

EXHIBIT E

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N-8

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF JENNIFER L. AVEGNO, M.D., DIRECTOR OF THE HEALTH
DEPARTMENT FOR THE CITY OF NEW ORLEANS, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, JENNIFER L. AVEGNO, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

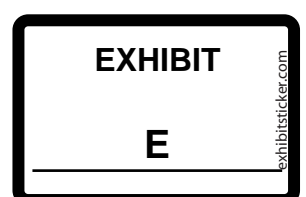
1. I am a board-certified emergency medicine physician and a medical doctor licensed in Louisiana and in good standing with the Louisiana State Board of Medical Examiners.

2. I am the Director of the Health Department for the City of New Orleans, where I have served since 2018.

3. I received my undergraduate degree from the University of Notre Dame, a Master of Arts in Sociology from Tulane University, and medical degree from LSU School of Medicine, where I graduated in 2001. I completed my residency in emergency medicine at LSU/Charity Hospital, after which I joined the faculty at both LSU and Tulane, where I served as Associate Residency Director and Director of Undergraduate Emergency Medicine Education for both LSU and Tulane's medical schools.

4. In my clinical emergency room medicine practice, including at University Medical Center, I have treated thousands of Louisiana patients over the years. I have provided emergency room care to many pregnant patients, including ones experiencing miscarriage and pregnancy-related health complications. I am very aware that as an emergency room physician, you have to make quick decisions about critical patients in need of care.

5. My clinical and research interests include the role of social determinants of health, particularly access and barriers to care; health equity; violence intervention and prevention; sexual assault and domestic violence; maternal-child health; infectious disease outbreaks; and homelessness. Through the Health Department for the City of New Orleans, I have worked to



address these issues and to further health policies that promote, protect, and improve the health of our community and throughout the region.

6. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit A.

7. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction, which seeks to enjoin enforcement or implementation of Louisiana's abortion trigger bans.

8. As a medical provider and the chief medical officer in the City of New Orleans, I am extremely anxious about what will happen if the Trigger Bans go into effect. It is my understanding that these laws criminalize abortion care with very narrow exceptions, and that anyone who is charged and convicted of violating these criminal statutes can be subjected to severe penalties, including years of imprisonment and hundreds of thousands of dollars in fines.

9. Much of the language in the Trigger Bans is confusing, at times contradictory, and unclear from a medical perspective. That is especially true for the exceptions. The exceptions are supposed to define and set the parameters for when abortion would be legal and other reproductive health care would be allowed, but there is a lack of clarity on the ground about how these Trigger Bans would function and which reproductive health care would be legal or illegal.

10. My greatest concern about the lack of clarity is how these laws would affect real life situations that physicians and patients face every day. From my experience practicing emergency medicine, I know there are many circumstances in which physicians have to make decisions for what treatment is best for patients, including with life-threatening pregnancy complications and for miscarriage management, and those decisions often have to be made quickly, and in real time. Delay or confusion is the absolute worst thing for patient care in those situations.

11. Any perceived lack of access, or confusion over medical care allowable under law, by patients or providers creates barriers for patients to seek out and receive care. When patients delay or forgo treatment for medical conditions, they often present later in the course of a disease process with more severe or life-threatening complications. This significantly raises their risk of severe and permanent morbidity, and death.

12. The fact that physicians and staff could face extensive jail time and hundreds of thousands of dollars in fines if they make the wrong decision or are later deemed to have interpreted the law incorrectly will inevitably lead to delay or patients being turned away for care

that they desperately need. It will also have a chilling effect on the desire and ability of physicians to practice medicine in Louisiana, which already has one-third of its parishes without an OB provider. With fewer physicians and other qualified providers in Louisiana, health outcomes will suffer.

13. Some of my concerns include the lack of clarity that the Trigger Bans provide for a pregnancy that is medically futile, the uncertainty around how to interpret the exceptions related to miscarriage management, and what the exception to save the life or health of the mother means. That is especially true because the Trigger Bans use different terminology at various times to describe the exception to save the life or health of the mother. In my opinion, that would create a very dangerous situation. Anything that creates confusion is detrimental not only to the physician faced with making these decisions but also to the health and life of the patient.

14. Louisiana already has one of the highest maternal mortality rates in the country. I am concerned that maternal mortality rates will only get worse if the Trigger Bans go into effect. That is especially true for patients in rural areas who have pregnancy complications where there are already few health care providers. One of the main reasons pregnant women are more likely to die in Louisiana is because they are forced to travel long distances for care in many areas of the State due to the lack of health care providers. Any confusion, and any resulting decrease in access to care, will mean that more women are likely to die.

15. As the Director of the Health Department for the City of New Orleans, part of my job is to facilitate access to health care across the city and the region and to address public health concerns. In doing so, I communicate with physicians, hospital administrators, and other public health leaders. In my recent conversations with health care providers, it is clear to me that there are extensive concerns and questions surrounding what the Trigger Bans mean, and what care would be legal or illegal if the laws go into effect. Simply put, physicians and other health care providers are scared about what the Trigger Bans would mean for themselves and their patients.

16. Physicians and administrators have expressed significant concerns and questions around what procedures can be used for miscarriage management and when, what procedures can be used to remove a stillborn fetus and when, and how they are supposed to interpret and determine whether a patient qualifies for the life and health of the mother exception. There is a complete lack of clarity and confusion among the medical community on the ground. Oncologists do not even know whether, or when, they would be able to treat pregnant patients with chemotherapy

when it would result in terminating the pregnancy, or whether they should, instead, withhold potentially life-saving chemotherapy treatments when treating pregnant patients for fear they could be criminally charged.

17. Hospital administrators have also expressed their concerns about staffing shortages, particularly among nurses and other staff, who may refuse to participate in treating certain patients out of fear that they, too, could be criminalized for the treatment decisions of physicians and others.

18. From a public health perspective, I am concerned about the decrease in access to quality reproductive health care that the Trigger Bans would cause. I am concerned that the lack of clarity in the laws will lead to physicians and others withholding care or making treatment decisions they otherwise would not make, based on fear and confusion rather than what would otherwise be in the patient's best interest.

19. We have already seen this confusion play out on the ground. Last week, some pharmacies, including one national pharmacy chain, began refusing to dispense and denying access to misoprostol, a standard medication used to treat miscarriages, because misoprostol is also the second medication used in the FDA-approved protocol for a medication abortion. This occurred because the pharmacies did not know whether the Trigger Bans had gone into effect, and did not know if they had gone into effect, what legal liability or criminal penalties they might face for dispensing this standard medication. Even large corporations do not understand what is and is not permitted under the Trigger Bans, and if they are allowed to go into effect, Louisiana patients will suffer.

20. In my opinion, the confusion that these laws will cause would result in grave and devastating harm to pregnant patients and others seeking reproductive health care throughout the State, and to the health care providers who would be forced to navigate this uncertainty.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

State of Texas
County of Harris



NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022 by Jennifer Avegno



Jennifer L. Avegno, M.D.

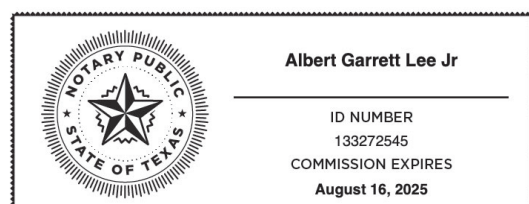


EXHIBIT 1

Jennifer L. Avegno, MD

CURRICULUM VITAE

JENNIFER L. AVEGNO, MD

EDUCATION

2022	<i>Loyola University New Orleans</i> Honorary Doctorate of Letters
2001-2005	<i>Louisiana State University School of Medicine</i> New Orleans LA Emergency Medicine Residency Program
1997-2001	<i>Louisiana State University School of Medicine</i> New Orleans LA Doctor of Medicine
1993-1995	<i>Tulane University</i> New Orleans LA Master of Arts, Sociology
1989-1993	<i>University of Notre Dame</i> South Bend IN Bachelor of Arts, Sociology

PROFESSIONAL EXPERIENCE

2020-	Incident Commander, City of New Orleans COVID Pandemic Response
2018-present	Director, New Orleans Health Department
2017-present	Director, Division of Community Health Relations & Engagement, LSU Emergency Medicine
2016-present	Associate Professor of Public Health, LSUHSC – New Orleans
2016-present	Clinical Associate Professor of Medicine, LSUHSC – New Orleans
2009-2015	Clinical Assistant Professor of Medicine, LSUHSC – New Orleans
2008-2018	Medical Director, UMCNO Sexual Assault Forensic Program
2008-2018	Emergency Medicine Clerkship Director, Tulane University School of Medicine

Jennifer L. Avegno, MD

2007-2018	Associate Residency Program Director, LSUHSC – New Orleans Emergency Medicine
2006-2007	Assistant Residency Program Director, LSUHSC – New Orleans Emergency Medicine
2005-present	Assistant Professor, Tulane School of Medicine Staff Physician, LSUHSC – New Orleans
2001-2005	Resident, Section of Emergency Medicine, LSUHSC New Orleans
1996-1997	Research Associate, LSUHSC Department of Pathology, Section of Epidemiology Research Assistant, LSUHSC Department of Neuroscience
1994-1995	Managing Editor, <i>Social Science Research</i>
1993-1995	Research Assistant, Department of Sociology, Tulane University

ACADEMIC AND PROFESSIONAL SERVICE

National

2021-current	National Association of County and City Health Organizations Conference Committee
2019-2020	MIT SOLVE Healthy Cities Leadership Group
2017-current	Social Emergency Medicine Advisory Committee, American College of Emergency Physicians
2016-2018	Council of Residency Directors (Emergency Medicine) Student Advising Task Force
2011	Medical Education Research Certificate (Delegate)
2011-2013	National Executive Board Member, Clerkship Directors in Emergency Medicine
2009-2018	Instructor, the Difficult Airway Course

State/Regional

2019-current	State of Louisiana Perinatal Quality Committee Advisory Task Force
2018-current	State of Louisiana Maternal Mortality Review Committee

Local/Institutional

2017-2020	Propeller/REI Health Equity Task Force
2017-2020	Faculty Advisor, TU/UMC Hospital Homeless Liaison Program
2017-current	LSU Faculty Advisor, Students for a National Health Program
2016-2018	LSUHSC Clinical Promotions Committee
2015-2019	Faculty Advisor, New Orleans Street Medicine
2014-current	LSUHSC Community & Minority Outreach Committee
2014-2018	LSU Emergency Medicine Clinical Competency Committee
2014-2019	Faculty Advisor, NOLA Hotspotters
2013-2020	Ceasefire/Cure Violence New Orleans Medical Liaison
2012-current	LSU Emergency Medicine Diversity Committee
2012-2018	Health Guardians Emergency Department Physician Liaison

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2011-2013	LSUHSC Faculty Assembly Delegate
2008-2013	LSUHSC Curriculum Oversight Committee
2009-2010	LSUHSC Faculty Development Committee
2006-2009	LSUHSC Faculty Evaluation Committee
2006-2009	LSUHSC Quality Assurance Committee
2005-2017	Medical Student Science & Practice of Medicine/Clinical Science Investigation Faculty Instructor, LSU School of Medicine
2005-2018	LSU Emergency Medicine Residency Airway Lab Instructor
2004-2005	Chief Resident and Emergency Department Scheduler, Charity Hospital
2002-2006	ATLS instructor
2001-2015	Medical Student Procedure Lab Instructor

ACLS, ATLS, and PALS certification

HONORS

2022-present	Pi Alpha Alpha Honor Society for Public Affairs & Administration
2022	Queen, Krewe du Vieux Carnival Parade
2022	Women in STEM Award, American Heart Association
2021	New Orleans 500 – Biz New Orleans Magazine
2021	Medical Association of Southeast Louisiana Public Health Leadership Award
2021	Role Model, Young Leadership Council
2021	Alumna of the Year, LSU School of Medicine
2020-present	Delta Omega Honorary Society in Public Health
2020	Urban League of Louisiana Person of the Year
2020	Girl Scouts Louisiana Southeast Outstanding Woman of the Year
2020	Essence Festival Essential Hero Amazing Grace Award
2020	New Orleans Magazine Top Doctor
2019	Alumna of the Year, St. Mary’s Dominican High School
2019	LSU School of Medicine Faculty Community Service Award

Jennifer L. Avegno, MD

2018	CityBusiness New Orleans Healthcare Hero Award
2017	Invited Participant, ACEP Inventing Social Emergency Medicine Consensus Conference Sponsored by Robert Wood Johnson Foundation
2016	New Orleans Regional Leadership Institute Regional Leadership Award
2013	Emergency Medicine Attending of the Year Tulane Medical School Owl Club
2013	Visiting Professor Spring 2013 Harvard Department of Emergency Medicine
2012	Faculty of the Year LSU Emergency Medicine Residency Program
2012	Excellence in Teaching Award LSU School of Medicine Aesculapian Society
2012	Emergency Medicine Attending of the Year Tulane Medical School Owl Club
2011	Emergency Medicine Attending of the Year Tulane Medical School Owl Club
2010	Excellence in Teaching Award LSU School of Medicine Aesculapian Society
2009	New Orleans "Forty Under Forty" <i>Gambit Magazine</i> Young Professional Award
2008	Excellence in Teaching Award LSU Emergency Medicine Residency Program
2006	Clinical Faculty of the Year Award LSU Emergency Medicine Residency Program
2005	Ochsner Foundation Resident Award
2005	LSU Emergency Department Resident Research Award
2003	LA ACEP Resident Research Award

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2003	LSU Research Day, Second Place (Oral Presentations)
2002	Intern of the Year Award, LSUHSC – New Orleans
2001	Critical Care Award, LSUHSC – New Orleans
2001	Maimonides Ethics Award, LSUHSC – New Orleans
2000-present	Alpha Omega Alpha Medical Honor Society
1994-95	LEQSF/Board of Regents Fellowship

GRANTS AWARDED

2021	Department of Justice 2021 BJA FY 21 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program \$900,000 (New Orleans Health Department)
2021	Department of Justice OVW Fiscal Year 2021 Grants to Prevent and Respond to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Against Children and Youth Program \$500,000 (New Orleans Health Department)
2021	Office of Minority Health/US Health & Human Services Agency, \$3,900,000 (New Orleans Health Department)
2020	Everytown for Gun Safety Grant to Cure Violence New Orleans, \$100,000 (New Orleans Health Department)
2019	Department of Justice Comprehensive Opioid Site-Based Program Grant, \$735,270 (New Orleans Health Department)
2018	Junior League New Orleans Community Assistance Fund Grant to UMC Forensics Program, \$10,000
2018	Louisiana Emergency Response Network Grant for Stop the Bleed, \$6,000
2017	Spirit of Charity Foundation Stop the Bleed Grant, \$14,490
2014	AAMC Hotspotting Medical Education Grant, \$700 + \$1400 matching funds
2008-2018	Annual Recurring Educational Grant from Tulane University, \$25,000
2006	Storz Airway Supplies Program Grant (value \$22,000)
2006	Louisiana State Medical Society Relief Grant, \$17,500
2006	Gulf Coast Healthcare Leadership Grant submitted to Robert Wood Johnson Foundation
2004	Career Development Grant submitted to Emergency Medicine Foundation

COMMUNITY SERVICE AND EXTRACURRICULAR ACTIVITIES

2022-present	Board Member, The Blood Center of Southeast Louisiana
2018-present	Board Member, 504HealthNet

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2018-present	Board Member, Louisiana Public Health Institute
2018-present	Board Member, Orleans Parish Communications District
2018-present	Board Member and Vice-Chair, New Orleans East Hospital
2017-present	Racial Equity Institute Campaign for Equity Health Cluster member/leader
2017	Griot Wall Project, Board Member
2017-present	Posse Foundation Writing Coach/Advisor
2016	New Orleans Regional Leadership Institute Program Graduate
2014-2017	Low-Barrier Outdoor Shelter Community Working Group Member
2014-2017	NOPD Crisis Intervention Planning Committee Member
2014-2020	Advisory Board Member, Dominican Peace Center
2012-2018	Education Committee and Executive Board Member, St. George’s Episcopal School
2009-2013	Board Member, The Red Thread Promise
2008-2018	Volunteer Physician, St. Joseph’s Rebuild Center Clinic
2006-2008	Alumnae Board Member, St. Mary’s Dominican High School
2000-2001	Assistant Instructor, First-Year Introduction to Clinical Medicine Small Group Sessions and Medical Ethics Course Small Group Student Facilitator
1999-2000	LSUHSC Student Government Association Vice-President

