

No. 23-0629

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# In The Supreme Court of Texas

STATE OF TEXAS; KEN PAXTON, IN HIS OFFICIAL CAPACITY AS ATTORNEY  
GENERAL OF TEXAS; TEXAS MEDICAL BOARD; AND STEPHEN BRINT  
CARLTON, IN HIS OFFICIAL CAPACITY AS EXECUTIVE DIRECTOR  
OF THE TEXAS MEDICAL BOARD,

Defendants-Appellants,

V.

AMANDA ZURAWSKI; LAUREN MILLER; LAUREN HALL; ANNA ZARGARIAN;  
ASHLEY BRANDT; KYLIE BEATON; JESSICA BERNARDO; SAMANTHA CASIANO;  
AUSTIN DENNARD, D.O.; TAYLOR EDWARDS; KIERSTEN HOGAN; LAUREN  
VAN VLEET; ELIZABETH WELLER; DAMLA KARSAN, M.D., ON BEHALF OF  
HERSELF AND HER PATIENTS; AND JUDY LEVISON, M.D., M.P.H.,  
ON BEHALF OF HERSELF AND HER PATIENTS,

Plaintiffs-Appellees.

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On Direct Appeal from the  
353rd Judicial District Court of Travis County

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**BRIEF FOR PLAINTIFFS' PARTNERS AND MOTHERS  
AS *AMICI CURIAE* SUPPORTING PLAINTIFFS-APPELLEES**

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## INTEREST OF AMICI CURIAE<sup>1</sup>

Amici Curiae are the partners or mothers of certain of the named Plaintiffs in this case: Josh Zurawski, husband of Plaintiff Amanda Zurawski; Cheri Eid, mother of Plaintiff Amanda Zurawski; Luis Villasana, partner of Plaintiff Samantha Casiano; Marcus Brandt, husband of Plaintiff Ashley Brandt; Mary Anna Dennard, mother of Plaintiff Dr. Austin Dennard; Jacob Lopez, husband of Plaintiff D. Aylen; and Scott Fader, husband of Plaintiff Anna Zargarian. They submit this brief to impress upon this Court the dire consequences that Texas’s abortion bans have imposed on all Texans—not just those who can become pregnant.

## INTRODUCTION

“If we had to go through this again, it would kill us both.”<sup>2</sup>

Texas’s three laws that severely restrict access to abortion—which apply even when medically recommended to protect the life or health of the mother—have exacerbated the real and devastating physical and emotional harm to pregnant Texans.<sup>3</sup> The experience of those Texans who have fallen victim to the harms of the abortion bans are well documented by now, with new cases each passing day.

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<sup>1</sup> Pursuant to TEX. R. APP. P. 11, Amici certify that no counsel for a party authored this brief in whole or in part, and that no person or entity, other than Amici or their counsel, has made a monetary contribution to its preparation or submission.

<sup>2</sup> Scott Fader, husband of Plaintiff Anna Zargarian.

<sup>3</sup> As used herein, the “abortion bans” mean, collectively, (1) the historical abortion ban at issue in *Roe v. Wade*, (2) Texas Health & Safety Code §§ 170A.001-.007 (the “trigger ban”), and (3) Texas Health & Safety Code §§ 171.201-.212.

When someone endures such physical and emotional harm, however, they rarely suffer in isolation. The suffering that results from the abortion bans extends beyond the pregnant patient to partners and other family members who are themselves subject to the stress, anguish, and terror of their loved one being denied basic healthcare when experiencing serious pregnancy complications, risking severe illness or death. This brief is submitted on behalf of seven of the partners and family members of the 20 patient plaintiffs in this case as Amici Curiae. They share their deeply personal and emotional accounts with the hope that their experiences will illuminate the urgent need for clear and comprehensive medical exceptions to the abortion bans, ensuring that pregnant Texans receive the abortion care they desperately require.

In the midst of their sorrow, family members must often take on the role of healthcare advocates because doctors in Texas are fearful of even uttering the word “abortion,” despite knowing that their medical judgment and training prescribe it as the most prudent path forward. Family members often must help navigate the already-byzantine healthcare system, usually without any medical training or guidance from their doctors. They rely on internet searches to find answers and solutions to medical crises when time is often of the essence. For example, in the hours and days following their baby’s diagnosis of anencephaly,<sup>4</sup> amicus Jacob

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<sup>4</sup> Anencephaly is a serious birth defect in which a baby is born without parts of the brain and skull.

Lopez, along with his wife, Plaintiff D. Aylen, researched doctors practicing in New Mexico, Colorado, and California, hoping to find the basic medical care his wife’s doctor in Texas could not provide due to the abortion bans. After an exhaustive search, they traveled nearly 1,300 miles away from their home to receive appropriate care.

For families that stay in Texas, by the time necessary medical care is provided under the bans, they must bear the trauma of both the lost baby and the suffering of their loved one: “I will never forget scrambling to get on an airplane, being terrified of what we would find, and walking into that ICU room and seeing our daughter. It is a vision I will never forget. It will forever be with me.”<sup>5</sup>

Privacy also becomes nearly impossible when the abortion bans require Texans to travel out of state—and bear related expenses—to receive needed medical care. They must explain to—or conceal from—family and colleagues why they suddenly need multiple days off work to travel to a different state. For example, Mary Anna “Moo” Dennard, the mother of Plaintiff Dr. Austin Dennard, recalls her daughter and her son-in-law lying to their colleagues—fellow obstetrician gynecologists—about their plans to travel out of state for abortion care because they did not want to inadvertently expose them to possible liability under the abortion bans.

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<sup>5</sup> Cheri Eid, mother of Plaintiff Amanda Zurawski.

After struggling to find care, bearing the associated costs, and straining family and work relationships, to the extent obtaining out-of-state care is even an option, the partners and family members, along with the patients themselves, suffer the heartbreaking loss of a baby—all very much wanted in the cases of these Amici. After being unable to leave Texas to receive the medical care his partner, Samantha, needed because of the abortion bans, Luis Villasana watched her carry a nonviable fetus for months and give birth to his daughter Halo, who had anencephaly. He then held his dying baby in his arms, watching her gasp for air for four hours before passing—just as his partner’s doctor had informed them would happen months prior. For this family, the abortion bans prevented Luis and Samantha—along with their other children—from, in his words, sending their baby to heaven sooner and without her suffering.

