UNSAFE

AMERICA’S ABORTION INDUSTRY ENDANGERS WOMEN
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ENDANGERS WOMEN

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EXECUTIVE SUMMARY

Building on the legacy of AUL’s groundbreaking, four-part exposé of Planned Parenthood, AUL now offers Unsafe: America’s Abortion Industry Endangers Women. This latest investigative report focuses on the increasingly suspect safety record of America’s abortion industry, including the non-Planned Parenthood businesses which are currently performing two-thirds of all abortions.

Evidence collected from 32 states on hundreds of abortion businesses (including Planned Parenthood abortion centers) and individual abortionists establishes that the practice of abortion in America has devolved into the “red light district” of medicine and is populated by dangerous, substandard centers. Unsafe is both a snapshot in time, focusing only on abortion practices since 2008, and the tip of the proverbial iceberg, convincingly demonstrating a nationwide pattern of abuse that characterizes an industry that fights to keep profits high and standards low.

Importantly, even limiting the scope of our investigation to the last eight years, efforts to discern the true state of abortion practices were stymied by a dearth of protective laws in a number of states, a lack of reporting in others, and limited public availability of information on abortion businesses in still more states. We can easily deduce, therefore, that the epidemic of substandard abortion practice is worse than even these pages show.

Moreover, with the Supreme Court’s recent decision in Whole Woman’s Health v. Hellerstedt, prioritizing “mere access” to abortion facilities and abortion industry profit-ability over women’s health and safety, we can expect the problems may get worse. It will certainly get worse unless pro-life Americans and their representatives take immediate action to confront and remedy the abortion industry’s dangerous practices and their rejection of medically appropriate health and safety standards of patient care. AUL’s innovative and highly successful Women’s Protection Project, discussed in this volume, provides the best blueprint for effective legislative action to address these appalling public health threats.
IN UNSAFE, AUL LOOKS AT:

- **Women You Should Know**: The agonizing stories of 11 women from all walks of life who were victimized by the abortion industry. Many of these women lost their lives after receiving dangerously incompetent care from America’s abortionists.

- **America’s Epidemic of Substandard Abortion Facilities and Practices**: An analysis and discussion of hundreds of incidents in which abortionists have been investigated or cited by state officials for violating health and safety standards and other abortion-related laws. This section includes analysis of the Top 10 health and safety violations committed by abortion businesses and an in-depth case study of abortion practice in the State of Florida.

- **The Perilous Prevalence of “Circuit Rider” Abortionists**: An examination of the abortion industry’s reliance on a small cadre of abortionists who travel from state to state plying their grisly trade and who have no discernible or ongoing relationship with the women they claim to serve.

- **AUL’s Women’s Protection Project**: An outline of the protective, medically appropriate, and legally sound legislation in this groundbreaking Project which has been updated to directly respond to the Supreme Court’s decision in *Hellerstedt*.

In *Whole Woman’s Health v. Hellerstedt*, the Supreme Court ignored evidence of substandard abortion practices in America. In response to this unfortunate decision, abortion advocates gleefully claimed it was now “game over” for health and safety standards – like those featured in the Women’s Protection Project – designed to protect women from abortion industry abuses.

How wrong they were. Thoughtful, caring Americans will never abandon women to the whims of predatory abortion profiteers. The public health crisis revealed in *Unsafe* and the solutions provided by the Women’s Protection Project offer the tools necessary to address the dangerous practices and conditions that dominate America’s abortion industry.
INTRODUCTION

Texas has frequently found itself at the forefront of the continuing national debate over abortion. In January 1973, in *Roe v. Wade*, the U.S. Supreme Court struck down Texas’ prohibition on abortion, unleashing an extreme abortion-on-demand agenda that has claimed more than 56 million children and left millions of American women at the mercy of an under-scrutinized, inadequately regulated, and profit-driven abortion industry. Further, as a result of this singularly controversial decision, the Supreme Court superseded the authority of state and federal lawmakers and installed itself as the “National Abortion Control Board,” assuming the right to unilaterally determine which much-needed restrictions and regulations on abortion will be permitted.

Another Texas abortion law was before the Court in *Whole Woman’s Health v. Hellerstedt* in 2016. This Texas law required that abortion centers comply with the same patient-care standards as other facilities performing invasive outpatient surgeries and mandated that individual abortionists maintain hospital admitting privileges to facilitate emergency care and the treatment of post-abortion complications.

Importantly, *Hellerstedt* presented the Court with the opportunity to strike a decisive blow for women’s health and safety and to ensure that abortion businesses – which are often more interested in maintaining profitability than in safeguarding women’s health and safety – comply with medically endorsed and widely implemented standards of care. Unfortunately, the Court declined this momentous opportunity and instead appears to have adopted the abortion industry’s callous and self-serving position that “mere access” to abortion is sufficient to protect maternal health and safety.

In evaluating the potential damage that this decision may inflict on American women, it is important to remember that convicted Philadelphia abortionist Kermit Gosnell provided “mere access” to abortion in a business where a woman died because a stretcher could not fit through the hallways, where unsterilized instruments spread infections, and where parts of unborn babies were stored in jars and cat food cans like macabre trophies. Yet, as detailed in this Special Report and in *amicus curiae* briefs filed in the Supreme Court in support of the Texas law, Kermit Gosnell is not an aberration, but rather the norm in an industry desperate to avoid meaningful regulation and oversight.

The *Roe* Court did not, despite abortion industry claims to the contrary, equate its “right” to abortion with the abortion industry’s right to be free from appropriate regulation and oversight. Instead, *Roe* specifically found that a state legislature’s legitimate interest in regulating abortion “obviously extends at least to [regulating] the performing physician and his staff, to the facilities involved, to the availability of after-care, and to adequate provision for any complication or emergency that may arise.” Since *Planned Parenthood v. Casey,* the Supreme Court and other federal and state courts have repeatedly recognized and supported the need for health and safety standards for abortion busi-
ness, consistently acknowledging that a state has “a legitimate interest in seeing to it that abortion, like any other medical procedure, is performed under circumstances that ensure maximum safety for the patient.”

The *Hellerstedt* decision stands these precedents on their heads and leaves women subject to the self-serving whims of a profit-driven abortion industry that has essentially been given carte blanche to decide which medical standards it will comply with and which it will not. Sadly, the Court failed to unequivocally reaffirm what it had said as far back as *Roe*: states may regulate abortion to protect maternal health.

The abortion “right” had been defined by the Supreme Court as “the right of the woman herself,” not as the “right” of abortion providers to practice without appropriate regulation or oversight, to realize a profit, or to charge a certain fee for their services. The *Hellerstedt* decision suggests that the rights of the abortion providers to turn a profit and remain in business are now, in the Court’s view, paramount to women’s right to medically competent care and treatment.

Clearly, the *Hellerstedt* decision is troubling both for American women and for those committed to protecting women from abortion industry abuses. Currently, 29 states regulate (to widely varying degrees) abortion centers. Further, 15 states require individual abortionists and/or abortion centers to maintain either hospital admitting privileges or a transfer agreement with a third-party physician who maintains such privileges.

