EXHIBIT 4

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Attorneys for Plaintiff and Proposed Intervenors

IN THE DISTRICT COURT OF GUAM
TERRITORY OF GUAM

GUAM SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS, *et al.*, Plaintiffs vs. LOURDES A. LEON GUERRERO, *et al.*, Defendants.	CIVIL CASE NO. 90-00013 **DECLARATION OF BLISS KANESHIRO, M.D., M.P.H., IN SUPPORT OF MOTION TO INTERVENE AS PLAINTIFFS**

I, Bliss Kaneshiro, M.D., M.P.H., declare and state the following:

1. I am a board-certified obstetrician-gynecologist ("OB/GYN") with over two

decades of experience providing comprehensive reproductive health care, including abortion care. After my OB/GYN residency, I completed a two-year Fellowship in Complex Family Planning, where I received subspecialist training in research, teaching, and clinical practice in abortion and contraception. I am licensed to practice medicine in Hawai‘i and Guam, and based on O’ahu, Hawai‘i.

2. Currently, I am an Endowed Professor with Tenure in the Department of Obstetrics and Gynecology, and Women’s Health at the University of Hawai‘i in Honolulu. Since 2012, I have also served as the Chief of the Division of Family Planning and as the Co-Program Director of the Family Planning Fellowship, also within the Department of Obstetrics, Gynecology, and Women’s Health at the University of Hawai‘i. Additionally, between 2008–19, I held the position of Medical Director of Family Planning at the Hawai‘i State Department of Health.

3. For over twenty years, I have provided comprehensive obstetric and gynecological care – i.e., prenatal care, labor and delivery, surgery, preventative care (e.g., pap smears, STD testing), contraception, and medication and procedural abortion – to hundreds of patients each year. For over fifteen years, I have also provided abortion services at Planned Parenthood health centers in Honolulu and Maui. Throughout my career, I have also taught, trained, and supervised hundreds of medical students, residents, and/or fellows.

4. Since 2006, I have provided numerous workshops and clinical trainings to health care providers on a range of reproductive health care issues throughout Micronesia, including in the Republic of the Marshall Islands, Federated States of Micronesia, Commonwealth of the Northern Marianas, and Guam. In Guam, specifically, I have provided several lectures and trainings on the provision of contraceptive services, cervical and breast cancer screening, and screening for sexually transmitted diseases.

5. I also conduct research and have published over one hundred articles in peer-

reviewed journals on a number of topics relating to reproductive health care, including abortion and contraception. I have also written curricular content and numerous chapters of medical textbooks on a range of gynecological care issues, including abortion. I estimate that, throughout my career, I have managed millions of dollars in research funding, including as part of a multi-year grant to build research infrastructure at the University of Hawai‘i, with a specific focus on perinatal health, growth, and development.

6. The statements and opinions in this declaration are my own, and not made on behalf of the medical or academic facilities in which I provide care. The statements and opinions expressed herein are based on my personal knowledge, experience, education, training, and review of the relevant medical literature.

7. As a physician who provides abortion care to patients in Guam, I was generally aware that Guam had banned abortion in the 1990s, but that the ban was struck down after litigation and had remained blocked ever since. On February 1, 2023, I learned that the Attorney General of Guam had filed a motion to vacate the permanent injunction against that ban, Public Law 20-134 (P.L. 20-134 or the "Ban").

8. I have reviewed P.L. 20-134, and understand from conversations with my attorneys that, if the Attorney General's motion is granted and the Ban is allowed to take effect, the Ban would criminalize providing and obtaining abortions, and even speech about abortion care. It is my understanding that these prohibitions would apply not only to abortions provided and obtained, and speech about abortion, in Guam, but could also apply to abortion care and speech about abortion in Hawai‘i, where abortion is legal.

9. If the Ban is allowed to take effect again, it will directly impact my ability to provide medication abortion via telemedicine to people on Guam, to counsel pregnant people in Guam about abortion as an option and refer them off-island for care, to advocate for the right to

access abortion, and even to provide Guam-based patients with legal abortions in Hawai‘i. The Ban would also have a disastrous impact on the ability of my patients in Guam to access abortion care, even if they are able to come to Hawai‘i where abortion is legal. And because I am one of only two physicians providing abortion care on Guam, I know that none of the parties presently involved in the case are currently providing abortion care in Guam. Thus, in order to protect these interests, I seek to intervene in this case, and submit this declaration in support of Proposed Intervenors' Motion to Intervene as Plaintiffs.