INVITED LECTURES & PANEL DISCUSSIONS

2022	State and Local Emergency Preparedness and Public Health Panel Committee on Progress Towards Human Health and Community Resilience in the Gulf of Mexico Region National Academies of Science, Engineering & Medicine
2022	Short & Long-Term Impact of COVID-19 on Health Disparities: How New Orleans Fought COVID on its Own Terms Cobb Institute Health Disparities Symposium
2021	Leadership in Crisis Women’s Leadership Academy – Loyola New Orleans
2021	Wonder Women of LSU Health Panel Moderator
2021	Communication Strategies for Vaccine Confidence Panel CDC National Forum on COVID-19 (virtual)
2020	Building Trust & Confidence in Reopening Schools Panel Reopening America’s K-12 Schools – A Conversation with Leaders in Education and Public Health (virtual) COVID Vaccine Dissemination

Jennifer L. Avegno, MD

ResCon International Summit (virtual)

Paying the Price: Inside EM's Fight to End COVID 19's Health Disparities Panel
American College of Emergency Physicians (virtual Annual Conference)

COVID-19 Response & Crisis Communications
American Society of Civil Engineers, LA Annual Meeting (Virtual)

Women’s Leadership Forum
Junior League of New Orleans (virtual)

Diagnostics & Testing Panel
Disease Prevention & Control Summit – America (virtual)

2019	<p>The State of Health in New Orleans Bryan Bell Metropolitan Leadership Forum. New Orleans, LA</p> <p>Women’s Equality Forum: Healthcare Panel New Orleans Regional Leadership Council. New Orleans, LA</p> <p>“Social Determinants of Health” Panel MedCity INVEST Population Health Summit. New Orleans, LA</p>
2018	<p>“Stop the Bleed NOLA: Healthcare & Community Engagement in the Response to Mortality from Trauma” Louisiana Public Health Association Annual Conference. New Orleans, LA.</p> <p>Students for a National Health Plan National Conference Panel. New Orleans, LA.</p>
2017	<p>“Forensics: A Case Study in Healthcare Services Delivery.” UNO College of Business Master’s in Healthcare Management Program.</p>
2017	<p>“Forensics: The Public Health Approach.” LSU School of Public Health.</p>
2014	<p>Grand Rounds: “Designing an Emergency Medicine Curriculum.” University of Texas- Austin Department of Emergency Medicine.</p>
2013	<p>“Violence Prevention in the Emergency Department.” Harvard University Department of Emergency Medicine.</p>
2013	<p>“Violence Intervention in the Emergency Department.” LSU Department of Medicine Grand Rounds.</p>

PROFESSIONAL CERTIFICATIONS

Jennifer L. Avegno, MD

American Board of Emergency Medicine
Board Certification in Emergency Medicine
Louisiana State Medical License #25601

PROFESSIONAL ORGANIZATIONS

American College of Emergency Physicians
Society for Academic Emergency Medicine
Clerkship Directors in Emergency Medicine
Council of Residency Directors in Emergency Medicine

RESEARCH ARTICLES AND PUBLISHED ABSTRACTS

Hernandez J, Karletsos D, **Avegno J** and Reed C. Is Covid-19 community level testing effective in reaching at-risk populations? Evidence from spatial analysis of New Orleans patient data at walk up sites. *BMC Public Health*. 2021 April; 21:632.

Anderson E and **Avegno J**. Education and Employment. In Alter H et al, eds: *Social Emergency Medicine: Principles and Practice*. 1st ed. Springer International Publishing, 2021.

Davis S, Billoux A, **Avegno J**, Netters T, Davis G, DeSalvo K. Fifteen Years After Katrina: Paving the Way for Health Care Transformation. *Am J Public Health*. Published online ahead of print August 20, 2020: e1–e4. doi:10.2105/ AJP.2020.305843

Gill F, Appley M, Nix L, Green G, Gribbon M, Divagaran A, Huo S, **Avegno J**, Jones C. The Homeless Hospital Liaison Program: An Interprofessional Care Coordination Program to Improve Students' Skill at Facilitating Transitions of Care for Patients Experiencing Homelessness. *Acad Med*. 2020 Mar;95(3):378-381

Schroll R, Smith A, Zeoli T, Hoof M, Greiffenstein P, Moore M, Duchesne J, **Avegno J**. Efficacy of Medical Students as Stop the Bleed[®] Participants and Instructors. *J Surg Edu*. 2019; 76(4):975-981.

Schroll R, Smith A, Martin M, Zeoli T, Hoof M, McGinness C, Duchesne J, Guidry C, McGrew P, Stuke L, Greiffenstein P, Moore M, Elder J, Marr A, **Avegno J**. Stop the Bleed Training: A Critical Assessment of Medical and Lay Rescuers' Skills, Knowledge, and Attitude of Hemorrhage Control Techniques. *J Amer Coll Surg*. 2018; 227(4):S215.

Avegno J, Zhang QC, Oral E, Boisvert M, Haber D. Risk Assessment Scoring of Emergency Department Frequent Utilizing Patients for Identification and Early Intervention. *Ann Emerg Med*. 2018; 72(4):S107.

Jennifer L. Avegno, MD

- Reardon R and **Avegno J**. Oxygen and CO2 monitoring. In Walls & Murphy, eds: *Manual of Emergency Airway Management*. 5th ed. Philadelphia, PA. Wolters Klower, 2016.
- Murphy M and **Avegno J**. Laryngeal Mask Airways. In Walls & Murphy, eds: *Manual of Emergency Airway Management*. 5th ed. Philadelphia, PA. Wolters Klower, 2016.
- Avegno J** and Carlisle M. Evaluating the patient with right upper quadrant pain. *Emerg Med Clin N Am*. 2016 May;34(2):211-28.
- Avegno J**, Leuthauser A, Martinez J, Marinelli M, Osgood G, Satonik R, Ander D. Medical student education in Emergency Medicine: do students meet the national standards for clinical encounters of selected core conditions? *J Emerg Med*. 2014;47(3).
- Love JN, Smith J, Weizberg M, Doty C, Garra G, **Avegno J**, Howell JM. The Council of Emergency Medicine Residency Directors Standardized Letter of Recommendation: Program Directors Perspective. *Academic Emergency Medicine*. 2014;21(6):680-687.
- McVey E, Duchesne J, Sarlati S, O'Neal M, Johnson K, **Avegno J**. Operation CeaseFire New Orleans: An infectious disease model for addressing community recidivism from penetrating trauma. *J Trauma Acute Care Surg* 2014 Jul;77(1):123-8.
- Avegno J**, Engle JF, Myers L, Moreno-Walton L. "Evaluation of a Difficult Airway Educational Intervention on Residents' Performance of Endotracheal Intubation in the Emergency Department." *Br J Med & Med Res* 2013 3(4):2132-2140.
- Beran D and **Avegno J**. "Experience with the core curricular elements for International Emergency Medicine fellowships." *Int J EM* 2013 6:10.
- Avegno J**. "Critical Concepts: A Multi-Disciplinary, Multi-Modality Approach to Undergraduate Education in the Care of the Acutely Ill Patient." Abstract scheduled for publication in *Ann Emerg Med*, November 2012.
- Avegno J**, Murphy-Lavoie H, Lofaso DP, Moreno-Walton L. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis Of Self-Assessment Surveys." *Int J Emerg Med* 2012, 5:25.
- Sudhir A and **Avegno J**. "Teaching Procedures in Emergency Medicine." In: Roberts & Hedges, eds. *Emergency Medicine Procedures*. Scheduled for publication 2012.
- Murphy M and **Avegno J**. "Laryngeal Mask Airways." In: Walls & Murphy, eds. *Manual of Emergency Airway Management*. 4th ed. Philadelphia, PA. Wolters Klower, 2012.
- Ronan-Bentle S, **Avegno J**, Hegarty CB, Manthey DE. "Dealing with the Difficult Student in Emergency Medicine." *Int J Emerg Med* 2011. 4:39.

Jennifer L. Avegno, MD

Avegno J, Moreno-Walton L, Murphy-Lavoie H. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis of Self-Assessment Surveys." (Abstract) *Academic Emergency Medicine* 2010. 17(10):7.

Avegno J. "Shock." Published in the Clerkship Directors of Emergency Medicine *Self-Study Modules* online at <http://www.cdemcurriculum.org/>

Avegno J. "Dealing with the Difficult Learner." In: Rogers & Moyedi, eds., *Medical Student Educators Guidebook* 2010.

Avegno J and DeBlieux P. "Characteristics of Great Teachers." *Rogers: Emergency Medicine Teaching. Eds. 1 & 2* 2010 & 2012.

Porche, B and **Avegno J**. "ENT Infections." *Urgent Care Medicine* March 2009.

Avegno J, Mills T, Mills L. "Sexual Assault Victims in the Emergency Department: Multi-Year Analysis by Demographic, Temporal, and Event Characteristics." *Journal of Emergency Medicine* 2009. 37(3):328-34.

Mills L. and **Avegno J**. Natural Disasters. In Tintinalli JE, Kelen GD, and Stapczynski JS, eds. *Emergency Medicine: A Comprehensive Study Guide 7th edition*. New York, NY. McGrawHill, 2008.

Avegno, J. "Emergency Medical Services and Disaster Medicine." In: Adams, Barton, Collings, DeBlieux, Gisondi, Nadel, eds. *Emergency Medicine*. Elsevier, 2008.

Mills T, **Avegno J**, Haydel M. "Screening for Male Victims of Intimate Partner Violence: Prevalence Rates and Accuracy of Two Short Questionnaires." *Journal of Emergency Medicine* 2006. 31(4): 447-52.

Avegno J, Tilton AH, Lacassie Y. "A Provisional New Autosomal Recessive Syndrome Due to Amazing Consanguinity." *American Journal of Medical Genetics* 2001. 102(4):324-6.

Avegno, J. "There's No Place Like Home: Residential Satisfaction in Public Housing." Unpublished Master's Thesis, 1995.

CONFERENCE PRESENTATIONS AND ABSTRACTS

Lacourrege K, **Avegno J**, Sherwood B. Identifying and Characterizing Super-Utilizers of the UMC Behavioral Health Emergency Room. American Public Health Association Annual Meeting and Expo, Denver CO, October 2021.

Smith A, **Avegno J**, Slaughter K, Nguyen V, Zeoli T, Tagerman D, Friedman J, McGrew P, Schroll R,

Jennifer L. Avegno, MD

Duchesne J. A Five-Year Study of Gunshot Injury Patterns at a Level One Trauma Center. American College of Surgeons Clinical Congress, San Antonio TX, October 2019.

Gill F, Green G, Divaragan A, Nix L, Kwan C, Kanter J, **Avegno J**, Jones C. Implementing an Interdisciplinary, Student-Run Consult Service for Patients Experiencing Homelessness: The Critical Role of Community Partnerships. VITAL2019: America's Essential Hospitals Conference, Miami FL, June 2019.

Bollman EB, Hammack A, DeWulf A, **Avegno J**. Recidivism Among Young Gunshot Victims: Analysis of Early Outcomes from Ceasefire New Orleans. American College of Emergency Physicians Scientific Assembly, San Diego CA, October 2018.

Zhang C, **Avegno J**, Oral E, Boisvert M, Haber D, Niculescu A. Risk Assessment Scoring of Emergency Department Frequent Utilizing Patients for Identification and Early Intervention. American College of Emergency Physicians Scientific Assembly, San Diego CA, October 2018.

Kwan WC, Campbell B, Appley M, Huo S, Zhang C, Jones C, **Avegno J**, Bradley A. Changing the Curriculum: Medical Resident and Student-Run Homeless Referral Services and Care Linkage Model. International Street Medicine Society Meeting, Rotterdam, the Netherlands, October 2018.

Avegno J and Schroll R. Stop the Bleed NOLA: Twin Missions of Education and Service. VITAL2018: America's Essential Hospitals National Conference, San Francisco CA, June 2018.

Powell J, Moreno L, Juakali E, Pasternack J, **Avegno J**, Kata V. A Survey Investigation of the Impact of Insurance Requirements on the Influx of Patients in an Urban Emergency Department. Society for Academic Emergency Medicine Academic Assembly, Orlando FL, May 2017.

Avegno J, Sudhir A, Druck J, Jackson J. High-Risk Advising: 560 Panel. Council of Residency Directors Academic Assembly, Fort Lauderdale LA, April 2017.

Avegno J, Kanter J, Rigamer E. Health Guardians: A Multidisciplinary, Novel Partnership Between Emergency Providers and Community Agencies to Care for High-Utilizing Patients. Community-Campus Partnerships for Health International Conference, New Orleans, LA, May 2016.

King K, Sudhir A, **Avegno J**, Druck J, Ayala S. Advising Students in Special Circumstances. Council of Residency Directors Academic Assembly, Nashville TN, March 2016.

Sudhir A, **Avegno J**. Medical Student Advising in Special Situations. Council of Residency Directors Academic Assembly, Phoenix AZ, March 2015.

Lofaso D, DiCarlo R, English R, **Avegno J**. Integration of Simulation Training Throughout Undergraduate Medical Education. Society for Simulation in Healthcare Conference, New Orleans, LA, January 2015.

Jennifer L. Avegno, MD

- Moreno-Walton L, D’Andrea S, McFarlin A, **Avegno J**. The Impact of Hurricane Katrina on Penetrating Trauma in New Orleans. INDUS-EM 2014: Indo-US Emergency Medicine Summit. Lucknow, India, October 2014.
- McVey E, **Avegno J**, Sarlati S, O’Neal M, Johnson K, Duchesne J. Operation Ceasefire – New Orleans: An Infectious Disease Model for Addressing Community Recidivism from Penetrating Trauma. Eastern Association for the Surgery of Trauma Scientific Assembly, Naples FL, Jan 17, 2014.
- Pitre C (presenter), Palmer M, Turner J, Pfennig C, **Avegno J**, Jones J, Hobgood C. Are emergency medicine clerkship objectives congruent with Milestones expectations? Society for Academic Emergency Medicine Great Plains Regional Meeting, Springfield, IL. Sept 28, 2013.
- Avegno J**, Moreno-Walton L, Engle J, Roberts L, Myers L. Evaluation of a Difficult Airway Educational Intervention on Resident Intubation Performance. Presented at EuSEM, September 2012 and ACEP, October 2012, Denver CO.
- Moreno-Walton L, D’Andrea S, McFarlin A, Plyer A, **Avegno J**. The Impact of Hurricane Katrina on Penetrating Trauma (PT) in New Orleans. Pan Pacific Emergency Medicine Congress, Seoul, Korea; October 2012.
- Avegno J**, Espinal I, Myers L, Lee B, Moreno-Walton L. The Effect of Hurricane Katrina on Violence Against Women in Orleans Parish. Presented at EuSEM, September 2012 and ACEP, October 2012, Denver CO.
- Avegno J**, Leuthauser A, Martinez J, Marinelli M, Osgood G, Satonik R, Ander D. Medical Student Education in Emergency Medicine: do students meet the national standards for clinical encounters of selected core conditions? Presented at MERC at CORD scholar program, Council of Residency Directors Academic Assembly, April 2012, Atlanta GA.
- Williamson A, Landry M, Fujita M, **Avegno J**, Dennar P. “The X Factor in Transitional Care: What is Needed for Patients to Establish Their Medical Home.” Society of General Internal Medicine Conference, February 2012, New Orleans LA.
- Avegno J**, English R, Detiege P. “Critical Concepts: A Unique Approach to Undergraduate Education in the Care of the Acutely Ill Patient.” Council of Residency Directors Academic Assembly, April 2012, Atlanta, GA and Southern Regional Meeting, February 2012, New Orleans LA.
- Avegno J**. “Navigating Your Third Year Towards a Future in Emergency Medicine.” Society of Academic Emergency Medicine Student Symposium, June 2011, Boston MA.
- Avegno J**, Hegarty C, Ronan-Bentle S. "Recognizing, Counseling & Remediating the Difficult Student." Council of Residency Directors (CORD) Emergency Medicine Annual Meeting, March 2010. *Selected as a “Best of CDEM” presentation.*

Jennifer L. Avegno, MD

Avegno J, Moreno-Walton L, Murphy-Lavoie H. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis of Self-Assessment Surveys." CORD Annual Meeting, March 2010 and European Society of Emergency Medicine Annual Congress, October 2010.

Larose M and **Avegno J**. "It's Not All in Your Head - A Case of New- Onset Seizures." LSU Research Day, January 2010.

Edler R, Sibley D, Duffy T, **Avegno J**, Dunbar L. "Undergraduate Medical Education as Affected by Hurricane Katrina." ACEP Annual Meeting, October 2008.

DeWulf A, Mills LD, Levitan R, Afonso N, Macht M, **Avegno, J**. Mills T. "Prevalence of Posttraumatic Stress Disorder Following Hurricane Katrina." SAEM Annual Meeting, May 2007.

