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App. 1

APPENDIX A

Affidavit of Leslie Wolbert

STATE OF NEW YORK §
 § KNOW ALL MEN BY
 § THESE PRESENTS
COUNTY OF NIAGARA §

BEFORE ME, the undersigned authority on this day personally appeared Leslie Wolbert who is personally known to me, and after being by me first duly sworn according to law on her oath did depose and say that:

1. “My name is LESLIE WOLBERT. I am over the age of eighteen (18) years of age and I am fully competent to make this Affidavit. I reside in Barker, New York. I have personal knowledge of the facts stated herein and the following is true and correct.
2. It is a bittersweet thing to share a piece of my story with you. I was 21 years old when I took the “abortion pill” (RU-486), in 2005. Nothing could have prepared me for what I experienced during the time of the abortion or the emotional pain that I would carry for years following.
3. I had always vowed as a young, teen to never have sex before marriage, yet choices I made along the way and half-hearted convictions led me to choose to be sexually active. Over the course of five years, I went to a clinic and took the “morning after pill” a few times. I chose Planned Parenthood clinic because it was portrayed as safe, friendly and was

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well established, and I didn't have to tell my mom I was visiting. The morning after pill was painful because it brought my period on quickly, yet it was bearable and I kept reminding myself what the nurse had told me, that it was only speeding up my period.

4. Since I had come to trust the clinic for years and had taken the morning after pill a few times without problems, I chose the same clinic to go to for counsel when I found out I was pregnant and uninsured. I was still completely against abortion at that time and was certain that I could never have a surgical abortion because I knew if they had to perform surgery that meant it really was a baby not just a blob of tissue as they referred to it. When I spoke to someone from the clinic, they told me about a new abortion pill and how "simple" it was and that you didn't have to go through surgery, but that you would have a heavy period instead.
5. I wish I could remember all the details of what was said or what wasn't said, but I don't. I was confused and really wanted someone to help me make the best decision. I do remember that nobody ever told me that I could carry my baby to term if I wanted to. It was assumed that because I was confused and scared, and showed up at the clinic that meant I wanted to abort. I was informed about the different abortion procedures and set up with an appointment at the clinic where abortions were performed. I don't know how I entered the clinic not considering abortion, but left with an appointment for one. I do know that I felt a lot of pressure to make the decision because the time was short for me to be able to take the abortion drugs.

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6. At the abortion clinic I was given a routine ultrasound in which the screen was conveniently turned away from me. The nurse asked if I wanted to see, but stated that it was just a mass of tissue. That statement made it easier for me to continue with the process. I was told RU-486 would be like a really heavy period and that I would have some severe cramping that would last a couple of days. They even prescribed pain medication for when the cramping got too severe. To me, it sounded a lot like the morning after pill, except you could take it up until ten weeks pregnant (Ten weeks is what I was told, however the FDA approved it only up to seven weeks, I was eight weeks pregnant when I took the pill). So I chose the abortion pill since it was portrayed as safe to me.
7. I took the first set of pills at the clinic after telling them how scared I was, then the next day took the last pills. I rented a hotel room on the day that I went to the clinic because I was ashamed of what I was doing and couldn't imagine going through with the abortion at home. I didn't have any physical problems at the hotel, but immediately regretted my choice. I went home the next day because I didn't know what else to do..
8. It was the second day that I experienced the worst pain I've ever felt in my life. The experience wasn't just a heavy period. I was bleeding like I never knew possible. And the cramps were not just severe --- I thought I was dying because they were so intense. I was crying hysterically and begging to die because the pain was more than I could handle. I was heavily sweating, bleeding like never before, using the toilet and throwing up all at the same

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time. I was alone, terrified and didn't know what to do.

9. I was in my room and told my family members that I was extremely sick feeling too ashamed to tell what really was happening. My younger siblings were scared and stayed away from me because of how I was acting.
10. It was the third day when I finally had enough energy to shower. I felt so dirty and shameful that I couldn't wait to clean myself. It was the first time I had stood for more than a minute and I was starting to feel a little better by then. I got about halfway through my shower when I started to bleed again.
11. I bled so much that it clogged the drain. It was in that moment, me trying to cleanse myself from my sin of the abortion, that the truth was exposed. It was the "blood clot" or the "blob of tissue" that the clinic talked about. It was my baby that was clogging the drain of the shower and I was in shock.
12. In horror, not knowing what else to do I turned off the water, scooped it all up then flushed it down the toilet. It was at that moment I realized I wasn't flushing a mass of tissue down the toilet; I was flushing what was left of the life of my child that was growing inside of me. It was even more traumatizing than it sounds.
13. This was all done in my home, my bedroom, the family bathroom and shower, the place where I had to live after this experience.
14. The emotional pain this caused me made it almost unbearable to be at home after that. I hated

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showering and sleeping in my bed. I couldn't bear to be around my family, I didn't want to be there anymore and tried my best to avoid home, because everything and everywhere reminded me of my horrifying experience.

15. I immediately felt a loss. I didn't want to hear the word baby. I didn't want to see babies --- the sight of a baby caused me to nearly break down.
16. I lived in denial for a period after that trying to pretend that nothing happened, that my life hadn't drastically changed, and that I was ok. It was at that time that Jesus found me. At my lowest and darkest point, He drew me closer to Himself. I am only able to share my story with you now because I know that He has set me free from the guilt and pain of my choice to abort. I have been forgiven and have hope knowing my baby is with Christ.
17. RU-486 is not a simple solution to a problem as it is presented to be. It is a horrible drug, and the lasting side effects are not spoken of. If it is made more readily available to women, especially young girls, they will have similar stories as mine. Women who weren't told the truth, women who are full of grief and sorrow, women who wish they knew the truth before they aborted.
18. I hate that these abortion drugs are marketed as safe or simple. I hate that you're not told what you will really experience and the extreme loss and heartache you will feel, not just in the moment but for the rest of your life. In a place where women should feel the most loved and cared for they are instead manipulated, coerced and lied to in their

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most vulnerable of states. I especially hate that the truth is not being told about RU-486. It indeed will change lives, but not for the better. The truth is not being told because if it were, many women may have changed their minds.

