

Health Commission Health Commission,

Dear Mayor Lurie and Members of the Board of Supervisors,

I am writing to urge you to reject a budget balanced on the working class and put forward a proposal that fully funds community needs.

As Donald Trump wreaks havoc on our country - dismantling the social safety net, pushing thousands into homelessness, firing government workers, kidnapping immigrants, targeting transgender people and the LGBTQ+ community - we cannot afford to follow the same playbook here in San Francisco.

San Francisco is proposing sweeping cuts to our social safety net and budget eliminations that disproportionately impact low-income communities, immigrants, and families already struggling to afford this City. The budget before you would lay off 500 city workers, slash \$57 million from public health, including programs serving women, transgender, and LGBTQ+ communities, cut 80% of the City's Climate Action Plan, and weaken immigrant support services as the nonprofits that provide language access and rapid response services lose funding. Senior services that help older adults live independently are also being cut, while nearly 13,000 low-income families would lose services that help them stay employed, access basic needs, and avoid homelessness. These decisions will destabilize communities across San Francisco and have real consequences for the families, seniors, and residents who rely on these programs every day.

These cuts are a choice: you can double down on Trump's cuts or you can choose to embrace a budget that reflects San Francisco's values. Together, we can make it out of our budget crisis and the Trump administration without losing the City we love, but only by investing in long term solutions and economic recovery.

What you need to do right now:

- Raise taxes on wealthy corporations and pursue new revenue solutions
- Reject tax breaks on luxury property sales
- Rein in runaway law enforcement overtime, mass arrests, and stop the costly and misguided RESET Center
- Use our reserves as a strategic temporary bridge to keep San Francisco's economic recovery moving forward

These are difficult times and we know that the budget we make this year will shape our City for decades to come. But we believe in a future where San Francisco invests in working families and builds an economy that works for everyone. I stand with the People's Budget Coalition, city unions, and the community organizations fighting to protect San Francisco's safety net. And if you choose to stand with the people of this City instead of the billionaires, we will stand with you.

Sincerely,

Elieth Malfatti

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Sincerely,

Joey Hruban

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Sincerely,

Robert Arnold

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Sincerely,

Kevin Liu

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Dear Mayor Lurie and Members of the Board of Supervisors,

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Sincerely,

lea.mcgeeever@gmail.com

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Sincerely,

Jesús Dávila

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Sincerely,

Gina Rivera

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Sincerely,

[selma@araborganizing.org](mailto:selma@araborganizing.org)

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To the Members of the San Francisco Health Commission,

My name is Charles Adam Nunziato, and I am writing to you with deep concern about the planned closure of the Cole Street Youth Clinic, the Michael Baxter Larkin Street Youth Clinic, and the Southeast Mission Geriatric Clinic. As a San Franciscan who understands that the health of my neighbors is inseparable from the health of this city and who refuses to accept that the most vulnerable people among us are the ones asked to absorb the consequences of political choices made at the top.

I want to be direct: these closures are not a neutral administrative decision. They are a reflection of priorities. Mayor Lurie's office has called for tens of millions in cuts to the Department of Public Health while the city simultaneously courts and subsidizes the tech industry, an industry that has driven up the cost of living, accelerated displacement, and reshaped San Francisco's culture in ways that have harmed the very communities these clinics serve. When the budget ax falls, it does not fall on the powerful. It falls on a teenager without a home in the Tenderloin. It falls on an undocumented immigrant senior in the Mission who has nowhere else to go.

These clinics do not offer a transaction. They offer a relationship. Case managers and clinic staff know their clients by name, their histories, their fears, their family situations. That relationship is the care. You cannot "seamlessly transition" a traumatized youth or a low-income immigrant senior to a larger, unfamiliar facility and call it equivalent service. That is not a transition, it is abandonment dressed up in bureaucratic language.

The Department of Public Health has described these closures as a "resource realignment, not a reduction in services." I urge the Commission to reject that framing entirely. Closing the only drop-in youth clinic in the Tenderloin, a neighborhood with the highest concentration of children in the city, is a reduction in services. Eliminating wraparound care for seniors in the Mission who have survived trauma and have no other point of entry into the system is a reduction in services. The fact that hours were cut and volume dropped before the closures were announced does not justify those closures, it indicts the neglect that preceded them.

