

1 JING JIN (State Bar No. 343210)
Jing.Jin@mto.com
2 MUNGER, TOLLES & OLSON LLP
560 Mission Street, Twenty-Seventh Floor
3 San Francisco, California 94105-2907
Telephone: (415) 512-4000
4 Facsimile: (415) 512-4077

5 JULIA KONSTANTINOVSKY (State Bar No. 357379)
Julia.Konstantinovsky@mto.com
6 MUNGER, TOLLES & OLSON LLP
350 South Grand Avenue, Fiftieth Floor
7 Los Angeles, California 90071-3426
Telephone: (213) 683-9100
8 Facsimile: (213) 687-3702

9 Attorneys for Plaintiff "Jane Roe"

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT

10 SUPERIOR COURT OF THE STATE OF CALIFORNIA
11 COUNTY OF HUMBOLDT
12

13 JANE ROE,
14
15 Plaintiff,
16 vs.
17 ST. JOSEPH HEALTH NORTHERN
CALIFORNIA, LLC d/b/a ST. JOSEPH
HOSPITAL – EUREKA, AND DOES 1-10,
18
19 Defendants.

Case No. CV 24 023 62
(UNLIMITED CIVIL CASE)
**COMPLAINT FOR DAMAGES &
EQUITABLE RELIEF**
(1) Denial of Emergency Medical Services and
Care;
(2) Violation of the Unruh Civil Rights Act;
(3) Denial of Right of Privacy under California
Constitution;
(4) Negligent Infliction of Emotional Distress;
(5) Intentional Infliction of Emotional Distress;
and
(6) Violation of Unfair Competition Law.
DEMAND FOR JURY TRIAL

FAX FILED

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1 Plaintiff “Jane Roe,”¹ by and through her attorneys, brings this Complaint against St.
2 Joseph Health Northern California, LLC, for damages and equitable relief. Plaintiff alleges as
3 follows:

4 **I. INTRODUCTION**

5 1. On December 12, 2022, Plaintiff—then 17 weeks into a very wanted pregnancy—
6 felt her water break. Plaintiff immediately rushed to the emergency room at Providence St. Joseph
7 Hospital (“Providence St. Joseph”) in Eureka, CA, hoping to save her baby. Once there, doctors
8 confirmed she was in active labor and diagnosed her with previable preterm premature rupture of
9 membranes (“previable PPROM”), a serious medical condition given Plaintiff’s other risk factors.
10 They also gave her the tragic news that her baby would not survive.²

11 2. As devastating as this news would be for anyone, it was even more so for Plaintiff,
12 who had been down this road before at Providence St. Joseph. Plaintiff had already lost two
13 previous pregnancies to previable PPROM, both at around 17 weeks gestation.

14 3. Worse, Plaintiff feared that the staff at Providence St. Joseph—the only major
15 hospital near her home and for hundreds of miles, and one that holds itself out as providing
16 emergency medical care to the public—would again deny her the medical care she urgently
17 needed. With no chance of survival for her baby, and with her risk of developing an infection or
18 suffering another near-fatal hemorrhage increasing by the minute, Plaintiff needed an emergency
19 abortion to protect her life and health. But Plaintiff’s doctors were forbidden from providing this
20 necessary care so long as there was still a detectable fetal heartbeat—a prohibition imposed by
21 hospital policy, not medical judgment.

22 4. This was a nightmare on replay. Plaintiff had sought treatment at Providence St.
23 Joseph during both of her prior miscarriages and both times had been turned away and denied

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25 ¹ Plaintiff respectfully requests this Court’s leave to proceed under a pseudonym to protect her
26 privacy and highly sensitive medical information from public disclosure, or, in the alternative,
27 leave to file a motion to proceed under a pseudonym.

28 ² This Complaint describes pregnancy using medical terminology, unless describing Plaintiff’s
particular pregnancy, in which case, consistent with principles of medical ethics, it adopts the
terminology preferred by Plaintiff.

1 medically necessary care. On both prior occasions, Plaintiff had been forced to endure hours of
2 labor and escalating risk of injury or death due to Providence St. Joseph's policy. The first time,
3 Plaintiff had to travel 5.5 hours by car to San Francisco, while in active labor, to receive care. The
4 second time, Plaintiff was discharged after tests confirmed a fetal heartbeat and sent home while in
5 active labor without an obstetrician ever evaluating her. Plaintiff delivered her baby the next
6 morning in her obstetrician's primary care office and nearly hemorrhaged to death.

7 5. This third time was no different. Plaintiff suffered in limbo—actively laboring and
8 in pain, grieving her loss, and terrified that she might hemorrhage again or even die. After 19
9 hours of agony, Plaintiff spontaneously delivered her deceased baby in a hospital toilet.

10 6. Providence St. Joseph's treatment of Plaintiff on these three occasions was
11 shocking and inhumane. It was also illegal. Providence St. Joseph denied Plaintiff the emergency
12 abortion care that her doctors deemed medically necessary and that she was entitled to under
13 California law, instead leaving her to labor in excruciating pain, placing her at increased risk of a
14 life-threatening infection or injury. That risk was real—Plaintiff did, on the second occasion,
15 nearly hemorrhage to death and required a double blood transfusion. Plaintiff also suffered, and
16 continues to suffer, post-traumatic stress disorder, anxiety, depression, and a fear of hospital
17 settings from being denied care at the only major hospital—and now the only labor & delivery
18 unit—in her county. Because Plaintiff desperately wants to have a baby, Providence St. Joseph is
19 certainly the hospital where she will go for her next delivery.

20 7. Providence St. Joseph repeatedly denied Plaintiff emergency services and abortion
21 care in violation of California's Emergency Services Law (Health & Safety Code, § 1317, *et seq.*),
22 the Unruh Civil Rights Act (Civ. Code, § 51, *et seq.*), her right of privacy under the California
23 Constitution, and the Unfair Competition Law (Bus. & Prof. Code, § 17200, *et seq.*). By doing so,
24 Providence St. Joseph also negligently and intentionally inflicted emotional distress upon Plaintiff.

25 8. Plaintiff therefore brings this action to obtain relief for the unimaginable physical
26 and emotional harm she has repeatedly suffered as a result of Providence St. Joseph denying her
27 right to medically necessary emergency abortion care and to enjoin the hospital from denying her
28 such care in the future.

1 **II. PARTIES**

2 9. Plaintiff is a resident of Humboldt County, California and has lived here since
3 2001.

