VANESSA L. WILLIAMS, ESQ.
LAW OFFICE OF VANESSA L. WILLIAMS, P.C.
414 WEST SOLEDAD AVENUE
GCIC BLDG., SUITE 500
HAGÅTÑA, GUAM 96910
TELEPHONE: (671) 477-1389
EMAIL: vlw@vlwilliamslaw.com

ALEXA KOLBI-MOLINAS*
MEAGAN BURROWS*
RACHEL REEVES*
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
125 BROAD STREET, 18TH FLOOR
NEW YORK, NY 10004
TEL: (212) 549-2633
EMAIL: akolbi-molinas@aclu.org

* APPLICATION FOR ADMISSION *PRO HAC VICE* FORTHCOMING

Attorneys for Plaintiffs

IN THE DISTRICT COURT OF GUAM

SHANDHINI RAIDOO, M.D., M.P.H. and BLISS KANESHIRO, M.D., M.P.H., on behalf of themselves and their patients, Plaintiffs, vs. LEEVIN TAITANO CAMACHO, in his official capacity as Attorney General of Guam, NATHANIEL BERG, M.D., in his official capacities as Chair of the Guam Board of Medical Examiners and member of the Commission on the Healing Arts of Guam, PHILIP FLORES, in his official capacity as Vice-Chair of the Guam Board of Medical Examiners, ARANIA ADOLPHSON, M.D., in her official capacity as member of the Guam Board of Medical Examiners, ANNETTE DAVID, M.D., M.P.H., in her official capacity as member of the Guam Board of Medical Examiners, ANNIE BORDALLO, M.D., in her official capacity as member of the Guam Board of Medical Examiners, ARTHUR SAN AGUSTIN, Director of Public Health and Social Services in his official capacity as member of the Commission on the Healing	CIVIL CASE NO. 21-00009 **COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF**

Arts of Guam, BERNADETTE S. SANTOS, M.P.A., B.S.N, R.N., Chair of the Board of Nurse Examiners in her official capacity as member of the Commission on the Healing Arts of Guam, ANTONIO RAPADAS, D.D.S., Chair of the Board of Examiners for Dentistry in his official capacity as member of the Commission on the Healing Arts of Guam, THOMAS J. CARUSO, B.S.P., Chair of the Board of Examiners for Pharmacy in his official capacity as member of the Commission on the Healing Arts of Guam, MAMIE BALAJADIA, ED.D., Chair of the Guam Board of Allied Health Examiners in her official capacity as member of the Commission on the Healing Arts of Guam, MARLENE R. SAN NICOLAS, O.D., Chair of the Board of Examiners for Optometry in her official capacity as member of the Commission on the Healing Arts of Guam, JENNETH QUIAMBAO, Chair of the Board of Cosmetology in her official capacity as member of the Commission on the Healing Arts of Guam, DUSTIN PRINS, D.P.M., the Chief Medical Officer of the Guam Memorial Hospital Authority in his official capacity as member of the Commission on the Healing Arts of Guam, THERESA C. ARRIOLA, M.B.A., Director of the Guam Behavioral Health and Wellness Center in her official capacity as member of the Commission on the Healing Arts of Guam, and DOE 1, a representative from the Mayors Council of Guam in their official capacity as member of the Commission on the Healing Arts of Guam,

Defendants.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiffs, by their undersigned attorneys, bring this Complaint against the Defendants, and allege as follows:

INTRODUCTION

1. For more than 40 years, Guamanians have fought for the right to safe and legal abortion in Guam. However, today, as a result of the challenged laws, there are no known means of obtaining a legal abortion in Guam.

2. As a result of the challenged laws, people are being forced to travel several thousand miles, at significant personal and financial cost, to Hawai'i or beyond just to exercise their constitutional right to abortion. Some, unable to afford such extensive travel, are being forced to continue their pregnancies to term against their will. Others may be using unsafe methods to terminate their pregnancies.

3. The decision about whether, when, or how to become a parent is one of the most important and personal life decisions one can make. Every Guamanian should be able to make that decision without government-imposed barriers, without shame, and without being forced to leave their home and the support of their community to get the care they need.

4. Laws that prohibit pre-viability abortion and/or impose a substantial obstacle in the path of a person seeking a pre-viability abortion violate longstanding Supreme Court and Ninth Circuit precedent.

5. To ensure that the constitutionally guaranteed right to abortion can be fully realized for all Guamanians, this challenge seeks declaratory and injunctive relief against 9 G.C.A. § 31.20 and 10 G.C.A. § 3218.1 to the extent they prevent Plaintiffs, two Guam-licensed physicians, from providing abortion services to patients in Guam.

JURISDICTION AND VENUE

6. Plaintiffs bring this action under 42 U.S.C. § 1983 to redress the deprivation, under color of law, of rights secured by the U.S. Constitution and expressly extended to Guam under 48

U.S.C. § 1421b(u). *See Guam Soc'y of Obstetricians & Gynecologists v. Ada*, 962 F.2d 1366, 1370 n.4 (9th Cir. 1992), *as amended* (June 8, 1992).

7. This Court has subject matter jurisdiction over Plaintiffs' federal claims pursuant to 28 U.S.C. §§ 1331 and 1343.

8. Plaintiffs' action for declaratory and injunctive relief is authorized by 28 U.S.C. §§ 2201 and 2202, Rules 57 and 65 of the Federal Rules of Civil Procedure, and the general legal and equitable powers of this Court.

9. Venue is proper in this Court under 28 U.S.C. § 1391(b) because Defendants, who are sued in their official capacities, carry out their official duties at offices located in this district.

PARTIES

I. Plaintiffs

10. Plaintiff SHANDHINI RAIDOO, M.D., M.P.H., is a board-certified obstetrician-gynecologist (OB-GYN) with nearly a decade of experience providing comprehensive reproductive health care, including abortion, licensed to practice medicine in Hawai'i and Guam. Dr. Raidoo is an Assistant Professor in the Department of Obstetrics, Gynecology, and Women's Health and Complex Family Planning Fellowship Program at the John A. Burns School of Medicine, at the University of Hawai'i at Manoa. Dr. Raidoo sues in her individual capacity, on behalf of herself and her patients.

11. Dr. Raidoo is currently able to provide non-abortion health care via telemedicine to patients in Guam.

12. As described *infra*, Dr. Raidoo and her colleagues have safely provided medication abortion through telemedicine from O'ahu to hundreds of patients throughout the Hawaiian Islands. However, Dr. Raidoo is unable to counsel, prescribe, and provide medication abortion to

eligible patients in Guam using telemedicine, due to the risk of criminal and/or licensure penalties under the challenged statutes. *See* 9 G.C.A. § 31.20; 9 G.C.A. § 31.21; 10 G.C.A. § 3218.1.

13. Plaintiff BLISS KANESHIRO, M.D., M.P.H., is a board-certified OB-GYN with nearly two decades of experience providing comprehensive reproductive health care, including abortion, licensed to practice medicine in Hawai'i and Guam. Dr. Kaneshiro is an Endowed Professor with Tenure in the Department of Obstetrics, Gynecology, and Women's Health at the John A. Burns School of Medicine and also the Chief of the Family Planning Division and Co-Director of the Complex Family Planning Fellowship Program at the University of Hawai'i at Manoa. Dr. Kaneshiro sues in her individual capacity, on behalf of herself and her patients.

14. Dr. Kaneshiro is currently able to provide non-abortion health care via telemedicine to patients in Guam.

15. As described *infra*, Dr. Kaneshiro and her colleagues have safely provided medication abortion through telemedicine from O'ahu to hundreds of patients throughout the Hawaiian Islands. However, Dr. Kaneshiro is unable to counsel, prescribe, and provide medication abortion to eligible patients in Guam using telemedicine, due to the threat of criminal and/or licensure penalties under the challenged statutes. *See* 9 G.C.A. § 31.20; 9 G.C.A. § 31.21; 10 G.C.A. § 3218.1.

II. **Defendants**

16. Defendant LEEVIN TAITANO CAMACHO is the Attorney General of Guam. Pursuant to 5 G.C.A. § 30109(a), Attorney General Camacho, or a deputy or assistant, "*shall* conduct on behalf of the government of Guam the prosecution of all offenses against the laws of Guam which are prosecuted in any of the courts of Guam, the District Court of Guam, and any appeals therefrom," including violations of 9 G.C.A. §§ 31.20 and 31.21 (felony criminal penalties for illegal abortions) and 10 G.C.A. § 3218.1(f) (misdemeanor criminal penalties for

violations of state-mandated information requirements). Attorney General Camacho is sued in his official capacity.

17. Defendant NATHANIEL BERG, M.D., is Chair of the Guam Board of Medical Examiners ("GBME" or "the Board"). Defendant PHILIP FLORES is the Vice-Chair of the Board. Defendants ARANIA ADOLPHSON, M.D., ANNETTE DAVID, M.D., M.P.H., and ANNIE BORDALLO, M.D., are members of the Board. Pursuant to 10 G.C.A. § 12209(d), Defendant members of the Board are authorized to take disciplinary action against licensees for, *inter alia*, "the commission or conviction of a gross misdemeanor or a felony, related to the practice of medicine," including violations of 9 G.C.A. §§ 31.20 and 31.21 and 10 G.C.A. § 3218.1. Defendants are sued in their official capacity.

18. Defendants[1] ARTHUR SAN AGUSTIN; BERNADETTE S. SANTOS, M.P.A., B.S.N., R.N.; NATHANIEL BERG, M.D.; ANTONIO RAPADAS, D.D.S.; THOMAS J. CARUSO, B.S.P.; MAMIE BALAJADIA, ED.D.; MARLENE R. SAN NICOLAS, O.D.; JENNETH QUIAMBAO; DUSTIN PRINS, D.M.P.[2]; THERESA C. ARRIOLA, M.B.A.; and DOE 1[3] are members of the Commission on the Healing Arts of Guam ("the Commission"). Pursuant to 10 G.C.A. §§ 11110 and 3218.1(g)(2), Defendant members of the Commission are

[1] Pursuant to 10 G.C.A. §§ 12103(a)(1)–(11), the Commission on the Healing Arts of Guam consists of eleven members: the Director of Public Health and Social Services, or a designee from the Department; the Chairperson of the Board of Nurse Examiners; the Chairperson of the Board of Medical Examiners; the Chairperson of the Board of Examiners for Dentistry; the Chairperson of the Board of Examiners for Pharmacy; the Chairperson of the Board of Allied Health Examiners; the Chairperson of the Board of Examiners for Optometry; the Chairperson of the Board of Cosmetology; the Chief Medical officer of the Guam Memorial Hospital Authority; the Director of the Guam Behavioral Health and Wellness Center, or a designee from the Department; and one member from the Mayors Council.

[2] On information and belief, and according to Article 9.5-1(A) of the Guam Memorial Hospital Authority ("GMHA") Medical Staff Bylaws, the GMHA Medical Staff President acts as the Chief Medical Officer.

[3] On information and belief, this position is pending appointment by the Mayor's Council of Guam.

authorized to take disciplinary action against licensees for violations of 10 G.C.A. § 3218.1. Defendants are sued in their official capacity.

STATUTORY AND REGULATORY BACKGROUND

Guam Abortion Statutes

19. Abortion is legal in Guam, subject to certain regulations and restrictions. *See, e.g.*, 9 G.C.A. § 31.20 (requiring, *inter alia*, that abortions be performed by a physician in an appropriate clinical setting); 10 G.C.A. § 3218.1 (mandatory delay and state-mandated information requirement); 19 G.C.A. § 4A100 (parental consent for abortion); 10 G.C.A. § 91A102 ("partial-birth abortion" ban); *see also Ada*, 962 F.2d 1366.[4]

20. Guam law states that abortions "may be performed" by an appropriately licensed physician in "the physician's adequately equipped medical clinic or in a hospital approved or operated by the United States or this Territory." 9 G.C.A. § 31.20(b)(2) ("Clinic Requirement"), attached hereto as Ex. A. For purposes of this statute, an abortion is defined as "the termination of a human pregnancy with an intention other than to produce a live birth or to remove a dead fetus." *Id.* at (a).

21. The Clinic Requirement, which was enacted in 1978, does not appear to differentiate between (i) procedural abortions, which are medical procedures typically performed in a clinical setting, and (ii) medication abortions, which are not procedures at all, and were not available at the time this requirement was enacted. *See infra* ¶¶ 127–46. As discussed *infra*, in a

[4] Because this lawsuit solely concerns abortions performed prior to 13 weeks "after the commencement of pregnancy," *see infra* ¶ 135, Plaintiffs do not challenge the portion of Guam law that prohibits certain abortions after this point. *See* 9 G.C.A. § 31.20(b)(3). However, those prohibitions are largely unenforceable. *See, e.g.*, *Ada*, 962 F.2d at 1372–74; *Isaacson v. Horne*, 716 F.3d 1213, 1227 (9th Cir. 2013) ("Under controlling Supreme Court precedent, a woman has a right to choose to terminate her pregnancy *at any point* before viability. . . and the State may not proscribe that choice."); *see also id.* at 1222 (prohibitions on post-viability abortion must contain exception "where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother") (quoting *Roe v. Wade*, 410 U.S. 113, 164–65 (1973)).

medication abortion the patient ingests certain medications, 24–48 hours apart, at a time and location of their choosing, to induce a process virtually identical to an early miscarriage. *See* ¶¶ 130–32.

22. Failure to comply with the Clinic Requirement is a third-degree felony. 9 G.C.A. § 31.21. Failure to comply with the Clinic Requirement could also lead to medical licensure penalties. *See, e.g.*, 10 G.C.A. § 12209(d)(3) (grounds for disciplinary action include "the commission or conviction of . . . a felony [] related to the practice of medicine, or the entry of a guilty or nolo contendere plea to a . . . felony charge").

23. Guam law also imposes a 24-hour mandatory delay and in-person, state-mandated information requirement on all abortion patients, except in medical emergencies. *See* 10 G.C.A. § 3218.1 ("State-Mandated Information Law"), attached hereto as Ex. B.

24. The State-Mandated Information Law, which was enacted in 2012, defines abortion to include, *inter alia*, "the use or prescription of any instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth." 10 G.C.A. § 3218.1(a)(1).

25. The State-Mandated Information Law requires that, *inter alia*, at least 24-hours prior to an abortion, the physician who is to perform the abortion or a "qualified person" provide the patient with certain information "in person," "individually," and "in a private room." *Id.* at (b)(1), (b)(2), and (b)(4).

26. The State-Mandated Information Law appears to supersede Guam's general informed consent statute. *Compare* 10 G.C.A. § 11104 (consent to surgical or medical procedures) *with* 10 G.C.A. § 3218.1(b) ("Except in the case of a medical emergency, consent to an abortion is voluntary and informed *if and only if*" certain statutory requirements are fulfilled) (emphasis added).

27. Failure to comply with the State-Mandated Information Law can result in misdemeanor penalties, professional disciplinary action, and other civil and administrative claims available under common or statutory law (including wrongful death). *Id.* at (f)–(g).

28. In addition, Guam law imposes numerous reporting requirements on physicians performing abortions. For example, within seven days of performing an abortion, a physician must complete, sign, and submit an "individual abortion report" to the Office of Vital Statistics of the Department of Public Health and Social Services ("DPHSS"). 10 G.C.A. §§ 3218 (a), (c). This report includes demographic information about the patient, along with the physician's name and the facility at which the abortion was performed. *Id.* at (a).

29. Based on these reports, the Guam Registrar of Vital Statistics is required to publish annually, *inter alia*, the name of every facility to have provided an abortion in the past year, along with the number of abortions performed at each such facility. *Id.* at (e).[5]

30. Failure to complete an individual abortion report for each abortion within seven days from the date of the abortion is a misdemeanor, and may also lead to sanctions, disciplinary or other actions by the GBME. *Id.* at (k)–(l).

31. Each patient is also required to certify, in writing, that they received the state-mandated information at least 24-hours prior to the abortion, and the total number of those certifications must be reported monthly to the Guam Memorial Hospital Medical Records Section ("Records Section"). *See* 10 G.C.A. § 3218.1(b)(5). The Records Section is required to make the number of certifications received available to the public on an annual basis. *Id.*

32. Failure to obtain and/or report the total number of these certifications can result in misdemeanor penalties, professional disciplinary action, and other civil and administrative claims available under common or statutory law (including wrongful death). *Id.* at (f)–(g).

[5] *See also* Guam Bureau of Stat. & Plans, *2018 Guam Statistical Yearbook* 205–08 (2019), http://www.spc.int/DigitalLibrary/Get/o5r7x.

33. These reporting requirements are not being challenged in this lawsuit.

Telemedicine

34. Guam law permits Guam-licensed physicians, including those located in other jurisdictions, to practice within Guam by electronic or other such means. *See generally* Guam Att'y Gen. Op. No. 17-0351 (Nov. 6, 2017).

FACTUAL ALLEGATIONS

Abortion in Guam

35. Historical, ethnographic and linguistic evidence dating back to the 18th century shows that, over time, women in Guam and throughout the region have utilized a variety of methods to induce miscarriage or end their pregnancies, as well as to practice birth control and other methods to control their fertility.

36. More recently, and for nearly five decades, Guamanians have fought to ensure and maintain access to safe and legal abortion on the island.

37. At the time of the Supreme Court's decision in *Roe v. Wade*, 410 U.S. 113 (1973), abortion in Guam was defined as a crime for both the person performing the procedure and for the woman who solicited or consented to it, except in cases where it was necessary to preserve the woman's life or health. Like most Guam laws at the time, the criminal abortion law was based on the 1930 California Penal Code.

38. Some people in Guam nevertheless found ways to access abortion care during this time. For those who could afford it, legal abortions could be obtained by flying either to Japan or to Hawai'i; others obtained illegal abortions in Guam. However, the lack of legal abortion meant that others were forced to carry their pregnancies to term.

39. In 1978, Senator Concepcion Barrett proposed and successfully amended the penal code to de-criminalize abortion. That statute, 9 G.C.A. § 31.20, *see supra* ¶¶ 19–22, remains the law—and unchanged—to this day.

40. In 1989, Senator Elizabeth Arriola introduced a law outlawing abortion, which was even more restrictive than the pre-1978 law. Much of the opposition to that ban came in the form of women's personal stories about the importance of abortion access to their lives.

41. For example, one woman gave a personal account of becoming pregnant at 27 years old as a result of contraceptive failure. She testified that her husband abandoned her, but she chose not to terminate her pregnancy: "My choice was right for me, but it would not have been right for many other women who found themselves unexpectedly pregnant and did not have the resources to fall back on that I had."

42. Organized opposition also came from the Guam Nurses Association (GNA). For example, appearing at a legislative hearing in her capacity as the President of the GNA, now-Governor Leon Guerrero, testified that the Ban "totally ignores individual human rights, decreases access to health care, and increases the potential for adversity in the human condition."

43. Governor Leon Guerrero later expressed that it was concern for her own daughter that was the deciding factor for her to speak out against the ban: "The bottom line that made me decide to do it . . . was this: . . . If this bill becomes law . . . what does that mean? That means that if my child was raped . . . and she went to have an abortion and found that she could not, she's going to come to me and say, 'Mom, what did you do to fight for my right as a woman to decide on my own?' . . . And that's when I said . . . even if it loses, the consoling thing for me is that I tried my best. And that's all I can say to my daughter."

44. The ban ultimately became law on March 19, 1990. According to a local grassroots pro-choice organization, the last legal abortions performed in Guam before the ban took effect were for two girls, aged 10- and 12-years old.

45. Four days later, on March 23, 1990, a lawsuit was brought on behalf of Maria Doe (a pseudonym), representing herself and all other women who needed abortions or counseling and information, along with a number of other plaintiffs including the Guam Society of Obstetricians and Gynecologists.

46. Maria Doe, who already had one child, was eight weeks pregnant. Her abortion, which had been scheduled for March 20 in Guam, had been canceled and she had been told by multiple doctors that they could not help her because of the ban. She testified that she had already had to borrow money from a friend to afford the procedure and could not afford to go to Japan, Hawai'i, or elsewhere to obtain an abortion.[6]

47. Numerous other individuals also submitted testimony concerning the impact of the ban. For example, Rita Lujan Bevacqua, R.N., the Nursing Director at the Seventh Day Adventist Clinic in Guam (who succeeded Governor Leon Guerrero as President of the GNA), testified about a man who called the clinic after the ban took effect. His wife was pregnant, and they already had six children, but he was too afraid to leave his name or come in to talk about their situation, or even for his wife to come in and have a pregnancy test; he just wanted them to tell him what he could do for his wife, as they felt they could not have any more children.[7]

48. A woman in the Navy, also testifying pseudonymously (because the Navy would not permit her to use her real name), explained that she had previously obtained an abortion from

[6] See Decl. of Maria Doe (1990), attached hereto as Ex. C, Att. 1.

[7] Decl. of Rita Lujan Bevacqua (1990) ¶ 10, attached hereto as Ex. C, Att. 2.

a local provider in Guam and would not have been able to afford to fly to Hawai'i if the ban had been in effect at the time.[8]

49. Another woman, testifying pseudonymously because she believed she and her husband "would suffer adverse consequences if my true name was revealed," explained that she was first married at 18 years old and had three children born within a year of each other, even though she did not want and was not emotionally prepared for a family. She later separated from her husband, remarried, and had a planned pregnancy. When that child was eight months old, she became pregnant again due to contraceptive failure. She chose to have an abortion because she felt strongly that having another child at this time would have such a negative effect on her ability to care for her existing children, explaining "I did what was right and best for me" and "I have not regretted it." Had she been pregnant when the ban took effect, she said she would have done "whatever it takes to have an abortion."[9]

50. One young woman testified that "I do not know if I will ever have an abortion, but I do know that if I ever became pregnant, I would want the freedom of choice to decide whether to have an abortion. As a result of this law, I do not have the same right to control my body as boys or men have to control their bodies. It makes me feel that my decision-making abilities are not respected and that my body and my life are not fully my own."[10]

[8] Decl. of Betsy Ross Doe (1990) ¶¶ 3–4, attached hereto as Ex. C, Att. 3; *see also* Decl. of Cathy Jones, R.N. (1990) ¶¶ 4–5, attached hereto as Ex. C, Att. 4.

[9] Decl. of Evangelista Doe (1990) ¶¶ 2–5, attached hereto as Ex. C., Att. 5.

[10] Decl. of Brindha Muniappan (1990) ¶ 3, attached hereto as Ex. C, Att. 6.