After helping their loved one through the physical and emotional trauma associated with being forced to delay abortion care or being forced to carry to term, which in each case presented here ended in a stillborn baby or the inevitable death of a newborn, partners and parents often must care for their partner or family member, while also tending to their other children and managing their own crushing feelings of grief. Recovering from these experiences can require years of therapy. For example, amicus Scott Fader, after his wife’s water broke on the night of their wedding, rendering her 19-week fetus nonviable and putting her at significant risk

of infection, underwent two years of therapy to work through the trauma of losing their baby and of the struggle of getting his wife the medical care the abortion bans prohibit.

The abortion bans derail the private and uniquely personal decisions involved with planning one's own family. Couples who have suffered through pregnancy complications and been denied medical care as a result of the abortion bans must grapple with the decision of whether to risk experiencing trauma all over again if their next pregnancy goes wrong in Texas. The effects have been so devastating that many have decided not to have more children, despite previously wanting a big family. In some cases, the abortion bans have significantly compromised the choice to have more children altogether. Plaintiff Amanda Zurawski, for example, was denied medical care during a serious pregnancy complication until she went into septic shock, which required days of treatment in intensive care and resulted in one of her fallopian tubes permanently closing due to complications from infection. Her ability to have children has been adversely affected as a result of being denied timely and appropriate medical treatment. And, as her husband Josh recognizes, the prospect of going through the experience again itself is terrifying: "[Amanda] was so traumatized by being pregnant that she may not want to do it again. Not because of the loss of [our baby], but because of [Amanda] almost dying."<sup>6</sup>

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<sup>6</sup> Josh Zurawski, partner of Plaintiff Amanda Zurawski.



The seven Amici are just a few examples of how the abortion bans impact Texas families—including those who have been proud Texans for generations. “Texas has been our home. They came here on covered wagons. We have a family full of ranchers, wildcatters, philanthropists. . . . The state is supposed to take care of its citizens, not brutalize them.”<sup>7</sup>

## STORIES

### I. Plaintiff Amanda Zurawski’s Husband, Josh Zurawski

Josh Zurawski met his wife, Amanda, when they were four years old. The pair attended preschool, middle school, and high school together in their hometown of Fort Wayne, Indiana, and even dated for a brief period before losing touch while they were in college. The pair later reconnected after both moved to Texas and began dating shortly thereafter. They have now been married for four years.

Josh does not recall having a strong stance on abortion earlier in his life. His views were largely influenced by the conservative household in which he was raised. “I just didn’t feel like I needed to [have a view on abortion],” he reflected. “It just didn’t impact me in any way so I hadn’t given it any thought.” But years later, Josh’s views would crystalize after experiencing firsthand the dangerous—and potentially deadly—consequences state abortion bans can have on women and their families.

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<sup>7</sup> Mary Anna “Moo” Dennard, mother of Plaintiff Dr. Austin Dennard.

Josh and Amanda knew they wanted to start a family, and after about a year of marriage, they became more intentional about it. Unfortunately, this process was much more difficult than they had anticipated. Amanda underwent exploratory procedures, multiple rounds of hormone-balancing treatments, but was still not able to conceive naturally. Throughout this process, Josh was surprised by how little he knew about fertility and pregnancy. After about eighteen months, they decided to try IUI, even though their doctor cautioned them that it likely would be unsuccessful. Against all odds, the procedure was successful, and Amanda became pregnant.

The first seventeen weeks of Amanda's pregnancy were uneventful. Josh felt all the emotions of a first-time father—disbelief, anxiety, excitement. But things took a turn for the worse at the beginning of Amanda's eighteenth week. That Tuesday morning, Josh received a frantic call from Amanda; she had been out for her morning walk and suddenly felt as if something was not right with the baby. While she reassured Josh that it was likely something routine and she may be overreacting, they went to the doctor out of an abundance of caution. A short examination confirmed Amanda and Josh's worst nightmare—they were going to lose their baby girl. Amanda's cervix had prematurely dilated, meaning that she would soon lose the membranes and lining in her uterus protecting Amanda and their daughter from infection, and that their daughter could not survive this condition so early in the pregnancy.

The medically recommended treatment for this condition is to terminate the pregnancy with an abortion. But the trigger ban had just gone into effect in Texas, and at the hospital—where Amanda was receiving a second opinion—her doctors explained that she would not be able to receive the abortion she needed. Josh and Amanda, rightfully upset and frustrated, were instead sent home to wait for their daughter’s heart to stop beating, or for Amanda to develop an infection and become so sick that her life was in imminent danger. The doctors explained that one of those two things needed to happen before they could intervene. Josh and Amanda knew that they were not the only ones frustrated by this situation—their doctors and nurses were all forthcoming as to why they could not treat Amanda and openly expressed their concern for her wellbeing. Amanda was the first patient these doctors and nurses had treated who was impacted by the recently enacted trigger ban. Josh sensed their frustration by Amanda’s tragic situation.

While they considered traveling to another state to obtain an abortion, doctors were insistent that they stay in Texas. Because she was at such a high risk of developing sepsis, they explained that any travel could be incredibly dangerous. The last thing Josh wanted was for Amanda to get sick while they were traveling to get care in another state, either driving through the desert in western Texas or on an airplane, where she would not be able to receive immediate medical care. This was ultimately the right decision, as Amanda’s water broke that same night. Josh took

her back to the hospital, but Amanda was released the next morning because her labor had not progressed, her vitals remained stable, and the baby still had a heartbeat.

That Friday morning, Amanda saw her primary doctor again, who explained that because she was still not considered to be in imminent danger of death, she could not legally provide her with an abortion in Texas. But on their way home, Amanda suddenly fell ill. She shivered violently, and, by the time they arrived home, she could not walk or stand on her own. Because she had been denied care all week long, Josh did not know whether Amanda would be deemed “sick enough” at that point. After attempting to reach Amanda’s doctor, Josh decided he needed to get his wife to the hospital immediately.

From the moment they arrived, Josh had to advocate for Amanda and her care. While trying to process that he was inevitably going to lose his daughter, he was advocating for his debilitated wife to receive the lifesaving medical treatment all of her doctors knew she needed several days before. Amanda was diagnosed with sepsis and immediately treated with aggressive antibiotics. Once Amanda’s vitals stabilized, the doctors induced labor, and that morning in the hospital, their daughter, whom they named Willow, succumbed to being born too early, as the doctors predicted she would, and to the infection she shared with Amanda.