4 10. Defendant St. Joseph Health Northern California, LLC, is a California limited
5 liability company headquartered in Irvine, California. In Humboldt County, St. Joseph Health
6 Northern California does business as Providence St. Joseph Hospital – Eureka (“Providence St.
7 Joseph”). Defendant is the owner and operator of Providence St. Joseph and holds the related
8 license required to operate a general acute care facility. Providence St. Joseph operates an
9 emergency department that offers emergency services to the public. Thus, in times of emergency,
10 people in the community rely on and expect Providence St. Joseph to provide them with the
11 emergency medical treatment they need.

12 11. Plaintiff does not know the true names and capacities of defendants sued in this
13 Complaint as Doe 1 through Doe 10, inclusive, and therefore sues these defendants by fictitious
14 names under California Code of Civil Procedure, section 474. Plaintiff will amend this Complaint
15 to allege the true names and capacities of Doe 1 through Doe 10, inclusive, when ascertained.
16 Plaintiff is informed and believes, and on that basis alleges, that each of the defendants named
17 herein as Doe 1 through Doe 10, inclusive, is responsible in some manner for the occurrence,
18 injury, and other damages alleged in this Complaint.

19 12. Plaintiff reserves the right to amend the Complaint should discovery reveal that
20 Defendants are working in concert with one or more other people or entities.

21 **III. JURISDICTION AND VENUE**

22 13. This Court has jurisdiction over all causes of action asserted herein pursuant to the
23 California Constitution, article VI, section 10, which grants the Superior Court original
24 jurisdiction in all cases except those given to other trial courts. This Court also has jurisdiction
25 pursuant to California Code of Civil Procedure, sections 410.10, 525, 526, 1060, and 1085.

26 14. This Court has personal jurisdiction over Defendant because it is duly incorporated
27 in California and regularly transacts business within California.

1 15. Venue in Humboldt County is proper under California Code of Civil Procedure,
2 section 399.5, because Plaintiff was subject to the unconstitutional and unlawful conduct in
3 Humboldt County. In addition, Defendant conducts and continues to conduct substantial business
4 in this County, and its liability arose, in whole or in part, in this County.

5 **IV. FACTUAL ALLEGATIONS**

6 **A. Providence St. Joseph Promises Emergency Care to All Patients**

7 16. Providence St. Joseph is a regional medical center that serves Humboldt County,
8 which is “both rural and isolated.”³ “Few of [Providence St. Joseph’s] patients leave the
9 community for their care because it is over 275 miles to the nearest tertiary care center” that can
10 provide highly specialized medical care.⁴

11 17. Providence St. Joseph is a Level III trauma center (the third highest) and operates
12 an Emergency Department (“ED”). Its website states: “Our providers are ready for any
13 emergency medical situation.”⁵

14 18. The hospital advertises its ED as always available to quickly treat *anyone* for *any*
15 *emergency*: “Whether you’re critically injured or ill and need lifesaving care or you have a minor
16 condition that requires prompt medical attention, we’re here for you,” delivering “the finest
17 medical care . . . as quickly as possible.”⁶ It also touts its ED as offering “emotional support . . . to
18 lessen your anxiety and worry.”⁷

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20 ³ *Our Program*, Providence Eureka Family Medicine Residency Program,
21 <https://gme.providence.org/northern-california/eureka-family-medicine-residency-program/> (last
22 visited Dec. 11, 2024).

23 ⁴ *Id.*

24 ⁵ *What to Expect*, St. Joseph Hospital Eureka Emergency and Trauma,
25 [https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/emergency-](https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/emergency-department#tabcontent-1-pane-3)
26 [department#tabcontent-1-pane-3](https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/emergency-department#tabcontent-1-pane-3) (last visited Dec. 11, 2024).

27 ⁶ *Our Approach*, St. Joseph Hospital Eureka Emergency and Trauma,
28 <https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/emergency-department>
(last visited Dec. 11, 2024).

⁷ *Id.*

1 19. At the time of Plaintiff’s three pregnancies, Providence St. Joseph operated the
2 much more specialized labor and delivery (“L&D”) unit serving all of Humboldt County. The
3 only other L&D unit in the county was located at a smaller community hospital in Arcata, Mad
4 River Community Hospital (“Mad River”), and it closed this fall.⁸ Mad River’s ED is a Level IV
5 trauma center and is far less equipped to handle complex emergencies.⁹

6 20. Providence St. Joseph wants to “ensure that pregnant patients receive adequate
7 treatment for emergency medical conditions, based on the professional judgment of the treating
8 physician.”¹⁰

9 21. The hospital’s website links to a Corporate Responsibility Handbook.¹¹ The
10 Handbook states “[St. Joseph Health System] will never distinguish among patients based on race,
11 ethnicity, religion, gender, sexual orientation, national origin, age, disability, veteran status or
12 other characteristics protected by law.”¹²

13 22. The hospital’s website also links to Ethical & Religious Directives for Catholic
14 Health Services. Those directives state: “Every procedure whose sole immediate effect is the
15 termination of pregnancy before viability is an abortion Catholic health care institutions are
16 not to provide abortion services”¹³

17 _____
18 ⁸ Stipulation and Proposed Order at p.3, *People v. St. Joseph Health Northern California, LLC*
19 (Humboldt Sup. Ct., Oct. 28, 2024, No. CV2401832) (“Stipulation”).

20 ⁹ *24 Hour Emergency Services*, Mad River Community Hospital,
<https://madriverrhospital.com/Services/24-hour-emergency/> (last visited Dec. 11, 2024).

21 ¹⁰ Stipulation at p.3.

22 ¹¹ *Medical Staff Governance*, St. Joseph Hospital Eureka,
23 [https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/about-us/medical-staff-](https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/about-us/medical-staff-services/governance)
24 [services/governance](https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/about-us/medical-staff-services/governance) (last visited Dec. 11, 2024).

25 ¹² *Corporate Responsibility Handbook*, St. Joseph Health System Ministry Integrity, at p. 10,
26 [https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/Corporate-](https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/Corporate-Responsibility-Handbook.pdf)
[Responsibility-Handbook.pdf](https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/Corporate-Responsibility-Handbook.pdf) (last visited Dec. 11, 2024).

27 ¹³ U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health*
28 *Care Services* (6th ed.), at 18, available at [https://s3-us-west-2.amazonaws.com/images.prov](https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/ethical__religious_directives_usccb.pdf)
[health.org/Providence-Images/ethical__religious_directives_usccb.pdf](https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/ethical__religious_directives_usccb.pdf) (last visited Dec. 7, 2024).