Afonso N, Mills LD, DeWulf A, Levitan R, Macht M, **Avegno J**, Mills TJ. "Patient Perceptions of the Interim Healthcare System After Hurricane Katrina." SAEM Annual Meeting, May 2007.

Levitan R, Mills LD, DeWulf A, Afonso N, Macht M, **Avegno J**, Mills TJ. "Healthcare Satisfaction and PTSD Following a Major Natural Disaster." Tulane Research Days, March 2007.

Avegno J, Zickerman E, Herbert K, Tatford S, Moises J. "A Novel Civilian-Military Partnership in Emergency Medical Services During a Prolonged Disaster: Patient Characteristics, Resource Utilization, and Future Recommendations." ACEP National Meeting, October 2006.

Mills LD, Mills TJ, **Avegno J**, D'Souza B. "Novel Medicine and Law Collaborative Teaching Course." European Society of Emergency Medicine Congress, September 2005.

Avegno J, Mills TJ, Mills L, Haydel M. "Characteristics of Sexual Assault Victims Presenting to the Emergency Department: Analysis by Race, Age, Timing of Event and Relationship to Perpetrator." ACEP National Meeting, October 2004 and LSU Research Day, January 2004.

Harrison N, Mills T, **Avegno J**, Harrison S. "Validation of Screening Tools for Detection of Male Victims of Intimate Partner Violence in the Emergency Department." ACEP National Meeting, October 2004 and SAEM Southeastern Meeting, March 2004.

Mills T, **Avegno J**, Mills L, Haydel M. "Screening for Male Victims of Intimate Partner Violence: Prevalence Rates and Accuracy of Two Short Questionnaires." ACEP National Meeting, October 2003 and LSU Research Day, January 2003.

Avegno J. "Resident Satisfaction in Public Housing." Southern Sociological Society meeting, April 1995.

Avegno J. "The Feminization of Poverty." Midwest Student Sociology Society meeting, April 1992.

Jennifer L. Avegno, MD

LECTURES AND PRESENTATIONS

“Social Emergency Medicine”

“Developing an Emergency Medicine Student Clerkship and Curriculum”

“The High-Tech Airway: What Do I Need and When?”

“Violence Intervention in the ED”

"Cooling the Code: Therapeutic Hypothermia in the ED"

“Neuropathies and Neuromuscular Disorders in the ED”

“Neck Injuries”

"Burn Injuries"

"Basic Pediatric Airway Management"

“Vascular Catastrophes”

“Renal and Genitourinary Infections”

“Ear, Nose & Throat Infections”

“The Difficult Patient Interaction”

EXHIBIT F

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF REBECCA U. PERRET, M.D. FACOG, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, REBECCA U. PERRET, M.D., F.A.C.O.G., hereby affirm under penalty of perjury
that the following statements are true and correct:

I. Background and Expertise

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.

2. I have specialized in Obstetrics and Gynecology since 2002, providing
compassionate comprehensive primary and reproductive healthcare to patients. I have delivered
thousands of babies during my career. I'm a board-certified fellow with the American College of
OB/GYN and a Diplomate with the American Board of OB/GYN.

3. In 1998, I obtained my medical degree from Louisiana State University's ("LSU")
School of Medicine, and in 2002, I completed my residency in obstetrics and gynecology at LSU's
School of Medicine too. There, I was trained to provide primary & specialty care for the
reproductive system in two converging fields of medicine: obstetrics & gynecology. At LSU

Health Science Center I was trained to provide primary and specialty care for women as an Obstetrician/ Gynecologist.

4. I currently practice as an OB/GYN in Orleans Parish. In my clinical practice, I have also provided pregnant patients with miscarriage management and abortion care for lethal fetal anomalies up to 22 weeks from their last menstrual period.

5. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

6. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction, which seeks to enjoin enforcement of Louisiana's abortion trigger bans. I understand that if I am charged and convicted of violating these criminal statutes, I can be subject to severe penalties, including potentially years of imprisonment and hundreds of thousands of dollars in fines.

7. As a practicing physician I am concerned about the Trigger Bans going into effect. I understand the Trigger Bans criminalize the provision of abortion care with some narrow medical exceptions. They fail to provide who is tasked with evaluating its language and who is meant to enforce them.

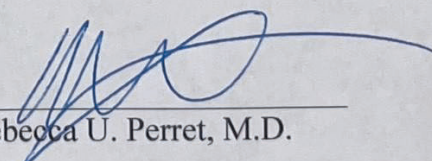
8. There is a total lack of clarity of how these laws will affect real life situations that physicians, like myself, face all the time. There are so many circumstances where physicians have to make medically-necessary decisions in treating a patient, including in life-threatening pregnancies and miscarriages. Doctors should not have to weigh whether or not the care they provided throughout their whole careers should change because of severe legal threats, especially at risk to patients.

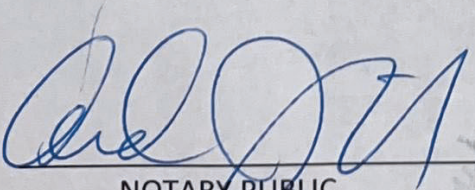
9. The Trigger Bans WILL cause harm to my patients. Physicians will be unable to do their work for fear of criminal penalties and create chaos in trying to find answers that have more to do with what is legal than what is medically indicated for their patients.

10. Critical for my practice, I understand the Third Trigger Ban provides an exception for any pregnancy that is “medically futile;” however, the law fails to indicate which fetal conditions fall under this exception. I am concerned that I can potentially be prosecuted for providing the provision of abortion care for lethal fetal anomalies because the Trigger Bans deputizes the Louisiana Department of Health (“LDH”) to establish the list of conditions that fall into an exception, and LDH has not done so. I am concerned this vacuum will leave unfettered discretion to prosecute doctors in the state for exercising their professional judgment and expertise to provide safe and compassionate care for women. This is deeply concerning as providers like myself are left with absolutely no direction on how to resume their practice or what, if any of their actions may subject them to prison time and enormous fines.

11. Instead of promoting reproductive healthcare, the Trigger Bans will chill it. In my opinion, these laws will cause grave and devastating harm to pregnant patients throughout the state. I know the Trigger Bans leave me, and other physicians like me, confused, threatened, and worried for just doing our jobs.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Rebecca U. Perret, M.D.


NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022

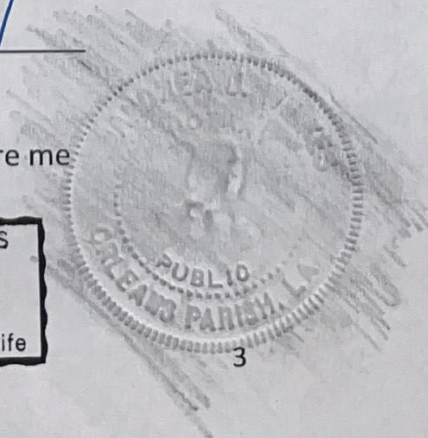
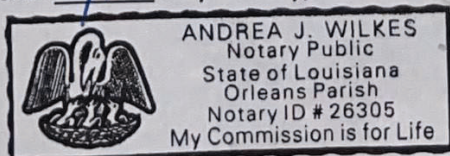


EXHIBIT 1

CV: Rebecca U. Perret, MD, FACOG

Hospital Affiliations:

6/2002- Present	Touro Infirmary 1401 Foucher Street NO, La. 70115
7/1998- 6/2002 (training only)	Medical Center of La. University and Charity Campus 1532 Tulane Ave. NO, La. 70112
7/1998- 6/2002 (training only)	University Medical Center Lafayette, La.
7/1998- 6/2002 (training only)	Earl K. Long Hospital Baton Rouge, La.

Professional Organizations

7/2000- 6/2002	Louisiana Section of the American College of OB/GYN Junior Vice Chair 2000-2001 Junior Chair 2001-2002
8/1998- 11/2003	American College of OB/GYN Junior Fellow
8/1996-12/1998	Louisiana State Health Science Center Council on Professional Conduct and Ethics, Co- Chairperson
2001-2002	Chief Administrative Resident LSU Ob/Gyn
11/2003- Present	Fellow American College of OB/GYN (Board Certified) Diplomate American Board of OBGYN
2014	Renewed/Passed Recertification
2016-present	Touro Medical Executive Committee , Elected Member-at-large

Honors/Awards

6/2000	Outstanding Resident House Officer II
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	LSU Dept of OBGYN
6/2000	Outstanding Teaching Award House Officer II
5/1998	Outstanding Graduate OBGYN, LSU School of Medicine
2016	Touro Kaplan Award
2001-present	Multiple New Orleans magazine recognitions for outstanding physician/ “ Top Doctor” including New Orleans City Business, Nola Baby, and New Orleans Magazine

EXHIBIT G

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

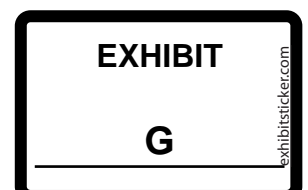
VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF VALERIE WILLIAMS, M.D., IN SUPPORT OF PLAINTIFFS’
MOTION FOR PRELIMINARY INJUNCTION**

I, VALERIE WILLIAMS, M.D., hereby affirm under penalty of perjury that the following
statements are true and correct:

1. I am a board-certified obstetrician and gynecologist (“OB/GYN”) and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.
2. In 2007, I obtained my undergraduate bachelor’s degree from The University of
Texas at Austin and my medical degree from The University of Texas Southwestern School of
Medicine. In 2011, I completed my residency in obstetrics and gynecology at the University of
Colorado School of Medicine. I have been a fellow with the American College of Obstetricians and
Gynecologists since 2012.
3. Since completing my residency, I have trained medical students and residents in
obstetrics and gynecology at a variety of locations, including the University of Rochester, LSU
Health Sciences Center, and Tulane University School of Medicine. I currently work as an



OB/GYN hospitalist in Orleans Parish. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. From September 2012 to May 2022, I served as the director of the Ryan Program at LSU Health Sciences Center in New Orleans. The Ryan Program works directly with OB/GYN residency programs to help them meet the Accreditation Council for Graduate Medical Education (ACGME) mandate for routine abortion training in obstetrics and gynecology (ob-gyn) training programs. The program integrates training in abortion and contraception care (family planning) as a required rotation. Before the Ryan Program at LSU Health began, residents traveled out of state, to as far away as New York, at their own expense to be trained in abortion care and OB/GYN adverse outcomes. Now, residents at LSU train in Louisiana—but this will not be possible if the trigger bans go into effect.

5. Based on my experience as director of the Ryan Program, I am concerned about the effect that the trigger bans will have on Louisiana residency programs. Though not all OB/GYN residents trained in abortion care will perform elective abortions as part of their future practice, the Ryan Program is incredibly valuable for training them in how to deal with pregnancy complications. For example, the same procedures for abortion are used to manage life-threatening miscarriages, and it is essential that OB/GYNs know how to provide this care. If the trigger bans go into effect, it will be very hard for Louisiana residents to get this necessary training. Finally ACGME requires every OB/GYN program to provide abortion training. If this trigger law goes into effect LSU will have no in-state options for residency training in abortion care. This could potentially threaten the accreditation status for all OB/GYN residency programs in Louisiana.

6. Moreover, I fear that the number and quality of medical students applying to Louisiana residency programs will decline if the trigger bans go into effect. Ever since the Ryan

Program started at LSU Health, the quality of medical students applying to the LSU OB/GYN residency program has skyrocketed. Students from all over the country are attracted to LSU in part because due to the quality of abortion training. Thus, if this training is no longer provided, the residency program will suffer. And because physicians tend to practice where they do their residency, this will, in the long term, negatively affect the quality of OB/GYNs in Louisiana overall.

7. Beyond residents, I have already experienced the trigger bans causing a highly qualified job candidate to no longer consider moving to Louisiana. When helping find a replacement for my former position, an amazing candidate applied who was very motivated to practice in Louisiana. Once she heard that Louisiana had trigger bans with severe penalties for physicians, however, she backed out. She said that she could not practice in a state where she could not provide patients with the full spectrum of care.

8. I am also deeply concerned about the potential impact of the trigger bans on my patients. Ever since the decision in *Dobbs v. Jackson Women's Health Organization* was released, patients have been very confused about the scope and language of the trigger bans. For example, patients have been scared that, if they miscarry, treating their miscarriage will be illegal. Others have been afraid that doctors will not feel safe treating an ectopic pregnancy due to the threat of prosecution.

9. Despite not currently being in effect, the trigger bans have already begun impacting how patients seek care. The weekend after *Dobbs* was released, I had a patient who became pregnant despite being on birth control. She told me that she hoped the pregnancy was ectopic so she could get in treated in Louisiana, rather than having to leave the state. It is horrific that patients are *hoping* to have a life-threatening health complication so that they can get appropriate care.

10. The trigger bans will also make treating pregnant women who are already suffering from complications even harder. It is already difficult, for example, to treat patients with previable premature rupture of the membranes—this means their water has broken early in pregnancy, before the fetus is viable. The decision for how to move forward in situations like these must be made quickly, and that decision should be made between the patient and her physician, rather than being delayed by confusing laws.

11. For these reasons, I believe Louisiana’s trigger bans would have dangerous consequences. There is an overwhelming amount of confusion about the bans, among patients and physicians alike, which can only lead to bad outcomes. The bans should therefore be enjoined to protect patients and their providers.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

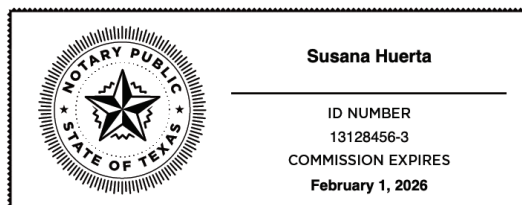
Valerie L Williams

Valerie Williams, M.D.



NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022



Notarized online using audio-video communication

EXHIBIT 1

Valerie Williams MD

Education

University of Texas at Austin
Bachelor of Science, Molecular Biology
August 1999- June 2003

University of Texas Southwestern School of Medicine
Doctor of Medicine
July 2003- June 2007

University of Colorado School of Medicine
Residency Obstetrics and Gynecology
June 2007- June 2011

Certification

American Board of Obstetrics and Gynecology
January 17, 2015- present

Professional Experience

Clinical Instructor
University of Rochester
Department of Obstetrics and Gynecology
Rochester, New York
August 2011- January 2012

Medical staff
General Champion Regional Medical Center
Alamogordo, New Mexico
March 2012- July 2013

Assistant Professor
Ryan Program Director
LSU Health Sciences Center
Department of Obstetrics and Gynecology
New Orleans, Louisiana
September 2012- May 2022

Adjunct Clinical Instructor
Tulane University SOM
Department of Obstetrics and Gynecology
New Orleans Louisiana
September 2017- April 2020

Reproductive Health Program Medical Director
LDH Bureau Family Health
July 2021- May 2022

EXHIBIT

G-1

exhibitsticker.com

Medical staff
Crescent City Physicians Inc
June 2022 - present

Membership in Professional Organizations

Fellow, American College of Obstetricians and Gynecologists
January 1, 2012- present

Former member, ACOG Simulation Working Group
January 2013 – January 2015

Former member, Society of Family Planning
December 2015- August 2020

Associate fellow, Teaching Academy
September 2016- present

Grants and Contracts

David and Lucille Packard Family Planning Faculty Development Program
Principal Investigator, funded 2016- 2019

Kenneth J. Ryan Residency Training Program in Family Planning
Principal Investigator, funded 2015- 2020

Louisiana Study of Women’s Access to Comprehensive Health Care
Co-Investigator, funded 2015- 2017

Nuvaring as a Contraceptive Choice and Influence on HIV Transmission
Principal Investigator, funded 2017-2018

Scholarships

Physicians for Reproductive Health Leadership Training Academy
September 2017

Awards and Honors

Senior Student Award for Outstanding Clinical and Academic Achievement
Dallas Fort Worth Southwest Gynecologic Assembly, December 2006

Excellence in Teaching
University of Colorado Denver SOM, May 2009

Apple Award for Excellence in Resident Education
University of Colorado Denver SOM, November 2010

Faculty Teaching Award
LSUHSC New Orleans, June 2013

APGO Excellence in Medical Education Teaching Award
LSUHSC New Orleans, June 2014

Kenneth J. Ryan Memorial Award
ACOG, 2016

Aesculapian Excellence in Teaching nominee
LSUHSC New Orleans, 2016

Best Social Sciences Poster
National Abortion Federation, 2018

SASGOG Faculty Award
LSUHSC New Orleans, 2018

Publications

Refereed

Roberts SCM, Fuentes L, **Williams V**, Upadhyay UD. “Implications for women of Louisiana’s law requiring abortion providers to have hospital admitting privileges.” *Contraception*. May 2015; 91(5): 368-72.