19. RU-486 isn't a simple solution to an unplanned pregnancy. The truth is that RU-486 is murder. It's not only destroying the lives of babies, but the lives of women who choose to take these drugs. I am sick and tired of women being manipulated and lied to, and never told the whole truth. That's one of the reasons I must share my story, so that others know before it's too late and they too have a painful story and traumatic memories like mine.
20. The effects of experiencing an abortion at home are huge. The home should be a safe haven, yet when you experience the worst thing of your life at home you find out you're in a living nightmare.
21. No one ever called me from the clinic after I aborted. I never went in for a follow up to make sure I was alright. There was absolutely no contact from the clinic to me after I gave them my money and left that day. I did call at one point because I thought I was dying since what I was told I would experience and what I actually experienced were totally different. The woman on the line told me that it was "normal". I was just a number, not a human being. It breaks my heart because I'm not the only woman who has walked this path, and with RU-486 being more available there will be more to come after me. Women left to deal with the consequences, pain and heartache of their "choices" alone. The more this drug is open to the

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public, the more stories of broken women there will be and with that more mental health pains and problems.

22. It's not an easy way out, but is physically the worst pain in the world. Yet the emotional effects that a medical abortion brings are even more painful. No one told me how terrifying it would be to experience this alone at home, or that I would feel such a deep loss. I had no idea the sound of a baby's cry would bring tears to my eyes for years to come. No one warned me of the pain I would feel afterwards living at home where the abortion took place. I wasn't told that lasting effects from my medical abortion could potentially be the cause of the two miscarriages I had six years later, No one told me about the emotional turmoil I would experience after giving birth to my first child and reliving the abortion experience in my mind and wishing I could take it all back. These things just weren't discussed, yet they had great effects on me then and still do today. Women need to be counseled about all of their choices when it comes to an unplanned pregnancy, and not ushered into choosing one that is most convenient at the time. The truth needs to be told, it is far too great of a matter for it to continue to be handled the way it has been. Women deserve better and should be protected.

Further Affiant sayeth not.”

/s/ Leslie J. Wolbert

Leslie Wolbert

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SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this 29th day of January, 2024.

/s/ Sandra Lewis
NOTARY PUBLIC IN AND FOR
THE STATE OF NEW YORK

Notary Public, Niagara County,
New York

My Commission Expires: 7/19/25

[NOTARY STAMP]

APPENDIX B

Affidavit of Tammi Morris

STATE OF PENNSYLVANIA § KNOW ALL MEN
§ BY THESE
COUNTY OF YORK § PRESENTS

BEFORE ME, the undersigned authority on this day personally appeared Tammi Morris who is personally known to me, and after being by me first duly sworn according to law on her oath did depose and say that:

1. “My name is TAMMI MORRIS. I am over the age of eighteen (18) years of age and I am fully competent to make this Affidavit. I reside in York County, Pennsylvania. I have personal knowledge of the facts stated herein and the following is true and correct.
2. I have experienced child birth, surgical abortion, and chemical (RU-486) abortion. I can say without any doubt or hesitation that chemical abortion had by far the most devastating physical and emotional effects.
3. The clinic in Rochester, NY said that my chemical abortion would be simple, safe, and mostly painless. It would be a little more than a menstrual cycle. They did not prepare me for what was to come.
4. This was unexpected because the clinic only told me the benefits and not the risks.

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5. They said the benefit was that it would be in the privacy of my own home. That was appealing to me because I had seen women in the waiting room crying and it was very public that I was at the clinic. But I had no idea what that “privacy” would actually mean until I experienced it.
6. The clinic said the bleeding would be like my menstruation and that a couple of hours later the “tissue” would be expelled. They said that I would be back to normal the next day, another benefit.
7. The only written instructions I got was a small paper saying when I was to take the second pill.
8. They did not give me any information on alternative procedures such as surgical abortion or alternatives to abortion itself.
9. The clinic did a blood test to confirm my pregnancy. They also did an ultrasound. But I never saw the ultrasound because it was turned away from me and there was no sound so I didn’t hear a heartbeat.
10. On that day, I was extremely stressed about the abortion to the point of not feeling well.
11. While the chemical abortion was more private and I was going to experience it in the comfort of my own home, I was nervous. I didn’t know what to expect. Nothing of what was to come was comfortable or comforting. It was traumatic and tormenting for years to come.
12. Never once did they acknowledge the life growing within me or the value of that life or mine. Abortion has two victims --- the mother and the baby.

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13. They gave me a bag with the pill and the small paper saying when I was to take the second pill.
14. I took the second pill and a couple of hours later I started to have mild labor pains. But over time, the pains increased to intense pains.
15. There I was --- home alone --- alone in my own home and bathroom where I lived.
16. I knew that I was ending my baby's life and that I would give birth to death. It horrified me. What a contrast because the last pregnancy when I pushed, I gave birth to a beautiful baby girl and this time I was giving birth, by my choice in isolation, to death. It was horrible --- the pain, the mental anguish.
17. I was sitting on the toilet crying because on one hand I was devastated because my baby was dead and on the other hand I was devastated because I murdered my baby.
18. I did not know what a baby at 14 weeks looked like. I never saw the baby intact inside the womb. I pushed again and it was then that I saw my baby. It was a baby and not a bunch of cells or tissue as the clinic had said. Now there was no denying it --- it was a baby, my baby,
19. I sat on the floor, holding my baby, crying, and bleeding profusely. I couldn't stop staring at this child.
20. Seeing my baby sent me over the emotional edge. Everything got worse for me. Drinking heavily, hiding, anger, depression, and suicidal thoughts. I eventually filed for divorce from my husband. It

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also affected my relationship with my son and daughter.