I also want to make an economic argument, because this Commission must understand that the physical health of San Francisco's residents is directly tied to the economic health of this city. Unaddressed youth health crises become emergency room visits, incarceration, and long-term public costs that are monstrous compared to what these clinics cost to operate. Untreated trauma in seniors becomes acute hospitalization. When we disinvest from preventive, community-based care for marginalized populations, we do not save money, we defer and multiply costs while causing immeasurable human suffering in the meantime.

The \$643 million deficit this city faces did not materialize because a small clinic in the Haight served 518 young people last year. It exists in part because decades of policy have prioritized growth and development for the powerful over services for everyday San Franciscans. If Mayor Lurie is serious about fiscal responsibility, the Commission should be asking hard questions about where revenue is being left on the table, not just where costs can be cut from the most vulnerable populations. There are choices being made here, and those choices have names and consequences.

I am asking this Commission to:

- Reject the closure of these three clinics and demand a full community impact assessment before any consolidation moves forward.
- Require the Department of Public Health to consult with community partners like Huckleberry Youth Programs and Larkin Street Youth Services, not simply notify them, before making decisions that affect their operations and clients.
- Demand transparency about where else in the city's budget reductions can be found that do not fall on the sick, the young, the elderly, and the unhoused.
- Hold Mayor Lurie's administration accountable for the human cost of these cuts, and insist that equity, not just efficiency, be the standard by which budget decisions are judged.

San Francisco has long told itself a story about being a city that takes care of its own. The quiet, unglamorous work happening inside these clinics - the drop-in visits, the home visits, the moments when someone in crisis finds a safe place - is exactly what that story is supposed to mean. We can afford to do better. We are choosing not to.

I urge this Commission to use its authority and its voice to stop these closures and to fight for the communities that have no lobbyists, no tech CEOs, and no political action committees advocating on their behalf.

Respectfully submitted,

Charles Adam Nunziato,

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Sincerely,

Michelle Magee

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Sincerely,

T. J. Lee-Miyaki

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Dear Department of Public Health and President Rafael Mandelman,

We are writing to request that a Beilenson hearing on the proposed public health cuts be scheduled before the full Board of Supervisors on May 12 or May 19.

Given the scale of these reductions, among the largest public health cuts in nearly two decades, it is critical that this hearing take place at the full Board to ensure maximum transparency, public access, and accountability. Holding a Beilenson hearing at the Health Commission, while potentially allowable, would be highly unprecedented and would significantly limit public visibility at a moment when broad understanding and engagement are essential.

We also request that the scope of the hearing explicitly include each of the services identified for cuts in the April 20 Health Commission meeting. Providers have stated on the record that these cuts will have significant impacts, and have raised serious concerns that the Department's data and impact

assessments are inaccurate and incomplete. A full Board hearing is necessary to properly examine these claims and ensure a complete and transparent public record.

This process is well established at the Board level, and following that precedent is especially important given the magnitude and impact of these proposed cuts.

We cannot afford to decrease public understanding or visibility of decisions that will affect the health and wellbeing of San Francisco communities.

Thank you for your consideration, and we urge you to prioritize scheduling this hearing at the full Board.

Sincerely,

***\*Please note, the National Harm Reduction Coalition participates in a modified Spring schedule. Beginning March 27, 2026, through May 15, 2026 Friday office hours end at 1pm local time\*.***

*May the long time sun shine upon you, all love surround you, and the pure light within you, guide your way on. Mike Heron.*

□

**Laura Guzman, JD (she/her/ella)**

**Executive Director**

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Sincerely,

**Anya Worley-Ziegmann**

Coalition Coordinator, People's Budget Coalition

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To the Members of the San Francisco Health Commission,

My name is Sarah Jinich, and I am writing to you with deep concern about the planned closure of the Cole Street Youth Clinic, the Michael Baxter Larkin Street Youth Clinic, and the Southeast Mission Geriatric Clinic. As a San Franciscan who understands that the health of my neighbors is inseparable from the health of this city and who refuses to accept that the most vulnerable people among us are the ones asked to absorb the consequences of political choices made at the top.

I want to be direct: these closures are not a neutral administrative decision. They are a reflection of priorities. **Mayor Lurie's office has called for tens of millions in cuts to the Department of Public Health while the city simultaneously courts and subsidizes the tech industry, an industry that has driven up the cost of living, accelerated displacement, and reshaped San Francisco's culture in ways that have harmed the very communities these clinics serve.** When the budget ax falls, it does not fall on the powerful. It falls on a teenager without a home in the Tenderloin. It falls on an undocumented immigrant senior in the Mission who has nowhere else to go.

