

Declaration of Quita Tinsley Peterson

QUITA TINSLEY PETERSON hereby declares under penalty of perjury the following statements are true and correct:

1. I am the Co-Director of Access Reproductive Care-Southeast (“ARC-Southeast”), an organization that provides funding and logistical support to ensure that Southerners receive safe and compassionate reproductive care, including abortion services. Through education and leadership development, we build power in communities of color to abolish stigma and restore dignity and justice.
2. As the Co-Director, I oversee the management and operations of all of ARC-Southeast’s programs. I have served in this role since September 2019 but have been involved with ARC-Southeast for six years. Prior to becoming Co-Director, I was the Deputy Director from May 2017 to September 2019 and served as a Founding Board Member from November 2015 to May 2017.
3. ARC-Southeast operates an abortion fund that provides funding and practical support to people seeking abortion care. We also host a monthly community support group for clients whom the abortion fund has served. In addition to our abortion fund services, we engage in education, outreach, and legislative advocacy on reproductive justice issues that disproportionately harm low-income people of color.
4. ARC-Southeast hosts a peer-to-peer support group that serves as a safe space for people to discuss their feelings and experiences before or after their abortions. Our support group is facilitated by our Healthline Manager and Programs and Outreach Manager.
5. Our abortion fund currently serves people in Alabama, Georgia, Florida, Mississippi, South Carolina, and Tennessee. People reach out to the fund either through our online request form or our Healthline number. After collecting information on the client’s needs,

including the date of their appointment, cost of their care, and optional demographic information, we pledge a specific amount of funding to assist them in getting the care they need in a timely manner. Since 2020, we have made approximately 450 to 500 pledges per month. Since our Healthline launched in in 2016, we have pledged almost \$2 million in funding to support people in getting the healthcare they need.

6. A few weeks after our clients have received their abortion, we follow up with them to discuss their experiences. Sometimes clients tell us that they were not able to make their scheduled appointments and had to delay care, most often due to financial constraints. And many callers express gratitude for abortion funds because they don't know how they would have been able to access care without support.
7. Since the start of the COVID-19 pandemic, we have seen a rise in callers who have lost their jobs or no longer have steady work. As a result, there has been an increased demand for funding and support. This includes supporting clients from states such as Texas and Louisiana who are forced to go out of state to get abortion care because of the decreased availability of clinics and care in their home states.
8. In addition to funding, we also provide practical support assistance to our abortion fund callers. Our support includes coordinating and paying for transportation, paying for hotels when a person has to travel a long distance to obtain care, and assisting with childcare needs. We also provide other logistical help depending on the needs of the client. We have provided practical support since 2016.
9. Seventy-seven percent of our abortion fund clients are parents. Eighty-seven percent are on Medicaid or uninsured, which means they are low-income or struggling with poverty,

and 86% of our clients are people of color. Our clients come from a diverse array of backgrounds and faiths, with 62% identifying as religious.

10. The six states we serve already have dozens of abortion restrictions that make it difficult for ARC-Southeast's clients to get abortion care. For example, the waiting period laws in Alabama, Mississippi, and Tennessee require people to wait forty-eight hours before they can get an abortion. Due to the realities of our clients' lives, they cannot easily take time off work or coordinate their lives around medical appointments, and often have to wait weeks after their first appointment before they can actually get their abortion. For young people in all of the states we serve, the parental notification laws are extremely burdensome, often putting them in dangerous situations with unsupportive or abusive parents. The forced ultrasound laws in Tennessee make our clients feel ashamed and are incredibly stigmatizing. Many of our clients have expressed that they feel like they are being judged for doing something wrong.
11. The cascade of restrictions has already eviscerated the availability of abortion care in the Southeast. Clinics have been forced to close or chilled from opening because of the myriad of regulations and constant threat of punitive action against them. Other clinics have imposed heightened restrictions on top of what the laws of their state already require because of their fear of being targeted by the state. For example, we have seen some clinics require heightened parental notification requirements because they worry that only doing what the law requires will not shield them from liability.
12. Our clients face a number of obstacles in accessing abortion care that often make it difficult for them to get care before fifteen weeks gestation. Some do not know they are pregnant until after fifteen weeks. Others mistakenly seek care at crisis pregnancy centers ("CPCs"),

fraudulent centers designed to steer people away from getting an abortion. As a result, clients are often pushed later into their pregnancy before they realize that they must go elsewhere to seek abortion care. For example, one caller we supported wanted an abortion and went to a CPC believing that she could receive one there. The CPC not only lied about the care they could provide they also lied about the gestational age of her pregnancy. They told her that she was between thirteen and fourteen weeks along in her pregnancy. By the time our client contacted us and went to an appointment at an actual abortion provider, she learned that she was at twenty weeks gestation and was unable to be receive care in that state.

13. Other callers are simply unable to access the care they need before fifteen weeks because of financial or personal barriers, such as inflexible employment, lack of childcare, or not having enough money to afford the procedure and cost of logistics.
14. The obstacles our clients face are against the backdrop of inadequate and limited access to routine gynecological care. Many cities in the Southeast do not have a single obstetrician gynecologist. None of the states we serve have expanded Medicaid and, as a result, many of our clients are not able to afford basic healthcare, including reproductive healthcare across the spectrum.
15. A 15-week ban would magnify the barriers our clients already face. For some clients, those barriers will be insurmountable and force them to carry their pregnancies to term. It would push the availability of care even further out of reach for people who live in a region of the country that has extremely limited access to abortion care.

Dated: September 20, 2021

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Quita Tinsley Peterson
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