CALIFORNIA

DEPARTMENT OF JUSTICE

The People's Closing Argument

False Advertising Elements - Bus. & Prof. Code § 17500

_____	Intent to Perform Services
_____	Public Dissemination of Advertisements
_____	Containing Untrue or Misleading Statements
_____	Knowledge Statements Are False/Misleading

HBI's Intent to Perform Services

17	Now, what is the Abortion Pill Rescue Network?
18	A. Well, it is a very specific program designated towards
19	those that have taken that first pill so that we might reach and
20	rescue as many lives as possible who are in that situation.

7/2/26 Tr. 79:17-20 (Godsey)

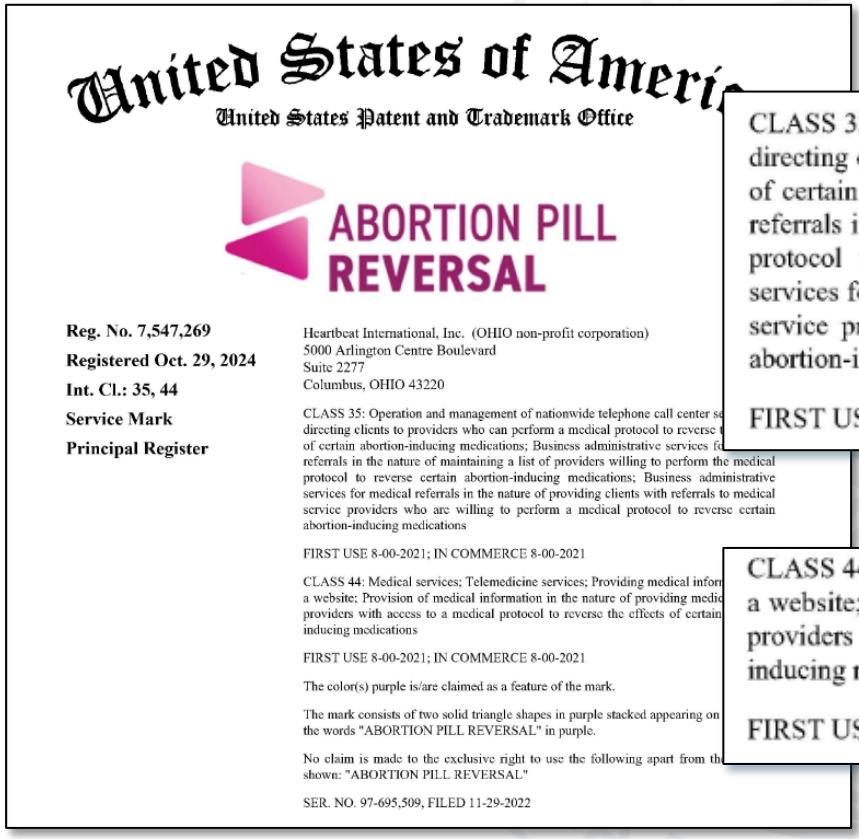
10	Q. And that's why you preferred to have callers go to
11	providers in Heartbeat's APR provider network?
12	A. Yes, we prefer the ones that are going to promote
13	progesterone following mifepristone.

7/2/26 Tr. 67:10-13 (Godsey)

25	Q. And Heartbeat keeps its APR provider list confidential; is
1	that correct?
2	A. We do. Yes, we do.

7/2/26 Tr. 21:25 – 22:2 (Godsey)

HBI's Intent to Perform Services



United States of Ameri

United States Patent and Trademark Office

ABORTION PILL REVERSAL

Reg. No. 7,547,269
Registered Oct. 29, 2024
Int. Cl.: 35, 44
Service Mark
Principal Register

Heartbeat International, Inc. (OHIO non-profit corporation)
5000 Arlington Centre Boulevard
Suite 2277
Columbus, OHIO 43220

CLASS 35: Operation and management of nationwide telephone call center se
directing clients to providers who can perform a medical protocol to reverse t
of certain abortion-inducing medications; Business administrative services fo
referrals in the nature of maintaining a list of providers willing to perform the medical protocol to reverse certain abortion-inducing medications; Business administrative services for medical referrals in the nature of providing clients with referrals to medical service providers who are willing to perform a medical protocol to reverse certain abortion-inducing medications

FIRST USE 8-00-2021; IN COMMERCE 8-00-2021

CLASS 44: Medical services; Telemedicine services; Providing medical infor
a website; Provision of medical information in the nature of providing medic
providers with access to a medical protocol to reverse the effects of certain
inducing medications

FIRST USE 8-00-2021; IN COMMERCE 8-00-2021

The color(s) purple is/are claimed as a feature of the mark.

The mark consists of two solid triangle shapes in purple stacked appearing on
the words "ABORTION PILL REVERSAL" in purple.

No claim is made to the exclusive right to use the following apart from th
shown: "ABORTION PILL REVERSAL"

SER. NO. 97-695,509, FILED 11-29-2022

CLASS 35: Operation and management of nationwide telephone call center services for directing clients to providers who can perform a medical protocol to reverse the effects of certain abortion-inducing medications; Business administrative services for medical referrals in the nature of maintaining a list of providers willing to perform the medical protocol to reverse certain abortion-inducing medications; Business administrative services for medical referrals in the nature of providing clients with referrals to medical service providers who are willing to perform a medical protocol to reverse certain abortion-inducing medications

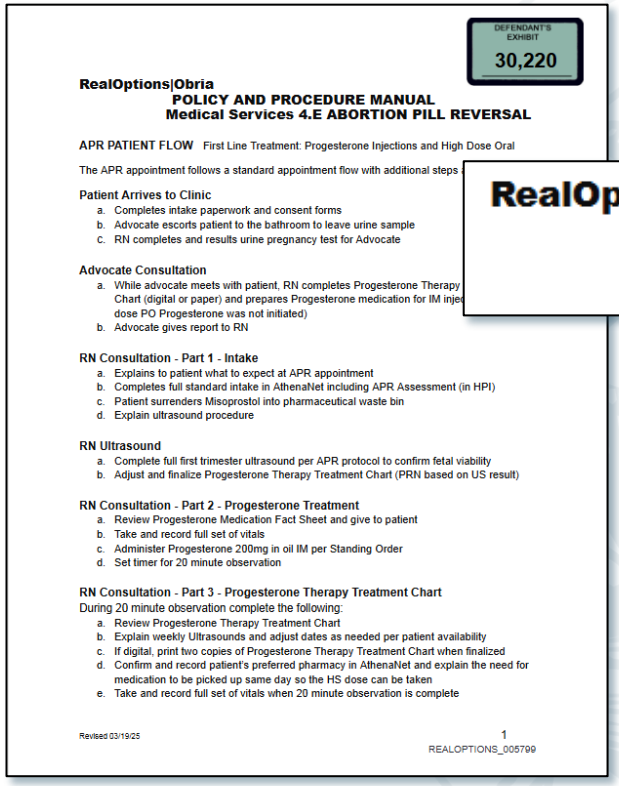
FIRST USE 8-00-2021; IN COMMERCE 8-00-2021

CLASS 44: Medical services; Telemedicine services; Providing medical information via a website; Provision of medical information in the nature of providing medical service providers with access to a medical protocol to reverse the effects of certain abortion-inducing medications

FIRST USE 8-00-2021; IN COMMERCE 8-00-2021

Ex. 20051

RO's Intent to Perform Services



DEFENDANT'S EXHIBIT
30,220

RealOptions|Obria
POLICY AND PROCEDURE MANUAL
Medical Services 4.E ABORTION PILL REVERSAL

APR PATIENT FLOW First Line Treatment: Progesterone Injections and High Dose Oral

The APR appointment follows a standard appointment flow with additional steps

Patient Arrives to Clinic
a. Completes intake paperwork and consent forms
b. Advocate escorts patient to the bathroom to leave urine sample
c. RN completes and results urine pregnancy test for Advocate

Advocate Consultation
a. While advocate meets with patient, RN completes Progesterone Therapy Chart (digital or paper) and prepares Progesterone medication for IM inje dose PO Progesterone was not initiated)
b. Advocate gives report to RN

RN Consultation - Part 1 - Intake
a. Explains to patient what to expect at APR appointment
b. Completes full standard intake in AthenaNet including APR Assessment (in HPI)
c. Patient surrenders Misoprostol into pharmaceutical waste bin
d. Explain ultrasound procedure

RN Ultrasound
a. Complete full first trimester ultrasound per APR protocol to confirm fetal viability
b. Adjust and finalize Progesterone Therapy Treatment Chart (PRN based on US result)

RN Consultation - Part 2 - Progesterone Treatment
a. Review Progesterone Medication Fact Sheet and give to patient
b. Take and record full set of vitals
c. Administer Progesterone 200mg in oil IM per Standing Order
d. Set timer for 20 minute observation

RN Consultation - Part 3 - Progesterone Therapy Treatment Chart
During 20 minute observation complete the following:
a. Review Progesterone Therapy Treatment Chart
b. Explain weekly Ultrasounds and adjust dates as needed per patient availability
c. If digital, print two copies of Progesterone Therapy Treatment Chart when finalized
d. Confirm and record patient's preferred pharmacy in AthenaNet and explain the need for medication to be picked up same day so the HS dose can be taken
e. Take and record full set of vitals when 20 minute observation is complete

Revised 03/19/25 1 REALOPTIONS_005799

RealOptions|Obria
POLICY AND PROCEDURE MANUAL
Medical Services 4.E ABORTION PILL REVERSAL

Ex. 30220

28	Q. And we looked at some historical data. And I
1	just want to be clear, does RealOptions currently
2	provide APR?
3	A. Yes.
4	Q. And when was the last time you provided APR?
5	A. Me personally, the last time I provided APR
6	was five days ago on Friday in our Oakland clinic.