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I urge this Commission to use its authority and its voice to stop these closures and to fight for the communities that have no lobbyists, no tech CEOs, and no political action committees advocating on their behalf.

Respectfully submitted,

Sarah Jinich

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Health Commission Health Commission,

Dear Mayor Lurie and Members of the Board of Supervisors,

I am writing on behalf of the Juvenile Justice Providers Association (JJPA) to urge you to reject a budget balanced on the working class and put forward a proposal that fully funds community needs.

The JJPA is a voluntary coalition of more than twenty-five community-based nonprofit organizations serving justice-impacted youth and families throughout San Francisco.

While the federal government's policy are negatively impacting the social safety net, pushing thousands into homelessness, firing government workers, targeting immigrants and other communities - we cannot afford to follow the same playbook here in San Francisco.

San Francisco is proposing sweeping cuts to our social safety net and budget eliminations that disproportionately impact low-income communities, immigrants, and families already struggling to afford this City. The budget before you would lay off 500 city workers, slash \$57 million from public health, including programs serving women, transgender, and LGBTQ+ communities, cut 80% of the City's Climate Action Plan, and weaken immigrant support services as the nonprofits that provide language access and rapid response services lose funding. Senior services that help older adults live independently are also being cut, while nearly 13,000 low-income families would lose services that help them stay employed, access basic needs, and avoid homelessness. These decisions will destabilize communities across San Francisco and have real consequences for the families, seniors, and residents who rely on these programs every day.

These cuts are a choice, or you can choose to embrace a budget that reflects San Francisco's values. Together, we can make it out of our budget crisis and the current federal administration without losing the City we love, but only by investing in long term solutions and economic recovery.

What you need to do right now:

- Raise taxes on wealthy corporations and pursue new revenue solutions
- Reject tax breaks on luxury property sales
- Rein in runaway law enforcement overtime, mass arrests, and costly law enforcement projects
- Use our reserves as a strategic temporary bridge to keep San Francisco's economic recovery moving forward

These are difficult times and we know that the budget we make this year will shape our City for decades to come. But we believe in a future where San Francisco invests in working families and builds an economy that works for everyone. We, the JJPA, stand with the People's Budget Coalition, city unions, and the community organizations fighting to protect San Francisco's safety net. And if you choose to stand with the people of this City instead of the billionaires, we will stand with you.

Sincerely,

Juvenile Justice Providers Association (JJPA)

Dinky Enty

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To the Members of the San Francisco Health Commission,

My name is Juanita Greene, and I am writing to you with deep concern about the planned closure of the Cole Street Youth Clinic, the Michael Baxter Larkin Street Youth Clinic, and the Southeast Mission

Geriatric Clinic. As a born and raised San Franciscan who understands that the health of my neighbors is inseparable from the health of this city and who refuses to accept that the most vulnerable people among us are the ones asked to absorb the consequences of political choices made at the top. Also, as a first-generation college graduate who started my career as a peer health educator at 15, Cole Street Youth Clinic is part of the fabric of my career.

I want to be direct: these closures are not a neutral administrative decision. They are a reflection of priorities. Mayor Lurie's office has called for tens of millions in cuts to the Department of Public Health while the city simultaneously courts and subsidizes the tech industry, an industry that has driven up the cost of living, accelerated displacement, and reshaped San Francisco's culture in ways that have harmed the very communities these clinics serve. When the budget ax falls, it does not fall on the powerful. It falls on a teenager without a home in the Tenderloin. It falls on an undocumented immigrant senior in the Mission who has nowhere else to go.

These clinics do not offer a transaction. They offer a relationship, community resources, and collective support. Case managers, clinic staff, educators, and other youth-serving professionals know their clients by name, history, fears, and family situations. That relationship is the care. You cannot "seamlessly transition" a traumatized youth or a low-income immigrant senior to a larger, unfamiliar facility and call it equivalent service. That is not a transition; it is abandonment dressed up in bureaucratic language.

The Department of Public Health has described these closures as a "resource realignment, not a reduction in services." I urge the Commission to reject that framing entirely. Closing the only drop-in youth clinic in the Tenderloin, a neighborhood with the highest concentration of children in the city, is a reduction in services. Eliminating wraparound care for seniors in the Mission who have survived trauma and have no other point of entry into the system is a reduction in services. The fact that hours were cut and volume dropped before the closures were announced does not justify those closures; it indicts the neglect that preceded them.