After the labor and delivery, it initially seemed as if Amanda's condition was improving. Later that night, however, it worsened. The doctors assured Josh that everything was fine; they told him she was simply exhausted from the labor and experiencing side effects of the medications she had been given. Josh remained concerned, given all he and Amanda had been through, but trusted that her doctors would know best. He left the hospital to let their dogs out, and in the short time he was away, he received an urgent call from one of Amanda's nurses that her sepsis had become severe and she was being rushed to the ICU. By the time he arrived back at the hospital, Amanda had already received a blood transfusion and an IV in her neck so that her medications could more easily enter her bloodstream. One of these medications, Josh later learned, was a blood pressure drug given to dying patients as a last-ditch effort. Fortunately, Amanda was young and healthy enough to survive.

Amanda stayed in the hospital for about a week, several days of which were in the ICU. After being released from the hospital, it took several weeks for Amanda to regain the strength to simply go on a short walk.

Josh supported Amanda throughout her recovery as he grieved their shared loss, noting that as difficult as her physical challenges were, her emotional recovery took far longer. Amanda was devastated by the loss of Willow, as well as from the medical trauma she experienced because the abortion bans denied her timely medical treatment. Still, she blamed herself for the loss, which was particularly difficult for

Josh to witness. “Losing your daughter at eighteen weeks is terrible,” Josh said. “Then having to fight to keep your wife alive at the same time, completely unnecessarily, was just unbelievably exhausting and challenging.”

After several months, Josh began to feel the emotional weight of what he and Amanda had endured. His father would regularly check in on him, and for a while, Josh was insistent that he was fine. He had immersed himself in work as a distraction, and was focused on helping Amanda heal and recover. But Josh was bottling up his emotions, and his pent-up anger, frustration, and grief found its way into other aspects of his life. He said his work performance began to decline, and, as a result, he did not receive a promotion that had been four years in the making. At last, during one of his father’s check-ins, Josh realized that he was no longer able to manage all the stress that had mounted, and his emotions suddenly flooded over him. He broke down, finally starting to process the grief he felt over losing Willow.

Josh and Amanda continue to suffer the consequences of the abortion bans. The physical trauma Amanda experienced may prevent her and Josh from ever building the family they dreamed of. Amanda may not be able to carry a child herself anymore—she has significant damage to her uterus and is at risk of experiencing complications again. Josh believes that, even if Amanda could carry a child, and they were living in a state without similar abortion bans, she would not want to. “She was so traumatized by being pregnant that she may not want to do it again,” he said. “Not

because of the loss [of Willow], but because of her almost dying.” The couple is exploring alternative methods, including surrogacy. But Josh notes that even this has become significantly more difficult because of the abortion bans; women who would otherwise be surrogates are now afraid to get pregnant and possibly endure an experience like Amanda’s.

Amanda’s trauma was one that she should not have had to bear. She will suffer lifelong physical and emotional consequences because she was denied a safe and necessary medical procedure. “The bans that are in place are not helping anybody,” Josh notes. “Abortions are still happening; they are just happening somewhere else or more unsafely. And there is this byproduct of not being able to access safe healthcare.”

“[As men] we don’t wake up thinking about pregnancy or women’s bodies at all,” Josh reflects. “It’s just not something we spend a lot of time being educated on or understanding. And these bans that are put in place by mostly male lawmakers, who have no idea what the impact is going to be on their families and the families that live in Texas. . . . [The abortion bans are] not helping Texans.”

## **II. Plaintiff Amanda Zurawski’s Mother, Cheri Eid**

Cheri Eid raised her daughter, Amanda Zurawski, and her two older children in Fort Wayne, Indiana, where she still resides today. Growing up, Amanda was a “firecracker” and a joy to parent. Amanda was involved in her local community,

played several sports, and was a star student. Cheri's family was incredibly close as her kids were growing up, and they remain close today despite their geographical dispersion. Cheri and Amanda maintained their tight-knit relationship after Amanda moved to Austin, Texas shortly after graduating from Indiana University. The pair talked frequently, and Amanda often confided in Cheri, leaning on her for support during tough times.

Shortly after getting married, Amanda and her husband, Josh, began trying to start their own family. Already a grandparent to several grandchildren, Cheri was excited by this news and supported Amanda through all the ups-and-downs of her difficult fertility journey. When doctors initially told Amanda it would be very difficult to have children—she was devastated, and so was Cheri. But it was not in Amanda's nature to give up.

After struggling for months to conceive naturally, Amanda made the difficult decision to begin taking fertility drugs to increase her chances of getting pregnant. Amanda would call Cheri regularly while administering her medication knowing her mom would distract her from the pain and discomfort of the hormone shots. Unfortunately, these drugs were not effective, and Amanda and Josh eventually moved on to IUI. When Amanda conceived after the IUI procedure, Cheri was thrilled and relieved. After Amanda and Josh's Zoom gender reveal to inform their



families that they were having a girl, Cheri wasted no time planning the baby shower and shopping for clothes to spoil her new granddaughter.

The family's joy was short-lived. On the day that Amanda began experiencing complications at nearly 18 weeks pregnant, Cheri's motherly instinct kicked in—she could sense that something was wrong. That day, Cheri texted Amanda again, and again, and again, all with no response. At first, she thought Amanda may just be busy with work, but it was unlike her daughter to go so long without responding. Eventually, Amanda called Cheri, barely able to speak, and through her sobs said, "I am going to lose the baby." Cheri was crushed and heartbroken for Amanda and Josh. Her daughter had endured so much simply trying to get pregnant.

Cheri's feelings of despair quickly turned to concern when Amanda told her that, because of the abortion bans in Texas, doctors were unable to provide her with medical care she needed for cervical insufficiency and preterm pre-labor rupture of membranes, which led to amniotic fluid leaking and her cervix dilating prematurely.

Before the abortion bans, Amanda's labor would have been induced, and she could have birthed her daughter in peace, ending both of their suffering. But because of the abortion bans, doctors said that they could not act until Amanda's daughter's heart stopped beating, or Amanda became so sick that her own life was in immediate danger. Cheri simply could not comprehend why the doctors could not help her

daughter. She felt it was a grave injustice to force her daughter to continue to carry the baby, given the prognosis.

Desperate to help her daughter, Cheri was in constant contact with Amanda and Josh, and even offered to buy plane tickets to a nearby state where Amanda could be treated. The doctors had instructed Amanda, however, that travel would be incredibly dangerous—she was at risk of developing septic shock, a catastrophic event if her condition were to worsen while flying or driving through rural areas. Amanda and Josh had no choice but to stay home and wait for the inevitable. Cheri patiently waited for updates, hoping she did not receive the call every parent dreads.

Days later, Cheri did receive the terrifying—though not unexpected—news: Amanda had gone into septic shock, and Josh had rushed her to the hospital. The doctors induced labor, and Amanda’s daughter, whom Amanda and Josh had named Willow, was stillborn. Losing Willow was difficult for Cheri and her family to process. But she was relieved that Amanda was finally able to receive the medical care that the abortion bans had denied her. Cheri then arranged to fly to Austin in a few days to be with her daughter and son-in-law.