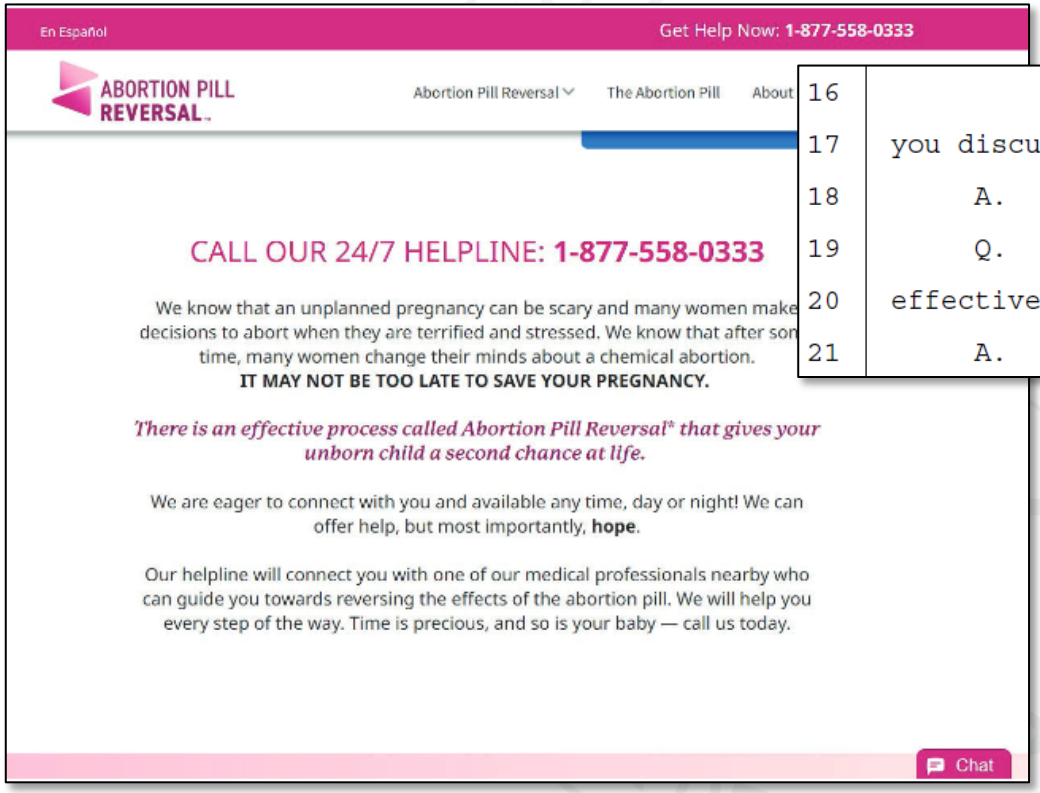
7/29/26 Tr. 123:28-124:6 (Keirns)

False Advertising Elements - Bus. & Prof. Code § 17500

- ✓ Intent to Perform Services
- _____ Public Dissemination of Advertisements
- _____ Containing Untrue or Misleading Statements
- _____ Knowledge Statements Are False/Misleading

HBI's Public Dissemination of Advertisements

1. HBI's APRN Website

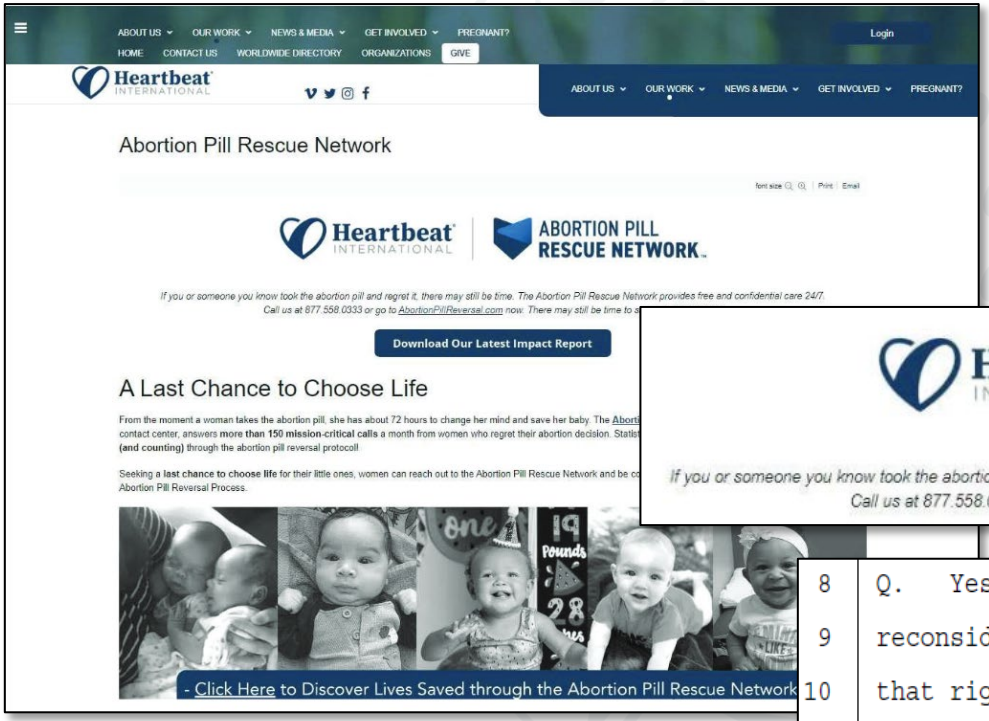


Ex. 26

16	Now, this is the Heartbeat APR website that
17	you discussed with Defendant's Counsel; correct?
18	A. Correct.
19	Q. And in your opinion, this website is an
20	effective advertisement for APR; correct?
21	A. Correct.

7/16/26 Tr. 78:16-21 (Muñoz)

HBI's Public Dissemination of Advertisements
2. HBI's Website

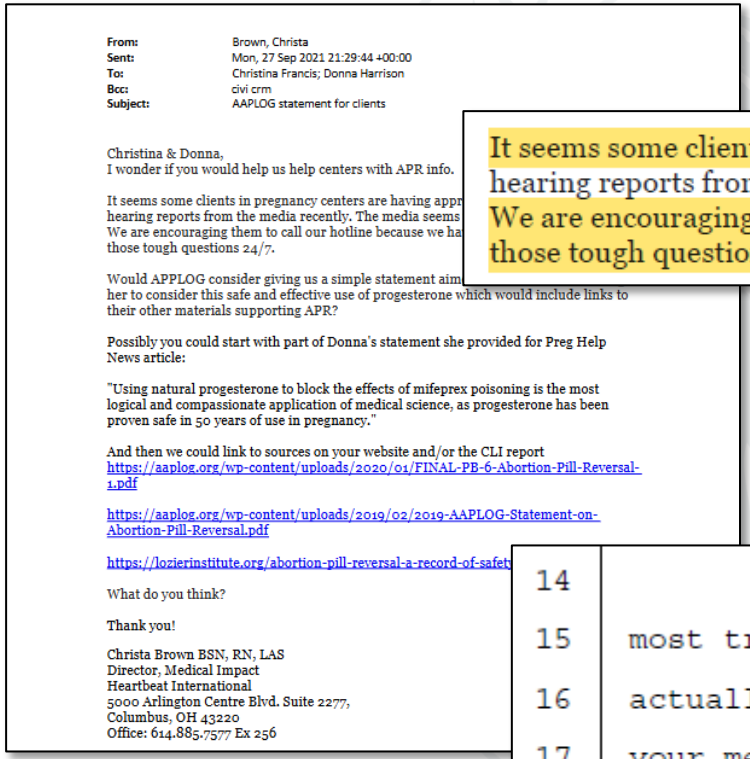


Ex. 28

8	Q. Yes. And this language is included in case someone who is
9	reconsidering their medication abortion visits this page; is
10	that right?
11	A. Yes. Of course.

7/2/26 Tr. 28:19-29:11 (Godsey)

HBI's Public Dissemination of Advertisements
3. Hotline and Chat



From: Brown, Christa
Sent: Mon, 27 Sep 2021 21:29:44 +00:00
To: Christina Francis; Donna Harrison
Bcc: civi crm
Subject: AAPLOG statement for clients

Christina & Donna,
I wonder if you would help us help centers with APR info.

It seems some clients in pregnancy centers are having appr
hearing reports from the media recently. The media seems
We are encouraging them to call our hotline because we ha
those tough questions 24/7.

Would APPLOG consider giving us a simple statement aim
her to consider this safe and effective use of progesterone which would include links to
their other materials supporting APR?

Possibly you could start with part of Donna's statement she provided for Preg Help News article:

"Using natural progesterone to block the effects of mifeprex poisoning is the most logical and compassionate application of medical science, as progesterone has been proven safe in 50 years of use in pregnancy."

And then we could link to sources on your website and/or the CLI report
https://aaplog.org/wp-content/uploads/2020/01/FINAL-PB-6-Abortion-Pill-Reversal-1.pdf

https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf

https://lozierinstitute.org/abortion-pill-reversal-a-record-of-safety

What do you think?

Thank you!

Christa Brown BSN, RN, LAS
Director, Medical Impact
Heartbeat International
5000 Arlington Centre Blvd. Suite 2277,
Columbus, OH 43220
Office: 614.885.7577 Ex 256

Ex. 20045

It seems some clients in pregnancy centers are having apprehension about APR after hearing reports from the media recently. The media seems to be affecting so many more. We are encouraging them to call our hotline because we have nurses available to answer those tough questions 24/7.

14	So talking to a nurse, which is one of the
15	most trusted professions, it will allow them to
16	actually pause, talk about it, and it actually frees
17	your mental state, because you're releasing your
18	anxiety and somebody is filling it back up with
19	information.

7/16/26 Tr. 51:14-19 (Muñoz)

HBI's Public Dissemination of Advertisements
3. Hotline and Chat

TRANSCRIPT: HELP HER BE BRAVE PODCAST SHOW

[S4:EP11 – Jor-El Godsey, Heartbeat International]

https://www.youtube.com/watch?v=4ifSrVHK9q4

J. GODSEY: Well, it's, hopefully, just about every pregnancy center is aware of it. But I would encourage them simply to type in abortionpillreversal.com, go right there. Uh, we have an 800 number. We have a number of nurses that are standing by ready to talk to her, uh, who, if she's in the middle of that. And there's just not, even if she's just thinking about it, we have some other folks that are willing to, uh, to have that conversation with them, kind of to walk through the decision process of that, and hopefully connect her to a local pregnancy center as well. So we have, we operate now the Abortion Pill Reversal Hotline, which is what that, um, that website goes to. And, and that's an opportunity for us to connect her to a provider, uh, which would be a, a physician, uh, or a, um, some, somewhat of an equivalent, say, a nurse practitioner who's, who's able to prescribe medication, who's licensed, and who, who recognizes the value of the science and able to really, uh, step into that situation, prescribe progesterone for her. And that's what we try to do. Now, we do the client intake. We'll help her so that that, because that has to happen very, very quickly because we know that we're working against the clock.

Ex. 19 at p. 10

HBI's Public Dissemination of Advertisements
4. Consent Forms

Q. Okay. And Heartbeat sends this consent form to a client before connecting the client with a medical provider; is that correct?
A. That's correct.
Q. Okay. And Heartbeat requires that the client sign this consent form before Heartbeat will connect the client with a medical provider; is that correct?
A. That's correct.

7/15/26 Tr. 60:14-22 (Brown)

Can you explain the impact, if any, of the fact that this misinformation is conveyed through a consent form sent to the caller by a hotline nurse?
A. Yes, absolutely. So the first thing, again, nurses, hotline nurses, are going to be perceived as credible and a consent form itself feels very official and formal.
Q. And so what impact does that have?
A. I think it would boost the trustworthiness of the process.

7/6/26 Tr. 78:13-18 (Swire-Thompson)

HBI's Public Dissemination of Advertisements
5. Media Appearances

TRANSCRIPT: PRO-LIFE OHIO PODCAST

[The Push for the Abortion Pill: Pt. 1 with Heartbeat International]

https://soundcloud.com/ohio-rtl/pro-life-ohio-podcast-the-push

If after taking that first pill, um, which in many cases has to be taken at the abortion facility, if she has regret, which, um, we have seen multiple times in the parking lot of the abortion facility, um, there is hope, as Christa said. She can call, um, or go online to abortionpillreversal.com, and will be connected to, um, a nurse who, uh, or a healthcare professional who will take, get some questions, connect her with, um, healthcare professional within her community, and then start administering that progesterone Prometrium, um, to help, uh, reverse the effects of that progesterone blocker.

Ex. 15 at p. 15

So there's information at abortionpillreversal.com.

Um, it, she can talk on, through the phone or through chat. We also have email. It's very confidential. Um, basically, our goal is to connect her with the help that she needs, um, at the time that she needs it the most.