Berglas NF, **Williams V**, Mark K, Roberts SCM. “Should prenatal care providers offer pregnancy options counseling?” *BMC Pregnancy and Childbirth*. September 2018; 18:384.

Roberts SCM, Kimport K, Kira R, Holl J, Mark K, **Williams V**. “Consideration of and Reasons for not obtaining abortion among women entering prenatal care in southern Louisiana and Baltimore, Maryland.” *Sexuality Research and Social Policy*. October 2018

Yano J, Sobel J, Nyirjesy P, Sobel R, **Williams V**, Yu Q, Noverr M, Fidel PL. “Current patient perspectives of vulvovaginal candidiasis: incidence, symptoms, management and post-treatment outcomes.” *BMC Women’s Health*. March 2019; 19:48.

Berglas NF, Kimport K, **Williams V**, Mark K, Roberts JCM. “The health and social service needs of pregnant women who consider but do not have abortions.” *Women’s Health Issues*. August 2019; 29(5): 364-9.

Review

Peacock LM, Thomassee ME, **Williams VL**, Young AE. “Transition to Office-based Obstetric and Gynecologic Procedures: Safety, Technical, and Financial Considerations.” *Clin Obstet Gynecol*. June 2015; 58(2): 418-33.

Book Chapters

Williams V, Young AE. “A woman with first-trimester vaginal bleeding.” In: Chelmow D, Isaacs CR, Carroll A, editors. *Acute Care and Emergency Gynecology: A case-based approach*. (London: Cambridge University Press, 2015), p. 109-112.

Scientific Presentations

Iwamoto T, Thomas A, Holman S, Polite F, Heard A, **Williams V**. “Cesarean Section BOX Simulator- Utilizing CREOG Resources to Develop Surgical Skills.” Presented at APGO/CREOG Annual Meeting, March 2016.

Poster Presentations

Roberts S, Johns N, **Williams V**, Upadhyay. “How many women do not get abortions when Medicaid does not cover abortion?” Presented at NAF Annual Meeting, April 2018.

Gwen A, Mittal S, Chapple A, **Williams V**, Alleyn J. “Impact of Medical Students’ Sociopolitical Leanings on Their Perceptions of Abortion Education in Louisiana.” Presented at American Medical Association, Dec 2022.

Invited Presentations and Seminars

Religious Perspectives in Providing Abortion Care
Partnership for Abortion Provider Safety
Panel discussant
New Orleans, LA, October 2018

Managing Challenging Interactions in Family Planning
Panel discussant
Society of Family Planning
Los Angeles, CA, October 2019

Resident Advocacy in Family Planning
Ryan Family Planning Conference
Panel discussant
Los Angeles, CA, October 2019

Service Activities

Internal Review Board
LSU Health Sciences Center
Member
November 2014 – May 2022

Clinical Practice Leadership Group
LSU Health Care Network
Chair elect
February 2013 – 2019

Executive Committee
LSU Health Care Network
Member
January 2017 - 2020

Community Service

Physicians for Reproductive Health
Board Member
April 2018- November 2021

Luke’s House Clinic
Volunteer clinician
May 2021- present

EXHIBIT H

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
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VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF CLARISSA JO BEUTLER HOFF, M.D., M.P.H., F.A.C.P.M. IN
SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, CLARISSA JO BEUTLER HOFF, M.D., M.P.H. F.A.C.P.M., hereby affirm under
penalty of perjury that the following statements are true and correct:

1. I am a board-certified family medicine physician and a medical doctor licensed in
the State of Louisiana and in good standing with the Louisiana State Board of Medical Examiners.

2. I have specialized in Family Medicine and Preventative Medicine since 2013. In
that role, I treat patients who routinely require treatment of conditions with medication(s) that are
unsafe for pregnancy. I'm part of several local and national professional organizations, including
the American College of Preventative Medicine, where I am a fellow, and I am a diplomat at the
Louisiana Academy of Family Physicians and the American Academy of Family Physicians.

3. I obtained my undergraduate bachelor's degree from Iowa State University. In
2007, I obtained my medical degree from Creighton University School of Medicine. I then interned
in OB/GYN at the Loma Linda University Medical Center. After that I was a Preventative
Medicine resident at Tulane University Medical Center and a Family Medicine resident at Baton
Rouge General Hospital.

4. I currently practice as a family medicine physician and assistant professor at
Tulane University School of Medicine. In my clinical practice, I provide care for high medical
need patients including transplant, dialysis, and cancer patients.

5. My qualifications are described in detail in my curriculum vitae, a copy of which
is attached as Exhibit 1.

6. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction,
which seeks to enjoin enforcement of Louisiana's Trigger Bans. As a family medicine physician,
I treat patients who require treatments involving medications, many of which are unsafe for

pregnancy. These include teratogenic medications and medications that are at high risk of causing miscarriage or physical or functional defects in the human embryo or fetus. For example, I routinely treat patients who live with diabetes, high blood pressure, depression and anxiety, migraines, seizure disorders, lupus and rheumatoid arthritis, all of which are conditions that can require medication that is unsafe to take during a pregnancy.

7. Another example, Methotrexate is sometimes prescribed for lupus and rheumatoid arthritis patients, Depakote for treatment of depression and bipolar disorder, and Topamax for severe migraines and seizures. These medications can unintentionally cause a patient to have pregnancy complications and even miscarriage. Many of these patients cannot be prescribed hormonal birth control alongside these medications because they have underlying conditions like chronic migraines and/or a cancer history; for many patients, hormonal birth control is not an option because its side effects can cause bleeding disorders.


8. It is unclear whether treatment of these conditions in light of the Trigger Bans puts providers' liberties at stake because of their confusing language. I am scared that I may be charged and convicted of violating these criminal statutes for treating my patients with medications that can end up being unsafe for pregnancy or leading to termination. I fear facing severe penalties, including years of imprisonment.

9. Hence, the provision of care will not just be chilled for the obvious—the physicians that specialize in Obstetrics and Gynecology. But also for family medicine providers, endocrinologists, cardiologists, psychiatrists, neurologists, and rheumatologists, all of whom prescribe medications that can cause pregnancy complications and miscarriage.

10. As such, the Trigger Bans run the risk of chilling the provision of nearly all medical care for women, pregnant and birthing people in Louisiana. It is already created a lot of anxiety and confusion among healthcare providers.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

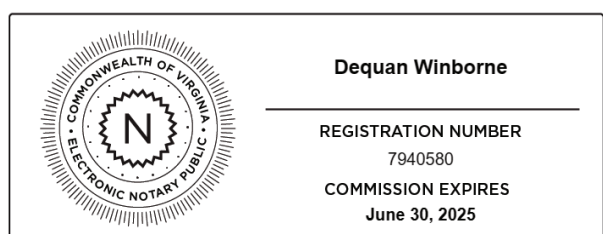
COUNTY OF HENRICO
COMMONWEALTH OF VIRGINIA



NOTARY PUBLIC
Electronic Notary Public
Sworn to and subscribed before me
this 4th day of July, 2022



Clarissa Jo Beutler Hoff, M.D., M.P.H.



Notarized online using audio-video communication

EXHIBIT 1

CLARISSA JO BEUTLER HOFF MD, MPH, FACPM

BOARD CERTIFICATION

Family Medicine

September 1, 2013 – August 31, 2023
Certificate Number: 1064628955

Preventive Medicine

January 1, 2013-January 31, 2023
Certification Number: 053263

EDUCATION

Baton Rouge General Hospital: Baton Rouge, Louisiana
Family Medicine Residency, July 2011-August 2013

Tulane University Medical Center: New Orleans, Louisiana
Preventive Medicine Residency, January 2009-February 2011
Chief Resident, January 2010-February 2011

Master of Public Health, January 2009-December 2010
Dual Emphasis in International Health and Epidemiology

Loma Linda University Medical Center: Loma Linda, California
Internship in Obstetrics and Gynecology, June 2007-June 2008

Creighton University School of Medicine: Omaha, Nebraska
Doctor of Medicine, August 2003-May 2007

Iowa State University: Ames, Iowa
Bachelor of Science in Animal Ecology, August 1999-May 2003

PROFESSIONAL ACTIVITIES

Grants:

2021-2026	Primary Care Training And Enhancement-Community Prevention And Maternal Health, HRSA 21-014\$1,478,951 over 5 years
Role: PI	
2015-2018	Preventive Medicine Residency with Integrative Health Care Training Program, Health Resources and Services Administration, HRSA-15-143 \$914, 275 over 3 years
Role: PI	
2015-2016	COR Research Fellowship, Tulane University, New Orleans, Louisiana, \$10,000 for 1 year
Role: PI	
2015	TUHSC Auxiliary Endowment for Excellence in Research by a Young

Career Professor at the School of Medicine; Tulane University, New Orleans, Louisiana
Salary Support for one year

Research Activity:

- 2020-Present Tulane Clinical Site's Principal Investigator: Research project “Fostering Shared Decision-making about Prostate Cancer Screening among Clinicians and African American men.” Grant awarded to Xavier University of Louisiana by NIH/NIMHD
- 2015- Present Southern Area Patient Oriented Research Organization (SAPORO)-Director
SAPORO is a practice based research of in the Gulf South of family medicine clinics and residency programs that focuses on boots on the ground research and quality improvement. Over 10 clinics and 100 physicians are involved with multiple publications and presentations.

Professional Presentations and Papers:

Echeverri M, Felder K, Anderson D, Leung P, Apantaku E, **Hoff C**, Dennar P. *Factors affecting decisions about prostate cancer*. 2022 RCMI Annual Conference, Abstract #C51197 March 16-18, 2022, Virtual
https://www.youtube.com/watch?v=9my1hGXH_zI

Hoff, C (June 2021) *Improving Diversity, Equity, Inclusion Efforts within Preventive Medicine Residency Programs Breakout Sessions*, ACPM Annual Program Directors Workshop, Workshop Coordinator

Hoff, C, Gunnar, W, Levy, S (May 2021) *Patient Safety and Quality in the Time of A Pandemic*, American College of Preventive Medicine Annual Conference 2021, Oral Presentation

Echeverri M, KJ Felder, P Leung, **Hoff C**, Dennar P (March 2021) *Advancing A Behavioral Clinical Trial in a Global Pandemic*, Research Centers in Minority Institutions Consortium 2021 National Conference
https://www.youtube.com/watch?v=lqdgawrmd_M

Hoff C, Caleon L, Lee G, Quan M. *Utilizing Practice-Based Research Networks to Teach and Implement Quality Improvement in Academic Medicine*. Fam Med. 2020 Oct;52(9):642-646. doi: 10.22454/FamMed.2020.411271. PMID: 33030720.

Hoff C (December 2019) *Utilizing Practice-Based Research Network to Teach and Implement Quality Improvement*, Academic Family Medicine, Society for Teachers of Family Medicine 2019 Conference on Practice & Quality Improvement, Poster Work In Progress.

McGonigle K, Carley T, **Hoff C**. *Assessing Racial Disparities in HCV Infection and Care Outcomes in a Southern Urban Population*. J Racial Ethn Health Disparities. 2018 Oct;5(5):1052-1058. doi: 10.1007/s40615-017-0453-y. Epub 2017 Dec 29. PMID: 29288470.

Hoff C (May 2018) *Emergency Preparedness and Disaster Response Curriculum*, American College of Preventive Medicine 2018 Annual Conference, Residency Director Workshop, Chicago, IL.

Hoff C, Sheikh M. *Is female-to-male transgender status a barrier to adequate cervical cancer*

EXHIBIT I

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-5633

DIVISION “N”

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

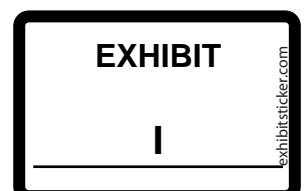
AFFIDAVIT OF EMILY DIAMENT IN SUPPORT OF
PLAINTIFFS’ MOTION FOR PRELIMINARY INJUNCTION

I, EMILY DIAMENT, hereby affirm under penalty of perjury that the following statements
are true and correct:

1. I reside in New Orleans, Louisiana with my husband and daughter. I am originally
from Baton Rouge, LA, where I lived until May of 2011.

2. I am a public relations specialist, working with clients in food, music, and
entertainment in the New Orleans area. My PR firm services include media relations, community
relations, strategic partnership development, social media consulting, and event planning.

3. I recently experienced a miscarriage that has left me and my husband emotionally
devasted, but also compelled to share our story and submit this affidavit. I am confused and believe
that there are many grey areas not currently addressed by our state’s trigger laws. I feel strongly
that people do not have a clear understanding of what is taking place in our state’s healthcare
system, the current medical options offered for women, and how trigger laws affect medical care
and medical care decisions. Louisiana law, in its current state, is dangerous for women and
families, their healthcare and their ability to make decisions.



4. Our first child, a beautiful baby girl born on September 18, 2020, gave us the joy that comes with parenthood. After longing for a sibling for our sweet girl, we were thrilled to become pregnant again in February of 2022 with another baby girl due November 2022.

5. I had an extremely healthy pregnancy with no complications.

6. On June 29, 2022, I had my 20-week full body anatomy scan, an ultrasound to check for the health of the baby. We received the devastating news that our daughter no longer had a heartbeat. A second medical opinion confirmed this, leaving my husband and I in a complete state of shock, sadness, and disbelief.

7. After receiving the news of our daughter's passing, our emotional state moved from devastation to complete confusion. How would the change in the law affect our ability to make appropriate healthcare decisions? We were uncertain of what was legally permitted and what was prohibited in Louisiana for a woman who had miscarried. I was extremely concerned about having the ability to make medical decisions that were best for me, decisions between myself and my doctor. I would not wish this fearful and devastating experience upon anyone.

8. My OB/GYN called shortly after to discuss treatment options with us. My options were to either have a D&E (dilation and evacuation procedure) or a riskier, vaginal birth. After consultation with my OB/GYN, we determined that a D&E would be the best and safest option for us. The D&E is a common procedure available to women who miscarry in the second trimester; it is safer, quicker and less risky than a traditional vaginal birth at this state in my lost pregnancy when a vaginal birth carries increased risk for bleeding, infection, etc., and can be more dangerous for the mother. I was emotionally devastated at the time, and the thought of having a vaginal birth, with contractions and pushing the baby out was too much for me to bear psychologically during this devastating time.

9. My first thought was fear. After doing my research and discussing my medical condition with my doctor, I discovered that a D&E is at times considered an abortion because of the similar process/medications (i.e., Miscarriage vs abortion). My child had died, and I was not having an abortion; the D&E was the medical procedure to safely remove my unborn child that had passed away in utero. I repeatedly discussed my fears and concerns with my medical care providers about the availability and legality of the D&E procedure, not only for me, but for all women in the state of Louisiana. My OB/GYN assured me that the D&E procedure was currently available to me because our daughter had died. However, the grey areas in the trigger law will prohibit many Louisiana women from receiving this appropriate medical procedure and medical care in the future.

10. I began the dilation process at Ochsner the following day, on Thursday, June 30. This involves placing multiple laminaria into the woman's cervix to expedite dilation before the procedure. On Friday, July 1 [two (2) days after we received the devastating news], I underwent the D&E procedure and my medical care progressed without incident.

11. I was very relieved that I was able to make the best medical decisions in unison with my medical caregivers and that the D&E procedure went smoothly but saddened at the same time knowing that many women in slightly different circumstances will not have the freedom or ability to choose this option. I can't imagine going through this experience without having the option of a D&E. Forcing a patient to go through a riskier vaginal childbirth to deliver a stillborn while still grieving the loss of a child would be completely devastating.

12. During my stay at the hospital, I spoke with multiple medical providers about this issue. If my situation had been slightly different, or if the timing had been different with the status of the trigger laws, I could have fallen in a gray area of the law – leaving me with no choices but

the riskier vaginal delivery. It breaks my heart that Louisiana women will fall into this grey area in the future, and will be prevented from making the medical decision to have a D&E. The very real concern to my husband and I is that our next pregnancy could come with complications. What if the baby has a heartbeat but no ability to survive outside of the womb? The grey areas of the law would prevent me from making the best medical decision for myself and my family because such a procedure would be considered an abortion.

13. I am convinced that the trigger laws will not allow women to make the best medical decisions in these dire circumstances. If a mother's water broke very early, leaving the child with no chance of surviving outside the womb, it appears that a D&E would be unavailable as a medical care option because the child has a heartbeat. If a child develops a serious medical condition that prevents the child from surviving outside of the womb, a D&E would not be a medical care option. If an unfortunate circumstance during (or before) labor COULD cause harm to the woman, but may not necessary be life-threatening, this could be a grey area where a D&E may not be considered an option because the woman is not at 100% risk of dying. Women in all these situations would be forced to naturally birth their babies – a devastating, dangerous and risky process that no mother should be forced to endure. A woman's life and health should not be put at risk because of the option to no longer have the ability to choose.