The next day, however, Cheri received a frantic call from Josh: Amanda’s health was rapidly deteriorating due to her septic shock. Cheri knew that Amanda’s condition was dire, and she needed to get to Austin as soon as she possibly could. Looking back on this time, Cheri recalls, “I will never forget scrambling to get on

an airplane, being terrified of what we would find, and walking into that ICU room and seeing our daughter. It is a vision I will never forget. It will forever be with me.”

Amanda remained hospitalized in the ICU and a maternity care unit for several days, and Cheri was by her daughter’s side the entire time. Cheri remembers the challenge of seeing Amanda in such a fragile state and the emotional toll it exacted on her. While most other families in the unit were celebrating the happiest days of their lives, her family was mourning the loss of Willow and the near-death experience of Amanda.

Remembering her time spent caring for Amanda in the hospital, Cheri made a point of noting all the interactions with Amanda’s doctors and nurses, and how gutted they were that Amanda could not be treated sooner. “Doctors should be allowed to be doctors, and [we should] not have some politician telling doctors how to treat their patients. Doctors should have the ability to treat a patient the way the patient deserves to be treated, with dignity and compassion,” Cheri asserts. “[Doctors] are not being allowed to give the standard care that these women need. People need to realize that abortion is standard medical care that should not be denied. And when it is denied, the consequences can be catastrophic.”

Cheri acknowledges that she is lucky Amanda is still alive. But she knows her daughter’s life going forward has been impacted by horrific complications directly related to Texas’s bans, complications that have rendered her unable to carry a child.

Amanda and Josh are coping with that reality, while also carrying the emotional weight of losing Willow and processing Amanda's own traumatic experience. Amanda's condition has improved, and she and Josh are now considering growing their family via alternative methods; however, Cheri is not sure Amanda will ever fully emotionally recover from this experience.

Amanda has inspired Cheri to become an advocate for abortion rights, spreading awareness of the impact the abortion bans are having on women in Texas and other states that have imposed broad and cruel restrictions on abortion access, like her home state of Indiana. Although Cheri has always been pro-choice, despite her own conservative upbringing, she is now intimately aware of the severe impact that abortion restrictions can have on women and their families.

I myself did not know how far-reaching these laws could be until this happened to Amanda. I knew how I felt about abortion, but I didn't know the extent to which these laws were impacting women. What these women are going through is not acceptable. Physically, emotionally ... it is just torture and it is not right. **An unviable fetus had more rights than my daughter had.** They were protecting Willow more than they were protecting Amanda. And in the end, I do not believe they were protecting Willow because she suffered. They say these laws are to protect the life of the fetus and to protect the ones that cannot speak for themselves, but that did not protect Willow, that caused Willow to suffer for three days. In my mind, that is not protecting the fetus at all. And they say [these are] "unintended consequences," but I really struggle with that because a lot of the time I think they may be intended consequences, not unintended consequences. Not always, but **[lawmakers] have the ability to make this right, and they are choosing not to.**

Josh and Amanda are incredible human beings. They are two beautiful souls that have been put through the unimaginable, and still march on. Their strength and their character to try to make changes for others is just awe inspiring as her mom. They have lived the unimaginable, and they didn't have to. It does not change their story and what happened to Willow, but maybe they can change somebody else's story.

### **III. Plaintiff Samantha Casiano's Partner, Luis Villasana**

Luis Villasana has been a proud Texan his whole life. He spends his days working long hours in the remodeling industry to support his family. At home, he dotes on his partner, Samantha, and their melded family of four children. They always wanted a big family. Early on in their committed relationship, Samantha got pregnant but suffered a miscarriage approximately three months into the pregnancy. When Samantha was pregnant again in 2022, the couple was elated to add to their family and hopeful for a healthy baby, a girl they named Halo.

During Samantha's routine 20-week ultrasound—usually a time of great excitement—their world turned upside down when they were told Halo had anencephaly. The doctor informed the couple that Halo was incompatible with life outside of the womb and would survive a few hours at most. The doctor explained that many couples choose to prevent further suffering for both the mother and the child by having an abortion. However, as a result of the Texas abortion bans, the only option Luis and Samantha were given in that overwhelming moment of grief was for Samantha to carry Halo to term. Instead of coming home with the long strip

of ultrasound photos to share with their family, Luis and Samantha were handed pamphlets for funeral homes.

Unlike the experience of other couples in similar situations, Luis and Samantha were never informed by their doctor that they would have other treatment options if they traveled out of state, likely due to fear of legal repercussions stemming from the abortion bans. The couple eventually became aware of that possibility but faced several insurmountable obstacles—the cost of travel (roughly 700 miles and 12 hours to the nearest clinic) and the inability to take time off from work or to find care for their children during a 2- to 3-day absence, at a minimum. Traveling out of state for the healthcare they so desperately wished to access simply was not feasible for them.

Luis and Samantha spent the next several months as a pregnant couple, trying their best to smile through the many well wishes of strangers, family, and friends. They decided to keep Halo's diagnosis mostly private because it was too painful to discuss their reality with others. Samantha started to work from home so that colleagues would not constantly inquire about her pregnancy. Luis, Samantha, and even their older children, who knew of Halo's condition, would pretend to others that the pregnancy was healthy—all while suffering within. Their eldest son, Angel, had a particularly hard time handling the anticipatory loss of his sister for months on end, as friends and teachers at his school would ask about how his mother was doing.

In addition to grieving themselves, Luis and Samantha tried very hard during this time to comfort their children and help them process what was happening to their family. Meanwhile, Luis was entirely overcome with feelings of sadness and deep isolation. He was certain he did not want to share the news with the world, and yet, not doing so made him feel incredibly alone. In an attempt to survive the next few months, Luis tried to be optimistic about Halo's outcome. Perhaps there would be a miracle and she would live. But based on everything he knew already and learned with further research, he was fully aware that Halo would not survive.

The difficulty of processing the devastating news and having to continue with the pregnancy despite knowing that Halo was going to die took an enormous toll on the family. Luis had to take time off from work, going in only three times a week to help take care of his family as best he could and try to manage his own overwhelming grief. Luis spent the remainder of the pregnancy taking care of Samantha, who was constantly in tears, having to carry Halo until she went into labor when she would have preferred to let her baby rest and no longer suffer.