1 **B. Plaintiff’s Dream of Becoming a Mother**

2 23. Plaintiff has always dreamed of having a baby and becoming a mother.

3 24. In June 2021, Plaintiff and her partner were overjoyed to find out Plaintiff was
4 pregnant. In a few short months, her dream would finally come true: she would become a mother.

5 25. Early in the pregnancy, Plaintiff and her partner learned that their baby girl had
6 Triple X Syndrome, a chromosomal abnormality that can lead to developmental delays and
7 learning disabilities. They did not hesitate for a second to continue the pregnancy and meet their
8 baby.

9 26. Plaintiff received prenatal care in her community, at an Open Door Community
10 Health Center (“Open Door”).

11 27. Plaintiff’s pregnancy was high-risk due to her advanced maternal age and
12 gestational diabetes diagnosis, so maternal fetal medicine doctors from the University of
13 California San Francisco (UCSF) medical center were also part of her care team.

14 **C. In September 2021, Providence St. Joseph First Denies Plaintiff Timely Abortion**
15 **Care, Causing Immense Pain and Suffering and Endangering Her Health**

16 28. On September 4, 2021, Plaintiff’s dream shattered 17 weeks into her pregnancy,
17 when she woke up to her water breaking.

18 29. She immediately called Open Door, which initially instructed her to go to
19 Providence St. Joseph’s ED, but then told her to go to the hospital’s birth center, where an
20 obstetrician would be expecting her.

21 30. Plaintiff and her partner rushed to Providence St. Joseph, where she was evaluated
22 by Dr. Simon Stampe, who was an obstetrician at Open Door and had privileges at Providence St.
23 Joseph.

24 31. Dr. Stampe delivered the worst news of Plaintiff’s life: she was in labor, but she
25 was miscarrying. There was no possibility that her baby would survive. Plaintiff was utterly
26 devastated.

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1 32. The medical term for Plaintiff’s condition is previable preterm premature rupture of
2 membranes, or PPRM.¹⁴ The standard of care is for the patient to receive abortion care to
3 terminate the pregnancy.¹⁵

4 33. Dr. Stampe told Plaintiff that she needed a procedure known as a dilation and
5 curettage (“D&C”) to terminate her nonviable pregnancy—but also that Providence St. Joseph
6 would not allow him to provide her with the care that, in his professional medical judgment, she
7 needed.

8 34. Plaintiff, who was still in shock, did not understand and asked Dr. Stampe why he
9 could not provide the medical care she needed.

10 35. Dr. Stampe told Plaintiff that Providence St. Joseph had a policy that forbade him
11 from performing the procedure she needed if her baby’s heartbeat could still be detected.

12 36. Rather, Providence St. Joseph requires its obstetricians to wait-and-see until there
13 is no detectable fetal heartbeat, regardless of the risks that delay posed to the mother’s health.

14 37. Providence St. Joseph’s policy applied as long as the mother was not “actively
15 dying,” but “[i]t was never made clear to [Dr. Stampe] how close the patient had to be to death
16 before doctors could intervene under the policy.”¹⁶

17 38. Plaintiff had never heard of this policy until that day and did not understand why
18 the hospital was refusing her care. If there was anything she could do to save her baby, she would.
19 But her baby had no chance of survival, and her own life was at risk.

20 39. Previable PPRM is associated with “substantial maternal and neonatal infectious
21 morbidity and mortality,” and continuing pregnancy after previable PPRM “incurs maternal risk
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24 ¹⁴ Decl. of Dr. Simon Stampe in Support of the People’s Motion for Preliminary Injunction ¶ 4,
25 *People v. St. Joseph Health Northern California* (Oct. 10, 20204, No. CV2401832) (“Stampe
26 Decl.”).

27 ¹⁵ *Id.*

28 ¹⁶ *Id.*

1 with no direct maternal benefit and no guarantee of fetal benefit.”¹⁷ “[E]xpectant management of
2 previable PPROM,” which involves withholding treatment until the mother’s life is sufficiently at
3 risk or she goes into labor naturally, “increases the risk of multiple maternal complications,
4 including infection, hemorrhage, and death.”¹⁸

5 40. Providence St. Joseph’s “policy of offering only expectant management in cases of
6 previable pregnancies that are in late spontaneous abortion or active labor . . . because of present
7 fetal heart tone is against the standard of care.”¹⁹

8 41. Because Providence St. Joseph’s policy prohibited Dr. Stampe from providing
9 Plaintiff with the medical care she needed, he advised her to go immediately to UCSF some 270
10 miles south or to Mad River, the smaller community hospital in Arcata, for a D&C.

11 42. Plaintiff rejected going to Mad River out of hand. She, like everyone else in the
12 community, knew that you do not go to Mad River when you are facing a serious emergency; it is
13 a small hospital and the doctors there are not equipped to handle complex emergencies.

14 Providence St. Joseph is the major hospital where people in the county go when they are facing
15 serious emergencies. Previably PPROM 17 weeks into a high-risk pregnancy presented a serious
16 emergency for Plaintiff.

17 43. Terrified for her life, Plaintiff asked Dr. Stampe if she would survive the 5.5-hour
18 drive 270 miles to San Francisco. Dr. Stampe did not answer Plaintiff; he just told her to leave
19 *now*.

20 44. Wracked with fear and pain and grieving the loss of her baby girl, Plaintiff traveled
21 5.5 hours in traffic from Eureka to San Francisco—all while actively laboring in the car.
22 Plaintiff’s partner stopped only for gas, but Plaintiff herself was afraid to relieve her full bladder

24 ¹⁷ Battarbee et al., *Society for Maternal-Fetal Medicine Consult Series #71: Management of*
25 *previable and periviable preterm prelabor rupture of membranes* (2024) 231 *Am. J. of Obstetrics*
& *Gynecology* B2, B2.

26 ¹⁸ *Id.* at B5.

27 ¹⁹ Decl. of Dr. Herman L. Hedriana in Support of the People’s Motion for Preliminary Injunction
28 ¶ 33, *People v. St. Joseph Health Northern California* (Sept. 30, 2024, No. CV2401832).

1 for fear she would have to deliver her baby in a gas station restroom. It was close to midnight
2 when she finally arrived at UCSF.

3 45. Plaintiff was admitted for a D&C and delivered her daughter in the early morning
4 after approximately 17.5 hours of labor.