14. Miscarriage affects one in four women. Not every miscarriage is like mine, discovering from an ultrasound that your baby no longer has a heartbeat. Miscarriages happen during emergency surgery, where a quick decision must be made to protect the mother. Not all cases involve a baby that has already passed, but all cases involve a horrific situation for a parent with a decision that is not easy. These already impossible decisions between a mother and caregiver should not have to be shared with a legal team discussing available (and unavailable) medical

options. This is a medical issue involving one woman and needs to remain between that ONE woman and her medical care provider.

15. I was told that only a few doctors at Ochsner were trained to perform a D&E, a common medical procedure for second trimester miscarriages. When revisiting the conversations of Louisiana's trigger law with the doctor and resident who performed my D&E after my procedure, I discussed with them fears I had for women in the future, along with fears I had for doctors who may be put in unfortunate situations. Once the trigger law goes into effect, fewer doctors may choose to be trained to perform a D&E because of the possible legal consequences if the procedure is performed on a patient. Doctors could be imprisoned for providing the best medical care by performing a D&E; this is something that a doctor should never have to fear when providing healthcare for a woman and her family. After my devastating experience, it was very scary to have my fears confirmed. The D&E is a necessary medical procedure that should be available when any woman and their doctor decides it is needed. Louisiana law is in a dangerous place when a safe and compassionate way of terminating a nonviable pregnancy is prohibited because an unclear law goes into effect making the medical care out of reach. No doctor should be confused about the medical care they can provide or what is best for their patient. Doctors will be mandated to choose worse options for their patients because of concerns about legal penalties for providing safer medical care.

16. I was fortunate to have the ability to choose the medical procedure that was right for me in consultation with my husband and my physician in an unbelievably emotional and devastating situation. All patients should have that same choice. It is unconscionable to put doctors in situations with ambiguous laws that make the decision process difficult to determine what's legal and what's not legal, coupled with potentially facing jail time. Doctors protect their patients

and their families during these difficult times and should be allowed to provide the best possible medical options for care. Major healthcare decisions should not be regulated by the state government in an arbitrary manner.

17. Because these trigger laws were not in effect when my medical care was necessary, I did not have to experience the full potential of what it might be like for other women in my shoes. Had my nightmare taken place outside the trigger law's 10-day temporary stay, I would have had a vastly different and more damaging experience. Having a second trimester miscarriage just days away from when the trigger laws go into effect truly hit home and made me realize how serious and real this situation really is. This has been a terrible time for me and my family to experience this loss, but to have healthcare choices taken away from Louisiana women in situations like me and foreclosing the doctors who we trust to provide the care we need, is heartbreaking. Only terrible outcomes can come of it at times when people need the most compassion and care if the trigger law is not repaired.

On this 5th day of July 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



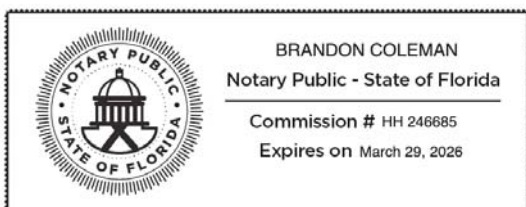
Brandon Coleman



Emily Diamant

NOTARY PUBLIC

Sworn to and subscribed before me
this 5th day of July 2022



State of Florida

County of Seminole

Sworn to (or affirmed) and subscribed before me by means of online notarization,
this 07/05/2022 by Emily Reimsnyder Diamant.

___ Personally Known OR ___ ☒ Produced Identification

Type of Identification Produced DRIVER LICENSE

EXHIBIT J

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

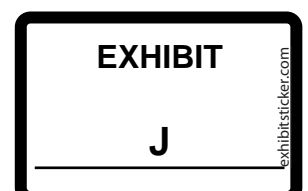
VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF ERIC T. SIEGEL, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, ERIC T. SIEGEL, M.D., hereby affirm under penalty of perjury that the following
statements are true and correct:

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners. I have worked as an OB/GYN since 2018, and I currently work as an OB/GYN
hospitalist in New Orleans, LA in Orleans Parish.
2. I completed an undergraduate bachelor's degree and Master of Science in
Neuroscience. Afterwards, I obtained a medical degree, and in 2017 completed a residency in
obstetrics and gynecology. My qualifications are presented in more detail in my curriculum vitae,
a copy of which is attached as Exhibit 1.
3. My practice includes routine obstetric care, as well as care for patients who present
with pregnancy complications in the emergency room. My patients are frequently low-income
Black and Hispanic women.



4. In the course of my duties on the labor unit and in the emergency room, I frequently see patients with ectopic pregnancies, miscarriages, fetal anomalies, and other serious complications, including placental abruption.

5. I have diagnosed and counseled pregnant women with fetal anomalies or other conditions that do not necessarily require termination, but that make termination strongly advisable due to the risks to the patient's health and the likelihood that the fetus is non-viable or would have a severely diminished quality of life if carried to term. I advise patients about these risks and treat them accordingly.

6. I am concerned that Louisiana's Trigger Bans, if allowed to go into effect, could significantly delay care for pregnant women—making what is already a bad situation even worse. My priority has always been to provide my patients the standard of care and evidence-based medicine. But now, I'm worried that fears about uncertain legal consequences will be added into the equation. Decisions in emergency situations may need to be made in the moment—including the middle of the night and weekends, when legal counsel may not be available—and hesitating due to fear of prosecution is not safe for our patients.

7. I am uncertain, for example, about the requirement for two physicians to sign off that a pregnancy is medically futile before an abortion can be performed. There is no clarification in the law about what type of physician is adequate. Does it have to be another OB/GYN? Can an anesthesiologist be the one to agree? What about a resident, who is an M.D. but performing under my supervision and not yet board-certified? I worry that the ambiguity in language like this—and the severe civil and criminal penalties—will frighten providers and therefore slow down provision of care, only worsening an emergency.

8. I have similar concerns about the language of the health exceptions. The bans allow performing an abortion to remove a “medically futile” fetus, as well as to save the life of the mother or prevent the mother from sustaining permanent organ damage. How “futile” does the fetus’s condition have to be, and how high does the risk to the mother have to be? For example, I have seen pregnant patients come to the emergency room after their water broke very early in the pregnancy. If a mother’s water breaks at 17 weeks, for instance, there is a high chance the fetus will not survive, and if it does, that its quality of life outside the womb would be remarkably poor. At the same time, the mother is at risk of developing infections that could require emergent procedures, blood transfusions, and prolonged hospitalizations. But, there is still technically a chance that the fetus is viable and that the mother would stay healthy. Because of the vague language of the trigger bans, this is a scenario that doctors “in good faith medical judgment” may disagree on, particularly when facing such severe penalties.

9. In my opinion, the ambiguity of the Trigger Bans makes them dangerous for Louisiana patients and physicians. They create too much uncertainty and fear for health care providers who are simply trying to take the best care of our patients as possible. The bans should continue to be enjoined to prevent tragic outcomes.

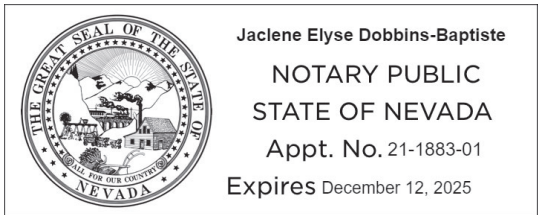
On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



Eric T. Siegel, M.D.

NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022



State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me
on 07/04/2022 by Eric T Siegel.

Jaclene Elyse Dobbins-Baptiste

Notarized online using audio-video communication

EXHIBIT 1

Eric Siegel, M.D.

WORK EXPERIENCE

June 2020 - present	Touro Infirmary New Orleans, LA OB/GYN Hospitalist
January 2018 - May 2020	Highland Community Hospital Picayune, MS OB/GYN in private practice

INTERNSHIP/RESIDENCY

June 2012 - June 2013	University of Colorado-Denver Department of Surgery Denver, CO
June 2013 - June 2017	Louisiana State University Department of Obstetrics and Gynecology New Orleans, LA

EDUCATION

August 2002 - June 2007	Tulane University New Orleans, LA Degrees: Bachelor of Science in Neuroscience (May 2006) Master of Science in Neuroscience (June 2007)
August 2008 - May 2012	Medical College of Georgia Augusta, GA Degree: Doctor of Medicine

TEACHING EXPERIENCE

January 2019 - May 2020	William Carey College of Osteopathic Medicine Adjunct Clinical Professor Preceptor for osteopathic medicine (DO) students
August 2019 - May 2020	University of Southern Mississippi College of Nursing Preceptor for nurse practitioner (NP) students

LICENSURE

March 2017	Louisiana Physician #305004
December 2018	Mississippi Physician #25483
January 2022	Board certified - American Board of Obstetrics and Gynecology

EXHIBIT K

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ELISA M. ARRILLAGA, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, ELISA M. ARRILLAGA, M.D., hereby affirm under penalty of perjury that the
following statements are true and correct:

1. I am a board-certified emergency medicine physician and a medical doctor
licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical
Examiners.

2. In 1989, I obtained my undergraduate bachelor's degree from the University of
Notre Dame. In 1997, I obtained my medical degree from San Juan Bautista School of Medicine.
I have specialized in Emergency Medicine since my residency ended in 2003, and since I have
worked at Emergency Departments in medical centers and hospitals throughout Louisiana.

3. I currently work at Touro Infirmary Hospital's Emergency Department, where I
have been since 2007, and where I was the Medical Director of the department. In my clinical
practice, I routinely treat pregnant patients facing complications, and have provided pregnant
patients with miscarriage management and abortion care.

4. My qualifications are described in detail in my curriculum vitae, a copy of which
is attached as Exhibit 1.

5. As an emergency medicine physician that routinely treats patients with pregnancy
complications, I am very concerned about the Trigger Bans going into effect. They make a crime
nearly all abortion care. While I understand there are narrow medical exceptions, there are so many
different ways a situation may show up for an individual patient, I am extremely worried that
doctors are left with no guidance or clarity as to what may or may not be legally allowed in any
number of situations.

6. Some providers are even nervous about reporting requirements in light of the Trigger Bans, including a diagnostic code, for example, that goes into patient's chart entitled "spontaneous abortion." Spontaneous abortion is a medical term designated for when a patient is having a miscarriage. Providers are worried that putting the term "abortion" into any patient's record puts their practice and their liberty in jeopardy because of the nebulous and confusing language of the Trigger Bans as to what kind of care falls under a medical exception.

7. In addition, there are so many circumstances where emergency medicine physicians have to make critical, fast-paced decisions about how to treat patients with life-threatening pregnancies and miscarriages. My colleagues and I routinely see patients who are miscarrying but retains products of conception that require care. We also see pregnant patients who experience preeclampsia, postpartum cardiomyopathy, trauma from motor vehicle crashes, decreased fetal heart tones or abruptions, and ectopic pregnancies. It is unclear whether our treatment of these conditions in light of these Trigger Bans puts our own liberties at stake.

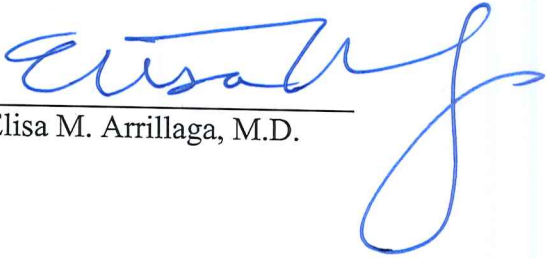
8. I am worried that if the Trigger Bans go into effect, delay of care is inevitable and patients facing pregnancy complications and miscarriages will be at risk for severe maternal morbidity or mortality because providers will stop providing care because they will fear prosecution and potential imprisonment.

9. For example, I am afraid pregnant patients will experience uterine infections and face death from hemorrhaging because delays in receiving care will cause patients to require harrowing and avoidable emergent care.

10. Providers took the Hippocratic oath to provide care but many of my colleagues are fearful of the repercussions that will come with the provision of care if these Trigger Bans go into effect.

11. I do not understand how dire a pregnant patient's health needs to be in order to provide the provision of abortion care in Louisiana if the Trigger Bans go into effect. The Trigger Bans leave me, and my colleagues, at a loss for how to do our job.

On this 5th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Elisa M. Arrillaga, M.D.


NOTARY PUBLIC

Sworn to and subscribed before me
this 5th day of July, 2022

Eleanor Schilling
Notary Public
Notary No. 138882
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

EXHIBIT 1

ELISA M. ARRILLAGA MD

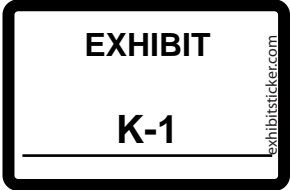
BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIAN

EMPLOYMENT

TOURO INFIRMARY HOSPITAL EMERGENCY DEPARTMENT	November 2007-present
New Orleans, La	
Medical Director of ED	2008-2012
ST. TAMMANY PARISH HOSPITAL EMERGENCY DEPARTMENT	September 2003-2008
Covington, La	
Asst. Medical Director of ED	2004-2008
TERREBONNE GENERAL MEDICAL CENTER EMERGENCY DEPARTMENT	July 2005-2012
Houma, La	
MEADOWCREST HOSPITAL EMERGENCY DEPARTMENT	December 2004-2005
HOSPITAL UNIVERSITY OF PUERTO RICO	July 2000-June 2003
University of Puerto Rico	
Emergency Medicine Residency	
Carolina, Puerto Rico	
Chief Resident 2002-2003	
HUMACAO REGIONAL HOSPITAL ROTATIONAL INTERNSHIP	July 1997-June 1998
Puerto Rico Department of Health	
Humacao, PR	

PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS

FELLOW OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
BOARD CERTIFIED AMERICAN BOARD OF EMERGENCY MEDICINE 2004-PRESENT
ATLS/ACLS/PALS



PROFESSIONAL COMMITTEES:

MEDICAL EXECUTIVE COMMITTEE (ELECTED) 2018-PRESENT

EDUCATION

SAN JUAN BAUTISTA SCHOOL OF MEDICINE

MEDICAL DOCTOR

CUM LAUDE GRADUATE

Caguas, Puerto Rico

August 1993-May 1997

UNIVERSITY OF NOTRE DAME

Bachelor of Arts Anthropology/Administrative Studies

Southbend, Indiana

August 1985-May 1989

LOUISIANA STATE UNIVERSITY

Premedical studies 1989-1992

HONORS

CHIEF RESIDENT EMERGENCY MEDICINE RESIDENCY PROGRAM

July 2002-June2003

University of Puerto Rico, Carolina, Puerto Rico

Dr. Jaime Soler Zapata Surgery Award

1997

PRESENTATIONS AND PUBLICATIONS

*A Cornual interstitial Pregnancy, Case Report and Review of literature, **Second Emergency Symposium**, San Juan, PR May 2003*

*A Forgotten Ectopic Pregnancy, Case Report, **ACEP PUERTO RICO CHAPTER ANNUAL CONVENTION**, Fajardo, PR June 2003*

*A Cornual Interstitial Pregnancy, Case Report and Poster presentation, **Second International Congress in Emergency Medicine**, San Juan, PR May 2003*

*Poisonous Snake in Puerto Rico? Aesophis Portorricensis: Case report, Poster presentation, **Second International Congress in Emergency Medicine**, Sept 2003 Barcelona, Spain*

*Portuguese Man of War, care report, **Second International Congress in Emergency Medicine**, Sept 2003, Barcelona, Spain*

LANGUAGES ENGLISH AND SPANISH

REFERENCE AVAILABLE UPON REQUEST

EXHIBIT L

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF MAUREEN ELIZABETH GROSS PAITZ, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, MAUREEN ELIZABETH GROSS PAITZ, M.D., hereby affirm under penalty of
perjury that the following statements are true and correct:

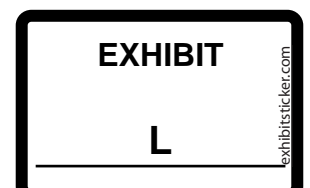
1. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction,
which seeks to enjoin the state's Trigger Bans.

2. I am a board-certified emergency medicine physician and a medical doctor
licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.

3. In 2007, I obtained my undergraduate bachelor's degree from Creighton
University. In 2011, I obtained my medical degree from Creighton University School of
Medicine, and in 2015, I completed my residency in emergency medicine at Washington
University School of Medicine. I have specialized in Emergency Medicine since 2016, and in
that role, I treat patients facing pregnancy complications routinely.

4. I am currently an ER doctor in Touro Infirmary Hospital's Emergency
Department. My qualifications are described in detail in my curriculum vitae, a copy of which is
attached as Exhibit 1.

