

**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 DEBRA BEATTY**

I, Debra Beatty, 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.

### **General Background and Experience**

3. I currently reside in Charleston, West Virginia.

4. I graduated from West Virginia University ("WVU") in 1976 with a Bachelor of Social Work degree and obtained a Master of Clinical Social Work from WVU in 1978.

5. I am currently licensed by the West Virginia Board of Social Work Examiners as a Licensed Independent Clinical Social Worker.

6. I was an adjunct faculty member at WVU Graduate School of Social Work from 1996 to 2007 and trained graduate students in clinical social work in that capacity.

7. Over the course of my career, I have provided counseling to adults and minors, and have done so in private practice and through public institutions, in inpatient and outpatient contexts, and via individual and group therapy. I have been actively involved in counseling veterans since 1985, when I began working with Vietnam veterans diagnosed with posttraumatic stress disorder at an outpatient Veterans Affairs ("VA") Veteran Center in Charleston. I have also provided monthly clinical consultations to counselors at both the Charleston and Huntington VA Veteran Centers.

8. I currently provide counseling services to patients at the Women’s Health Center of West Virginia (the “WHC” or “Center”).

**Experience with Abortion Care Counseling**

9. I have always been passionate about access to reproductive health care, particularly as someone who grew up in West Virginia before the Supreme Court issued its decision in *Roe v. Wade*, when abortion care in West Virginia was criminalized.

10. When I was a teenager, my mom used to tell me stories about her experience growing up in rural West Virginia in the 1930s, where access to abortion and contraceptive care was virtually nonexistent. Fortunately, today, it is possible for women to safely self-manage abortions with medication. But back then, and especially in rural locations, pregnant people’s options were limited. When faced with unplanned and unwanted pregnancies, some pregnant people were so desperate to end their pregnancies that they would take matters into their own hands, frequently unsafely. My mother told me that she had heard stories about people who took various herbs or douched with bleach, inserted sharp objects into their cervix, or hit themselves in the stomach to attempt to terminate their pregnancies. She said that women desperate not to continue their pregnancies would go to extreme measures, and sometimes they would die as a result. I was horrified.

11. As an undergraduate student at WVU in the 1970s, I became involved with the Women’s Information Center in Morgantown, which provided counseling services to pregnant people—mostly students—and sexual assault survivors. Because abortion at that time was illegal in West Virginia, the Women’s Information Center helped pregnant people seeking abortions connect with places out-of-state where they could legally access abortion care. Although many of the pregnant people we counseled were students who were fortunate to have the resources needed to travel to states where abortions were available, some people we counseled did not have the

means to travel. Those individuals were left without any ability to access legal abortion care. There was not much we could do to help them; we provided them with the information about out-of-state clinics and referred them to professional counselors and personal physicians.

12. After I obtained my social work degrees, and after *Roe* was decided and accessing abortion care in West Virginia no longer carried the threat of criminal prosecution, I continued to counsel patients in connection with their reproductive health. As a therapist in private practice with a local psychiatrist from 1978 to 1980, I occasionally counseled pregnant people considering abortion care. And as a therapist at Shawnee Hills Behavior Health Center from 1980 to 1985, I counseled patients who had experienced unplanned and unwanted pregnancies, as well as patients who were fearful of becoming pregnant and wanted information about contraception.

### **Women's Health Center**

13. I first became involved with the WHC approximately three years ago as a volunteer escort.

14. In 2020, I joined the WHC's staff as a counselor.

15. Currently, I work at the Center approximately one to six days each month (on days when the Center sees patients).

16. The Center offers non-directional, professional counseling to all of its patients who seek abortion care.

17. Patients elect to speak with me for a variety of reasons.

18. Sometimes, patients want to talk through relational issues, who they can safely discuss their decision with, and their perception of society's and their family's view of abortion. They ask questions like: "What will people think of me?" "What if my husband finds out?" "My mother is an evangelical Christian, what will she think?"