Many of these protective laws may now be in jeopardy, subject to legal challenges brought by an increasingly predatory abortion industry more motivated by profit margins than by protecting the very women it claims to champion.

To ensure that laws designed to protect women and their children from abortion industry abuses remain on the books and are properly enforced, pro-life Americans and their representatives must actively and effectively counter the enduring abortion-industry-manufactured myths that “abortion is safe” and that “abortion is between a woman and her doctor.” The evidence and analysis in *Unsafe* provide the tools to do just that.
Women You Should Know

Following the Supreme Court’s decision in Whole Woman’s Health v. Hellerstedt, abortion advocates attempted to reinvigorate the self-serving and destructive rhetoric that “abortion is safe” and that state health and safety regulations for abortion businesses were unnecessary and even detrimental to women. As the stories of these 11 women injured by America’s dangerous and substandard abortion industry demonstrate, nothing could be further from the truth.

AyanNA Byer

In late October 2012, Ayanna Byer arrived at Planned Parenthood in Colorado Springs for a scheduled chemical abortion appointment. When Planned Parenthood realized that she was farther along than the original estimate of eight-weeks’ gestation, they informed Ayanna that she no longer had the option to use the abortion drug RU-486. Upon learning this, Ayanna alleges that she was pressured by Planned Parenthood employees to make an immediate decision on whether to proceed with a surgical abortion.

Ayanna agreed to a surgical abortion under the condition that she would receive anesthesia through an I.V. The first Planned Parenthood employee who tried to insert the I.V. had difficulty getting into Ayanna’s vein and left to find another person to help. At that point, Ayanna says she “believed this to be a sign she should not go through with the abortion” and asked the doctor to stop immediately.

According to her legal complaint, “[A]t this time, the Planned Parenthood Doctor turned on the vacuum machines and told [Ayanna] it was too late to stop.” Ayanna underwent an abortion against her will and was sent home.

Two days later, Ayanna was in the emergency room. She was septic with a high fever, because Planned Parenthood had botched the abortion. The on-call emergency room doctor who assisted Ayanna stated that “[s]he required an immediate high-risk surgery to remove the remaining tissue that had been left during the previous procedure done at Planned Parenthood.”

Ayanna’s lawsuit against Planned Parenthood claims negligence, battery, lack of informed consent, false imprisonment, extreme and outrageous conduct, breach of fiduciary duty, and breach of contract. She continues to suffer from severe emotional distress and permanent physical injuries.

15-Year-Old Patient “B.M.”

Dr. Lawrence Miller knew the abortion he had just performed on a 15-year-old girl, approximately 15 weeks’ pregnant with twins, was incomplete and that he had possibly perforated her uterus. With the girl’s health and life in jeopardy, instead of immediately transferring her to the hospital, Miller merely
sent her home with instructions to go to an emergency room if she experienced abdominal pain or vaginal bleeding.

B.M. was admitted later that evening to the hospital, with severe pain and bleeding. She underwent emergency surgery to repair three uterine perforations and to complete the abortion. B.M. needed four units of blood and spent five days in the hospital.

The Georgia Composite Medical Board’s “public reprimand” of Miller included a $7,500 fine, administrative fees, and an order that he take 20 hours of continuing medical education on pregnancy termination.

“D.B.”

A teenager identified as “D.B.” was 21 weeks pregnant in August 2010 when Dr. Nicola Riley perforated her uterus and damaged her bowel. After D.B.’s mother fervently rejected the abortionist’s plan to walk her daughter to the hospital and begged that an ambulance be called, Dr. Riley and her business partner, another out-of-town abortionist named Dr. Steven Brigham, decided instead to put D.B. in a private car.

D.B.’s late-term abortion procedure had begun in Brigham’s Vorhees, New Jersey facility. Brigham, not licensed to perform abortions in New Jersey after 18 weeks, transported the teen in a procession of cars through Delaware and across the Maryland border, where he was not licensed, and where D.B. was subsequently seriously injured by Riley.

D.B.’s dangerous cross-state abortion experience was not an anomaly. According to a review of recovery room logs at Brigham’s Elkton, Maryland facility, between September 2009 and August 2010, at least 241 women were initially seen by Brigham in Vorhees, all with pregnancies greater than 14 weeks’ gestation, with their abortions completed in Elkton.

In November 2014, the New Jersey Board of Medical Examiners found Brigham guilty of several counts of gross negligence; “dishonesty, deception or misrepresentation;” and “professional misconduct.” The Board concluded that Brigham engaged in the unlicensed practice of medicine in Maryland and noted that “every patient treated in New Jersey by Dr. Brigham was placed in harm’s way” by his illegal practice.

The Board also concluded that Brigham’s patients “were further exposed to substantial risk of harm because Dr. Brigham held no hospital or [licensed ambulatory care facility (LACF)] privileges....” Lacking privileges meant that Brigham “had nowhere in New Jersey (or any other state) where he could go to complete the termination procedures in the event of any emergency or unforeseen complications.” The Board found that Brigham had no contingency plan for his patients “beyond possibly assuming that the patient would then be rushed to a hospital emergency room and have their
care (and presumably their abortion procedures) completed by a physician who had no relationship with Dr. Brigham or the patient.”

The Board categorized Brigham’s failures as “clear abrogation[s] of his responsibility as a treatment provider” that “placed every patient at substantial risk of suffering grave harm.”

**YING CHEN**

Dr. Andrew Rutland surrendered his medical license—for a second time—after the death of 30-year-old Ying Chen.

On July 28, 2009, Rutland performed a physical examination and ultrasound on Ying, estimating that she was in the second trimester, specifically 16 to 16.5 weeks pregnant. Yet the consent forms Dr. Rutland obtained from Ying, who did not speak English, were for a first-trimester abortion.

Shortly after Rutland gave Ying regional anesthesia, she had an adverse reaction. Rutland failed to recognize that Ying was in trouble and did not respond to the toxicity in a timely manner.

The petition before the Medical Board of California to revoke Rutland’s probation noted that “[t]here was a significant delay between the time of [Ying’s] reaction...and the time emergency personnel were called.” Moreover, the emergency kit in Rutland’s office did not meet the applicable standard of care and contained expired medications. None of the personnel on site had current CPR certification.

Although paramedics attempted to perform life-saving measures and transported Ying to the hospital, she died six days later.

Rutland’s gross negligence “constitut[ing] homicide” is a heartbreaking example of the abortion industry’s callous disregard for not only the lives of the unborn, but their mothers as well.

**ROBERTA CLARK**

Planned Parenthood of Birmingham, Alabama was already on probation with the Alabama Department of Public Health when it negligently either failed to detect Roberta Clark’s ectopic pregnancy or failed to inform her of this dangerous condition. As a result, Roberta suffered both physical and psychological damage.

On August 20, 2010, Roberta went to Planned Parenthood, where an ultrasound was performed. A Planned Parenthood technician claimed that the ultrasound showed an “estimated fetal gestational age of 8 weeks 4 days.” However, a properly trained ultrasound technician would have noticed that Roberta did not have an intrauterine pregnancy, but an ectopic pregnancy. Her situation required care different from the suction-curettage abortion that Planned Parenthood sold her.
The ultrasound technician’s incompetence (or malfeasance if he falsified records to justify the abortion) was not the last inexcusable action by Planned Parenthood in its treatment of Roberta.