21. The bleeding continued for six to eight weeks, and the pain also continued. The cramping was a reminder of what I'd done. It didn't feel like menstrual cramps, it felt like early labor. They are not the same.
22. I called the clinic and told them it was more than normal bleeding. They just said I was farther along and closer to the maximum time frame to take the pill, and it was normal. If I was really concerned, however, I could go to the Emergency Room.
23. I felt angry, ashamed, and I was hard to be around because of this secret that I couldn't share with anyone. I had gone through a very traumatic experience. I couldn't fully explain to my soon to be hubby; I had to bear this on my own. I knew deep down he'd resent me. I'd come to find out years later, I was right.
24. Emotionally, I had really gone off the edge. I was at such a low point physically and psychologically. If you really knew what was happening to me, you might liken it to severe mental illness and I was certainly harmful to myself and others when intoxicated.
25. In desperation, as a last-ditch effort before committing suicide, almost in an attempt to tempt God and prove my worthlessness, I cried out to God on April 22, 2004 to save me. I can't do this anymore or I'm going to die, show me that your real and I matter or not wasting valuable air others are

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breathing. The trauma that I had imposed on myself through the broken choice of abortion and of murdering my own child, it just seemed too much. I could NOT get the image of my baby out of my mind. Drinking it away didn't work. Nothing worked.

26. But God heard my cry and answered that desperate cry for help. That's when things began to really change in my life. Over time, I stopped the destructive behaviors that I had been doing and sought help and counseling to get my life in order.
27. I wish I had known what chemical abortion was really like, but no one gave me that information. It felt very transactional to me. No one even called me after the abortion to see if I was alright. How is that even ethical?
28. If I had it to do all over again, I wouldn't have allowed a temporary situation like an unplanned pregnancy that causes fear and uncertainty to control my choice.
29. I definitely would not put myself or my baby in the hands of a physician or purported health care provider to supervise my own abortion. But chemical abortion is unsupervised.
30. There is nothing safe about abortion via prescriptions. It's reckless and has long lasting consequences – even for those who think they want one, that nothing is wrong with it, and it's best. Take it from me, they are lies.
31. Even to this day, I have a general distrust of healthcare providers. Are they being honest? Do they really care? Are the institutions trusted to be

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an advocate for my health really for me or do they have an agenda.

32. Over the course of my life since that day God answered my cry, life has been really hard, and I've had to contend for every inch of healing I've received. My hope is that my testimony helps another woman who is suffering in silence to believe there is hope for her. Or, if it opens the eyes of those who are deceived to think abortion is ok, then lives can be spared --- both born and unborn.
33. I would say to women considering this chemical abortion, there are resources and people who will walk with you through your pregnancy. You have more options to choose life, and only one for death. The weight even unconscious of taking another life, never really leaves. The complete healing will only come when I am reconciled with my babies in heaven.
34. Chemical abortion is never the answer. Thank you for hearing my story.

Further Affiant sayeth not.”

/s/ Tammi Morris
Tammi Morris

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this 31 day of January, 2024.

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/s/ CHK

Notary Public in and for York

COUNTY THE STATE OF PA

My Commission Expires: 07/25/2024

[NOTARY STAMP]

APPENDIX C

Affidavit of Carol Everett

STATE OF TEXAS § KNOW ALL MEN
 § BY THESE
COUNTY OF WILLIAMSON § PRESENTS

BEFORE ME, the undersigned authority on this day personally appeared Carol Everett who is personally known to me, and after being by me first duly sworn according to law on her oath did depose and say that:

1. “My name is CAROL EVERETT. I am over the age of eighteen (18) years of age and I am fully competent to make this Affidavit. I reside in Round Rock, Texas. I have personal knowledge of the facts stated herein and the following is true and correct.
2. I know firsthand about pregnancy termination. I have been both a consumer and provider. I was involved in the operation of four pregnancy termination clinics from 1977 to 1983, overseeing 35,000 pregnancy terminations. A fifth clinic was being planned. I was formerly Dallas’ largest abortion chain owner.
3. Since leaving the abortion industry, I have been committed to safeguarding the health of women and their babies all over this nation. I speak to the men and women who have experienced a pregnancy loss to offer a message of healing and hope.
4. I formed the Heidi Group to help girls and women in unplanned pregnancies make positive, life-affirming choices for themselves and their babies.

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Our role is to connect girls and women to the best resources available. At the Heidi Group, we affirm the dignity and value of girls, women, and families. It is our goal to make sure that before a girl or a woman walks through the door of an abortion clinic, she sees the full picture of the resource community waiting to embrace her and her unborn baby.

My Abortion Experience

5. I was married, had an 8 year-old daughter and a 10 year-old son. I found myself pregnant again. When I told my husband, I was excited about the pregnancy but his initial reaction was, “you’ll just have to have an abortion.”
6. I decided to look for someone to help me. I went to my doctor and told him that my husband didn’t want me to have this baby. What he offered was an illegal abortion. I was looking for someone to tell me not to have the abortion, but I ran into an abortion salesman. And that is what happens in our nation today.
7. When I woke from that abortion, I picked up the telephone, and literally started working from my hospital bed, not realizing that I was already running from that decision. I know first-hand the devastation of abortion --- my life rapidly went downhill. Within a month, I was having an affair which I had never done before. Very soon I started drinking; I had not ever drunk in my life. Shortly thereafter, my marriage broke up.