The night of the delivery was the most difficult for Luis. When Luis and Samantha got to the hospital after she went into labor, he noticed that their medical team was treating them differently because it was clear Halo was going to die. During labor, it was determined that Halo was in the breech position, a circumstance that would usually result in a speedy cesarean section to protect the newborn from

complications that could otherwise occur. Samantha, who was in a great deal of pain, asked if she could have the operation but was told that “there is no reason to get a C-section if your baby is going to die.” For months, the abortion bans robbed Luis and Samantha of the choice to humanely put their daughter to rest. When it was time for Halo to be born, the couple felt that the treatment they received did not recognize the sanctity of Halo’s life. It felt like a cruel bait and switch right in the middle of one of their darkest moments.

When Halo was born, Luis cut the umbilical cord and held Halo in his arms. What little hope he had for his baby girl to survive dwindled with each breath she took. The medical team was able to give her morphine for pain, but they were unable to help with her troubled breathing. Eventually, little Halo was gasping for air as he held her, clearly suffering as she struggled to survive, until she passed away. Roughly four hours had gone by from the time Halo was born to when she took her last breath, and the couple were beside themselves with a grief they had never before known. Luis—a strong and proud father—felt utterly helpless as his baby girl died right in his arms. There was nothing he could do to prevent her suffering, his wife’s suffering, or his own pain because the abortion bans had predetermined this very traumatic outcome for his family. When Luis’s mother arrived shortly after Halo passed away, Luis crumbled into her arms and wept.



Despite wanting more children at first, Luis and Samantha—and their family—could not bear the thought of her being pregnant again in Texas. Samantha got her tubes removed after Halo’s death, making the permanent decision to no longer bear any more children. Luis took months off from work because he was so deeply grieving for his daughter and trying to process the incredible trauma of the pregnancy, delivery, and Halo’s passing. He remains haunted by feelings of depression and profound loneliness, even when he is surrounded by his family and friends. As someone who himself was once in favor of restrictions on abortion, Luis now understands better the role that abortion plays in the context of healthcare and how sending his own daughter Halo to heaven sooner would have spared all of them—Halo included—so much suffering and pain.

#### **IV. Plaintiff Ashley Brandt’s Husband, Marcus Brandt**

Born and raised in Carrollton, Texas, Marcus Brandt met his wife, Ashley, in college in 2014. They were married in December 2018 and, each coming from big families themselves, dreamt of having a big family of their own. A year later, they welcomed a son, Jonah, on November 1, 2019. In March 2022, Marcus and Ashley learned that they were pregnant again. They soon realized this pregnancy was different: Ashley experienced bleeding and noticeably more fatigue. The couple did their best to stay optimistic.

During an ultrasound early in her pregnancy, Marcus learned Ashley was pregnant with twin girls. Marcus and Ashley were nervous but excited by the news. They loved being expecting parents and began to tell friends and family. But their joy and excitement of welcoming two babies to join their brother Jonah was short-lived. At Ashley's 12-week scan, their physician informed them that one of the twins, Twin A, likely had acrania, a condition where the fetus does not develop a skull and referred them to a maternal-fetal medicine specialist. After waiting almost two weeks for an appointment, the specialist confirmed Twin A had a severe fetal condition—exencephaly (usually a precursor to anencephaly)—in which the baby cannot properly develop its brain and skull. Trying to absorb the information, Marcus asked, “So what does that mean?” The physician made clear that there was no cure and that Twin A had no chance of survival. On top of this devastating news, Marcus and Ashley learned that the other twin, Twin B, was also at risk because Ashley could miscarry given Twin A's diagnosis. They also learned that exencephaly may cause a buildup of excess amniotic fluid in Twin B's amniotic sac, which would put Twin B at risk of being crushed. Twin B was also at a higher risk of premature birth, which could require Twin B to be in the neonatal intensive care unit for months. Finally, if that were not enough already, Twin A's condition put Ashley at high risk for infection, bleeding, and hemorrhage.

As the couple processed all of this shattering information, the first thought that ran through Marcus' mind was, "Oh my god, I'm going to hold a dead baby." He immediately broke down, sobbing—as did Ashley. The couple had been so excited about the twin pregnancy, and now it was not clear if either baby would survive. Through their tears, they agreed that they did not want to hold a dead baby, and the insurmountable suffering that would befall Twin A was not the humane choice for her. Despite the twins being a surprise, "the babies were deeply loved ... and deeply desired." Marcus was grateful for the care their physician provided them; however, for fear of violating the Texas abortion bans, she was deterred from guiding Marcus and Ashley through the options medically available to increase Twin B's chances of survival and minimize the pain and suffering to Twin A and to Ashley. In the midst of their sorrow and devastation, Marcus and Ashley were completely on their own, without medical guidance.

Through their anguish, both Ashley and Marcus immediately dove into figuring out their options, necessarily beyond Texas, to save their family from further risk and heartbreak. Marcus describes trying to find healthcare outside of Texas as "unbelievably overwhelming" and, at times, "insurmountable." They made dozens of phone calls to physicians in New Mexico, Oregon, Washington, and Colorado. Through the entire process, they felt "despair, isolation, and extreme sadness." During this time, the couple was also busy parenting a toddler and trying

to stay on top of their obligations at work and at home, with Ashley all the while managing a twin pregnancy. Marcus describes the experience as “the worst period in both of our lives.”

Physicians in other states told them that the longer Ashley carried the twins, the greater the risks posed to both Twin B and Ashley herself. They were told that if the procedure was performed before 14 weeks, Twin B would have a 90 to 95 percent chance of survival. As a result of the abortion bans, three long weeks passed as the couple floundered to find the basic medical care Ashley needed to save her child, even with daily phone calls and active researching online. Waiting as long as they did put her dangerously close to having no options at all and risking three lives instead of the one they knew would not survive.

Marcus and Ashley were able to eventually secure care at a hospital in Colorado and, after finding family members to watch their toddler and making hotel reservations, they made the long, heartbreaking trek out of state. Ashley was approaching 15 weeks at the time, just one week before the risks of the procedure to the healthy twin would substantially increase. When they arrived at their hotel in Denver, they got out of the car, took a few steps, turned to each other, and embraced, crying. Marcus and Ashley were grieving Twin A’s plight and simultaneously terrified of losing Twin B.

After the Colorado physicians ran their own set of tests, the lead doctor, whom Marcus describes as a hero for how compassionately he handled their case, informed Marcus and Ashley that there was now a 15 to 20 percent chance of losing the entire pregnancy because of how long it had taken to find the healthcare she needed. Marcus and Ashley broke down in tears. Had they been able to seek care in Texas, Ashley would have undergone the procedure at 14 weeks instead of 19.