Our Telemedicine Abortion Practice

10. Since 2016, my colleagues and I have used telemedicine to provide medication abortion to hundreds of patients in Hawai‘i, and since January 2022, to over 65 patients in Guam as well.

11. There are two main methods of abortion: procedural (sometimes referred to as "surgical") and medication abortion. Both methods are safe, effective means of terminating a pregnancy. My colleagues and I provide both methods of abortion to patients, and offer telemedicine for medication abortion.

12. In my experience, and as is reflected in the ample medical research and literature on the topic, using telemedicine for medication abortion is extremely safe, effective, and has high patient-satisfaction.

13. This service has enabled our patients in Guam, and on those Hawai‘ian islands where abortion access is minimal or non-existent, to access the care they need without unnecessary delay; without having to fly hundreds of miles and potentially staying overnight at a hotel; and without incurring travel costs, childcare costs, lost wages and/or jeopardizing their ability to keep their abortion decision confidential.

14. All patients who are interested in obtaining a medication abortion through

telemedicine undergo an initial screening by telephone. During this screening, a trained staff member obtains basic information (i.e., the patient's last menstrual period for initial pregnancy dating purposes and any pre-existing major medical conditions) to preliminarily assess eligibility. The staff member explains the process, including any lab work, ultrasound, or other testing that may be necessary.

15. If the patient is preliminarily eligible and interested in proceeding, the staff member will schedule the patient for a video appointment with a physician (myself or one of my colleagues) and provide the patient with information and forms to review prior to the appointment. Patients may be instructed to obtain certain pre-abortion tests from a local provider, but these tests are not medically necessary for all patients.

16. During the video appointment, one of the very first things we discuss with patients are their options for continuing or ending their pregnancy. In my experience, the vast majority of patients are certain of their abortion decision by the time of their video appointment. Even for those who are certain, we explain the different methods of abortion that are available to them. For a patient in Guam, we may also need to clarify that if they remain on Guam, the only method of abortion we can offer them is medication, but if they travel to Hawai‘i, they could have either a procedural or medication abortion.

17. For those who are uncertain, we answer their questions and provide nondirective counseling to enable them to make the decision that is best for them and their circumstances, including deciding not to have an abortion.

18. If the patient is interested in a medication abortion, we then assess their eligibility for medication abortion.

19. During the appointment, we also explain the medication abortion process—e.g., how to take the medications, what to expect when they take the medications, potential side effects

and complications. Finally, we go over the required consent forms, answer any questions, and take any other necessary steps to ensure that the patient's consent is informed and voluntary.

20. Once the patient's eligibility is confirmed and consent forms are e-signed, we either mail them the medications or, for our O'ahu based patients who choose to use this service, they can come to the office to pick them up. All patients are provided the medications, instructions for taking the medications, and two urine pregnancy tests. We also provide all patients with the phone number to our office, as well as a phone number staffed 24-hours a day/7-days a week (for any issues that arise after regular office hours).

21. We ask all patients when they intend to start the medication abortion, and a follow-up call with a physician is scheduled for 1-2 weeks later to do an initial assessment of whether the abortion was successful.

22. If there are no issues, the patient will be told to take a urine pregnancy test 4 weeks after they started the medication abortion and to report the results to our staff. If that test result triggers any concerns, the patient will be referred to myself or another physician for additional follow-up at that time.

23. All care provided to Hawai'i-based patients is provided consistent with Hawai'i law authorizing and regulating abortion, and all care provided to Guam-based patients is provided consistent with Guam's multiple abortion statutes, *see, e.g.*, 9 G.C.A. § 31.20, 10 G.C.A. § 3218.1, and the telemedicine litigation discussed below, *see Raidoo v. Camacho*, No. CV 21-00009, 2021 WL 4076772 (D. Guam Sept. 3, 2021).

24. In my experience, patient satisfaction with medication abortion using telemedicine is extremely high both because of the privacy and flexibility it affords. Some of our patients have told us that, if it were not for telemedicine, they would not have been able to obtain an abortion at all.

Abortion Access in Guam

25. Prior to 2018, approximately 200–300 abortions per year were provided in Guam.[1] However, to the best of my knowledge, since the last known abortion provider in Guam, Dr. William Freeman, retired from providing abortions in 2018, no physicians in Guam took his place.

26. Prior to 2018, it was extremely rare for my colleagues or I to see abortion patients from Guam. I estimate that we saw such patients once a year or less. These patients usually came to Hawai‘i in order to consult with specialists at our hospital after receiving a diagnosis of a fetal anomaly. If, after consulting with a specialist, they decided to terminate the pregnancy, we could provide that care to them.

