

# Exhibit K

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

WHOLE WOMAN’S HEALTH, et al.,	)	
	)	
Plaintiffs,	)	
	)	CIVIL ACTION
v.	)	
	)	CASE NO. _____
AUSTIN REEVE JACKSON, et al.,	)	
	)	
Defendants.	)	

**DECLARATION OF MARVA SADLER IN SUPPORT OF PLAINTIFFS’ MOTION FOR  
SUMMARY JUDGMENT**

MARVA SADLER hereby declares under penalty of perjury that the following statements are true and correct:

1. I am the Senior Director of Clinical Services with Whole Woman’s Health (“WWH”) and Whole Woman’s Health Alliance (“WWHA”). WWH currently owns and operates three abortion clinics in Texas: in Fort Worth (the “Fort Worth Clinic”), McAllen (the “McAllen clinic”) and McKinney (the “North Texas Clinic”). WWHA owns and operates an abortion clinic in Austin, Texas (the “Austin Clinic”). WWH and WWHA are both plaintiffs in this case. I am also a plaintiff in my individual capacity.
  
2. I have been working in abortion clinics for over fifteen years and I have been working with WWH since 2008. As a result, I am well-versed in abortion clinic operations and patient care.
  
3. I provide the following testimony based on personal knowledge and review of WWH’s and WWHA’s business records.

## **Background and Role**

4. I was born in Detroit but raised in Texas since the age of 3. Early in my career, I served various roles in the medical field, working as a medical assistant, patient technician, and paramedic. In 2005, I took a job as a patient advocate at an abortion clinic in Waco, Texas. I enjoyed this work so much that I worked my way up and eventually became the manager of that clinic.

5. I was introduced to Amy Hagstrom Miller and WWH in 2008. I was impressed by the way they centered the patient experience in every aspect of their work, and I accepted a job as the clinic manager of the WWH clinic in Beaumont, Texas. The Beaumont Clinic has since closed due to a separate restrictive abortion law, House Bill 2 from 2013.

6. Over the next 10 years with WWH, I held a variety of positions: I served as clinic manager of the Fort Worth Clinic, clinic manager of the San Antonio Clinic, and then the Director of Clinical Services South, supervising the clinic managers of the San Antonio, Fort Worth, and McAllen Clinics. The San Antonio Clinic has since closed.

7. In 2018, I was promoted to my current role as Senior Director of Clinical Services. In this role, I am responsible for overseeing all of the clinical operations of all four Texas clinics, which involves a variety of responsibilities. I manage human resources for our clinical staff, including hiring, training, and physician scheduling. I oversee clinic compliance with state and federal law. I supervise the development of new medical services and programs. I also work with our associate director of clinical services and our medical director to create and update our clinic policies and procedures. Finally, I coordinate with members of the executive team who are responsible for other aspects of the organization, including finances, equipment, security

concerns, and vendor services. Generally, if an issue arises at one of our clinics, from a patient concern to a security issue, the issue is elevated to me.

8. For example, when an anti-abortion individual infiltrated our Austin Clinic and distributed handouts to staff inviting them to report violations of S.B. 8, I was notified and assisted with the incident reporting and other repercussions.

9. I am often involved in addressing issues and incidents related to protesters, who are regularly stationed outside each of our Texas clinics.

### **Impact of Texas Senate Bill 8**

10. I understand that Texas Senate Bill 8 (“S.B. 8”) prohibits a physician from providing an abortion if they have detected fetal or embryonic cardiac activity or if they have failed to test for cardiac activity.

11. Since embryonic or fetal cardiac activity can be detected as early as six weeks gestation, as measured from the first day of a patient’s last menstrual period (“LMP”), S.B. 8 bans almost all abortion in Texas.