51. Other health care providers, including a social worker and former nun, also testified about the importance of abortion access to the lives of their clients and their families, as well as the impact of being denied that access.[11]

52. For example, Bevely Olson, a Mental Health-Psychiatric Nurse, testified about the extreme measures people in Guam have taken when unable to access legal abortion. She described one 19-year-old woman who made multiple attempts to induce an abortion, including: drinking one-fifth of a bottle of whisky; taking an overdose of aspirin; asking her boyfriend to punch her in the abdomen, which he did; asking her nieces and nephews to jump on her stomach, which they did; and running her car off the road. Because these attempts failed, she was forced to give birth against her will. She also described a woman who had been forced to give birth when she was only 10 years old and whose baby had been presented to the community as her sibling, and the devastating long-term effect of being "locked into a secret that she could not reveal to anyone."[12]

53. Other health care providers in Guam testified that they had heard from patients that consuming whole bottles of alcohol or soy sauce will induce an abortion and described patients who drank peroxide or vinegar or took an overdose of Tylenol to cause their own abortion.[13]

54. The ban was ultimately enjoined and struck down by the district court as unconstitutional; the Ninth Circuit upheld that decision, and the Supreme Court declined to hear the case. *See Guam Soc'y of Obstetricians & Gynecologists v. Ada*, 776 F. Supp. 1422 (D. Guam

---

[11] *See, e.g.*, Decl. of Patricia Stahlnecker, R.N. (1990), attached hereto as Ex. C, Att. 7; Decl. of Bevely Olson (1990), attached hereto as Ex. C, Att. 8; Decl. of Carol O'Donnell (1990), attached hereto as Ex. C, Att. 9.

[12] Olson Decl. ¶¶ 3, 7–8, 10.

[13] Jones Decl. ¶ 3; Stahlnecker Decl. ¶ 10.

1990), *aff'd*, 962 F.2d 1366 (9th Cir. 1992), *as amended* (June 8, 1992), *cert. denied*, 506 U.S. 1011 (1992).

55. Abortion has remained legal in Guam since the 1990 abortion ban was enjoined.

56. Between 2008–17, approximately 200–300 abortions were provided in Guam each year.[14]

57. Based on the abortion methods reported, between 2008–17, at least 85% of abortions performed in Guam—if not more—occurred in the first or early second trimester.[15]

58. Nearly 60% of people who obtained abortions in Guam between 2008–17 identified as Chamorro.[16]

59. On average, the majority of people who obtained abortions in Guam between 2008–17 already had at least one child.[17]

60. Prior to 2018, it was extremely rare for Plaintiffs or their colleagues in Hawai'i to see abortion patients from Guam. Plaintiffs estimate they saw such patients once a year or less—usually those patients came to Hawai'i because of a rare fetal anomaly that required a consultation with a specialist.

61. In 2016, one of the only two physicians known to provide abortions in Guam retired. In 2018, the last known physician (Dr. Freeman) to provide abortions in Guam retired, leaving no known abortion provider of abortions on the island.[18]

---

[14] Guam Bureau of Stat. & Plans, *supra* note 5, at 205–08.

[15] *See id.* at 206.

[16] *Id.* at 207.

[17] *Id.* at 208.

[18] Jasmine Stole Weiss, *No Abortion Providers on Guam*, Pac. Daily News (June 30, 2018), https://www.guampdn.com/story/news/2018/06/30/no-abortion-providers-guam/744847002/, attached hereto as Ex. C, Att. 10.

62. According to media reports, no abortions were reported in Guam between June 2018 and June 2019.[19]

63. Plaintiffs first became aware that the last abortion provider in Guam retired in 2018 from news articles.

64. Around the same time, Plaintiffs and their colleagues started receiving inquiries from people in Guam who needed access to abortion, as well as from doctors in Guam on behalf of their pregnant patients. Plaintiff Raidoo reached out to the physician who took over Dr. Freeman's clinic and he informed her they would no longer be providing abortion services.

65. Many hospitals and medical practices in Guam have stated publicly that they not only do not provide abortions, but also that they will not even refer patients for abortions.[20]

66. Anti-abortion stigma discourages even supportive local doctors from incorporating abortion services into their practice.

67. After reaching out to other physicians and advocates in Guam, Plaintiffs have become aware of supportive physicians who are willing to provide pre- and post-abortion care but have been unable to identify anyone willing and able to provide abortion services directly. These supportive physicians have expressed fear of retaliation and protests if they do start providing abortions.

68. The reporting requirement and publication of statistics, including the names of every facility where abortions are performed, ultimately makes it impossible for local doctors to keep the fact that they provide abortions secret.

[19] The Associated Press, *Guam Catholic Group Protests Recruitment of Abortion Doctors*, ABC News (June 15, 2019), https://abcnews.go.com/Health/wireStory/guam-catholic-group-protests-recruitment-abortion-doctors-63738886, attached hereto as Ex. C, Att. 11.

[20] *See* Weiss, *supra* note 18.

69. Governor Leon Guerrero, who actively supports restoring abortion access to Guam, has recognized the extent to which stigma against abortion makes it difficult to find local doctors in Guam willing to provide the service.[21]

70. In fact, Governor Leon Guerrero's statement to the press that she supports recruitment of a doctor to provide abortions in Guam was not only met with a protest by a local anti-abortion group, but legislation was presented to existing senators that would have prohibited the government from engaging in such recruitment.[22]

Impact of the Lack of Abortion Access in Guam

71. On information and belief, there are no known providers of legal abortion in Guam.

72. Currently people in Guam are being forced to travel to Hawai'i or mainland United States to exercise their constitutional right to abortion.

73. Requiring Guamanians or Guam-based U.S. servicemembers to travel to Hawai'i or mainland United States to exercise their right to abortion imposes tremendous obstacles in the path of those seeking an abortion.

74. These burdens fall disproportionately on Chamorro women and women who already have at least one child, who are the majority of people who have abortions in Guam. *See supra* ¶¶ 58–59.

75. Moreover, data already show that a majority of abortion patients are poor or low-income and poverty is a significant problem in Guam: According to recent data from the U.S.

---

[21] Caleb Jones, *Abortions Are Legal in Guam, but Doctors Won't Perform Them*, AP News (June 7, 2019), https://apnews.com/c2537d19a3024554baa5e617d5381c9c, attached hereto as Ex. C, Att. 12; *see also* The Associated Press, *supra* note 19.

[22] Jolene Toves, *Bill Drafted to Stop Hiring of Abortion Doctor*, Pac. News Ctr. (June 19, 2019), https://www.pncguam.com/bill-drafted-to-stop-hiring-of-abortion-doctor, attached hereto as Ex. C, Att. 13.

Census Bureau, the poverty rate for Guam is approximately 22.5%, which is higher than the highest poverty rate (19.6%) among the 50 states and District of Columbia.

76. The out-of-pocket cost to obtain an in-person abortion in Hawai'i ranges from $400–$700 in the first trimester to as much as $3,000–$7,000 in the second trimester. Thus, the longer it takes to come up with the funds for the abortion procedure, the more expensive the procedure may become.[23]

77. Federal Medicaid only covers abortion in cases of rape or incest or if the pregnancy is life-threatening. *See* Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, div. H, §§ 506–07, 134 Stat. 1182, 1622 (2020). Moreover, in Plaintiffs' experience, even those patients from Guam with private insurance usually do not have coverage for abortion.

78. In addition to the cost of the procedure itself, a Guam-based patient will face significant travel costs. A single round-trip economy ticket for a commercial flight between Guam and Hawai'i costs approximately $1,500. Moreover, given the length of the flight, time difference, and general limited availability of flights, unless a patient has friends or family they can stay with, they are likely to have to pay for at least one night in a hotel as well.

79. At a minimum, patients who work will need to take multiple days off of work to travel and obtain care. Patients without access to paid sick leave may also face lost wages for each day they need to take off of work to travel and obtain abortion care.

80. Patients who have children may also face difficulty arranging and/or paying for childcare for each day they need to travel and obtain abortion care.

[23] As discussed below medication abortion using telemedicine is much less expensive, *see infra* ¶ 183, but is currently unfeasible in Guam due to the challenged laws, *see infra* ¶¶ 190–216.

81. Given the costs, need to take time off of work, and childcare obligations, some patients may have no option but to travel alone, without their partner, a supportive friend, or family member.

82. There are also intangible costs to traveling off-island for care. For example, it is much more difficult to keep the decision to have an abortion secret, or known only to a trusted few, if one has to request time off from work and/or explain taking a sudden, expensive trip to Hawai'i. This is especially difficult for people experiencing intimate partner violence ("IPV").

83. Further, the COVID-19 pandemic has added new layers of complexity and risk to travelling for accessing health care. From an infection control perspective, air travel imposes risks on the individual travelling and their household, as well as on recipient clinics and health providers.

84. Even patients who are permitted to travel may be subject to extensive quarantines in Hawai'i and/or Guam, which may require even more time off of work and need for alternative childcare arrangements, which in turn makes it even more difficult to keep the abortion decision private. For example, at the time of filing, anyone traveling to Hawai'i must submit proof of a negative COVID-19 test result (from an FDA-authorized "trusted testing" partner) within 72 hours of departure and complete and submit a travel questionnaire 24 hours before departure; anyone arriving without proof of a negative test result will be subject to a mandatory 10-day quarantine.[24] Patients who test positive for COVID-19 also may not be permitted to travel at all.[25]

---

[24] *See generally Travel Requirements*, The Hawaiian Islands, https://www.gohawaii.com/travel-requirements (last visited Jan. 27, 2021); *Safe Travels: Mandatory State of Hawaii Travel and Health Form*, State of Hawaii, https://travel.hawaii.gov/#/ (last visited Jan. 27, 2021).

[25] *See, e.g.*, Julia Jacobo, *Hawaii Couple Arrested After Boarded Flight Knowing They Had COVID-19*, ABC News (Dec. 2, 2020), https://abcnews.go.com/US/hawaii-couple-boarded-flight-knowing-covid-19-arrested/story?id=74510096, attached hereto as Ex. C, Att. 14.

85. Likewise, at the time of filing, anyone returning to Guam—including residents—is subject to a 14-day quarantine at a government facility, unless the individual qualifies for one of the narrow exemptions, in which case they can quarantine at an approved rental lodging or personal residence.[26] For example, to obtain a discretionary exemption to allow home quarantine for "a recent medical procedure or surgery" after returning from obtaining an abortion in Hawai'i, an individual would need to be assessed by a government staff member and offer documentation and information disclosing the abortion procedure. Even if approved, the exemption could take "several days," during which time even a Guam resident must stay in the government facility.[27]

86. At least one of Plaintiffs' patients has already been subject to mandatory quarantine upon returning to Guam after traveling to Hawai'i for an abortion; it was two weeks before this patient could see her family again.

87. Additionally, there is a dignitary harm when, even though they are U.S. citizens with a constitutional right to abortion, Guamanians are forced to travel to Hawai'i or beyond just to exercise their constitutional rights and access essential health care.

88. The lack of local abortion access also presents distinct obstacles for U.S. servicemembers stationed in Guam.

89. According to the U.S. Department of Defense, there are 12,000 military members and their families stationed in Guam.

90. Federal law already restricts military treatment facilities from providing abortions, and military insurance from providing coverage for abortion, except in cases where the pregnancy

---

[26] *Mandatory Quarantine Guidelines Effective August 21, 2020*, Guam Dep't of Pub. Health & Soc. Servs., http://dphss.guam.gov/quarantine/ (last visited Jan. 27, 2021).

[27] Memorandum from the Guam Dep't of Pub. Health & Soc. Servs., Additional Guidance Relative to Executive Order No. 2020-34 (Sept. 25, 2020), https://dphss.guam.gov/wp-content/uploads/2020/09/DPHSS-Guidance-Memo-2020-11-Rev10-1.pdf (last visited Jan. 27, 2021).

is life-threatening or the result of rape or incest. *See* 10 U.S.C. § 1093.[28] Thus, most servicemembers have no choice but to obtain abortion care off-base and to pay out-of-pocket for that care.

91. However, Plaintiffs have spoken to servicemembers seeking abortions who are prohibited from leaving Guam altogether during the pandemic. Even under non-pandemic conditions, to undertake the nearly 8,000-mile round-trip, likely multi-day journey to Hawai'i would require express permission from one's chain of command, which could be denied for any reason. Moreover, particularly for enlisted personnel who live on a limited income, the travel and out-of-pocket procedure costs would also present a significant obstacle.

92. If access to abortion in Guam is not restored, some Guamanians and servicemembers will simply be unable to overcome these logistical and financial obstacles and will be forced to carry their pregnancies to term against their will or may use unsafe methods to attempt to terminate their pregnancies. For example, in June 2019, it was reported that a 12-year-old girl, who had become pregnant as a result of rape, had no option but to continue her pregnancy to term because of the lack of abortion access in Guam.[29]

93. Since 2018, Plaintiffs have also spoken to multiple individuals who wanted to come to Hawai'i to obtain an abortion, but for whom the financial and logistical obstacles were too difficult to overcome.

94. Even those who are ultimately able to access care will likely experience delays that subject them to increased risks from both pregnancy *and* the abortion procedure, as well as increased costs. *See infra* ¶¶ 117–21. For example, this past summer, it took several weeks for

---

[28] Even if the abortion falls under one of the exceptions, there is no guarantee that there will be a doctor at a military treatment facility willing and able to perform the abortion.

[29] Jasmine Stole Weiss, *Concern Over Lack of Abortion Provider Raised*, Pac. Daily News (June 3, 2019), https://www.guampdn.com/story/news/local/2019/06/03/concern-over-lack-abortion-provider-raised-guam-news-bwa/1306185001/, attached hereto as Ex. C, Att. 15.

one of Plaintiffs' patients from Guam and her husband to secure funds and make travel arrangements to come to Hawai'i and, by the time they arrived, the patient required a far more expensive procedure than they had initially anticipated, which cost thousands of dollars.

95. Plaintiffs have also heard from other patients about the challenges they faced traveling to Hawai'i for care, including the challenges of raising sufficient funds, taking time off of work, and trying to keep the reason for their travel secret.

96. Overall, since mid-2018, Plaintiffs and their colleagues have seen approximately 5–10 abortion patients from Guam. While this is a marked increase as compared to past numbers, it is still a fraction of the overall number of abortions previously provided in Guam during a similar time period. *See supra* ¶ 56.

97. Since 2018, Plaintiffs have also received multiple requests from people in Guam, asking if they could obtain medication abortion through telemedicine without having to leave the island. As discussed *infra*, due to the challenged statutes, Plaintiffs are unable to provide this service to patients in Guam.

Background on Abortion, Abortion Safety, and Medication Abortion

Background on Abortion

98. Abortion is a fundamental component of comprehensive reproductive health care.

99. In the United States, approximately one in four women will have an abortion by the age of 45.

100. More than 60% of abortion patients report a religious affiliation: 24% identify as Catholic; 17% as mainline Protestant; 13% as evangelical Protestant; and 8% as another religion.

101. A majority of women having abortions in the United States already have at least one child.

102. According to the most recent data available, most people in the United States seeking abortions live at or near the federal poverty level.

103. Some patients have abortions because they conclude that it is not the right time to become a parent, or do not want to become a parent at all. Some patients choose abortion to pursue their career or education. Some patients choose abortion because they lack the necessary economic resources or a sufficient level of partner or familial support to care for a child. Many patients plan to have children when they are older, have the necessary financial resources to provide necessities to their children, and/or are in a supportive relationship with a partner.

104. Still others choose abortion because they are already parents and they cannot afford to care for additional children. In some cases, people who are experiencing IPV, struggling with drug addiction, or experiencing homelessness choose abortion because they do not feel they are in the position to care for a child.

105. Other patients choose abortion because continuing with the pregnancy could pose a risk to their health, especially if they have an underlying medical condition that could be complicated by pregnancy, or if they have already experienced a high-risk pregnancy. Other patients terminate wanted pregnancies due to severe or lethal fetal diagnoses.

106. Additionally, as a result of the COVID-19 pandemic and ensuing disruptions in employment, childcare, transportation, and health insurance, some people who would otherwise have chosen to continue a pregnancy may now feel unable to carry to term and give birth.

Abortion Safety and Impact of Denial of Abortion on Health and Well-Being

107. Legal abortion, in both the first and second trimester, is one of the safest medical procedures or treatments in the United States.[30]

[30] As explained *infra* ¶¶ 127–34, abortions can be accomplished through a procedure performed by a clinician or through medications self-administered by the patient themselves.

108. A recent, robust analysis of the full spectrum of abortion care in the United States was performed by the National Academies of Sciences, Engineering, and Medicine ("NASEM"), a body composed of experts that was first established by Congress in 1863 to provide independent, objective expert analysis and advice to the nation to inform public policy.

109. This analysis resulted in a 2018 report, *The Safety and Quality of Abortion Care in the United States*, which concluded that abortion continues to be one of safest medical procedures or treatments provided in the nation.

110. Complication rates for abortion are extremely low. Serious complications—defined as complications requiring hospitalization, surgery, or blood transfusion—occur in less than one percent of abortion cases. Abortion-related emergency room visits constitute just 0.01% of all emergency room visits by women of reproductive age in the United States.

111. Abortion is also significantly safer than its only alternative—carrying a pregnancy to term.

112. The mortality rate for abortion in the United States is approximately 0.44 deaths per 100,000 legal abortions. By contrast, according to data released by the DPHSS, between 2008–2017, the average maternal mortality rate in Guam was approximately 27.0 deaths per 100,000 live births.[31]

113. A person carrying a pregnancy to term is also far more likely to experience a pregnancy-related complication (morbidity) than a patient who obtains an abortion. Studies show that all common maternal morbidities, including hemorrhage and infection, are far more common among women carrying to term and giving birth than among those having abortions.

---

[31] *See* "Maternal and Child Health Services Title V Block Grant, Guam, FY 2020 Application/FY 2018 Annual Report." *Guam Department of Public Health and Social Services*, 2019, p. 24, 214, https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2020/GU/GU_TitleV_PrintVersion_FY20.pdf.

114. Pregnancy also often exacerbates certain existing health conditions, such as high blood pressure (hypertension), diabetes, kidney disease, autoimmune disorders, and asthma. Pregnancy may also induce new medical conditions and complications, such as pregnancy-induced gestational hypertension, venous thrombo-embolism (deep-vein blood clots), iron deficiency anemia, and gestational diabetes.

115. A person who carries a pregnancy to term also faces all the health risks associated with labor and delivery. Even an uncomplicated delivery is accompanied by serious risks. A vaginal delivery can result in vaginal, cervical, and perineal tears, infection, and injury to the pelvic floor. Furthermore, approximately one-third of pregnancies result in a cesarean section ("C-section") delivery, which is a surgical procedure that carries with it its own set of risks (*i.e.*, hemorrhage, infection and injury to adjacent organs, vessels, or nerves).

116. The risks associated with pregnancy do not end after delivery; a number of postpartum complications can arise in the minutes, days, weeks, and months after birth. These include retained placenta (when the placenta does not spontaneously deliver after vaginal delivery, potentially resulting in hemorrhage or infection); immediate or delayed postpartum hemorrhage; postpartum hypertension; peripartum cardiomyopathy (a type of heart failure); and postpartum endometritis (a uterine infection that can occur up to six weeks after birth).

117. While abortion is extremely safe, and safer than continuing the pregnancy to term, the risks from abortion do increase as the pregnancy advances. Moreover, as the number of weeks increases, the abortion procedure becomes more complex and more sedation is required, which bears its own risks.

118. When patients experience delays in obtaining abortion care, they face both the increased risks associated with pregnancy generally, as detailed above, *and* the increased risks associated with obtaining an abortion later in their pregnancies.

119. Studies have found that difficulty coming up with funds for travel and to pay for the abortion itself is the most common reason patients seek abortion care later in pregnancy.

120. When abortion is made more accessible and patients are able to obtain abortion services without unwanted delay, the likelihood of complications decreases, and patient health and well-being is enhanced.

121. For this reason, the American College of Obstetricians and Gynecologists (ACOG) and other well-respected medical professional organizations have affirmed that abortion is "a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible."[32]

122. The best available evidence demonstrates that being denied a wanted abortion has significant long-term negative consequences.

123. For example, research shows that patients who were unable to obtain wanted abortions, and therefore carried their pregnancies to term instead, experienced worse physical health outcomes and increased risk of physical violence from the partner involved in the pregnancy when compared with patients who received desired abortion care.

124. Research also shows that being denied a wanted abortion resulted in large and persistent negative effects on financial well-being, including lower rates of employment and higher rates of poverty observed in the four years after being denied an abortion.

125. It is also well-documented the world over that when a patient with an unwanted pregnancy cannot access safe, legal abortion, they may resort to unsafe methods to terminate a pregnancy. *See supra* ¶¶ 51–53.

[32] Am. Coll. of Obstetricians & Gynecologists et al., *Joint Statement on Abortion Access During the COVID-19 Outbreak*, ACOG (Mar. 18, 2020), https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak.

126. For example, in the Philippines, where abortion has been criminalized for over a century, approximately 1,000 women die annually from unsafe abortion and approximately 100,000 women are admitted to the hospital each year for complications of unsafe abortion.

Abortion Methods

127. There are two primary methods of abortion: medication abortion and procedural abortion. These methods account for approximately 99% of the abortions provided in the United States.

128. Procedural abortion in the first trimester and early weeks of the second trimester typically involves the use of gentle suction to empty the uterus. This is often referred to as "aspiration abortion." This is the identical procedure that is performed in cases of early miscarriage. After approximately 14–16 weeks of pregnancy, procedural abortions are performed using the dilation and evacuation or "D&E" method, which typically entails same-day or overnight dilation of the cervix and the use of a combination of suction and instruments to remove (or evacuate) the contents of the uterus.

129. Although aspiration and D&E abortions are sometimes referred to as "surgical" abortion, that is a misnomer, as they do not involve what is typically considered surgery, *i.e.*, an incision into bodily membranes. In accordance with the standards set forth by ACOG, aspiration and D&E abortions are more accurately referred to as "procedures."

130. In 2000, the U.S. Food and Drug Administration ("FDA") approved a two-drug regimen for medication abortion. The first medication in a medication abortion (mifepristone) works by blocking the body's receptors for the hormone progesterone, which is necessary to maintain the pregnancy. The patient takes the mifepristone, and approximately 24- to 48-hours later, takes the second medication (misoprostol).

131. Approximately 2- to 24-hours after taking the misoprostol, the patient will experience cramping and bleeding and the passing of small blood clots, just like in an early miscarriage. In fact, the identical medication regimen is offered to miscarriage patients as an alternative to managing the loss of the pregnancy with an aspiration procedure.

132. The primary difference between a medication abortion and an early miscarriage is that a miscarriage is usually unexpected and does not occur under controlled circumstances. A patient undergoing a medication abortion knows what to expect in advance, chooses when to initiate the process and can ensure that they do so in a safe and appropriate setting.

133. The FDA generally requires that authorized mifepristone prescribers dispense the medication in person at a medical office, clinic, or hospital (rather than through a pharmacy). However, some physicians—including Plaintiffs—are permitted by the FDA to send mifepristone directly to patients, subject to FDA-approved protocols. *See also infra* ¶¶ 164–70. There are no such limitations on dispensing misoprostol.