During the procedure at the hospital, Marcus was overcome with grief at the loss of Twin A. He noted, “It was a deeply sad and horrible moment that, unfortunately, for the sake of [Twin B], was necessary.” Marcus spent the next 24 hours by Ashley’s side in a Colorado hotel room as she rested.

Although the procedure went smoothly, Marcus and Ashley were not out of the woods. After returning to Texas, Ashley experienced bleeding and other concerning symptoms that led them to worry about Twin B’s viability. They were incredibly anxious that this might mean the end of the pregnancy. Terrified, Marcus and Ashley went to the local emergency room near their home. When asked about Ashley’s medical history, the already grieving and petrified couple feared they could not share the details of their Colorado hospital visit—vital information to share with a medical practitioner in such a precarious moment—due to the abortion bans in Texas. The couple decided to tell the whole truth of their experience and let out a deep sigh when doctors confirmed that Twin B was safe and sound.

Though Marcus and Ashley were anxious during the rest of the pregnancy, they were elated to welcome daughter Marley on November 26, 2022. She was born at 38 weeks and weighed just over six pounds. Marcus is deeply grateful for his son and daughter but acknowledges that, as a direct result of the abortion bans and their experience being denied care in Texas, they decided they would never have another child. Marcus had a vasectomy in March 2023.

The experience with Ashley's pregnancy has opened Marcus' eyes to the medical need for abortion. Not everyone has access to the resources they had to find out-of-state care during a medical emergency. He notes, "Abortion is medical care that can save lives and prevent a tremendous amount of anguish and despair in so many circumstances."

Marcus shares his experience candidly with his male peers, many of whom are fathers themselves, who would never have thought a couple would have to go through such a traumatic experience in their beloved home state. Despite how difficult the entire experience had been and how deeply they are still grieving Twin A, Marcus says that he would make the same decision 100 times over. He knows that healthcare for women should be readily available, especially in a state that so prizes personal liberty. He wants Texas citizens to have the right to make deeply personal decisions without having to risk their own lives or the lives of their future children.

## **V. Plaintiff Austin Dennard’s Mother, Mary Anna Dennard**

Mary Anna “Moo” Dennard is the mother of plaintiff Dr. Austin Dennard, an obstetrician and gynecologist. Moo is a fifth-generation Texan—her family has resided here for more than 200 years. “Texas has been our home. They came here on covered wagons. We have a family full of ranchers, wildcatters, philanthropists.” Until recently, she “had a love affair with this state.” That changed, however, after her daughter’s suffering because of the abortion bans.

Moo witnessed Austin endure a pregnancy complication before the abortion bans. In 2017, Austin became pregnant with what would be Moo’s first grandchild. She was thrilled and excited for the expansion of their family. But, one day, Austin called Moo, deeply concerned. She was 18-weeks pregnant and had just learned the child had a rare genetic condition associated with heart disorder and other medical comorbidities. Austin made the difficult decision to terminate the pregnancy. She received the procedure from a clinic not far from her house that had been recommended by her doctor.

Moo recalls that after Austin made this decision, Austin was surrounded by the love and support of her family, friends, and colleagues. “It’s like we had our arms around her through this tragedy.” Moo recalls being especially moved when some of her own friends and colleagues told Moo: “This is her decision. We support

her.” Because at the time there were no abortion bans in effect in Texas, Austin could make and carry out the decision she felt was right for her family at home in Texas.

In the following years, Austin and her husband, Lindy, had two children with no medical complications and wanted to have a third child. In July 2022, Austin asked Moo if they could come over for dinner. On the day of dinner, however, Austin called Moo in a panic from a parking lot outside Austin’s doctor’s office.

She couldn’t talk—she was crying so hard. Sobbing uncontrollably. I asked her what was wrong. I thought maybe she had been in a car accident. She said “Lindy and I were so excited to tell you at dinner tonight that we were pregnant. I just came from the anatomy scan and my baby doesn’t have a skull. This is fatal.”

Then Austin said, “I can’t believe this is happening again.” What Moo did not realize at the time was how different this experience would be for her daughter and their family because of the new Texas abortion bans.

As Austin sat sobbing in her car, Moo asked her what she was going to do. Austin could not tell anyone at work due to the fear that her own medical license, Lindy’s (also an OB/GYN), and their colleagues’ were at risk. Leveraging their network of doctor friends, Austin and Lindy eventually found a clinic in Pennsylvania that could perform the procedure later that week. As Moo tells it: “It all felt so clandestine and so devious. We had to lie to people about it.”

Austin and Lindy both had to cover up their sudden, out-of-state travel plans. Moo and her husband packed their bags and drove to Austin’s home to take care of



their children. Austin and Lindy flew to Pennsylvania to have the procedure. Even amidst this horrible situation, Moo knew that most people would not be so lucky: “Maybe they’d never been on an airplane before; maybe they cannot get off work.”

When Austin came back home from the procedure, Moo was standing in the kitchen. Their eyes met. Austin looked down at the kitchen floor and said: “No one should ever have to go through what I’ve just been through.” Moo put her arms around Austin. “She felt so different. She felt stiff and angry and humiliated. She did say that this must have happened to her for a reason and was determined that something good had to come out of it.”

Moo could not comprehend how cruel and inhumane Austin’s experience was because of the abortion bans. As a mother, she felt that it “was just so unforgiving. [Austin] had to run away from her state to get the care she needed. The State was telling her she had to have the baby, who we know is not going to live. You must carry it to term, and when you deliver the dead baby, you have to plan the funeral.” In Moo’s view, “The state is supposed to take care of its citizens, not brutalize them.” She felt strongly that Texas was being “so unforgivably cruel”—punishing Austin for wanting to have a baby. This experience was “unimaginable” and quite a contrast to their experience in 2017.

Moo knows firsthand that pregnancies can have serious complications that call for difficult decisions to be made about whether to seek an abortion. Back in

1982, Moo and her husband became unexpectedly pregnant. Their joy quickly turned to despair as her doctor informed them that the pregnancy was not viable. She made the decision with the support of her doctor that she felt was best: to terminate her pregnancy.

Now, more than 40 years later, Moo laments that her daughter was robbed of the ability to make the decision about what to do with her own pregnancy because of the abortion bans. She and her baby were effectively wards of the State. She pleads:

Doctors know what's best for their patients, not the law. Let them do their job. Let them do their job, please. They've spent years studying medicine. Give them back their freedom to make reasonable, informed recommendations to their patients without fear of prosecution. God is merciful. The state of Texas needs to find mercy and compassion. Austin was doing nothing wrong and was being punished. The State needs to render the deeds of mercy.

