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14 CITY AND COUNTY OF SAN FRANCISCO

15 UNITED STATES DISTRICT COURT

16 NORTHERN DISTRICT OF CALIFORNIA

17 CITY AND COUNTY OF SAN
18 FRANCISCO,

19 Plaintiff,

20 vs.

21 ALEX M. AZAR II, Secretary of U.S.
22 Department of Health and Human Services;
23 ROGER SEVERINO, Director, Office for
24 Civil Rights, Department of Health and Human
25 Services; U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES; and DOES 1-25,

26 Defendants.

Case No. 3:19-cv-2405-JCS

**DECLARATION OF DR. ELEANOR DREY IN
SUPPORT OF CITY AND COUNTY OF SAN
FRANCISCO'S MOTION FOR
PRELIMINARY INJUNCTION**

Hearing Date: July 12, 2019
Time: 10:30 a.m.
Judge: Hon. Joseph C. Spero
Place: Courtroom G, 15th Floor

Trial Date: Not set

1 I, Dr. Eleanor Drey, declare as follows:

2 1. I have personal knowledge of the facts set forth in this declaration and, if called as a
3 witness, could and would testify competently to the matters set forth below.

4 2. I am the Medical Director of the Zuckerberg San Francisco General Hospital (“ZSFG”) Women’s Options Center (“Center”). I have served in this role since 2003. Prior to that, I served as
5 Acting Medical Director from 2002-2003. In addition, I am currently serving as the acting chief of the
6 ZSFG Obstetrics and Gynecology division, and I am a professor in the Department of Obstetrics,
7 Gynecology & Reproductive Sciences at University of California, San Francisco Medical School.

8 3. The mission of the ZSFG Women’s Options Center is to offer high quality, sensitive
9 and confidential abortion services.

10 4. We routinely provide both first- and second-trimester abortion care, including
11 medication abortion, and have on-site ultrasound and interpretation services. Highly trained
12 counselors provide individual counseling before procedures and are present to offer emotional support
13 during abortions. We offer intravenous (“IV”) sedation for first- and second-trimester abortion
14 procedures. Because we are located within a trauma hospital, we have the resources to care safely for
15 the most medically high-risk patients. Our experienced licensed nursing staff are present during and
16 after all phases of procedures to provide the highest quality of care and support. Patients are offered
17 contraceptive counseling, with all birth control methods available during their visit.

18 5. The women who come to the Center for care disproportionately tend to be vulnerable
19 individuals who have less ability to navigate complex medical systems. Many already have suffered
20 significant setbacks in their attempts to access care before they get to our Center. And many patients
21 come to us because they have no other option for obtaining the medical care they need. Some have
22 limited options because of financial constraints or medical comorbidities. Others have limited options
23 because of the nature of the care they require—the Center is one of very few providers in the area that
24 will perform abortions up to 24 weeks and is equipped to handle medically complicated procedures.

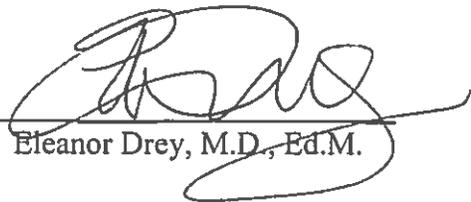
25 6. Accordingly, if call operators or receptionists refuse to direct patients to our Center or
26 to schedule appointments for women seeking abortions, we need to be able to transfer those
27 individuals—involuntarily if necessary—to another position. If those individuals cannot be
28

1 transferred, patients and potential patients would, at best, be delayed in accessing care. This is highly
2 problematic because abortion is a time-sensitive procedure; abortion's medical risks and costs increase
3 with any delay. At worst, some patients would not be able to obtain safe abortion care at all. In such
4 instances, I have seen women be forced to carry unwanted pregnancies to term. Tragically, I have also
5 seen women in these circumstances take desperate measures such as throwing themselves in front of
6 moving traffic or having their partners beat them in the abdomen to try to self-induce termination of
7 their pregnancies.

8 7. Moreover, because the vast majority of the services provided in the Women's Options
9 Center consist of abortions and post-abortion care, all individuals employed in the Center need to be
10 comfortable performing and assisting in the performance of abortions. If an individual who refuses to
11 do so could not be transferred out of the Center, we would have insufficient participating staff to meet
12 the needs of our patients. We would have to hire additional people to do the work that was not being
13 done, which is not in our budget and, if even possible to do, would increase our costs and obstruct the
14 respectful and safe functioning of our unit.

15 8. In all of these situations, our ability to give women options and to provide high quality,
16 sensitive and confidential abortion services will be compromised.

17
18 I declare under penalty of perjury that the foregoing is true and correct and that this declaration
19 was executed on June 3rd, at San Francisco, California.

20
21 
22 Eleanor Drey, M.D., Ed.M.