134. Regardless of where they are *dispensed*, both medications are approved by the FDA for self-administration by the patient without direct clinical supervision. Abortion and miscarriage patients typically self-administer the medications at home or in another location of their choosing. Indeed, the bleeding, cramping and passing of small blood clots that occur during a medication abortion are intended to occur—and virtually always do occur—while the patient is at home.

135. Medication abortion using the mifepristone-misoprostol regimen is generally available up to 10–11 weeks of pregnancy.

136. As noted above, medication abortion is extremely safe. According to the FDA's clinical review of the current mifepristone-misoprostol regimen, rates of major adverse events,

such as serious infection or hemorrhage requiring transfusion, "are exceedingly rare, generally far below 0.1%."[33]

137. A small fraction of medication abortion patients may require some form of non-emergency follow-up care. Most often, follow-up care is required because the uterus has retained some tissue (referred to as an "incomplete abortion"), which occurs in approximately 1–5% of cases; or because the patient is still pregnant (referred to as "ongoing pregnancy"), which occurs in approximately 0.8–2.9% of cases. Neither of these is considered a serious adverse event.

138. "Incomplete abortion" can often be effectively treated without any in-person care. For example, the patient can be offered "expectant management" (advising the patient to "watch and wait" for the retained tissue to pass) or provided with an additional dose of misoprostol, which can be obtained with a prescription at any pharmacy. Alternatively, patients can choose to have an aspiration procedure to remove the retained tissue. These are the same options that are offered to patients experiencing a miscarriage that fails to complete naturally.

139. In the rare case of an ongoing pregnancy, the patient can also obtain an additional dose of misoprostol or undergo an aspiration procedure.

140. Since 2000, more than four million people in the United States and millions of people worldwide have used the mifepristone-misoprostol medication abortion regimen to end an early pregnancy.

141. In fact, as the availability of medication abortion has increased, an increasing number of patients have availed themselves of it as an option. Today, it is estimated that approximately 60 percent of eligible abortion patients in the United States choose medication abortion over the aspiration procedure.

---

[33] FDA Ctr. for Drug Evaluation & Rsch., *Application Number 020687Orig1s020: Medical Reviews* 47 (2016), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020MedR.pdf.

142. Many people prefer medication abortion because they can complete the process in the privacy of their homes and at a time of their choosing. Others prefer medication abortion because it feels more "natural" to them to have their body expel the pregnancy rather than have instruments inserted into the uterus to empty it.

143. Some patients choose medication abortion because of fear or discomfort around a procedure involving instruments. For example, victims of rape and people who have experienced sexual abuse or molestation or other trauma may choose medication abortion to feel more in control of the experience and to avoid further trauma from having instruments placed in their vagina.

144. Some women experiencing IPV, who fear retaliation should they disclose their abortion, choose medication abortion because it presents just like a spontaneous miscarriage.

145. Some patients have medical conditions that make medication abortion a significantly safer option, with a lower risk of both complications and failure than procedural abortion. These conditions include anomalies of the reproductive and genital tract, such as large uterine fibroids, female genital mutilation, vaginismus, or cervical stenosis, as well as severe obesity or an extremely flexed uterus, all of which can make it difficult to access the pregnancy inside the uterus as part of a procedural abortion.

146. As discussed *infra* ¶¶ 155–63, medication abortion is routinely provided to patients in a variety of settings, including by telemedicine.

Telemedicine

147. Telemedicine, the use of electronic information and telecommunications technologies to support the delivery of health care services remotely, is used around the United States and internationally to provide health care services across many disciplines and in a variety of settings.

148. There are a variety of telemedicine patient care models, including live video-conferencing, also known as synchronous video. This involves a live, two-way interaction between a patient and health care provider using audiovisual technology. In live video-conferencing, the provider is usually located in a clinical setting, and the patient may be located at a remote health care facility or in a non-clinical setting, *e.g.*, in their home.

149. When the patient is located in a non-clinical setting, this is sometimes referred to as direct-to-patient telemedicine. Direct-to-patient telemedicine often utilizes live video-conferencing and is frequently used for services such as medication management, the diagnosis and treatment of primary or urgent care concerns, and psychiatry and psychotherapy visits.

150. For all forms of telemedicine, providers use their clinical judgment to determine whether a patient can be safely evaluated and treated remotely without an in-person visit based on the particular patient's circumstances.

151. However, the use of telemedicine does not preclude the reliance on certain in-person testing, *i.e.*, ultrasounds or blood tests. As is common in all areas of medicine, such tests can be obtained locally and then forwarded to the treating provider to be reviewed and assessed prior to diagnosing or treating the patient.

152. Patient education and informed consent conversations occur over live video-conference just as they do in person: the provider shares the same information they would during an in-person visit, and patients are given the opportunity to ask questions and receive answers in real time.

153. While the use of telemedicine has been steadily increasing across medical disciplines as its benefits become more widely known, the COVID-19 pandemic has accelerated an increase in its use. This is because telemedicine provides an ideal means to ensure patients can

continue to access not only time-sensitive care, but also comprehensive and preventive care, while eliminating unnecessary in-person interactions for both patients and clinicians.

154. For example, in March 2020, Guam Regional Medical City ("GRMC") announced that it was introducing a direct-to-patient telehealth program to "reduce the need for physical contact while continuing to provide excellent health care during the COVID-19 emergency," noting "[t]he program was originally introduced at GRMC to make doctor visits easier for patients with mobility issues, transportation problems, etc. and will continue to be used for that purpose after the COVID-19 crisis."[34] One neurologist at GRMC, describing how he conducts video appointments with patients, further explained that telehealth "might be the way of the future for GRMC."[35]

Telemedicine Medication Abortion

155. The availability of medication abortion care using telemedicine has proven incredibly important for patient access to essential reproductive health care in the United States and abroad.

156. Over the past decade, medication abortion has been provided in many U.S. states using telemedicine, including Alaska, Colorado, Georgia, Hawai'i, Illinois, Iowa, Maine, Maryland, Minnesota, Montana, New Mexico, New York, Oregon, and Washington, as well as the District of Columbia.

157. The availability of telemedicine for abortion care expands services to those who have difficulty accessing them—*e.g.*, because they live in an area with few or no abortion providers—thereby minimizing delays in accessing care and enhancing patient health and safety,

---

[34] *GRMC Introduces Telehealth*, Guam Reg'l Med. City (Mar. 25, 2020), https://www.grmc.gu/2020/03/26/grmc-introduces-telehealth/, attached hereto as Ex. C, Att. 16.

[35] Mai Habib, *GRMC's Telehealth Now an Option in Wake of Social Distancing*, Pac. News Ctr. (Mar. 30, 2020), https://www.pncguam.com/grmcs-telehealth-now-an-option-in-wake-of-social-distancing/, attached hereto as Ex. C, Att. 17.

see supra ¶¶ 117–21, and enabling people to obtain care in their own communities that might otherwise be unavailable.

158. Moreover, even when abortion care is available locally, evidence and Plaintiffs' own experiences demonstrate that some patients prefer using telemedicine because of the increased flexibility and privacy.

159. There is an extensive body of literature demonstrating the safety and efficacy of providing medication abortion using telemedicine. Indeed, the NASEM has determined that "[t]here is no evidence that the dispensing or taking of [medication abortion pills] requires the physical presence of a clinician."[36] ACOG has likewise concluded that "medication abortion can be provided safely and effectively by telemedicine with a high level of patient satisfaction" and "medication abortion through telemedicine [is]… equally effective as an in-person visit" with no difference in adverse events.[37]

160. For example, in a 2011 study in Iowa, researchers examining the safety and efficacy of telemedicine medication abortion found that the success rate for telemedicine patients receiving medication abortion (98.7%) was comparable to the success rate for in-person patients (96.9%), with no significant difference between telemedicine and in-person patients' occurrence of adverse events. Further, patients reported a high level of satisfaction with telemedicine care.

161. In a 2017 study, also in Iowa, researchers compared patients who received care by telemedicine (8,765 patients) with those who received care in person (10,405) over a seven-year period. Among medication abortion patients generally, clinically significant adverse events were

---

[36] Nat'l Acads. of Sci., Eng'g & Med., *The Safety and Quality of Abortion Care in the United States* 79 (2018).

[37] Am. Coll. of Obstetricians & Gynecologists Comm. on Practice Bulletins—Gynecology & the Society of Family Planning, *Medication Abortion Up to 70 Days of Gestation*, 102 Contraception 225, 228 (2020).

rare (0.26%), and among telemedicine patients specifically, they occurred only 0.18% of the time, compared to 0.32% for in-person patients.

162. And, in 2019, an international team of researchers for the World Health Organization conducted a systematic review of evidence concerning telemedicine used for medication abortion and found that it is safe, effective, and well-liked by both patients and providers.

163. There is also research focusing specifically on the use of telemedicine to obtain informed consent for abortion, which shows that telemedicine is highly acceptable to patients as a mode of attending state-mandated abortion information visits and helps reduce the travel and logistical burdens of attending the information visit in person.

Plaintiffs' Telemedicine Abortion Practice

164. Since 2016, Plaintiffs have used a direct-to-patient telemedicine model to counsel and prescribe medication abortion to hundreds of eligible patients in Hawai'i, the majority of whom lived on islands where there were no abortion providers.

165. As noted above, subject to compliance with certain FDA-approved protocols, Plaintiffs can send both medications used for a medication abortion directly to eligible patients, instead of requiring the patient to pick up the first medication used in a medication abortion—mifepristone—in person.

166. This means Plaintiffs can use telemedicine to consult with the patient and obtain informed consent, while the patient is in a location of their choosing, and then send the medications directly to patients. *See infra* ¶¶ 175–89.[38]

[38] While the patient has the ability to choose the location where they attend the telemedicine appointment and receive the medications, they must be located in Hawai'i; Plaintiffs do not provide care to patients located in jurisdictions where they are not licensed to practice medicine.

167. Similar telemedicine programs have served eligible patients in Colorado, Georgia, Illinois, Iowa, Maine, Maryland, Minnesota, Montana, New Mexico, New York, Oregon, Washington, and the District of Columbia, and other states, where permitted by law.

168. These programs are part of the TelAbortion Project. The TelAbortion Project provides updates on the program to the FDA, which has approved the program's continued use, subject to compliance with FDA-approved protocols.

169. Each one of Plaintiffs' patients who utilizes this service (TelAbortion) is informed that the medications are the same as what they would get if they came to the office for a medication abortion, but that the process differs in three main ways:

a. The initial and follow-up consultations with the abortion provider will be conducted via telemedicine instead of in person;

b. Any necessary exams, ultrasounds, and lab tests will be performed at medical facilities near the patient rather than at the abortion provider's office; and

c. The medications will be delivered by mail rather than handed to the patient in person.

170. Each TelAbortion patient provides specific consent to these protocols, as well as to the sharing of certain health information with the FDA.

171. As of December 2020, approximately 80% of Plaintiffs' TelAbortion patients have lived on those Hawaiian Islands where local access to abortion is either limited or non-existent.

172. This service has enabled these patients to access the care they need without unnecessary delay; without having to fly hundreds of miles and potentially staying overnight at a hotel to obtain care; and without incurring travel costs, childcare costs, lost wages and/or jeopardizing their ability to keep their abortion decision confidential.

173. As of December 2020, the other approximately 20% of Plaintiffs' TelAbortion patients lived on O'ahu, where there is regular access to in-clinic medication and procedural abortions. These patients nevertheless opted to use the service because of the privacy and flexibility it provides.

174. Since the onset of the pandemic, Plaintiffs have seen a dramatic increase in the number of patients seeking to obtain a medication abortion by telemedicine, including on O'ahu.

175. All of Plaintiffs' patients who are interested in obtaining a medication abortion through telemedicine undergo an initial screening by telephone.

176. If the patient is preliminarily eligible and interested in proceeding, the patient will be scheduled for a video appointment—using a secure Internet-based platform—with a physician. The patient is provided with information and forms to review prior to the appointment, including instructions on any lab work, ultrasound, or other testing ("pre-abortion testing") that may be necessary.

177. Because of the flexibility afforded by this model, patient appointments can be scheduled outside of regular clinic hours to accommodate those patients who may, *e.g.*, have difficulty getting time off from work during the day.

178. Any pre-abortion testing that may be required can be obtained from any OB-GYN, family medicine, or other general medical office, as well as radiology offices and laboratories. Because the pre-abortion testing are all routine tests relating to the confirmation and care of an ongoing pregnancy, patients do not need to disclose they intend to have an abortion to obtain them. Patients can ask that test results be sent directly to Plaintiffs or can send them themselves electronically or by fax.

179. During the video appointment, Plaintiffs assess eligibility for medication abortion the same way they would if the patient was at the clinic, *e.g.*, by taking the patient's medical

history and reviewing any pre-abortion testing. Plaintiffs will not prescribe, dispense, or mail the medication abortion unless and until they have been able to review any necessary test results.

180. During the video appointment, Plaintiffs also explain the medication abortion process, again providing all the same information and counseling they would provide to a patient who came to the clinic in person for a medication abortion—*e.g.*, how to take the medications, what to expect when they take the medications, potential side effects and complications. In particular, Plaintiffs explain what symptoms and side effects are normal, and when to seek additional or emergency medical attention.

181. Finally, just as with patients obtaining a medication abortion in person, Plaintiffs review the required consent forms, answer any questions, and take any other necessary steps to ensure that the patient's consent is informed and voluntary. If an eligible patient wishes to proceed with the abortion, Plaintiffs instruct them how to sign the required consent forms electronically.

182. In Plaintiffs' experience, the vast majority of patients are certain of their abortion decision by the time of their video appointment. For those who are uncertain, Plaintiffs 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. This is the same process Plaintiffs follow for in-clinic patients expressing ambivalence about their decision.

183. Once the patient's eligibility is confirmed and consent forms are signed, Plaintiffs either mail the patient the medications or the patient can pick up the medications from Plaintiffs' offices in person. The total out-of-pocket cost to telemedicine patients, for the video appointment and follow-up appointments and the medications, is approximately $240.

184. Plaintiffs provide all patients—whether they obtain care by telemedicine or in person—with a phone number staffed 24-hours a day/7-days a week, if they have any questions or concerns at any time during the process.

185. In addition, Plaintiffs ask all patients—whether they obtain care by telemedicine or in person—for the date they intend to start the medication abortion process and two follow-up appointments (telephone) are scheduled: one for seven days after and one for four weeks after they initiated the process. Patients are provided with and instructed to take a urine pregnancy test four weeks after they started the medication abortion. Patients are advised that they may also obtain an ultrasound or blood test to confirm the abortion was successful.

186. The purpose of the first follow-up appointment is to do an initial assessment of whether the abortion was successful, *e.g.*, to discuss the amount of bleeding, and whether the patient is experiencing any symptoms that might require follow-up care, *e.g.,* symptoms of ongoing pregnancy or incomplete abortion. At the second, four-week follow-up appointment, Plaintiffs review the results of the urine pregnancy test or any other tests the patient might have obtained to confirm the abortion was successful. At this time, Plaintiffs also discuss whether there were any previously unreported complications or unscheduled medical visits after the medication abortion and ask about patients' satisfaction with the overall process.

187. As noted above, it is routine for all medication abortion patients—regardless of where they live or whether they obtained the medications through telemedicine and/or the mail—to be scheduled for follow-up appointments by telephone. Medical guidelines issued by ACOG and the Society for Family Planning confirm that follow-up can be performed by telephone to avoid the need for a patient to travel to a clinical facility.

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

189. Moreover, Plaintiffs' telemedicine patients often appear more comfortable and at ease than patients who obtain medication abortion through an in-person visit. This is likely because telemedicine patients have more flexibility and control over the time and setting of their video appointment, which reduces stress, and also because it is much easier to include partners, family members, or other support people in the process, if that is their preference.

Plaintiffs' Ability to Provide Abortions in Guam and the Challenged Statutes

190. Plaintiffs' telemedicine practice, described *supra*, could easily be adapted to serve patients in Guam, the same way it already serves patients on Hawaiian Islands located hundreds of miles from an abortion provider.

191. Expanding telemedicine medication abortion to Guam would benefit public health because, as set forth *supra* ¶¶ 107–26, a lack of abortion access is detrimental to public health. It would be particularly beneficial during the current pandemic, because it would enable people to access the health care they need while reducing unnecessary travel and in-person interactions, thereby reducing the risk of exposure and transmission of the COVID-19 virus.

192. Moreover, because most abortions are already sought in the first trimester when medication abortion is available, offering medication abortion using telemedicine is well-suited to meet the existing need. In turn, this would likely reduce the number of patients seeking abortions later in pregnancy, when risks are increased, because patients would no longer need to take the time to save thousands of dollars in health care and travel costs to obtain an abortion in Hawai'i.

193. However, the challenged statutes, 9 G.C.A. § 31.20 and 10 G.C.A. § 3218.1, currently prevent Plaintiffs from providing patients in Guam access to medication abortion in the following respects.

194. **First**, the Clinic Requirement states that the "termination of a human pregnancy" is a third-degree felony unless, *inter alia*, it is "performed" by a physician in a clinical setting. 9 G.C.A. §§ 31.20(b)(2), 31.21.

195. The term "performed," as used in the Clinic Requirement, is not defined.

196. While Plaintiffs' obligations under the Clinic Requirement are clear in the context of abortion procedures, Plaintiffs do not know how to comply with this requirement in the context of medication abortion.

197. Unlike in a procedural abortion, where a clinician evacuates the uterus thereby terminating the pregnancy, a clinician providing medication abortion does not "perform" any medical procedure on the patient to terminate the pregnancy; rather, they simply *prescribe* two medications to the patient, which the patient self-administers 24–48 hours apart to induce the miscarriage-like process. *See supra* ¶¶ 130–34.

198. Plaintiffs have no way of knowing how the Attorney General, GBME, and/or the Commission—those charged with enforcing the Clinic Requirement and medical licensure requirements—would interpret "performed" in the context of medication abortion, or whether they would uniformly and consistently adopt the same interpretation.

199. For example, the term "performed" could be construed solely to refer to the act of prescribing a medication abortion. Alternatively, it could also refer to the act of physically providing the pills to the patient.

200. Moreover, unlike in a procedural abortion, a patient obtaining a medication abortion does not pass the pregnancy in a clinical setting; rather, the pregnancy passes while the patient is at home (or in an alternative location of their choosing). *See supra* ¶¶ 130–34.

201. Thus, unlike in a procedural abortion, with a medication abortion the relative location of the clinician and patient at the time the medications are prescribed and/or ingested is medically irrelevant. *See supra* ¶¶ 130–34.

202. While Plaintiffs may be located in a clinical setting when they use telemedicine to prescribe medication abortion, their patients are not. *See supra* ¶¶ 164–69.

203. Plaintiffs have no way of knowing how the Attorney General, GBME, and/or the Commission—those charged with enforcing the Clinic Requirement and medical licensure requirements—would interpret the specific clinical setting requirement in the context of medication abortion, or whether they would uniformly and consistently adopt the same interpretation.

204. For example, the Clinic Requirement could be construed not to apply to medication abortion because it does not make sense in that context, or it could be construed to require solely that the physician (not the patient) be located in a clinical setting when they prescribe a medication abortion. Alternatively, it could be construed to require the patient and physician to be in the same physical location when the medications are provided to the patient, which would prohibit Plaintiffs from using telemedicine to provide medication abortion to eligible patients in Guam.

205. The Clinic Requirement is thus subject to multiple, differing interpretations in the context of medication abortion.

206. The Clinic Requirement thus contains no standards to guide those charged with its enforcement in the context of medication abortion.

207. Because Plaintiffs do not know how those charged with enforcement will interpret and enforce the terms of the Clinic Requirement—or whether they will adopt uniform and

consistent interpretations of its terms—Plaintiffs will not risk criminal, civil, and/or licensing penalties by using telemedicine to provide medication abortion to patients in Guam.

208. **Second**, by requiring the state-mandated information be provided "in person," 10 G.C.A. § 3218.1 prohibits Plaintiffs from using live video-conference telemedicine to comply with its terms. Even if Plaintiffs delegated the responsibility of conveying this information in person to other qualified providers in Guam, *see* 10 G.C.A.§§ 3218.1(a)(13), (b)(1), forcing patients to make a separate trip to a separate health care provider solely to obtain this information would impose unnecessary logistical and financial obstacles and would expose patients to unjustified risks during a pandemic.

209. Moreover, by requiring the state-mandated information be provided to patients "individually" and "in a private room," 10 G.C.A. § 3218.1(b)(4) also appears to limit Plaintiffs' patients' ability to utilize telemedicine to obtain informed consent for abortion in a safe and supportive setting by, *e.g.*, precluding patients from including their partners, family members, or other trusted individuals in the process.

210. Because of these statutory barriers, absent intervention from this Court, Plaintiffs cannot provide patients in Guam with medication abortion using telemedicine.

211. Because of these statutory barriers, absent intervention from this Court, Guam-based patients cannot obtain medication abortion using telemedicine.

212. On information and belief, because of these statutory barriers, absent intervention from this Court, there is no known means of obtaining a legal abortion in Guam.

213. Further, because of these statutory barriers, even if the Clinic Requirement did not bar Plaintiffs from providing medication abortion using telemedicine, absent intervention from this Court, Plaintiffs' telemedicine patients will still be forced to obtain the state-mandated information from separate health care providers in Guam, which will subject them to unnecessary

and unjustified burdens and risks to their health. Likewise, because of these statutory barriers, absent intervention from this Court, Plaintiffs' telemedicine patients would be prevented from using telemedicine in the safe and supportive setting of their choosing.

214. Guam law does not prohibit Guam-licensed physicians or Guam-based patients from using telemedicine to provide or obtain treatment in any other context except abortion, which is constitutionally protected medical care.

215. Guam law does not prohibit Guam-licensed physicians or Guam-based patients from using telemedicine to obtain or provide informed consent for any other medical treatment or procedure except abortion, which is constitutionally protected medical care.

216. Guam law does not force any other Guam-based patient, except those seeking an abortion (which is constitutionally protected medical care) to exclude their partner, family members, or other trusted individuals from the informed consent process, or otherwise limit the setting in which a patient can provide informed consent using telemedicine.

CLAIMS FOR RELIEF

COUNT 1

(Fourteenth Amendment-Vagueness-Due Process)

9 G.C.A. § 31.20

217. The allegations in paragraphs 1 through 216 are incorporated as though fully set forth herein.

218. By failing to provide adequate notice as to how to comply with its terms in the context of medication abortion and/or failing to provide explicit standards to govern the enforcement of its terms in the context of medication abortion, 9 G.C.A. § 31.20(b)(2) is unconstitutionally vague and violates Plaintiffs' rights to due process of law.