5 46. Plaintiff was severely traumatized by her experience at Providence St. Joseph and
6 the prolonged physical and emotional suffering and increased health risks she needlessly endured.
7 As a result, she began to meet with a therapist biweekly. She was diagnosed with post-traumatic
8 stress disorder, anxiety, and depression and developed a fear of hospital settings.

9 47. Plaintiff also missed eight weeks of vocational school.

10 **D. In April 2022, Providence St. Joseph Again Denies Plaintiff Abortion Care, Resulting**
11 **in a Near-Death Experience**

12 48. Even as she physically recovered and emotionally processed her Providence St.
13 Joseph experience, and grieved for her baby, Plaintiff was desperate to try again for a baby,
14 especially because her advanced maternal age presented a risk factor.

15 49. In early 2022, Plaintiff found out she was pregnant and had a second chance at
16 motherhood.

17 50. On April 25, 2022, around 17 weeks into her pregnancy, Plaintiff's water broke
18 again. She felt as if a nightmare was replaying.

19 51. Plaintiff immediately called Open Door and was told to go to the Providence St.
20 Joseph ED.

21 52. Plaintiff rushed to the ED at Providence St. Joseph, dreading she would receive the
22 same unimaginable news she had heard months before.

23 53. It took an agonizingly long time for Plaintiff to be admitted. Finally, Plaintiff was
24 taken for tests and an ultrasound. The tests showed a fetal heartbeat and that Plaintiff had an
25 elevated blood pressure reading of 162/85. The ultrasound showed critically low amniotic fluid.
26 Plaintiff's medical notes documented that she continued to lose amniotic fluid and indicated that
27 "Placenta previa [was] suspected," but that the condition was "difficult to adequately image with
28 the absence of the amniotic fluid."

1 54. Placenta previa is a condition that presents a “major risk factor for postpartum
2 hemorrhage and can lead to morbidity and mortality of the mother.”²⁰

3 55. Plaintiff requested to be seen by Dr. Stampe, Dr. Carol Griffin, or Dr. Timothy
4 Paik-Nicely, one of the obstetricians from Open Door. The nurse said those doctors were with
5 other patients and instead called a midwife at Open Door on the phone. After speaking with the
6 midwife, who never examined Plaintiff, the nurse told Plaintiff she would be discharged to go
7 home on bedrest and instructed her to follow up with Open Door the next morning.

8 56. The nurse said, “everything will be okay.” Plaintiff knew, however, that this was
9 not true—as Dr. Stampe confirmed the next day. Like with her first miscarriage, she had
10 previable PPRM at 17 weeks, and her baby boy would not survive.

11 57. While in active labor and losing amniotic fluid, Plaintiff was shocked to be
12 discharged from the ED without receiving monitoring or care, despite possessing numerous factors
13 that made her pregnancy high-risk, including her prior miscarriage, advanced maternal age, and
14 gestational diabetes. Nobody at Providence St. Joseph spoke to Plaintiff about the other risk
15 factors she presented with that day, including critically low amniotic fluid, suspected placenta
16 previa, and high blood pressure.

17 58. Plaintiff returned home and suffered through active labor all night. She did not
18 sleep and instead counted down the minutes until she would be seen at Open Door, uncertain if
19 she would survive the night.

20 59. First thing the next morning, Plaintiff saw Dr. Stampe at Open Door. He told
21 Plaintiff that he had reviewed her ultrasound images and that she had previable PPRM again. He
22 informed Plaintiff that she had the same choice of going to Mad River or UCSF for a D&C. He
23 checked for the baby’s heartbeat again, before Plaintiff attempted to make another 5.5-hours-long
24 drive to San Francisco after laboring all night.

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28 ²⁰ Frances M. Anderson-Bagga and Angelica Sze, Nat’l Inst. of Health, *Placenta Previa*, available
at <https://www.ncbi.nlm.nih.gov/books/NBK539818/> (June 12, 2023).

1 60. Dr. Stampe did not detect the baby’s heartbeat, and Plaintiff’s cervix was dilated.
2 Dr. Stampe instructed Plaintiff to start pushing immediately to deliver the baby in the examination
3 room.

4 61. Plaintiff was in shock because Open Door had just moved offices and the
5 examination room was not set up for a delivery; it was not sterile and did not have medical
6 supplies beyond gloves.

7 62. Plaintiff’s repeat nightmare rapidly worsened. Though she delivered the nonviable
8 fetus after approximately 21 hours of labor, the placenta did not follow. Plaintiff began to
9 hemorrhage at Open Door to the point where she thought *she was going to die* there. Meanwhile,
10 the Open Door staff could not even find scissors to cut the umbilical cord and were trying to call
11 for an ambulance to transport Plaintiff to Providence St. Joseph’s ED.

12 63. After Plaintiff was transported to Providence St. Joseph’s ED, Dr. Carol Griffin
13 performed an emergency D&C to deliver the placenta. Plaintiff had lost tremendous amounts of
14 blood and was given two units of blood, i.e., a double blood transfusion. She ultimately developed
15 acute blood loss anemia and needed treatment to reestablish her blood levels. All the while, on the
16 operating table, she was losing consciousness and thinking, *I am going to die, I am not going to*
17 *live through it this time.*

18 64. Plaintiff suffered increased health risks and trauma from being sent home to labor,
19 despite arriving at Providence St. Joseph in active labor with a high-risk pregnancy, critically low
20 amniotic fluid, suspected placenta previa, and hypertension. Providence St. Joseph’s denial of
21 emergency care ultimately resulted in Plaintiff delivering her baby in a sparse examination room
22 the next day and very nearly hemorrhaging to death. This denial of care greatly exacerbated
23 Plaintiff’s post-traumatic stress disorder, anxiety, and depression and her fear of hospital settings.

24 **E. In December 2022, Providence St. Joseph Denies Plaintiff Emergency Abortion Care**
25 **for a Third Time**

26 65. In Fall 2022, Plaintiff found out that she was pregnant again.

27 66. Tragically, on December 12, 2022, Plaintiff’s water broke again around 17 weeks
28 into her pregnancy.

1 67. With this pregnancy, Plaintiff had gotten a cervical cerclage placed, which involved
2 sewing a portion of her cervix shut to prevent it from weakening, one cause of preterm labor.

3 68. Plaintiff rushed to the Providence St. Joseph ED and tried to be admitted as quickly
4 as possible because, if the cerclage was not removed before her cervix dilated in labor, the sutures
5 would rip and tear her cervix. Plaintiff was finally admitted in the afternoon, and her cerclage was
6 removed around 6:00 pm.