8. Then I started seeing a psychiatrist daily. At the rate of \$125.00 an hour, I could not go on with this very long. So I decided to do what I called, "get hold of myself." I changed everything I could in my life, except my children. I got away from the job I'd had; got away from my husband, and decided I would make it on my own. What I'm telling you is the story about how my life went along at a pretty good level for a while, and the moment I had that abortion, it went straight downhill. I think that is what happens to every woman who has an abortion.
9. Abortion is devastating to women and babies, but it also has very negative consequences for fathers. My ex-husband also had to go to counseling trying to deal with the abortion.

The Abortion Business

10. When I did get hold of myself, I went to work for a man who had a medical supply business. At about this time, abortion became legal in the State of Texas, and very soon we had an account online that was very profitable for us. We were making over \$1,000 a month profit out of this account. So he decided that he wanted to look into it to see exactly what sort of business they were --- they were an abortion clinic. This man who told me he never wanted to see an abortion, never wanted to know what an abortion really was, opened his first abortion clinic, and soon he had four.
11. All this time he kept inviting me to join him. He said that if I would go out and sell abortions for him, he would pay me \$25 an abortion. I kept

selling medical supplies, and finally the day came when I needed to make more money. So I told him that I was quitting my job; I wanted to go with another company. So, he got me on the fringe of the abortion industry by asking me to go out and set up referral clinics all over Texas, Oklahoma and Louisiana. And I did that for a while and it was quite profitable.

12. Then he asked me to work at one of the clinics for a month. I got involved with the numbers. With just a very few small changes, his abortions went from 190-195 per month to over 400 per month. We booked abortions for the Dallas and Fort Worth clinics. The last month I was with him in those two clinics, he was doing something over 800 abortions a month. I personally participated in approximately 10% of the abortions performed at the two facilities.
13. In addition to other duties, I was in charge of training employees who we called "counselors." These counselors were not trained to counsel a woman about her options or to provide accurate, truthful information about an abortion. Information about fetal development or the risks of abortion was not provided. We did not counsel our patients as to the potential emotional consequences of having an abortion. What we did could not be considered counseling. We learned how to exploit their fears. We sold abortions. I believe that states should require full and accurate informed consent counseling and should require statistical reporting to compile data for accurate informed consent forms.

14. The strategy of the abortion industry is to gain the trust of young people by offering secrecy and promiscuity via free and inexpensive birth control, and then banking on their inevitable return when pregnancy occurs. They would deliberately prescribe low-dosage birth control to help ensure that pregnancies occurred. The goal was to get three abortions out of each of their girls by the time they graduated high school. The record was nine from one girl.
15. It has been my experience that when a woman or a young girl learns that she is pregnant, she may not want an abortion. She may only want information. The person who answers the phone in an abortion facility is paid and trained to be her friend. Her job is to sell her an abortion by asking questions and leading her to believe an abortion is her only option.
16. Since I had doubled his business, I asked for an equity interest in the business. He said no. I placed my Yellow Page ad to come out in six months for my own abortion clinic. We opened the first clinic. And then I opened a second clinic in the Dallas area. We did over 500 abortions a month in those two clinics. I was compensated at the rate of \$25.00 per case, plus one-third of the clinic's, so you can imagine what my motivation was. I sold abortions. I had made \$150,000; was on target in 1983 to make about \$260,000; and when we opened our five clinics, I would have been making about a million dollars a year. I expected to make more than that after we were really functioning.

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17. Abortion is a very lucrative business. Abortion facilities sell abortions. They don't sell keeping the baby. They don't sell giving the baby up for adoption.
18. It is becoming more lucrative with the RU-486 regimen. These medical abortions sell pills with minimal oversight and follow-up.
19. Since 2000 when the FDA approved the RU-486 regimen, I have met with women who have taken RU-486. They have had more severe physical and psychological complications than women who have had surgical abortions. For example, the physical issues include severe hemorrhaging and pain from RU 486. In addition, some of the most severe post-abortion syndrome occurs because the women actually see the baby being expelled.
20. Abortion facilities do not discuss the baby in accurate terms. Even when the women ask if it is a baby, they say no, it's a product of conception; it's a blood clot; it's a piece of tissue. They do not even really tell them it's a fetus because that almost humanizes it too much. It is never a baby.
21. This is what causes such psychological trauma certainly with RU-486 because the woman sees for herself that she was lied to and it really is a baby that she has just expelled in the toilet or shower.
22. They also mislead women as to what will occur. For example, women ask if it will hurt. They say no and explain that the uterus is a muscle and it cramps to open it; a cramp to close it; it is a slight cramping sensation. Because every woman has had cramps, they think that it is like what they

have experienced before. But women who have taken RU-486 state that it is severe cramping like they have never experienced before.

23. As recently as this month, I have worked with a Houston woman who was given RU-486. Ten weeks later, she thought she was pregnant again, but when she went to the abortion facility she learned she had an incomplete abortion. This time a surgical abortion was done and she was sent home with an IV in her arm. When she called the abortion facility, she was told to meet them in a park and they would take it out.
24. Many women who had abortions at my clinics had major physical complications requiring hospitalization. Based on my experience, I now believe that women should have been given accurate information about the physical and emotional consequences of abortion so that they could make an informed decision.
25. I have seen how abortion affects women, babies, men, and families. I have experienced surgical abortion first-hand and counseled women who have had the RU-486 regimen. This drug regimen can have severe physical and psychological consequences for the women who take it. The State should ensure that the FDA guidelines are being followed by abortion facilities and off-label use of the regimen which can cause greater harm should not be allowed.

Further Affiant sayeth not.”

/s/ Carol Everett
Carol Everett

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SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this 26th day of January, 2024.

/s/ Maribel R. Mendosa
NOTARY PUBLIC IN AND
FOR THE STATE OF TEXAS

Notary Public Williams County,
Texas

[NOTARY STAMP]

My Commission Expires: June 1st
2027.