COUNT 2

(Fourteenth Amendment-Substantive Due Process)

9 G.C.A. § 31.20

219. The allegations in paragraphs 1 through 216 are incorporated as though fully set forth herein.

220. To the extent it operates as a ban on pre-viability abortion in Guam, 9 G.C.A. § 31.20(b)(2) violates the rights of people seeking pre-viability abortion in Guam to privacy and liberty, as guaranteed by the Fourteenth Amendment.

221. In the alternative, to the extent it prohibits the use of telemedicine for medication abortion, 9 G.C.A § 31.20(b)(2), imposes an undue burden on people seeking pre-viability abortion in Guam and violates their rights to privacy and liberty as guaranteed by the Fourteenth Amendment.

10 G.C.A. § 3218.1

222. The allegations in paragraphs 1 through 216 are incorporated as though fully set forth herein.

223. To the extent it forces Plaintiffs' patients in Guam to obtain the state-mandated information *in person*, as opposed to through telemedicine, 10 G.C.A. § 3218.1 imposes an undue burden on these patients and violates their rights to privacy and liberty as guaranteed by the Fourteenth Amendment.

224. To the extent it prohibits Plaintiffs' patients from including a support person in the informed consent process, and otherwise obtaining the state-mandated information in a safe and supportive setting of their choosing, 10 G.C.A. § 3218.1 imposes an undue burden on these patients and violates their rights to privacy and liberty as guaranteed by the Fourteenth Amendment.

COUNT 3

(Fourteenth Amendment-Equal Protection/Substantive Due Process)

9 G.C.A. § 31.20

225. The allegations in paragraphs 1 through 216 are incorporated as though fully set forth herein.

226. To the extent it prohibits the use of telemedicine to provide medication abortion, 9 G.C.A. § 31.20(b)(2) violates Plaintiffs' and their patients' rights to due process and equal protection as guaranteed by the Fourteenth Amendment by singling out and treating providers of telemedicine medication abortion and their patients differently than any other telemedicine providers or patients without any rational basis.

10 G.C.A. § 3218.1

227. The allegations in paragraphs 1 through 216 are incorporated as though fully set forth herein.

228. To the extent it prohibits the use of telemedicine to obtain informed consent for medication abortion, 10 G.C.A. § 3218.1 violates Plaintiffs' and their patients' rights to due process and equal protection as guaranteed by the Fourteenth Amendment by singling out and treating providers of telemedicine medication abortion and their patients differently than any other telemedicine providers or patients without any rational basis.

229. To the extent it restricts the ability of telemedicine medication abortion patients to obtain state-mandated information prior to an abortion in a safe and supportive setting of their choosing, 10 G.C.A. § 3218.1 violates Plaintiffs' patients' rights to due process and equal protection as guaranteed by the Fourteenth Amendment by singling out and treating telemedicine medication abortion patients differently than any other telemedicine patients without any rational basis.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs ask for the following relief:

230. To issue a preliminary and permanent injunction restraining Defendants (along with their successors in office, officers, agents, servants, employees, attorneys and anyone acting in concert or participation with them) from enforcing 9 G.C.A. § 31.20 and 10 G.C.A. § 3218.1 to prohibit or otherwise restrict, in the manner set forth above, the use of telemedicine to provide medication abortion to eligible patients in Guam.

231. To enter a judgment, pursuant to 28 U.S.C. § 2201, declaring 9 G.C.A. § 31.20 and 10 G.C.A. § 3218.1 unconstitutional as applied to prohibit or otherwise restrict, in the manner set forth above, the use of telemedicine to provide medication abortion to eligible patients in Guam.

232. To award Plaintiffs their attorneys' fees and costs pursuant to 42 U.S.C. § 1988.

233. To grant such other and further relief as the Court deems just and proper.

Respectfully submitted this 28th day of Janauary, 2021.

LAW OFFICE OF VANESSA L. WILLIAMS, P.C.
Attorney for Plaintiffs Bliss Kaneshiro, M.D., M.P.H. and Shandhini Raidoo, M.D., M.P.H.

VANESSA L. WILLIAMS, ESQ.

EXHIBIT A

Guam Code Annotated Currentness
Title 9. Crimes and Corrections
Chapter 31. Offenses Against the Family (Refs & Annos)

9 G.C.A. § 31.20

§ 31.20. Abortion.

(Information regarding effective dates, repeals, etc. is provided subsequently in this document.)
(a) *Abortion* means the termination of a human pregnancy with an intention other than to produce a live birth or to remove a dead fetus.

(b) An *abortion* may be performed:

(1) by a physician licensed to practice medicine this Territory or by a physician practicing medicine in the employ of the government of the United States;

(2) in the physician's adequately equipped medical clinic or in a hospital approved or operated by the United States or this Territory; and

(3) (A) within 13 weeks after the commencement of the pregnancy; or

(B) within 26 weeks after the commencement of the pregnancy if the physician has reasonably determined using all available means:

(i) that the child would be born with a grave physical or mental defect; or

(ii) that the pregnancy resulted from rape or incest; or

(C) at any time after the commencement of pregnancy if the physician reasonably determines using all available means that there is a substantial risk that continuance of the pregnancy would endanger the life of the mother or would gravely impair the physical or mental health of the mother.

Credits
SOURCE: Enacted in 1978 as part of the original Criminal & Correctional Code.

Updated Through P.L. 35–071 (February 13, 2020)

COMMENT: The Law Revision Commission made no recommendation as to the regulation of abortion. This section was added by the Legislature, which committed a serious error in its adoption (since rectified). Initially (1978), no sanctions were provided for the performing of illegal abortions. However, this has been changed in later sections of this Chapter.

COURT DECISIONS: Sections 31.20, 31.21, 31.22 and 31.33, as reenacted by P.L. 20–134, were declared null and void as contrary to the U.S. Constitution. As a result, the original sections of law were reinstated. Guam Society of Obstetricians & Gynecologists, et al. v. Ada, Governor of Guam, et al., No. 90–16706, C.A.9 (1992), 962 F.2d 1366.

NOTE: Because of the foregoing decision, the Compiler will report as the law the statutes as they existed prior to P.L. 20–134. However, the statutes which were invalidated by the Ninth Circuit are as follows:

§ 31.20. Abortion: Defined. Abortion means the purposeful termination of a human pregnancy after implantation of a fertilized ovum by any person including the pregnant woman herself with an intention other than to produce a live birth or to remove a dead unborn fetus. Abortion does not mean the medical intervention in (i) an ectopic pregnancy, or (ii) in a pregnancy at any time after the commencement of pregnancy if two (2) physicians who practice independently of each other reasonably determine using all available means that there is a substantial risk that continuance of the pregnancy would endanger the life of the mother or would gravely impair the health of the mother, any such termination of pregnancy to be subsequently reviewed by a peer review committee designated by the Guam Medical Licensure Board, and in either case such an operation is performed by a physician licensed to practice medicine in Guam or by a physician practicing medicine in the employ of the government of the United States, in an adequately equipped medical clinic or in a hospital approved or operated by the government of the United States or of Guam.

§ 31.21. Providing or Administering Drug or Employing Means to Cause an Abortion. Every person who provides, supplies, or administers to any woman, or procures any woman to take any medicine, drug, or substance, or uses or employs any instrument or other means whatever, with intent thereby to cause an abortion of such woman as defined in § 31.20 of this Title is guilty of a third degree felony. In addition, if such person is a licensed physician, the Guam Medical Licensure Board shall take appropriate disciplinary action.

§ 31.22. Soliciting and Taking Drug or Submitting to an Attempt to Cause an Abortion. Every woman who solicits of any person any medicine, drug, or substance whatever, and takes the same, or who submits to any operation, or to the use of any means whatever with intent thereby to cause an abortion as defined in § 31.20 of this Title is guilty of a misdemeanor.

§ 31.23. Soliciting to Submit to Operation, Etc., to Cause an Abortion. Every person who solicits any woman to submit to any operation, or to the use of any means whatever, to cause an abortion as defined in § 31.20 of this Title is guilty of a misdemeanor.

9 G.C.A. § 31.20, GU ST T. 9, § 31.20

End of Document

EXHIBIT B

Guam Code Annotated Currentness
Title 10. Health & Safety
Division 1. Public Health
Chapter 3. Public Health and Social Services
Article 2. Vital Statistics (Refs & Annos)

10 G.C.A. § 3218.1

§ 3218.1. The Women's Reproductive Health Information Act of 2012.

(Information regarding effective dates, repeals, etc. is provided subsequently in this document.)
(a) Definitions. For the purposes of this § 3218.1, the following words and phrases are defined to mean:

(1) Abortion means the use or prescription of any instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to act upon an ectopic pregnancy, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma, or a criminal assault on a pregnant woman or her unborn child, and which causes the premature termination of the pregnancy;

(2) Act means the Women's Reproductive Health Information Act of 2012 codified at Title 10 GCA § 3218.1;

(3) Complication means that condition which includes but is not limited to hemorrhage, infection, uterine perforation, cervical laceration, pelvic inflammatory disease, endometriosis, and retained products. The Department may further define the term “complication” as necessary and in a manner not inconsistent with this § 3218.1;

(4) Conception means the fusion of a human spermatozoon with a human ovum;

(5) Department means the Department of Public Health and Social Services;

(6) Facility or medical facility means any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care is provided to any person;

(7) First trimester means the first twelve (12) weeks of gestation;

(8) Gestational age means the time that has elapsed since the first day of the woman's last occurring menstruation;

(9) Hospital means any building, structure, institution or place, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and provision of medical or surgical care for

three (3) or more non-related individuals, admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing care of illness, disease, injury or deformity, whether physical or mental and regularly making available at least clinical laboratory services and diagnostic x-ray services and treatment facilities for surgery or obstetrical care or other definitive medical treatment;

(10) Medical emergency means a condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death or for which a delay will create a serious risk of substantial and irreversible physical impairment of a major bodily function. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which would result in her death or in substantial and irreversible physical impairment of a major bodily function;

(11) Physician means any person licensed to practice medicine or surgery or osteopathic medicine under the Physicians Practice Act (Title 10 GCA § 12201, et seq.) or in another jurisdiction of the United States;

(12) Pregnant or pregnancy means that female reproductive condition of having an unborn child in the mother's uterus;

(13) Qualified person means an agent of a physician who is a psychologist, licensed social worker, licensed professional counselor, registered nurse, or physician;

(14) Records Section means the Guam Memorial Hospital Medical Records Section;

(15) Unborn child or fetus each means an individual organism of the species homo sapiens from conception until live birth;

(16) Viability means the state of fetal development when, in the reasonable judgment of a physician based on the particular facts of the case before him or her and in light of the most advanced medical technology and information available to him or her, there is a reasonable likelihood of sustained survival of the unborn child outside the body of his or her mother, with or without artificial support; and

(17) Woman means a female human being whether or not she has reached the age of majority.

(b) Informed Consent Requirement. No abortion shall be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

(1) at least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has informed the woman in person of the following:

(A) the name of the physician who will perform the abortion;

(B) the following medically accurate information that a reasonable person would consider material to the decision of whether or not to undergo the abortion:

(i) a description of the proposed abortion method and

(ii) the immediate and long-term medical risks associated with the proposed abortion method, including but not limited to any risks of infection, hemorrhage, cervical or uterine perforation, and any potential effect upon future capability to conceive as well as to sustain a pregnancy to full term;

(C) the probable gestational age of the unborn child at the time the abortion is to be performed;

(D) the probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed;

(E) the medical risks associated with carrying the child to term;

(F) any need for anti-Rh immune globulin therapy if she is Rh negative, the likely consequences of refusing such therapy, and the cost of the therapy;

(2) at least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has informed the woman in person, that:

(A) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care and that more detailed information on the availability of such assistance is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(B) public assistance may be available to provide medical insurance and other support for her child while he or she is a dependent and that more detailed information on the availability of such assistance is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(C) public services exist which will help to facilitate the adoption of her child and that more detailed information on the availability of such services is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(D) the printed materials in Subsection (c) of this Section 3218.1 describe the unborn child;

(E) the father of the unborn child is liable to assist in the support of this child, even in instances where he has offered to pay for the abortion. In the case of rape or incest, this information may be omitted; and

(F) she is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any locally or federally funded benefits to which she might otherwise be entitled.

(3) At least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has given the woman a copy of the printed materials described in Subsection (c) of this § 3218.1. If the woman is unable to read

the materials, they shall be read to her. If the woman asks questions concerning any of the information or materials, answers shall be provided to her in a language she can understand.

(4) The information in Subsections (b)(l), (b)(2) and (b)(3) of this § 3218.1 is provided to the woman individually and in a private room to protect her privacy and maintain the confidentiality of her decision and to ensure that the information focuses on her individual circumstances and that she has an adequate opportunity to ask questions.

(5) Prior to the abortion, the woman certifies in writing on a checklist certification provided by the Department that the information required to be provided under Subsections (b)(l), (b)(2) and (b)(3) of this § 3218.1 has been provided. All physicians who perform abortions shall report the total number of certifications received monthly to the Records Section. The Records Section shall make the number of certifications received available to the public on an annual basis.

(6) Except in the case of a medical emergency, the physician who is to perform the abortion shall receive and sign a copy of the written checklist certification prescribed in Subsection (b)(5) of this § 3218.1 prior to performing the abortion. The physician shall retain a copy of the checklist certification in the woman's medical record.

(7) In the event of a medical emergency requiring an immediate termination of the pregnancy, the physician who performed the abortion shall clearly certify in writing the nature of the medical emergency and the circumstances which necessitated the waiving of the informed consent requirements of this § 3218.1. This certification shall be signed by the physician who performed the emergency termination of pregnancy, and shall be permanently filed in both the patient records maintained by the physician performing the emergency procedure and the records maintained by the facility where the emergency procedure occurred.

(8) A physician shall not require or obtain payment from anyone for providing the information and certification required by this § 3218.1 until the expiration of the twenty-four (24) hour reflection period required by this § 3218.1.

(c) Publication of Materials. The Department shall cause to be published printed materials in English and any other culturally sensitive languages which the Department deems appropriate within one hundred eighty (180) days after this Act becomes law. The printed materials shall be printed in a typeface large enough to be clearly legible and shall be presented in an objective, unbiased manner designed to convey only accurate scientific information. On an annual basis, the Department shall review and update, if necessary, the following easily comprehensible printed materials:

(1) Printed materials that inform the woman of any entities available to assist a woman through pregnancy, upon childbirth and while her child is dependent, including but not limited to adoption services.

The printed materials shall include a list of the entities, a description of the services they offer, and the telephone numbers of the entities, and shall inform the woman about available medical assistance benefits for prenatal care, childbirth, and neonatal care. The Department shall ensure that the materials described in this § 3218.1 are comprehensive and do not directly or indirectly promote, exclude, or discourage the use of any entity described in this § 3218.1.

These printed materials shall state that it is unlawful for any individual to coerce a woman to undergo an abortion. The printed materials shall also state that any physician who performs an abortion upon a woman without her informed consent may be liable to her for damages in a civil action and that the law permits adoptive parents to pay costs of prenatal care, childbirth, and neonatal care. The printed materials shall include the following statement:

"The Territory of Guam strongly urges you to contact the resources provided in this booklet before making a final decision about abortion. The law requires that your physician or his or her agent give you the opportunity to call agencies and service providers like these before you undergo an abortion."

(2) Printed materials that include information on the support obligations of the father of a child who is born alive, including but not limited to the father's legal duty to support his child, which may include child support payments and health insurance, and the fact that paternity may be established by written declaration of paternity or by court action. The printed material shall also state that more information concerning paternity establishment and child support services and enforcement may be obtained by calling the Office of the Attorney General of Guam, Child Support Enforcement Division.

(3) Printed materials that inform the pregnant woman of the probable anatomical and physiological characteristics of an unborn child at two (2)—week gestational increments from fertilization to full term, including color photographs of the developing unborn child at two (2)—week gestational increments. The descriptions shall include information about brain and heart functions, the presence of external members and internal organs during the applicable stages of development, and any relevant information on the possibility of the child's survival at several and equidistant increments throughout a full term pregnancy. If a photograph is not available, a picture must contain the dimensions of the unborn child and must be anatomically accurate and realistic. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages.

(4) Printed materials which contain objective information describing the various surgical and drug-induced methods of abortion, as well as the immediate and long-term medical risks commonly associated with each abortion method including but not limited to the risks of infection, hemorrhage, cervical or uterine perforation or rupture, any potential effect upon future capability to conceive as well as to sustain a pregnancy to full term, the possible adverse psychological effects associated with an abortion, and the medical risks associated with carrying a child to term.

(5) A checklist certification to be used by the physician or a qualified person under Subsection (b)(5) of this § 3218.1, which will list all the items of information which are to be given to the woman by the physician or a qualified person under this § 3218.1.

(d) Cost of Materials. The Department shall make available the materials enumerated in Subsection (c) of this § 3218.1 for purchase by the physician or qualified person who is required to provide these materials to women pursuant to Subsection (b)(3) of this § 3218.1 at such cost as reasonably determined by the Department. No claim of inability to pay the cost charged by the Department for these materials will excuse any party from complying with the requirements set forth in this § 3218.1.

(e) Emergencies. When a medical emergency compels the performance of an abortion or termination of pregnancy, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an immediate abortion or termination of pregnancy is necessary to avert her death or that a twenty-four (24) hour delay would cause substantial and irreversible impairment of a major bodily function.

(f) Criminal Penalties. Any person who intentionally, knowingly, or recklessly violates this Act is guilty of a misdemeanor.

(g) Civil and Administrative Claims. In addition to whatever remedies are available under the common law or statutory laws of Guam, failure to comply with the requirements of this Act shall:

(1) in the case of an intentional violation of the Act, constitute prima facie evidence of a failure to obtain informed consent. When requested, the court shall allow a woman upon whom an abortion was performed or attempted to be performed allegedly

in violation of this Act to be identified in any action brought pursuant to this Act using solely her initials or the pseudonym "Jane Doe." Further, with or without a request, the court may close any proceedings in the case from public attendance, and the court may enter other protective orders in its discretion to preserve the privacy of the woman upon whom the abortion was performed or attempted to be performed allegedly in violation of this Act.

(2) Provide a basis for professional disciplinary action under 10 GCA § 11110.

(3) Provide a basis for recovery for the woman for the wrongful death of her unborn child under Title 7 GCA § 12109, whether or not the unborn child was born alive or was viable at the time the abortion was performed.

Credits
SOURCE: Added by P.L. 31–235:2 (Nov. 1, 2012).

Updated Through P.L. 35–019(May 9, 2019)

2013 NOTE: This provision was to become effective sixty (60) days after the "printed materials" described in § 3218.1 (c) and the "checklist certification" described in § 3218.1(c)(5) were approved by the Department of Public Health and Social Services (DPHSS) pursuant to the rule-making process set forth in Title 5, Chapter 9, Article 3 of the Guam Code Annotated. P.L. 31–235:4 (Nov. 1, 2012). P.L. 32–089:2 (Nov. 27, 2013) amended the approving authority from DPHSS to "a majority vote of a team consisting of the Director of DPHSS, who shall serve as the Chairperson, the Medical Director of the DPHSS; and OB/GYN doctor from the Guam Medical Association; a Social Worker from the National Association of Social Workers; and a Psychiatrist from the Guam Behavioral Health and Wellness Center." The "printed materials" described in § 3218.1 (c) and the "checklist certification" described in § 3218.1(c)(5) were to be approved no later than 120 days after enactment, pursuant to P.L. 32–089:2.

2012 NOTE: Subsection designations in subsection (b) were altered to adhere to the Compiler's alpha-numeric scheme in accordance with the authority granted by 1 GCA § 1606.

10 G.C.A. § 3218.1, GU ST T. 10, § 3218.1

End of Document

EXHIBIT C

VANESSA L. WILLIAMS, ESQ.
LAW OFFICE OF VANESSA L. WILLIAMS, P.C.
414 WEST SOLEDAD AVENUE
GCIC BLDG., SUITE 500
HAGÅTÑA, GUAM 96910
TELEPHONE: 477-1389
EMAIL: vlw@vlwilliamslaw.com

ALEXA KOLBI-MOLINAS*
MEAGAN BURROWS*
RACHEL REEVES*
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
125 BROAD STREET, 18TH FLOOR
NEW YORK, NY 10004
TEL: (212) 549-2633
EMAIL: akolbi-molinas@aclu.org

* APPLICATION FOR ADMISSION *PRO HAC VICE* FORTHCOMING

Attorneys for Plaintiffs

IN THE DISTRICT COURT OF GUAM

SHANDHINI RAIDOO, *et al.*, Plaintiffs, vs. LEEVIN TAITANO CAMACHO, *et al.*, Defendants.	CIVIL CASE NO. _____ **DECLARATION OF VANESSA L. WILLIAMS IN SUPPORT OF PLAINTIFFS' COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF**

VANESSA L. WILLIAMS HEREBY declares under penalty of perjury as follows:

1. I am counsel for the Plaintiffs in the above-titled matter. I make this declaration in support of Plaintiffs' Complaint for Declaratory and Injunctive Relief. I have personal knowledge of the facts contained herein.

2. On January 18, 2021, I obtained from the Clerk's Office of the U.S. District Court for the District of Guam the following true and correct copies of documents filed in *Guam Soc'y of Obstetricians & Gynecologists v. Ada*, CV90-00013 (Mar. 23, 1990):

a. Decl. of Maria Doe, attached hereto as Attachment 1.

b. Decl. of Rita Lujan Bevacqua, attached hereto as Attachment 2.

c. Decl. of Betsy Ross Doe, attached hereto as Attachment 3.

d. Decl. of Cathy Jones, R.N., attached hereto as Attachment 4.

e. Decl. of Evangelista Doe, attached hereto as Attachment 5.

f. Decl. of Brindha Muniappan, attached hereto as Attachment 6.

g. Decl. of Patricia Stahlnecker, R.N., attached hereto as Attachment 7.

h. Decl. of Bevely Olson, attached hereto as Attachment 8.

i. Decl. of Carol O'Donnell, attached hereto as Attachment 9.

3. Attached hereto as Attachment 10 is a true and correct copy of Jasmine Stole Weiss, *No Abortion Providers on Guam*, Pac. Daily News (June 30, 2018), https://www.guampdn.com/story/news/2018/06/30/no-abortion-providers-guam/744847002/.

4. Attached hereto as Attachment 11 is a true and correct copy of The Associated Press, *Guam Catholic Group Protests Recruitment of Abortion Doctors*, ABC News (June 15, 2019), https://abcnews.go.com/Health/wireStory/guam-catholic-group-protests-recruitment-abortion-doctors-63738886.

5. Attached hereto as Attachment 12 is a true and correct copy of Caleb Jones, *Abortions Are Legal in Guam, but Doctors Won't Perform Them*, AP News (June 7, 2019), https://apnews.com/c2537d19a3024554baa5e617d5381c9c.