Ex. 15 at p. 16

TRANSCRIPT: HELP HER BE BRAVE PODCAST SHOW

[S4:EP11 – Jor-El Godsey, Heartbeat International]

https://www.youtube.com/watch?v=4ifSrVHK9q4

Sure. Well, with Heartbeat International, it's always Heartbeatinternational.org. We'd, we'd love to connect with anybody who's interested in learning more about all [inaudible]. But particularly abortionpillreversal.com. And maybe a simpler, uh, things to know is optionline.org. So either one of those works well. [Inaudible] either one of those paths will connect her with the good people here on our team. And, uh, whatever their needs are, wherever their, their, their needs really are, we take them, we can help them get there. That's our promise and our connector to the pregnancy help movement at large. We're available 24/7, 365. Also in Spanish. Uh, and able, able to help as best we can.

Ex. 19 at p. 14

HBI's Public Dissemination of Advertisements

6. APR Provider Kit

Ex. 21

7	Q. And there's a provider FAQ that's included in the provider
8	kit?
9	A. There is.
10	Q. And that was included so that if a similar question is
11	asked of a provider in the APRN, they can see how Dr. Delgado
12	would have answered it and how Heartbeat's team would have
13	answered it; is that right?
14	A. I don't know that that's specific to Dr. Delgado alone, but
15	certainly to our -- with our advisory council.

7/2/26 Tr. 66:7-15 (Godsey)

RO's Public Dissemination of Advertisements
1. APR Webpage on RO Website

Regret taking the abortion pill?

CALL OUR 24/7 HELPLINE: 877.558.0333

Have you taken the first dose of the abortion pill (Mifeprex or RU-486)? Do you regret your decision and wish you could reverse (https://abortionpillreversal.com/abortion-pill-reversal) the effects of the abortion pill?

We may be able to help! There is an effective process called abortion pill reversal. (https://www.realoptions.net/facts-about-the-abortion-pill-reversal-procedure/) Contact us, time is of the essence!

We know that an unplanned pregnancy can be scary and many women make decisions to abort when they are fearful and stressed. We know that after some time, many women change their minds about a chemical abortion. **IT MAY NOT BE TOO LATE TO SAVE YOUR PREGNANCY.**

CALL OUR 24/7 HELPLINE: 877.558.0333

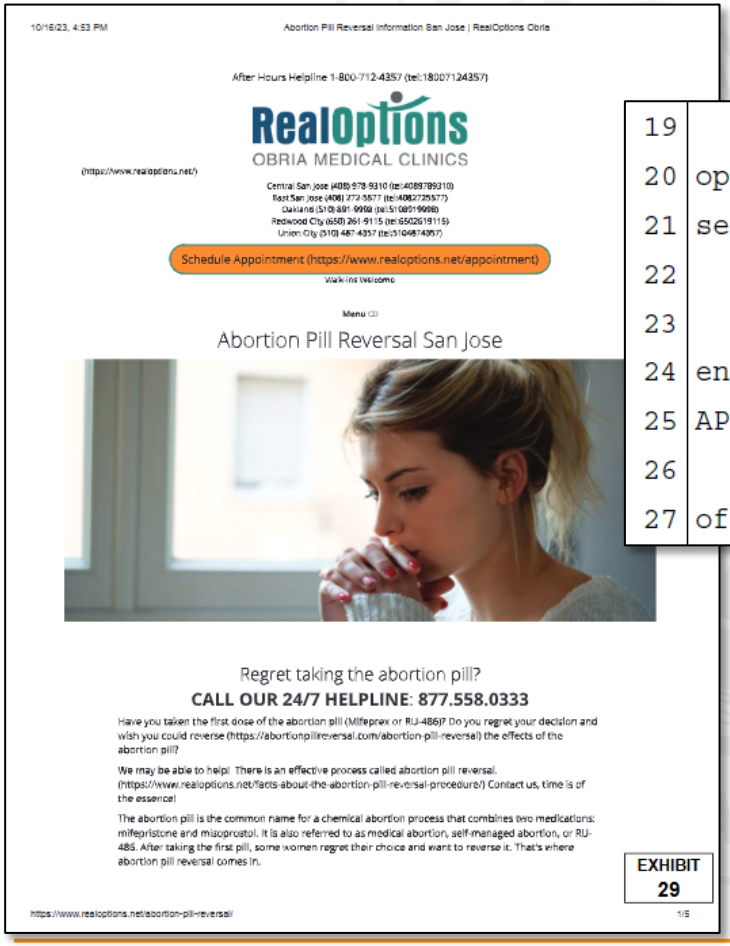
OR ONE OF OUR CLINICS

Central San Jose (408) 978-9310 (tel:4089789310)
East San Jose (408) 272-5577 (tel:4082725577)
Oakland (510) 891-9998 (tel:5108919998)
Redwood City (650) 261-9115 (tel:6502619115)
Union City (510) 487-4357 (tel:5104874357)

EXHIBIT 29

Ex. 29

RO's Public Dissemination of Advertisements
1. APR Webpage on RO Website


10/16/23, 4:53 PM Abortion Pill Reversal Information San Jose | RealOptions Obria

After Hours Helpline 1-800-712-4357 (tel:18007124357)

RealOptions
OBRIA MEDICAL CLINICS

(https://www.realoptions.net/)

Central San Jose (408) 978-9310 (tel:4089789310)
East San Jose (408) 272-5577 (tel:4082725577)
Oakland (510) 891-9999 (tel:5108919998)
Redwood City (650) 261-9115 (tel:6502619115)
Union City (510) 487-4357 (tel:5104874357)

Schedule Appointment (https://www.realoptions.net/appointment)
Walk-Ins Welcome

Menu

Abortion Pill Reversal San Jose

Regret taking the abortion pill?
CALL OUR 24/7 HELPLINE: 877.558.0333

Have you taken the first dose of the abortion pill (Mifeprex or RU-486)? Do you regret your decision and wish you could reverse (https://abortionpillreversal.com/abortion-pill-reversal) the effects of the abortion pill?

We may be able to help! There is an effective process called abortion pill reversal. (https://www.realoptions.net/facts-about-the-abortion-pill-reversal-procedure/) Contact us, time is of the essence!

The abortion pill is the common name for a chemical abortion process that combines two medications: mifepristone and misoprostol. It is also referred to as medical abortion, self-managed abortion, or RU-486. After taking the first pill, some women regret their choice and want to reverse it. That's where abortion pill reversal comes in.

EXHIBIT 29

https://www.realoptions.net/abortion-pill-reversal/ 1/5

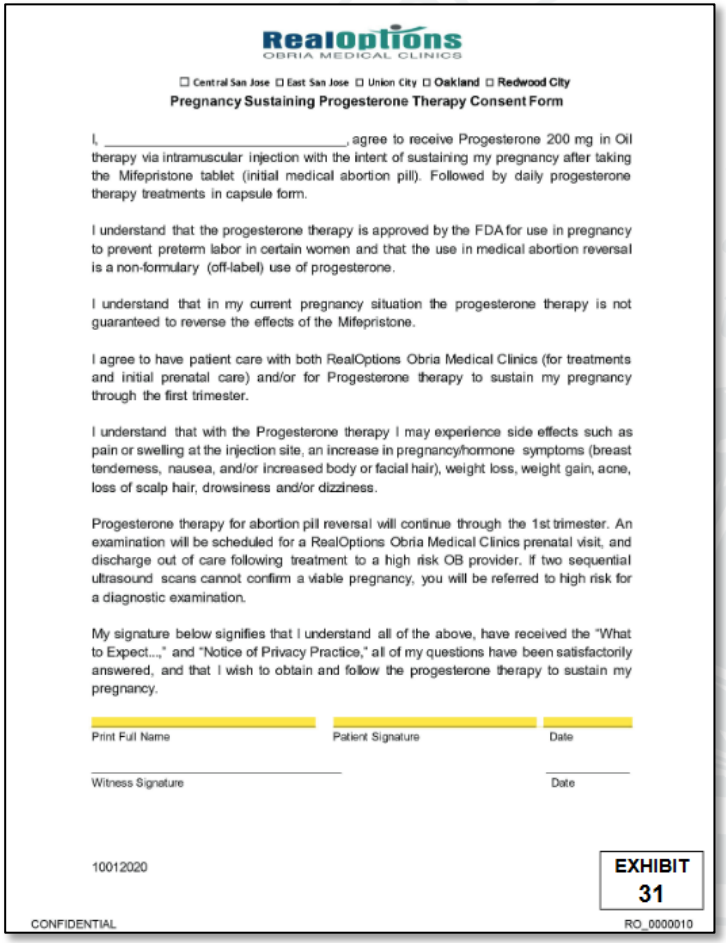
19	Q. And RealOptions uses search engine
20	optimization to help people find RealOptions' APR
21	services, right?
22	A. Yes.
23	Q. And specifically, RealOptions uses search
24	engine optimization to direct potential patients to its
25	APR website, correct?
26	A. Yes. Just like all of our services that we
27	offer.

7/22/26 Tr. 27:19-27 (Hecke)

Ex. 29

RO's Public Dissemination of Advertisements

2. Consent Forms



RealOptions
OBRIA MEDICAL CLINICS

☐ Central San Jose ☐ East San Jose ☐ Union City ☐ Oakland ☐ Redwood City

Pregnancy Sustaining Progesterone Therapy Consent Form

I, _____, agree to receive Progesterone 200 mg in Oil therapy via intramuscular injection with the intent of sustaining my pregnancy after taking the Mifepristone tablet (initial medical abortion pill). Followed by daily progesterone therapy treatments in capsule form.

I understand that the progesterone therapy is approved by the FDA for use in pregnancy to prevent preterm labor in certain women and that the use in medical abortion reversal is a non-formulary (off-label) use of progesterone.

I understand that in my current pregnancy situation the progesterone therapy is not guaranteed to reverse the effects of the Mifepristone.

I agree to have patient care with both RealOptions Obria Medical Clinics (for treatments and initial prenatal care) and/or for Progesterone therapy to sustain my pregnancy through the first trimester.

I understand that with the Progesterone therapy I may experience side effects such as pain or swelling at the injection site, an increase in pregnancy/hormone symptoms (breast tenderness, nausea, and/or increased body or facial hair), weight loss, weight gain, acne, loss of scalp hair, drowsiness and/or dizziness.

Progesterone therapy for abortion pill reversal will continue through the 1st trimester. An examination will be scheduled for a RealOptions Obria Medical Clinics prenatal visit, and discharge out of care following treatment to a high risk OB provider. If two sequential ultrasound scans cannot confirm a viable pregnancy, you will be referred to high risk for a diagnostic examination.

My signature below signifies that I understand all of the above, have received the "What to Expect...," and "Notice of Privacy Practice," all of my questions have been satisfactorily answered, and that I wish to obtain and follow the progesterone therapy to sustain my pregnancy.

Print Full Name | Patient Signature | Date

Witness Signature | Date

10012020

EXHIBIT 31

CONFIDENTIAL RO_0000010

Ex. 31

8	And then the nurse will allow the patient to
9	review the document, will answer any questions the
10	patient has about the document, correct?
11	A. Correct.
12	Q. Okay. And then if the patient agrees and
13	signs the form, APR treatment continues, correct?
14	A. Yes, that is correct.