I also want to make an economic argument, because this Commission must understand that the physical health of San Francisco's residents is directly tied to the city's economic health. Unaddressed youth health crises become emergency room visits, incarceration, and long-term public costs that are monstrous compared to what these clinics cost to operate. Untreated trauma in seniors can lead to acute hospitalization. When we disinvest from preventive, community-based care for marginalized populations, we do not save money; we defer and multiply costs while causing immeasurable human suffering in the meantime.

The \$643 million deficit this city faces did not materialize because a small clinic in the Haight served 518 young people last year. It exists in part because decades of policy have prioritized growth and development for the powerful over services for everyday San Franciscans. If Mayor Lurie is serious about fiscal responsibility, the Commission should ask hard questions about where revenue is being left on the table, not just where costs can be cut for the most vulnerable populations. There are choices being made here, and those choices have names and consequences.

I am asking this Commission to:

Reject the closure of these three clinics and demand a full community impact assessment before any consolidation moves forward.

Require the Department of Public Health to consult with community partners like Huckleberry Youth Programs and Larkin Street Youth Services, not simply notify them, before making decisions that affect their operations and clients.

Demand transparency about where else in the city's budget reductions can be found that do not fall on the sick, the young, the elderly, and the unhoused.

Hold Mayor Lurie's administration accountable for the human cost of these cuts, and insist that equity, not just efficiency, be the standard by which budget decisions are judged.

San Francisco has long told itself a story about being a city that takes care of its own. The quiet, unglamorous work happening inside these clinics - the drop-in visits, the home visits, the moments when someone in crisis finds a safe place - is exactly what that story is supposed to mean. We can afford to do better. We are choosing not to.

I urge this Commission to use its authority and its voice to stop these closures and to fight for the communities that have no lobbyists, no tech CEOs, and no political action committees advocating on their behalf.

Respectfully submitted,

Juanita Theresa Greene

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Dear SF Health Commission,

**I URGE YOU TO RECONSIDER THE CLOSURE OF THE COLE STREET CLINIC.**

My name is Jackie Miller and I have worked at the Huckleberry Youth Health Center in direct partnership with the Cole Street Clinic for almost 6 years. I have built strong relationships with many of the DPH staff who have worked in this clinic over the years. Most of all, I have gotten to know many of the clients who have come through for services - some may only come once or twice and some have been coming consistently for years.

I heard many of you speak on how closing this clinic was a hard decision to make, but at the end of the day you made the choice based on the clinics who see the lowest number of clients. But to be clear, that wasn't actually the language you all used last Monday at the Health Commissioners Meeting. The exact phrase I heard over and over again was "low performing clinics" and I assume what you meant is that we have a low volume of clients. That comment alone speaks to the reality of how little you understand the work that we do. We do not measure client outcomes based on the number of bodies that are seen by a provider each day. At Huckleberry we place quality of care above all else.

All of this to say, to hear you call our clinic low performing is beyond insulting and to put it simply, it is untrue. There is nothing low performing about our staff or our programming. We have volumes of data to show how instrumental our services have been for the community. We provide a safe space for young people to access free, low barrier services for primary care, reproductive care and mental health care. We provide these services without judgement and with the education they need to be able to make informed decisions about the care they receive.

I would also like to address the real cause of our low volume clinic. **The reason that clients are not being seen at the Cole Street Clinic is because there is no provider there to see them.** For years now, DPH has consistently refused to properly staff our clinics. What started as a few closures a month has now, in the last few months, been reduced to only 2 days a week.

When clients don't experience stability they don't keep returning. When we have to send away hundreds of clients a year because we don't have a provider, they aren't going to keep coming back. Not only have you taken away the services but you have damaged the trust we have built with our clients. We do an exceptional amount of outreach, we see thousands of young people every year across classrooms and community centers. **We tell them about the Cole Street Clinic and they show up to get the services they were promised only for us to turn them away because of DPH's inability to properly provide coverage.**

We have the clientele, we have the services and you have the ability to staff your clinics. This is a self-inflicted crisis that DPH has created. Now DPH has the opportunity to fix it. Staff our clinics. Create consistent and reliable services for young people to be able to rely on. You will see young people receiving access to the care they deserve.