When Planned Parenthood’s abortionist performed the abortion, there was no fetal tissue identified in the tissue specimen that was sent to pathology for examination. The physician, therefore, knew or should have known that the procedure he performed did not result in the termination of Roberta’s pregnancy. However, Roberta was never told the truth that Planned Parenthood knew.

Because Roberta was ignorant of her dangerous condition and believed she was no longer pregnant, Planned Parenthood left her ectopic pregnancy untreated for another three weeks, at which time Roberta suffered a ruptured fallopian tube. She was hospitalized and had to undergo painful surgical operations to treat the ruptured ectopic pregnancy.

**ITAI GRAVELY**

In her legal complaint against Dr. Rodney Stephens and the Women’s Health Center of West Virginia, Itai Gravely describes that, after her abortion procedure was initiated but before any significant action had been taken to abort her baby, she told Stephens and employees assisting in the abortion to stop.13 The sedative that she had been given had not taken effect and she was experiencing severe pain.

Itai alleges that she made repeated demands to stop the abortion, but Stephens and his staff refused her request. Instead, they physically restrained Itai and completed the abortion.

After her abortion, Itai was taken to the recovery room, where she complained of severe pain in her lower abdomen. Center employees disregarded her complaints, Itai says, and claimed everything was fine.

Contrary to accepted medical standards, Itai alleges Stephens only visually examined the fetal remains. He “made no proper attempt to reassemble the now-crushed fetal remains or to use ultrasound technology... to determine that all parts of the unborn child had, in fact, been removed from [Itai’s] uterus or to provide the removed parts ... to a qualified pathologist....” He didn’t even physically examine Itai after the abortion, she says.

Itai was discharged from the facility in severe pain. Her pain continued to increase over the next 24 hours. She also experienced nausea and chills.

She called the facility for help. Center employees told her that she could come back, but when she explained that she couldn’t afford to drive herself and that her pain was too severe to take public transportation, they offered her no assistance. Itai later called an ambulance.

The hospital performed an ultrasound and determined that Itai’s pain was the result of an incomplete
abortion. Stephens had failed to remove parts of her unborn child, and Itai was forced to undergo emergency surgery.

The abortionist and facility that Itai says ignored her pleas not to proceed with the abortion, that left her in a dangerous condition, and that knew that she was suffering severe post-abortive complications never “made any effort to proactively follow-up with [Itai] regarding her abortion, to inquire about her condition, or to apologize for the result.”

**KARNAMAYA MONGAR**

The grand jury report in the criminal prosecution of Philadelphia abortionist Kermit Gosnell explained that in the abortion practice that he had run for nearly four decades, “Dr. Gosnell didn’t just kill babies. He was also a deadly threat to mothers.”

The report detailed harrowing examples of women injured by Gosnell and his staff’s illegal and unsafe practice. Among the victims’ stories was that of Karnamaya Mongar, who had a fatal encounter with the Gosnell facility in November 2009:

Karnamaya Mongar was not one of the privileged patients. She was a 41-year-old refugee who had recently come to the United States from a resettlement camp in Nepal. When she arrived at the facility, Gosnell, as usual, was not there. Office workers had her sign various forms that she could not read, and then began doping her up. She received repeated unmonitored, unrecorded intravenous injections of Demerol, a sedative seldom used in recent years because of its dangers. Gosnell liked it because it was cheap.

After several hours, Mrs. Mongar simply stopped breathing. When employees finally noticed, Gosnell was called in and briefly attempted to give CPR. He couldn’t use the defibrillator (it was broken); nor did he administer emergency medications that might have restarted her heart. After further crucial delay, paramedics finally arrived, but Mrs. Mongar was probably brain dead before they were even called. In the meantime, the facility staff hooked up machinery and rearranged her body to make it look like they had been in the midst of a routine, safe abortion procedure.

Even then, there might have been some slim hope of reviving Mrs. Mongar. The paramedics were able to generate a weak pulse. But, because of the cluttered hallways and the padlocked emergency door, it took them over twenty minutes just to find a way to get her out of the building. Doctors at the hospital managed to keep her heart beating, but they never knew what they were trying to treat, because Gosnell and his staff lied about how much anesthesia they had given, and who had given it. By that point, there was no way to restore
any neurological activity. Life support was removed the next day. Karnamaya Mongar was pronounced dead.15

Gosnell was later convicted of involuntary manslaughter for Karnamaya’s death.

**JENNIFER MORBELLI**

On February 7, 2013, Jennifer Morbelli died of complications from a third-trimester (33-weeks) abortion performed by the infamous late-term abortionist LeRoy Carhart at a Germantown, Maryland abortion center.16

After the abortion, Jennifer was unable to reach Carhart when she suffered from chest pain and shortness of breath. Her family members “told hospital personnel they had tried to reach Carhart several times, but he did not return their calls.”17 The emergency room that Jennifer was taken to was also unsuccessful in reaching Carhart.

Jennifer suffered massive internal bleeding in her abdominal cavity and slipped into a Code Blue condition approximately six times before dying. The Chief Medical Examiner ruled that she died because amniotic fluid from her womb spilled into her bloodstream, making her blood unable to clot.

It was known at the time of Jennifer’s death that Carhart typically left Maryland shortly after completing his scheduled abortion procedures, travelling either to his home in Nebraska or to Indiana, where Carhart also ran a late-term abortion business. Importantly, remaining in town would not have undone the initial harm Carhart inflicted, but his unavailability to remedy the medical crisis he caused cost precious time and, perhaps, Jennifer’s life.

**TONYA REAVES**

The autopsy report concluded that 24-year-old Tonya Reaves’s cause of death was “due to hemorrhage resulting from cervical dilation and evacuation due to an intrauterine pregnancy.”18 In other words, Tonya bled to death after a Planned Parenthood abortionist in downtown Chicago lacerated her uterus during the abortion.

The timeline of events raises questions about whether Tonya’s life could have been saved despite the serious injury Planned Parenthood’s abortionist had inflicted. The abortion procedure began at 11am, but Tonya was not transported to a hospital for emergency care until 4:30pm.19 Had Planned Parenthood not delayed seeking emergency care, would Tonya be alive today?

Two days after Tonya’s death, Planned Parenthood seemed to imply that blame for Tonya’s death should be cast elsewhere. In a written statement, Planned Parenthood of Illinois said “[w]e were shocked and saddened upon learning of a tragic development at a nearby hospital. Our hearts go out to the loved ones of this patient.”20
Tonya’s death—the result of a botched abortion at Planned Parenthood—left her one-year-old son, Alvin, without a mother. Planned Parenthood’s agreement to pay $2 million dollars was “fair and reasonable” according to a court order approving the wrongful death settlement.\(^\text{21}\)

**ANTONESHA ROSS**

On May 8, 2009, the Women’s Aid Clinic in Chicago performed a five-minute abortion on 18-year-old Antonesha Ross.\(^\text{22}\) The young mother had trouble breathing afterwards, and began to cough up fluid and blood.

