

# Samantha J Deans, MD MPH

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## EDUCATION AND TRAINING

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### POSTGRADUATE:

7/2019 – 6/2021	UPMC Magee-Womens Hospital, University of Pittsburgh, Pittsburgh, PA	Fellowship in Complex Family Planning <i>Program Director:</i> Beatrice Chen, MD, MPH
6/2015 – 6/2019	University of Vermont Medical Center Burlington, VT	Residency in Obstetrics and Gynecology <i>Program Director:</i> Stephanie Mann, MD

### GRADUATE:

8/2019 – 5/2021	University of Pittsburgh Graduate School of Public Health Pittsburgh, PA	Master of Public Health
8/2010 – 5/2015	Indiana University School of Medicine Indianapolis, IN	Doctor of Medicine

### UNDERGRADUATE:

9/2006 – 5/2010	Indiana University Bloomington, IN	Bachelor of Science in Biology with Honors Minor in Anthropology Certificate in History and Philosophy of Science
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## APPOINTMENTS AND POSITIONS

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2/2023 – Present	Obstetrics & Gynecology Jacobs School of Medicine and Biomedical Sciences University at Buffalo Buffalo, NY	Clinical Assistant Professor
8/2021 – 12/2022	Planned Parenthood of South, East, and North Florida Miami, FL	Associate Medical Director

12/2019 – 6/2021	Planned Parenthood of Western Pennsylvania Pittsburgh, PA	Staff Physician
10/2019 – Present	Organon Pharmaceuticals Co.	Certified Nexplanon Trainer
7/2019 – 6/2021	Obstetrics, Gynecology, and Reproductive Sciences UPMC Magee-Womens Hospital Pittsburgh, PA	Clinical Instructor
6/2015 – 6/2019	Obstetrics and Gynecology Larner College of Medicine at the University of Vermont Burlington, VT	Clinical Instructor

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### **CERTIFICATION AND LICENSURE**

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#### SPECIALTY CERTIFICATION:

2022 – Present    American Board of Obstetrics and Gynecology – Diplomate

#### SUBSPECIALTY CERTIFICATION:

2023 – Present    American Board of Obstetrics and Gynecology, Complex Family Planning – Diplomate

#### MEDICAL LICENSURE:

2022 – Present    New York Medical License  
 2021 – 2023      Florida Medical License  
 2019 – Present    Pennsylvania Medical License  
 2015 – 2019      Vermont Medical License

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### **MEMBERSHIPS IN PROFESSIONAL AND SCIENTIFIC SOCIETIES**

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2022 – Present    Fellow, American College of Obstetricians and Gynecologists  
 2019 – Present    Junior Fellow, Society of Family Planning  
 2018 – Present    Member, National Abortion Federation  
 2015 – 2022      Junior Fellow, American College of Obstetricians and Gynecologists  
 2011 – 2015      Member, Medical Students for Choice  
 2010 – Present    Member, American Medical Association

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### **HONORS**

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2021                Gynecology Fellow Excellence in Teaching Award, UPMC Magee-Womens Hospital  
 2019                Ryan Program Resident Award for Excellence in Family Planning  
 2019                Recognition of Excellence in Minimally Invasive Gynecology  
 2019                Best Resident Research Project, University of Vermont Medical Center  
 2017                Resident Reporter, ACOG Ob-Gyn Resident Reporter Program for the Annual Clinical and Scientific Meeting

2017	Ryan Resident Scholarship
2015	Medical Student Golden Apple Teaching Award, Rotation 6, University of Vermont Medical Center
2014	Gold Humanism Honor Society
2014	Medical Students for Choice Reproductive Health Externship Grant
2012	Edward L. Hutton International Experiences Grant