7/29/26 Tr. 95:8-14 (Keirns)

Defendants' Counterarguments Fail

Law School Admission Council, Inc. v. State of Cal. **(2014) 222 Cal.App.4th 1265, 1290:** "Citing United States Supreme Court and Ninth Circuit Court of Appeals decisions, our Supreme Court has explained that 'the term "commercial" embraces all phases of commercial activity, and need not be undertaken or motivated for profit.'"

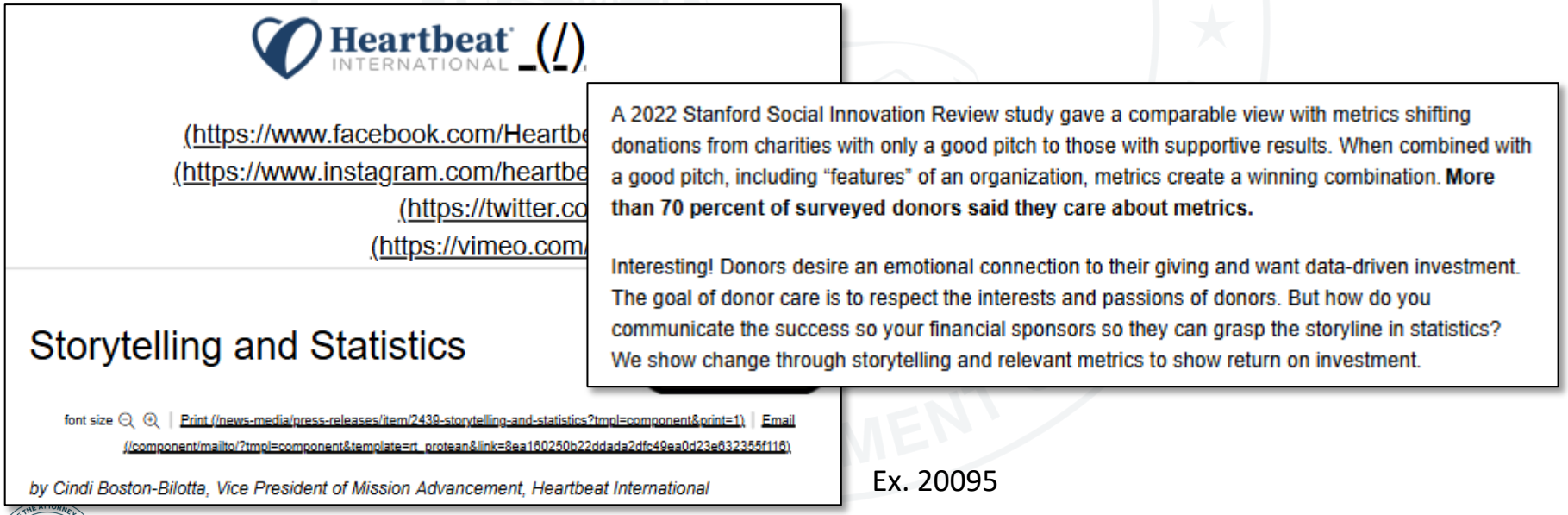
First Resort, Inc. v. Herrera **(9th Cir. 2017) 860 F.3d 1263, 1274:** "Because the Ordinance regulates advertising designed to attract a patient base in a competitive marketplace for commercially valuable services, we hold that the Ordinance regulates 'classic examples of commercial speech.'"

Mayday Health v. Rhoden **(D.S.D. July 17, 2026) 2026 WL 2070966, at *11:** "Similarly, Defendants have not established that Mayday's advertisements are directly related to its ability to fundraise and thus operate."

Defendants' Counterarguments Fail

2	Q. And then why does Heartbeat want to talk to its donors
3	about abortion pill reversal?
4	A. Because we need help manage the 24/7 365 hotline. We need
5	help marketing that. We don't receive anything from those that
6	are actually participating in reversal, so we need to pay the
7	bill somehow.

7/2/26 Tr. 122:2-7 (Godsey)



Ex. 20095

Defendants' Counterarguments Fail

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493028011029

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,748,219	3,925,124
	9	Program service revenue (Part VIII, line 2g)	833,811	782,830
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163	440
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,582,193	4,708,394
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,758,489	1,969,311
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶747,690		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,807,560	2,305,346
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,566,049	4,274,657
	19	Revenue less expenses Subtract line 18 from line 12	16,144	433,737
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	1,376,689	1,660,668
	21	Total liabilities (Part X, line 26)	313,505	163,747
	22	Net assets or fund balances Subtract line 21 from line 20	1,063,184	1,496,921

(6) JOR-EL GODSEY PRESIDENT	40 00	X		X				90,000	0	0

Ex. 20013 at pp. 1, 7

Defendants' Counterarguments Fail

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493125025515

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 10-01-2023 , and ending 09-30-2024

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,220,101	7,789,773
	9	Program service revenue (Part VIII, line 2g)	2,451,124	2,340,850
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,569	59,053
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,754,794	10,189,676
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	533,599	407,340
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,399,121	4,626,498
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,656,324		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,107,525	5,094,700
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,040,245	10,128,538
	19	Revenue less expenses. Subtract line 18 from line 12	-285,451	61,138
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	2,865,824	2,756,848
	21	Total liabilities (Part X, line 26)	1,000,758	830,644
	22	Net assets or fund balances. Subtract line 21 from line 20	1,865,066	1,926,204

(1) JOR-EL GODSEY PRESIDENT	40.00	X		X				137,217	0	24,900

Ex. 20070 at pp. 1, 7

Defendants' Counterarguments Fail

9	Q. When you say "rely," what are you referring
10	to? In what way would you be relying on them?
11	A. Yeah. So with -- with all of our services,
12	generally, we are reporting statistics. And so by
13	"rely," I simply just mean being able to take a look at
14	the statistics that are available and then report those.
15	Whether that be in, you know, community outreach
16	programs or education or, again, medical services, we
17	always want to update, you know, not only the
18	organizations that we partner with but also, in addition
19	to that, our supporters and ensure that we're giving
20	them, in good faith, the most accurate information we
21	have.
22	Q. So you use the APR statistics in your
23	communications, RealOptions does; is that correct?
24	A. Yes.

7/30/26 Tr. 49:9-24 (Keirns)

Ex. 20017 at pp. 1-2

From: Valerie Hill
Sent: Fri, 12 Jul 2019 23:29:48 +00:00
To: [redacted]
Subject: [redacted] Come and See 👀 how you are impacting lives like Maria!

Earlier this year, a nurse from the Abortion Pill Reversal (APR) hotline called our clinic to let us know that Maria* (*fictitious name) would soon be coming in to one of our clinics. Just earlier that afternoon, Maria had begun the process of a medical abortion by taking the first in a series of two pills. But as soon as she took it, she regretted it and wanted a way out.

Since serving Maria, our clinics have had the opportunity to serve several additional patients this year with the same determination to reverse their medical abortion process. We are able to provide these life saving services to our communities in the Bay Area because of your generous support. Your partnership has helped 800 parents choose life for over 400 preborn babies so far this year with the love of Jesus. **You can double YOUR impact to provide life saving services to women like Maria and Gabriela this summer by participating in our Summer Matching grant,** generously provided by a faithful friend of the ministry. **Please go to this secure link** to give a gift over and above your current monthly giving to help us bridge the gap in our budget today.

False Advertising Elements - Bus. & Prof. Code § 17500

- ✓ Intent to Perform Services
- ✓ Public Dissemination of Advertisements
- _____ Containing Untrue or Misleading Statements
- _____ Knowledge Statements Are False/Misleading

People's Retained Experts

Dr. Glidden

- Prof., Epidemiology & Biostatistics, UCSF (Ex. 20085)
- Research Focus on Clinical Trial Designs for Novel PrEP Products (Ex. 20085)
- Author or Co-Author of 350+ Peer-Reviewed Publications (Ex. 20085)
- Member of Clinical Guidelines Panels for HIV Treatment and COVID-19 Treatment (6/30/26 Tr. 84:18-85:6 (Glidden); Ex. 20085)

Dr. Swire-Thompson

- Asst. Prof., Depts. of Pol. Sci. & Psych., Northeastern Univ. (Ex. 20086)
- Research Focus on Correcting Cancer Misinformation (Ex. 20086)
- Author or Co-Author of 47 Publications (Ex. 20086)
- Runs the Psychology of Misinformation Lab (7/6/26 Tr. 37:4-10 (Swire-Thompson))

People's Retained Experts

Dr. Creinin

- Distinguished Prof., U.C. Davis, Dept. of Obstetrics & Gynecology (Ex. 20084)
- Author or Co-Author on 291 Peer-Reviewed Publications (Ex. 20084)
- Research Focus on Abortion, Contraception, Miscarriage, and Related Issues (6/24/26 Tr. 59:23-25 (Creinin))
- Lead Investigator in 30+ Clinical Trials, Including Trials for Drug Approval (6/24/26 Tr. 60:2-5 (Creinin))
- "World Expert on Mifepristone and on Medication Abortion in General" (7/9/26 Tr. 56:24-25 (Kraus))
- Only Investigator to Attempt Randomized-Controlled Trial on APR (6/24/26 Tr. 71:22-24 (Creinin))

Defendants' Retained Experts

Dr. Kraus

- Never Conducted an RCT (7/10/26 Tr. 45:8-19 (Kraus))
- Never Conducted Any Interventional Clinical Trial (7/10/26 Tr. 46:2-4 (Kraus))
- Never Treated Patients with APR
- Never Conducted Studies on APR, Mifepristone, Misoprostol, DMPA (7/10/26 Tr. 46:5-20 (Kraus))
- Only Four Years Out of Fellowship (7/10/26 Tr. 32:25 (Kraus))

Dr. New

- Never Participated in Any Study to Test Efficacy or Safety of Medical Treatments (7/14/26 Tr. 69:17-70:18 (New))
- Never Conducted Studies on APR or Mifepristone (7/14/26 Tr. 70:19-71:3 (New))
- PhD in Political Science (7/14/26 Tr. 67:5-7 (New))

Defendants' Retained Experts

Dr. Muñoz

- Prof. of Marketing, Univ. of Dallas (7/16/26 Tr. 18:13-15 (Muñoz))
- PhD in International Business, Marketing (7/16/26 Tr. 17:4-9 (Muñoz))
- Assumed Defendants' Statements Were True to Form Her Opinion (7/16/26 Tr. 44:15-21 (Muñoz))

Dr. Valley

- Subspecialty in Urogynecology (Valley Dep. 13:21-25)
- No expertise in drug affinity pharmacokinetics (Valley Dep. 92:13-19)
- Contacted Dr. Delgado—a "friend"—to obtain underlying data from 2018 Report to "tease out" results (Valley Dep. 111:7-14, 112:7-21)

Defendants' Non-Retained Experts

Dr. Boles

- Never Conducted Studies on APR, Mifepristone, Progesterone (Boles Dep. 34:8-35:1)
- Based Opinions on Anecdotes (E.g., Boles Dep. 41:23-44:21, 76:10-24)
- Testimony Inconsistent with Other Witnesses (E.g., Boles Dep. 114:23-115:5, 127:24-128:4)

Dr. Davenport

- Never Conducted RCT (7/8/26 Tr. 79:11-13 (Davenport))
- Never Conducted Independent Research on Mifepristone (7/8/26 Tr. 82:20-22 (Davenport))
- Testimony Inconsistent with Other Witnesses (E.g., 7/8/26 Tr. 90:18-22 (Davenport))

Ms. Keirns

- Advertised RO's APR Success Rates Despite Claiming to Know that RO Data Was Wrong (7/30/26 Tr. 50:5-16 (Keirns))
- Signed IRS Form Under Penalty of Perjury Despite Incorrect Information (7/29/26 Tr. 78:22-79:27 (Keirns))

Defendants' Non-Retained Experts

Dr. Delgado

- Knew About Methodology and IRB Issues *Before* Publishing 2018 Report (Ex. 20002; 7/21/26 Tr. 87:24-88:10 (Delgado))
- Did Not Disclose IRB Issues in Republished Report (Exs. 5, 33; 7/21/26 Tr. 30:28-31:3 (Delgado))
- Claimed to Be UCSD Volunteer Faculty for Six Years Despite No Students (7/21/26 Tr. 90:1-14 (Delgado))
- Inconsistent Testimony About Knowledge of ER Visits for APR Patients (7/21/26 Tr. 9:21-10:25 (Delgado))
- Inconsistent Testimony About Timing for Analysis of Data (7/21/26 Tr. 11:2-16, 15:22-18:21 (Delgado))

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

There is an effective process called Abortion Pill Reversal that gives your unborn child a second chance at life.*

Ex. 26 at p. 2

What is the success rate of abortion pill reversal?