Forty minutes after her abortion, clinic employees called an ambulance. Instead of performing CPR, clinic staff offered Antonesha a bag to breathe in. She was pronounced dead in the emergency room shortly thereafter. The cause of death was determined to be severe bronchopneumonia.

In September 2011, two years after Antonesha’s death, an inspector arrived at the Women’s Aid Clinic and found 15 violations of state health and safety standards, including failure to perform CPR on Antonesha. State officials called conditions there “directly threatening to the public interest, health, safety and welfare;” suspended the Women’s Aid’s license and levied a fine of $36,000.

The inspection further documented Antonesha’s poor care. Six days prior to her abortion, Antonesha arrived at the Women’s Aid Clinic, visibly sick, and was told by the abortionist that her upper respiratory infection meant she could not safely undergo the procedure until she had been examined by a doctor and treated with antibiotics. According to state inspection records, when she returned days later, there was no documentation that she had been treated for her respiratory infection or re-examined by abortion center staff.\(^\text{23}\)

The Women’s Aid Clinic filed for bankruptcy and closed in November 2011, three weeks after the fine was imposed. The next month, the clinic’s owner, Larisa Rozansky, opened a new abortion business at the same location, with the same phone number, same website, and a substantially similar name—the Women’s Aid Center. Rozansky and her lawyer even had the gall to argue that the new business was an entirely different entity and that the old one had no money to pay the fine.

**MARIA SANTIAGO**

On February 13, 2013, Maria Santiago underwent an abortion procedure in a Baltimore facility, where she was left in the care of an unlicensed medical assistant when she became hypoxic.\(^\text{24}\) After the abortionist, Iris Dominy—who was not certified in basic life support—performed resuscitation efforts, staff contacted emergency services, and Maria was transported to a hospital, where she died two days later.

Following Maria’s death, the Maryland State Board of Physicians launched an investigation into
the Baltimore business run by Associates in OB/GYN Care, as well as three other centers run by Associates. The investigation found “numerous deficiencies” in the businesses’ operations “and determined that it engaged in systemic violations of State regulations.”

Broken emergency equipment, expired medication, and untrained staff were common problems at Associates’ abortion centers.

The Board of Physicians specifically found that in the case of Maria’s death, the abortionist “failed to meet appropriate standards for the delivery of quality medical care.” In addition to failing to obtain proper informed consent from Maria, who did not speak English or Spanish, the abortionist failed to perform an appropriate pre-abortion physical exam. She failed to appropriately monitor Maria’s vital signs. She left Maria unattended after surgery, did not have or use a defibrillator, was not certified in basic life support, and failed to appropriately perform CPR.

The tragic lack of care for Maria was not an aberration. The Board of Physicians’ investigation uncovered the sad truth that dangerous conditions were the norm at all Associates’ abortion centers.
The reality of abortion practice in America is indisputably at odds with abortion advocates’ repeated assurances that legalized abortion ensures and protects maternal health. Over just the last eight years, hundreds of abortion businesses and abortionists across the nation have faced investigations or been cited for violating state laws and medical regulations governing the provision of abortion.

For example, in April 2016, a Virginia abortion center was shut down after investigators issued a 52-page deficiency report that included evidence that a staff member assisted in an abortion after unclogging a toilet but before changing scrubs or properly cleaning her hands, that an abortionist saved a blood-smeared surgical gown for future use rather than putting it into the laundry, and that surgical equipment was smeared with “foreign material” and dried yellow and brown “splatter.”

Similarly, in late 2015, an Atlanta television station reviewed inspection reports for all of Georgia’s licensed abortion facilities. The investigation uncovered multiple and repeated health and safety violations including unsterilized equipment, expired medications including the use of iodine swabs that had expired 10 years ago, a vent in a biohazard room taped off with cardboard, stirrups wrapped in duct tape, and soiled linens in procedure rooms.

Dangerous and substandard abortion practice is not a new or emerging problem, but a longstanding and pervasive one. Legal abortion businesses are the “back alleys” that abortion advocates shamelessly invoke whenever anyone challenges their unrestricted and unregulated abortion-on-demand ideology. Sadly, the Hellerstedt decision permits these “back alley” abortion mills to remain in business and threatens the ability of state officials to provide meaningful regulation or oversight of these dangerous facilities.
Americans United for Life reviewed evidence from 32 states, including hundreds of reports from state health inspectors, to determine the most common health and safety violations in American abortion facilities. These documented failures have endangered the lives and health of untold numbers of women and substantiate the pervasiveness of substandard and dangerous abortion practices in an abortion industry more concerned about profits than about the women it claims to champion.

1. Failure to Ensure a Safe and Sanitary Environment
2. Failure to Accurately Document Patient Records and Keep Patient Medical Information Confidential
3. Failure to Ensure Staff Are Properly Trained for Duties
4. Unlicensed/Unqualified/Untrained Staff Providing Patient Care
5. Expired Medications and Medical Supplies
6. Failure to Purchase and Maintain Required Equipment
7. Failure to Adopt, Follow, and/or Periodically Review Health and Safety Protocols
8. Failure to Properly Handle Medications
9. Failure to Comply with Physical Plant Standards
10. Failure to Monitor Patient Vital Signs
More than 130 abortion facilities in 22 states failed to follow established infection control protocols. The implicated states include Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia. Common violations included failure to follow handwashing protocols, failure to convene infection control committees, and refusal to develop infectious disease protocols.

Other violations documented by state officials included:

- Quality assurance programs were not properly implemented.
- Autoclave and sterilization procedures were not followed.
- Facilities were generally “unclean,” including some where there was evidence of bloody drainage and fluids on exam tables.
- Dried blood and/or rust was found on equipment.
- Instruments labeled as “sterilized” displayed dried blood and/or rust.
- Reusable equipment and instruments were not cleaned and sterilized.
- Contaminated syringe containers were stored incorrectly.
- The bodily remains of aborted children were stored in the same refrigerators as medications and/or food.
- Staff members in some facilities were unable to locate sterile suturing supplies and equipment.
- In a Chicago abortion business, a recovery room technician was observed retrieving a paper towel from the garbage and using the same paper towel to cover a tray that would later serve food to patients.

