

IN THE SUPREME COURT OF IOWA

PLANNED PARENTHOOD OF  
THE HEARTLAND AND JILL  
MEADOWS, M.D.,

Petitioners-Appellants,

v.

TERRY BRANSTAD EX REL.  
STATE OF IOWA AND IOWA  
BOARD OF MEDICINE,

Respondents-Appellees.

SUPREME COURT NO. 17-0708

POLK CO. NO. EQCE081503

**AFFIDAVIT OF  
JASON BURKHISER  
REYNOLDS IN  
SUPPORT OF  
PETITIONERS'-  
APPELLANTS'  
MOTION FOR  
TEMPORARY  
INJUNCTION**

**AFFIDAVIT OF JASON BURKHISER REYNOLDS**

STATE OF IOWA     )  
                                  )  
COUNTY OF POLK    )

**I, Jason Burkhiser Reynolds, being duly sworn, depose, and state the following to the best of my recollection and under oath and penalty of perjury:**

1. I am the Manager of Planned Parenthood of the Heartland's ("PPH") Rosenfield Health Center in Des Moines, a position I have held for a year and a half. Before that, I managed PPH's Urbandale Health Center,

and before that, I worked for a federally qualified health center providing services to migrant farm workers in Iowa. As Manager, I spend much of my day in contact with patients. For example, I meet with many patients prior to a medication or surgical abortion to review their options with them and educate them about the risks associated with each option they are considering and what they can expect.

2. On the day we expected SF 471 (“Act”) to go into effect, Friday, May 5, 2017, we had 47 patients scheduled for abortions at several health centers in Iowa, most of them at Rosenfield where I work, and others in Ames, Bettendorf, and Cedar Falls. Since the Legislature passed the Act, we had been explaining to patients who had scheduled or were scheduling appointments that we did not know when the Governor would sign the Act into effect and were asking a court to block the Act from taking effect, but that (depending on the outcome of that request) we might not be able to perform an abortion on the day of their appointment.

3. When we learned that the district court judge had denied our request for an injunction, we immediately began calling these patients to let them know that. We also told patients that we were going to make an emergency request to the Iowa Supreme Court to block the law, but that we could not predict the outcome.

4. We were only able to reach about half of our patients on such short notice, which is generally our experience because our patients are quite busy with multiple jobs, parenting, school, and other responsibilities. The patients we reached were shocked, angry, worried, and confused—almost disbelieving—that the government could delay them from obtaining an abortion when their procedure was already scheduled.

5. As manager of the Rosenfield Health Center, I met with most of the patients who came in Friday. Some patients arrived at the clinic in the morning after the Governor had signed the Act and before it had been enjoined, when we believed we would not be able to provide their abortions that day because of the Act's 72-hour mandatory delay. Some patients had traveled hours to reach us Friday morning, and we had to tell them we could not treat them. Our patients were extremely upset, many sobbing, when we told them they would not be able to end their pregnancy that day; I know from my colleagues at the other health centers that this was the case at those health centers too.

6. One patient had traveled seven hours from another state. Another woman was a foreign student who was anxious to travel home to see her family and needed to terminate her pregnancy before she left. This woman was particularly distraught because, for medical reasons related to

her pregnancy, she had already needed multiple visits and had to delay her travel. Another told me that she had to make up an excuse for missing work and was worried about how she would be able to take more time off without people wondering. Another patient told us that, because she could not have her procedure that day, and had to come back in a week, she would have to come back without her support person.

7. Later that morning, we received news that the Act had been blocked, and we immediately began calling the patients who had been in earlier that morning to tell them they could return if they were able. Some patients were on their way back home at that point. We called them as soon as we could. Only some of them were able to turn back to return to the clinic in order to have their procedure on the day they had planned.

8. As I mentioned, some patients were already traveling hours to get to us. One told us she could not get any paid time off, and an additional day off from work would have left her short of money to feed her kids and pay her bills. Another patient talked about how hard it would have been for her to take more time off from work and arrange childcare for her daughter. These patients, and the other patients we were able to treat on Friday after the Act was enjoined, were so relieved that they would not have to come back to the health center again to have their abortion.