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## PUBLICATIONS

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### REFEREED ARTICLES

1. Dougherty A, Kayongo A, **Deans SJ**, Mundaka J, Heil SH, et al. Knowledge and use of family planning among men in rural Uganda. BMC Public Health. 2018;18:1294.
2. Haas DM, Morgan AM, **Deans SJ**, Schubert FP. Ethanol for preventing preterm birth in threatened preterm labor. Cochrane Database Syst Rev. 2015 Nov 5;(11).
3. Clay JM, Daggy JK, Fluellen S, **Deans SJ**, Tucker Edmonds BM. Patient Knowledge and Attitudes Toward Cervical Cancer Screening After the 2012 Screening Guidelines. Obstetrics & Gynecology 2015;125:55S.
4. World Health Organization, Department of Reproductive Health and Research. Policy Brief 12.21: Expanding access to contraceptive services for adolescents. 2012. Retrieved from <http://www.who.int/iris/handle/10665/75160>

### ABSTRACTS AND POSTER PRESENTATIONS

1. **Deans SJ**. Reproductive Decision Support Tool for Women with Substance Use Disorders: A Pilot Study. Presented at the Society of Family Planning Annual Meeting, Los Angeles, CA, October 2019.
2. **Deans SJ**, Modification of an evidence-based family planning intervention for a new target population: Postpartum women in Nakaseke district, Uganda. Poster presented at the Consortium of Universities for Global Health, Chicago, IL, March 2019.
3. **Deans SJ**, Dougherty A, Kayongo A, Mundaka J, Heil SH, et al. Knowledge, attitudes, and use of family planning in rural Uganda: Comparing the female and male perspectives. Poster presented at the Consortium of Universities for Global Health, New York, NY, March 2018; and the American College of Obstetricians & Gynecologists Annual Clinical & Scientific Meeting, Austin, TX, April 2018.
4. **Deans SJ**, Dougherty A, Kayongo A, Mundaka J, Heil SH, et al. Knowledge, attitudes, and use of family planning among rural women in Nakaseke District, Uganda. Poster presented at University of Vermont Global Health Day, Burlington, VT, April 2017.

### MEDIA PUBLICATIONS

1. **Deans SJ**. "Florida's proposed 15-week abortion ban is a direct assault on women" [Editorial]. Sun Sentinel, 2022 Feb 14; <https://www.sun-sentinel.com/opinion/commentary/fl-op-com-15-week-abortion-ban-doctor-20220214-xknwtsoi5gcfiay6ahy33xhry-story.html>.

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## PROFESSIONAL ACTIVITIES

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### INVITED LECTURES, SEMINARS, PODIUM AND PANEL PRESENTATIONS

1. Grand Rounds, "In the Words of a Family Planner: Verbicaine and Trauma-Informed Care." Presented at University at Buffalo OB/GYN Grand Rounds, Buffalo, NY (virtual), June 2022.
2. Invited Lecture, "The Past, Present, and Future of Abortion Policy & Politics in the United States." Presented at Florida International University School of Medicine, Miami, FL, April 2022.
3. Seminar, "How Trauma Shows Up In Our Work." Presented at Planned Parenthood of South, East, and North Florida's Annual Meeting, West Palm Beach, FL (virtual), February 2022.
4. Grand Rounds, "In the Words of a Family Planner: Verbicaine and Trauma-Informed Care." Presented at UPMC Magee-Womens Hospital OB/GYN Grand Rounds, Pittsburgh, PA, December 2020.
5. Seminar, "Reproductive Health Needs of Women with Substance Use Disorders." Presented at the Mid-Atlantic AIDS Education & Training Center Program Regional Conference, Pittsburgh, PA (virtual) September 2020.
6. Invited Lecture, "Institutionalizing Resident Advocacy at the University of Vermont." Presented at the Society of Family Planning Annual Meeting, Los Angeles, CA, October 2019.
7. Grand Rounds, "An evidence-based approach to surgical sterilization." Presented at the University of Vermont Medical Center OB/GYN Grand Rounds, Burlington, VT, April 2019.