**You talk about cutting costs, but I promise you, this city cannot afford to lose these services. To be frank, if you shut down this clinic and continue to slash funding for vital youth services, young people will die.**

**If you have any power over the decision to keep these clinics open,  
you will be saving lives.**

**If you instead choose to make budget cuts at the expense of our youth,  
their blood will be on your hands.**

□

**Jackie Miller** (she/her)

*To the Members of the San Francisco Health Commission,*

*My name is Allison Teng, and I am writing to you with deep concern about the planned closure of the Cole Street Youth Clinic, the Michael Baxter Larkin Street Youth Clinic, and the Southeast Mission Geriatric Clinic. As a San Franciscan who understands that the health of my neighbors is inseparable from the health of this city and who refuses to accept that the most vulnerable people among us are the ones asked to absorb the consequences of political choices made at the top.*

*I want to be direct: these closures are not a neutral administrative decision. They are a reflection of priorities. Mayor Lurie's office has called for tens of millions in cuts to the Department of Public Health while the city simultaneously courts and subsidizes the tech industry, an industry that has driven up the cost of living, accelerated displacement, and reshaped San Francisco's culture in ways that have harmed the very communities these clinics serve. When the budget ax falls, it does not fall on the powerful. It falls on a teenager without a home in the Tenderloin. It falls on an undocumented immigrant senior in the Mission who has nowhere else to go.*

*These clinics do not offer a transaction. They offer a relationship. Case managers and clinic staff know their clients by name, their histories, their fears, their family situations. That relationship is the care. You cannot "seamlessly transition" a traumatized youth or a low-income immigrant senior to a larger, unfamiliar facility and call it equivalent service. That is not a transition, it is abandonment dressed up in bureaucratic language.*

*The Department of Public Health has described these closures as a "resource realignment, not a reduction in services." I urge the Commission to reject that framing entirely. Closing the only drop-in youth clinic in the Tenderloin, a neighborhood with the highest concentration of children in the city, is a reduction in services. Eliminating wraparound care for seniors in the Mission who have survived trauma and have no other point of entry into the system is a reduction in services. The fact that hours were cut and volume dropped before the closures were announced does not justify those closures, it indicts the neglect that preceded them.*

*I also want to make an economic argument, because this Commission must understand that the physical health of San Francisco's residents is directly tied to the economic health of this city. Unaddressed youth*

*health crises become emergency room visits, incarceration, and long-term public costs that are monstrous compared to what these clinics cost to operate. Untreated trauma in seniors becomes acute hospitalization. When we disinvest from preventive, community-based care for marginalized populations, we do not save money, we defer and multiply costs while causing immeasurable human suffering in the meantime.*

*The \$643 million deficit this city faces did not materialize because a small clinic in the Haight served 518 young people last year. It exists in part because decades of policy have prioritized growth and development for the powerful over services for everyday San Franciscans. If Mayor Lurie is serious about fiscal responsibility, the Commission should be asking hard questions about where revenue is being left on the table, not just where costs can be cut from the most vulnerable populations. There are choices being made here, and those choices have names and consequences.*

*I am asking this Commission to:*

- *Reject the closure of these three clinics and demand a full community impact assessment before any consolidation moves forward.*
- *Require the Department of Public Health to consult with community partners like Huckleberry Youth Programs and Larkin Street Youth Services, not simply notify them, before making decisions that affect their operations and clients.*
- *Demand transparency about where else in the city's budget reductions can be found that do not fall on the sick, the young, the elderly, and the unhoused.*
- *Hold Mayor Lurie's administration accountable for the human cost of these cuts, and insist that equity, not just efficiency, be the standard by which budget decisions are judged.*

*San Francisco has long told itself a story about being a city that takes care of its own. The quiet, unglamorous work happening inside these clinics - the drop-in visits, the home visits, the moments when someone in crisis finds a safe place - is exactly what that story is supposed to mean. We can afford to do better. We are choosing not to.*

*I urge this Commission to use its authority and its voice to stop these closures and to fight for the communities that have no lobbyists, no tech CEOs, and no political action committees advocating on their behalf.*

*Respectfully submitted,*

*Allison Teng,*

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My name is Ocean Berg and I am a public health nurse in San Francisco.

I work in San Francisco with a team of public health nurses that serve the most vulnerable pregnant and postpartum women and their infants. The nurses meet the clients in their homes and other locations that clients choose.

The nurses:

- obtain vital sign assessments
- provide perinatal education
- assist families obtaining housing
- promote entrance into health care
- support women experiencing interpersonal violence
- support families engaged with child protective services
- assist with obtaining life goals

These clients are living in the margins and are increasingly more high risk. The relationship with their public health nurse is critical for their healthy pregnancy and postpartum course and their child's growth and development.