Initial studies of APR have shown it has a 64-68% success rate.

Without the APR treatment, the first abortion pill may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR if you decide not to take the second abortion drug likely prescribed or provided to you. APR has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

Ex. 26 at p. 12

Can the abortion pill be reversed?

The simple answer is yes! If done in time.

There is an effective process called abortion pill reversal* that can reverse the effects of the abortion pill and allow you to continue your pregnancy, but time is of the essence.

Ex. 26 at p. 5

We may be able to help! There is an effective process called abortion pill reversal. (https://www.realoptions.net/facts-about-the-abortion-pill-reversal-procedure/) Contact us, time is of the essence!

What is the success rate of abortion pill reversal?

Initial studies of APR have shown it has a 64-68% success rate.

Without the APR treatment, mifepristone may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR if you decide not to take misoprostol, the second abortion drug likely prescribed or provided to you. APR (https://americanpregnancy.org/unplanned-pregnancy/abortion-pill-reversal-26744/)has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

Ex. 29

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

8	Q. Would you agree that it would be possible to get
9	a low p-value when there are significant confounding
10	variables between the comparators?
11	A. Sure, I guess that's possible.

7/14/26 Tr. 88:8-11 (New)

4	Q. And just to reiterate, you did not control for
5	the dosage in your calculation.
6	A. No, I did not.
7	Q. Or gestational ages.
8	A. No, I did not.

7/14/26 Tr. 109:4-8 (New)

21	Q. And you would agree that small sample sizes can
22	be a weakness of a study, correct?
23	A. Correct.

7/14/26 Tr. 89:21-23 (New)

14	So to the extent the existing literature or
15	underlying studies are weak, that would plausibly impact
16	the conclusions that could be drawn from the Stifani and
17	Lavelanet paper, correct?
18	A. Sure.

7/14/26 Tr. 104:14-18 (New)

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

Q. But you would agree that not everything that's biologically plausible works, correct?
A. Yes, that's true.

7/8/26 Tr. 83:22-24 (Davenport)

Now, more broadly, you would agree that there are better potential forms of evidence that are typically used for determining a causal effect of a treatment than a case series, correct?
A. That's correct.

7/21/26 Tr. 24:1-5 (Delgado)

Q. In your opinion, why were they not good?
A. Well, they were mainly about miscarriage and the progesterone was initiated at all different times in gestation. So, you know, waiting until seven weeks, eight weeks, whatever, I don't -- you know, that's not the best practice. If you're initiating the progesterone late, it's not going to have a good effect.
Q. So with respect --
A. I want to add one other thing to that too. I think it has to do maybe with progesterone levels of the women, and they didn't measure progesterone levels. In terms of figuring out about miscarriages, most miscarriage comes from chromosomes. If you were studying that, it would be better to concentrate on the women that had low progesterone levels.

7/8/26 Tr. 81:7-20 (Davenport)

Q. Would you agree that a sample size of six patients is not a sufficiently large sample size on which to determine the effectiveness of a particular treatment?
A. I think it's a sufficient sample size for a first study ever in the medical literature about a topic.
Q. But it's not -- would you agree that it's not a large enough sample size to show causation?
A. I agree.

7/20/26 Tr. 166:21-167:2 (Delgado)

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

19	A. Yes, that is very true of animal studies.
20	Again, you can't say it's gonna function in exactly the
21	same way in humans.

7/10/26 Tr. 53:19-21 (Kraus)

2	Q. Okay. Now, your opinion is actually that
3	further studies are needed to establish a direct
4	regulatory effect of exogenous progesterone administered
5	after mifepristone on the proteins coded by these
6	variably expressed transcripts, correct?
7	A. I included that as just saying certainly this
8	isn't every part of the picture. We always -- there's
9	always future studies that we should do.
10	Q. So that is your opinion, correct?
11	A. Yes.

7/10/26 Tr. 85:2-11 (Kraus)

14	Q. Okay. So you'd agree that case series are a
15	weak form of evidence to show that a particular
16	intervention causes a particular outcome, correct?
17	A. By themselves, yes.
18	Q. Okay. And that's because, in your opinion,
19	there's not as much stuff controlled for in a case
20	series, right?
21	A. That's one of the reasons why, yes.
22	Q. And so there's less certainty in a case series
23	that a particular thing led to a particular result,
24	correct?
25	A. Correct.

7/10/26 Tr. 52:14-25 (Kraus)

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

In re Zoloft (Sertraline Hydrochloride) Prods. Liability Litig. **(3d Cir. 2017) 858 F.3d 787, 796:** "To ensure that the Bradford Hill/weight of the evidence criteria 'is truly a methodology, rather than a mere conclusion-oriented selection process ... there must be a scientific method of weighting that is used and explained.'"

In re Mirena lUS Levonorgestrel-Related Prods. Liability Litig. (No. II) **(S.D.N.Y. 2018) 341 F.Supp.3d 213, 247:** "[I]t is imperative that experts who apply multi-criteria methodologies such as Bradford Hill . . . rigorously explain how they have weighted the criteria. Otherwise, such methodologies are virtually standardless and their applications to a particular problem can prove unacceptably manipulable. Rather than advancing the search for truth, these flexible methodologies may serve as vehicles to support a desired conclusion."

Davis v. Lockheed Martin Corp. **(11th Cir. 2026) 183 F.4th 1327, 1335-36:** "[A] district court may conclude that an expert is unreliable because he failed to evaluate all Bradford Hill factors with sufficient depth . . . [W]e have upheld a district court's exclusion of experts who failed 'to provide more than a hasty discussion of the Bradford Hill factors,' who 'addressed only three of the nine factors in a few brief sentences,' or who offered a 'cursory and superficial' analysis in the form of 'a sentence or two' per factor."

Defendants' Untrue/Misleading Statements
1. Effectiveness Statement

When did you first learn of the Bradford Hill criteria?
A. I don't know.
Q. How did you learn of it?
A. It may have been, you know, something that was covered in grad school, 'cause we're always interested in causality. I was kind of refreshed by my counsel here in this case, so.
Q. Counsel here in this case ...
A. My legal representation.
Q. Pointed out Bradford Hill criteria to you?
A. I'm sure I've seen it before, but they refreshed my memory.

7/14/26 Tr. 122:5-17 (New)

When you said that Counsel refreshed your recollection as to the Bradford Hill criteria, when did that occur?
A. In preparation for this hearing.

7/15/26 Tr. 46:10-13 (New)

A. Yes. In Australia, in -- you know, all over the place, all different people who have tried to look at this, there's consistent results. I might have left something out, I don't know. But those are the main ones.
Q. We'll call up --
A. Yeah.
Q. We'll call up the rest because I -- the fact that you remembered five of the nine was impressive.

7/8/26 Tr. 37:17-24 (Davenport)

And I -- yeah, I don't -- I certainly didn't argue that this hundred percent proves, you know, the causality of APR. Certainly, though, I think it helps us understand a good way of approaching these types of clinical scenarios where we don't have RCTs, and there's many scenarios like that; and so I think it is a helpful guideline approach to consider -- consider causality and also ask ourselves, you know, does this make sense and is there another way of explaining this?

7/10/26 Tr. 58:2-10 (Kraus)

Defendants' Untrue/Misleading Statements
2. Success Rate Statement

Using the natural hormone progesterone, medical professionals have been able to save 64-68% of pregnancies through abortion pill reversal.

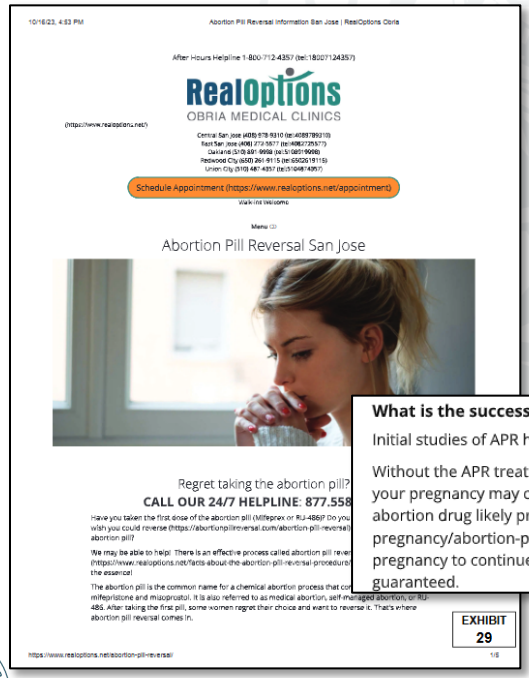
Ex. 26 at pp. 5-6

What is the success rate of abortion pill reversal?

Initial studies of APR have shown it has a 64-68% success rate.

Without the APR treatment, the first abortion pill may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR if you decide not to take the second abortion drug likely prescribed or provided to you. APR has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

Ex. 26 at p. 12



What is the success rate of abortion pill reversal?

Initial studies of APR have shown it has a 64-68% success rate.

Without the APR treatment, mifepristone may fail to abort the pregnancy on its own. In other words, your pregnancy may continue even without APR if you decide not to take misoprostol, the second abortion drug likely prescribed or provided to you. APR (https://americanpregnancy.org/unplanned-pregnancy/abortion-pill-reversal-26744/)has been shown to increase the chances of allowing the pregnancy to continue. However, the outcome of your particular reversal attempt cannot be guaranteed.

Ex. 29 at p. 2

Defendants' Untrue/Misleading Statements
2. Success Rate Statement

10	Now, you calculated initially that only 49
11	percent of pregnancies continue after APR, correct?
12	A. Yes, those were my calculations.

7/14/26 Tr. 109:10-12 (New)

3	Q. And you would agree that even assuming that 49
4	percent of pregnancies continue following APR, this does
5	not imply that they continue because of APR.
6	A. Some of them presumably would have continued
7	without the APR regimen.

