

**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, *et al.*,**

*Plaintiffs,*

v.

**CHARLES T. MILLER, *et al.*,**

*Defendants.*

Civil Action No.

Hon.

**AFFIDAVIT OF NANCY TOLLIVER**

I, Nancy Tolliver, 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 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").

3. In 1976, I was the founding Executive Director of the Women's Health Center of West Virginia ("WHC" or the "Center") in Charleston, West Virginia, where I worked until 1986. I then became the Director of Community Health Services at the West Virginia State Department of Health and Human Resources and, a few years later, became the Commissioner of Finance and Administration and, eventually, the Deputy Commissioner of Public Health at the West Virginia Department of Health and Human Resources, where I worked until 1996.

4. Around that time, I helped establish the Tri-State Public Health Leadership Institute, later renamed the Southeast Public Health Leadership Institute, through the University of North Carolina at Chapel Hill. I also taught at the Heartland Public Health Leadership Institute at St. Louis University in St. Louis, Missouri, until 2005.

5. In 2006, I established and led the West Virginia Perinatal Partnership, a statewide medical, hospital, and nursing professional group centered on the goal of improving health outcomes for pregnant people and infants in West Virginia. I am currently retired.

6. Based on my experiences, I am very concerned about the impact that a law criminalizing abortion care will have on the Center, its patients and their families, and all West Virginians.

### **Background**

7. I have always been very passionate about women's health.

8. Prior to founding the Center, I was a maternal child health nurse. I graduated from St. Anthony's Hospital School of Nursing in Oklahoma City, Oklahoma, in 1966 and moved to West Virginia.

9. I started working at Charleston Area Medical Center, Memorial Division Hospital ("CAMC – Memorial Division Hospital") in West Virginia in 1967 and stayed until 1970.

10. Prior to founding the Center, I was very involved in providing childbirth and breastfeeding education to new parents. I was a member of the Board of Directors of the International Childbirth Education Association and a Certified La Leche League Group Leader. I taught various educational courses through the West Virginia Childbirth Educational Association in Charleston and as a group leader for La Leche League International, including preparing for childbirth, parenting, and breastfeeding.

11. As a nurse in West Virginia from the late 1960s to the 1980s, I often encountered young pregnant patients, including teenagers and sometimes children just twelve years old. Some were pregnant as a result of incest or rape. I had not encountered patients like these in my training and was astonished and concerned. Abortions were not

available in the State at the time. I was only able to provide maternal and childbirth care and birth control education and services to these patients.

12. In or around 1974, after the Supreme Court decided *Roe v. Wade*, I was approached by former childbirth and breastfeeding education patients of mine to see whether I had interest in opening a clinic that would provide abortion services for pregnant people in West Virginia. They knew that I had established a nonprofit relating to childbirth education and believed I had the experience and was compassionate and concerned enough about reproductive health to help build the clinic. At the time, I believed very deeply that there was a need for these services, but was initially hesitant due to how I would be received by others in the Catholic Church, where I was a member.

13. Around the same time, I was in discussions with a fellow Catholic nurse about opening a maternity home to support pregnant people with unplanned pregnancies.

14. After a few months of deliberation, I knew what I needed to do—I ultimately decided to open the Center. The maternity home was only one piece of the full set of services pregnant people in West Virginia needed. Pregnant people in West Virginia did not have any option to receive abortion care at the time. I knew that enabling access to abortion—having the *choice*—was an essential part of fully responding to the needs of pregnant people. Having worked closely with the rural community in West Virginia, I was very aware that what West Virginians needed was a clinical service that offered comprehensive health care education, medical services, including abortion care, and supportive counseling care. My vision was to open a women’s center that would

eventually offer a full spectrum of options, including abortion care, contraception, and parenting education.

---

### **Opening the Women's Health Center of West Virginia**

15. After WHC was founded, the Center's Board of Directors and I secured technical support, but still needed to obtain a matching loan from a local bank.

16. Before going to the bank, forty individuals from around West Virginia agreed to be financially responsible to secure the loan. We obtained a loan from a bank in Charleston with relative ease and were able to repay the loan extremely quickly—within 18 months. Our ability to secure agreements from members of the community and the speed with which we were able to pay back the loan was indicative of how important the Center was to West Virginians.

17. As soon as we opened the Center, there was a great demand for the services we provided. We were always fully booked for abortion services and quickly expanded the Center's abortion service hours from half a day, two days per week to eventually provide abortion care four days a week due to patient demand. The Center always prioritized the pregnant person's *choice* regarding their pregnancies.