19. Other patients seek counseling because they have preexisting mental health issues like depression, anxiety, or posttraumatic stress that are exacerbated by the hormonal changes associated with pregnancy and the process of navigating their decision-making process, and they want to talk through their experience.

20. Whatever the patient's reason for seeking counseling, my role is to understand their history, listen to their questions, concerns, and ideas, and help them explore their decision-making process.

21. I never try to influence any patient's decision one way or the other. My goal is to provide patients with the tools and resources that they need to make the decision that is best for themselves.

22. Most pregnant patients who choose to have an abortion are sure about their decision. In some instances, however, I have counseled patients who were initially ambivalent about their choice and ultimately, after speaking with me, decided not to go through with the abortion. Sometimes, depending on the circumstances, I advise pregnant patients to take more time with their decision to make sure they are sure. Counseling those patients is just as much a part of my job as counseling the patients of mine who choose to obtain abortions.

23. I generally meet with patients before they receive abortion care. But if the patient requests, I am also available to stay with them during the abortion procedure, provide post-abortion care counseling or connect them with a therapist in their home county.

24. Pregnant people who come to WHC to receive abortion care receive very specific telephone counseling with WHC nursing staff prior to their visit, which includes Center staff reading state-mandated language to the patient regarding the abortion method. By the time patients visit the Center to obtain an abortion, most patients feel prepared to proceed.

25. I also counsel pregnant patients who are too far along in their pregnancies to receive abortion care at the Center. WHC provides abortion care up to 17 weeks and 6 days from the first day of a patient's last menstrual period. When we are unable to provide a pregnant patient with care due to how far along they are in their pregnancy, I counsel the patient on available alternatives and connect them with information and resources, including helping them with making an appointment and arranging transportation to out-of-state clinics that may be able to help them.

26. Those who discover they cannot receive care due to the stage of their pregnancies are distraught and express feeling "lost." There are almost always tears, and there is often fear, sometimes panic, about how to proceed. They wonder what options are available to them, and we discuss this thoroughly. Regardless of what they decide, I encourage them to seek support from family or their partners if it is a safe option to do so.

27. I also have state-mandated recordkeeping obligations. I provide the State with anonymized data on every patient I see, including their age, gestational stage, home county in West Virginia or whether they are from out of state, their race, and the type of abortion they had.

### **Impact of Criminal Abortion Ban**

28. 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, including counselors, now that the Supreme Court has overruled *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*.

29. I have read the Criminal Abortion Ban and am deeply concerned about the effect that it will have on my ability to freely counsel my patients and my patients' ability to access necessary health care.

30. I am worried that, because of the Criminal Ban, performing any of the aspects of my job as a counselor at WHC could put me at risk of criminal prosecution.

31. At the same time, the Criminal Abortion Ban compromises my ability to fulfill my professional obligations to my patients. My ability to have open and honest conversations with my patients is essential to providing my patients with appropriate and necessary care, but if I do so, I might face criminal penalties.

32. The Criminal Abortion Ban may also impact my employment. Since I provide counseling to patients receiving abortion care, my services may no longer be needed now that the Center no longer provides abortion care.

33. Most importantly, the impact of the Criminal Abortion Ban on the Center's patients and others in West Virginia will be irreversibly devastating. The Criminal Abortion Ban will effectively eliminate access to abortion care in West Virginia. Pregnant people will once again be forced to travel out of state to obtain abortion care, assuming they have the means to do so; self-manage their abortions; or remain pregnant and give birth against their will. And even for those patients who can afford to travel, many out-of-state clinics do not have any available appointments until well beyond certain patients' gestational limits.

34. I remember all too well what it was like when abortion care was criminalized in West Virginia. I am devastated—for myself, for my granddaughter, for my patients, and for all people in West Virginia—that a new generation may have to endure the fear and harm created by a criminal prohibition on abortion care.

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**AFFIANT FURTHER SAYETH NAUGHT.**

*Debra Beatty*  
DEBRA BEATTY

SWORN TO AND subscribed before me this 21<sup>st</sup> day of June, 2022.

*Kimberly J Richards*  
Notary Public