6. Attached hereto as Attachment 13 is a true and correct copy of Jolene Toves, *Bill Drafted to Stop Hiring of Abortion Doctor*, Pac. News Ctr. (June 19, 2019), https://www.pncguam.com/bill-drafted-to-stop-hiring-of-abortion-doctor.

7. Attached hereto as Attachment 14 is a true and correct copy of Julia Jacobo, *Hawaii Couple Arrested After Boarded Flight Knowing They Had COVID-19*, ABC News (Dec.

2, 2020), https://abcnews.go.com/US/hawaii-couple-boarded-flight-knowing-covid-19-arrested/story?id=74510096.

8. Attached hereto as Attachment 15 is a true and correct copy of Jasmine Stole Weiss, *Concern Over Lack of Abortion Provider Raised*, Pac. Daily News (June 3, 2019), https://www.guampdn.com/story/news/local/2019/06/03/concern-over-lack-abortion-provider-raised-guam-news-bwa/1306185001/.

9. Attached hereto as Attachment 16 is a true and correct copy of *GRMC Introduces Telehealth*, Guam Reg'l Med. City (Mar. 25, 2020), https://www.grmc.gu/2020/03/26/grmc-introduces-telehealth/.

10. Attached hereto as Attachment 17 is a true and correct copy of Mai Habib, *GRMC's Telehealth Now an Option in Wake of Social Distancing*, Pac. News Ctr. (Mar. 30, 2020), https://www.pncguam.com/grmcs-telehealth-now-an-option-in-wake-of-social-distancing/.

Dated this 27th day of Janauary, 2021.

LAW OFFICE OF VANESSA L. WILLIAMS, P.C.
Attorneys for Plaintiffs

VANESSA L. WILLIAMS, ESQ.

ATTACHMENT 1

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. _____
Plaintiffs,	
vs.	DECLARATION OF MARIA DOE
JOSEPH F. ADA, et al.,	
Defendants.	

MARIA DOE hereby declares under penalty of perjury:

1. I am a United States citizen and a resident of Guam. I make this Declaration in support of Plaintiff's Motion for a Preliminary Injunction enjoining enforcement of Public Law 20-134 and in support of my request to proceed in the action under a pseudonym. If this law is not enjoined I will be irreparably harmed. I make this Declaration under a pseudonym to protect my rights of privacy.

2. I am over the age of 21, have one child and am eight (8) weeks pregnant. I have an ongoing chronic health problem that requires me to take steroids (prednisone) and other drugs which are teratogenic (cause fetal deformities).

3. I cannot afford to go to Hawaii or Japan or anywhere else to obtain an abortion. I borrowed money from a friend to

have an abortion here on Guam but I was told by three different doctors that it is now illegal to have an abortion under Public Law 20-134.

4. I have also been informed by my attorney that it is illegal to have an abortion in Guam due to Public Law 20-134.

5. I fear that if I am unable to have an abortion in time I will be forced to carry this pregnancy to term and that the fetus I am carrying may be deformed.

6. For all the reasons mentioned above, I request the Court to issue a preliminary injunction enjoining the enforcement of Public Law 20-134. I further request the court's permission to proceed under the pseudonym, Maria Doe, and that the Court orders the Clerk to seal all documents that reveal my true name.

Dated: 3/21/90

Maria Doe.
MARIA DOE

Doc.#3473C

ATTACHMENT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF RITA LUJAN BEVACQUA
v.	
JOSEPH F. ADA, et al.,	
Defendants.	

RITA LUJAN BEVACQUA, hereby declares under penalty of perjury, as follows:

1. I am President of the Guam Nurses Association and I have been a registered nurse for six years. I am presently the Nursing Director at the Seventh Day Adventist Clinic. I make this Declaration in support of plaintiff's Motion for Summary Judgment and Motion for Permanent Injunction.

2. The Guam Nurses Association is a non-profit organization comprised of approximately 90 nurses who are registered in the territory of Guam and who provide general medical care and treatment to pregnant women on Guam including abortion counseling and other ancillary services. Members of the Guam Nurses Asso-

ciation are obligated by law and medical ethics to provide comprehensive and confidential medical care of the highest quality to our patients. If Public Law 20-134 remains in effect on Guam, the members of the Guam Nurses Association will be irreparably harmed in that we will be unable to practice our profession ethically or responsibly. In addition, our patients will be irreparably harmed.

3. The Guam Nurses Association is a constituent of the American Nurses Association ("ANA"). The ANA has a long history of support for equal access by all persons to health care services and information. The ANA became involved in reproductive health issues after a history of taking care of women who had been victims of dangerous, illegal abortions. Before abortion became legal, many women died or had serious problems - such as perforated uteruses, retained placentas, severe bleeding, cervical wounds, rampant infections, shock, or gangrene - after attempting to induce abortions themselves or after going to unqualified practitioners working in unsanitary conditions. Since the landmark 1973 Roe v. Wade decision, deaths related to abortions have dropped by 90%. Today, 91% of all abortions are obtained during the first trimester, half of all abortions are obtained within the first 8 weeks of pregnancy.

4. The ANA has issued a "Statement on Reproductive Health" that has been adopted and endorsed by the Guam Nurses Association. A true and correct copy of the Statement is attached hereto as Exhibit A.

5. One of the roles of ANA as the national professional association for the largest group of health care providers is to influence and monitor the development and progress of governmental initiatives, including those which involve access to care and human rights. According to the Code for Nurses, the profession's national code of ethics, nurses have a responsibility to provide comprehensive information to clients regarding their health care so that they may make informed decisions. The Guam Nurses Association is following the lead of the ANA by speaking out on the rights of clients and nurses from our unique and pertinent perspective as health care providers. Nurses are the members of the health care community most closely tied to client advocacy; we are also the health care providers that spend the most time in hands-on patient care.

6. The Guam Nurses Association believes that access to care is a major priority of the association. Public Law 20-134 threatens to inhibit access to care. The statute threatens the client's right to information and, consequently, health care services. And it threatens the nurse's right and responsibility to provide timely information and health care services to the client. It is critical that the Court hear the perspective of nurses as relevant health care providers.

7. The Guam Nurses Association's position is one of support for the right of clients to access to health care services and to information regarding their health care. The rights of clients include the right to make informed decisions about their health care. Nurses have the responsibility to provide the

information necessary for clients to make informed decisions. The nurse/client relationship is grounded in a non-judgmental attitude.

8. Public Law 20-134 threatens our clients' right to privacy and their right to the information necessary to allow them to make fully informed, uncoerced decisions regarding their health care. Every woman needs to be fully informed of reproductive health care options and to have access to this care. Abortion is a reproductive alternative that nurses can and should objectively discuss when counseling clients. The statute prohibits the provision of information such as abortion counseling or referrals and imposes an unethical restraint on nurses. The nurse/client relationship is therefore jeopardized.

9. The statute also jeopardizes the nurses' right to refuse to speak to clients freely and openly about the various health care options available to them. Nurses have the right to refuse to participate in a particular case on ethical grounds. However, if the nurse participates in a case she is obliged to provide for the client's safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client. Members of the Guam Nurses Association assist medical doctors and abortion providers in providing medically necessary abortion services to women whose health problems may not fall within the definition of "endangering the life of the mother" or "gravely impairing the health of the mother" as contained in Public Law 20-134. We do not know how "gravely" or "endangering" will be defined and therefore we

do not know if our provision of abortion services to certain women will result in criminal or civil liability.

10. Soon after the abortion bill was signed into law, a man called the Seventh Day Adventist Clinic and was extremely nervous. His wife was pregnant and they had six kids. He did not want to leave his name or come in because he was too afraid of the consequences and fearful that he might be prosecuted under the new law. He simply wanted information about what to do for his wife, as they felt they could not have any more children. He even refused to come into the clinic for his wife to get a pregnancy test due to his fear. The screening nurse at the Seventh Day Adventist Clinic was also fearful about consequences of violating the law and she told him that she did not know what to tell him. She asked him to come into the clinic to discuss the matter but he refused to come in for fear of what might happen because of the law.

11. I also had a patient who was a young teenager. She thought she was pregnant and was terrified about telling her parents. Her school counselor called the SDA Clinic and wanted to have a meeting with the girl, her parents, the counselor and myself. The girl and her family were terribly upset about the fact that if the girl was pregnant her future education, her reputation and her family's reputation would be harmed. I agreed to the meeting and we had a very emotional but very productive meeting. I counseled everyone about the different options available to the girl and everyone felt very much relieved about the ability to discuss the matter and to have

options available to them in order to resolve the matter. Public Law 20-134 would prohibit a meeting like this or counseling sessions with teenagers and their families to discuss various options, particularly abortion counseling and referrals.

12. The Guam Nurses Association is committed to equal access to health care for all people. The complex issues of reproductive health need to be addressed from a health care perspective rather than from a political or moral perspective. For this reason, we strongly urge the Court to grant plaintiffs' Motion for Summary Judgment and Permanent Injunction.

Executed this 21st day of May, 1990.

Rita Lujan Bevacqua

RITA LUJAN BEVACQUA

AMERICAN NURSE'S ASSOCIATION

Statement on Reproductive Health

As health care providers, nurses have a long and proud history of support for a fair and equitable health care delivery system in which all Americans have access to basic health services, including services related to reproductive health. The foundation of such a system rests on the broader social rights of privacy, free speech, freedom of choice, confidentiality between client and provider, and equity of access to essential services.

The American Nurses' Association (ANA) believes that abortion is largely a symptom of social failure. The controversy over abortion is just one of many stages on which the critical social issues of access to care, freedom of choice, and the right to privacy are being played out.

The American Nurses' Association cannot support initiatives that ignore individual human rights, decrease access to care, or increase the potential for adversity in the human condition. Should the Supreme Court of the United States rule to reverse the 1973 Roe v. Wade decision, a serious situation of unequal access could be created. States would predictably choose to take differing positions on the legality and financing of abortion. Therefore, many women would inevitably rely on illegal procedures performed in clandestine systems, resulting in a return to high mortality and morbidity.

ANA believes that the health care client has the right to privacy and the right to make decisions about personal health care based on full information and without coercion. It is the obligation of the health care provider to share with the client all relevant information about health choices that are legal and to support that client regardless of the decision the client makes. Abortion is a reproductive alternative that is legal and that the health care provider can objectively discuss when counseling clients. If the state limits the provision of such information to the client, an unethical and clinically inappropriate restraint will be imposed on the provider and the provider-client relationship will be jeopardized.

Just as the client has rights, the nurse also has rights, including the right to refuse to participate in a particular case on ethical grounds. However, if the nurse becomes involved in such a case and the client's life is in jeopardy, the nurse is obliged to provide for the client's safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client.

The fact that thousands of American women are seeking abortion is a symptom, not the disease. The treatment lies in addressing the problems underlying a deteriorating social fabric. Health care providers have the right and responsibility to seek viable solutions to problems that signal social failure, such as ineffective family planning, deficient prenatal care, drug and alcohol abuse, domestic violence, unsuccessful parenting, sexually transmitted disease, and inadequate child care.

As one of the major national health care provider organizations, the American Nurses' Association believes it has a responsibility to continue its advocacy for a healthier nation. To this end, ANA has established a task force to address health and social problems and policies that have contributed to the abortion-related concerns confronting society today. Policy recommendations from this task force will provide future direction for ANA programs in the legislative and regulatory arenas as well as those programs that address nursing practice.

JAR:ds
3/27/89

ATTACHMENT 3

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al., Plaintiffs, vs. JOSEPH F. ADA, et al., Defendants.	CIVIL ACTION NO. _____ DECLARATION OF BETSY ROSS DOE

Betsy Ross Doe declares the following is true under penalty of perjury:

1. I am making this declaration under a pseudonym because I am a member of the Navy and have been told by the Navy not to use my real name. I am making this declaration in support of a temporary restraining order and injunction against Public Law 20-134 because it violates my privacy rights. My attorney, Anita Arriola knows my real name.

2. I am married, sexually active, and practicing birth control. If I became pregnant I would want the choice of abortion.

3. The Navy hospital does not provide abortions. When I became pregnant on Guam in January 1989 the Navy doctor would not

refer me for an abortion. I called Guam Memorial Hospital and was referred to Dr. Boonprakong who performed my abortion for $500.00.

4. I could not afford to fly to Honolulu for an abortion and this new law takes away all my rights.

5. I have talked to many Navy women about this law and they are very upset. As a soldier in the United States Navy I now feel I am stationed in a strange and foreign country not the U.S.A.

WHEREFORE, I respectively request that the Court grant plaintiffs' motion for a temporary restraining order and/or preliminary injunction.

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

Executed on: 22 MAR 90.

Betsy Ross Doe

BETSY ROSS DOE
(pseudonym)

I have signed my real name with my attorney.

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

ATTACHMENT 4

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF CATHY JONES, R.N.
vs.	
JOSEPH F. ADA, et al.,	
Defendants.	

CATHY JONES, hereby declares under penalty of perjury, as follows:

1. I am a Registered Nurse at the Seventh Day Adventist Clinic, a member of the Guam Nurses Association and have been a resident of Guam since October 29, 1988. I make this Declaration in support of plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of the facts contained herein.

2. I have been a Registered Nurse for five years. During that time I practiced my profession in California for approximately a year and a half, two years in Arkansas and 18 months on Guam. While in Arkansas I worked at a state hospital and

provided medical services particularly for high risk pregnancies. At the hospital in Arkansas I took care of a young girl who used a coat hanger to self-abort. She was in her late teens. As a result of her attempt to self-abort, she developed a fever of approximately 103° and became infected. When she arrived at the hospital, she had a lacerated cervix and pus was coming out through the cervix . She was hospitalized for over one week. Fortunate- ly, she was able to keep her uterus. Public Law 20-134 will not stop abortions. Like my patient, women will use any and all methods to self-abort, even if it means endangering their lives.

3. It has been my experience that women will continue to have abortions even if they are illegal. They will simply resort to dangerous abortions if they have no other options. During my practice as a nurse, many women have asked me about ways to induce an abortion indicating their intent to do so if necessary. I have heard of and witnessed many women attempting to induce abortions in the following ways: some women believe that if you shake a bottle of Coke and insert it in the vagina the fizz produced from the Coke will induce an abortion and others believe this will kill sperm and is good for birth control. Other women, particularly on Guam, believe that consuming whole bottles of alcohol or soy sauce will induce abortion. In addition, I have witnessed women in Arkansas who have self induced abortions by inserting coat hangers, knitting needles and other objects into the uterus. Many of these methods are, of course, very dangerous and can result in mutilation, death and a wide variety of health problems.

4. For a period of time while on Guam I also worked at the Navy Hospital as a Red Cross Volunteer. The Navy does not perform elective abortions. Filipino service women and Filipino wives of military servicemen often fly to the Philippines from Guam in order to get abortions because they have friends and relatives there. However, abortions in the Philippines are illegal. While at the Navy hospital, I heard of women returning from the Philippines with a high infection rate and that the quality of abortions in the Philippines is not very good nor very safe.

5. For military servicewomen, Public Law 20-134 will have disastrous consequences. In order to obtain an abortion they will have to apply for leave. If leave is granted, they can request Environmental and Morale Leave ("EML") from their Commander, then physically go to Anderson Air Force Base to sign up on a priority list to go off-island. All women who want abortions will have to pay out-of-pocket for an abortion because they are not covered by CHAMPUS. Also women must comply with certain conditions (for example, being at duty station for at least six months) before they can quality for an EML.

6. While I was in Arkansas my head nurse told me about an abortion of a 10 year old girl. The doctors at the hospital advised her to have an abortion because she was not able physically to handle it. Her pelvis was not big enough for a baby to develop fully nor to accomodate a baby and, in all probability, if she had carried the pregnancy to term, she probably would have had to have a caesarian section.

Furthermore, it was clear that emotionally she was not ready to handle a pregnancy. Public Law 20-134 would prevent girls on Guam like her from having abortions that they need and want.

7. It is my responsibility as a nurse to provide adequate information and health care services to my client. Every woman needs to be fully informed of reproductive health care choices and to have access to this care. Public Law 20-134 prohibits me from fulfilling my responsibilities to my clients because I cannot discuss abortion as an alternative and I cannot refer my clients to have abortions when they choose to have them. The law infringes on my relationship with my clients and on my right to practice my profession ethically and in the best interests of my clients.

Executed this 22 day of May, 1990.

Cathy Jerwillger-Jones RN

CATHY JONES

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

Doc.#3613C

ATTACHMENT 5

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF EVANGELISTA DOE
vs.	
JOSEPH F. ADA, et al.,	
Defendants.	

EVANGELISTA DOE, hereby declares under penalty of perjury, as follows:

1. I am a resident of Guam and a U.S. citizen. I have resided on Guam for eight years. I make this Declaration in support of plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of the facts contained herein.

2. I am making this Declaration pseudonymously in order to protect my privacy and anonymity. I believe that my decision to have an abortion is very private and is part of the entire right of privacy that I seek to protect in this case. In addition, after discussing this with my husband, we both believe that

because Guam is such a small community we would suffer adverse consequences if my true name was revealed. My real name and identity are known to my attorney Anita P. Arriola.

3. I am thirty-three years old and a Catholic. I was first married when I was eighteen years old and had three children from that marriage. All three children were born within a year of each other. At the age of eighteen I was not emotionally prepared for nor did I want a family. I wasn't informed or counseled about family planning. The period of time in which I had all three children is a big blur to me because there was so little time in between each pregnancy. I did not have enough time to enjoy any one child or to provide enough attention to any of them individually. I feel that I have robbed my first three children of their childhood by not spending enough time with each of them. My first husband and I separated when the youngest was only four months old.

4. Several years later I met and married a wonderful man. A year and six months after we married we had a very happy, planned pregnancy. When our child was eight months old I became pregnant again. I had been using a diaphragm but because I have a tipped cervix the diaphragm did not fit properly and that is how I became pregnant. I tried very hard to think about having another child. However, I had this terrible gnawing feeling that it would be detrimental to my eight month old baby to have another baby. From my experience of bearing children in my first marriage and the fact that I was one of ten children (where all the children were born within a year of each other),

I believe that it is harmful and unfair to children to have them so close in time. It is a terrible feeling to be merely a face in a crowd. Because I truly loved and wanted my eight month old baby, I did not think it fair to bring another child into this relationship. I wanted to enjoy my child, to have time with her and to pay attention to her as she deserved, and so I had an abortion.

5. In having the abortion, I did what was right and best for me. I have not regretted it. Public Law 20-134 would not have allowed me to have the abortion I needed and wanted. If Public Law 20-134 remains in effect, I know that women will not stop having abortions. If abortions are banned on Guam, I am fortunate enough to have enough money to have an abortion elsewhere. I will do whatever it takes to have an abortion for an unwanted pregnancy. However, many women on Guam do not have the resources to afford to go off-island for an abortion. I fear that if women do not have the option to have an abortion on Guam they will try to kill themselves or to self-abort.

6. I strongly urge the Court to grant plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction.

Executed this 21 day of May, 1990.

Evangelista Doe

EVANGELISTA DOE

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

Doc.#3606C

ATTACHMENT 6

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF BRINDHA MUNIAPPAN
vs.	
JOSEPH F. ADA, et al.,	
Defendants.	

BRINDHA MUNIAPPAN, hereby declares under penalty of perjury, as follows:

1. I am a resident of Guam and a U.S. citizen. I am 17 years old and am presently a senior at George Washington High School. I make this Declaration in support of plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of the facts contained herein.

2. I was born and raised on Guam. After I graduate from high school I will be attending the Massachusetts Institute of Technology (M.I.T.) in Cambridge, Massachusetts. I intend to

major in biology. I want to return home to Guam after my college and post-graduate studies.

3. I am opposed to Public Law 20-134. I do not know if I will ever have an abortion, but I do know that if I ever became pregnant I would want the freedom of choice to decide whether to have an abortion. As a result of this law, I do not have the same right to control my body as boys or men have to control their bodies. It makes me feel that my decision-making abilities are not respected and that my body and my life are not fully my own. I believe that the right to decide whether to have an abortion is a basic right that cannot be taken away. I also fear that if the right of privacy is taken away, other rights like the right to freedom of speech and freedom of religion may also be taken away.

4. Because I am so strongly opposed to Public Law 20-134 I have joined the Youth Committee of the non-profit organization People For Choice. I first became aware of the law when it was passed by the Legislature and signed into law by the Governor of Guam. I have become actively involved in People For Choice because I believe that we cannot take our rights for granted and that we must fight to protect those rights. In April 1990, I wrote an essay for the Outstanding Youth Award which I won as a representative for George Washington High School. My essay was also submitted for the Island Leadership Day Competition. I was interviewed by a number of persons and won the position of Speaker of the Legislature for the Island Leadership Day. On Island Leadership Day, as Youth Speaker for the Legislature, I

introduced a bill to repeal Public Law 20-134. Although my bill did not make it out of the third reading, most of the students who participated in Island Leadership Day and who took over the positions of the senators in the Legislature were in favor of my bill.

5. At this point in my life I feel like I have the whole world ahead of me. If I became pregnant I think my parents might be willing to take care of the baby but it is an unfair burden on them as they would be working and it would be a huge responsibility for them. I also feel that it would be my responsibility to raise a child if I decided to keep it. However, I do not have the financial resources to have a baby and would be dependent on my family to take care of both me and the baby. Having to raise a child would certainly put my future in uncertainty. Instead of aiming for unlimited goals, I would have to change my aspirations to include raising a child.

6. If I had a baby, I suppose that I could give up my child for adoption but I don't think that the baby would be easily adopted on Guam. I believe that people who want to adopt children have a certain image of what type of baby they want. For example, I am Indian and I am fairly certain that if I had a baby and gave it up for adoption the baby would not be easily adopted because it would not fit the image of many prospective adoptive parents.

7. I know of other teenagers in my school who have children. When I was in Middle School, I was relatively close to one of my classmates. In high school, she became pregnant

and had a child. I have seen her very rarely around school since her pregnancy. I do not see many teenage mothers at school. They can't become involved in class activities because they have to take care of their children. I also know of girls who have been kicked out of the Catholic high schools here on Guam because they became pregnant and were forced to go to George Washington High School and other public schools. They suffer from shame and stigma by being kicked out of their schools and being forced to attend a public high school due to their pregnancies.

8. I submit this Declaration in order to maintain and protect freedom of choice here on Guam. I strongly urge the Court to grant plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction.

Executed this 21st day of May, 1990.

BRINDHA MUNIAPPAN

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

ATTACHMENT 7

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF PATRICIA STAHLNECKER, R.N.
v.	
JOSEPH F. ADA, et al.,	
Defendants.	