3. This has been such a painful experience for our family. I do not want to see any other family go through what we have. Women need to have accurate and factual information regarding the potential risks of severe and life threatening side-effects. They need a supportive network of providers and physicians assuring them they will be properly prescribed and administered medical abortion drugs, monitored throughout the entire abortion process, and accurately diagnosed and treated with the best of care when they have complications. Women need to make an informed decision that is in their best interest, safety, health and welfare when considering an early pregnancy termination. Holly did not have such information.
4. Since her death, I have learned the true facts of what happened to Holly.

HOLLY'S MEDICAL ABORTION EXPERIENCE

5. In August 2003, Holly Patterson, then 17, discovered she had become pregnant by her boyfriend who was seven years her senior. Like most young women who have an unwanted pregnancy, Holly did not want her parents to know about the pregnancy and sought abortion counseling at Planned Parenthood in Hayward, California.
6. On September 10, shortly after her 18th birthday, the couple went to a Planned Parenthood clinic to seek counseling on terminating her seven-week-old pregnancy. At this time, Holly was especially vulnerable and dependent on adequate care and advice from Planned Parenthood about any risks

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associated with the drug mifepristone and the medical abortion regimen.

7. After counseling by Planned Parenthood, Holly decided to terminate her pregnancy with the Mifeprex (mifepristone) abortion procedure and would follow her provider's advice about when to take each drug and what to do in an emergency.
8. There, she received the first of two drugs in the mifepristone/misoprostol medical abortion protocol. At the clinic, Holly was administered an unapproved (off-label/modified/alternative/evidence-based) regimen of 200-mg mifepristone orally which blocks the hormone progesterone that is required to maintain a pregnancy.
9. At home, 24 hours later, on September 11, she followed the clinic's off-label instructions to vaginally insert 800-mcg of misoprostol to induce labor contractions and expel the fetus.
10. On September 13, Holly repeatedly called the Planned Parenthood clinic hotline to complain of severe cramping. She was told her symptoms were normal and to take the clinic prescribed Tylenol-Codeine painkiller. Later, Holly called the clinic's hotline again and was told to go to a local hospital's emergency room if the pain continued.
11. By September 14, Holly was still experiencing extreme cramping and bleeding, and visited the emergency room of Valley Care Medical Center in Pleasanton on the fourth day after her initial visit to Planned Parenthood. The doctor there, whom she told about her abortion, sent her home after an injection of narcotics and yet more painkillers.

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12. The severity of the pain continued. Holly was weak, vomiting, and unable to walk. In the early morning hours of September 17, 2003, she was re-admitted to Valley Care Medical Center. Holly died on the seventh day after starting the mifepristone/misoprostol medical abortion regimen. This was the same day she was scheduled to return to Planned Parenthood for a follow up visit to make sure her abortion had been completed.

THE DAY HOLLY DIED – A FATHER’S EXPERIENCE

13. I first heard of the mifepristone abortion pill on September 17, 2003. This was the worst day of my life.
14. A call came, earlier that morning, while I was at work. A nurse told me my 18-year-old daughter, Holly, was in the hospital and in very serious condition. I asked “What was wrong?” She said, “Mr. Patterson, we’ll explain when you get here, be careful, come as quickly as you can.”
15. I sped to the hospital which was near the San Francisco suburb of Livermore, where Holly and I lived. Once there, I found her in the intensive care unit, barely conscious, too weak to talk, pale complexion, puffy faced, and struggling to breathe. It absolutely made no sense. Holly, a beautiful, blue-eyed blonde, was a fitness buff in perfect health.
16. As I looked into her confused and scared eyes I could see she was trying to say “Dad save me.” I called out and asked her if she could hear me. I tried to comfort and reassure her: “Whatever it is

Holly you're going to make it. I know you're strong. Honey, squeeze my hand and let me know you understand."

17. Trying to focus, Holly could barely squeeze my hand. I felt so utterly helpless. While standing at her bedside, the doctor came in and briskly explained, "We are doing everything we can for her, but she might not make it. These things sometimes happen as a result of the pill."
18. I was completely baffled. "What, the birth control pill?" I asked. "No, the abortion pill," the doctor replied. Shocked, I asked him, "What are you talking about? What abortion pill?" "Oh," the doctor said awkwardly, "No one's told you?" I stared at the doctor, "No, I don't know anything, no one has told me anything!" Holly was pregnant? Abortion?
19. The doctor now realized that I was completely in the dark. He briefly explained Holly had undergone an "early medical pregnancy termination" with the two-drug abortion regimen, mifepristone and misoprostol. The doctor said, "Holly was suffering from an incomplete abortion and a massive infection." Her vital organs were starting to shut down and her lungs were filling with fluid. "Septic shock," is what I was told.
20. Moments later the crisis had deepened. Holly's condition was deteriorating rapidly; the doctor called for a ventilator, her blood pressure was dropping. The monitors around Holly started beeping in alarm.
21. I heard the panicked words "code blue!" and was ushered from the room into the hallway. Staffers,

nurses, and doctors raced down the hall and into the room.

22. I remember our family crying and calling out “Don’t give up! We love you, Holly!” Not being able to take it any longer, I stormed back into the room and threw back the curtain. I will carry that image in my mind for the rest of my life. The hospital staff was working frantically to save Holly’s fragile life. Someone was pumping on her chest trying to resuscitate her, drugs were being administered, and the monitors were sounding in alarm. Holly had flat-lined.
23. Everyone looked at me in disbelief and sorrow. Holly died just before 2 p.m. on September 17, 2003.

