

DECLARATION OF RACHAEL LORENZO

RACHAEL LORENZO hereby declares under penalty of perjury the following statements are true and correct:

1. I am the Co-Founder and Director of Indigenous Women Rising (“IWR”), an organization that is committed to honoring Native and Indigenous People’s inherent right to equitable and culturally safe health options through promoting access, health education, resources, and advocacy. There are 570 federally recognized tribes across the country, and IWR strives to help all Native and Indigenous People, regardless of where they are located.
2. IWR joins as an amici in support of Jackson Women’s Health Organization to highlight how a 15-week abortion ban would affect our clients by increasing the cost and decreasing the availability of abortion care and making it impossible for some of our clients to get abortion care. The law at issue in this case will exacerbate the obstacles our clients already face in accessing abortion care.
3. IWR has three main program areas: an abortion fund to assist Indigenous and undocumented people in accessing abortion care; a culturally-sensitive sex education program for Indigenous communities; and a midwifery fund that helps Indigenous people pay for midwifery care to support them through their pregnancies.
4. Our abortion fund provides financial and practical support assistance to Indigenous people and undocumented people throughout the United States. Approximately 75% of our abortion fund clients are Indigenous, and 50% of our Indigenous clients live on reservations. Generally, through our abortion fund, we pledge \$200 of support if a person is in their first trimester and \$300 if they are in their second or third trimester. Sometimes

we can increase these amounts if a client is still not able to pay for their abortion after our initial pledge. We also provide assistance and funding for logistics such as gas, childcare, hotel stays, and plane rides for those clients who live in very rural areas or are in their third trimester.

5. We routinely help clients travel off of their reservations and out-of-state for care. There are no abortion clinics on reservations. People who live on reservations face heightened travel burdens because they have to travel many hours to get off the reservation and to a state that has an abortion clinic. For example, Navajo Nation borders three states, and clients who live on the Nation often have to travel at least six hours to get to another state in order to obtain abortion care.
6. The COVID-19 pandemic has created additional hurdles for clients traveling off of reservations in several ways. With stay-at-home orders and less travel, it has become more difficult to coordinate access to care for clients who are experiencing intimate partner violence because they cannot get away from their abusive partner. Many tribes during the pandemic have closed down their borders, requiring people to have medical notes in order to leave the reservation. In addition, some reservations have imposed quotas on how many people can leave the reservation per day. To protect our clients' privacy and shield them from any shame or stigma, we have had to coordinate with clinics to get clients off of reservations without alerting their communities that they are leaving for abortion care. We have helped clients who cannot meet the requirements to get off of reservations in time. Often, clients are past the gestational limit of the state they are traveling to by the time they have coordinated around the tribe's travel requirements. Sometimes we are able to assist these clients in traveling to another state so that they can

obtain the care they need; other times these clients stop reaching out to us once they have learned that they are past the gestational limit for the state they are traveling to. Based on our work with pregnant Indigenous people and the lack of access to abortion care on reservations, we believe some of these people were not able to get an abortion and had to carry to term.

7. Many of our clients are their family's sole economic earners and caregivers to multiple family members. It is common for our clients to live in intergenerational households, where they are caring for a grandparent, child, or other relative. The travel distances to get to an abortion clinic require our clients to be away from home for multiple days. It is difficult for our clients to find care coverage, which often further delays their ability to receive abortion care.
8. Misinformation on abortion care is rampant in Indigenous communities. IWR interacts with many people who are not aware of what services the Indigenous Health System ("IHS") provides. IHS does not provide abortions. Some of our clients do not know that and first go to IHS because that is the only healthcare provider for Indigenous communities. This results in delays in these clients receiving abortion care. Because IHS providers are not required to provide patients with information about abortion care, our clients may not even know that abortion is an option and those who do know are forced to seek out information and resources on their own. Other clients who are not on a reservation are often confused about what the abortion laws are in their state and rely on untrustworthy sources to try to find out what they need to do to get an abortion. For example, there has been an increase in Crisis Pregnancy Centers ("CPCs") across the states we serve, and we have seen more clients being misled by CPCs who they

mistakenly believe are comprehensive reproductive healthcare providers. A number of our clients have been delayed in receiving abortion care because of their reliance on inaccurate and false information provided by CPCs.

9. Indigenous people's access to general obstetrics care is already severely limited. It is common for our clients to live in healthcare deserts – areas where there are no obstetrics and gynecology providers. Thus, clients have to travel far distances and deal with the additional burdens of finding caregiving, accruing funds, and securing reliable transportation for basic gynecological care, including prenatal care when they are pregnant.
10. Our clients' access to abortion care is also curtailed by the health-denying realities of lack of access to adequately nutritious food sources. Often, our Indigenous clients live in areas where they do not have access to a grocery store and their only food options are high in calories and low in nutrition. As a result, they suffer from the consequences of not having access to healthy food choices, including obesity. We routinely assist clients who are denied abortion care because the provider was not equipped to treat someone who is deemed obese.
11. A 15-week ban on abortion would be devastating for our clients. It would exacerbate the barriers that they already have to overcome to access abortion care and, for many of our clients, a ban like this would preclude them from getting an abortion at all.

Dated: September 17, 2021

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Rachael Lorenzo
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RACHAEL LORENZO