7 69. What came next was devastatingly familiar. Plaintiff was diagnosed with previable
8 PPRM and told her baby boy would not survive. Her medical notes documented “risk of
9 infection” and “[h]igh risk of postpartum hemorrhage due to retained placenta,” given her prior
10 experience. The notes reflected that the medical team would “plan for possible D&C” but that that
11 plan was hampered by “facility refusal to provide induction in the setting of fetal cardiac activity.”

12 70. Dr. Griffin, who had performed Plaintiff’s emergency D&C in April 2022, was on
13 duty. Dr. Griffin and the nurses repeatedly apologized to Plaintiff for not being able to do what a
14 hospital, ED, and medical care professionals should do—help her—solely because Providence St.
15 Joseph had a policy of denying even medically necessary emergency abortion care unless the
16 mother was actively dying.²¹

17 71. Again, Plaintiff was denied care that her doctors, in their professional and medical
18 judgment, determined she needed, solely due to Providence St. Joseph’s policy.

19 72. This time, Plaintiff could not travel to UCSF because she was waiting for her
20 cerclage to be removed. Once it was removed, she was in too much pain and felt too weak to
21 endure the 5.5-hour trip.

22 73. Plaintiff was checked every hour to determine if fetal cardiac activity was no longer
23 detectable so that she could receive the D&C her doctors had planned.

24 74. In the meantime, Plaintiff remained in active labor aided only by occasional nitrous
25 oxide for minimal pain relief and was instructed not to eat. She passed small blood clots and,
26
27

28 ²¹ Stampe Decl. ¶ 4.

1 especially in light of her experience with retained placenta and life-threatening hemorrhaging, was
2 at risk of fatally bleeding.

3 75. The next morning, Plaintiff delivered her nonviable fetus on the toilet after
4 approximately 19 hours of labor, but delivery of the placenta was dangerously delayed again.
5 Plaintiff lost approximately 500 ml of blood, and her blood pressure became abnormally low. Dr.
6 Stampe informed Plaintiff she was at risk of hemorrhaging again, which made Plaintiff fear for her
7 life.

8 76. Providence St. Joseph's delay in providing care further exacerbated Plaintiff's post-
9 traumatic stress disorder, anxiety, and depression and her fear of hospital settings. She has
10 continued seeing her therapist biweekly.

11 77. After this traumatic incident, Plaintiff was unable to work for six weeks and lost
12 wages.

13 78. Even as Plaintiff is working through the ongoing trauma that she has suffered as a
14 result of Providence St. Joseph's conduct, she is hoping to get pregnant soon, as advanced
15 maternal age remains one of her risk factors. Given her three tragic miscarriages and other risk
16 factors, she will certainly have to deliver her next baby at Providence St. Joseph.

17 **F. Providence St. Joseph Has Agreed to Suspend Its Policy of Denying Any Abortion**
18 **Care**

19 79. On September 30, 2024, the Attorney General filed suit against Providence St.
20 Joseph for failing to provide "adequate emergency services and care to pregnant patients in danger
21 of 'loss of life, or serious injury or illness,'" in violation of California's Emergency Services Law,
22 the Unruh Civil Rights Act, and the Unfair Competition Law. (*See* Stipulation at p.2.)

23 80. The Attorney General and Providence St. Joseph have entered into a stipulation in
24 which the hospital has agreed to "allow its physicians to terminate a patient's
25 pregnancy . . . whenever the treating physician(s) determine in their professional judgment that
26 failing to immediately terminate the pregnancy would be reasonably expected to (i) Place the
27 patient's health in serious jeopardy; (ii) Result in serious impairment to the patient's bodily
28

1 functions; or (iii) Result in serious dysfunction of any bodily organ or part of the patient.” (*Id.* at
2 p.3–4.)

3 V. CAUSES OF ACTION

4 FIRST CAUSE OF ACTION

5 Denial of Emergency Medical Services and Care under Emergency Services Law (“ESL”)

6 (Health & Safety Code, § 1317, *et seq.*)

7 81. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

8 82. Licensed health facilities offering emergency services to the public must provide
9 “[e]mergency services and care” to a patient experiencing a condition in which “the person is in
10 danger of loss of life, or serious injury or illness” when “the health facility has appropriate
11 facilities and qualified personnel available.” (Health & Safety Code, § 1317, subd. (a).)

12 83. Under this obligation, a health facility must screen, examine, and evaluate a patient
13 “to determine if an emergency medical condition or active labor exists.” (*Id.* at § 1317.1 subd.
14 (a).) A health facility may decline to render emergency services and care if it determines that a
15 patient is not suffering from an emergency medical condition, but only if that determination is
16 made “exercising reasonable care.” (§ 1317, subd. (c).)

17 84. A health facility violates this provision if it does not provide a patient with an
18 emergency medical condition or in active labor “the care, treatment, and surgery, [by a physician]
19 necessary to relieve or eliminate the emergency medical condition, within the capability of the
20 facility.” (*Id.*)

21 85. A health facility also violates this provision if “the provision of emergency services
22 and care [is] based upon, or affected by,” any protected characteristic, including “sex or medical
23 condition.” (*Id.* at subd. (b); Civ. Code, § 51 subd. (b)(5).) “Sex” includes “pregnancy, childbirth,
24 or medical conditions related to pregnancy or childbirth.” (Civ. Code, § 51 subd.(e)(5).)

25 86. Providence St. Joseph is a California licensed health facility that maintains and
26 operates an emergency department that provides emergency services to the public.

27 87. On September 4, 2021, Plaintiff visited Providence St. Joseph, where Dr. Stampe
28 determined that Plaintiff was in active labor and suffering from previable PPRM. Previaible

1 PPRM can cause maternal infectious morbidity and mortality and is a serious, life-threatening
2 condition. Therefore, Providence St. Joseph determined that Plaintiff had an emergency medical
3 condition. Dr. Stampe determined Plaintiff needed a D&C but was prevented from performing the
4 D&C because of the hospital’s policy denying even medically necessary emergency abortion care
5 if a fetal heartbeat is detected. Instead, the hospital left Plaintiff to labor, thereby increasing her
6 risk for complications, such as infection, hemorrhage, and death. Providence St. Joseph failed to
7 relieve or eliminate Plaintiff’s emergency medical condition, thus denying her emergency medical
8 services and care. As a result, Plaintiff needlessly endured painful, prolonged labor and suffered
9 physical and psychological harm. Providence St. Joseph’s decision to deny Plaintiff emergency
10 medical services and care was based upon, or at a minimum affected by, the fact that she was a
11 pregnant woman with previable PPRM and a detectable fetal heartbeat.

