

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

WOMEN'S HEALTH CENTER OF WEST VIRGINIA, on behalf of itself, its staff, its physicians, and its patients,

*Plaintiffs,*

v.

CHARLES T. MILLER, *et al.*,

*Defendants.*

Civil Action No.

Hon.

AFFIDAVIT OF DANIELLE MANESS

I, Danielle Maness, MSN, APRN, CNM, WHNP-BC, ADS, being duly sworn, state under penalty of perjury that the foregoing is true and correct:

1. I am over the age of 21.
2. I am a Plaintiff in this action. I am bringing my claims on behalf of myself and my patients. I write this affidavit in support of Plaintiffs' Motion for Temporary Restraining Order and/or Preliminary Injunction against enforcement of West Virginia Code section 61-2-8 (the "Criminal Abortion Ban"). I have personal knowledge of the facts set forth in this affidavit and could and would testify competently to those facts if called as a witness.
3. I am the Chief Nurse Executive at the Women's Health Center (the "WHC" or "Center") in Charleston, West Virginia. Based on my experiences, I fear the many ways the renewed enforcement of the Criminal Abortion Ban will harm the WHC, its staff, its patients, and their families.

**Background**

4. I have worked in the nursing profession for over a decade.
5. I graduated from the University of Charleston with a Bachelor of Science in Nursing in 2011 and from Georgetown University with a Master of Science in Nursing in 2015.
6. I have obtained the following professional certifications:
  - a. Registered Nurse;
  - b. Advanced Practice Registered Nurse;
  - c. Certified Nurse-Midwife;
  - d. Board Certified Women's Health Care Nurse Practitioner;
  - e. Neonatal Resuscitation Program; and
  - f. Basic Life Support—CPR.
7. My husband and I moved to West Virginia in late 2008 to be closer to family.

## **My Role at the Women's Health Center of West Virginia**

8. I started at the WHC in 2015 as a Certified Nurse Midwife and Nurse Practitioner. I worked there for a few months while waiting for insurance credentialing for my full-time position at a local federally qualified health center.

9. In September 2020, I returned to the WHC part-time as a Nurse Practitioner.

10. In March 2022, I took on the full-time role of Chief Nurse Executive at WHC. In this position, I am responsible for overseeing all clinical procedures and processes associated with abortion and gynecological services.

11. Every patient that receives abortion care at the Center first completes a urinary pregnancy test, ultrasound, and sexually transmitted infection tests, which I oversee. We provide the patient with consent forms and read them any mandatory legal disclosures. I put patient information into charts, make sure medications are administered, and occasionally rotate into patient recovery rooms to relieve other staff members.

12. I approve all medication abortions and any procedural abortions involving medical issues. For each patient considering medication abortion, I receive the patient registration intake information, which includes their medication abortion screening forms, from the registration front desk team after the patient is scheduled for their appointment. I review the patient's medical history, current medication list, and surgical history in order to determine whether they are a good candidate for medication abortion. For patients considering either medication or procedural abortion, if the patient has a medical condition that may require additional lab testing prior to receiving abortion care, such as a thyroid disorder or a bleeding or clotting disorder, I am responsible for contacting nearby laboratories and arranging lab orders prior to their appointment at the Center. I discuss patients with complicated health histories with the Center's medical director prior to approving the patient's care.

13. In the unlikely event there is a medical emergency in the course of providing reproductive care, such as if the patient's vital signs become unstable or the patient has abnormal bleeding, I act as the "team lead" in addressing the situation, including overseeing the patient's transfer of care from the Center to a hospital, if necessary. In my experience, emergency complications resulting from abortion care in a clinical setting are exceedingly rare.

14. I also have a management role with respect to the Center's three physicians, the other nurse practitioner, one nurse anesthetist, three counselors, two medical assistants, and one nurse. I am responsible for overseeing and evaluating the work of the medical assistants and the licensed practical nurse. I also manage and oversee the flow of the abortion team on days we are providing abortions, which includes a physician, nurse practitioner, counselor, and nurse anesthetist. When there are changes in clinical procedures or protocols, it is my responsibility to relay them to the clinical staff.