PATRICIA STAHLNECKER, hereby declares under penalty of perjury, as follows:

1. I am a resident of Guam, a U.S. citizen. I am a registered nurse and a member of the Guam Nurses Association. I grew up in Guam and I am presently employed as a school health counselor at Oceanview High School. I have maintained that position for the last two years. I make this Declaration in support of plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of all of the facts contained herein.

2. Prior to returning here to Guam I worked in Oregon at the Public Health Department as a clinician at the Sexually

Transmitted Disease Clinic for 2 years. Prior to that, I worked in American Samoa as a nurse for five months and before that I was in California for approximately one year as a school nurse. Prior to being in California I worked as a licensed practical nurse in Sri Lanka.

3. As a school health counselor at Oceanview High School, I see a number of the students who are sick and if I am unable to treat them on-site at the school campus, I refer them out to other doctors. I am also on a crisis team, which deals with intervention and counseling for teenagers and I also teach a teen parenting and prenatal class.

4. In school year 1989/90 there were approximately 28 teenage pregnancies at Oceanview High. Some of them had to drop out of school in order to complete their pregnancies.

5. While at Oceanview I conduct pregnancy testing for the students. I also teach classes on how a woman becomes pregnant, various methods of birth control and where to go if a girl becomes pregnant. I also counsel and teach teenagers about obtaining a parent's permission to get an abortion or to get other types of prenatal pregnancy care, how to obtain medical insurance and how to obtain adequate nutrition and prenatal care during pregnancy. One of the basic duties in my job at Oceanview is to talk to teenagers about their pregnancies. If they are pregnant, I counsel them about their various options. I talk to them about abortions and, if they desire, I refer them to various abortion providers here on Guam. I also counsel them about adoptions. The most important part of my job is to assist them in

making the proper decisions about their future. I assist them in making a list about the pros and cons of having a child or not having a child. I have found that this is a very effective way for teenagers to think about their options and to make the right decisions for them. Most importantly, I counsel them about not letting their boyfriends or their parents decide for them but allowing them to make the decisions themselves. Under Public Law 20-134 I will be unable to practice my profession and provide my clients with the kind of counseling, information and referrals for abortions that they need in order to make the decision that is right for them. In addition, Public Law 20-134 will irreparably harm my teenage clients, who are neither emotionally nor physically ready to have children.

6. I have counseled a number of rape and incest victims during my tenure at Oceanview High School. Presently we have a counseling group at the high school involving sexually abused girls. There are presently 24 teenagers in that group. I believe that there is a higher number of sexually abused kids at Oceanview High School, many of whom do not want to come into the group and admit that they have been sexually abused. A number of girls will not come in and admit that they have been sexually abused because they are afraid of the teachers or their counselors and they are afraid that their male relatives such as their fathers, brothers, uncles, etc. will be reported to the authorities. If Public Law 20-134 is allowed to remain in effect, these teenagers who are rape and incest victims will have no alternative but to have their children. The trauma of being

raped or a victim of incest will be compounded by forcing them to have children. As with many of the girls I have seen at Oceanview, they will drop out of school because they are pregnant and their parents will end up supporting them and their children. The tragedy is that these teenagers, barely children themselves, will be required to carry pregnancies that were forced upon them by violence.

7. I know of one sexually abused girl who was 13 years old when she had a baby. She was a victim of incest by her father. For girls like her, Public Law 20-134 will not provide them any option to have an abortion.

8. The biggest problem that I have found in talking to teenagers about teenage pregnancy is that they have been told by their parents that their parents will kill them if they became pregnant. Unfortunately, these teenagers believe them. In one instance, we called a student's mother to tell her that her daughter was pregnant because her daughter was so fearful. The mother said that she would kill her because she'd shamed the family and she (the daughter) might as will kill herself because she would be shamed the rest of her life. The mother said she would kill herself, too. The daughter was removed from her home while the mother received counseling.

9. Many teenagers are extremely fearful of their parents' reactions and what will happen to them if their parents discover that they are pregnant. Many fear that they will be beaten, that they will be disowned and that they will not have any support or encouragement from their parents. The period of

adolescence is a highly emotional time. The fear of being pregnant and the stigma of illegitimate birth lead to a tremendous amount of despair on the part of teenage girls. However, once we have counseling sessions where we sit down and talk about the different options and sort through the different options, these teenagers begin to understand that there are solutions and options in deciding whether to keep or to terminate their pregnancies. If they feel that they have no options, they feel like they are at the end of the world and they want to kill themselves. They suffer from very deep depression. However, if we sort through the different options, including the option of abortion, I find that most teenagers are not as severely depressed as others.

10. In my experience in counseling teenagers, if they do not have the money or are unable to raise the money to afford an abortion they will attempt to induce an abortion themselves. I know of girls who drink peroxide or vinegar in order to induce an abortion. I know of another teenager whose father took her to a local suruhana who was going to insert an object inside her uterus to induce an abortion. I also know of one 15 year old teenager, one of my students, who took an overdose of Tylenol in order to induce an abortion.

11. Prior to 1973, I went to the Seventh Day Adventist Clinic while in high school to learn about nursing. There I was allowed to accompany doctors in providing medical services for pregnant patients. The doctors told me about taking care of women who had numerous infections due to incomplete and dangerous

self-induced abortions. Whenever a physician received a phone call in the middle of the night or at odd hours that a woman was having "severe abdominals", we came to know this as a euphemism for "abortion." The doctors told me that they wished abortions were legal because it would be much better to have legalized abortions than to clean up the mess afterwards.

12. If Public Law 20-134 is allowed to remain in effect, I do not believe that abortions will come to a halt on Guam. I believe that women, if not given an option, will attempt to commit suicide or they will attempt to induce abortions themselves. I believe that they will then suffer mutilation, death and other health problems from these illegal and unsafe abortions. I strongly urge the Court to grant plaintiff's motion for summary judgment and motion for permanent injunction.

Executed this 18th day of May, 1990.

PATRICIA STAHLNECKER

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

ATTACHMENT 8

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF BEVELY J. OLSON, R.N.
vs.	
JOSEPH F. ADA, et al.,	
Defendants.	

BEVELY J. OLSON, hereby declares under penalty of perjury, as follows:

1. I am a registered nurse and a member of the Guam Nurses Association. I make this Declaration in support of Plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of the facts contained herein.

2. A true and correct copy of my curriculum-vitae is attached hereto as Exhibit A.

3. I have been a nurse for thirty-five years, my specialty is Mental Health-Psychiatric nursing. I came to Guam in 1981. Since that time I have worked at the University of Guam in the Nursing Programs Division. At the University, I teach nursing, primarily psychiatric and mental health nursing, nursing theory

and nursing process. Since 1981 I have also maintained a small private practice. Most of my private practice clients are women. In addition, for the last six years I have worked part-time at the Department of Mental Health.

4. In my practice I counsel and attend to the nursing needs of my clients. My clients include women some of whom sought to have abortions. Among them are Chamorro women; Catholic women, teens, and victims of rape and incest.

5. Public Law 20-134 (hereinafter "the Act") would prohibit me from practicing my profession ethically and responsibly. The Act's solicitation provisions prevent me from providing my clients with information about the need for or choice to have an abortion. This prohibition conflicts with other Guam laws that require clients to be given informed consent. The Nurse Practice Act, Guam Government Code § 12324(6), (7) and (12); § 995.3; .4; .5; .6; .7. The Act also conflicts with nurse licensing rules and regulations that require me to provide all information on health options to my clients. This rule prohibits me from withholding information even if I may personally disagree with the options it presents. (Guam Board of Nurse Examiners, Administrative Rules and Regulations Article 1, Section 1 provides: "Clients shall have the right to be active participants in the planning and evaluating of their health care." Therefore, if I follow the Act's requirements I would be violating informed consent law and practicing nursing unethically or even negligently. I would therefore be in a position of either breaking the law or

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

leaving my profession because I would not be able to practice the work for which I have been educated and trained.

6. The Act could also harm my clients irreparably. In my practice and experience, people will go to extreme lengths to attempt to rectify problems and situations that they cannot live with. I believe that under the new law women with unwanted pregnancies will attempt to self-abort or they will attempt to commit suicide.

7. About two weeks ago a 19 year old woman had an unwanted child. In the early stages of her pregnancy she made four or five attempts to induce an abortion because she had no resources, a marginal salary and because her family had told her that since she had done this to herself, she had to get out of it by herself. She was told by others about various ways to induce an abortion and consequently she tried all of those methods. She drank one-fifth of a bottle of whisky to induce vomiting (without knowing that that amount of alcohol could kill a person); she took an overdose of aspirin; she asked her boyfriend to punch her in the abdomen, which he did; she asked her nieces and nephews to jump on her stomach, which they did; and she ran her car off the road in a desperate attempt to injure herself or the fetus. Her attempts to induce an abortion failed. Consequently, she was emotionally distraught throughout the remainder of her pregnancy and continues to remain emotionally distressed even though she has now given birth.

8. I have seen three young high school girls between the ages of 14 and 19 who attempted to commit suicide because of

unwanted pregnancies. The most common method of suicide attempt is an overdose of aspirin, Tylenol or a combination of cold remedies and aspirin. One girl tried to hang herself.

9. In my practice, I see a number of rape and incest victims. There is a high incidence of both on Guam. The incidence of incest is particularly high, with many incest victims becoming impregnated by their father, brother, uncle or, in one patient's case, her grandfather. Incest and rape victims carry a tremendous burden of guilt, suffering and shame. The Act prohibits relief from this burden, so that these women will continue to be victimized for the rest of their lives. They are labelled, teased and ridiculed by others, including family members, who do not support them. Although there is a belief by some that the babies of rape or incest victims will come to be loved by their mothers, I have not seen this happen. These women cannot bridge the gap between their anger and any love they might feel for their children. Victims of rape and incest carry a tremendous burden of feeling that they have been used and abused.

10. I have a 32 year old client who became pregnant at the age of 10 and who had the baby. She was a victim of incest. At the age of 10, she, like other children, needed time to develop physically and emotionally. The body of a 10 year old cannot properly carry or nurture a fetus. The pregnancy took a tremendous toll on this patient's body and it was very difficult for her to handle her experience emotionally as well as physically. Her baby was incorporated into the family and presented to the community as the child of her parents. This is a common practice

on Guam as well as throughout the nearby islands. My patient was literally raised with her child. It was incredibly painful for her to treat her baby as her sibling and also to be locked into a secret that she could not reveal to anyone. Now, at the age of thirty-two, she is attempting to confront her pain but she may never recover from her ordeal.

11. For many women who have unwanted children, they will inflict physical and verbal abuse on their children out of resentment. In my practice I have seen a high incidence of such abuse on unwanted children here on Guam.

12. I have another client who was recently repeatedly raped by the same man. She took harsh medicines and laxatives to make her vomit and have diarrhea in an attempt not to conceive. I saw her ten days after she'd been raped and she was extremely traumatized by the rapes. She had no resources to see a physician and she was afraid to tell her family because she feared they would blame her. If she had become pregnant I believe that she would have killed herself.

13. In my practice at the Department of Mental Health, I see many women who are psychotic and require neuroleptic drugs to remain emotionally stable. Because these women are very vulnerable they are often raped and abused sexually and then become pregnant. Neuroleptic drugs may cause damage to the fetal nervous system and are devastating to the formation of fetuses; the damage they cause is similar to fetal alcohol syndrome. If the Act remains the law on Guam, these women will be forced to continue their pregnancies, despite the injuries to the fetus.

In order to avoid further damage to the fetal development, these women will have to halt their use of neuroleptics and become psychotic again.

14. Even though abortions are legal on Guam, women attempt self-abortions because they cannot afford legal ones or because they are embarrassed and ashamed and do not want to bear their embarrassment and shame in public.

15. I have a 38 year old psychotic client who is on a combination of neuroleptics and other medication. Drugs used to treat psychosis often have harsh side effects and are often debilitating to a person's health. This woman cannot take birth control pills because of these drugs and therefore utilizes an IUD. Because many physicians believe that the IUD sometimes acts after conception, she would be prevented from using the IUD under the Act.

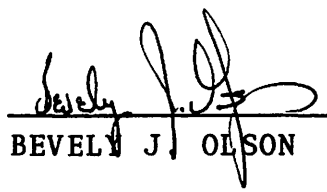
16. I have another client who, soon after the law went into effect, discovered that she had a microcephalic fetus. She and her doctors went through a great deal of stress about what to do about her pregnancy. Fortunately for her, the court stopped enforcement of the law and she was able to have an induced spontaneous delivery. However, if the Act were to remain in effect, women who have microcephalic or other malformed fetuses would have to carry their pregnancies to term even if the fetus will certainly die. It is a very painful and emotional experience for women who want children to find out that something is wrong in their pregnancy. To require them to have

babies that will not live only adds to the terrible grief that they experience.

17. There is an idea voiced by some that adoption is an alternative to abortion. I believe that this is unrealistic and untrue. In my experience with my clients and when I served on the Governor's Task Force for Child Protective Services, they could barely find foster placements, let alone adoptive parents for their children. Further, the foster placements were generally found in military families and not local residents. In addition, I know of no mentally retarded or handicapped children who have been adopted on Guam.

18. For all of the foregoing reasons, I strongly urge this Court to grant Plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction.

Executed this 20th day of May, 1990.



BEVERLY J. OLSON

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

CURRICULUM VITAE

Bevely J. Olson

Personal Data:

Birthplace:	Carpio, North Dakota, U.S.A.
Birthdate:	April 30, 1934
Family Status:	Single, no dependents.
Home Address:	P.O. Box 21892, Guam Main Facility, Guam, 96921
Telephone:	(H) 632-7361 (W) 734-2921, Ext. 3469 or 3458

Academic Background:

R.N. Diploma from Deaconess Hospital School of Nursing, Spokane, WA, 1955.

B.S. Whitworth College, Spokane, WA, 1957.
Major: Nursing Minor: Biology

B.S. Washington State University, Pullman, WA, 1960
Major: Zoology Minor: Chemistry (pre-med)

M.A. University of Washington, Seattle, WA, 1967.
Major: Psychiatric-Mental Health Nursing Minor: Sociology
Thesis Title: A Study to Determine What Nurses Regard as Appropriate Responses to the Dying Patient.

Post graduate: Extensive list of continuing education experiences over the past 15 years available upon request. Those experiences included:

Certification in Adult Psychiatric and Mental Health Nursing, American Nurses' Association, 1986.

Certification as NCAST (Nursing Child Assessment Satellite Training) Trainer, University of Washington, 1986.

Addition to attached summary of professional work experience, to bring current to May, 1990:

Concurrent with present position(s) as described under item #1, have maintained a small private practice to provide therapy and counselling, primarily for women associated with the University of Guam. No office hours posted and no advertising. Clients referred by word of mouth and practice is considered as common to nurse therapist role.

BJO/May 10, 1990

Exhibit A

SUMMARY OF PROFESSIONAL WORK EXPERIENCE

Current Employment

1. Position: Assistant Professor, University of Guam, Nursing Programs. Master teacher for psychiatric-mental health nursing for Associate Degree and Second Step Baccalaureate Degree Nursing Programs.

   Dates: March 1, 1981, to present.

   Functions: 1981-1985 was only nursing faculty member prepared to carry responsibility for psychiatric-mental health nursing education for both listed programs. 1985-87, was joined by a second faculty member with adequate preparation in this specialty. Responsibility, either as only faculty member or as assisted by a second person, includes devising learning experiences to fulfill pre-determined course objectives for the A.D. program, development of new course for B.S.N. program with subsequent provision for student learning experience, team or coordinated teaching with other nursing faculty responsible for other content areas, and participating in all activities required of full-time master teachers in nursing. In addition, was responsible for initial development of new psychiatric-mental health content for proposed generic B.S.N. program now approved by the University and awaiting Board of Nursing permission to proceed, and have served for all years of employment as the liaison person between the Nursing Programs and the island mental health agencies. Position also requires development and presentation of any continuing education or nursing elective courses appropriate to the specialty area, both on Guam and for other Micronesian islands.

   Concurrent position: June, 1984, to present, have functioned as Nursing Administrator and member of the Professional Support Unit Team for the Department of Mental Health and Substance Abuse, working full time during summers when on island and approximately 16 hours per week on call evenings and on weekends. Except for summer full-time activity, Nursing Administrator role has been primarily in consultant capacity, as opposed to line supervision. On-call activity has been for purposes of assessing clients at Guam Memorial Hospital, usually in the Emergency Room. In order to perform desired functions for DMHSA, must be officially employed to permit staff and client interaction.

Past Employment

2. Position: Master teacher for psychiatric-mental health nursing for Associate Degree Nursing Program, Olympic College, Bremerton, WA. (Academic ranking system not used. All faculty ranked as "teachers.")

   Dates: September, 1970 through December, 1980.

Functions: Classroom and clinical instruction in psychiatric-mental health nursing for Associate Degree nursing students in a team-teaching program. Worked with all nursing courses in the program, involving approximately seven other teachers and 50-70 students. Clinical experience for students provided in general hospitals, nursing homes and community agencies offering appropriate patient care. The nature of the program and the kinds of health services in the community necessitated responsibility for students in medical-surgical and geriatric areas as opposed to strictly psychiatric settings. Psychiatric facilities were utilized whenever available and appropriate.

In addition to team-taught courses, was also responsible for an introductory course for beginning nursing students or prospective students, and carried total responsibility for several continuing education courses offered by the nursing department. Over the ten years in this position, duties and responsibilities included full range of faculty activities such as committee member for the nursing department and for total college committees, member of faculty work groups for curriculum revision and for preparation for NLN accreditation. This program was NLN accredited (8-year unconditional accreditation) until 1979, when college administration decided not to re-apply for continued accreditation.

Reason for leaving: Need for greater challenge. College administration no longer interested in maintaining accreditation status.

Concurrent positions or activities: Consultant to local hospital and several nursing homes in the county for assistance of nursing staff in management of problematic patients during all of the years at Olympic College. In addition, from January, 1978 through December, 1980, served as consultant and liaison psychiatric nurse for local hospital and mental health agency in suicide intervention.

From January, 1975 through December, 1976, conducted private practice as Psychiatric Nurse Therapist two evenings a week. Worked in association with an office practice group of psychologists and psychiatrists, providing counseling services to private clients (individual clients and marriage counseling). As part of associate practice, occasionally saw hospitalized clients as nursing consult for other members of the group. Practice was discontinued because work demands became too great, while at the same time third party payment for psychiatric nurse practitioners was not standard practice.

3. Position: Director of Residential and Nursing Services, Olympic Center for Mental Health and Mental Retardation, Bremerton, WA. The Center was a pilot comprehensive community mental health center under the Washington State Department of Institutions, funded by National Institute of Mental Health.

   Dates: August 1, 1968 to April 30, 1970.

   Functions: As one of four co-administrators for the Center, was responsible for establishing and maintaining adult and child residential units. Also responsible for development of a program for nursing consultation service to the general hospitals and nursing homes in the Center catchment area. Consultation included both general education consultation for hospital staff and specific

patient care consultation in collaboration with attending physician and/or psychiatrist. From 1969 through April, 1970, responsibility was predominantely administrative, but a small individual therapy load was maintained as a matter of preference and administrative philosophy.

Reason for leaving: Federal project funding ended and state government discontinued the Center, as such, even though making acknowledgment that the Center had proven successful. It was State policy at that time to turn projects over to counties and communities to support. The Center was closed and some of its services re-opened or continued under the direction of a variety of separate agencies. All four Center co-administrators relocated elsewhere.

The following two positions were actually beginning steps for the position described above.

4. Position: Community Nursing Director, Olympic Center for Mental Health and Mental Retardation, Bremerton, WA.

   Dates: January 1, 1976 to August 1, 1968.

   Functions: Assisted in preliminary establishment of services offered by the Center. Re-organization of administrative structure changed the work title and functions, as described above. During the year or so with the title Community Nursing Director, actually did the basic planning and took the initial steps toward the work carried out as Director of Residential and Nursing Services. It was during this first phase that relationships were established with the community, and small "demonstration projects" carried out, to promote comprehensive Center development in later years. During this phase, work included individual therapy, consultation services to hospitals and nursing homes and staff recruitment and training.

   In both of the Center positions, consultation to nursing staff at the hospital in regard to problematic patients included having staff privileges and writing nursing orders.

   Reasons for leaving: Did not leave. Title and functions changed with evolution of Center development.

5. Position: Supervisor of Nursing Service (Psychiatric Nurse III), Northwest Washington Hospital-Community Pilot Program, Northern State Hospital, Sedro Woolley, WA.

   Dates: October, 1962 to October, 1965.

   Functions: Nursing supervisor and member of policy making board for a pilot program financed in part by National Institutes of Mental Health. Was responsible for developing, implementing and coordinating the nursing care component of the pilot program, in close cooperation with meeical and para-medical staff. Was required to work closely with the parent hospital within which the pilot program was located, as well as with the community facilities in counties served by the program. In addition to administrative responsibilities, continued to be involved in direct patient care, with individual client case load.

Reason for leaving: Project terminated. Major administrative staff moved to Bremerton to initiate a similar program in a community, outside the protective hospital cover. While medical and psychologist administrative staff carried out initial project steps, I was completing master's degree prior to joining them. See position #4, above.

6. Position: Unit Nursing Supervisor (Psychiatric Nurse II), Female Admission and Acute Treatment Area, Northern State Hospital, Sedro Woolley, WA.

   Dates: December, 1961, to October, 1962.

   Functions: Provided supervision and clinical instruction in psychiatric nursing for nursing personnel on one female psychiatric admission unit and three female acute psychiatric treatment units. Included participation in educational programs for student nurses from the University of Washington (students drawn from approximately 12 different Schools of Nursing throughout the state), and student practical nurses from Skagit Valley Junior College.

   Reason for leaving: Did not leave. Was promoted to supervisory position on project staff, as described above.

7. Position: Head Nurse (Graduate Nurse II), Female Acute Psychiatric Treatment Ward, Northern State Hospital, Sedro Woolley, WA.

   Dates: July, 1960, to December, 1961.

   Functions: Provided supervision and guidance in psychiatric nursing and basic nursing skills for ward nursing staff and students assigned to that ward for clinical experience.

   Reason for leaving: Did not leave. Was promoted to position described above.

8. Position: Head Nurse (Graduate Nurse I), Male Acute Psychiatric Treatment Ward, Northern State Hospital, Sedro Woolley, WA.

   Dates: November, 1955, to September, 1956.

   Functions: General ward administration and supervision of staff and students assigned to electro-convulsive and deep coma insulin therapy unit.

   Reason for leaving: Return to school for baccalaureate degree.

Parallel or Minor Positions Not Listed Above

9. Position: Psychiatric Nurse Therapist, private practice.

   Dates: January, 1975, through December, 1976, two evenings per week.

   Functions: As an associate in an office practice group of psychologists and psychiatrists, provided counseling services to private clients (individual and marriage counseling). Also offered hospital and nursing home consultation for individual patients.