12 88. On April 25, 2022, Plaintiff arrived at Providence St. Joseph’s ED 17 weeks into a
13 high-risk pregnancy. She presented with critically low amniotic fluid and suspected placenta
14 previa that could not be confirmed because her amniotic fluid was so low. Plaintiff was in active
15 labor and again suffering from previable PPRM, which, combined with her prior miscarriage and
16 other conditions, meant she was “in danger of loss of life, or serious injury or illness.” (Health &
17 Safety Code, § 1317, subd. (a).) Providence St. Joseph’s failure to appropriately diagnose Plaintiff
18 and provide her emergency care, including even basic monitoring for her active labor, was not an
19 exercise of reasonable care. As a result, Plaintiff needlessly endured painful, prolonged labor and
20 suffered near-fatal hemorrhaging, among other physical and psychological harm.

21 89. On December 12, 2022, Plaintiff arrived at Providence St. Joseph’s ED in active
22 labor and was diagnosed with previable PPRM. (Health & Safety Code, § 1317, subd. (a).)
23 Plaintiff was thus “in danger of loss of life, or serious injury or illness,” especially in light of her
24 prior two miscarriages and almost-fatal hemorrhaging episode. Her doctors determined that the
25 emergency care she needed was a D&C (the first step of which is induction of labor) and planned
26 to perform one but could not do so based on a “facility refusal to provide induction in the setting
27 of fetal cardiac activity.” Plaintiff needlessly endured painful, prolonged labor and suffered
28 physical and psychological harm. Providence St. Joseph’s decision to deny Plaintiff emergency

1 medical services and care was based upon, or at a minimum affected by, the fact that she was a
2 pregnant woman with previable PPROM and a detectable heartbeat.

3 90. These three incidents each constitutes a violation of the Emergency Services Law
4 and/or a violation of the Unruh Competition Law, as alleged below.

5 91. As a result of Defendant’s illegal actions and inaction, Plaintiff has suffered actual
6 damages, in an amount to be proven at trial. Plaintiff is further entitled to injunctive relief and
7 attorney’s fees and costs.

8 **SECOND CAUSE OF ACTION**

9 **Violation of the Unruh Civil Rights Act**

10 **(Civ. Code, § 51, *et seq.*)**

11 92. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

12 93. The Unruh Civil Rights Act prohibits business establishments and public
13 accommodations from denying “the full and equal accommodations, advantages, facilities,
14 privileges, or services” on the basis of protected classifications, including sex. The Unruh Civil
15 Rights Act defines “sex” to include “pregnancy, childbirth, or medical conditions related to
16 pregnancy or childbirth.” (Civ. Code, § 51.)

17 94. Providence St. Joseph is a business establishment within the meaning of the Unruh
18 Civil Rights Act.

19 95. As the owner and operator of Providence St. Joseph, Defendant is responsible for
20 ensuring that the hospital complies with the Unruh Civil Rights Act.

21 96. On September 4, 2021 and December 12, 2022, Providence St. Joseph knowingly
22 and intentionally denied Plaintiff the full range of emergency medical services that it otherwise
23 offers to non-female patients, patients who are not pregnant, and patients who do not have
24 previable PPROM with a detectable fetal heartbeat. Specifically, the hospital knowingly and
25 intentionally denied full and equal emergency care when it prevented its staff from providing a
26 medically necessary emergency abortion procedure to Plaintiff on the basis of her sex, including
27 her pregnancy status and her medical condition related to pregnancy—previable PPROM and a
28 detectable fetal heartbeat. Providence St. Joseph does not prohibit its staff from providing any

1 medically necessary emergency procedure to non-female patients, patients who are not pregnant,
2 or patients who are not suffering from medical conditions related to pregnancy.

3 97. On September 4, 2021, Providence St. Joseph’s conduct placed Plaintiff at
4 significant risk of developing a serious infection and complications by delaying her care for at
5 least the duration of her 5.5-hour journey to UCSF while in active labor. On December 12, 2022,
6 Defendant’s conduct put Plaintiff at even greater risk given her prior history of miscarriages,
7 retained placenta, and hemorrhaging.

8 98. Providence St. Joseph discriminated against Plaintiff on account of sex, pregnancy
9 status, and/or a medical condition related to pregnancy on September 4, 2021 and December 12,
10 2022, in violation of the Unruh Civil Rights Act and/or the Unfair Competition Law, as alleged
11 below.

12 99. As a result of Defendant’s illegal actions and inaction, Plaintiff has suffered actual
13 damages, in an amount to be proven at trial, which are entitled to trebling. Plaintiff is further
14 entitled to statutory damages in an amount to be established.

15 **THIRD CAUSE OF ACTION**

16 **Denial of Constitutional Right of Privacy**

17 **(Cal. Const., art. I, § 1)**

18 100. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

19 101. The California Supreme Court has recognized “[t]he fundamental right of the
20 woman to choose whether to bear children” within the “‘right of privacy’ or ‘liberty’ in matters
21 related to marriage, family, and sex.” (*People v. Belous* (1969) 71 Cal.2d 954, 963, citations
22 omitted; Cal. Const., art. I, § 1; *Com. to Defend Reproductive Rights v. Myers* (1981) 29 Cal.3d
23 252, 284 (concluding that “the decision whether to bear a child or to have an abortion is so private
24 and so intimate that each woman in this state rich or poor is guaranteed the constitutional right to
25 make that decision as an individual”).) The California Supreme Court has long recognized that “a
26 showing of immediacy or certainty of death is not essential for a lawful abortion.” (*Belous, supra*,
27 71 Cal.2d at p. 962.)
28

1 102. The California Supreme Court has also held that the right of privacy creates a right
2 of action against private as well as government entities. *Hill v. Nat'l Collegiate Athletic Assn.*
3 (1994) 7 Cal. 4th 1, 20..

4 103. Plaintiff has a legally protected privacy interest in electing timely emergency
5 abortion care that her doctors have deemed medically necessary. She has a reasonable expectation
6 that she could exercise that right in a hospital that purports to provide emergency medical care to
7 all patients.

8 104. On September 4, 2021 and December 12, 2022, Providence St. Joseph denied
9 Plaintiff her constitutional right to elect emergency abortion care when her doctors deemed that
10 care necessary to treat her previable PPROM and other medical conditions.