7/14/26 Tr. 110:3-7 (New)

16	THE WITNESS: I don't think it's inappropriate. In
17	general, when we're discussing treatment with patients, I would
18	say we usually discuss the one that's either most commonly used
19	or that's most successful. And certainly if you choose another
20	route, like if you're going to do a vaginal progesterone
21	supplementation, for example, then you can qualify that in a
22	discussion with the patient about, you know, it seems like maybe
23	there's, you know, a lower rate of effectiveness specifically
24	with this, but we think it still helps.

7/9/26 Tr. 118:16-24 (Kraus)

Ex. 33

After exclusions, there were 547 patients with analyzable outcomes who underwent progesterone therapy. There were 257 births (47%). Another four were pregnant with viable fetuses but were lost to follow-up after 20 weeks gestation (0.7%). The overall rate of reversal of mifepristone was 48%.

Defendants' Untrue/Misleading Statements
3. Reversal Statement

Can the abortion pill be reversed?

The simple answer is yes! If done in time.

Ex. 26 at p. 5

Regret taking the abortion pill?

CALL OUR 24/7 HELPLINE: 877.558.0333

Have you taken the first dose of the abortion pill (Mifeprex or RU-486)? Do you regret your decision and wish you could reverse (https://abortionpillreversal.com/abortion-pill-reversal) the effects of the abortion pill?

Ex. 29 at p. 1

Defendants' Untrue/Misleading Statements
3. Reversal Statement

Next, I want to turn your attention specifically to the phrase abortion pill reversal. Did you form an opinion on whether this phrase contains medical misinformation?
A. I did.
Q. What is your opinion?
A. So I class this as medical misinformation because within the frame of abortion pill reversal, it implies efficacy. I think if it was called something else, say, a big dose of progesterone, that would not be misinformation.

7/6/26 Tr. 52:7-15 (Swire-Thompson)

Q. And you were aware at that time that it was for a thing called abortion pill reversal, right?
A. Yes.
Q. And when you heard that, you felt hope; is that right?
A. Yes.
Q. And you felt hope because of the use of the word "reversal," right?
A. Yeah. Yes. I would say that's accurate.

7/27/26 Tr. 40:16-24 (Anderson)

Defendants' Untrue/Misleading Statements
4. Timing Statement

Is it too late to reverse the abortion pill?

Time is of the essence. For those seeking to reverse the effects of the abortion pill (also known as a chemical abortion or a medical abortion), the goal is to start the protocol within 24 hours of taking the first abortion pill, mifepristone, or RU-486. However, there have been many successful reversals when treatment was started within 72 hours of taking the first abortion pill.

Even if 72 hours have passed, call our helpline 877.558.0333. We are here to help. It may not be too late.

Ex. 29 at p. 2

Is it too late to reverse the abortion pill? −

Time is of the essence. For those seeking to reverse the effects of the abortion pill (also known as a chemical abortion or a medical abortion), the goal is to start the protocol within 24 hours of taking the first abortion pill, mifepristone, or RU-486. However, there have been many successful reversals when treatment was started within 72 hours of taking the first abortion pill.

Even if 72 hours have passed, call our hotline **877.558.0333**. We are here to help. It may not be too late.

Ex. 26 at p. 9

Beyond 72 Hours

If more than 72 hours have passed since the client started chemical abortion, inform the client successful reversals after 72 hours are possible. Obtain client consent and connect her to care.

Ex. 20090 at p. 14

Defendants' Untrue/Misleading Statements
4. Timing Statement

Q. There's also been criticism that the authors included women who took mifepristone more than 72 hours earlier.
What's your response to that criticism?
A. So it's important to have its inclusion and exclusion criteria. I don't think it's unreasonable to exclude those after 72 hours because the actual protocol is not intended for those after 72 hours, and it doesn't really discuss rates of success outside of that window. Again, I think we all are comfortable and we all understand that the sooner that you can give the progesterone, the better impact it will have. And I don't think it's wrong to exclude people that are beyond that extreme of 72 hours.

7/9/26 Tr. 83:15-84:1 (Kraus)

Q. So this report did not assess at all whether progesterone is effective following 72 hours after mifepristone, correct?
A. Correct.
Q. And you would agree that the 72-hour cutoff was an arbitrary line that you drew at that time, correct?
A. Correct.
Q. And you are not aware of any human studies that have tested the effectiveness of APR after 72 hours following mifepristone administration, correct?
A. Correct.

7/20/26 Tr. 188:16-27 (Delgado)

Defendants' Untrue/Misleading Statements
5. Side Effects Statement

What are the possible side effects of progesterone?

For some women progesterone may cause sleepiness, lack of energy, lightheadedness, dizziness, gastrointestinal discomfort and headaches. Increased fluid intake might help relieve these symptoms.

It is important that you follow all of the instructions of your APR provider carefully. If you have any questions, contact your provider.

Ex. 29 at p. 21

RealOptions
OBRIA MEDICAL CLINICS

☐ Central San Jose ☐ East San Jose ☐ Union City ☐ Oakland ☐ Redwood City

Pregnancy Sustaining Progesterone Therapy Consent Form

I, _____, agree to receive Progesterone 200 mg in Oil therapy via intramuscular injection with the intent of sustaining my pregnancy after taking the Mifepristone tablet (initial medical abortion pill). Followed by daily progesterone therapy treatments in capsule form.

I understand that the progesterone therapy is approved by the FDA for use in pregnancy to prevent preterm labor in certain women and that the use in medical abortion reversal is a non-formulary (off-label) use of progesterone.

I understand that in my current pregnancy situati guaranteed to reverse the effects of the Mifepriston

I agree to have patient care with both RealOptions and initial prenatal care) and/or for Progesteron through the first trimester.

I understand that with the Progesterone therapy I pain or swelling at the injection site, an increase in p tenderness, nausea, and/or increased body or facia loss of scalp hair, drowsiness and/or dizziness.

Progesterone therapy for abortion pill reversal will continue through the 1st trimester. An examination will be scheduled for a RealOptions Obria Medical Clinics prenatal visit, and discharge out of care following treatment to a high risk OB provider. If two sequential ultrasound scans cannot confirm a viable pregnancy, you will be referred to high risk for a diagnostic examination.

My signature below signifies that I understand all of the above, have received the "What to Expect..." and "Notice of Privacy Practice," all of my questions have been satisfactorily answered, and that I wish to obtain and follow the progesterone therapy to sustain my pregnancy.

Print Full Name | Patient Signature | Date

Witness Signature | Date

10012020

EXHIBIT 31

CONFIDENTIAL RO_0000010

I understand that with the Progesterone therapy I may experience side effects such as pain or swelling at the injection site, an increase in pregnancy/hormone symptoms (breast tenderness, nausea, and/or increased body or facial hair), weight loss, weight gain, acne, loss of scalp hair, drowsiness and/or dizziness.

Ex. 31

Defendants' Untrue/Misleading Statements
5. Side Effects Statement

23	Q. Now, turning to the safety of mifepristone. You
24	base your claims on the safety of APR, on APR studies,
25	including Dr. Delgado's 2018 study, correct?
1	A. Correct.
2	Q. But Dr. Delgado's 2018 study did not track or
3	report any adverse outcomes, correct?
4	A. That's my understanding, correct.

7/14/26 Tr. 118:23-119:4 (New)

12	Q. Now, when describing the side effects of the
13	APR, do you believe it's accurate to describe the side
14	effects of progesterone that you discussed earlier
15	without also disclosing the taking of mifepristone
16	without misoprostol may cause severe bleeding?
17	A. I think you should do -- you should do both.

7/20/26 Tr. 124:12-17 (Delgado)

25	Q. Okay. And you totally accept that he would stop
1	the study after those three patients and after
2	particularly the last two, given their indications in the
3	emergency room, right?
4	A. I would say I understand that there was a safety
5	issue that seemed to be recurring in that case, and I
6	don't judge him for stopping the study. Is that --

7/10/26 Tr. 125:25-126:6 (Kraus)

HBI's Untrue/Misleading Statements
6. Thousands of Lives Statement

Ex. 28

HBI's Untrue/Misleading Statements
6. Thousands of Lives Statement

25	Q. And you chose not to use that data in forming
1	your opinion for this case, correct?
2	A. That is correct.
3	Q. And that is because you had questions about the
4	reliability of the Heartbeat data, correct?
5	A. That is correct.

7/14/26 Tr. 79:25-80:5 (New)

4	Okay. Now you consider this data and the
5	data that was in the spreadsheets as raw data;
6	correct?
7	A. I do.
8	Q. In fact, you described this data as, quote,
9	completely raw data, end quote; correct?
10	A. I -- yes.
11	Q. Okay. And you have emphasized that
12	Heartbeat is not conducting a study with this data;
13	correct?
14	A. That's correct. Heartbeat does not conduct
15	studies.

7/15/26 Tr. 128:4-15 (Brown)

HBI's Untrue/Misleading Statements
6. Thousands of Lives Statement

Numbers are subject to change.

Year	Starts	Data Source
2012	12	Delgado
2013	71	Delgado
2014	180	Delgado
2015	305	Delgado
2016	186	Delgado
2017	289	Delgado
2018	354	HBI on paper/spreadsheet
2019	615	HBI on paper/spreadsheet/NXL
2020	1,313	NXL
2021	1,689	NXL
2022	1,769	NXL
2023	1,875	NXL
2024	1,924	NXL
2025	2,408	NXL
2026 So Far	1,162	NXL
Total All Time Starts	**14,152**	

DO NOT USE THESE NUMBERS EXTERNALLY. (wip)

Ex. 30191

Known Reversal Outcomes	% of reversals with known reversal outcomes	Known Births [1]	Still carrying at 20 weeks + Known Births	Still carrying at 13 weeks (then lost contact)	Still carrying 2 weeks after reversal start (then lost contact)
10	83.3%		4	not tracked	not tracked
63	88.7%	Delgado	36	not tracked	not tracked
139	77.2%	350	73	not tracked	not tracked
233	76.4%		114	not tracked	not tracked
151	81.2%		83	not tracked	not tracked
250	86.5%	1	121	not tracked	not tracked
151	42.7%	67	68	not tracked	not tracked
133	21.6%	77	78	1	not tracked
479	36.5%	165	240	32	not tracked
314	18.6%	100	142	23	not tracked
199	11.2%	70	81	26	11 [2]
832 [3]	44.4%	300	383	52 [4]	53
864	44.9%	278	359	54	75
931	38.7%	266	396	77 [5]	94 [6]
398	34.3%	1	56	69	104
5,147	**36.4%**	**1,675**	**2,234**	**334**	**337**

DO NOT USE THESE NUMBERS EXTERNALLY. (wip)

Known Successful Reversals (S_{KK})	2,905
Known Reversal Failures (S_{KF})	2,242
Unknown Reversal Outcome (S_U)	9,005
Estimated Successful Reversals of Unknown Outcomes	
64%	5,763
80%	7,204
Total Known Successful Reversals + Est. Success of Unknown	
64%	8,668
80%	10,109

HBI's Untrue/Misleading Statements
7. Misoprostol/Methotrexate Statement

Abortion Pill Rescue Step by Step Guide
Shift duties for the APR Healthcare Team

Ex. 20090 at pp. 16, 19

Explain misoprostol as appropriate

The second medication in chemical abortion is called misoprostol (or Cytotec). Its purpose is to cause the uterus to contract and expel the baby.