15. I love my job. Above all, I enjoy playing an active part in patients' care, advocating for them, and supporting them through what may be a difficult time in their lives.

**Impact of *Dobbs v. Jackson Women's Health Organization* and the Enforcement of West Virginia's Criminal Abortion Ban**

16. I understand that the Criminal Abortion Ban was never explicitly repealed by the West Virginia legislature and therefore the Attorney General or Kanawha Prosecuting Attorney may try to enforce the Criminal Abortion Ban against anyone who helps or attempts to help a pregnant person obtain an abortion, now that the Supreme Court has overruled *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*. I understand that, as a result of *Dobbs*, the Center must cease providing all abortion care.

17. I understand that if I were to continue my work with abortion care at the WHC—as I strongly wish to do—I could be criminally prosecuted and could lose my nursing licenses.

Because of that concern, I am being forced to stop providing care that I know from my many years of experience is critical for people in West Virginia.

18. Moreover, because the Center has stopped providing abortion care, some employees are at risk of losing their jobs. Our entire team at the Center feels strongly that abortion care is health care. We are all scared and anxious that abortion care is now subject to criminal penalty in West Virginia.

19. I am also terrified about the impact that *Dobbs* and the resulting suspension of abortion care at the WHC will have on its patients, their families, and all West Virginians.

20. Without access to legal abortion care in West Virginia, pregnant people will be forced to travel out of state, if they can afford to do so; self-manage their abortions; or remain pregnant and go through childbirth against their will.

21. Regarding self-management, although it is possible for women to safely self-manage an abortion through medication, many women don't have the means or know how to seek out the necessary medication, and due to the Criminal Abortion Ban, accessing that medication will be increasingly difficult and could put them at legal risk.

22. The medication abortion regimen typically involves two medications, mifepristone and misoprostol. However, due to the threat of prosecution under the Criminal Abortion Ban for health professionals who order, prescribe, and dispense these drugs for abortion care and for the pregnant people who take them, it may be difficult for pregnant people in West Virginia to obtain them.

23. And even assuming pregnant people could access the medications they need to safely self-manage their abortion, they may still face criminalization for doing so. Others may be

deterred from even trying to access safe medications out of fear of criminalization, which may lead them to pursue unsafe methods.

24. Moreover, in my experience, some employees at hospitals and emergency rooms in West Virginia are openly anti-abortion and therefore not sympathetic to people who have undergone *legal* abortions, which creates a stigma that I fear would particularly deter women from seeking help if they need it after a self-managed abortion. Accordingly, pregnant people who attempt to self-manage abortions and need follow-up care may be less likely to present to a health care provider or hospital for fear of prosecution, thereby increasing the risk to their safety and health.

25. In reality, abortion bans like the Criminal Abortion Ban do not stop abortions—they simply make *safe* abortions more difficult to obtain and may increase the risks of complications or delay the appropriate medical interventions if complications occur, which puts patients at risk for increased morbidity and mortality.

26. On the day the Supreme Court's decision in *Dobbs* came out, the staff at WHC spent hours calling approximately 60 to 70 patients who had scheduled appointments to receive abortion care at the Center to cancel their appointments. Although we feared a bad decision was coming, that still didn't help all of us fully prepare emotionally for that moment. Some staff members and some patients cried so hard that they couldn't speak.

27. As a nurse, I believe that abortion care is critical health care. Being forced to stop providing abortion services at the Center—the only abortion clinic in West Virginia—has already done irreversible damage to the Center, its staff, its patients, and all West Virginians. I have two teenage daughters and I am terrified for what criminalizing abortion care will mean for their health and lives.

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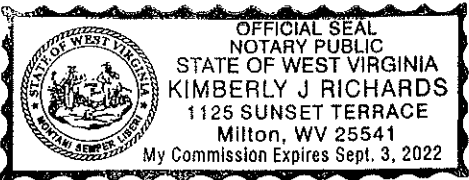
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**AFFIANT FURTHER SAYETH NAUGHT.**

*Danielle Mares* COM, WVA#0182  
DANIELLE MARESS

SWORN TO AND subscribed before me this 27<sup>th</sup> day of June, 2022.



*Kimberly J Richards*  
Notary Public