

# EXHIBIT A

**IN THE  
CIRCUIT COURT OF ST. LOUIS, MISSOURI  
22nd JUDICIAL CIRCUIT**

<p>REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION</p> <p style="text-align:center">Petitioner,</p> <p>v.</p> <p>MICHAEL L. PARSON, et al.</p> <p style="text-align:center">Respondents.</p>	<p>Case No. 1922-CC02395</p> <p>Division No. II</p>
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**DECLARATION OF DAVID EISENBERG, M.D., M.P.H.**

1. I am a board-certified obstetrician–gynecologist, licensed to practice in Missouri and Illinois. I am an Associate Professor in the Department of Obstetrics and Gynecology at the Washington University School of Medicine in St. Louis, Missouri, and the Director of the Benign Gynecology Resident Service at one of the teaching hospitals affiliated with the School of Medicine, where I am an Attending Physician.

2. In addition to my Washington University positions, I act as the Medical Director of Planned Parenthood of the St. Louis Region & Southwest Missouri (“PPSLR”) and its affiliated entity, Reproductive Health Services of PPSLR, Inc. (“RHS”). I have acted as Medical Director or co-Medical Director of RHS continuously since August 2009.

3. I submit this declaration to respond to the affidavit of William Koebel dated May 29, 2019, and in support of Petitioner’s Motion for TRO and Preliminary Injunction, specifically on the topic of his characterization of the DHSS interview process. While I vehemently disagree that the investigation at issue here reflects any deficiencies in patient care, I submit this declaration only to address this more narrow point.

4. In his affidavit, Mr. Koebel asserts that “[i]n the Department’s prior inspections and investigations involving RHS, its physicians and health care professionals have always agreed to be interviewed.” Koebel Aff. ¶ 36.

5. In my decade as Medical Director or Co-Medical Director of RHS, I have been involved in the inspections and investigations DHSS has conducted (though anything that could be characterized as an investigation has been rare). I have never seen anything remotely like the interview requests DHSS has made here.

6. To the contrary, in the course of an inspection it would be typical for inspectors to ask questions to a physician or other staff member who was present that day; typical questions would be something like how the electronic health record field functions on a certain topic, where emergency equipment is located and how it is used, or other questions the inspector wanted to clarify. In my experience these conversations have been short and informal, and integrated into the inspection process.

7. At the end of the multi-day inspection process, it would also be typical for there to be a summation meeting where the health inspection team would meet with staff from RHS, including me as the Medical Director as well as the CEO, compliance director, Vice President of Patient Services, and other senior staff. A typical summation meeting might take 30 to 60 minutes, and include a few questions to me as the Medical Director.

8. In the rare instance that a patient had a complication sufficiently serious that we transferred her to Washington University Medical School’s affiliated hospital, DHSS has sometimes reached out to me as the Medical Director and asked for follow-up information about the patient’s care, in the form of medical records and/or an oral conversation. In at least some of these instances DHSS did so in response to a report by protesters outside our health center that

an ambulance had come to the health center, and the conversation was thus in the course of investigating that complaint. Again these were typically short and informal conversations; I provided the information requested, and DHSS has always been satisfied with that information.

9. I cannot think of a situation where DHSS has ever requested a formal sit-down interview with me or with any of our physicians—much less with a list of physicians, or in a particular order. Nor can I think of a situation where DHSS has ever requested to speak with a resident or fellow about care they provided under an attending physician’s supervision.

10. The interview I had with DHSS on May 28 was different from any conversation I had with them previously. It was longer and covered more topics; it was more akin to a deposition. The conversation was also tape recorded, which no prior interaction I have had with DHSS has been.

11. Mr. Koebel also asserts that “[i]t would be completely outside the norm and generally unacceptable to complete an investigation into potentially deficient patient care at one of the Department's licensed facilities without interviewing the person who actually and directly provided the care at issue, absent some circumstance such as that the facility immediately terminated the person's employment after being notified of the deficient care.” Koebel Aff. ¶12.

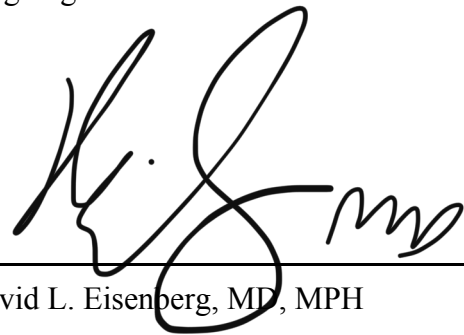
12. In the instances I described above where DHSS asked for follow-up information on patient care following an ambulance transfer (a very rare occurrence), to the best of my knowledge DHSS has always been satisfied with the information that I, as Medical Director, provided. More often than not, these cases were ones where I was not directly involved in the care of the patient, but reviewed the care in my role as medical director and discussed my findings and their concerns. I am not aware of any instance where they asked to speak with the physician who treated that patient.

13. In my years of conversations with other medical directors from other Planned Parenthood affiliates across the country, including the six years I served on the board of trustees of the Medical Directors' Council of Planned Parenthood, I also have not heard of any remotely similar interviews or interview requests, in either the inspection or the investigation context.

14. Finally, in my many years as a faculty member at the Washington University School of Medicine, and attending physician at its affiliated teaching hospital, I similarly am not aware of any instance where DHSS has asked to speak with physicians about the care they provided—much less in a formal and adversarial manner as has happened here. Nor can I think of an instance where a state department of health has done so in the other contexts in which I have provided care, including at Northwestern Memorial Hospital in Illinois, where I served as a resident and fellow, or at Family Planning Associates Health Center in Illinois, where I served as a resident and fellow during a period when it was licensed as an ambulatory surgical center.

15. I declare under penalty of perjury the foregoing is true and correct.

Dated: May 29, 2019

A handwritten signature in black ink, appearing to read "D. Eisenberg", written over a horizontal line.

David L. Eisenberg, MD, MPH