Patients were further exposed to unsanitary conditions by improper water temperatures for laundry, sterilizers not being cleaned monthly, single-use vials being used multiple times and on different patients, vaginal probes not being disinfected between uses, and infectious waste not being stored or disposed of properly.
THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

**ALABAMA**

Alabama Women’s Center for Reproductive Alternatives

Beacon Women’s Center, Montgomery

Planned Parenthood of Alabama, Birmingham

Planned Parenthood of Alabama, Mobile

Reproductive Health Services, Montgomery

West Alabama Women’s Center

**ARIZONA**

Camelback Family Planning

**ARKANSAS**

Little Rock Family Planning Services

**DELAWARE**

Planned Parenthood of Delaware

Planned Parenthood of Wilmington and Timothy Liveright

**FLORIDA**

All Women’s Clinic, LLC, Fort Lauderdale

Southwest Florida Women’s Clinic, Fort Myers

A Medical Office for Women, North Miami Beach
## FLORIDA (CONT.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Name of Provider</th>
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</thead>
<tbody>
<tr>
<td>Miami</td>
<td>A Woman’s World Medical Center</td>
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<tr>
<td></td>
<td>A-1 Women’s Health Care, Inc.</td>
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<td>Altamonte Springs</td>
<td>All Women’s Health Center of Orlando, Inc.</td>
</tr>
<tr>
<td></td>
<td>Blue Coral Women’s Care</td>
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<tr>
<td>South Tampa</td>
<td>Planned Parenthood of Greater Orlando, South Tampa</td>
</tr>
<tr>
<td></td>
<td>Today’s Women Medical Center</td>
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## GEORGIA

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<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
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## ILLINOIS

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<td>ACU Health Center</td>
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<tr>
<td></td>
<td>Hope Clinic for Women</td>
</tr>
<tr>
<td></td>
<td>Michigan Avenue Medical Center</td>
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<tr>
<td></td>
<td>Northern Illinois Women’s Center</td>
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<tr>
<td></td>
<td>Whole Woman’s Health of Peoria</td>
</tr>
<tr>
<td></td>
<td>Women’s Aid Clinic (reopened and now operating as Women’s Aid Center)</td>
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## KENTUCKY

<table>
<thead>
<tr>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>EMW Women’s Surgical Center</td>
</tr>
</tbody>
</table>
# LOUISIANA

- Bossier City Medical Suite, Bossier City

# MARYLAND

- Annapolis Health Center (Planned Parenthood)
- Associates in OB/GYN Care, Baltimore
- Associates in OB/GYN Care, Cheverly
- Germantown Reproductive Health Services
- Gynemed Surgical Center
- Hagerstown Reproductive Health
- Hillcrest Clinic of Baltimore
- Metropolitan Family Planning Clinic, College Park
- Metropolitan Family Planning Clinic, Suitland
- Planned Parenthood of Metropolitan Washington, Silver Spring
- Potomac Family Planning
- Prince Georges Reproductive Health Services
- Silver Spring Family Planning (aka American Women’s Center)
- Whole Woman’s Health of Baltimore
MICHIGAN

Heritage Clinic for Women

Northland Family Planning Centers

Planned Parenthood of Mid-Michigan (Ann Arbor Planned Parenthood)

Planned Parenthood of Mid and South Michigan, Flint

Scotsdale Women’s Center in Michigan and Frankly Seabrooks

Summit Women’s Center

Woman Care of Southfield

Women’s Center of Flint

Women’s Center of Saginaw

Women’s Medical Services, Muskegon

MISSISSIPPI

Jackson Women’s Health Organization

NEVADA

All Women Care

Birth Control Care Center

NEW MEXICO

Southwestern Women’s Options
NEW JERSEY

Numerous New Jersey abortion clinics

Metropolitan Medical Associates, Englewood

NEW YORK

Dr. Emily’s Women’s Health Center

NORTH CAROLINA

A Preferred Women’s Health Center

A Woman’s Choice of Greensboro

A Woman’s Choice of Raleigh

Baker Clinic for Women

Carolina Women’s Clinic

Hallmark Women’s Clinic

Planned Parenthood South Atlantic of Central North, Chapel Hill

Planned Parenthood of Winston-Salem

Women’s Health Alliance/Chapel Hill Obstetrics and Gynecology

OHIO

Akron Women’s Medical Group

East Health Central Ohio (Planned Parenthood)

Capital Care Network

Founder’s Women’s Health Center

Planned Parenthood - Bedford Heights
### PENNSYLVANIA

- Abortion as an Alternative, Inc.- Bensalem
- Abortion as an Alternative, Inc., Germantown
- Allegheny Reproductive Health Center
- Allentown Health Center (Planned Parenthood)
- Allentown Medical Services
- Allentown Women’s Center
- Berger and Benjamin
- Drexel OB/GYN Associates, Philadelphia
- Hillcrest Women’s Medical Center
- Philadelphia Women’s Center
- Planned Parenthood of Central Pennsylvania, York
- Planned Parenthood of Key-Reading
- Planned Parenthood of Southeastern Pennsylvania, Far Northeast Health Center
- Planned Parenthood of Southeastern Pennsylvania, Locust Street Health Center
- Planned Parenthood of Southeastern Pennsylvania, Norristown
- Planned Parenthood of Southeastern Pennsylvania, West Chester Health Center
- Planned Parenthood – Warminster Medical Center
- Planned Parenthood of Western Pennsylvania
- Women’s Medical Society

### SOUTH CAROLINA

- Columbia Health Center (Planned Parenthood)
### TEXAS

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<tr>
<td>Alamo Women’s Reproductive Services Clinic, San Antonio</td>
<td>San Antonio</td>
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<tr>
<td>Houston Women’s Clinic</td>
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<td>Planned Parenthood Babcock Sexual Healthcare, San Antonio</td>
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<td>Whole Woman’s Health, Austin, Beaumont, Fort Worth, and McAllen</td>
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### VIRGINIA

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<td>A Capitol Women’s Health Clinic</td>
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<td></td>
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<tr>
<td>A Tidewater Women’s Health Clinic</td>
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<td>Charlottesville Medical Center for Women</td>
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<td>Falls Church Healthcare Center</td>
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<td>Hillcrest Clinic</td>
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<td>Planned Parenthood, Blacksburg</td>
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<td>Planned Parenthood of Metropolitan Washington, Falls Church</td>
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<tr>
<td>Planned Parenthood, Roanoke</td>
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</table>
FAILURE TO ACCURATELY DOCUMENT PATIENT RECORDS AND KEEP PATIENT MEDICAL INFORMATION CONFIDENTIAL

At least 100 abortion facilities in 17 states failed to appropriately annotate and handle patient medical records. The implicated states include Alabama, Arizona, California, Delaware, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.

Among the noted violations were:

- Failure to document required informed consent counseling.
- Failure to completely annotate patient medical records, including failures to note the gestational age of the unborn child, the date of the abortion procedure, patient vital signs, the dosage of medications and the time of administration, whether an examination of tissue removed during abortions was performed and the results, discharge orders, and subsequent medical referrals.
- Failure to keep patient records safe.
- Failure to keep patient medical records and information confidential, including violations of the federal medical records privacy statute.
- Failure to properly dispose of patient medical records.
- Failure to notify patients of results of STD testing.
THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

**ALABAMA**

<table>
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<tr>
<td>Alabama Women’s Center for Reproductive Alternatives</td>
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<tr>
<td>Beacon Women’s Center, Montgomery</td>
<td>206, 207</td>
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<tr>
<td>Planned Parenthood of Alabama, Birmingham</td>
<td>208, 209</td>
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<tr>
<td>Planned Parenthood of Mobile</td>
<td>210</td>
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<tr>
<td>Reproductive Health Services, Montgomery</td>
<td>211</td>
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<td>West Alabama Women’s Center</td>
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**ARIZONA**

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**CALIFORNIA**

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<tr>
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<tr>
<td>Lars Erik Hanson</td>
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**DELAWARE**

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<tr>
<td>Planned Parenthood of Wilmington and Timothy Liveright</td>
<td>218</td>
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</table>
### Florida

- A Hialeah Women Center
- A Medical Office for Women
- A Woman’s Choice, LLC, Hialeah
- A Woman’s World Medical Center
- A-1 Women’s Health Care, Inc., Miami
- All Women’s Health Center of Gainesville, Inc.
- All Women’s Health Center of Jacksonville
- Blue Coral Women’s Care, Inc., Miami
- Bread and Roses Well Woman Care
- Eve’s Clinic & Referral Service
- Fort Lauderdale Women’s Center
- Orlando Women’s Center

### Georgia

- Atlanta Women’s Medical Center

### Illinois

- ACU Health Center
- Advantage Health Care
- American Women’s Health
- Forest View Medical Center
- Hope Clinic for Women
### ILLINOIS (CONT.)