   Reason for terminating practice: Was employed full-time at Olympic College and demands for evening work became too great, without adequate compensation due to insurance company practices.

10. Position: Vocational Instructor, Practical Nurse Program, Skagit Valley Junior College, Mount Vernon, WA.

Date: One quarter, January, 1961, through April, 1961.

Functions: Designed and taught a course, "Fundamentals of Nursing Pharmacology," for local Licensed Practical Nursing Program. Course was later used as a basis for a permanent part of the full-time LPN program.

Reason for leaving: Course completed. Was taught as a community service (paid), in addition to regular full-time job.

11. From time of initial graduation to appointment as head nurse at Northern State, and during summers while in further school enrollments, held a number of nursing positions typical of a new graduate (e.g. staff nurse, private duty nurse, assistant head nurse, etc.).

ATTACHMENT 9

IN THE UNITED STATES DISTRICT COURT
FOR THE TERRITORY OF GUAM

MARIA DOE, on behalf of herself and all others similarly situated, et al.,	CIVIL ACTION NO. 90-00013
Plaintiffs,	DECLARATION OF CAROL O'DONNELL
v.	
JOSEPH F. ADA, et al.,	
Defendants.	

Carol O'Donnell, hereby declares under penalty of perjury, as follows:

1. I am a therapist who has practiced on Guam for almost nine years. I make this Declaration in support of Plaintiffs' Motion for Summary Judgment and Motion for Permanent Injunction. I have personal knowledge of all the facts contained herein.

2. I received my Bachelor of Science from Purdue University. I spent sixteen years in a Carmelite monastery, a contemplative order of Roman Catholic Nuns. I received my Masters in Theology from the University of San Francisco and taught at Loyola/Marymount in the Religious Studies Department. I received my Masters in Social Work from the University of Southern California.

3. In 1981 I came to Guam. For the first eight years I

worked at Family Health Planning (FHP), a California based Health Maintenance Organization (HMO). During the past year, I have been in private practice with my own office located in the RCA Building, Suite 201, Tamuning, Guam.

4. In my practice, I counsel clients of all ages and all sexes. I am licensed to practice here on Guam and in California. My entire practice consists of counseling patients to help them make fully informed decisions about their health and their lives. The solicitation provision of Public Law 20-134 prohibits me from practicing my profession ethically and responsibly because I will be criminally liable for providing the counseling, information and referrals about abortions, that are required of me to conform to the standards of social work practice. The standards set for the "Practice of Clinical Social Work" state that social workers "have a professional responsibility to help a client establish contact with other appropriate resources when they cannot meet the needs for service of a particular client". "The well-being of the client is the key factor in all decisions." NASW, National Association of Social Workers, Inc. Code of Ethics, 1980. My ethical responsibilities to clients include, but are not limited to, respecting "the privacy of clients and hold in confidence all information obtained in the course of professional service." I am also required to "make every effort to foster maximum self determination on the part of clients." NASW, Standards for the Practice of Clinical Social Work, 1984.

5. While at FHP, I instituted a Department of Mental

Health. Part of my practice consisted of providing counseling, information and advice for pregnant women. Most of my pregnant patients were referred to me by the staff doctors at FHP. I would ask them about their circumstances regarding their pregnancies and I would discuss all of the options available to them, including termination of pregnancy, adoptions and having children. With my degree in theology, I was also able to discuss and provide advice to my patients about the religious implications for termination of pregnancy.

5. Public Law 20-134 does not allow abortions for rape or incest victims. In my nine years of practice on Guam I have counseled a large number of rape and incest victims. Approximately twenty-five percent of the 1,400 women I see each year are victims of rape, incest or both. On Guam there is a high incidence of both. Incest victims are generally very young, from the ages of eight through fourteen. In one case I had a ten-year old incest victim who was made pregnant by her father. He had abused her older thirteen-year old sister who had refused his advances and he therefore turned to the ten-year old. The mother of the child was so angry at her husband that she could have inflicted serious physical injury on him. The ten-year old had an abortion. However, if she had been forced to carry her baby, the infant would surely have suffered rejection from the whole family, because it would have been a constant reminder of the abuse inflicted on the ten-year old and both the ten-year old and the mother were extremely angry and resentful. The ten-year old would certainly have suffered

physically and emotionally if forced to have the baby. Her social and emotional development would have been stunted as she attempted to mother the child. Her resentment would eventually have been directed towards the child.

6. I also had a forty-five year old patient who had had a tubal ligation seven years earlier. She became pregnant and was terribly emotionally distressed about her pregnancy. She had had a tubal ligation because she did not want to have anymore children. Public Law 20-134 would not have allowed this woman to have terminated her pregnancy. Yet, because of her reaction to her pregnancy, it is my diagnosis that this woman would have suffered severe emotional trauma if forced to carry an unwanted pregnancy to term.

7. On Guam, I have had many women patients who have had unwanted children. I have also had many women patients who have felt that they had to get married because of a pregnancy. In most of these cases, the women who are forced to carry unwanted children eventually resent their children out of guilt and anger. They act out their guilt and anger on the children and often abuse them. As a result, a vicious cycle of pain is perpetuated.

8. On Guam, many of my Catholic women patients suffer tremendous guilt because the Catholic church prohibits the use of both contraceptives and abortion. The religious influence on Guam is pervasive and it leads to a great deal of conflict within my women patients. Many of my Catholic women patients suffer a tremendous amount of guilt, shame and depression around

their decision-making regarding unplanned pregnancies. Many choose to have abortions or use contraceptives despite the religious proscriptions. For many of my patients, most of whom are devout practicing Catholics, they need the guidance, encouragement and support which is denied to them by the church. Many suffer from depression because of the conflict they feel between their need to control their reproductive lives and the Catholic Church's proscriptions against contraception and abortion. I would estimate that approximately one or two out of ten women suffer from this type of depression. It is my opinion that if Public Law 20-134 were allowed to remain, there would be an increase in cases of depression.

9. I have also had pregnant patients who feel a great deal of ambivalence about carrying their pregnancies to term. I had one patient who could not decide what to do with her pregnancy and she was deeply angry throughout the pregnancy. When she decided to carry her pregnancy to term, she also decided that she would put the child up for adoption. However, when the child was born her parents told her to keep the baby. Because the mother had to work and attend school, her grandmother had to take care of the child. The grandmother became very resentful about being saddled with an unwanted baby. This has created an atmosphere of anger, resentment and rejection of the child from the family.

10. A couple of times I have accompanied my women patients when they have had abortions. My patients who have decided upon an abortion feel that the decision is the best one for them and

they have not felt any psychological or emotional repercussions from the abortion itself. My patients have chosen to have abortions because having an unwanted child would be detrimental to their physical or emotional well-being.

11. Public Law 20-134's almost total ban on abortions would greatly harm my patients. They would be deprived of the choice of an abortion that is critical to their ability to make decisions about their lives. The law would force all women to have children, regardless of whether having children would be detrimental to their emotional well-being. The law would not, however, halt all abortions. In my practice and experience, if a woman wants an abortion, she will obtain one and I fear that women will self-abort, resort to dangerous, illegal abortions or attempt suicide. Women have come to me for abortion counseling who are physically abused by their husbands, or have been abandoned by their husband and are under emotional, financial and physical stresses. I have seen women who are performing all the home and child care and working a full time job, become pregnant due to failure of birth control, not using birth control consistently. Are these women to be "imprisoned" because of these circumstances? In this culture women are taught to satisfy their partner's sexual urges no matter what the consequences are to them or their family. They are prohibited from using contraception by their church.

12. My role as therapist is to help people find the best solutions for their problems that will induce health and happiness. In order for people to grow (develop), they need to

have choices. Self confidence, self worth is essential to enabling people to make healthy decisions. A healthy legal system would allow people to make choices that are best for them, rather than set up a closed, rigid code of laws that have long-term detrimental effects on mother, child, family and society.

WHEREFORE, I respectfully request that the Court grant Plaintiff's Motion for Summary Judgment and Motion for Permanent Injunction.

Executed this 21st day of May, 1990.

Carol O'Donnell

CAROL O'DONNELL

ARRIOLA, COWAN & BORDALLO, AGANA, GUAM 96910

D#3576C

ATTACHMENT 10

No abortion providers on Guam

Jasmine Stole Weiss, Pacific Daily News Published 1:04 p.m. ChT June 30, 2018

(Photo: Frank San Nicolas/PDN)

For years there were two doctors who performed abortions on Guam. One retired in 2016; the second doctor retired last month, leaving the island without any physicians who will perform abortions.

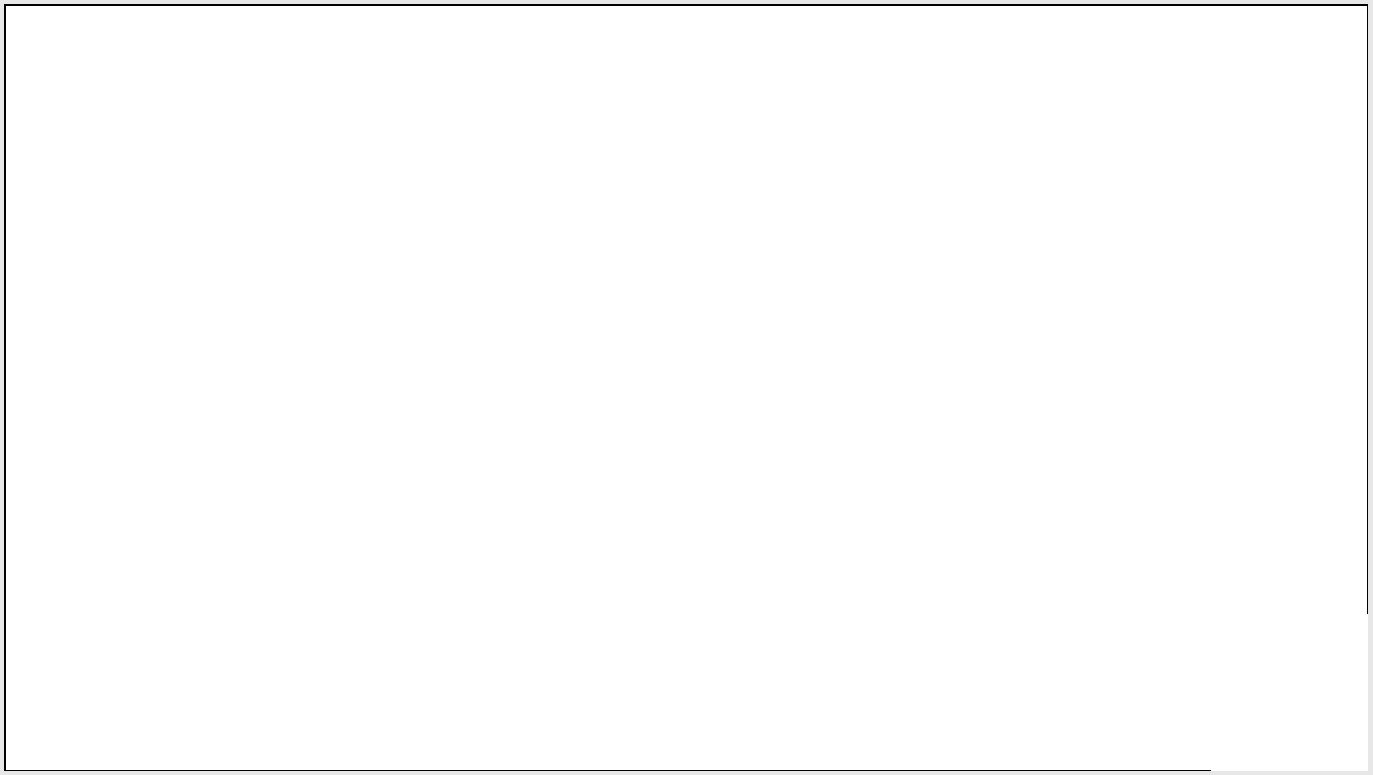
The lack of abortion providers on island may force women to go to great lengths or go through great risk to terminate unwanted pregnancies, according to attorney Anita Arriola, a longtime advocate for abortion rights.

More: AG opinion: Recent abortion bill is unconstitutional (/story/news/2018/06/29/ag-opinion-recent-guam-abortion-bill-unconstitutional/744792002/)

More: Defense attorney: No evidence mom intended to abandon her newborn (/story/news/2018/06/29/defense-attorney-no-evidence-mom-intended-abandon-her-newborn/744631002/)

Guam law currently allows for abortions as late as 26 weeks into the pregnancy, provided the unborn child has a grave physical or mental defect or the pregnancy is the result of rape or incest. Abortions are allowed at any point in a pregnancy if the mother's life is in danger or if the pregnancy would gravely impair her physical or mental health.

There are no restrictions under current law for a woman to have an abortion on Guam within the first 13 weeks of pregnancy.



Doctor retires

Since late 2016, Dr. William Freeman at the Women's Clinic had been the island's only abortion provider.

Dr. Jeffrey Gabel, who's been practicing in Guam for about 10 years, said he took over the Women's Clinic effective June 1. Gabel said he doesn't conduct abortions and he doesn't support abortions made at will.

"I'm pro-life," Gabel said.

Gabel, an obstetrician and gynecologist, said within about a week or two after he took over, word got around fairly quickly that Freeman had retired and Gabel had taken over. Gabel said he worked under Freeman but hadn't performed abortions.

"I've always been against it," he said.

The Women's Clinic is now "Dr. Gabel's Clinic Obstetrics & Gynecology Para Famalao'an."

Hundreds of Catholics marched to the Guam Legislature Building during the Rally for Life on Sunday, Jan. 28. *(Photo: Chloe B. Babauta/PDN)*

Though Freeman retired on May 31, he's still licensed to practice, according to Gabel. But any future patients Freeman takes will be for infertility services, Gabel said, adding that he and Freeman agreed Freeman could use Gabel's clinic.

The only other physician who previously conducted abortions on island was Dr. Edmund Griley, who operated out of the Guam PolyClinic on Ypao Road.

Griley retired Nov. 30, 2016. Advertisements placed in the Pacific Daily News in the months prior to Griley's retirement called on patients to pick up their files.

Dr. John Chiu now operates out of the Poly Clinic on Ypao Road. But he doesn't perform abortions, according to his receptionist, Ana Benitez.

No abortions offered

Guam Memorial Hospital doesn't conduct abortions as an elective procedure, according to Dr. Faye Jensen, chair of the Department of Obstetrics/Gynecology.

"The GMHA does not refer clients to other entities. If a client presents at the ER for an abortion, they are informed that it is not offered as an elective procedure," said Mark Guayco, acting Emergency Department Hospital Unit supervisor.

Guam Regional Medical City's physicians also don't perform abortions and GRMC doesn't provide referrals, said Cindy Hanson, communications and social media specialist for the hospital.

Leo Casil, acting director of the Department of Public Health and Social Services, said his agency doesn't refer clients or patients for abortion services.

Regarding Freeman's retirement, Casil said in an email, "As far as I know there are no other physicians who conduct abortions."

Casil said he doesn't view the lack of physicians conducting abortions on island as an issue for his agency.

"No this would not be a concern for (Public Health0," he said. "Abortions in emergency situations are decided by a physician. ... I see no impact on Public Health on the limited or no availability."

FHP Health Center doesn't offer abortion services, according to Maria Hernandez, TakeCare/FHP marketing specialist.

The Center for Women's Health also doesn't perform abortions, said David Underwood, business manager.

Calls made to the American Medical Center and Sagua Mañagu weren't answered as of Friday evening.

Guam abortion law

in 1990, Guam passed a law prohibiting abortions on island. Arriola was one of the attorneys in the landmark court case that challenged that law and eventually led to the overturning of the measure.

In the 1990s, Arriola recalled women traveling to the Philippines to get abortions. These were done illegally, because in the Philippines abortions are outlawed.

Without a physician on Guam to perform abortions, women with the resources will likely travel off-island for illegal or legal abortions, Arriola said. But not many women have those resources, the attorney added.

Regionally, there aren't many options available for women seeking abortions. Abortions are outlawed in the Philippines and the Commonwealth of the Northern Mariana Islands. Arriola said abortions in Japan can be done under limited circumstances.

According to a United Nations summary, abortions in Japan can be done when the woman's health is at risk or if the pregnancy was the result of a rape.

Singapore allows abortions up to 24 weeks into the pregnancy but it's limited to citizens of the country, wives of Singapore citizens and women who have lived there for at least four months, according to the law (https://sso.agc.gov.sg/Act/TPA1974).

Arriola said another option would be to go to Hawaii.

Abortion reporting

In 2017, there were 239 abortions done on Guam, according to Public Health data. Of those 239 procedures, 237 were done at the Women's Clinic. The remaining two were done at the Women's Clinic and the Guam Memorial Hospital's labor room, the data shows. All but three of the abortions were voluntary.

Most women who had abortions in 2017 were single, in college or had graduated college and hadn't had an abortion before, the data shows. More than half were between 18 and 27 years old.

A recently released study by the World Health Organization and Guttmacher Institute found that in countries that banned abortions or allowed them only to save a woman's life or preserve her health, most abortions in those countries were unsafe.

"Restricting access to abortions does not reduce the number of abortions," the June 2018 WHO article (http://www.who.int/news-room/detail/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year) stated.

While the local law allows abortions in Guam, Arriola said the reporting requirements restrict physicians.

"Our legislators and governor created an environment that has driven legal abortion providers away from Guam and they're setting up a system where women will perform their own abortions or travel at great lengths and great risk to get legal or illegal abortions," Arriola said."The lives and health of women are going to continue to be in danger so long as we don't have legal abortions performed here in Guam."

ATTACHMENT 11

Guam Catholic group protests recruitment of abortion doctors

Group protests Guam governor's plan to recruit abortion providers to the U.S. territory because no doctors on the island are currently willing to terminate pregnancies

By **The Associated Press**
June 15, 2019, 6:51 PM • 3 min read

The Associated Press

FILE - In this Aug. 13, 2017, file photo, worshippers attend Sunday Mass at Blessed Dieg... **Read More**

HAGATNA, Guam -- A Catholic group has protested the governor of Guam's plan to recruit abortion providers to the U.S. territory where no doctors are currently willing to terminate pregnancies.

Gov. Lou Leon Guerrero's recruitment idea has drawn criticism and support from residents, the Pacific Daily News reported Friday.

Recent Stories from ABC News

Top Stories

Sen. Rand Paul continues making false claims of 2020 election fraud
2 hours ago

President Joe Biden's inaugural parade to the Oval Office
Jan 20, 4:24 PM

5 people, including pregnant woman, killed in mass shooting
1 hour ago

2 injured after police car drives through crowd at race
3 hours ago

Grizzly, 34, confirmed as Yellowstone region's known oldest
1 hour ago

ABC News Live

24/7 coverage of breaking news and live events

The Democratic governor told The Associated Press she is concerned women could be forced to seek unsafe and illegal procedures after the last abortion provider retired last year.

One resident told the Pacific Daily News that recruiting an abortion doctor will make Guam a better place.

"If the governor makes it happen, it'll truly show that she meant it when she said she'll make Guam a better place," said 20-year-old Kimmi Yee, who was born and raised on Guam. "I'd be glad to know that women have the ability to choose and will be able to do it safely."

A Catholic anti-abortion group protested the recruitment idea at the governor's office on Friday.

Patricia Perry, co-chair of the group, sent invitations encouraging people to attend a prayer rally.

"If the governor is not convinced, we'll do other measures to further our cause," Perry said. "We will not stop until all abortion is outlawed and all anti-life laws will be abolished."

Part of the invitation reads, "Say no to recruiting doctors who will kill our unborn children! Say yes to recruiting doctors who help us save lives!"

Jayne Flores, the director of the Bureau of Women's Affairs, said she is meeting with Public Health officials to talk about a plan to recruit a doctor to provide abortion services. The administration is also working to provide greater access to birth control to reduce unwanted pregnancies.

The archdiocese on the heavily Catholic island said in a statement it was appealing to the governor to change her position.

"The fact is that human life begins at conception and the Roman Catholic Church affirms and promotes this truth. There is no other moral or logical place to draw the line," the Archdiocese of Agana said.

Arsha Abellera, who has lived on Guam for the past decade, said the administration's plan to recruit a doctor to provide abortion is long overdue.

"It is the government's job to protect women and their right to choose," she said. "A woman's body is her house and whatever she does with it shouldn't be anyone's business."

Government records show about 250 abortions a year were performed on Guam from 2007 to 2017, the Pacific Daily News said. No abortions have been reported in the past 12 months.

Trump returns to a business empire ravaged by pandemic

Pence heading back to Indiana hometown after Biden inaugural

ATTACHMENT 12

Abortions are legal in Guam, but doctors won't perform them

apnews.com/article/c2537d19a3024554baa5e617d5381c9c

June 7, 2019

By CALEB JONESJune 7, 2019 GMT

HONOLULU (AP) — Lourdes Leon Guerrero vigorously defended abortion rights as she campaigned to become the first female governor of Guam. She won, but now no doctors are willing to perform the procedure she fought so hard to defend.

The last abortion provider in the heavily Catholic U.S. territory retired in May 2018. That's forcing women seeking to end their pregnancies to fly thousands of miles from the remote Pacific island — a costly and sometimes prohibitive step.

"I truly believe that women should have control of their bodies," Gov. Guerrero, a former nurse, told The Associated Press in a phone interview Thursday. "I'm very sad and very nervous about what's happening across the nation."

Several conservative states like Alabama and Missouri have passed tough abortion restrictions as they take aim at the 1973 Roe v. Wade ruling that legalized abortion across the United States.

Guam's law , which Guerrero described as "very restrictive," allows abortion, but doctors also have the legal right to deny services unless it's a medical emergency. Abortions are allowed within 13 weeks, but anyone who terminates a pregnancy without help from a doctor can be charged with a felony.

Guerrero said she believes that doctors in Guam would still perform abortions if a woman's life were in danger, but she's concerned that other women will be forced to seek illegal or dangerous alternatives.

"That's my fear," she said. "I'm concerned about it going underground because then we can't really control it, we can't really monitor, we can't really make sure that the women are doing it in an environment that is conducive to a healthy recovery."

The governor said officials are trying to recruit doctors to come to the island and establish clinics. She said anti-abortion protesters are active on the island but are peaceful and doesn't believe doctors fear for their safety.

"Doctors here, I think, are reluctant because of the Catholic community, I think they're reluctant because they don't want to be in the controversy," Guerrero said.

Guerrero asked voters during the campaign last year if they support abortion, and many do despite about 80% of Guam's 165,000 residents being Catholic, she said.

Her opponent disagreed.

"Life begins at conception, period. ... We must protect every life," former Lt. Gov. Ray Tenorio said during a debate, the Pacific Daily News reported .