Any cuts to these vital services will result in a decrease in perinatal clients obtaining health care, an increase in preterm birth rates, interpersonal violence, poverty and homelessness. And will be a detriment to San Francisco.

REJECT these proposed cuts to MCAH save UPSTREAM interventions.

Ocean Berg

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"To the Members of the San Francisco Health Commission,

My name is Estelle Rubenstein, and I am writing to you with deep concern about the planned closure of the Cole Street Youth Clinic, the Michael Baxter Larkin Street Youth Clinic, and the Southeast Mission Geriatric Clinic. As a San Franciscan who understands that the health of my neighbors is inseparable from the health of this city and who refuses to accept that the most vulnerable people among us are the ones asked to absorb the consequences of political choices made at the top.

I want to be direct: these closures are not a neutral administrative decision. They are a reflection of priorities. Mayor Lurie's office has called for tens of millions in cuts to the Department of Public Health while the city simultaneously courts and subsidizes the tech industry, an industry that has driven up the cost of living, accelerated displacement, and reshaped San Francisco's culture in ways that have harmed the very communities these clinics serve. When the budget ax falls, it does not fall on the powerful. It falls on a teenager without a home in the Tenderloin. It falls on an undocumented immigrant senior in the Mission who has nowhere else to go.

These clinics do not offer a transaction. They offer a relationship. Case managers and clinic staff know

their clients by name, their histories, their fears, their family situations. That relationship is the care. You cannot "seamlessly transition" a traumatized youth or a low-income immigrant senior to a larger, unfamiliar facility and call it equivalent service. That is not a transition, it is abandonment dressed up in bureaucratic language.

The Department of Public Health has described these closures as a "resource realignment, not a reduction in services." I urge the Commission to reject that framing entirely. Closing the only drop-in youth clinic in the Tenderloin, a neighborhood with the highest concentration of children in the city, is a reduction in services. Eliminating wraparound care for seniors in the Mission who have survived trauma and have no other point of entry into the system is a reduction in services. The fact that hours were cut and volume dropped before the closures were announced does not justify those closures, it indicts the neglect that preceded them.

I also want to make an economic argument, because this Commission must understand that the physical health of San Francisco's residents is directly tied to the economic health of this city. Unaddressed youth health crises become emergency room visits, incarceration, and long-term public costs that are monstrous compared to what these clinics cost to operate. Untreated trauma in seniors becomes acute hospitalization. When we disinvest from preventive, community-based care for marginalized populations, we do not save money, we defer and multiply costs while causing immeasurable human suffering in the meantime.

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I am asking this Commission to:

- \*Reject the closure of these three clinics and demand a full community impact assessment before any consolidation moves forward.
- \*Require the Department of Public Health to consult with community partners like Huckleberry Youth Programs and Larkin Street Youth Services, not simply notify them, before making decisions that affect their operations and clients.
- \*Demand transparency about where else in the city's budget reductions can be found that do not fall on the sick, the young, the elderly, and the unhoused.
- \*Hold Mayor Lurie's administration accountable for the human cost of these cuts, and insist that equity, not just efficiency, be the standard by which budget decisions are judged.

San Francisco has long told itself a story about being a city that takes care of its own. The quiet, unglamorous work happening inside these clinics - the drop-in visits, the home visits, the moments when someone in crisis finds a safe place - is exactly what that story is supposed to mean. We can afford to do better. We are choosing not to.

I urge this Commission to use its authority and its voice to stop these closures and to fight for the communities that have no lobbyists, no tech CEOs, and no political action committees advocating on their behalf.

Respectfully submitted,

Estelle Rubenstein

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Dear Commissioners,

Women and children lost when that population was deprioritized for this year's proposed budget cuts.

I retired from the SFDPH in 2025 after more than 23 years, the first 15 in several roles at the Birth Center at SFGH, and the last 8 as nurse manager at MCAH.

Neither the clients nor the people doing the work were consulted when cuts were made to MCAH. This has led to a brain drain. The people who know the most about the complex programs, including contracts, funding, budgeting, and state and federal requirements are being moved out of the section. These decisions will lead to harder but not smarter work. It will lead to the loss of federal and state grant funding.

I urge you to commit to preventative care for women and children and to reject the gutting of MCAH leadership.