- Michigan Avenue Medical Center
- Northern Illinois Women’s Center
- Whole Woman’s Health of Peoria
- Women’s Aid Clinic (reopened and now operating as Women’s Aid Center)

### INDIANA

- Ulrich Klopfer

### LOUISIANA

- Causeway Medical Clinic
- Delta Clinic of Baton Rouge
- Hope Medical Group for Women
- Women’s Health Center

### MARYLAND

- Associates in OB/GYN Care, Baltimore
- Associates in OB/GYN Care, Cheverly
- Germantown Reproductive Health Services
- Hillcrest Clinic, Baltimore
- Metropolitan Family Planning, College Park
- Metropolitan Family Planning, Suitland
- Planned Parenthood of Baltimore
- Planned Parenthood of Metropolitan Washington, Silver Spring
### MARYLAND (CONT.)

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<td>Potomac Family Planning</td>
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<td>Prince Georges Reproductive Health Services</td>
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<td>Silver Spring Family Planning (aka American Women’s Center)</td>
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### MICHIGAN

<table>
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<td>Woman Care of Southfield</td>
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<td>Women’s Medical Services, Muskegon</td>
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### NORTH CAROLINA

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
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<tbody>
<tr>
<td></td>
<td>A Preferred Women’s Health Center, Charlotte</td>
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<td></td>
<td>A Preferred Women’s Health Center, Raleigh</td>
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<tr>
<td></td>
<td>A Woman’s Choice of Greensboro</td>
</tr>
<tr>
<td></td>
<td>A Woman’s Choice, Raleigh</td>
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<td></td>
<td>Crist Clinic for Women</td>
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<tr>
<td></td>
<td>Family Reproductive Health</td>
</tr>
<tr>
<td></td>
<td>Hallmark Women’s Clinic</td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood of South Atlantic of Central North, Chapel Hill</td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood South Atlantic of Wilmington</td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood of Winston-Salem</td>
</tr>
<tr>
<td></td>
<td>Women’s Health Alliance/Chapel Hill Obstetrics and Gynecology</td>
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</table>
### OHIO

- Capital Care Network
- East Health Central Ohio (Planned Parenthood)
- Founder’s Women’s Health Center
- Planned Parenthood - Bedford Heights
- Preterm Abortion Clinic

### PENNSYLVANIA

- Allegheny Reproductive Health Center
- Allentown Health Center (Planned Parenthood)
- Allentown Medical Services
- Allentown Women’s Center
- Berger and Benjamin
- Drexel OB/GYN Associates, Philadelphia
- Hillcrest Women’s Medical Center
- Mazzoni Center Family and Community Medicine
- Philadelphia Women’s Center
- Planned Parenthood of Central Pennsylvania, York
- Planned Parenthood of Key-Reading
- Planned Parenthood Southeastern Pennsylvania - Far Northeast Health Center
- Planned Parenthood Southeastern Pennsylvania - Locust Street Health Center
- Planned Parenthood Southeastern Pennsylvania - West Chester Heath Center
- Planned Parenthood - Warminster Medical Center
### SOUTH CAROLINA

Columbia Health Center (Planned Parenthood)\(^{313}\)

### TEXAS

Hilltop Women’s Reproductive Clinic\(^ {314}\)

Whole Woman’s Health of Beaumont\(^ {315}\)

Paul Fine\(^ {316}\)

### VIRGINIA

A Tidewater Women’s Clinic\(^ {317}\)

Alexandria Women’s Health Clinic\(^ {318}\)

Annandale Women and Family Center\(^ {319}\)

Charlottesville Medical Center for Women\(^ {320,321}\)

Charlottesville Planned Parenthood\(^ {322}\)

NOVA Women’s Healthcare\(^ {323}\)

Peninsula Medical Center for Women\(^ {324,325}\)

Planned Parenthood - Blacksburg\(^ {326}\)

Planned Parenthood of Southeastern Virginia\(^ {327}\)

Roanoke Medical Center for Women\(^ {328}\)

Virginia League for Planned Parenthood\(^ {329}\)

Virginia Women’s Wellness\(^ {330,331}\)
FAILURE TO ENSURE STAFF ARE PROPERLY TRAINED FOR DUTIES

At least 82 abortion facilities in 14 states failed to ensure proper training for staff and/or failed to properly document staff training. States implicated include Alabama, Florida, Illinois, Louisiana, Maryland, Michigan, Mississippi, Nevada, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.

Among the noted violations were:

- Medical staff did not have the necessary credentials;
- Failure to ensure that medical staff maintained certifications;
- Failure to document staff qualifications;
- Failure to perform background checks;
- Failure to collect information from the National Practitioners Data Bank on prospective employees;
- Failure to conduct orientation programs for new employees; and
- Failure to conduct annual training.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

**ALABAMA**

Planned Parenthood of Alabama, Birmingham

Planned Parenthood of Mobile

**FLORIDA**

A Woman’s World Medical Center

Advance Woman’s Care Center

Alba Medical Center, Hialeah

Blue Coral Women’s Care
FLORIDA (CONT.)

Eve of Kendall, Inc.342
EPOC Clinic, LLC, Orlando343
Planned Parenthood of Greater Orlando, Inc., South Tampa344-345
Planned Parenthood of Southwest and Central Florida, Sarasota346,347
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ILLINOIS

Forest View Medical Center351
Hope Clinic for Women352
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Causeway Medical Clinic355
Delta Clinic of Baton Rouge356
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Associates in OB/GYN Care, Baltimore359
Associates in OB/GYN Care, Cheverly360
Associates in OB/GYN Care, Silver Spring361
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Germantown Reproductive Health Services 362, 363

Gynemed Surgical Center 364

Hagerstown Reproductive Health 365, 366

Hillcrest Clinic of Baltimore 367-369

Metropolitan Family Planning Clinic, College Park 370, 371

Metropolitan Family Planning Clinic, Suitland 372-373

Planned Parenthood of Metropolitan Washington, Silver Spring 374

Potomac Family Planning 375

Prince Georges Reproductive Health Services 376, 377

Silver Spring Family Planning (aka American Women’s Center) 378, 379

Whole Woman’s Health Baltimore 380

MICHIGAN

Woman Care of Southfield 381

MISSISSIPPI

Jackson Women’s Health Organization 382, 383

NEVADA

All Women Care 384
NORTH CAROLINA

A Woman’s Choice of Greensboro

A Woman’s Choice of Raleigh

Crist Clinic for Women

Family Reproductive Health

Planned Parenthood of Winston-Salem

OHIO

Capital Care Network

Eastern Health Central Ohio (Planned Parenthood)

Founder’s Women’s Health Center

Northeast Ohio Women’s Center

Planned Parenthood - Bedford Heights

Preterm Abortion Clinic

PENNSYLVANIA

Allegheny Reproductive Health Center

Allentown Health Center (Planned Parenthood)

Allentown Women’s Center

Berger and Benjamin

Hillcrest Women’s Medical Center

Philadelphia Women’s Center

Planned Parenthood of Central Pennsylvania, York

Planned Parenthood of Key-Reading
## PENNSYLVANIA (CONT.)