27. I first became aware that there were no longer any abortion providers in Guam from news articles about the retirement of Dr. Freeman in 2018. Based on Dr. Raidoo's outreach, it became clear that no other physician in Guam was going to take his place. *See* Decl. of Shandhini Raidoo, M.D., ¶ 27.

28. After Dr. Freeman retired, I saw first-hand the impact of the lack of abortion access in Guam. Between mid-2018 and January 2022, I estimate that my colleagues and I saw approximately 10–15 abortion patients from Guam. While still a small number, this is obviously a tremendous increase as compared to the numbers we used to see.

29. These patients told me of the huge financial and personal burdens they faced in traveling to Hawai‘i for an abortion. Many of the patients who are able to travel to Hawai‘i tend to need a procedural abortion; for example, they may have a wanted pregnancy and travel to Hawai‘i to consult with experts about a fetal anomaly, then make the decision to terminate the pregnancy while they are in Hawai‘i. For some patients who contacted our office, the financial and other logistics ended up being too difficult to overcome and they never make it.

[1] "2018 Guam Statistical Yearbook." *Office of the Governor, Bureau of Statistics and Plans*, 2019, pp. 205–208, http://www.spc.int/DigitalLibrary/Get/o5r7x.

30. Indeed, given the hundreds of abortions per year on Guam before Dr. Freeman retired from providing abortions, I believe there are many other people for whom the prospect of coming to Hawai‘i for abortion care was so daunting that they did not even reach out in the first place. Those patients had no option but to continue their pregnancies to term against their will or self-manage their abortions outside of the formal medical system.

31. After Dr. Freeman retired from providing abortion care, and during this time, I was also aware of an increase in calls from people in Guam who heard about the telemedicine abortion service we provided in Hawai‘i, asking whether they too could obtain abortions through the telemedicine service without leaving the island. Even though we could not provide them care in Guam at that time, we provided information to patients who were considering traveling to Hawai‘i for abortion.

32. I have personal experience with what it means for a community when abortion access is reduced or eliminated altogether. During the latter part of my OB/GYN residency, a longstanding abortion provider in Hawai‘i retired. Though many doctors provided some abortion services for some of their established patients, no one provider was able to accommodate the large number of patients who were in need of abortion services. As resident physicians, we were unable to care for all of these patients. Some of them were turned away and were forced to continue an unwanted pregnancy. This is what inspired me to pursue my Complex Family Planning Fellowship and establish a family planning residency training program at the University of Hawai‘i, to establish one of the first telemedicine abortion sites in the United States, and to eventually expand our services from Hawai‘i to serve patients in Guam.

33. Dr. Raidoo and I, who had Guam medical licenses, desired to provide medication abortion via telemedicine to patients in Guam but were unable to do so as a result of two Guam laws.

34. In January 2021, Dr. Raidoo and I sued to challenge the two laws preventing us from providing telemedicine abortion in Guam. When news about the lawsuit came out, I am aware that our clinic received an influx of calls and other messages on social media from pregnant people in Guam who wanted abortions. Although we still could not yet provide them with medication abortion via telemedicine, I counseled the patients about their options, including that we could provide them with care if they came to Hawai‘i.

35. As a result of that lawsuit, we were able to expand our telemedicine abortion service to Guam, starting in January 2022. *See Raidoo v. Camacho*, No. CV 21-00009, 2021 WL 4076772 (D. Guam Sept. 3, 2021) (permitting use of telemedicine to satisfy abortion informed consent law), *appeal docketed*, No. 21-16559 (9th Cir. Sept. 23, 2021); Order, *Raidoo*, 2021 WL 4076772, Dkt. No 27 (court-ordered settlement recognizing telemedicine permitted under 9 G.C.A. §§ 31.20, 31.21). We currently provide medication abortion via telemedicine to patients in Guam, as authorized under Guam's multiple statutes regulating abortion, through 11 weeks of pregnancy. Since extending our services to pregnant patients in Guam, Dr. Raidoo and I have provided over 65 patients in Guam with medication abortions. In 2022, approximately 8% of our telemedicine abortion patients lived on Guam.

36. Because we are not located on Guam and have only recently been able to open our practice to people on the island, we rely in large part on people in Guam to refer patients to us. Many of our patients learn about our telemedicine abortion services from a provider that they have seen in Guam. Others search on the internet and see news articles covering our clinic, and others learn about us from a friend or other trusted person.

37. My colleagues and I still occasionally see patients from Guam in Hawai‘i, but it is rare—we only treat about one person every other month. These patients may come to Hawai‘i because they did not know telemedicine abortion was available in Guam or they were traveling

already, but the majority come to Hawai‘i because they were not eligible for medication abortion, typically because they are too far along in their pregnancy. Otherwise, most patients stay in Guam to receive services.