12. Only approximately 10% of the patients at all four WWH/WWHA clinics obtain an abortion before six weeks LMP.

13. If we are not able to help these patients in Texas, we will do our best to connect them with services in another state. However, not everyone can travel out of state. Almost all of the states neighboring Texas are also hostile to abortion rights, so many patients will probably have to fly across the country to receive care. Patients have childcare, work, and school responsibilities. It is expensive to travel, particularly by plane, to have an abortion, and many of our patients have low incomes or are poor. If the patient wants to keep their abortion private for

any number of reasons, including their personal safety, it is much harder to do so if they are traveling out of state.

14. It makes me incredibly sad to think about what abortion access would look like in Texas if care is unavailable after six weeks LMP. We know from experience that some patients will be forced to remain pregnant. I was working for WWH in 2013 when House Bill 2 took effect, closing several of our clinics, and this had a devastating impact on our patients. Last year, when Governor Abbott issued an Executive Order that temporarily shut down abortion access in Texas for approximately three weeks, we had to send panicked patients home from our clinics, and I know some of them were never able to get the care they needed.

15. I understand that another aspect of S.B. 8 is that it is not directly enforced by state officials but by private citizens. These private citizens can sue physicians performing abortions after six weeks LMP, as well as anyone who “aids or abets” the performance of an abortion after six weeks. If the private citizen wins their lawsuit, the physician or “aider or abettor” can be banned from providing or helping to provide abortions after six weeks LMP and ordered to pay \$10,000 or more per abortion, as well as costs and attorney’s fees. I understand that even if someone has not violated S.B. 8, they could still be sued and would have to travel to a state court somewhere in Texas, hire a lawyer, and defend themselves.

16. Based on the work I do at WWH and WWHA, I am very concerned that I will personally be targeted by lawsuits under S.B. 8. In my current role, I am involved in virtually every aspect of abortion services, either directly or indirectly. In addition to the management I provide for our clinics, I am personally involved in patient care. I generally spend at least one day a month on site at the clinics, filling in for staff members or providing an extra set of hands for intake, payment and funding, pathology, patient counseling, and assistance during procedures.

17. I also understand that S.B. 8 includes a fee-shifting provision that makes parties and their attorneys liable to pay the costs and attorney's fees in cases challenging Texas laws that restrict abortion.

18. I am concerned that because WWH and WWHA frequently file cases to challenge unconstitutional abortion laws, S.B. 8's fee-shifting provision could make us liable for costs and attorney's fees in these cases, impairing our ability to use litigation to vindicate our rights and those of our patients.

19. The uncertainty created by S.B. 8 has already had a significant impact on our clinics. Our staff are worried that the clinics will be forced to close and they will be out of a job. While we generally have low staff turnover, ever since S.B. 8 started receiving public attention, staff began to express serious fears that their jobs would no longer exist come September 1. In fact, over the last several months, we have lost around one staff member every week, including one of our clinic directors. We have been interviewing replacements for these positions, but every applicant brings up S.B. 8 during their interview, asking questions I just can't answer. Our physicians are concerned if they will still be able to travel to Texas to perform abortions in September.

20. Because of our staffing challenges, I have had to spend much more time—1-2 days per week—on-site at the clinics filling in for missing staff. This has been going on for months, and the problem is only getting worse.

21. I do not want to be sued just for coming to work to do my job. I do this work because I believe it is the right thing to do. I have spoken with my family and they understand what might happen and they support me.

22. More than anything, S.B. 8 fills me with sadness. I am sad for our patients, who already overcome so much, on a daily basis, just to make their way into our clinics. I feel terrible for our

staff, who are already giving everything they can to our patients, but are now worried for their own livelihood and their families. We have been through this type of challenge before, with the clinic closures caused by House Bill 2, but at least then we knew roughly what to expect. This time, I feel helpless and uncertain.

23. Because S.B. 8 is already disrupting our work, I am deeply concerned about what will happen in September. I want to continue helping Texas patients access the care they need in a non-judgmental supportive environment, as I have done for the past thirteen years. I don't know if Texas will let me.

Dated: July 8, 2021

*Marva N. Sadler*

MARVA SADLER