- Planned Parenthood Southeastern Pennsylvania – Far Northeast Health Center
- Planned Parenthood Southeastern Pennsylvania – Locust Street Health Center
- Planned Parenthood Southeastern Pennsylvania – Norristown
- Planned Parenthood Southeastern Pennsylvania – West Chester Health Center
- Planned Parenthood – Warminster Medical Center
- Planned Parenthood of Western Pennsylvania

## SOUTH CAROLINA

- Columbia Health Center (Planned Parenthood)

## TEXAS

- Alamo Women’s Reproductive Services Clinic, San Antonio
- Houston Women’s Clinic

## VIRGINIA

- A Capitol Women’s Health Clinic
- A Tidewater Women’s Health Clinic
- Alexandria Women’s Health Clinic
- Amethyst Health Center for Women
- Annandale Women and Family Center
- Charlottesville Medical Center for Women
- Charlottesville Planned Parenthood
- Fall Church Healthcare Center
At least 81 abortion facilities in at least 18 states allowed unlicensed, unqualified, and/or untrained staff to provide patient care. In some instances, the abortion facility failed to ensure that required medical professionals were present during abortion procedures and when patients were in the facility or could not provide proof of required professional licenses, training, or qualifications. For example, the Northern Illinois Women’s Center had not employed the required registered nurse for over four years, while both physicians at the Scotsdale Women’s Center in Michigan failed to maintain the licenses necessary to administer certain medications. In other instances, staff lacked training and/or licensure in simple life-saving techniques, including CPR.

The states implicated include Alabama, Arizona, California, Delaware, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, Mississippi, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.
THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

ALABAMA

Beacon Women’s Center, Montgomery

New Woman All Women Health Care and Bruce Elliott Norman, Birmingham

ARIZONA

Camelback Family Planning

CALIFORNIA

Clinica Para La Mujer and Lars Erik Hanson

DELAWARE

Planned Parenthood of Delaware

Planned Parenthood of Wilmington and Timothy Liveright

FLORIDA

A Medical Office for Women

A Woman’s Care, Miami

A Woman’s Choice, LLC, Hialeah

A Woman’s Option Inc., Hialeah

A Woman’s World Medical Center, Inc., Fort Pierce

A-1 Woman’s Health Care, Inc.

Advance Woman’s Care Center
**FLORIDA (CONT.)**

- All Women’s Health Center of Gainesville, Inc. 466,467
- All Women’s Health Center of Jacksonville, Inc., Jacksonville 468
- Blue Coral Women’s Care, Inc., Miami 469
- Florida Women’s Center, Jacksonville 470,471
- Hialeah Women’s Center 472
- James Pendergraft, Orlando 473
- Orlando Women’s Center, LLC 474
- Planned Parenthood of Greater Orlando, South Tampa 475

**GEORGIA**

- Alpha Gynecology and Consulting (now closed) 476

**ILLINOIS**

- Albany Medical Surgical Center 477
- American Women’s Health 478
- Northern Illinois Women’s Center 479
- Whole Woman’s Health of Peoria 480
- Women’s Aid Clinic (reopened and now operating as Women’s Aid Center) 481

**LOUISIANA**

- Causeway Medical Clinic 482,483
- Hope Medical Group for Women 484,485
- The Women’s Health Center 486
MARYLAND

Associates in OB/GYN Care, Baltimore

Associates in OB/GYN Care, Cheverly

Associates in OB/GYN Care, Silver Spring

Germantown Reproductive Health Services

Hillcrest Clinic of Baltimore

Metropolitan Family Planning Clinic, College Park

Metropolitan Family Planning Clinic, Suitland

Planned Parenthood of Metropolitan Washington, Silver Spring

Silver Spring Family Planning (aka American Women’s Center)

Michael Basco

LeRoy Carhart

Iris Dominy

Abolghassem Gohari

George Shepard, Jr.

MICHIGAN

Scotsdale Women’s Center and Dennis Ruddock

Scotsdale Women’s Center and Franklin Seabrooks

MISSISSIPPI

Jackson Women’s Health Organization
<table>
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<tr>
<td>Vikram H. Kaji*</td>
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<td>A Woman’s Choice of Greensboro*</td>
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<td>Planned Parenthood of Winston-Salem*</td>
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<td>Capital Care Network Abortion Clinic, Cuyahoga Falls*</td>
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<td>Capital Care Network*</td>
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<td>Founder’s Women’s Health Center*</td>
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<thead>
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<td>Allentown Women’s Center*</td>
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<td>Drexel OB/GYN Associates, Philadelphia*</td>
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<td>Planned Parenthood of Central Pennsylvania, York*</td>
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<td>Planned Parenthood of Key-Reading*</td>
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<tr>
<td>Planned Parenthood of Southeastern Pennsylvania, Norristown*</td>
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<td>Planned Parenthood of Southeastern Pennsylvania – West Chester Health Center*</td>
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<td>Planned Parenthood – Warminster Medical Center*</td>
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<td>Women’s Medical Society and Kermit Gosnell*</td>
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<td>Steven Brigham*</td>
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SOUTH CAROLINA

Columbia Health Center (Planned Parenthood)\textsuperscript{525}

TEXAS

Aaron Women’s Clinic\textsuperscript{526}

Whole Woman’s Health, Fort Worth\textsuperscript{527}

Alan Howard Molson\textsuperscript{528}

VIRGINIA

Alexandria Women’s Health Clinic\textsuperscript{529,530}

Annandale Women and Family Center\textsuperscript{531}

Charlottesville Medical Center for Women\textsuperscript{532}

Peninsula Medical Center for Women\textsuperscript{533}

Planned Parenthood of Metropolitan Washington, Falls Church\textsuperscript{534}

Planned Parenthood of Southeastern Virginia\textsuperscript{535}

Richmond Medical Center for Women\textsuperscript{536}

5 EXPIRED MEDICATIONS AND MEDICAL SUPPLIES

At least 77 abortion facilities in at least 17 states maintained expired medications and medical supplies in their facilities, risking their use with patients. Numerous violations involved expired emergency drugs. States implicated include Alabama, Arkansas, California, Delaware, Florida, Illinois, Kentucky, Louisiana, Maryland, Michigan, Nebraska, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.
THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