5. In my clinical practice, I provide care in all emergency situations, but also
regularly see patients facing pregnancy complications. Its important to note that medical
emergencies do occur in pregnancy, and when they do, time is always of the essence, but
especially in the emergency room. Immediate evaluation and medically appropriate decisions
need to be made in obstetric emergencies.



6. With all the complexities of pregnancy, there are many complications that can arise in patients. I have had ER patients exhibits symptoms from bleeding, to passing tissue or liquids from the vagina, to severe abdominal pain, to fever and chills, to severe nausea, ruptured membranes, and so on. When you couple these situations with the individual patients own circumstances, for example, if they have preeclampsia, are obese, are diabetic, or any other number of conditions, the possibility for endless questions involving these Trigger Bans come about.

7. As an emergency medicine physician, I am very concerned that physicians like myself, who are reacting to any number of situations ranging in severity, will be under threat of prosecution for making critical, lifesaving decisions about how to treat patients with dangerous pregnancies and miscarriages. My colleagues and I do not understand how dire a pregnant patient's health needs to be in order to treat them without fear of prosecution under the Trigger Bans.

8. I have reviewed the affidavit dated July 4, 2022, authored by my colleague, Elisa M. Arrillaga, M.D. I agree with her statements and share her deep concern about the chilling effect the Trigger Bans will have on the provision of reproductive healthcare. I share her concerns fully. Dangerous delay of care is inevitable if these laws go into effect. Louisiana patients facing pregnancy complications and miscarriages will needlessly end up at risk for grave harm.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

State of: Texas
County of: Tarrant

Maureen Elizabeth Gross Paitz

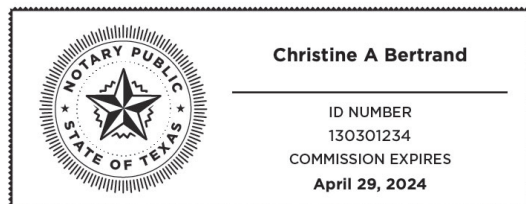
Maureen Elizabeth Gross Paitz, M.D.

Christine A Bertrand

Christine A Bertrand

NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022



Notarized online using audio-video communication

CURRICULUM VITAE
Maureen Elizabeth Gross Paitz, MD

Present Position

Touro Infirmary
Emergency Medicine Physician

Ochsner Baptist
Emergency Medicine Physician

University Medical Center
Associate Faculty, Emergency Medicine Physician

Education

Undergraduate
August 2003- May 2007
Creighton University, Omaha, NE
B.A. Cum Laude in Biology

Graduate
August 2007-June 2011
M.D., Creighton University School of Medicine, Omaha, NE

Postgraduate
June 2011-June 2015
Emergency Medicine Residency Program, Washington University School of Medicine, St. Louis, MO

August 2015-July 2016
Sports Medicine Fellowship Program, Department of Orthopedic Surgery
Washington University School of Medicine, St. Louis, MO

Clinical Instructor, Division of Emergency Medicine
Washington University School of Medicine, St. Louis, MO

University and Hospital Appointments and Committees

Hospital appointments:

January 2018	University Medical Center
October 2017	Touro Infirmary Hospital
November 2017	Ochsner Medical Center
July 2011-2016	Barnes-Jewish Hospital
July 2011-2015	St. Louis Children’s Hospital
July 2013-2015	Barnes St. Peters Hospital
July 2014-2016	Missouri Baptist Medical Center
July 2015-2016	Barnes Jewish West County Hospital

Committees:

July 2011-2015	Sports Medicine/Wilderness Medicine Scholar Track
July 2012-2015	Emergency Medicine Resident Evaluations Committee
July 2014-2015	Diversity Committee

Medical Licensure and Board Certification:

2016-2022	Advanced Trauma Life Support
2014-2022	Pediatric Advanced Life Support
2010-2022	Advanced Cardiac Life Support
2011-2013	Basic Life Support
2013	Disaster Management Course
2014-2017	State of Missouri Medical License
2016-current	State of Louisiana Medical License

Honors and Awards:

2012-2015	Recognized Resident Teacher , St. Louis, MO Recognized by the third and fourth year Washington University medical students as a resident in the Emergency Department who exhibited excellence in teaching.
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Professional Societies and Organizations:

2010-2011	Society of Academic Emergency Medicine
2010-2015	American College of Emergency Physicians
2010-2016	Emergency Medicine Residents Association
2010-2016	Missouri College of Emergency Physicians
2015-2016	American Society of Sports Medicine

Invited Lectureships and Teaching Activities:

2011	Washington University in Saint Louis, <i>EMS Scholar Conference</i> Gross, M. “Sports Medicine: Cold Injuries”
2011	Washington University in Saint Louis, <i>Journal Club</i> Gross, M. “Cardiac Arrest: 2010 ACLS Guideline Review”
2012	Washington University in Saint Louis, <i>Follow Up Conference</i> Gross, M. “Triage: How well are we doing at Barnes?”

2013	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “Knee Pain”
2013	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “All Things Paleo”
2013	Washington University in Saint Louis, <i>Clinical Pathologic Case Conference</i> , Gross, M. “CPC: Pediatric Rashes”
2014	Washington University in Saint Louis, <i>Journal Club</i> Gross, M. “Treatment of DKA with Short Acting Subcutaneous Insulin”
2014	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “Running Injuries”
2014	Washington University in Saint Louis, <i>Pediatric Case Series</i> Gross, M. “Pediatric Head Injuries ”
2014	Washington University in Saint Louis, <i>Medical Student Lectures</i> Gross, M. “Sedation Medication”
2014	Washington University in Saint Louis, <i>Toxicology Conference</i> Gross, M. “Serotonin Syndrome”
2014	Washington University in St Louis, <i>Medical Student Lectures</i> Gross, M. “Differential Diagnosis of Headaches”
2014	Washington University in Saint Louis, <i>Grand Rounds</i> Gross, M. “Trauma to the Head”
2015	Sports Medicine Case Conference Series Gross, M. “Trauma to the Head”
2016	St. Louis Golf Exposition Gross, M. “Save your Back! Golfer’s Guide to Injury Prevention”
2016	Washington University in Saint Louis PM&R Resident Lectures Gross, M. “Lower Extremity Sports Injuries”
2016	Washington University in Saint Louis PM&R Resident Lectures Gross, M. “Upper Extremity Sports Injuries”

Volunteer Activities:

May 2012	Teen Science Café Exposed St. Louis youth to the field of Medicine by leading discussions on careers in Medicine as well as demonstrating basic Emergency Medicine skills such as intubating and CPR, alongside some basic anatomy & physiology.
July 2014	Washington University Undergraduate Pre-Medical Interest Group Panelist and mentor to undergraduate pre-medical and medical students interested in careers in medicine, as well as specifics of Emergency Medicine.
August-October 2015	Washington University Undergraduate Athletic Coverage Men and Women’s college soccer home games
August-October 2015	Highschool Football Game coverage: Francis Howell Highschool
2016	Missouri SWAT

Professional Experiences:

- 2013

Society of Academic Emergency Medicine Annual Meeting, Lightning Abstract Rounds Presentation Atlanta, GA

Gross, M. “The Use of Teachback Discharge Instructions in the Emergency Department Does Not Improve Patient Satisfaction Scores.”
- 2013

Society of Academic Emergency Medicine Annual Meeting, Lightning Abstract Rounds Presentation Atlanta, GA

Gross, M. “Teach back Discharge Instructions and Objective Comprehension Scores in the Emergency Department”

National Conferences

- May 2012

Society of American Emergency Medicine, Chicago, IL
- May 2014

Society of American Emergency Medicine, Atlanta GA
- Oct 2015

Washington University Physical Therapy: Lower Quadrant
- Jan 2016

Washington University Physical Therapy: Upper Quadrant
- April 2016

iiCME Musculoskeletal Ultrasound Course: San Diego, CA
- May 2016

Society of American Emergency Medicine: New Orleans, LA

Medical International Travel:

- June 2008

Project CURA: Pisco & Lima, Peru

Established Creighton affiliated clinical training summer elective. Worked in a rural clinic alongside Haitian physicians as well as lecturing local Peruvian school kids on healthy lifestyles.
- October 2010

ILAC: Operation Hernia Repair; Dominican Republic

Worked clinically as fourth year medical student in the operating rooms for both pediatric and adults undergoing hernia repairs in rural Dominican Republic.

Publication:

Gross, M. Teachback Discharge Instructions and Objective Comprehension Scores in the Emergency Department. Abstract presented at the Society of Academic Emergency Medicine in Atlanta, GA, May 14-18, 2013.

EXHIBIT M

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

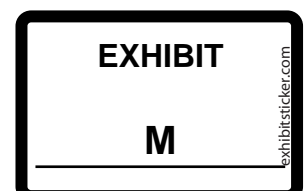
VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF NINA J. BREAKSTONE, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

I, NINA J. BREAKSTONE, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified emergency medicine physician and medical doctor licensed in Louisiana and am in good standing with the Louisiana State Board of Medical Examiners and Medical Board of California.
2. I have specialized in Emergency Medicine since 2009. I have been board-certified with the American Board of Emergency Medicine since 2014.
3. I obtained my undergraduate bachelor's degree from the University of Chicago in 2004. I obtained my medical degree from Drexel University of Medicine in 2009. I was a resident of emergency medicine at LSU Health Sciences Center in New Orleans from 2009 to 2013, when I completed the program.
4. I currently practice as a physician of emergency medicine for Ochsner Health; I primarily practice at Ochsner West Bank, in Terrytown, Louisiana.
5. My qualifications are described in my CV, which I have attached.



6. I am submitting this affidavit supporting Plaintiffs' Motion for Preliminary Injunction for several reasons. As a practicing medical provider, I am extremely worried about the effect of the Trigger Bans on my profession and my patients. The law is imprecise and could lead to prosecution of physicians who provide appropriate care to patients with a variety of medical conditions.

7. The reality is pregnancy is not usually nine months of smooth sailing. Complications from pregnancy not only exist, but pregnancy-related complications present to the emergency department very often. In our emergency department, for example, I see patients experiencing first-trimester bleeding quite often. Approximately 1/4 of pregnant women will experience first-trimester bleeding. And about 1/5 of pregnancies end in miscarriage.

8. "Abortion" is regularly used in a medical context to mean both spontaneous loss of pregnancy, commonly called miscarriage, (inevitable abortion, incomplete abortion, complete abortion, spontaneous abortion) and induced or elective abortion. There are so many different ways a patient can present, and require an abortion, that would really put physicians at severe risk in a variety of scenarios. I fear that I, and other physicians, will have to call for legal advice in some cases, instead of doing what we know is best for the patient.

9. Frankly, I am worried that I could go to prison just for handling a miscarriage as I always have.

10. In just one week since the *Dobbs* decision, I know of doctors in other states who have caused women to delay presentation to the emergency department, for fear of being accused of attempting to induce abortion. This delay in care can cause irreparable harm, e.g., through the development of Rh incompatibility (where a patient can never carry a future pregnancy to term), hemorrhage, sepsis, or other adverse outcomes, and even death of the patient.

11. Through fear of prosecution and the heavy penalties involved, the Trigger Bans will also discourage medical students to seek residency training in Louisiana, contributing to our physician shortage and “brain drain” in the state.

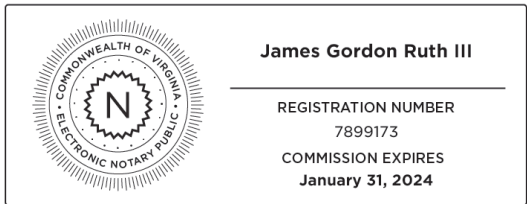
12. In a state with such poor maternal outcomes, I fear the Trigger Bans will only further damage reproductive healthcare, and women in this state will be left to suffer.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

James Gordon Ruth III
NOTARY PUBLIC
Virginia Lunenburg

Sworn to and subscribed before me
this 4th day of July, 2022

Nina Joelle Breakstone
Nina J. Breakstone, M.D.



Notarized online using audio-video communication

EXHIBIT 1

Nina J Breakstone, MD

Employment

November 2015 – present: attending physician, Ochsner West Bank, Gretna, LA, Emergency Department (Dr. Brent Allen, medical director, brent.allen@ochsner.org); previously also at St Charles Parish Hospital, Luling, LA, Emergency Department

June 2014 – September 2015: clinical and teaching attending physician, Brookdale Hospital, Brooklyn, NY, Emergency Department

July 2013 – May 2014: clinical and teaching attending physician, Maimonides Medical Center, Brooklyn, NY, Emergency Department

April 2013 – June 2013: per diem physician, Lallie Kemp Medical Center, Independence, LA, Emergency Department

February 2011 – June 2013: per diem physician, Ochsner Medical Center, Jefferson, LA, Emergency Department

Education and Training

July 2009 – June 2013: LSUHSC New Orleans Emergency Medicine Residency (four-year academic “Charity” program)

June 2005 – July 2009: Drexel University College of Medicine – MD

September 2000 – June 2004: University of Chicago – AB, classics, with honors

Licensure & Certification

American Board of Emergency Medicine, board-certified (written boards passed November 2013 / oral boards passed September 2014)

Louisiana State Board of Medical Examiners Physician License, July 2009 – present

Teaching Experience

Board review lectures (monthly/bimonthly) for residents, ACLS and PALS for medical students and nurses

Expertise

Trauma, bedside ultrasound, on-line medical control, disaster management, EMR (EPIC, Cerner, Allscripts)

Other Professional Activities

Visiting professor, May-June 2014, Partners in Health / Zanmi LaSante, Mirebalais, Haiti

Other References (in addition to those listed above)

Dr. Gregory Shamitko, attending physician, Ochsner West Bank, Gretna, LA, gregory.shamitko@ochsner.org

Dr. Micelle Haydel, attending physician, Ochsner West Bank, Gretna, LA, micelle.haydel@ochsner.org

Dr. John Marshall, Chairman of Emergency Medicine, Maimonides, JMarshall@maimonidesmed.org



EXHIBIT N

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF LOUISIANA,
AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS SECRETARY OF THE
LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF ELIZABETH RITZ, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, ELIZABETH RITZ, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified emergency medicine physician and medical doctor licensed in the State of Louisiana and California and am in good standing with the Louisiana State Board of Medical Examiners and Medical Board of California.

2. In 2006, I received my medical degree from Tulane University School of Medicine. In 2007, I completed my internship at Phoenix Children's Hospital. I then completed my residency in emergency medicine at the University of Alabama at Birmingham, where I was Chief Resident, in 2010.

3. I have worked as an Emergency Medicine Physician since 2010. I currently work as a Full Time Emergency Physician in Marrero, Louisiana in Jefferson Parish. My qualifications are described in greater detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. As an Emergency Medicine Physician, I frequently treat patients suffering from pregnancy complications; these vary widely in severity, from light bleeding to major hemorrhaging. I also often treat patients presenting with an ectopic pregnancy or those experiencing miscarriage. Additionally, pregnant

EXHIBIT

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patients can experience all of the medical emergencies experienced by non-pregnant patient. Many times, the diagnosis and treatment of these conditions demands modalities that may potentially be harmful for a fetus, but life-saving for the patient.

5. Louisiana's Trigger Bans require a physician to wait until a pregnant woman is extremely sick, literally on the verge of death, before terminating a life-threatening pregnancy. Specifically, the Trigger Bans exempts pregnancy termination after "reasonable medical efforts to preserve both the life of the mother and the life of her unborn child" and only to "prevent death or substantial risk of death due to a physical condition, or to prevent the serious, impairment of a life-sustaining organ of a pregnant woman." This leaves unclear discretion to the physician, forcing me to weigh the potential for criminal prosecution against the medically appropriate treatment plan for my patient, sometimes allowing the patient's condition or possible outcome to deteriorate to comply with the law.

6. As physicians, this is not what we are taught—we must treat the patient in front of us. Yet, the Trigger Bans will cause fear and chill physician action, resulting in worse care for women in Louisiana and dangerously curtailing a physician's medical judgment.

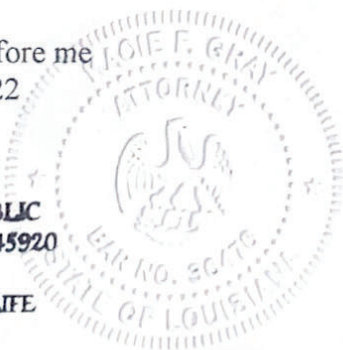
7. I therefore submit this affidavit in support of Plaintiff's Motion for Preliminary Injunction in the hope that these dangerous laws are enjoined.

On this 17th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


NOTARY PUBLIC

Sworn to and subscribed before me
this 17th day of July, 2022

KACIE F. GRAY
ATTORNEY - NOTARY PUBLIC
LA BAR No. 36476 - ID No. 145920
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE





Elizabeth Ritz, M.D.