#### ADVOCACY AND MEDIA ENGAGEMENT

1. TV Interview, Featured on *CBS Evening News*. Interviewed by Manuel Bojorquez, July 2022; <https://www.cbsnews.com/video/thousands-forced-to-travel-to-florida-for-abortion-access/>
2. Keynote Speaker, "Bans off our Bodies" Rally, West Palm Beach, FL, May 2022.
3. Print Interview, "Florida no longer a haven for abortion access: 'We cannot rest on any amount of protection that exists today'." Sun Sentinel, May 2022; [www.sun-sentinel.com/news/fl-ne-abortion-florida-reaction-20220505-4njho2h5bjbk717mcswwzdg5j6u-story](http://www.sun-sentinel.com/news/fl-ne-abortion-florida-reaction-20220505-4njho2h5bjbk717mcswwzdg5j6u-story).
4. TV Interview, Featured on *Yasmin Vossoughian Reports*. Interviewed by Yasmin Vossoughian, February 2022; [www.msnbc.com/yasmin-vossoughian-reports/watch/-an-absolute-infringement-on-our-rights-planned-parenthood-doctor-speaks-out-on-florida-s-proposed-15-week-abortion-ban-133630021986](http://www.msnbc.com/yasmin-vossoughian-reports/watch/-an-absolute-infringement-on-our-rights-planned-parenthood-doctor-speaks-out-on-florida-s-proposed-15-week-abortion-ban-133630021986).
5. Radio Interview, "Florida's House passes a bill banning abortions after 15 weeks of pregnancy." Featured on *Morning Edition*, National Public Radio, February 2022; [www.npr.org/2022/02/17/1081387034/florida-s-house-has-passed-a-bill-banning-abortions-after-15-weeks-of-pregnancy](http://www.npr.org/2022/02/17/1081387034/florida-s-house-has-passed-a-bill-banning-abortions-after-15-weeks-of-pregnancy).
6. TV Interview, Featured on *Zerlina*. Interviewed by Zerlina Maxwell, February 2022; <https://twitter.com/ZerlinaShow/status/1494102571547516942?s=20&t=zVguxtj3vmH60Oo8TSiYRA>
7. Print Interview, "Florida House approves Republican measure to ban abortion after 15 weeks." Washington Post, February 2022; [www.washingtonpost.com/politics/2022/02/17/abortion-florida-supreme-court](http://www.washingtonpost.com/politics/2022/02/17/abortion-florida-supreme-court).
8. Expert Testimony, "In opposition of SB146: Reducing fetal and infant mortality (15-week abortion ban)." Presented to the Senate Health Policy Committee, Florida State Capitol, Tallahassee, FL, February 2022.
9. Press Conference, "Advocating against HB5/SB146: The 15-week abortion ban in Florida." Florida State Capitol, Tallahassee, FL, February 2022.
10. Press Conference, "Advocating against Texas-style abortion bans in Florida." Miami, FL, September 2021.
11. Expert Testimony, "In support of Bill H57: an act relating to preserving the right to an abortion." Presented to the Senate Health and Welfare Committee, Vermont State House, Montpelier, VT, April 2019.

We are two obstetrician gynecologists who have offered our services for expert review in the Matter of Laura Owens, Petitioner, and Clayton Echard, Respondent.

We have reviewed the medical records provided by Mr. Woodnick, including those from Banner Health Urgent Care, Barrow Neurological Institute, Scottsdale Perinatal Associates, an ultrasound image labeled as from SMIL (which was later disclosed to be images purportedly obtained from Planned Parenthood at Mission Viejo, CA, per Ms Owens' deposition testimony), MomDoc, and the transcript of Ms Owens' deposition from March 1, 2024.

Based on this information, we cannot confirm by any objective data that Ms. Owens had an ongoing, viable intrauterine pregnancy at the time of initiating this legal matter in August 2023 or since. There is no confirmation from any medical provider that a pregnancy was identified by ultrasound at any point in time. The patient showed no effort in maintaining a healthy pregnancy given her avoidance of standard in-person medical care, despite her reported episodes of vaginal bleeding and alleged pregnancy loss. It is our expert opinion that the evidence as presented is not conclusive that the petitioner was pregnant with a viable intrauterine pregnancy at any time in the last year.