## **VI. Plaintiff D. Aylen's Husband, Jacob Lopez**

Jacob Lopez grew up in California's San Gabriel Valley. Jacob's dad was the primary parent and raised his four sons, emphasizing the values of a good education and being part of a wider community. Growing up in a conservative, religious household, Jacob was anti-abortion until he went to college and began to learn and understand different viewpoints.

Jacob met his wife, D. Aylen, while both were working in public service in 2012. They have been together ever since. They married in 2018 and believed Texas

would be a good place to build a life for their future family, returning to the state where they met.

After years of planning and working towards their dream of having a family, Jacob and Aylen decided they were ready and began trying to have a baby. She took prenatal vitamins. Jacob and Aylen were working from home and decided that they would need a bigger house. The day they moved in, Aylen presented him with a toy baby bottle to signal their dream was coming true—she was pregnant. Jacob said he “got really teary-eyed because I always wanted to be a father.” Jacob and Aylen were “real pumped” and Jacob looked forward to being “super present and involved, and all that good stuff” that comes with having a child.

Once Aylen’s pregnancy progressed beyond the first trimester without any problems, they began telling their friends and family their exciting news. They bought baby furniture, toys, and a crib for their baby girl. They even started designing the baby’s bedroom, selecting a cactus theme.

At 17 weeks, Aylen went in for routine blood work. A few days later, the doctor called and said that the test results showed elevated protein levels. The doctor assured Jacob and Aylen that there was nothing to worry about, although he sent them to a specialist.

For the two weeks leading up to their appointment, Jacob and Aylen were anxious but hopeful. They did research and reassured each other that they had the

resources they needed to handle or navigate a difficult situation, if necessary. When they met with the specialist, they found out that their baby's protein levels were ten times higher than the normal range. Jacob and Aylen immediately began to realize the severity of the situation. During the 3-D scan, the technician was cheerful at first, pointing out the baby's little foot. Suddenly, "she just got kind of quiet" and told them the doctor would come speak with them momentarily. Time seemed to stand still.

When the doctor finally came in, she told Jacob and Aylen that their daughter had a neural tube condition called anencephaly. "This is not a viable birth and your child will not live," the doctor told Jacob and Aylen. "And we just cried." The doctor then apologized, informing them that Aylen could not get the medical care she needed in Texas because of the recently passed abortion bans. The doctor did not use the word "abortion," but Jacob and Aylen understood that they would not be able to terminate the pregnancy in Texas. On her way out of the room, the doctor gave them a pamphlet for an abortion clinic out of state, saying other patients had gone there. "And so my wife and I left. We cried. We went to our car and just cried more."

Not wanting to delay the inevitable and anxious to move on to the healing process, Jacob and Aylen called the clinic from the pamphlet and multiple clinics in another neighboring state, but they all had weeks-long wait times. Several clinics told Jacob and Aylen that they would not or could not perform the procedure because

the pregnancy was too far along for their state's laws. The challenge of finding someone to help his wife compounded Jacob's anguish, and he notes, "It just seemed very inhumane that they would ask you to carry a child that's not going to live."

Though Jacob and Aylen preferred to deal with this situation themselves, they eventually called clinics in Southern California, where Jacob's mom lives. One clinic there had an opening the following week. They immediately booked their flight. The next day, Jacob felt he had to explain the situation and need for sudden time off to his boss, who was very supportive. When Jacob's mom picked them up at the airport, she cried, hugged them, and told them that she wished they did not have to go through this. One of Jacob's brothers also arrived to be there for them, driving them to their appointments and providing support in case protestors were outside the building.

Because the pregnancy was 19 weeks along, the abortion procedure would require two days. Aylen had to get dilators on the first day. The doctors told them that it was rare for the dilators to cause pain, but Aylen needed stronger pain medication that night at her mother-in-law's house. Jacob was grateful his brother and mother were there to help him support Aylen. They went back to the clinic the next day to finish the procedure.

Afterward, Jacob was nervous that should something happen to Aylen after the procedure while they were in Texas, she might not receive the care she needed

because of the abortion bans. He was relieved there were no complications and they were able to return home.

Before returning home, Jacob and his wife had lunch with his father, who opposes abortion so strongly that he used to have anti-abortion posters in his house. Their abortion, however, was an awakening for his dad, who was extremely understanding and supportive. He told Jacob and Aylene how sorry he was for what they endured, that he believed they made the right decision, and that he now understood why exemptions existed. He also reassured them that they should not be ashamed. Jacob's dad gifted him a crown-of-thorns necklace to signify that Jacob will always carry this pain with him but with the knowledge that they did the right thing.

Jacob said he would have preferred to go through this traumatic experience privately and in the comfort of their own home in Texas: "We just wanted to go home, hug each other, talk about it, and cry." Rather than focusing on his wife's health, grieving, and healing, however, Jacob had to navigate numerous obstacles to get the medical treatment they needed because of the abortion bans. These challenges and obstacles have made Jacob acutely aware of how fortunate they were to have the resources and support of family, friends, and employers that enabled them to obtain the medical care Aylene needed.

As he tried to heal and move on, Jacob dealt with his grief about their baby girl's "life that could have been" by focusing on work and talking with his siblings. Aylen began participating in a weekly support group where those who have endured pregnancy losses share their stories. Outside of this group, she "can't tell her story" since it has become "such a politicized issue in Texas." Jacob's brother helped him return the crib that Jacob had been "so happy and proud to get." That experience brought to his mind the tragic six-word short story, allegedly authored by Ernest Hemingway: "For sale: baby shoes, never worn."

Reflecting on what he and his wife went through, Jacob credits women with carrying "99.9% of all the pain and burden," but hopes that people understand these situations "affect the family, affect the men, affect partners."

Aylen is pregnant again with another baby girl. They are "super pumped because [Jacob] always wanted to be a girl dad, and she always wanted to be a girl mom." But Jacob and Aylen are both still fearful. Having their "world pulled out from under" them with their first pregnancy, it is with cautious optimism that Jacob and Aylen are currently focusing on loving and being grateful for this baby girl.

## **VII. Plaintiff Anna Zargarian's Husband, Scott Fader**

In September 2021, Scott Fader and his wife, Anna Zargarian, learned that they were pregnant. They had recently moved to Austin to be closer to their families, had bought a house, and were planning their wedding. They were surprised that Anna

was pregnant, but happy. They had several sets of friends who were pregnant at the same time, and they could feel the excitement from their families when they decided to share the news. They felt ready to start this new chapter in their lives.