EXHIBIT 1

ELIZABETH (BETSY) RITZ, M.D.

EDUCATION

Residency
University of Alabama at Birmingham
Emergency Medicine Residency
Chief Resident
Medical student education, including simulation procedure lab, frequent case presentations

July 2007-June 2010

Internship
Phoenix Children’s Hospital
Internship

June 2006-June 2007

Doctor of Medicine
Tulane University School of Medicine

August 2002-May 2006

PRACTICE EXPERIENCE

Lumetra Healthcare Solutions
Physician Chart Reviewer

October 2019 - Present

Nola Doc
Part time house call physician

September 2018 - Present

West Jefferson Emergency Physician’s Group
Full Time Emergency Physician

November 2017 - Present

Schumacher Group
Full Time Emergency Physician

November 2012 - September 2018

Van Meter and Associates
Full Time Emergency Physician

August 2012 - Present

EmCare
Part Time Emergency Physician

January 2013 –June 2013

CEP America
Full Time Emergency Physician

July 2010 – July 2012

Community Emergency Physicians
Part Time Emergency Physician

May 2009-June 2010

University of Alabama at Birmingham
Critical Care Transport – air and ground transportation of critically ill patients

2008-2010

LICENSURE

State of California (active), since 2010

State of Louisiana (active), since 2012

Board Certified in Emergency Medicine

MEMBERSHIPS

American Academy of Emergency Medicine
American Board of Emergency Medicine

EXHIBIT O

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N-8

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ALEXANDRA W. BAND, D.O., FACOG, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

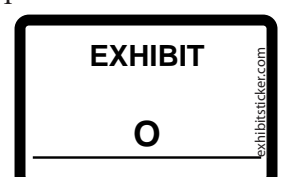
I, ALEXANDRA W. BAND, D.O., FACOG, hereby affirm under penalty of perjury that
the following statements are true and correct:

1. I am board certified in obstetrics and gynecology ("OB/GYN"), and a medical
doctor licensed in Louisiana and in good standing with the Louisiana State Board of Medical
Examiners.

2. I received my undergraduate degree from Middlebury College, and received my
Doctor of Osteopathic Medicine in 2010 from the Oklahoma State University College of Health
Sciences. After medical school, I was a resident in the Obstetrics and Gynecology department at
Ochsner Clinic Foundation in New Orleans, Louisiana from 2010-2014. I now work as an
associate professor and physician in Orleans Parish. I am also a Fellow of the American College
of Obstetricians and Gynecologists. My qualifications are described in detail in my curriculum
vitae, a copy of which is attached as Exhibit 1.

3. In my clinical practice, I care for many Louisiana patients ranging from well-
woman visits to prescribing birth control, to care of pregnant women which, sadly, also means
both medical and surgical management of miscarriages, for which the medical term is spontaneous
abortion.

4. In my view, Louisiana's Trigger Bans are very dangerous. In the past few weeks
alone, but amplified in the last week, I have gotten so many questions about the laws and how they
might affect patients and doctors. There are so many misconceptions and unknowns too—
especially because the term abortion as used by doctors are really different than how they show up
in laws, including in the Trigger Bans. This makes every patient visit a risky proposition for a
healthcare provider. For example, if someone was experiencing bleeding, at what point could a



the patient’s life was at jeopardy? Or if the patient might lose her uterus? At the point of when the patient will end up being infertile?

5. Patients have also been terrified, asking about whether they might be prosecuted, and if they can have an abortion or wait to miscarry and just bleed enough and be sick sufficiently to get care. I have had more people requesting tubal ligation and asking whether they should remove their IUDs.

6. Recently, since the Supreme Court’s decision, I have become deeply concerned about the ways in which the Trigger Laws are affecting patient care. It is my usual practice to prescribe Cytotec for a variety of reasons: including prior to inserting an IUD to make it less painful on the patient, for people experiencing miscarriage and prefer medications rather than a dilation and curettage procedure, but now pharmacies are refusing to prescribe medicine—because they are afraid of what the Trigger Laws mean.

7. Specifically, just after the *Dobbs* decision, after a patient sought to fill her prescription for Cytotec, Walgreens called my office. They asked if the prescription was for an abortion. And when the response was no, it’s prescribed for IUD insertion to make it less painful, the response from Walgreens was that it would still not be filling the prescription because they could not be sure we weren’t prescribing this for an abortion, and so they will no longer dispense the drug. For obvious reasons, this is interfering with the best, medically appropriate care I can give to my patients, and interferes with my medical judgment and my patient-doctor relationships.

8. This past week alone since the decision has engendered these result, I know the devastation that will occur to my patients if the Trigger laws are not enjoined. I submit this affidavit in support of Plaintiffs’ Motion for Preliminary Injunction.

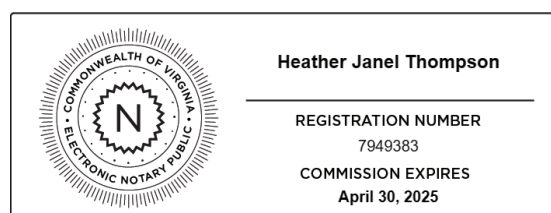
On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

Alexandra W Band, DO, FACOG
Alexandra W. Band, D.O., FACOG

Heather Janel Thompson
NOTARY PUBLIC

Sworn to and subscribed before me
this 4th day of July, 2022

Heather Janel Thompson
Electronic Notary Public



Notarized online using audio-video communication

EXHIBIT 1

AWB

Alexandra W.
Band, DO, FACOG

Medi

EXPERIENCE

2014– present
Staff Physician • Ochsner Clinic Foundation, Ochsner Baptist Hospital Department of Obstetrics and Gynecology• New Orleans, LA

2022-present
Medical Director Alternative Birthing Center
Ochsner Baptist Hospital New Orleans, LA

2014– present
Associate Professor Ob/GYN • University of Queensland/Ochsner Clinical school • New Orleans, LA

2010– 2014
Resident Physician- Obstetrics and Gynecology• Ochsner clinic Foundation • New Orleans, LA

Currently practicing as a board certified Ob/Gyn in both the private practice and teaching setting with a focus on resident education.

EDUCATION

2006-2010
Oklahoma State University College of Health Sciences,
Tulsa, OK
Degree: Doctor of Osteopathic Medicine (DO)

2019
Loyola University
New Orleans, LA
Women’s Leadership Academy

2002-2004
Harvard University Extension School, Cambridge, MA
Certificate: Post-Baccalaureate Pre-Med program

1997-2001
Middlebury College, Middlebury, VT
Degree: BA in Geography/ Environmental Studies

2000
School for international Training, Mysore, India
Semester abroad, with field studies

EXHIBIT

O-1

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ACHIEVEMENTS

2017- Board Certified in Obstetrics and Gynecology, admitted as a Fellow of the American College of Obstetricians and Gynecologists
2014- Research Award John C. Weed research conference
2013- Poster Presentation- Central Society of Obstetrics and Gynecology
2013-2014- Chief Resident- Department of Obstetrics and Gynecology
2012-2014- Resident Chair- National CREOG council (council for resident education in Ob/Gyn)
2013- Resident exchange participant- exchange program with Japan society of Ob/Gyn, 1 of 7 national residents selected



LEADERSHIP/ VOLUNTEER

2019- participant, Women's Leadership Academy- Loyola University
2018-present- Ob/GYN Leadership Committee- Department Leadership Counsel
2019- Preservation Resource Center annual gala committee
2019- Women Who Build- habitat for humanity
2011-Present- Resident Selection Committee
2006-2010- Chairperson- Student Ethics Committee
2006-2007- President- Student Osteopathic Medical Association (SOMA)

INTERESTS

PROFESSIONAL

Resident Education

Post-Partum Depression- research, patient support and resource creation

PERSONAL

Being a mother to my 4 and 6 year old children,
Being a wife to my awesome husband, yoga, hiking, snowboarding, skiing, running, travel

EXHIBIT P

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ANNA M. WHITE, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

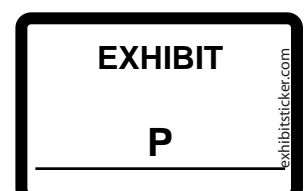
I, ANNA M. WHITE, M.D., hereby affirm under penalty of perjury that the following
statements are true and correct:

I. Background and Expertise

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.

2. In 1995, I obtained my undergraduate bachelor's degree in Biology from Bard
College. In 1999, I obtained my medical degree from The University of Alabama School of
Medicine; I stayed there to complete my residency in obstetrics and gynecology, which I finished
in 2003.

3. I have practiced obstetrics and gynecology since completing my residency,
including teaching residents in OB/GYN programs. Additionally, I have been a Diplomate with
the American Board of Obstetrics and Gynecology since 2006, am a member of the American
College of Obstetricians and Gynecologists, and am a member of the Association of Professors of



Gynecology and Obstetrics. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. I am currently an OB/GYN practicing and teaching residents in New Orleans, LA. In my clinical practice, I prescribe medications and perform procedures for ectopic pregnancies and spontaneous abortions, also known as miscarriages.

5. I am very concerned about the impact the Louisiana trigger bans will have on my patients if they are allowed to go into effect, as I feel they will disrupt the trust that should exist between a patient and their health care provider. I have already had patients asking if I will report them to the government for having an intrauterine device (“IUD”). I have patients fearful of potential adverse pregnancy outcomes, and they already feel anxiety about disclosing what they are experiencing. If patients are concerned that I will turn them in to the State for telling me the truth, I will not have a full picture of their medical history—and therefore cannot treat them or counsel them appropriately. This will affect medical care across the board, not just care related to abortion.

6. Additionally, Louisiana already has abysmal rates of maternal mortality and morbidity, and the trigger bans will largely impact patients who have a higher risk of pregnancy complications. Many pregnancy complications are serious and life-threatening, and it is dangerous for providers to be concerned about going to jail for their actions, rather than immediately acting in the best interest of their patients. I feel those concerns acutely, as do many of my colleagues. These concerns have only become increasingly elevated over the past week since the Supreme Court’s decision.

7. I also question the ethics of the trigger bans. For the first time in my career, I have contemplated scenarios where either I have to make the ethical choice to care for a patient, and

face jail time for it, or refuse necessary, appropriate care in order to avoid prosecution. Moreover, it is unjust that patients may be unable to act upon my medical expertise or upon our joint decision-making. The thought of having to choose between my patients and my liberty is so acute that it is making me start considering relocating to another state.

8. As such, to protect patients and the physician-patient relationship, the trigger bans should continue to be enjoined.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

State of Texas
County of Harris

Anna White

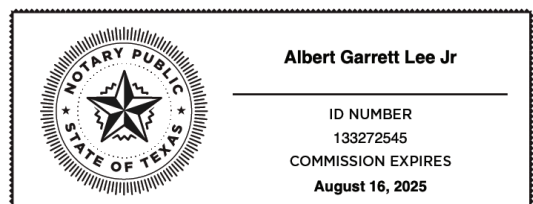
Anna White, M.D.

Albert

NOTARY PUBLIC

Sworn to and subscribed before me

this 4th day of July, 2022 by Anna White



Notarized online using audio-video communication

07/04/2022

EXHIBIT 1

Anna Marie White, M.D.

Professional History

Ochsner Medical Center
Department of Obstetrics and Gynecology
Faculty
New Orleans, LA
August 2008 - present

UT Southwestern Department of Obstetrics and Gynecology – Generalist
Division
Assistant Professor
Dallas, TX
August 2004 – August 2008

Shelby Obstetrics and Gynecology
Alabaster, AL
July 2003 – May 2004

Obstetrics and Gynecology Residency

The University of Alabama at Birmingham
Department of Obstetrics and Gynecology
June 1999 – June 2003

Medical Education

The University of Alabama School of Medicine
Birmingham, AL
Doctor of Medicine
August 1995-May 1999

Undergraduate Education

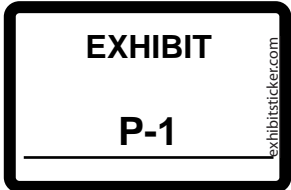
Bard College
Annandale-on Hudson, NY
Bachelor of Arts, Biology.
August 1991-May 1995

Licensure

ABOG Diplomate – Nov 2006, Recertification 2021
LA State License MD.202147 (exp 11/2022)
USMLE Step III - May 2000
USMLE Step II - August 1998
USMLE Step I - June 1997

Awards and Honors

Excellence and Equal Cost Scholarship



Alabama Power Foundation Scholarship
Helena Rubenstein Foundation Scholarship
Caduceus Club Scholarship

Professional Organizations

American College of Obstetricians and Gynecologists
APGO/CREOG

Leadership

Department of Obstetrics and Gynecology, Ochsner

L&D Task Force – 2021 – present
Residency Program Director 2020-present
St Charles Clinic Lead – 2013 - present
Centering Pregnancy, Team Leader, 2013 – present
Residency Selection Committee, 2012 – present
Curriculum Committee, 2009 – present
PDPQ Educators Network Course – 2021-2022
RRR Grant, RICA 2021-2022
CREOG EDUCATION COMMITTEE 2022
AIAMC National Initiative VIII – 2020
OB/GYN Leadership Committee, 2019

Department of Obstetrics and Gynecology, UTSW

Residency Selection Committee, 2004-2008
Resident Counseling Committee
St. Paul University Hospital Best Practices Committee, 2007 – 2008
Primary Gynecologist – UTSW Student Health, 2006 – 2008
UTSW Medical Records Committee, 2007 –2008

Department of Obstetrics and Gynecology, UAB

Residency Selection Committee, 1999-2002
Co-organizer of Residency Retreat, 2001

The University of Alabama School of Medicine

Elective in Ob/Gyn in Hyderabad, India, 1999
Ob/Gyn Interest Group, 1997 - 1999
AMSA Associate Trustee, 1997 - 1998
AMSA Chapter President, 1996 - 1997
AMSA Region VII Convention and Residency Fair; *Co-organizer, 1996*
Participant in AIDS Care Team

Grants

Teaching our Women the ABC's of D(iet), E(xercise), and F(itness)! An Ochsner Centering Pregnancy Program that will provide

low-income patients with affordable dieting information, a collaborative cookbook and price lists, exercise equipment in the waiting rooms and the tools needed to understand and assist with fitness.
2016 Excellence Grant

Ochsner Centering Pregnancy – OCP: Innocating Maternal Child Health: Group prenatal care at Ochsner St. Charles clinic to improve infant outcomes in concert with the Strong Start program.
2015 Excellence Grant

Research

Centering Pregnancy and Preterm Delivery
Principal Investigator / Mentor (McHenry Residency Project)
2nd Place – 2018 John C Weed Research Symposium; 2017 - 2018

Induction Methods as it Correlates to Cesarean Section Rates
Principal Investigator / Mentor (Eubanks Residency Project); 2016 - 2017

Group Prenatal Care and its Effects on Triage Visits
Principal Investigator / Mentor (Gullatt Residency Project)
2nd Place – 2016 John C Weed Research Symposium; 2015 - 2016

Defining Failure to Progress – A Retrospective Study of Failed Trial of Labor with Cesarean Deliveries at Ochsner
Principal Investigator / Mentor (Shively Residency Project); 2013 - 2014

Incidence and Risk Factors for Post-Partum Incontinence
Principal Investigator / Mentor (Weiss Residency Project); 2011 - 2012

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination with Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery
Principal Investigator; 2003 - 2005

Presentations

Risk Factors for Wound Complications in Obese Women Undergoing Cesarean Delivery
Poster Presentation at Society for Maternal-Fetal Medicine, 2005

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination With Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery.
Oral Presentation at Resident Research Day, 2003

Primary Amenorrhea. Grand Rounds, 2003

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination With Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery.

Oral Presentation at Resident Research Day, 2001

A Discussion of Bethesda II.

Oral Presentation at the Division of Gynecologic Oncology Lecture Series, 2001

Publications

White AM: Endometrial Hyperplasia and Carcinoma: In: Beckman CRB, Ling FW, Smith RP, Barzansky BM, Herbert WNP, Laube DW, eds. *Obstetrics and Gynecology*, 6th ed. Philadelphia: Lippincott Williams and Wilkins; 2008

White AM: Preconception and Antepartum Care: In: Beckman CRB, Ling FW, Smith RP, Barzansky BM, Herbert WNP, Laube DW, eds. *Obstetrics and Gynecology*, 6th ed. Philadelphia: Lippincott Williams and Wilkins; 2008

RAMSEY PS, **WHITE AM**, GUINN DA, et al. Subcutaneous Tissue Reapproximation, Alone or in Combination With Drain, in Obese Women Undergoing Cesarean Delivery. *Obstet Gynecol* 2005;105:967-973. (2005 ACOG Roy M. Pitkin Award)

RAMSEY PS, **WHITE AM**. Subcutaneous Tissue Reapproximation, Alone or in Combination With Drain, in Obese Women Undergoing Cesarean Delivery. *Obstet Gynecol* 2005;106:867-a-868.