Respectfully,

Maya Vasquez, RN, PHN

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Hello,

I'd like to submit a written public comment regarding the 4/20 Budget Hearing. It is as follows:

My name is Bailey Matana Aguiar, a Public Health Nurse with the city's Nurse-Family Partnership Program. I am writing to call out the so-called "restructuring" of the MCAH department for what it actually is: the targeted sabotage of our most vulnerable families.

Eliminating four layers of our leadership in one stroke isn't an administrative update—it is a deliberate choice to cripple nurse home visiting programs by leaving us to drown. The Nurse-Family Partnership has forty years of hard data proving our interventions break generational cycles of trauma and poverty. Gutting our leadership sets this program, and the first-time mothers and babies who desperately rely on it, up for catastrophic failure.

San Francisco claims to champion the marginalized, yet this decision abandons them to cut costs. Stop hiding behind bureaucratic buzzwords. Protect these families and restore the leadership required to keep these vital programs alive. These mothers and babies deserve better than a city that gives up on them.

Thank you for your time,

Bailey Matana Aguiar, BSN, RN, PHN

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Hello Commissioners,

I am writing this email to you as I was not able to say everything that I had to say yesterday and am emailing it to you.

My name is Lisa Cadillo and I am the Medical Evaluation Assistant at Larkin St. Youth Clinic for the past 10 years. We have been a part of this community for over 30 years and provide vital and essential services to the youth of San Francisco, especially for the youth of the tenderloin. A community that has so much taken from them already.

We serve the most vulnerable population. As you know, the tenderloin has the highest population of youth than any other part of the city. Taking away their clinic that provides them a safe space, healthcare that they can understand and a sense of community will be detrimental to their health and will drive up costs in the long run.

San Francisco has the highest number of billionaires that live here and can help close the gap by paying their fair share. If the lower and middle class have to pay taxes every other class should pay too that's how government should be. Not all of us live a life of luxury and with societal pressures can make it hard for youth to survive in these times especially mental health challenges, health problems and safety issues that this day and age with social media.

We do the important work here at Larkin to help protect the future of San Francisco. I am 4th Generation San Franciscan and I cannot afford to live here with my family. San Francisco has reached a decline in STD's, WHY? Because we helped achieve that by doing the work and working with the population that no one wants to work with.

The numbers that were presented to you yesterday were false and it's hard to see a sufficient amount of clients when our management prioritized other clinics except for ours. We have been left with no support or structure for a very long time. We use to be a Primary Care Clinic that had youth assigned to us from the ages of 12-24, that was taken away from our management team due to other staff leaving and those positions not being filled and our providers for Larkin and Cole were shifted to cover all other CHPY Clinics while ours had no coverage. This created a lot of burnout from our providers and with no support from management we had providers completely leave DPH. Give us staff and support along with structure I can guarantee that we will be a high utilization clinic like we have been in the past. I just need people who are willing to join in the DPH way and support our underprivileged citizens of San Francisco. Bring us back to primary care with the right providers to provide wrap around services like we had done in the past. I feel that we were never given another chance to have this location succeed by our management team.

I had brought up to Thai, Gregory and Taniguchi that I heard we had “Absorbed” HopeSF and their 2 HW’s and that the Dept is removing us to go to General Hospital. I am grateful to have a job but at the same time find it unfair that we cannot go to another CHPY Clinic and work with the population that we have been serving for more than a decade and to bring in 2 HW’s that don’t know what we do at CHPY. From what I was told by a provider who works for HopeSF is that they do not see anyone all day and don’t understand why the mayor opened those clinics and they are not being utilized, I can almost guarantee that we see more clients at Larkin than HopeSF.

If we do not invest in the youth and young adults of San Francisco there will be an increase in teenage pregnancies that could have been prevented, suicide rates would go up because their drop in clinic is no longer there to get them out of crisis and std rates and crime will also increase. There is a ripple effect to everything. We educate our youth to be better and to do better and to take the initiative to take care of their health the way that they want to, and I give them praise for stepping up and at least showing up to a clinic in which that can be scary for any young person. Our youth are very traumatized and it takes patience and build trust for our client to come back. Youth live very busy lives trying to navigate San Francisco, health ins, where can I get food resources, medication for a cold etc.

We provide a safe space for everyone to come as they are and feel seen and heard and feel supported. We meet them where they are at. Has there ever been a time in your life as a young teen or young adult where you had no trusted adult to talk to about deep things going on in your life without someone judging you. Have you ever had any one to talk to about horrific things that you had experienced suicidal thoughts due to the pressures of society and trying to fit in or struggling with school and trying to balance a healthy relationship, getting abused at home whether verbal or physical, getting sexually assaulted, not being able to come out where you feel safe enough to come out.