They moved their wedding up a couple months, and when the day arrived in December, Anna was about 19-weeks pregnant. Scott recalls putting on his suit that afternoon and envisioning their future life with a baby. The ceremony was beautiful. They both spoke of their love for and commitment to each other with happy tears in their eyes.

That night, during the reception, Anna started cramping. She tried to ignore it, but later, she felt liquid running down her legs. Her water had broken. Scott rushed Anna to the bathroom and helped take off her wedding dress as they prepared to leave for the emergency room. Their wedding night was spent in the hospital. Because Anna's water had broken prematurely, the doctors said their baby would not survive due to the loss of amniotic fluid so early in the pregnancy.

To Scott, the night was a blur. They experienced a roller coaster of emotions: the joy from their wedding celebration was replaced by the devastating news that their baby would not survive. To this day, Scott said he and Anna try to separate out the two events in their minds so that they can try to remember the beauty of their wedding without always reliving the trauma of their pregnancy loss.



In the hospital that night, the doctors informed them that Anna was now at risk of infection. They discussed the worst-case scenarios, noting that eventually, without terminating the pregnancy, she could suffer from a deadly infection, such as sepsis, or possibly need a hysterectomy. But, because of Texas's new law, SB 8, they could not provide her with the care she needed unless and until her life was in imminent danger or the baby no longer had a heartbeat. The doctors, who were upset and angry about not being able to care for her, ultimately told Scott and Anna to go home and either wait for Anna to get sicker so she could get the care she needed in Texas, or seek abortion care out of state.

Confused and shocked, Scott and Anna were faced with making the hardest medical decision of their lives on their own. As Scott bluntly puts it: "Our choice essentially came down to: would Anna rather go into labor in a car or on a plane?" Oklahoma, the closest state where Anna could receive abortion care, had a mandatory waiting period. They quickly ruled out New Mexico as well—if Anna went into labor during the long drive across rural west Texas or if her infection progressed to septic shock, they might have no cell phone service and no nearby hospital where she could receive care.

So Scott and Anna settled on Colorado. They understood the risks involved: Anna could go into labor or experience septic shock on the flight. They paid for seats near the front of the plane in case Anna needed to deliver the baby in the bathroom

during the flight. Before leaving for the airport, Scott and Anna gave it one last try, and called the hospital to understand how sick she would have to be to receive care in her hometown. Would they treat her if her fever reached a certain threshold or if she had increased spotting? She was met with the same uncertainty as before: unless she was dying, they could not provide the care that she needed—an abortion. From Scott’s perspective, it seemed like many of the medical providers treating Anna seemed to think: Why am I here? What am I doing this for if I can’t provide the care a patient needs?

Throughout it all, Scott was terrified. He was losing a baby and his wife’s life was at risk because she could not receive basic medical care in Texas. Even worse, he and Anna had to endure this crisis alone, without professional help. In most medical emergencies, people can rely on the advice of doctors or experts. Here, Texas’s new law forced Scott and Anna to make these decisions on their own because her doctors were afraid to discuss aloud the treatment she needed for fear of losing their license to practice, facing huge fines, and even criminal penalties.

The flight to Colorado the day after their wedding brought new terror. If something went wrong, Scott’s best hope was like a bad scene from a movie: “Is there a doctor onboard?” When they finally landed in Colorado, Anna had a fever of 101 degrees. She was seen and treated quickly by the doctors, and she recovered well. Scott recalls that the procedure provided nearly instant relief for Anna from the

complications she was facing. They stayed in Colorado for a few days after the procedure, grateful for the help of Anna's mom, who traveled with them to Colorado to support them.

Scott recognizes that, in spite of the trauma, they were privileged in many ways. They had the resources needed to ensure Anna could access the healthcare she needed because they had savings on hand to cover the cost of the unexpected trip to Colorado. They understood the risks Anna faced and acted swiftly with sound advice from several of Scott's family members who are healthcare workers and because Anna is a nurse. This experience has provided Scott with greater insight into just how dangerous Texas's abortion bans are and how fortunate they were to have had those human and other resources on hand.

Scott now struggles with whether they should remain in Texas. Although he feels strong ties to their community and loves having supportive family and friends nearby, he and Anna continue to deal with pervasive anxiety resulting from the abortion bans and how they paralyze doctors and traumatize Texans. He worries for other Texans and is concerned about the possibility that Anna will experience similar complications with a future pregnancy. Because of what they have been through, if they conceive again, it will automatically be a high-risk pregnancy. They are now not sure whether they want to start a family in Texas. Scott says that if they had to go through this again, "it would kill us both."

## CONCLUSION

These stories of plaintiffs' partners and parents further illustrate the need for this Court to affirm the lower court's ruling granting the temporary injunction and denying the plea to the jurisdiction.

Respectfully submitted,

*/s/ Kelsey Machado*

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Kelsey Machado

(Texas Bar No. 24078968)

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November 22, 2023

## **CERTIFICATE OF COMPLIANCE**

According to Microsoft Word, this brief contains 10,367 words, excluding the portions exempted by Rule 9.4.

/s/ Kelsey Machado  
Kelsey Machado

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A true and correct copy of the foregoing brief has been served on counsel of record through electronic service on November 22, 2023.

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Ilianagarza@eversheds-sutherland.com  
Envelope ID: 81902917  
Filing Code Description: Amicus Brief  
Filing Description: BRIEF FOR PLAINTIFFS PARTNERS AND MOTHERS AS AMICI CURIAE SUPPORTING PLAINTIFFS-APPELLEES  
Status as of 11/22/2023 11:37 AM CST

Associated Case Party: Brentwood Social House

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Central Ceremonies

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: CHA Law Group, PC

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Civitech

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT

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Associated Case Party: Cybele Diamondopoulos

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Doctors for Fertility

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Central Presbyterian Church

Name	BarNumber	Email	TimestampSubmitted	Status
Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Eco-Stylist

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Sarah B.Johansen		sjohansen@reedsmith.com	11/22/2023 11:18:19 AM	SENT
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Elevate Bartending

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Associated Case Party: Elevate Bartending

Name	BarNumber	Email	TimestampSubmitted	Status
Emily Harbison		eharbison@reedsmith.com	11/22/2023 11:18:19 AM	SENT
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT
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Associated Case Party: Good Work Austin

Name	BarNumber	Email	TimestampSubmitted	Status
James C. Martin		jcmartin@reedsmith.com	11/22/2023 11:18:19 AM	SENT

Associated Case Party: Texas Civil Rights Project

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Associated Case Party: Disability Rights Education & Defense

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Associated Case Party: Women Enabled International

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Case Contacts

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#### Case Contacts

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