Impact of the Abortion Ban

38. If the Ban is allowed to go into effect, it would be devastating for pregnant people in Guam seeking abortions. Dr. Raidoo and I would no longer be able to provide medication abortion via telemedicine in Guam. The Ban would also put at risk our ability to counsel people in Guam seeking abortions, refer them to Hawai‘i for care, and even provide abortion care for them in Hawai‘i—if they are able to make the trip.

39. It is my understanding that, under Section 3 of the Ban, I would risk felony criminal prosecution and my Guam medical license if I continued to provide abortion care to patients in Guam. It goes without saying that a felony conviction would have huge implications for myself, my family, and my career, not to mention my ability to continue caring for patients outside of Guam, e.g., by jeopardizing my Hawai‘i medical license as well.[2] For a physician, a criminal prosecution itself—even if ultimately unsuccessful—can inflict significant, if not permanent, harm to our reputations and ability to practice medicine. The same goes for disciplinary action by a medical board. In order to preserve my liberty, and my ability to practice medicine, if the Ban took effect I would have to stop providing abortion care to pregnant people via telemedicine in Guam.

40. The decision to stop providing abortions to patients in Guam would be counter why I became a physician in the first place—to care for patients who need care. And I decided to become an abortion provider because of how important abortion is to basic health care. I have fought hard to be able to provide abortions to people in Guam, so it would be upsetting to know

[2] *See* Haw. Rev. Stat. Ann. § 453-8; Haw. Rev. Stat. § 453-8.6.

that I have the ability to provide this very safe care, but to be prohibited from providing it.

41. If abortion becomes illegal in Guam, I believe that most pregnant people who want an abortion would end up being forced to continue the pregnancy because they do not have the means to travel to Hawai‘i. This could have broad consequences, as there is ample evidence showing that a lack of abortion is detrimental to public health, both because of the long-term physical and psychological risks of forced pregnancy and denied abortion care and because of the risks that patients end their pregnancies by unsafe means. Patients in Guam seeking abortions have told me that they already have children who need their care or that they are in school or working. For these patients, having an abortion is important so that they can care for the children they have or continue with their career endeavors. Some of my patients have medical conditions that are caused by or could be exacerbated by continuing a pregnancy. Some patients have told me that they would try to self-induce an abortion if I was not able to provide it. Many have expressed real desperation at the idea of remaining pregnant. My Guam patients frequently tell me how grateful they are that our medication abortion telemedicine practice is available because they know there’s no one in the community who can provide them with this care, and without our practice they would not have any option but to continue the pregnancy.

42. While it will be extremely difficult (if not insurmountable) for many, based on my experience, I believe that at least some pregnant people seeking an abortion will find the resources to travel to Hawai‘i from Guam if the Ban is allowed to go into effect. But I am also very concerned that Section 3 of the Ban could be used to prosecute me for providing abortions in Hawai‘i (where abortion is legal) to Guam-based patients. My attorneys have informed me that, given the language of the Ban, and because it is not explicitly limited to abortions provided in Guam, there is a risk that a prosecutor in Guam could try to use it to prosecute me for care I provide to Guam residents in Hawai‘i. This is a concern I know other abortion providers around

the country have faced based on the language of certain state abortion bans.

43. As a result, if the injunction against Section 3 of the Ban is vacated, I would not provide telemedicine medication abortion services to eligible patients in Guam, and would be very concerned about caring for patients who reside in Guam if they travel to Hawai‘i for abortion care. I don’t know whether we would be permitted to continue to provide care to patients from Guam, nor whether myself or the rest of the staff would be willing to take the risk.

44. Similar to my concerns about Section 3, I am concerned that under Section 4 of the Ban, my patients from Guam would be exposed to criminal prosecution if they are forced to self-manage their abortions in Guam, outside the medical system. Or they would even be exposed to criminal prosecution if they come to Hawai‘i for an abortion, where it is legal, once they return to Guam.

45. Further, it is my understanding that, under Section 5 of the Ban, I would risk criminal prosecution for speaking about abortion in many different contexts, even if I am speaking about abortion care that is legal (such as care I provide in Hawai‘i), and even if I do not intend what I say to cause someone to obtain an illegal abortion in Guam. I am very afraid that a lot of things I currently say about abortion would violate Section 5 of the Ban.