PLANNED PARENTHOOD’S ALTERNATIVE TREATMENT PLAN

24. Everything that could go wrong went wrong.
25. At 18 years old, Holly had her whole life ahead of her. The decision to terminate an early pregnancy by the mifepristone/misoprostol medical abortion regimen was a fatal choice.
26. After Holly’s funeral, I learned she had been very worried about continuing her unwanted pregnancy and had relied on Planned Parenthood’s advice on the safety and efficacy of medical abortion.
27. Planned Parenthood convinced Holly to choose the medical abortion regimen option using Mifeprex (mifepristone) and misoprostol. Her boyfriend had stated the clinic made it seem that Mifeprex was

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a “miracle drug” and that medical abortion would be like a “walk in the park.” The paperwork they were given did not disclose any serious health risks or deaths with the drug.

28. On September 10, 2003, Holly and her boyfriend were shown a video about the benefits of the drug and medical abortion procedure Holly would undergo at Planned Parenthood. The video was also used to inform the patient how to use Mifeprex but it did not actually have a demonstration of the actual off-label procedure for self-administration of misoprostol at home.
29. Holly was given materials on the FDA approved Medication Guide and Patient Agreement for administering the approved Mifeprex regimen.
30. The FDA’s approval in September 2000 of medical abortion for pregnancy up to 49 days involved the protocol: On day 1, the patient would receive three 200-milligram tablets of Mifeprex (mifepristone) orally at the clinic and, on day 3, the patient would return to the provider’s office to take two 200-microgram tablets of misoprostol orally. The patient would return to the clinic on day 14 to confirm termination, and if not completed, a surgical (vacuum aspiration) abortion would be scheduled.
31. Instead of the FDA approved regimen, Planned Parenthood persuaded Holly to choose an off-label treatment that emphasized: (a) research studies for other treatment plans for mifepristone have been shown to be equally safe and effective for medical abortion up to 63 days pregnancy; (b) a lower dose of 200 mg of Mifeprex (one pill) can be used instead of the 600 mg (three pills) dose on the

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package labeling; (c) when the 200 mg dose of Mifeprex is used, the dosage and method of using the second drug misoprostol, must be changed; (d) the dose of misoprostol is then 800 meg (four pills) and they are self-inserted high into the vagina instead of orally, taking the second medication (misoprostol) at home instead of the clinic, inserting the misoprostol pills at least 24 hours after taking the first pill mifepristone; and (d) the off-label regimen is acceptable to women and has been shown to cause less nausea and vomiting than the FDA approved regimen.

32. Holly was provided a consent form for “Alternative Treatment Plans for Mifeprex (mifepristone)” where her consent was sought for the off-label treatment rather than the FDA approved protocol for Mifeprex. Based on these representations, Holly signed the consent form consenting to the off-label procedure.
33. Planned Parenthood had failed to disclose and inform Holly that research studies for “Alternative Treatment Plans” were not submitted, reviewed, scrutinized, or approved by the FDA. It would be impossible for the FDA to know if the research was unbiased, evidence supported home use of misoprostol, there was substantial evidence proving off-label medical abortion regimens were safer and more effective than the FDA approved protocol.
34. Planned Parenthood not only prescribed an off-label alternative drug regimen to Holly but was also responsible for full support and tracking of her through the medical abortion process. I do not believe there was proper monitoring, diagnosis of

her condition or follow-up considering her calls for help and assistance.

35. Alternative Treatment Plans for medical abortion are promoted as safe and effective. The information Holly was able to obtain about mifepristone and medical abortion regimen cost my daughter her life. Holly was an intelligent young woman. She could have made a better informed choice if she had known the accurate facts and the full extent of the risks associated with the procedure to terminate early pregnancy.

A FATHER'S EFFORTS TO BRING SAFETY ISSUES TO THE ATTENTION OF REGULATORY AUTHORITIES, SCIENTISTS AND THE PUBLIC

36. The impact of Holly's death on family and friends was devastating. I wanted answers to my questions as to how a perfectly healthy young girl could succumb to death so quickly after a medical abortion procedure. Holly's death left us all in shock. We didn't know what to think except something was terribly wrong. I was going to find out what happened and do something about it.
37. Since Holly's death, I have spent thousands of hours on the computer, the phone and traveling to conduct research on mifepristone and the medical abortion procedure. I have talked to and met with government regulatory and scientific authorities, legislators, scientists, the media, political activists and even women who had experiences with the drug to learn what happened to Holly.

38. Over the years I had amassed an archive of information on mifepristone/misoprostol for use in medical abortion. Since Holly's death, I traveled to Washington D.C, to meet with FDA and White House officials to share my findings and pose my questions, attended a CDC/FDA/NIH Clostridium workshop in Atlanta Georgia, testified before the House Subcommittee on Criminal Justice, Drug Policy and Human Resources that was investigating the approval, safety, and handling of mifepristone by the FDA, and was instrumental in getting black box warnings put on the labeling of mifepristone (RU-486).
39. On October 31, 2003, the Alameda, California coroner's office issued a report concluding that Holly Patterson died from Septic Shock, due to endomyometritis (uterus related blood infection), due to a therapeutic, drug induced abortion. After receiving the coroner's report, I wanted to know exactly what kind of infection killed Holly. I worked with the coroner, state, and federal agencies to help me get the answers.
40. Planned Parenthood & Valley Care Hospital Failure to Report Holly's Death to the State of California: On February 25, 2004, I released a media statement about findings from the State of California Department of Health Services (DHS) which concluded their investigation with Planned Parenthood of Hayward and Valley Care Medical Center in Pleasanton. The findings were as follows: (a) Valley Care Hospital failed to notify the Department of Health Services of an unusual death of a very young adult who received drugs for early medical abortion. Hospital staff did not

report the death because they felt it was not a reportable death and disagreed with the DHS findings; (b) Planned Parenthood's Vice President of External Affairs stated the incident was not reportable to the DHS because Holly died in a hospital. The DHS informed the Vice President that Holly was under the care of the clinic at the time of expiration and the death was due to sepsis following use of prescribed early abortion medication, it was an unusual event and reportable to the Department of Health Services; and (c) Planned Parenthood failed to obtain Holly's signature for the "Request for Provision of Surgery or Other Special Services/Procedures with Medical Abortion." The DHS found that the informed consent was to list the use of mifepristone (Mifeprex) and misoprostol and was not signed.

