need to find a replacement for the  
16 provider’s position, it will completely undermine the team’s professional cohesion and ability to  
17 maintain focused on patient care.

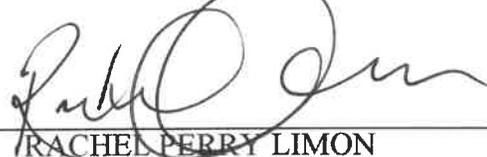
18 5. In addition to distracting the team from patient care, the new rule could detract  
19 from the team’s emotional morale, which is a factor in effective healthcare delivery. For  
20 example, if staff person at the greeter desk decided against performing an admission based on the  
21 identity of the patient or on the procedure required, lives could be further endangered or lost  
22 during the time spent coordinating a change of position. The risk could be even greater if a  
23 member of the provider team recused him or herself from a protocol. Whenever a patient’s  
24 outcome is worsened by delays or errors made in healthcare delivery, not only is the patient and  
25 his or her community harmed; the healthcare team is as well. Resentments and frustration could  
26 develop among the ED staff based on such worsened outcomes, even if the harm to the patient  
27 were only suspected, not proven. Our profession is very stressful and such potential resentments

1 and frustrations would only increase the stress on our team, which in turn will give rise to further  
2 resentments. This is another aspect of what I mean by the loss of cohesiveness the new HHS rule  
3 will cause.

4 6. For these reasons, I do not believe the new HHS rule serves our interests as care  
5 providers. I believe it risks patients' lives and health and undermines the most basic values and  
6 ethics of healthcare providers in our country. I believe irreparable harm both to patients and to  
7 healthcare providers will result if this rule is enforced at the ED.

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9 I declare under penalty of perjury, under the laws of the State of California, that the  
10 foregoing is true and correct. Executed this 27 day of June 2019, in San Francisco,  
11 California.



RACHEL PERRY LIMON

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