11 105. Defendant's conduct constituted a serious invasion of Plaintiff's interest in electing
12 medically necessary emergency abortion care, in violation of her constitutional right of privacy
13 and/or the Unfair Competition Law, as alleged below.

14 106. As a result of Defendant's illegal actions and inaction, Plaintiff has suffered actual
15 damages, in an amount to be proven at trial. Plaintiff is further entitled to injunctive relief.

16 **FOURTH CAUSE OF ACTION**

17 **Negligent Infliction of Emotional Distress**

18 107. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

19 108. Providence St. Joseph owed a duty of reasonable care to Plaintiff on September 4,
20 2021, April 25, 2022, and December 12, 2022, in providing her medical care, including emergency
21 care and labor and delivery care.

22 109. On September 4, 2021 and December 12, 2022, it was foreseeable and probable
23 that Plaintiff would suffer serious emotional distress as a result of the hospital denying her the
24 emergency abortion care her doctors, in their professional and medical judgment, determined she
25 needed. On April 25, 2022, it was foreseeable and probable that Plaintiff would suffer serious
26 emotional distress as a result of Providence St. Joseph discharging Plaintiff, while she was in
27 active labor, with instructions to return home; failing to have an obstetrician examine her to
28 determine she was in active labor and suffering previable PPROM, chronically low amniotic fluid,

1 possible placenta previa, and hypertension; and failing to offer her appropriate medical care for
2 her active labor, previable PPRM, and other complications with which she presented.

3 110. On September 4, 2021, April 25, 2022, and December 12, 2022, Providence St.
4 Joseph was negligent in breaching the duty of reasonable care it owed Plaintiff.

5 111. Plaintiff suffered increased health risks and physical pain and injury as a result of
6 the hospital's negligent conduct on these three occasions, including increased risk of infection,
7 complications, and almost-fatal hemorrhaging.

8 112. Plaintiff also suffered serious emotional distress as a direct and proximate result of
9 Providence St. Joseph's negligent actions toward her, resulting in her years-long battle with post-
10 traumatic stress disorder, anxiety, depression, and fear of hospital settings. The hospital's
11 negligent actions were a substantial factor in causing Plaintiff's physical injuries and serious
12 emotional distress on these three occasions.

13 113. The actions alleged herein were done pursuant to official hospital policy and with
14 malice, fraud, and oppression, and in reckless disregard of Plaintiff's rights and her physical and
15 emotional health. On information and belief, the Ethical & Religious Directive related to abortion
16 was adopted with the approval and/or ratification of one or more of the hospital's officers,
17 directors, and/or managing agents. Likewise, the policies related to screening and treating ED
18 patients and patients who may be in active labor were adopted with the approval and/or ratification
19 of one or more of the hospital's officers, directors, and/or managing agents.

20 114. As a result of Providence St. Joseph's conduct, Plaintiff has incurred and will
21 continue to incur damages in an amount to be proven at trial.

22 **FIFTH CAUSE OF ACTION**

23 **Intentional Infliction of Emotional Distress**

24 115. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

25 116. Providence St. Joseph's conduct alleged herein, including denying Plaintiff
26 emergency care she needed and could not obtain without traveling 270 miles in active labor, and
27 on two occasions after having suffered prior miscarriages that increased her medical risk, is
28 extreme and outrageous and is beyond the bounds of that tolerated in a decent society.

1 117. Providence St. Joseph engaged in the conduct alleged herein with reckless
2 disregard as to the probability that it would cause Plaintiff severe emotional distress, and on April
3 25, 2022, and December 12, 2022, also in reckless disregard as to the fact the same conduct had in
4 the past caused Plaintiff severe emotional distress.

5 118. The actions alleged herein were done pursuant to official hospital policy and with
6 malice, fraud, and oppression, and in reckless disregard of Plaintiff's rights and her physical and
7 emotional health. On information and belief, the Ethical & Religious Directive related to abortion
8 was adopted with the approval and/or ratification of one or more of the hospital's officers,
9 directors, and/or managing agents. Likewise, the policies related to screening and treating ED
10 patients and patients who may be in active labor were adopted with the approval and/or ratification
11 of one or more of the hospital's officers, directors, and/or managing agents.

12 119. Plaintiff has suffered severe emotional distress as a direct and proximate result of
13 Providence St. Joseph's actions toward her, resulting in her years-long battle with post-traumatic
14 stress disorder, anxiety, depression, and fear of hospital settings.

15 120. Providence St. Joseph's actions were a substantial factor in causing Plaintiff's
16 severe emotional distress.

17 121. As a result of Providence St. Joseph's conduct, Plaintiff has incurred and will
18 continue to incur damages in an amount to be proven at trial.

19 **SIXTH CAUSE OF ACTION**

20 **Unlawful and Unfair Business Conduct (Bus. & Prof. Code, § 17200, *et seq.*)**

21 122. Plaintiff realleges and incorporates by reference all of the preceding paragraphs.

22 123. Defendant owns and operates Providence St. Joseph, which offers ED, L&D, and
23 other medical and surgical services to the public.

24 124. Section 17200 of the Business and Professions Code prohibits unfair competition,
25 including by any unlawful and/or unfair business act or practice.

26 125. Beginning no later than September 4, 2021 and continuing to the present,
27 Providence St. Joseph has engaged in and continues to engage in, aided and abetted and continues
28 to aid and abet, and conspired to and continues to conspire to engage in unlawful acts or practices,

1 which constitute unfair competition within the meaning of Business and Professions Code, section
2 17200. Providence St. Joseph’s unlawful acts or practices include, but are not limited to:

- 3 • Violating the Emergency Services Law, Health & Safety Code § 1317, *et seq.*, as alleged
4 in the First Cause of Action;
- 5 • Violating the Unruh Civil Rights Act, Civil Code § 51, *et seq.*, as alleged in the Second
6 Cause of Action;
- 7 Violating the right of privacy under the California Constitution, art. I, § 1, as alleged in the
8 Third Cause of Action;
- 9 • Negligent Infliction of Emotional Distress, as alleged in the Fourth Cause of Action; and
- 10 • Intentional Infliction of Emotional Distress, as alleged in the Fifth Cause of Action.
- 11 • Violating the Emergency Services Law, Health and Safety Code § 1317.2, *et seq.*, as
12 alleged below.