#### **Positive Pregnancy Tests:**

There is evidence that on June 1, 2023, human chorionic gonadotropin (HCG) was present in the petitioner's urine. The only objective evidence of pregnancy *after* the initial urine pregnancy test at Banner Urgent care was a serum quantitative HCG value drawn on October 16, 2023 of 102 mIU/mL, which does not correlate with the gestational age that she would have been on that date had she had a normal ongoing pregnancy—it would have been much higher.<sup>1</sup>

Single HCG values are of minimal clinical significance and are more standardly used within the context of ultrasound evaluations and HCG trends. The presence of HCG can be due to a pregnancy, but pregnancy is not the sole cause of a positive urine HCG and furthermore, a single urine HCG test is not diagnostic of an intrauterine pregnancy. HCG can be present in serum, urine or both under non-pregnancy related conditions: exogenous injection, heterophilic antibodies, certain cancers, familial HCG syndrome, and pituitary secretion of sulfated HCG. There are clinical investigations that can be performed to distinguish one of

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<sup>1</sup> A 2014 study by Korevaar et al. determined the median hCG level at 22 weeks of gestation to be 16,174 mIU/mL, with a minimum of 2599 mIU/mL and maximum of 86,541 mIU/mL. It should be noted that this data is for singleton pregnancies; twin gestations would expect even higher values.

these conditions from another. Additionally, there is a phenomenon of "quiescent" pregnancy in which a failed pregnancy leaves residual tissue that persistently (for up to about a year) produces HCG and causes false-positive pregnancy tests. Ongoing clinical care would soon confirm that a viable pregnancy is not present in such a case. In general, the quantity of HCG in these conditions remains at a low level and ultrasound evaluation does not reveal the development of a fetus over time. Additionally, this low level of HCG would not cause significant weight gain, bloating, nausea, or other systemic symptoms.

**Ultrasound Image:**

The single ultrasound image that, as Ms Owens has stated in her deposition, occurred on July 7, 2023 has not been authenticated from any healthcare provider. No medical records are known to exist regarding this pregnancy from SMIL or Planned Parenthood in California, despite multiple attempts to obtain these records. The image in question reports a gestational age of 6 weeks and 4 days, which is not consistent with the stated date of conception of May 20, 2023. If this image is, in fact, an image of Ms Owens alleged pregnancy, that would correlate to an estimated date of conception of June 5, 2023.

**Planned Parenthood Visit:**

Ms Owens stated that the reason that we, to this date, have not been able to corroborate the existence of a first trimester pregnancy ultrasound completed at any Planned Parenthood in California is because she completed this visit anonymously. As a former medical director of Planned Parenthood, Dr. Deans can confirm that there is no scenario where we would treat a patient without identifying the patient. Like all outpatient medical facilities, Planned Parenthood requires a name, date of birth, and a piece identification that confirms both (government ID, school ID, passport, birth certificate, etc), regardless of the reason for the visit or method of payment. Unless Ms. Owens gave false information at the time of her appointment, Planned Parenthood in California would have records of this ultrasound if it was performed at their facility. We have not been able to review these records.

The petitioner subsequently sent screenshots of a scheduled appointment and visit summary on July 2, 2023 at a Planned Parenthood in Westminster, CA. However, on review of these documents there are no vital signs documented, no orders or medication dispensing documentation, and no patient instructions. Given these findings, we cannot conclude from these documents alone that the petitioner was ever seen or evaluated at this location on this date.

### **Pregnancy dating and timeline:**

In a message to her neurologist at Barrow Neurological Institute on June 28, 2023, the petitioner indicated that her Planned Parenthood visit, presumably including the aforementioned ultrasound, occurred when she was visiting California the weekend prior to the message, presumably the weekend of June 24, 2023. This would correlate to 7w0d by conception date of 5/20/2023. At 7 weeks gestation, a licensed ultrasound provider would be able to identify twins on ultrasound. In a later message to Scottsdale Perinatal Associates on July 3, 2023, she inquired how soon one could determine a twin gestation. From the positive urine pregnancy test at Banner Urgent Care in June 2023 until her visit to MomDoc on November 14, 2023, all healthcare encounters Ms Owens had were through telehealth. In the Barrow Neurological Institute's records of her telehealth appointments, it was noted that they were conducted with Ms Owens seated.