The misoprostol/Cytotec is not needed if you want to try to reverse the chemical abortion.

If the client took the second medication (misoprostol), provide appropriate education and inform the provider of medication given.

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex), which is not associated with birth defects according to ACOG Practice Bulletin Number 225, October 2020 ("No evidence exists to date of a teratogenic effect of mifepristone"). However, for women who have taken the first and second drugs of the medical abortion regimen, mifepristone on day one and misoprostol (Cytotec) 12 -48 hours later, progesterone may be beneficial to support the pregnancy even though it is not an antidote to misoprostol. Studies show there is a small increase in risk of birth defects in babies born after misoprostol but the incidence remains largely unknown and involves multiple factors.
https://pubmed.ncbi.nlm.nih.gov/23207166/

Methotrexate

If the client was given methotrexate (in place of mifepristone), provide appropriate education and inform the provider of medication given.

Currently, our program is designed to serve women who have taken mifepristone (Mifeprex). However, for women who have taken methotrexate, prescribed progesterone may also be beneficial to support the pregnancy even though it is not an antidote to methotrexate. In addition to the standard progesterone protocol, co -treatment with leucovorin (also called citrovorum factor and 5-formyltetrahydrofolate) is used in some treatment regimens to reduce the toxicity of methotrexate. Folic acid is also commonly prescribed to counter the anti-folate action of methotrexate.

HBI's Untrue/Misleading Statements
7. Misoprostol/Methotrexate Statement

Q. And your support for this protocol is just the mechanisms of action of the drugs and your awareness of a handful of individual patient cases, correct?
A. And my awareness -- what's the last part?
Q. Of a handful of individual patient cases, correct?
A. That's correct.

7/20/26 Tr. 162:17-23 (Delgado)

Q. And your support for this protocol is just the mechanisms of action of the drugs, correct?
A. Correct.
Q. And there's no research on humans that addresses having taken misoprostol and progesterone for the attempt to undo an abortion, correct?
A. Correct.

7/20/26 Tr. 163:14-20 (Delgado)

HBI's Untrue/Misleading Statements
8. Birth Defects Statement

What about birth defects? Is my baby going to be OK? −

Neither the standard abortion pill nor progesterone is associated with birth defects.

The American Academy of Obstetricians and Gynecologists stated in its Practice Bulletin Number 225 (reaffirmed 2023): " No evidence exists to date of a teratogenic effect of mifepristone." In other words, it does not appear that the abortion pill causes birth defects.

Progesterone, used in the reversal process, has been safely used in pregnancy for over 50 years. Initial studies have found that the birth defect rate in babies born after the APR is less or equal to the rate in the general population.

A 1999 FDA review revealed no increased risk of birth defects in pregnant women taking progesterone. After more than 25 years of progesterone support in pregnancy, the Pope Paul VI Institute has stated, "All of the available evidence strongly supports its safety when used in pregnancy."

Ex. 26 at p. 20

Abortion Pill Rescue Step by Step Guide
Shift duties for the APR Healthcare Team

No risk of birth defects known from progesterone

Progesterone has been used safely in pregnancy since the 1950s. It is prescribed as a pill to be taken orally, vaginally or as an intramuscular injection.

Studies have found that the birth defect rate in babies born after APR is less than or equal to the rate in the general population. Neither mifepristone nor progesterone is associated with birth defects.

Ex. 20090 at p. 16

HBI's Untrue/Misleading Statements
8. Birth Defects Statement

24	A. So birth defects, it kind -- so when looking at
25	birth defects, the baseline rate of birth defects, of any
1	birth defect in the general population, is about 3
2	percent. So, in general, you have to show that there's a
3	higher rate of birth defects than 3 percent in patients
4	or people that receive a certain medication.

7/10/26 Tr. 66:24-67:4 (Kraus)

22	So I would say -- you said exactly what it would
23	look like to establish it? I think certainly there's
24	a -- there's good evidence with -- you know, in the
25	hundreds, that evidence is better in the thousands. But
1	generally you can get some sense even with -- even in the
2	hundreds because, like I said, there's a baseline rate of
3	3 percent.

7/10/26 Tr. 67:22-68:3 (Kraus)

False Advertising Elements - Bus. & Prof. Code § 17500

- ✓ Intent to Perform Services
- ✓ Public Dissemination of Advertisements
- ✓ Containing Untrue or Misleading Statements
- _____ Knowledge Statements Are False/Misleading

HBI's Knowledge

- Research Needed in Support of Abortion Pill Reversal regimen:*

  While the use of the abortion pill (RU-486/mifepristone) combined with misoprostol rises dramatically, the antidote to abortion pill reversal – progesterone – is not FDA approved or universally accepted for this type of use. Quality research is needed to prove the long-standing use of progesterone for helping women at risk of miscarriage has the same positive effect with those who are looking to reverse the miscarriage inducing effects of mifepristone.

  Multi-year research projects are getting underway that will be added to the early studies. The APR Network will be facilitating participation in the largest research study to date.

  *These research projects have been stalled due to the pandemic.

Ex. 20027 at p. 3

4) Are there any present studies being conducted that relate to APR? We are not able to discuss details of this but are aware of the need for further research.

Christa Brown BSN, RN, LAS
Director, Medical Impact
Heartbeat International
5000 Arlington Centre Blvd. Suite 2277,
Columbus, OH 43220

Ex. 20040 at p. 2

HBI's Knowledge

---------- Forwarded message ---------
From: **Godsey, Jor-El** <jgodsey@heartbeatinternational.org>
Date: Mon, Jan 18, 2021 at 8:04 AM
Subject: New APRNetwork Totals
To: HBI ALL <hb-all-staff@heartbeatinternational.org>

Drum roll, please.

At the close of 2020, the 8th year of the Abortion
Network, we now count more than 2,000 lives sav
being aborted (chemically).

Because the number is a mix of what we know and what we can appropriately infer, the official phrase is "statistics show that more than 2,000 lives have been saved from APR and counting."

Special congratulations to the APRNetwork team, the provider network that makes it possible, and everyone at Heartbeat - because it's taken everyone at Heartbeat to make APRN possible.

Ex. 20033 at p. 2

Because the number is a mix of what we know and what we can appropriately infer, the official phrase is "statistics show that more than 2,000 lives have been saved from APR and counting."

ABORTION PILL RESCUE NETWORK

Dear Doctor,

I have taken the first abortion pill mifepristone to medically terminate my pregnancy, but I have since changed my mind and want to do all I can to keep this pregnancy. I have not and will not take the second pill misoprostol.

I am aware that I have a higher risk of very heavy bleeding if I do not take misoprostol and this risk can be reduced by taking progesterone [1] – Cyclogest 400mg PV or Utrogestan 200mg PO twice daily for 2 to 3 weeks.

Please help me reduce the risk of a heavy bleed and possibly maintain my
g progesterone treatment. I am aware of published data in
ed 68% of pregnancies continued with this treatment with
o mothers or babies. [2]

ay haemorrhage and miscarry anyway. I am aware this is
ill present for ultrasound assessment if bleeding becomes

I accept full responsibility for any adverse effects and will be eternally grateful if you can please support me with my urgent request.

Sincerely,

I am aware that I have a higher risk of very heavy bleeding if I do not take misoprostol and this risk can be reduced by taking progesterone [1] – Cyclogest 400mg PV or Utrogestan 200mg PO twice daily for 2 to 3 weeks.

Ex. 20088

HBI's Knowledge

On Wed, Mar 11, 2020 at 4:25 PM George Delgado [Redacted] wrote:

Dear [Redacted]

There are no published studies on the reversal of methotrexate. We are aware of several cases using leucovorin rescue. There have been a few birth defects, I believe limited to missing digits.

There are no published studies on the reversal of m
time, I do not think it is possible, since we do not h
misoprostol. There have been cases of patients who
misoprostol after mifepristone where the mothers s
pregnancies. In those cases, some clinicians have g
supportive fashion.

If clinician decides to treat these patients, he or she
vs. benefit presentation. For example, misoprostol
times the baseline (4-12% absolute risk) and misop
facial deformities.

In health,

GD

---------- Forwarded message ---------
From: [Redacted]
Date: Thu, Mar 12, 2020 at 5:06 PM
Subject: Re: Heartbeat International Protocols for APR
To: George Delgado [Redacted]
Cc: Christa Brown, RN <cbrown@heartbeatinterna
[Redacted]
[Redacted]

Dear George,

Thank you for the clarification. What a private clin
their business but I do not think it prudent that Hea
protocol to APR reversal clinicians that has no data
asked, the response can be we don't have a protocol
advise you to check with your legal counsel, but I t
risk for litigation later on if you offer these other tw
or their clinic staff and complications ensue for eith
surviving child, consent form or not. We are on sou
mifepristone, despite Planned Parenthood's and the
Dr. Delgado's work, but there is no research to supp
abortion after misoprostol or methotrexate have bee
of law would want to see.

Sincerely,
[Redacted]

From: Brown, Christa
Sent: Thu, 12 Mar 2020 22:38:30 +00:00
To: Jor-El Godsey
Subject: Re: Heartbeat International Protocols for APR

The only harmful actions are from the abortion drugs.

Methotrexate is an anti-cancer drug. Leucovorin (folinic acic) counteracts its effects. Nearly all information about leucovorin describes it (ironically) as "rescuing" the normal, healthy cells from the effects of methotrexate. Leucovorin rarely has any side effects. After initial treatment with leucovorin, folic acid is prescribed because Methotrexate reduces that essential nutrient needed for healthy pregnancy.

When the client has consumed misoprostol, the only recommendation is to support with progesterone due to the effects of the first chemical.

I'm not inclined to respond to her again until you feel it is necessary. Dr. Delgado and our advisory team support providing these protocols.

Thanks, Jor-El.

Christa Brown LAS, BSN, RN
Director, Medical Impact
Heartbeat International
5000 Arlington Centre Blvd. Suite 2277,
Columbus, OH 43220
Office: 614.885.7577 Ex 256

Ex. 20029

RO's Knowledge

Q. Ms. Hill, are you aware that federal courts have determined that APR is not backed by science?
A. I would say that your use of the word "science" is viewpoint discrimination right now.
Q. I'm just asking if you're aware that federal courts have determined -- made that determination.
A. Some federal courts, I guess, yes.

7/23/26 Tr. 50:21-27 (Hill)

Q. And just to clarify, you still agree that APR patients could have heavy bleeding if the progesterone didn't work, correct?
A. Yes.
Q. Is it your understanding that APR is 100 percent effective?
A. It's not 100 percent effective.
Q. So APR not working is a possible outcome of APR, correct?
A. Definitely, yes.
Q. So some women who undergo APR will have heavy bleeding, correct?
A. Yes.
Q. And it's possible that in some women, that bleeding could be life-threatening, correct?
A. Yes.

7/7/26 Tr. 61:19-62:7 (Davenport)

And you're not aware of any human studies that have tested the effectiveness of APR after 72 hours following mifepristone administration, correct?
A. Yes.

7/7/26 Tr. 83:2-5 (Davenport)

Q. And just to clarify, you were aware that the 2019 UC Davis study was halted due to the investigator's safety concerns; is that right?
A. Yes.