9. We also had a young adult woman who was pregnant from rape; her grandmother was the only one she had felt comfortable telling about her situation. She arrived shortly before the Supreme Court injunction, and was incredibly relieved when she learned partway through her visit that she would be able to end her unwanted and emotionally painful pregnancy that day (by medication abortion).

10. There was another patient, who works three jobs and had to drive over two hours to reach us. She had been so discouraged by the news of the Act that she was no longer planning to come in for her appointment. She decided to come at the last minute at a friend's urging and was ecstatic when she learned that she *could* have the procedure on the same day, and told us this would enable her to pay her bills, instead of having to shift money toward extra travel-related expenses.

11. Most of our patients had come with partners, who talked to us about how worried they had been for their loved one and how much stress the situation had caused them as a couple.

12. One patient in her thirteenth week seeking to end her pregnancy after a diagnosed fetal anomaly traveled for two and a half hours to reach Des Moines. Because she arrived before the Supreme Court granted the stay, we could not provide her with an abortion at that time; she was very

distraught. By the time we learned of the injunction, she had traveled all the way back home. When we told her, she and her partner got back in their car and drove back to the clinic (so, ten hours of travel to have a safe, common medical procedure). They told us they cried the whole way back to the clinic because of the stress of the experience, and also from relief that they could have the procedure today. Before coming to us, this woman had had multiple ultrasounds and had conferred with her regular obstetrician-gynecologist about her options.

13. Women asked us why the state was imposing this requirement on them, and why the state thought they could not make this decision on their own or had not thought it through already before making an appointment. One said to us: “It hurts that it is a man making a decision for me, it emotionally and physically impacts you.” Another described the experience of waiting to end her pregnancy as “having this weight on my chest.”

14. Here, in one woman’s own words, is the story of why she came in for care and what it meant to her to be sent away without an abortion: “We have four kids, I have health issues. The last two pregnancies almost killed me. Between financial obligations and health obligations we are here today . . . . My husband already has a risky job so we don’t want to add


additional risks. We live in a small town and our closest family is 30 minutes away. Our kids are ten, seven and four, and a baby. Finding a sitter is hard. Having our family is hard. And there is a two hour drive one way [to the health center]. Now we have to schedule two appointments around another day off and it's very complicated. The support of having my husband is important to me. The schedule and [to] line it all up is stressful. I've cried a few times I'll say that." This was one of the patients who came in before the Act had been blocked, and who was unable to return Friday for her procedure and had to be rescheduled for a later date.

15. In the words of another woman, who came before the injunction and therefore was unable to proceed with the abortion: "I work 3 jobs, so it was hard to even get here today. . . . My fiance was supposed to drive me. But he can't take two days off work. But I don't got a choice. So I drove myself here today. People don't understand. You can't be up front about why you need time off. I don't know how next week is going to go. I do daycare, and that's hard to reschedule. I take care of my goddaughter after school. There's no one else in the family that doesn't work at that time."

16. For the health center staff, it was wrenching to send desperate patients away early Friday morning without the care they sought. Once the Act was blocked, it was an immense relief to be able to provide patients with


the procedure they urgently wanted, and to do it on the day when it was safest and most feasible for them.

17. I am very worried about the patients we were not able to treat, as well as those who are scheduled to come in this week, who will be prevented from having same-day care if the Act goes into effect. For example, we have a patient scheduled for Friday who is pregnant as the result of rape and is anxious to end her pregnancy as soon as she can. She has extremely limited resources and so far has been unable to make the two-hour trip she needs to make to reach us, so she is several weeks along at this point. She was very distraught when she found out that about the mandatory delay period. If the Act goes into effect, she could very well miss her window for having a medication abortion.

  
Jason Burkhiser Reynolds, Affiant

Subscribed and sworn to me on this 8<sup>th</sup> day of May, 2017.



  
NOTARY PUBLIC  
SIGNATURE AND STAMP