46. For example, as discussed above, if the Ban is allowed to go into effect, based on my experience, I believe we will still get calls from pregnant people in Guam seeking abortions, just as we did before we were able to offer our medication abortion telemedicine practice to pregnant people on the island and there were no abortion providers on Guam, and just as we continue to receive calls from pregnant people seeking abortion care living on other islands in the Pacific where abortion is illegal or heavily restricted. People will still need abortions, and they will still look for all the options available to them.

47. Before I was able to provide medication abortion via telemedicine to patients in

Guam, I would tell pregnant people in Guam who called our clinic and were interested in abortion about their options, including coming to see us in Hawai‘i for an abortion, or I would talk about medication and procedural abortion generally, even though I was not able to provide them with abortion care in Guam. If the Ban goes into effect, I would feel morally obligated to provide patients with information about abortion and advise those who want an abortion to come to Hawai‘i for care, but I fear that I could be subject to criminal prosecution under Section 5 for doing so. It is my core belief that a physician is obligated to present patients with all reproductive life options that will allow them to make their own health decisions. Every birth should be healthy and wanted. Options counseling for patients with unwanted pregnancies is critical so that patients can make informed decisions.

48. Additionally, while I would never encourage someone to have an abortion they did not want, in some cases—e.g., where a patient has a medical condition where pregnancy threatens their health—I would counsel my patient that an abortion would be the option most likely to minimize risk to their health. For example, once or twice a year I am asked to see a pregnant patient with a recent diagnosis of cancer. Some cancers can be treated during pregnancy, but for some patients, remaining pregnant means their treatment will be delayed until they have delivered. Where the patient is weighing an abortion or delaying cancer treatment, I would typically advise that abortion is the option that would minimize the risk to the patient's health to the greatest extent. I have offered similar guidance to patients who have other health risks, though if they wish to continue their pregnancies, we would alternatively come up with a plan to minimize the health risks. My job is to support patients in their decision. The patient ultimately makes the final decision on whether to continue or terminate a pregnancy, my job is to provide them with information they can use to make that decision, which includes information about abortion.

49. In other cases, my patients have expressed to me that they want an abortion, but

are conflicted because abortion is so stigmatized. In those situations, I offer my patients support by telling them that the clinic and broader community supports them in making the decision that is right for them, including if that decision is to have an abortion. I would tell a patient in that situation that, "You are the only one who knows what is best for you." I would never try to convince a patient to have an abortion, but I do try to assist patients in making the best decision for themselves and their families by sharing information with them.

50. If Section 5 of the Ban was allowed to go into effect, I would be very concerned about continuing to offer such counseling to pregnant people in Guam. If I am not able to offer them complete counseling on their options, it would impact my ability to provide health care consistent with my understanding of medical ethics—which is that I should be able to give patients all the information they need to weigh their options and make a decision. If I cannot provide them with all of the relevant information, I feel I would be providing them with an unbalanced view of their options, which runs counter to my belief that as a health care provider, I should not change the core medical care I provide based on where someone is located.

51. I also speak to the press, including local press in Guam, about our practice and the abortion services we offer. I commonly speak favorably about abortion in such interviews, like saying that abortion has to be accessible because people never know when they will be in a situation when they need one, and that is why we need access that is widespread. I think speaking to the media and advocating for access to abortion is a big part of my work as an abortion provider, so that people have accurate information about their reproductive health care options. I feel that it is important to lift up the importance of abortion access in general, and the challenges people face in accessing abortion in Guam. However, if Section 5 of the Ban was allowed to go into effect, it would impact what I would say about abortion access in Guam, because I would not want to risk criminal prosecution if those tasked with enforcement viewed my advocacy as

"soliciting" people in Guam to obtain an abortion.

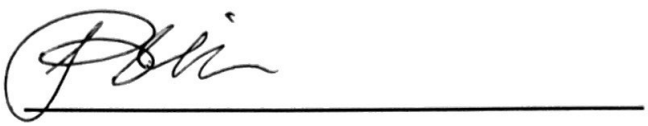
* * *

52. I know first-hand how challenging it is for people in a remote place to try to access abortion care, and I know how important it is to make that care available, which is why I have fought to expand my telemedicine practice to Guam. If the Ban is allowed to go into effect, it would undo all of that work and, more importantly, nullify basic access to abortion care on Guam. That is why I feel a particular ethical obligation—as a physician who serves patients in U.S. territories and throughout the Pacific—to join this lawsuit.

53. For all these reasons, and the reasons stated above, I urge this Court to permit me to intervene in this lawsuit, and to leave in place the injunction against the Ban.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 6 of March, 2023.



BLISS KANESHIRO, M.D., M.P.H.