7/7/26 Tr. 95:14-17 (Davenport)

RO's Knowledge

From: Tasha Keirns
Sent: Wed, 25 Aug 2021 19:35:20 +00:00
Cc: Leah Gaul; Valerie Hill
Subject: Re: Spreadsheet shared with you: "Abortion Pill Reversals since 10.2016-May 11..2021"

Praise God! I reviewed it and it appears to only go through Aug 2020, so one year ago.

Perhaps we can get the last year worth of numbers from each clinic? So not counting the last year, we have had 48 APR patients and only 17 delivered. That is a low success rate at 35%. We need to see if we have more data on deliveries as the current rate of success in research is 64-68% which makes me think we are missing data. That is not a good number to share. If we are not able to get the data in time, perhaps the better number to share is only the total number of babies born from APR reversal since 2016. Thoughts?

Ex. 20042

Q. So can you explain why there were -- there were 48 that -- in Ms. Sparacino's spreadsheet, but there's 23 in this one? Can you explain what happened to the other 25 entries?

A. And what was the date range that was mentioned on there?

Q. From October 2016 to August 2020.

A. To August 2020.

At this point, without looking at the records, I do not have an explanation.

7/29/26 Tr. 83:25-84:6 (Keirns)

False Advertising Elements - Bus. & Prof. Code § 17500

- ✓ Intent to Perform Services
- ✓ Public Dissemination of Advertisements
- ✓ Containing Untrue or Misleading Statements
- ✓ Knowledge Statements Are False/Misleading

Defendants' Meritless Affirmative Defenses

_____ Viewpoint Discrimination

_____ Free Exercise

_____ Reproductive Privacy Act

Viewpoint Discrimination

***R.A.V. v. City of St. Paul* (1992) 505 U.S. 377, 388:** "[A] State may choose to regulate price advertising in one industry but not in others, because the risk of fraud (one of the characteristics of commercial speech that justifies depriving it of full First Amendment protection . . .) is in its view greater there."

***First Resort Inc. v. Herrera* (9th Cir. 2017) 860 F.3d 1263, 1278:** "Put differently, it may be true that LSPCs engage in false or misleading advertising concerning their services because they hold anti-abortion views. However, the Ordinance does not regulate LSPCs based on any such anti-abortion views. Instead, the Ordinance regulates these entities because of the threat to women's health posed by their false or misleading advertising."

***Ragland v. U.S. Bank Nat. Assn.* (2012) 209 Cal.App.4th 182, 193-94:** "'[T]he taking of judicial notice of the official acts of a governmental entity does not in and of itself require acceptance of the truth of factual matters which might be deduced therefrom, since in many instances what is being noticed, and thereby established, is no more than the existence of such acts and not, without supporting evidence, what might factually be associated with or flow therefrom.'"

Defendants' Meritless Affirmative Defenses

- ~~Viewpoint Discrimination~~
- _____ Free Exercise
- _____ Reproductive Privacy Act

Free Exercise

Waln v. Dysart Sch. Dist. **(9th Cir. 2022) 54 F.4th 1152, 1159:** "Here, the critical point is that, as alleged in the complaint, the District permitted secular conduct that contravened the legitimate government interests underlying the policy to the same degree that Plaintiff's attire would have done."

Defendants' Meritless Affirmative Defenses

- ~~Viewpoint Discrimination~~
- ~~Free Exercise~~
- _____ Reproductive Privacy Act

Reproductive Privacy Act

"A person who aids or assists a pregnant person in exercising their rights under this article shall not be subject to civil or criminal liability or penalty, or otherwise be deprived of their rights, based solely on their actions to aid or assist a pregnant person in exercising their rights under this article with the pregnant person's voluntary consent." (Health & Saf. Code, § 123467, subd. (b).)

Do you have an opinion on how the medical misinformation that defendants disseminate regarding APR could harm women who are reconsidering their medication abortion?
A. So there's a couple of areas of harm that I could think about in this specific case.
First, there's something that we actually see in the cancer world as well, a lot which is called harmful inaction. So instead -- or the misinformation, you know, convincing you to do something and it causes a harmful action. Inaction is when they don't do something.
So in this case, I would consider harmful inaction to be if an individual does not take the misoprostol.

7/6/26 Tr. 86:8-19 (Swire-Thompson)

Other types of harm could be financial harms. You know, you can think about this fairly broadly. If they need child care costs, or travel costs, or costs for a procedure and they come out-of-pocket.
And also, thinking about these things in terms of harms to -- in trust. And so if an individual were to go to their evidence-based nurse or doctor or provider and they are saying something different to what they've learned they could actually reduce their trust in their evidence-based practitioners as well. That could be another outcome.

7/6/26 Tr. 86:23-87:7 (Swire-Thompson)

Defendants' Meritless Affirmative Defenses

- ~~Viewpoint Discrimination~~
- ~~Free Exercise~~
- ~~Reproductive Privacy Act~~

Maximum Penalties Are Necessary

***People v. Bestline Prods., Inc.* (1976) 61 Cal.App.3d 879, 924:** Civil penalties under the UCL and FAL are "necessary to deter fraudulent business practices."

***People ex rel. Harris v. Sarpas* (2014) 225 Cal.App.4th 1539, 1566-67:** "[W]hat constitutes a violation of the UCL or the FAL depends on the circumstances of the case, including the type of violations, the number of victims, and the repetition of the conduct constituting the violation . . . [I]ndividualized proof of each and every UCL and FAL violation is not required"—the People need only offer evidence supporting a "reasonable inference" of the number of violations.

Relevant Factors: (1) nature and seriousness of the misconduct, (2) number of violations, (3) persistence of misconduct, (4) length of time over which misconduct occurred, (5) willfulness of misconduct, (6) Defendants' assets, liabilities, and net worth

Penalties - HBI

Number of Violations

- **1,836 Californians saw HBI's website**
  - Ex. 20104A; 7/15/26 Tr. 113:5-8 (Brown); 7/2/26 Tr. 122:8-18 (Godsey)
- **1,836 Californians called HBI's hotline**
  - Ex. 20104A; 7/15/26 Tr. 113:5-8 (Brown)
- **1,369 Californians started APR**
  - Ex. 30184; 7/15/26 Tr. 113:9-14 (Brown); 7/28/26 Tr. 75:12-25 (Brown)
- **29 "Pregnancy Help Centers" in California that provide APR**
  - 7/2/26 Tr. 17:3-5, 65:22-24, 66:7-15 (Godsey)
- **42 medical providers in California who provide APR**
  - 7/2/26 Tr. 17:9-24, 65:22-24, 66:7-15 (Godsey)
- **20 "Pregnancy Help Centers" in California that provide APR-related care**
  - 7/2/26 Tr. 18:11-18, 65:22-24, 66:7-15 (Godsey)

Penalties - HBI

Nature and Seriousness of Misconduct

***People. v. Johnson & Johnson* (2022) 77 Cal.App.5th 295, 357:** Penalizing communications "for the purpose of marketing and/or providing information" about products that "misrepresented the safety and risks associated with" those products.

23	Other types of harm could be financial harms. You know,
24	you can think about this fairly broadly. If they need child
25	care costs, or travel costs, or costs for a procedure and they
1	come out-of-pocket.
2	And also, thinking about these things in terms of harms
3	to -- in trust. And so if an individual were to go to their
4	evidence-based nurse or doctor or provider and they are saying
5	something different to what they've learned they could actually
6	reduce their trust in their evidence-based practitioners as
7	well. That could be another outcome.

7/6/26 Tr. 86:23-87:7 (Swire-Thompson)

Penalties - HBI

Length of Time, Persistence, Willfulness

- **Began using APR Misrepresentations no later than *October 2018***
  - Ex. 20010 at p. 1; Ex. 20012 at p. 1
- ***AMA v. Stenehjem* preliminary injunction issued in *2019***
  - 7/2/26 Tr. 26:22-27:9 (Godsey); 7/27/26 Tr. 111:17-113:1, 113:19-114:16, 115:6-116:7 (Brown); 7/21/26 Tr. 50:24-51:21 (Delgado)
- ***Planned Parenthood v. Slatery* and *All-Options, Inc. v. Atty. Gen. of Ind.* preliminary injunctions issued in *2020***
  - 7/2/26 Tr. 26:22-27:9 (Godsey); 7/27/26 Tr. 111:17-113:1, 113:19-114:16, 115:6-116:7 (Brown); 7/21/26 Tr. 50:24-51:21 (Delgado)
- **Internal communications reveal that HBI knew current research was inadequate**
  - Ex. 20027 at p. 3; Ex. 20034 at p. 1; Ex. 20040 at p. 2; Ex. 20039 at p. 1

Penalties - HBI

Assets and Liabilities

- **2017 Annual Revenue: $4,708,494**
  - Ex. 20013 at p. 1
- **2023 Annual Revenue: $10,189,675**
  - Ex. 20070 at p. 1
- **2019 to 2023 Total Revenue: $42,668,879**
  - Exs. 20056, 20070, 20102
- **2023 Net Assets: $1,926,204**
  - Ex. 20070

Penalties - RO

Number of Violations - 132

- **66 Californians received APR treatment from RO**
  - Exs. 29, 21, 30173
- **Reasonable to infer the patients were exposed to APR misrepresentations on RO's website and in its consent forms**
  - 7/22/26 Tr. 27:19-27 (Hecke)

Penalties - RO

Nature and Seriousness of Misconduct

***People. v. Johnson & Johnson* (2022) 77 Cal.App.5th 295, 357:** Penalizing communications "for the purpose of marketing and/or providing information" about products that "misrepresented the safety and risks associated with" those products.

23	Other types of harm could be financial harms. You know,
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3	to -- in trust. And so if an individual were to go to their
4	evidence-based nurse or doctor or provider and they are saying
5	something different to what they've learned they could actually
6	reduce their trust in their evidence-based practitioners as
7	well. That could be another outcome.

7/6/26 Tr. 86:23-87:7 (Swire-Thompson)

Penalties - RO

Length of Time, Persistence, Willfulness

- **Began using APR Misrepresentations in 2016**
  - 7/22/26 Tr. 86:14-22 (Hecke)
- **Dr. Davenport is a co-author on the 2018 Delgado Report**
  - Ex. 33; 7/21/26 Tr. 40:20-25 (Delgado)
- **Dr. Davenport is aware of the safety concerns raised by the Creinin 2020 Study**
  - 7/7/26 Tr. 95:5-17 (Davenport)
- **RO has not changed its representations despite this knowledge**
  - 7/29/26 Tr. 102:13-16 (Keirns)

Penalties - RO

Assets and Liabilities

- **2019 to 2024 Total Revenue: $22,126,716**
  - Exs. 20063, 20083, 30207, 30208, 30209, 30210
- **2024 Net Assets: $1,187,087**
  - Ex. 20083

Permanent Injunctions Are Necessary

***In re Tobacco II Cases* (2009) 46 Cal.4th 298, 320:** "The purpose of [injunctive] relief . . . is to protect California's consumers against unfair business practices by stopping such practices in their tracks."

***Phipps v. Saddleback Valley Unified Sch. Dist.* (1988) 204 Cal.App.3d 1110, 1118-19**: Injunctive relief is appropriate where defendant "held fast" to misconduct.