The other U.S. territories in the Pacific — American Samoa and the Northern Mariana Islands — both prohibit abortions except in very limited circumstances. All territories are partially self-governing but still under federal rule.

While Hawaii, a nearly eight-hour flight from Guam, is the closest U.S. state for a legal abortion, there have only been five Guam women treated in the past six months, and none for an elective procedure, said Dr. Bliss Kaneshiro, an obstetrician-gynecologist and University of Hawaii professor.

"It's a big problem. Abortion care is pretty basic reproductive health care — we know that many women will need an abortion during the course of their reproductive years," Kaneshiro said. "We know that making abortion inaccessible doesn't eliminate it, it forces women to seek unsafe measures to end a pregnancy."

She said, to her knowledge, all those who have come from Guam are “women with desired pregnancies where there are severe anomalies that have prompted their decision to terminate their pregnancies.”

Kaneshiro and her colleagues have heard about “many patients” on Guam needing abortion services who couldn’t afford to travel off the island.

“Some of the doctors on Guam will contact us about patients,” she said. But “it requires a lot of financial resources for (the women) to come to Hawaii to get that care, and so not all of them end up actually coming here.”

Even in Hawaii, the island of Kauai has no abortion providers, forcing most women to fly to Oahu or Maui, and the Big Island only recently began offering services, Kaneshiro said.

Hawaii was the first state to approve a program in which doctors can mail abortion medications to patients so they don’t have to travel, she said.

But Guam law prevents doctors from mailing the medicine because the territory requires patients to have an in-person counseling session with a doctor or psychologist.

In a recent court case, a Guam man was charged with raping and impregnating an 11-year-old girl, who will have to go through with her pregnancy, Jayne Flores, director of the Bureau of Women’s Affairs, told the Pacific Daily News .

A message left with Guam’s archdiocese wasn’t immediately returned. A call to the clinic where abortions were previously performed wasn’t answered.

ATTACHMENT 13

Bill drafted to stop hiring of abortion doctor

By **Jolene Toves** - June 19, 2019

Former senator Robert Klitzkie says he has put together legislation to stop the search for an abortion doctor at the taxpayer's expense.

Is it the governor's duty to find an abortionist who will relocate to Guam and perform abortions on the island?

Former senator Robert Klitzkie says no, it isn't. And to ensure the administration does not perform outside of its scope of governmental functions, he has put together legislation to stop the search at the taxpayer's expense.

Since May of last year, the island has not had any abortions performed because there is no licensed doctor willing to perform the procedure.

With Gov. Lou Leon Guerrero announcing that the search was on for an abortion doctor, Klitzkie proposed draft legislation to senators that would put an end to this.

Klitzkie's legislation is called the Prohibition of Procuring an Abortionist Act of 2019.

"The governor and Jayne Flores at the Bureau of Women's affairs are apparently attempting to recruit an abortionist or entice an abortionist to come to Guam. Apparently, because there haven't been any reported abortions since May of last year, maybe they see that as an emergency, Klitzkie said.

The search for an abortionist began after concerns were raised regarding victims of sexual abuse who become pregnant as a result of rape and not having an option to terminate the pregnancy.

Jayne Flores, who heads the Bureau of Women's Affairs, said she's a one-woman show who is contacting planned parenting and coalitions.org which matches abortion providers with clinics and clinics with abortion providers.

According to Klitzkie, Flores has stated that she is unsure if the abortionist would work for the government or in the private sector. He said Flores will be having a closed-door meeting with Department of Public Health and Social Services officials to address the issue of recruiting a doctor.

According to Flores, no money is being expended by the government to do this. "Right now, its just conversations," Flores said.

But Klitzkie's legislation would prohibit any government employee from recruiting an abortionist as government time would be expended in the search and that translates into government dollars. Kilitzkie also has other concerns on how the issue is being handled.

"I just don't see it as a proper governmental function for Jayne to be out recruiting and abortionist for the island," Klitzkie said.

While the governor has taken a pro-choice stance on the issue of abortion, Adelup did not provide comment on the proposed Klitzkie legislation as the governor is currently in transit back to the island.

##

Jolene Toves

Jolene joined the PNC team in 2017, as a producer, co-anchor and investigative reporter covering law enforcement, courts and crimes. Notable coverage includes the Ehlert case, the Mark Torre Jr. trial, the Allan Agababa trial, exclusive pieces on the Life of a Drug Dealer/Addict, and Life behind bars...the story of Honofre Chargualaf and Kevin Cruz. In 2019, she was promoted to Assistant News Director and Lead Anchor. From 2015 to 2017 she served as Public Relations and Promotions Manager, for the Hotel Nikko Guam handling local radio and advertorial promotions, as well as produced and directed tv commercials for the hotel. Prior to this she worked with KUAM for three years as a reporter and segment host. She began her journalism career in 2012, working with Glimpses of Guam contributing to the Guam Business Magazine, R&R magazine, MDM magazine and the Marianas Business Journal.

ATTACHMENT 14

Hawaii couple arrested after boarded flight knowing they had COVID-19: Health officials

They were charged with second-degree reckless endangerment.

By **Julia Jacobo**
December 2, 2020, 6:34 PM • 5 min read

NOTIFIED: Jan. 22, 2021

Catch up on the developing stories making headlines.

A Hawaii couple has been arrested after they boarded a flight home while allegedly knowing they had COVID-19.

Wesley Moribe and Courtney Peterson were flying home to Lihue Airport in Kauai from San Francisco when it was discovered they receive a positive result in a pre-travel test for the virus, according to a statement from the Kauai Department of Health. They have been arrested and charged with second-degree reckless endangerment.

Recent Stories from ABC News

Top Stories

Sen. Rand Paul continues making false claims of 2020 election fraud
2 hours ago

President Joe Biden's inaugural parade to the Oval Office
Jan 20, 4:24 PM

5 people, including pregnant woman, killed in mass shooting
1 hour ago

2 injured after police car drives through crowd at race
3 hours ago

Grizzly, 34, confirmed as Yellowstone region's known oldest
1 hour ago

+ MORE: In-store dancing leads to Hawaii visitor quarantine arrest

Close contacts are being identified, directed to quarantine and being offered testing, the department said.

The couple participated in the Safe Travels program, a mandatory travel and health form in the state of Hawaii.

Kaua'i Police Department

Courtney Peterson is seen in a booking photo released by the Kaua'i Police Department... **Read More**

Kaua'i Police Department

*Wesley Moribe is seen in a booking photo released by the Kaua'i Police Department. Mor..***Read More**

Hawaii Governor David Ige approved a temporary moratorium of the Safe Travels program last Friday to return to a mandatory 14-day quarantine, which went into effect on Wednesday and applies to all incoming travelers, including mainland, inter-island residents and visitors.

The state of Hawaii has seen several incidents since the start of the pandemic in which residents and visitors have tried to skirt local COVID laws, officials said.

+ MORE: Hawaii mayor: Florida man flouting quarantine was 'covidiot'

Kauai Mayor Derek Kawakami described a Florida man who tried to bypass the state's traveler quarantine in April as a "covidiot" after the intoxicated man arrived on the island without having proof of accommodations.

In May, a New York City man spent part of his vacation in an Oahu jail after he allegedly broke quarantine rules and traveled to several places using public transportation.

VW Pics/Universal Images Group via Getty Images, FILE

A walkway leads to the beach in Kauai, Hawaii.

A 20-year-old woman was arrested in Honolulu in July after she was discovered dancing in a store and dining out while she supposed to be obeying the traveler quarantine.

+ MORE: Man on Hawaiian vacation arrested, charged with breaking quarantine rules

In August, a Hawaii teacher was also arrested for violating the traveler quarantine after he returned to Honolulu from Florida and was spotted by an acquaintance at a post office days later.

ABC News' Jenn Watts contributed to this report.

Comments (153)

Tennessee state senator charged again in federal court

Juvenile lifer locked up for nearly 50 years could go free

Trump returns to a business empire ravaged by pandemic

Pence heading back to Indiana hometown after Biden inaugural

ATTACHMENT 15

Concern over lack of abortion provider raised

Jasmine Stole Weiss, Pacific Daily News Published 1:21 p.m. ChT June 3, 2019

While states in the mainland are challenging access to abortions through legislation, access to abortions on Guam has been restricted due to sheer circumstance.

Abortions are legal on Guam, but since June last year none have been reported to the Office of Vital Statistics.

More: Where is abortion legal? Everywhere. But ... (https://www.usatoday.com/in-depth/news/nation/2019/05/15/abortion-law-map-interactive-roe-v-wade-heartbeat-bills-pro-life-pro-choice-alabama-ohio-georgia/3678225002/)

More: Planned Parenthood of St. Louis gets temporary stay, continues as Missouri's sole abortion provider (/story/news/2019/05/31/missouri-abortion-planned-parenthood-st-louis-roe-v-wade-fetal-heartbeat-pro-choice-pro-life/1294197001/)

It's been about a year since the last Guam doctor who provided abortions (/story/news/2018/06/30/no-abortion-providers-guam/744847002/) retired. No other doctors offer the procedure, which means women have to travel off-island if they're seeking abortions conducted in a medical facility.

Bureau of Women's Affairs Director Jayne Flores said her department is concerned about the lack of a choice for women on island, and she's gathering statistics to look into the issue.

'Sometimes it is a necessity'

"The Bureau of Women's Affairs is of course concerned about women's health issues in general. And the fact that women do not have a choice on this island is very concerning," Flores said. "It is something we do need to explore."

The Office of Vital Statistics hasn't received any reports since May 2018 about abortions performed on Guam. Providers are required by law to report abortions to the Department of Public Health and Social Services.

Dr. William Freeman was the only doctor providing the service until he retired at the end of May last year.

The doctor who took over Freeman's clinic said he would not continue abortion services.

"Abortion is not a good thing, but sometimes it is a necessity," Flores said.

Supports a woman's right to choose

Recently, a man was charged in court and accused of raping and impregnating an 11-year-old girl, who is now 12.

“It breaks my heart that the 12-year-old girl who got raped…has to have a baby,” Flores said.

“It breaks my heart that that girl will have to go through with her pregnancy because there’s no one on island that will help her,” Flores added.

Flores said she supports a woman’s right to choose.

“The bottom line is that a woman has to be in charge of her own body,” she said.

Abortions that are done otherwise

While Guam law allows abortions within 13 weeks by a licensed doctor, it also outlaws abortions that are done otherwise.

This means anyone, including a pregnant woman herself, who terminates a pregnancy without going through a doctor on Guam could be charged with a third-degree felony, according to the law (http://www.guamcourts.org/compileroflaws/GCA/09gca/9gc031.PDF).

At the same time under Guam law, doctors can also refuse to perform abortions, unless it’s a medical emergency.

Meanwhile in the nation, this year so far, six states have passed bills banning abortion (https://www.usatoday.com/in-depth/news/nation/2019/05/15/abortion-law-map-interactive-roe-v-wade-heartbeat-bills-pro-life-pro-choice-alabama-ohio-georgia/3678225002/)after six weeks of pregnancy and 11 other states have legislation on the table considering 6-week abortion bans.

In other news

- Remember the CHamoru Wake Island Defenders from Guam (/story/news/2019/06/02/chamoru-guam-wake-island-defenders-world-war-2/1296336001/)
- Guam Power Authority: Cat caused power outage in several villages Saturday evening (/story/news/local/2019/06/03/gpa-cat-caused-power-outage-saturday/1323523001/)
- Guam's war claims fix moves forward in Congress, 319 more claims weighed (/story/news/local/2019/06/01/guam-world-war-2-survivors/1317587001/)

Read or Share this story: https://www.guampdn.com/story/news/local/2019/06/03/concern-over-lack-abortion-provider-raised-guam-news-bwa/1306185001/

ATTACHMENT 16

GRMC INTRODUCES TELEHEALTH

Mar 26 2020

POSTED BY GRMCGUAM (HTTPS://WWW.GRMC.GU/AUTHOR/GRMCGUAM/)

GRMC Introduces Telehealth
New Option for Visiting Your Doctor Remotely

(Wednesday, March 25, 2020; Dededo, Guam) Guam Regional Medical City (GRMC) announces the introduction of a new Telehealth option that allows patients and providers to meet remotely for appointments and other medical needs. The introduction of GRMC's Telehealth program comes at a good time with so many of the community sheltering at home during the COVID-19 self-quarantine period. Using Telehealth, patients will still be able to interact with their doctor or specialist without needing to meet face-to-face.

Search

RECENT POSTS

GRMC Stresses the Importance of Security Screening (https://www.grmc.gu/2021/01/20/grm stresses-the-importance-of-security-screening/)

GRMC to Begin Easing Visitation Restrictions (https://www.grmc.gu/2021/01/18/grm to-begin-easing-visitation-restrictions-2/)

GRMC Provides Assistance to DPHSS with COVID Vaccinations (https://www.grmc.gu/2021/01/08/grm provides-assistance-to-dphss-with-covid-vaccinations/)

Guam Surgeon Performs First Bariatric Surgery at GRMC (https://www.grmc.gu/2021/01/06/gua surgeon-performs-first-bariatric-surgery-at-grmc/)

GRMC Opens COVID Outpatient Infusion Clinic (https://www.grmc.gu/2020/11/30/grm opens-covid-outpatient-infusion-clinic/)

Telehealth will be treated like a regular visit but conducted over the internet using a computer, smartphone, tablet or other compatible interactive audio and video telecommunication device. Currently, patients with existing appointments are being contacted three days prior by Medical Assistants (MA) and advised of the new Telehealth option.

Patients who do not have the internet have the option of a telephone visit. Patients are asked to contact the appropriate Specialty Services department ten minutes prior to their appointment. The MA will connect the call with the doctor.

Coverage for both Telehealth and telephone visits vary by insurance company. For Medicare patients, the co-payment for Telehealth visits is waived, however, co-payments and/or deductibles still apply to telephone visits. Patients with health insurance are advised to contact their health insurance directly for guidance before taking advantage of these new services.

The purpose of GRMC's Telehealth program is to reduce the need for physical contact while continuing to provide excellent healthcare during the COVID-19 emergency. The program was originally introduced at GRMC to make doctor visits easier for patients with mobility issues, transportation problems, etc. and will continue to be used for that purpose after the COVID-19 crisis.

CATEGORIES:

NEWS (HTTPS://WWW.GRMC.GU/CATEGORY/NEWS/)

ARCHIVES

Select Month

CATEGORIES

News (https://www.grmc.gu/category/news/) (54)

Uncategorized (https://www.grmc.gu/category/uncate) (3)

March 2020

M
2
9
16
23
30 (https://www.grmc.gu/2020/03/30/)

MENU

Services (http://www.grmc.gu/our-services/)
Providers (http://www.grmc.gu/grmcdoctors/)
Specialty Clinics (http://www.grmc.gu/grmcdoctors/)
Videos (http://www.grmc.gu/videos/)
News (http://www.grmc.gu/news/)
Amenities (https://www.grmc.gu/amenities/)
Contact (http://www.grmc.gu/contact/)
About Us (http://www.grmc.gu/about-us/)
Careers (https://www.grmc.gu/careers-)

PATIENT & GUIDES

Visiting Hours (http://www.grmc.gu/visiting-hours/)
Patient Guide (https://www.grmc.gu/patientguide/)
Patient Education (http://www.grmc.gu/patienteducation/)
Patient Portal Brochure (https://www.grmc.gu/patient-portal-brochure/)

VENDOR

Registration Form (https://www.grmc.gu/wp-content/uploads/2017/06/Vendor-Registration-Form.pdf)
W9 Form (https://www.grmc.gu/wp-content/uploads/2017/06/W9-Form.pdf)
Supplier Guide (https://www.grmc.gu/wp-content/uploads/2017/10/SUPPLIER-GUIDE-V2.pdf)
Terms & Condition (http://www.grmc.gu/wp-content/uploads/2017/09/GRMC-Purchase-Order-Terms-and-Condition.pdf)

RESEARCH

IRB (http://www.grmc.gu/irb/)

MARKETING

Community Outreach (http://www.grmc.gu/grmcmarketing/)

GRMC EMPLOYEES ONLY

COVID-19 Referral Form (https://www.grmc.gu/grmcemployees/)

DIRECTORY & MAP

Lower Level Ground Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_LLGF.png)
First Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_1st.png)
Second Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_2nd.png)
Third Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_3rd.png)
Fourth Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_4th.png)
Fifth Floor (http://www.grmc.gu/wp-content/uploads/2017/06/New_5th.png)

DOWNLOADS

ICU Brochure (http://www.grmc.gu/wp-content/uploads/2017/ICU.pdf)
Bone Density Flyer (https://www.grmc.gu/wp-content/uploads/2017/Density2.jpg)
GRMC Referral Form (https://www.grmc.gu/wp-content/uploads/2017/3rd-Floor-REV-5-14-2020.pdf)
GRMC Lab Order Form (https://www.grmc.gu/wp-content/uploads/2020/Lab-Form-GRMC-2020.pdf)

2/)
Volunteers
ttp://www.grmc.gu/volunteers/)

COVID-19 Download
(https://www.grmc.gu/
Comm Charts
(https://www.grmc.gu/

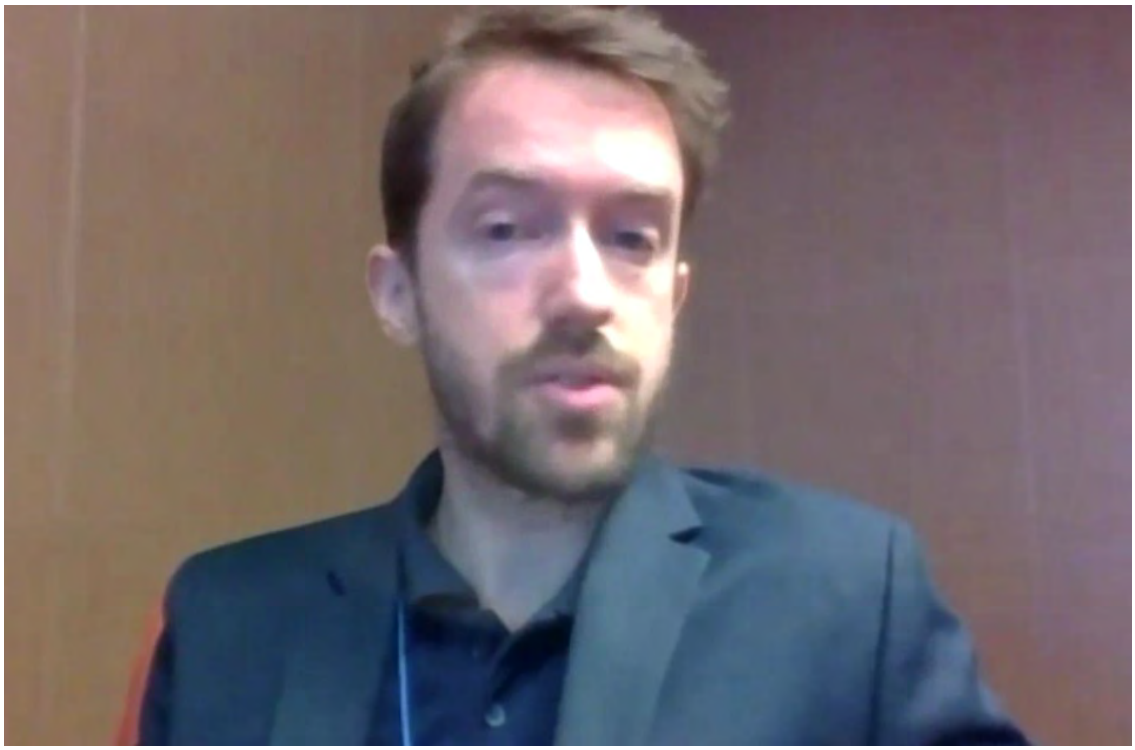
OTHER LOCATION

The Medical City
(http://themedicalcity.

ATTACHMENT 17

GRMC's Telehealth now an option in wake of social distancing

By **Mai Habib** - March 30, 2020



Dr. Justin Hale

As social distancing becomes a normal part of our everyday life, it seems our healthcare providers are also finding ways to keep 6 to 10 feet away.

PNC took a virtual tour of GRMC's new Telehealth appointment system.

Dr. Justin Hale, a neurologist at GRMC, says just because there's a pandemic doesn't mean people's medical needs disappear.

"When COVID arrived on Guam, and I was instructed to limit my clinic, we were all instructed to limit our clinics to urgent patients. And, immediately I'm thinking, what about all these patients that aren't quite urgent but they have questions, maybe we've done a lot of labs and we still need to discuss those labs. There's all this routine maintenance for their health that needs to be taken care of," Dr. Hale said.

He added that launching Telehealth was crucial for continuing patient care while respecting social distancing and despite obvious challenges around taking vitals or other in-person testing, he is able to complete much of his neurology appointments virtually.

"A lot of what I'm doing during the exam is I'm observing the patient, seeing how they respond to questions. Seeing how their language is and how quickly they respond to questions. And then, I may ask them some questions to challenge their memory. But then I kind of go to what are called

cranial nerves that control different functions of the face. I'll have them do eye movements...having them look to the right, to the left, then up and down. And then, have them open their mouth ... say 'ah'. Then we're moving to the motor exam and checking for strength," Dr. Hale said.

The doctor admits there are added challenges around internet connectivity, technology skills among some patients, and juggling multiple calls for appointments...

If you are planning to Telehealth, Hale says video is much more personal than just a phone call.

"I get more information out of it. And when I see the patient, I remember their story better. Oh ya, I remember you, you're the guy who's going to the states to your son's graduation," Dr. Hale said.

And it's as simple as clicking a link that your doctor's medical assistant would email you. You sign in with your name, 10 minutes before the appointment, do a pre-screening with medical staff, then the doctor appears on your phone or computer screen to start the appointment.

Dr Hale says while it was borne of the need to distance during COVID19, Telehealth might be the way of the future for GRMC.

"I think COVID is changing a lot about our society and we're going to be thinking of things differently past this. And no different in healthcare, and I would say, I would be very happy to do it. I've enjoyed having the video conferences," the doctor said.

Prescriptions fills will continue to be emailed to your pharmacy.

GRMC says patients should check with their insurance providers to make sure they're covered for Telehealth appointments.

Of course, if you feel like you're having a medical emergency —- like a stroke or heart attack — the doctor says you should rush to the ER for immediate treatment.

##

Mai Habib

Mai Habib is a radio and television broadcaster and journalist originally from Toronto, Canada. She worked at CTV News and CFRA in Canada for over 5-years, where she was a reporter, anchor and show host. After a brief stop in Canadian politics and the non-profit world, she's happy to be back at the news desk on Guam. Mai is a graduate of Ryerson

University's journalism program and completed her Master's in International Affairs and Public Policy at Carleton University. She is excited to be reporting on Guam's current affairs, legislature and other topical issues.