41. I was appalled by the lack of accountability of Planned Parenthood and Valley Care Medical Center for failure to report Holly's death to the State of California DHS. Hospitals and abortion providers must be accountable and responsible for the reporting of serious adverse events and deaths to the proper State agencies, regulatory authorities, drug manufacturer and the FDA to monitor and evaluate the safe use of medical abortion drugs.
42. With respect to Planned Parenthood not obtaining Holly's signature on the proper forms, according to the DHS, the clinic had failed to implement its own written policy and procedure. Informed consent is an extremely important issue with these dangerous drugs and it is critical that a patient be

fully informed of the procedures, administration, and risks involved with medical abortion.

43. On September 15, 2004, I met with top FDA officials in Washington D.C. to discuss my five page list of concerns questioning: (a) FDA action after the death of Holly Patterson; (b) the properties of mifepristone that can suppress the immune system and cause infection; (c) safety issues with off-label Mifeprex (mifepristone) regimens commonly used by the majority of providers; (d) the insufficiencies and lack of adverse event reporting by physicians and providers; (e) drug manufacturer and abortion provider accountability issues; and (f) the controversies of the Mifeprex approval and manufacturing process.
44. On October 20, 2004, after persistent and continuous contact with the FDA, the agency informed me the Center for Disease Control and Prevention (CDC) reported that Holly had tested positive for *Clostridium sordellii* toxic shock syndrome following mifepristone/misoprostol medical abortion.
45. Holly's death was the first reported case of a *Clostridium sordellii* toxic shock infection associated with medical abortion in the United States. However, two years prior, on September 1, 2001, the first fatality ever reported to the FDA and the medical abortion community was that of a Canadian patient who was prescribed the off-label regimen of 200 mg oral mifepristone, followed by 800 mcg vaginal misoprostol (the same regimen as given the Holly Patterson) during a clinical trial.

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46. On November 12, 2004, the FDA and the drug manufacturer (Danco Laboratories) issued “Dear Health Care Professional” and “Dear Emergency Room Director” letters to inform of updated prescribing information which includes the Medication Guide and the Patient Agreement. A summary of updated warnings included: (a) infection and sepsis; (b) vaginal bleeding; and (c) ectopic pregnancy.
47. On November 15, 2004, more than a year after Holly’s death and three years after the Canadian death, the FDA announced important labeling changes made by the manufacturer for mifepristone (trade name Mifeprex, RU-486). The new warnings to health care providers and patients included changes to the existing black box on the product to add new information on the risk of serious bacterial infections, sepsis, and bleeding and death that may occur following any termination of pregnancy, including use of Mifeprex.
48. On July 19, 2005 the FDA issued a “Public Health Advisory for Mifepristone” highlighting the risk of sepsis or blood infection when undergoing medical abortion using Mifeprex and misoprostol in a manner (off-label) that is not consistent with the approved labeling.
49. On November 4, 2005 the FDA updated their “Public Health Advisory: Sepsis and Medical Abortion” confirming four cases of fatal infection tested positive for *Clostridium sordelli* and all providers of medical abortion and their patients need to be aware of the risks of sepsis.

DEATHS FROM INFECTION AFTER MIFE-PRISTONE OFF-LABEL USE

50. Subsequently, there were other clostridium sordelli deaths only months after Holly died.
51. On December 29, 2003, 21 year-old Vivian Tran died in Las Vegas six days after taking an off-label Mifeprex (mifepristone) regimen. The circumstances surrounding her death are almost identical to those of Holly Patterson and the Canadian clinical trial patient. Vivian Tran's death remained unreported until April 2005 until a family lawyer reported the case to the FDA.
52. On January 14, 2004, 22 year-old Chanelle Bryant died in Pasadena six days after taking an off-label Mifeprex regimen. Her case, too, was similar to those of Holly Patterson, Vivian Tran and the Canadian patient. Despite the seriousness of the fatal event, Ms. Bryant's death was not reported to the FDA until August 2004.
53. On May 24, 2005, 34 year-old Oriane Shevin died in Southern California five days after taking an off-label Mifeprex regimen. Once again, her case was similar to Holly Patterson, Vivian Tran, Chanelle Bryant, and the Canadian patient.
54. Since 2001, there have been 11 reported deaths from sepsis (serious infection involving the blood) and 9 of these were from Clostridium sordellii.
55. Leading scientists and physicians have been examining mifepristone's role in medical abortion where its use may impair a woman's immune response and predispose her to lethal infection

caused by *Clostridium sordelli* and other pathogens.

56. Of these 11 reported deaths from sepsis, 10 women were confirmed to have been administered a medical abortion drug regimen that was non-registered, off-label, not approved or recognized by the FDA.
57. The First European Death from *Clostridium sordelli* Following Medical Abortion: On May 6, 2011, I informed and reported to the FDA the first known European sepsis death of a 16 year old adolescent girl to be associated with *Clostridium sordellii* fatal toxic shock syndrome postmedical-abortion in Portugal. This international case is being investigated as part of the ongoing review of *C. sordellii* medical abortion deaths that includes my daughter, Holly Patterson and other women in the United States and Canada. The relevance of this information suggests that *C. sordellii* fatal toxic shock after medical abortion must be recognized as a global concern.