13 126. A hospital cannot transfer “[a] person needing emergency services and care . . . to
14 another hospital for any nonmedical reason,” unless the hospital satisfies at least eight conditions.
15 (Health & Safety Code, § 1317.2(a)–(h).) If any of these conditions is not met, the nonmedical
16 transfer is improper. (*Id.*) To satisfy these conditions, the transferring hospital must, *inter alia*,
17 provide the person “with emergency services and care so that it can be determined, within
18 reasonable medical probability, that the transfer or delay caused by the transfer will not create a
19 medical hazard to the person.” (*Id.* at subd. (b).)

20 127. The transferring hospital must also “provide[] for appropriate personnel and
21 equipment that a reasonable and prudent physician and surgeon in the same or similar locality
22 exercising ordinary care would use to effect the transfer.” (*Id.* at subd. (d).)

23 128. Additionally, the transferring hospital must transfer with the person “[a]ll of the
24 person’s pertinent medical records and copies of all the appropriate diagnostic test results that are
25 reasonably available,” including a “Transfer Summary” signed by the transferring physician,
26 which assures that “the transfer creates no medical hazard to the patient.” (*Id.* at subds. (e), (f).)

27 129. On September 4, 2021, Plaintiff was in active labor, and Dr. Stampe determined
28 that she was suffering from previable PPRM and required emergency care in the form of a D&C
procedure.

1 130. Providence St. Joseph’s policy of denying emergency care even when medically
2 necessary prevented Dr. Stampe from performing the D&C. Providence St. Joseph thus
3 transferred Plaintiff for a nonmedical reason as Dr. Stampe transferred Plaintiff to UCSF solely
4 because of Providence St. Joseph’s policy.

5 131. Providence St. Joseph failed to provide Plaintiff with emergency services and care
6 such that it was able to be determined, within reasonable medical probability, that the transfer or
7 delay caused by the transfer would not create a medical hazard.

8 132. Providence St. Joseph did not provide Plaintiff with any type of medical transport,
9 assistance, or equipment to carry out the transfer. Instead, Plaintiff traveled by car for 5.5 hours,
10 while in active labor, to UCSF, the receiving hospital. Rather than effecting a safe and proper
11 transfer, Providence St. Joseph discharged Plaintiff and merely told her to drive to another
12 hospital. It failed to provide for appropriate personnel and equipment that a reasonable and
13 prudent physician in the same or similar locality exercising ordinary care would have used to carry
14 out the transfer.

15 133. Providence St. Joseph did not transfer with Plaintiff any medical records and
16 diagnostic test results. Nor did Providence St. Joseph provide a “Transfer Summary” signed by
17 Dr. Stampe, assuring that the transfer created no medical hazard to Plaintiff.

18 134. Plaintiff did not request a transfer or discharge and did not give informed consent
19 to the transfer or discharge against medical advice.

20 135. Therefore, Providence St. Joseph improperly transferred Plaintiff to another
21 hospital on September 4, 2021, in violation of section 1317.2. In so doing, Providence St. Joseph
22 ensured that Plaintiff’s emergency care would be delayed, by at least 5.5 hours, and increased the
23 risk of infection and other medical hazards. As a result of the improper transfer, Plaintiff
24 needlessly endured painful, prolonged labor and suffered physical harm, including painful and
25 prolonged pelvic cramping and contractions as well as fluid and blood loss.

26 136. On September 4, 2021 and continuing to the present, Providence St. Joseph has
27 engaged in and continues to engage in, aided and abetted and continues to aid and abet, and
28 conspired to and continues to conspire to engage in unfair acts or practices within the meaning of

1 Business and Professions Code, section 17200. Providence St. Joseph’s unfair acts or practices
2 include, but are not limited to, implementing a policy that is “immoral, unethical, oppressive,
3 unscrupulous or substantially injurious” in denying a patient medically necessary emergency care;
4 and violating a public policy that is tethered to the constitutional and statutory provisions
5 mentioned above. (*See Moran v. Prime Healthcare Management., Inc.* (2016) 3 Cal.App.5th
6 1131, 1150.)

7 137. Failing to provide Plaintiff with the emergency abortion care her doctors deemed
8 medically necessary and that she had a constitutional and statutory right to receive constitutes
9 unlawful and unfair business practices.

10 138. Plaintiff has suffered an injury in fact and has lost money as a result of Defendant
11 Providence St. Joseph’s unlawful and unfair business practices and is entitled to an injunctive
12 relief, restitution, and attorney’s fees and costs pursuant to California Code of Civil Procedure,
13 section 1021.5.

14 139. Each separate unlawful and/or unfair act or practice is a separate and distinct
15 violation of Business and Professions Code, section 17200.

16 VI. PRAYER FOR RELIEF

17 WHEREFORE, Plaintiff prays that judgment be entered in her favor and against
18 Defendants, as follows:

19 140. A declaratory judgment stating that Defendant Providence St. Joseph’s policy of
20 prohibiting physicians from providing women with previable PPROM emergency abortion care
21 when medically necessary violated the Unruh Act, Civil Code, section 51, subdivision (b), and the
22 California Constitution, art. I, §1.

23 141. An order enjoining Defendants, their successors, agents, representatives,
24 employees, and all others acting in concert with Defendants from: (a) violating Health & Safety
25 Code, sections 1317 and 1317.2 *et seq.*; (b) discriminating in violation of the Unruh Civil Rights
26 Act, Civil Code, section 51; (c) denying patients their right to emergency abortion care when
27 medically necessary in violation of the California Constitution, art. I, §1; and (d) engaging in
28

1 unlawful and unfair business conduct under Business and Professions Code, section 17200 *et seq.*,
2 including the acts and practices alleged in this Complaint.


- 3 1. Actual damages.
- 4 2. Statutory damages of no less than \$4,000 pursuant to Civil Code, section 52,
5 subdivision (a).
- 6 3. Damages up to three times the number of actual damages under Civil Code, section
7 52, subdivision (a).
- 8 4. Punitive damages.
- 9 5. Restitution.
- 10 6. Attorney's fees and costs.
- 11 7. Interest on all sums at the maximum legal rate.
- 12 8. Such other relief as the Court deems just and proper.

13 **VII. DEMAND FOR JURY TRIAL**

14 Plaintiff hereby demands a jury trial of all issues in the above-captioned action that are
15 triable to a jury.

16
17 DATED: December 12, 2024

MUNGER, TOLLES & OLSON LLP

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19 By: 
20 _____
JING JIN

21 Attorneys for Plaintiff Jane Roe
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