Per Ms Owens' deposition, she passed "two sacs" sometime in September or October. In that timeframe, the pregnancy would have been somewhere between 16 and 22 weeks of pregnancy. At that size, with twins, a loss would have produced significant bleeding and pain, such that it is implausible that she would have not received medical care beyond a telehealth visit. Additionally, the sacs would have contained formed and recognizable fetuses at that point in a pregnancy. Ms Owens testified that she showed what she passed to the provider on a telehealth visit. Gestational sacs with 16-week size fetuses would have been unmistakable to the provider and they would have unquestionably advised that she seek urgent in-person medical care.

### **Images and telehealth visit from July 23, 2023:**

We have reviewed images submitted by the petitioner that are allegedly showing the tissue from the event noted in Ms Owens deposition of passing "two sacs". Ms Owens clarified at the time of submitting these pictures that the events actually took place on July 23, 2023, rather than in September or October. These pictures show toilet paper stained with blood and containing tissue, reportedly from the petitioner's vagina. From visual inspection, we cannot confirm the source of this tissue, nor can we confirm that this is pregnancy tissue. The only way any physician could confirm that this was in fact pregnancy tissue, would be to send the specimen to a pathologist. As the tissue in question was never brought in for pathologic evaluation, there is no way to confirm if it was trophoblast (pregnancy tissue) or a decidual cast (non-pregnant endometrium). There is no obvious embryonic or fetal tissue

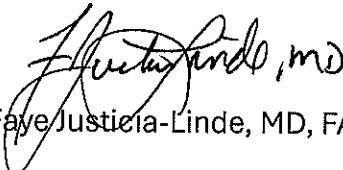
in this image, further complicating the picture in a pregnancy that would have been approximately 11 weeks by a date of conception of May 20, 2023.

Furthermore, we have reviewed the discharge instructions of a telehealth visit addressing this incident on July 23, 2023. In that document, the telehealth provider instructed Ms Owens to proceed to an emergency room for additional evaluation and care. Ms Owens did not follow this medical advice. Instead, she contacted the Abortion & Miscarriage Hotline, the communications of which we have reviewed. Again, the hotline respondent encouraged the petitioner to seek in-person medical care, and she again did not follow these recommendations.


**Conclusion:**

We cannot confirm by any objective data that Ms Owens had an ongoing, viable clinical pregnancy at any time in the last year. Clinical pregnancy is defined as “a pregnancy diagnosed by ultrasonographic visualization of one or more gestational sacs or definitive clinical signs of pregnancy. In addition to intra-uterine pregnancy, it includes a clinically documented ectopic pregnancy.”<sup>2</sup> We have received no verifiable documentation of a clinical pregnancy as defined.

Signed,



Faye Justicia-Linde, MD, FACOG



Samantha J Deans, MD, MPH, FACOG

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<sup>2</sup> The International Committee for Monitoring Assisted Reproductive Technologies (ICMART) in partnership with ten global health societies developed a consensus-based and evidence-driven set of 283 terminologies used in infertility and fertility care to harmonize communication among health professionals and scientists as well as the lay public, patients and policy makers.

## **References:**

1. Cole L A, & Butler S A. *100 years of human chorionic gonadotropin: Reviews and new perspectives*. 1st ed. Elsevier; 2020.
2. Korevaar TI, Steegers EA, de Rijke YB, et al. Reference ranges and determinants of total hCG levels during pregnancy: the Generation R Study. *Eur J Epidemiol*. 2015;30(9):1057-1066. doi:10.1007/s10654-015-0039-0
3. Póvoa, A., Xavier, P., Matias, A. & Blickstein, I. First trimester  $\beta$ -hCG and estradiol levels in singleton and twin pregnancies after assisted reproduction. *J of Perinat Med*. 2018;46(8): 853-856. doi.org/10.1515/jpm-2017-0132
4. Zegers-Hochschild F, Adamson GD, Dyer S, et al. The International Glossary on Infertility and Fertility Care, 2017. *Hum Reprod*. 2017;32(9):1786-1801. doi:10.1093/humrep/dex234