

# Exhibit 3

Declaration of Mario R. Dickerson

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
AMARILLO DIVISION

**ALLIANCE FOR HIPPOCRATIC  
MEDICINE**, on behalf of itself, its members,  
and their members, and their members'  
patients; **AMERICAN ASSOCIATION OF  
PRO-LIFE OBSTETRICIANS AND  
GYNECOLOGISTS**, on behalf of itself, its  
members, and their patients; **AMERICAN  
COLLEGE OF PEDIATRICIANS**, on  
behalf of itself, its members, and their  
patients; **CHRISTIAN MEDICAL &  
DENTAL ASSOCIATIONS**, on behalf of  
itself, its members, and their patients;  
**SHAUN JESTER, D.O.**, on behalf of  
himself and his patients; **REGINA FROST-  
CLARK, M.D.**, on behalf of herself and her  
patients; **TYLER JOHNSON, D.O.**, on  
behalf of himself and his patients; and  
**GEORGE DELGADO, M.D.**, on behalf of  
himself and his patients,  
Plaintiffs,

v.

**U.S. FOOD AND DRUG  
ADMINISTRATION; ROBERT M.  
CALIFF, M.D.**, in his official capacity as  
Commissioner of Food and Drugs, U.S. Food  
and Drug Administration; **JANET  
WOODCOCK, M.D.**, in her official capacity  
as Principal Deputy Commissioner, U.S.  
Food and Drug Administration **PATRIZIA  
CAVAZZONI, M.D.**, in her official capacity  
as Director, Center for Drug Evaluation and  
Research, U.S. Food and Drug  
Administration; **U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**; and  
**XAVIER BECERRA**, in his official capacity  
as Secretary, U.S. Department of Health and  
Human Services,  
Defendants.

Case No. \_\_\_\_\_

## DECLARATION OF MARIO R. DICKERSON

I, Mario R. Dickerson, a citizen of the United States and a resident of Willow Grove, Pennsylvania, declare under penalty of perjury under 28 U.S.C. § 1746 that the following is true and correct to the best of my knowledge.

1. I am over eighteen years old and make this declaration on personal knowledge.
2. I serve as the Executive Director of the Catholic Medical Association (“CMA”). Given my involvement in CMA, I am familiar with the organization’s history, the issues confronting it, and the views of the organization and its members concerning various emerging issues, including the deregulated use of mifepristone, or RU-486, to accomplish chemical abortions. I am also familiar with CMA members and their practices.
3. CMA is the largest association of Catholic individuals in healthcare. CMA is a national, physician-led community that includes about 2700 physicians and healthcare professionals nationwide.
4. CMA is a nonprofit organization incorporated in Virginia, and its registered agent is in Virginia.
5. CMA’s mission is to inform, organize, and inspire its members, in steadfast fidelity to the teachings of the Catholic Church, to uphold the principles of the Catholic faith in the science and practice of medicine.
6. CMA seeks to pursue its mission in conformity to Christ the Divine Physician. Its members are challenged to be a voice of truth spoken in charity, to show

how Catholic teachings on the human person, human rights and the common good intersect with and improve the science and practice of medicine, and to defend the sacredness and dignity of human life at all stages.

7. CMA is a member of the Alliance for Hippocratic Medicine (AHM).
8. CMA is committed to taking a Catholic and Hippocratic approach to medicine.
9. Consistent with Catholic teaching, CMA and its members are morally and ethically opposed to all forms of abortion—chemical or surgical.
10. I have spoken with CMA members who have treated women harmed by chemical abortion drugs.
11. The FDA's unauthorized approval of mifepristone (also known as "Mifeprex" and "RU-486") and subsequent elimination of certain safeguards for the use of the dangerous chemical abortion drug regimen, including those found in the Risk Evaluation and Mitigation Strategy (REMS) for mifepristone, has led to an increasing risk that women and girls may suffer adverse events from chemical abortion.
12. The FDA has continued to eliminate safeguards such that the chemical abortion drugs can now be administered and dispensed with no in-person examination or oversight by a physician. This leaves physicians, including CMA members, to treat the complications that women and girls suffer due to the actions of the FDA and abortionists.

13. CMA's member physicians include OB/GYNs and emergency department physicians who have treated women suffering complications from chemical abortion.

14. The FDA's actions harm CMA and its member physicians who are called away from other patients to render emergency treatment to women and/or girls who present to emergency departments with symptoms, such as heavy bleeding and severe pain, and more serious complications, including hemorrhage and sepsis caused by chemical abortion drugs. This causes CMA's member physicians much stress and grief, while impeding their ability to perform their practice of medicine in the manner that they desire.

15. Often, emergency department doctors do not have a prior relationship with these patients and lack access to the patient's medical history. Sometimes these patients were underinformed about the effects of the chemical abortion drug regimen, they may not even know what drugs they consumed, or they are told to say they are suffering a miscarriage if there is a need for them to seek emergency help following a chemical abortion. This leaves doctors at increased risk of liability and could impact their ability to render the best care possible to the patient—all because of the FDA's elimination of necessary safeguards.

16. Moreover, the FDA's removal of necessary safeguards could force CMA members to treat women and girls who present to emergency departments following an elective chemical abortion requiring those doctors to complete an

unfinished elective abortion—terminating the life of an unborn child—in violation of their conscience rights.

17. Since 2005, CMA has called upon the FDA to respond to citizens petitions calling for removal of RU-486 from the market in an urgent action. CMA renewed this resolution in 2015.

18. In 2016, CMA enacted a resolution that called for the FDA to require a central registry for all those having a chemical abortion, with mandatory reporting from every state and territory of complications and mortalities from chemical abortions; that the drug be administered only by a physician with surgical privileges at a hospital within 30 minutes of the facility where the drug is dispensed; that the dispensing physician be responsible for follow-up and handling of complications; and that the patient be informed that the process could be stopped without harm to her or the baby.

19. These resolutions are vital to ensure the safety of women and girls, and to protect doctors, including CMA members.

20. CMA has spent considerable time, effort and resources challenging the FDA's actions—at the expense of other CMA priorities. For example, to implement these resolutions, committees have had to review them, it has taken time during General Assembly meetings to discuss them, which takes our members away from their other business, and it has taken time for our Executive Director and Board to review, taking them away from other priorities such as fundraising and membership recruitment and retention.

21. Due to inadequate adverse event reporting, the true rates of risks associated with chemical abortion drugs remain unknown and undercounted. This prevents CMA from providing the public, their members, and their members' patients with accurate statistics and complete information regarding the risks associated with the use of chemical abortion drugs.

22. CMA is a leading national voice on applying the principles of the Catholic faith to medicine. CMA creates and organizes educational resources and events; advocates for members, the Church, and the medical profession in public forums; and provides guidance for bishops and other national leaders on healthcare ethics and policy. The inability to share accurate information on the risks of chemical abortion frustrates and complicates CMA's purpose to educate doctors, their patients, and the public about these dangers.

Executed this November 12, 2022.

By: Mario R. Dickerson  
Mario R. Dickerson