White AM, Ramsey PS. Letter to the Editor. Subcutaneous Stitch Closure Versus Subcutaneous Drain to Prevent Wound Disruption After Cesarean Delivery: A Randomized Clinical Trial. *American Journal of Obstetrics and Gynecology*, 2003 Mar;188(3):861-2

Hobbies

Travel, reading, spending time with family
References available upon request

EXHIBIT Q

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF MEGAN MACKEY, CNM,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, MEGAN MACKEY, CNM, hereby affirm under penalty of perjury that the following
statements are true and correct:

1. I am a Certified Nurse-Midwife licensed with the Louisiana State Board of Nursing
as a Registered Nurse and an Advanced Practice RN.
2. I received my Bachelor of Science in Nursing from Winona State University in
2007. I then received my Master of Science in Nursing with a concentration in midwifery from
Frontier Nursing University in 2013.
3. I have worked as a labor & delivery nurse in Oklahoma and Louisiana, and later as
a Certified Nurse-Midwife in Colorado and Louisiana.
4. I currently work as a Certified Nurse-Midwife in Orleans Parish and provide care
for women throughout their lifespans. My scope of practice is essentially like that of an OB/GYN
nurse practitioner—this includes caring for both obstetric and gynecologic conditions that are part
of a women's normal lifespan - providing well-woman care (Pap smears and breast exams), testing
for sexually transmitted infections, family planning and prescribing contraception, and treating

EXHIBIT

Q

exhibitsticker.com

menopausal changes. I also care for women during pregnancy, during labor, and up until six weeks after delivery. Additionally, I prescribe Cytotec (also known as Misoprostol) for incomplete and missed miscarriages and when a woman has retained products of conception after delivery, each of which can cause infection if not treated.

5. I worry that if the trigger bans go into effect, I will no longer be able to do my job without the fear of losing my license or criminal prosecution. The lack of clarity about the exceptions to the bans, as well as the conflicting language about implantation and fertilization, make it so providers are afraid of providing routine, necessary health care.

6. I am also concerned about the effect the trigger bans will have on the availability of nurse-midwives in Louisiana. Louisiana already has a severe shortage of nurse-midwives. I unfortunately expect that in the long term, the threat of the trigger bans' penalties will only further drive nurse-midwives and other Obstetric and Gynecologic physicians away from the State.

7. Louisianians already face high rates of maternal mortality and morbidity, and this problem will only be exacerbated if health care providers like nurse-midwives leave the state, or choose not to come at all, based on the trigger laws. Without enough providers, women will suffer due to the lack of access to comprehensive reproductive health care.

8. Overall, the trigger bans will hurt my patients, worsen the nurse-midwife shortage, and interfere with the full scope of health care that I am trained to provide. Health care providers should not feel threatened when they are simply trying to do their jobs. As such, the trigger bans should continue to be enjoined.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

State: Florida

County: Hillsborough

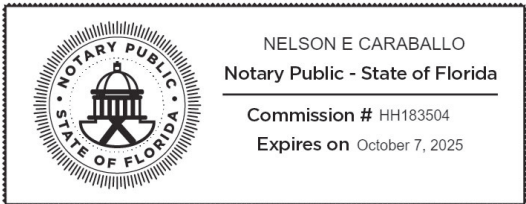


NOTARY PUBLIC Nelson E Caraballo



Megan Mackey, CNM

Sworn to and subscribed before me by means of online notarization,
this 4th day of July, 2022 Who produced a Driver License as identification.



Notarized online using audio-video communication

EXHIBIT 1

Megan C. Mackey

Professional Experience

Ochsner Medical Center, Baptist - New Orleans, LA 10/2014 - present
Certified Nurse-Midwife

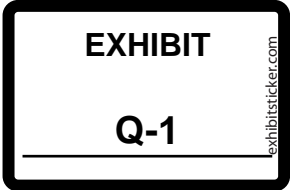
- Full-scope collaborative practice at non profit teaching facility. Caring for obstetric and gynecologic patients in the clinic & hospital setting. Care provided includes initial/return OB visits (with limited ultrasound performed), annual well-woman exams for populations which range from adolescent to postmenopausal, contraception management (including placement/removal of IUDs), infection testing and treatment, etc.
- Privileges to attend vaginal deliveries (including VBACs) and care for patients during the antepartum, intrapartum, and postpartum period. Care of high-risk clients in collaboration with physician management, working closely with medical students and residents.

Exceptional Care for Women - Colorado Springs, CO 08/2013 - 7/2014
Certified Nurse-Midwife

- Full-scope collaborative private practice setting. Care provided included obstetric and gynecologic patients.
- Privileges at Saint Francis Medical Center to attend vaginal deliveries and care for primarily low risk populations during the intrapartum and postpartum period. Care of high-risk clients in collaboration with physician management.

Ochsner Medical Center West Bank, Gretna, LA 08/2009 - 11/2012
Family Unit Staff RN - Labor and Delivery

- Provided direct care to a diverse population of women including antepartum, intrapartum, and immediate postpartum patients on a 12-bed unit within a community hospital, staffed by private physicians.
- Participated in immediate care of newborn at birth and during the transition period for approximately the first hour of life.



Hillcrest Medical Center, *Tulsa, OK*
Staff RN - Labor & Delivery

01/2008 - 06/2009

- Provided direct nursing care primarily during the intrapartum and immediate postpartum period, on a 21-bed unit within a large teaching facility which had three residency programs, along with several private physicians, providing care to a diverse population of women and their families.
- Provided care for high-risk antepartum patients transferred to our care from the surrounding region.

Education

Limited Obstetrical Ultrasound Workshop

10/2013

University of Colorado Denver - School of Medicine

- Skills include 1st trimester dating, presentation confirmation, and amniotic fluid index measurements.

Frontier Nursing University – *Hyden, KY*

2010-2013

Masters of Science in Nursing – Midwifery

- Cumulative GPA: 3.83
- Completed 725 hours of clinical & hospital work; attended 47 births (including water births & VBACs), additional visits included newborn, obstetric, postpartum, and gynecological care.

Winona State University – *Winona, MN*

2003-2007

Bachelor of Science in Nursing

- Graduated with honors – Cum Laude
- Presidential Honor Scholarship
- Dean's List: 6 of 8 completed semesters

Licenses & Certifications:

- Louisiana Registered Nurse - License: RN127659
- Louisiana Advance Practice RN - License: AP07926
- AWHONN Advanced Fetal Monitoring
- American Heart Association - Basic Life Support for Healthcare Providers

References - Available upon request

EXHIBIT R

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

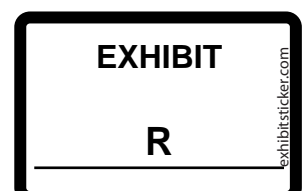
JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF REBEKAH E. GEE, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

Rebekah E. Gee, M.D., M.P.H. hereby affirms under penalty of perjury that the following
statements are true and correct:

1. I am a board-certified obstetrician and gynecologist (“OB/GYN”) and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners. I was formerly the Secretary of the Louisiana Department of Health (“LDH”).
I practice clinically in Orleans Parish, where I provide outpatient gynecology care. Since 2016, I
have not practiced obstetrics, but am trained in obstetrics care and routinely counsel pregnant
patients.

2. After obtaining my undergraduate bachelor’s degree from Columbia University, I
obtained my Master of Public Health degree in Health Policy and Management from the Columbia
School of Public Health. In 2002, I obtained my medical degree from Cornell University Medical
College with Honors in Research, and in 2006, I completed my residency in obstetrics and
gynecology at Harvard at the Brigham and Women’s Hospital and Massachusetts General
Hospital. In 2009, I obtained a Master of Science in Health Policy Research from the University



of Pennsylvania. I am an active member of the American College of Obstetricians and Gynecologists. I am an elected member of the National Academies of Medicine in recognition of my professional accomplishments.

3. From 2016-2020, I led Louisiana's health department as the Secretary of LDH. My oversight responsibilities included public health and other direct service programs such as behavioral health, developmental disabilities, aging and adult services, emergency preparedness, licensure of medical facilities, the operation of several state hospitals and the Medicaid program. During my tenure, I oversaw the implementation of Medicaid expansion which extended coverage to hundreds of thousands of Louisianans. Prior to that, from 2013-2016, I served as the Medicaid Medical Director (Chief Medical Officer) at the Louisiana Department of Health, and from 2010-2013 under Governor Jindal, I served as the Director of the Birth Outcomes Project where I led the charge to decrease infant mortality and prematurity as well as unnecessary cesarean sections, statewide. These efforts led to substantial reductions in inappropriate cesarean sections, the need for using neonatal intensive care units for babies delivered prior to term, and reductions in prematurity statewide. I have led multiple additional initiatives at the state and national levels focused on quality of care for pregnant women. My academic background is in health care quality where I have taught a course and have served on the boards of the three most prestigious health care quality organizations in our nation - the National Quality Forum, NCQA and currently serve on the board of the Institute for Healthcare improvement.

4. I am a trained health services researcher and have published over seventy peer reviewed articles on a variety of subjects in health and medicine. I have also, for more than a decade, centered my professional efforts around providing access to care, and driving better health outcomes and health equity. As Medicaid Medical Director, I co-chaired the task force that

determined “maternal and neonatal levels of care” that ensured that hospitals that care for women in pregnancy and babies in neonatal intensive care units have the proper supports in place in terms of staffing and equipment to ensure optimal outcomes. Under my leadership, LDH in partnership with national groups such as the Institute for Healthcare Improvement tackled preventable causes of maternal death in Louisiana and has done so in a way that has been so successful that the initiatives have gained national recognition and serve as a model for other states and the nation as we tackle the national maternal health crisis. As Secretary, I established the Office of Health Equity at the Louisiana Department of Health with the goal of ensuring that all citizens of Louisiana, regardless of the color of their skin, can achieve optimal health.

5. I submit this affidavit in support of Plaintiffs’ Motion for Preliminary Injunction, which seeks to enjoin enforcement of Louisiana’s abortion trigger bans. I know violations of these laws have unprecedented and severe penalties for physicians who provide certain types of care to women, including jail time and large monetary fines.

6. As the former top health official of the State, and as a practicing medical provider and OB/GYN, I am deeply concerned about the Trigger Bans going into effect. First, I am concerned for the health of Louisiana women who make up more than half of the total population of Louisiana.

7. Unfortunately, women in Louisiana already have some of the worst outcomes in the United States and the developed world. According to the State’s own public document on the “Status of Women in Louisiana,” Louisiana women face numerous health challenges and significant wage inequities. These health challenges include Louisiana’s maternal mortality rate, which is second highest in the U.S. Common causes of maternal death include hypertensive disorders, conditions of the lung, blood clotting (pulmonary embolism) heart conditions, and

heavy bleeding. Homicide is the leading single preventable cause of maternal death; pregnancy and the postpartum period are times of increased risk for homicide among women and girls of reproductive

age. (https://jamanetwork.com/journals/jamapediatrics/fullarticle/2760408?_ga=2.153824632.1561307927.1657029741-552000586.1657029741) These issues are particularly acute for Black women in Louisiana, who face multiples greater risk of dying due to their pregnancies from preventable reasons such as domestic violence, hemorrhage or hypertension. Black women also face higher rates of infant mortality, low birth weight and preterm births. Black women in Louisiana are also more likely to face financial hardship and bigger wage gaps than do white women.

(https://gov.louisiana.gov/assets/Programs/StatusOfWomenInLouisiana_Edition1_OnlineVersion.pdf) Black women who are more likely to die from pregnancy and face pregnancy complications, are also less likely to be able to afford to travel to a state where a legal abortion would be an option. Regardless of race, more medically and socially vulnerable lower income women and girls will be the ones who are most impacted by this law, as women with sufficient means can afford to simply travel out of state for care.

8. I believe the Trigger Bans will lead to worse outcomes for women in the state. The circumstances for a clinician and his or her patient to be able to receive a legal abortion, even in the case where the life of the mother is at risk are not clear from the statutes. The laws criminalize the provision of virtually all abortion care with some narrow medical exceptions in Louisiana but leave no guidance as to who will evaluate its prohibitions and penalties, and who is meant to enforce them. If doctors are not comfortable or able to anticipate the legal implications of their medical care or how they may be prosecuted for providing that healthcare,

then they may not act according to their best medical judgment and training. Fear of punishment aligned with lack of clarity on how this law will be enforced can lead to devastating consequences for Louisiana women as well as moral distress for the clinicians who care for them and have taken the Hippocratic oath to do no harm. For example, a woman comes in with sepsis (infection in her blood) in pregnancy—at what point does a clinician feel comfortable intervening to disrupt a pregnancy that could lead to multiorgan failure? To satisfy these laws - does it have to be her heart that fails, what about her lungs, her kidneys, and so on, what organs would this law decide are necessary to protect her life? What if a woman comes into an emergency room with heavy bleeding, a 12-week pregnancy, and a cervix dilated four centimeters? This would normally be a case where while providing routine health care, a clinician would provide a procedure to stop the bleeding, prevent the onset of infection and facilitate a miscarriage. However, the fear of criminal penalties will lessen the chance that she will receive the proper care.

9. As a mother of nearly 10-year-old twin girls, the following example is particularly chilling. A 10-year-old girl is raped by a family member and is less than five feet tall and 100 pounds. In this case a pregnancy could tear apart her small body and cause a lifetime of psychological and physical consequences including the risk of permanently tearing her vagina and creating a fistula (an abnormal opening between the vagina and the bladder or anus, which happens during childbirth, and causes uncontrolled passing of urine or feces). Fistula caused by a pregnancy is one of the most severe childbirth-related complications. The small size and lack of physical stamina of many young pregnant girls makes it extremely difficult for them to give birth to a child. Delivery is therefore often prolonged. During childbirth, girls' perineum often tears, leaving holes between the bladder and/or the rectum and the vagina. The young

mothers from then on lose control over their bladder and bowels, are unable to bear more children, and find sexual intercourse painful. (<https://pubmed.ncbi.nlm.nih.gov/12290458/#:~:text=PIP%3A%20Obstetric%20fistula%20is%20one,Delivery%20is%20therefore%20often%20prolonged.>)

These are complications that can happen when a body is too small to carry a pregnancy, and that happen frequently in the developing world but that sadly may become more common in Louisiana because physicians will be unable to provide abortion care for children and adolescents even in the case of rape or incest, which is the case with this law.

10. Second, I worry about the Trigger Bans and their effect on doctors, residents, and other healthcare providers currently working in the state. Medical professionals currently have little guidance on how to proceed with routine care so that their actions, based on their best medical judgement, will keep them safe from a decade in prison and large fines. There are so many gray areas in healthcare. What about the above example of a woman coming in with a miscarriage and heavy bleeding? How do we know if she is bleeding enough to be considered life-threatening sufficient to treat without being prosecuted? What if she is septic? Will the resident and attending physician be comfortable treating her given the extreme criminal penalties? Will the clinicians be able to book an operating room for the case? Will the individuals providing anesthesia in this case or professionals tasked to help the clinicians who are providing the care, who lack proper medical training to be able to decide if the case is “legitimate” refuse to do so in fear of prosecution? What if the pregnancy is a molar pregnancy and the woman could die of cancer unless the pregnancy is terminated? I can think of numerous other examples. Every pregnancy is different, every mother is different and that is why clinicians spend years of training to be able to make these decisions in

partnership with their patients. The intrusion of these laws into the previously sacred space between doctor and patient is unprecedented.

11. Lastly, I worry about what this will do to recruitment and retention of residents, doctors, midwives, and other clinicians who may no longer want to practice in Louisiana if medical decisions are accompanied by a threat of criminal penalties.

12. Rather than promoting reproductive health, the Trigger Bans will worsen it. In my opinion, these laws will cause grave and devastating harm to pregnant patients and leave healthcare providers unable to exercise their best medical judgment in a wide variety of circumstances.

On this 5 day of July 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.

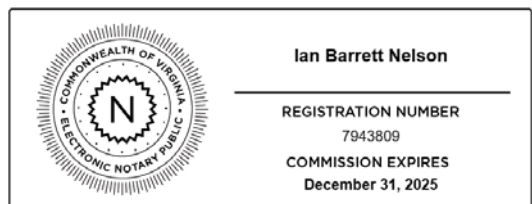


Rebekah E. Gee, M.D.



NOTARY PUBLIC

Sworn to and subscribed before me
this 5th day of July 2022 by Rebekah Gee.



State of Virginia, County of Virginia Beach

Notarized online using audio-video communication