18. Importantly, the Center did not only provide abortion care, but also focused on women's health care services more broadly.

19. It was important to the Center's Board, staff, and supporters that we provide holistic care and community health education. In fact, we established several committees within the Center that focused on other aspects of reproductive and maternal health care, such as the Education Committee, the Maternal Health Committee, and the Breast and

Cervical Committee. The committees were composed of physicians, nurses, and laypeople who were passionate about educating the community on such issues. The Center also provided pre-adolescent education classes, which covered comprehensive, accurate physical reproductive health development for children. The classes included discussions about decision-making and peer pressure.

20. Eventually, our health educational classes were well-recognized within the community and we were frequently called upon to deliver classes within the public and private school systems. After a few years, WHC housed the first on-call and on-site counseling service for abused women. The Center also established the Widowed Persons Service to assist people who had lost their partners.

21. In my time at the Center, we were able to provide abortion care to people who sought to end their pregnancies for a variety of personal reasons.

22. We also helped many pregnant people in abusive situations. I was astonished at the number of women who lived in abusive environments. I recall one patient with seven children who visited the Center seeking both abortion and contraceptive care due to unplanned pregnancies. Her husband would not allow her to use birth control, and even threw out her birth control when he found it.

23. I met and spoke with women who were victims of incest by their fathers, uncles, or brothers. I personally counseled pregnant teenagers and one or both of their parents. Many held strong religious beliefs. Many were Catholic. Many had never supported abortion previously but now acknowledged that there was a need for access to abortion. I felt great sympathy for my patients and their families.

24. We also helped people whose pregnancies put their own health at risk, and/or who learned of devastating fetal diagnoses. I will never forget some of those stories. In one instance, a woman I know learned during her pregnancy that her baby would be born with anencephaly, which is a neural tube defect resulting in an underdeveloped brain and incomplete skull. Some babies are stillborn, and others survive only a few hours or days. She ultimately decided to have an abortion. She was so grateful that she was able to make her own decision about her pregnancy. There are so many cases like that.

25. Based on my many years of involvement with the Center and work since, I know that the choice to have an abortion is always a thoughtful, considered decision. I also know that the right to choose and have access to abortion was absolutely crucial to the thousands of women and girls that I met during my years with the WHC.

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

26. I understand that the Supreme Court overruled *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization* and now the Center has had to stop providing abortion care out of fear of criminal prosecution.

27. I am very afraid of what will happen to the Center and pregnant people in West Virginia now that the Center must stop providing abortion care.

28. I remember what it was like to live in West Virginia and provide health care to pregnant people here when abortion care was criminalized. Pregnant people who wanted to obtain an abortion and had the means to afford it would travel out-of-state. But others were forced to try to find illicit care, induce their own abortions, or remain pregnant against their will.

29. I know from opening the Center over fifty years ago that criminalizing abortion is not what West Virginians want or need. Access to safe abortions is a necessary and critical component of health care. I am terrified to think that we will return to a time I thought we had left behind.

30. As I think about what it will be like to live in West Virginia when abortion care again carries a risk of criminal prosecution, I am reminded of the young pregnant patients I encountered as a nurse at the CAMC – Memorial Division Hospital.

31. Since its founding over forty years ago, the Center has always helped young women. I am devastated that the Center will have to shut down its abortion care services, and I am particularly concerned about all the ways that the Criminal Abortion Ban will harm vulnerable individuals who need access to safe and compassionate reproductive health care.

32. Indeed, the people who will be disproportionately harmed will be those pregnant people living in poverty or in abusive and difficult situations, who already lack adequate information and resources. Without a place like the Center, those people will have nowhere in West Virginia to turn and may be fearful of the stigma and legal consequences associated with asking for help obtaining an abortion. And the people who might otherwise help them obtain abortions may be too scared to provide any assistance due to the potential criminal penalties.

//

//

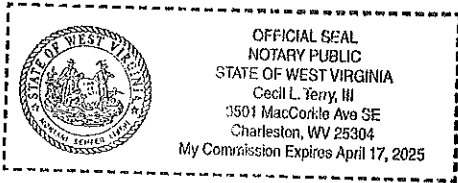
//



**AFFIANT FURTHER SAYETH NAUGHT.**

*Nancy J. Tolliver*  
NANCY TOLLIVER

SWORN TO AND subscribed before me this 27 day of JUNE, 2022.



*[Signature]*  
\_\_\_\_\_  
Notary Public