I can guarantee you that the youth at Larkin will not seek care at Tom Waddell. I’ve tried to send youth there once they age out since they are so close by and my youth don’t go because their model is so different than ours and they see adults and not youth friendly. They want to go where it is familiar to them. I have walked several aging out clients to Tom Waddell because I was their trusted adult and they would tell me “Nah, I’m good”. They also often leave urgent care and ER’s because they are waiting and waiting.

We need to protect these youth. We empower them to keep going. Please do not take our vital clinic away. Our youth and young adults will DIE!!!!

With gratitude,  
Lisa Cadillo

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To the Members of the San Francisco Health Commission,  
My name is Elizabeth StremLOW , and I am writing with deep concern about the planned closure of the Cole Street Youth Clinic.

I am a current patient there, and I go to therapy weekly. This clinic is not just a place I visit—it is a consistent, reliable source of support in my life. Having access to care in a setting where I feel safe, known, and understood has made a real difference in my ability to function and take care of myself. If this clinic closes, that care does not simply transfer somewhere else in an equivalent way. The

relationship I have built with my therapist, and the familiarity of the space, are a huge part of why the care works for me. Starting over in a new system or clinic would be incredibly difficult and disruptive, especially as someone who depends on this support regularly.

For many young people, including myself, accessing healthcare is not simple. The Cole Street clinic removes barriers—whether that’s cost, logistics, or fear—and makes it possible to actually receive help. Losing that access would not feel like a “transition.” It would feel like losing a lifeline.

I am asking you to please consider what this clinic provides beyond basic services. It provides stability, trust, and continuity of care—things that cannot be easily replaced.

Please do not close the Cole Street Youth Clinic.

Sincerely,

Elizabeth StremLOW

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Hello,

I am submitting the attached document as part of public comment regarding the closure of the Cole Street Clinic.

This document provides a chronological record of concerns raised to the Department of Public Health (DPH) over the past three years. It highlights ongoing issues related to insufficient provider coverage, lack of consistent communication, and delays in finalizing the Memorandum of Understanding (MOU).

Throughout this period, our organization repeatedly elevated concerns about staffing instability and its direct impact on service delivery. Despite these efforts, these issues remained unresolved. The record reflects a sustained pattern in which inadequate staffing levels limited access to care, even as demand for services continued.

Given this context, we are concerned that responsibility for declining clinic utilization is being attributed to program performance rather than the structural limitations created by insufficient provider availability.

I urge you to review the attached document in full, as it outlines these concerns in detail and demonstrates the direct connection between staffing challenges and reduced access to care for young people.

Thank you for your time and consideration.

Sincerely,

Keana

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Good afternoon. My name is Elizabeth Travelslight, SEIU 1021 Field Representative for our members in Community Public Health and mother to an SFUSD 7<sup>th</sup> grader writing in opposition to layoffs and clinic closures.

I have been fielding calls from countless CHPY affiliated staff since the announcement of these closures. I feel obliged to inform you that there are deputies and directors in DPH who have fostered and/or

tolerated a climate of fear, misrepresentation, and retaliation and it is making a remarkable number of employees reluctant to speak up and counter management's misleading narratives regarding CHPY clinic utilization. This undermines DPH's mission and denies you all the benefit of their experience and expertise. I urge the Director Tsai and the Health Commission to do their due diligence and investigate this issue at the leadership level to ensure you are making decisions with accurate information.

My work takes me into every corner of our City's public health care system. Without hesitation, I would refer my child, and my child's friends, to any one of the City's CHPY clinics for care. They are inviting, supportive, age-appropriate places where young people are empowered to address their health concerns autonomously and with dignity and respect. I cannot say the same about the excellent general population primary clinics. Our teenagers and young adults have unique needs and require specialized services to support their health in developmentally appropriate ways. To take this away from them is short-sighted and will incur exponential downstream harms and costs.

I reject Dr. Gregory's characterization of this as a zero-sum situation. To frame it as such is a failure of imagination and political will. Rather than deny young people access to life-saving care and services, the City could easily access any one of many available funding sources. \$120M released to the General Fund from Airbnb's dropped litigation, the City's rainy day fund. Support Prop D and bring in revenue to protect the care not billionaires.

All best,

Elizabeth

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**Elizabeth Travelslight (she/her)**

Field Representative, SEIU Local 1021

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