PLANNED PARENTHOOD CHANGES TO ANOTHER ALTERNATIVE TREATMENT

58. Planned Parenthood continues to violate the FDA approved protocol through its off-label use of mifepristone and misoprostol for medical abortion.
59. From 2001 through March 2006, Planned Parenthood provided medical abortion principally by a regimen of oral mifepristone followed 24 to 48 hours later by vaginal misoprostol.

60. Prompted by deaths and rates of serious infections from medical abortion, in early 2006 Planned Parenthood changed the route of misoprostol administration from vaginal to buccal (between cheek and gum) in an effort to fix the problem.
61. After abortion providers had switched to the so called “new and improved” off-label medical abortion regimen, on July 4, 2007, an 18 year old previously healthy woman died from a *Clostridium sordelli* infection, 8 days after being prescribed the unapproved/off-label regimen of oral mifepristone/buccal misoprostol to terminate her early 6.5 week pregnancy.

ADVERSE EVENTS & ALTERNATIVE OFF-LABEL TREATMENTS

62. Prior to Holly Patterson’s death on September 17, 2003, there were hundreds of adverse events reported to the drug manufacturer and the FDA concerning the use of Mifeprex (mifepristone).
63. The Mifepristone U.S. Post-Marketing Adverse Events Summary for December 31, 2022 reports the following statistics from September 28, 2000 to December 31, 2022: there were 4,218 adverse events; 1,049 hospitalizations; 604 loss of blood requiring transfusions; 418 infections including severe infections; 97 ectopic pregnancies; and 32 deaths. I believe adverse event reporting is under reported. The requirement to report should not be discontinued.
64. Since it has been reported that only 4% of providers are using the FDA approved protocol, the

majority of women who have been reported to have experienced adverse events were administered off-label Alternative Treatment Plans that were not recognized by the FDA.

65. It is noteworthy, that the FDA estimates 1 to 10 percent of all adverse events associated with the use of prescription drugs are reported to the agency.
66. There is no question, with regards to Mifeprex medical abortion, there is under-reporting and the extent is truly unknown. With the current voluntary system of adverse event reporting there appears to be a strong indication that potentially hundreds if not thousands of women have had serious infections, complications, or possibly have died after medical abortion with mifepristone and misoprostol than previously reported.

SUMMARY

67. My extensive work and research on mifepristone and medical abortion has been instrumental in bringing health and safety problems to the forefront of regulatory authorities, the press, and the scientific and medical community. This work has helped raised awareness instrumental in changes that were made to the Mifeprex label in November 2004 adding the black box warning, having the November 2004 “Dear Doctor” letters sent to emergency room directors and medical abortion providers, and in the organization of the May 11, 2006 *Clostridium sordelli* Workshop in Atlanta.

68. Litigators for abortion providers have made inaccurate and misleading statements to the media about the women who have died from mifepristone medical abortions by stating “Those cases were investigated by both the FDA and the CDC and there was absolutely no causal relationship found between those unfortunate deaths and the medications that had been used.” However, it is important to note, the 2004 and 2005 mifepristone black box warnings and labeling changes were revised to include: warning about a clinically significant hazard as soon as there was reasonable evidence of a causal association with a drug; a causal relationship need not to have been definitely established.
69. Planned Parenthood and other medical abortion providers have continued to practice the promotion of alternative treatment plans or off-label use of Mifeprex, which has not been recognized by the FDA, resulting in serious health complications, injuries and deaths in women.
70. The drug manufacturer, abortion providers and their affiliates each owes a duty to the patient to ensure that medical abortion is safe and effective. It is critical that the safety of all medical abortion procedures are unbiased and have been properly researched, investigated, and monitored. All risks and knowable dangers must be properly communicated to doctors and patients.
71. Planned Parenthood had a duty of care to their patient, Holly Patterson, with an obligation to act solely in her interests, and specifically disclose information, in an easy to understand manner, all

known risks and health problems associated with the medical abortion.

72. Based on Holly's experience, I believe Planned Parenthood performed their professional duties below the standard of care practiced by physicians and healthcare professionals in the community by: (a) failing to fully inform her regarding all potential risks of severe and life threatening side effects; (b) failing to inform her the safety of Alternative Treatments Plans had not been established by the FDA; (c) failing to get her signature on an important informed consent form; (d) failing to properly monitor, diagnose/and or treat her after the treatment began; and (e) failing to report Holly's death to the State of California Department of Health because they did not consider it their responsibility because she had died in a hospital and not at one of their clinics.
73. Women are relying upon what they believe is factual information along with a supportive network of providers assuring them of the drug's safety and effectiveness. That wasn't the case for my daughter, Holly Patterson, as well as thousands of other women who have participated in their own "at home" off-label medical abortion procedure.
74. No woman should risk her life or her health because she lacks factual and accurate medical abortion information to make a well-informed decision when terminating an early pregnancy with mifepristone (RU-486) and misoprostol.
75. I built the website, Abortionpillrisks.org – Just the Facts, is a way for women, families, and the public

to learn about the factual risks of RU-486 medical abortion.

76. It is also my belief that mifepristone (RU-486)/ misoprostol for medically induced abortions should be removed from the market because it is can be dangerous to the health, safety and welfare of women.
77. Had Holly Patterson known of the full extent of the risks and dangers associated with mifepristone and misoprostol, she would not have taken the medical abortion drug regimen or would have obtained the help or care necessary to save her life.

Further Affiant sayeth not.”

/s/ Monty L. Patterson
Monty L. Patterson

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this 3rd day of Feb. 2024.

/s/ Khushbu P. Javiya
NOTARY PUBLIC IN AND FOR
THE STATE OF CALIFORNIA

Notary Public, ALAMEDA
County, California

[NOTARY STAMP]

My Commission Expires:
Sep. 20, 2026