**ALABAMA**

- Planned Parenthood of Alabama, Birmingham
- Planned Parenthood of Mobile
- West Alabama Women’s Center, Tuscaloosa

**ARKANSAS**

- Little Rock Family Planning Services

**CALIFORNIA**

- Clinica Para La Mujer and Lars Erik Hanson

**DELAWARE**

- Planned Parenthood of Delaware

**FLORIDA**

- A Medical Office for Women, North Miami Beach
- A Woman’s Care, Miami
- A Woman’s Center of Hollywood
- A Woman’s Choice, LLC, Hialeah
- A Woman’s Option, Inc., Hialeah
- A-1 Women’s Health Care, Inc., Miami
- All Women’s Health Center of Gainesville, Inc.
**FLORIDA (CONT.)**

All Women’s Health Center of Jacksonville

All Women’s Health Center of Orlando, Inc., Altamonte Springs

Blue Coral Women’s Care, Inc., Miami

Eve of Kendall, Inc., Miami

Eve’s Clinic & Referral Service, Inc., Miami

Florida Women’s Center, Inc., Jacksonville

Hialeah Women’s Center, Hialeah

Planned Parenthood of Greater Orlando, South Tampa

Today’s Women Medical Center, Miami

**ILLINOIS**

Hope Clinic for Women

Michigan Ave Medical Center

Women’s Aid Clinic (reopened and now operating as Women’s Aid Center)

**KENTUCKY**

EMW Women’s Surgical Center

**LOUISIANA**

Delta Clinic of Baton Rouge

Causeway Medical Clinic
### MARYLAND

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### MICHIGAN

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### NORTH CAROLINA

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### OHIO

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<td>Northeast Ohio Women’s Center</td>
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<td>Planned Parenthood - Bedford Heights</td>
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PENNSYLVANIA

Abortion as an Alternative, Inc. - Bensalem

Abortion as an Alternative, Inc. - Germantown

Allegheny Reproductive Health Center

Allentown Health Services (Planned Parenthood)

Allentown Medical Services, Allentown

Allentown Women’s Center

Berger and Benjamin

Drexel OB/GYN Associates, Philadelphia

Hillcrest Women’s Medical Center

Philadelphia Women’s Center

Planned Parenthood of Central Pennsylvania - York

Planned Parenthood Southeastern Pennsylvania – Far Northeast Health Center

Planned Parenthood Southeastern Pennsylvania – West Chester Health Center

Planned Parenthood – Warminster Medical Center

Planned Parenthood of Western Pennsylvania

SOUTH CAROLINA

Columbia Health Center (Planned Parenthood)

Greenville Women’s Clinic
### TEXAS

- Routh Street Women’s Clinic, Dallas \(^6\)\(^1\)\(^2\)
- Whole Woman’s Health, Beaumont \(^6\)\(^3\)
- Whole Woman’s Health, Fort Worth \(^6\)\(^4\)

### VIRGINIA

- Alexandria Women’s Health Clinic \(^6\)\(^5\), \(^6\)\(^6\)
- Amethyst Health Center for Women \(^6\)\(^7\), \(^6\)\(^8\)
- Annandale Women and Family Center \(^6\)\(^9\)
- Charlottesville Medical Center for Women \(^6\)\(^2\)\(^0\), \(^6\)\(^2\)\(^1\)
- Charlottesville Planned Parenthood \(^6\)\(^2\)\(^2\)
- Falls Church Healthcare Center \(^6\)\(^2\)\(^3\), \(^6\)\(^2\)\(^5\)
- Hill Crest Clinic \(^6\)\(^2\)\(^6\)
- NOVA Women’s Healthcare \(^6\)\(^2\)\(^7\), \(^6\)\(^2\)\(^8\)
- Peninsula Medical Center for Women \(^6\)\(^2\)\(^9\)
- Planned Parenthood of Metropolitan Washington - Falls Church \(^6\)\(^3\)\(^0\)
- Planned Parenthood of Southeastern Virginia \(^6\)\(^3\)\(^1\)
- Richmond Medical Center for Women \(^6\)\(^3\)\(^2\), \(^6\)\(^3\)\(^3\)
- Roanoke Medical Center for Women \(^6\)\(^3\)\(^4\)
- Virginia Health Group \(^6\)\(^3\)\(^5\)
- Virginia League for Planned Parenthood \(^6\)\(^3\)\(^6\)
FAILURE TO ADOPT, FOLLOW, AND/OR PERIODICALLY REVIEW HEALTH AND SAFETY PROTOCOLS

At least 77 abortion facilities in at least 15 states failed to adopt, follow, and/or periodically review health and safety protocols, including standards for the administration of abortion-inducing drugs, preventive maintenance programs, quality assurance protocols, and other health and safety standards. In many facilities, standards and procedures were not reviewed annually. States implicated include Alabama, Arizona, Delaware, Florida, Illinois, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

ALABAMA

Beacon Women’s Center, Montgomery

Planned Parenthood of Alabama, Mobile

ARIZONA

Camelback Family Planning

DELWARE

Planned Parenthood of Delaware

FLORIDA

A Woman’s Choice of Jacksonville

A Woman’s Choice, LLC, Hialeah

A Woman’s Option, Hialeah

A Woman’s World Medical Center

FLORIDA (CONT.)
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<td>All Women’s Health Center of Tampa, Inc.</td>
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<td></td>
<td>Blue Coral Women’s Care</td>
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<td>Bread and Roses, Clearwater</td>
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<td>Planned Parenthood of Greater Orlando, Inc. - South Tampa</td>
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<td>Planned Parenthood of Southwest and Central Florida, Sarasota</td>
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<td></td>
<td>Today’s Women Medical Center</td>
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<td>Illinois</td>
<td>Albany Medical Surgical Center</td>
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<td>American Women’s Health</td>
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<td>Whole Woman’s Health of Peoria</td>
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<td></td>
<td>Women’s Aid Clinic (reopened and now operating as Women’s Aid Center)</td>
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<td>Louisiana</td>
<td>Delta Clinic of Baton Rouge</td>
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<td>Hope Medical Group</td>
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<td>Maryland</td>
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### MARYLAND (CONT.)

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<td>Metropolitan Family Planning Clinic Park, College Park</td>
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<td>Metropolitan Family Planning Clinic, Suitland</td>
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<td>Planned Parenthood of Baltimore</td>
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<td>Potomac Family Planning</td>
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### MICHIGAN

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### MISSISSIPPI

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### NORTH CAROLINA

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<td>A Woman’s Choice of Raleigh</td>
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<td>Baker Clinic for Women</td>
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<td>Carolina Women’s Clinic</td>
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<td>Planned Parenthood South Atlantic of Central North - Chapel Hill</td>
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<td>Women’s Health Alliance/Chapel Hill Obstetrics and Gynecology</td>
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### OHIO

- Akron Women’s Medical Group
- Capital Care Network
- Founder’s Women’s Health Center
- Northeast Ohio Women’s Center
- Planned Parenthood - Bedford Heights

### PENNSYLVANIA

- Abortion as an Alternative, Inc.
- Allegheny Reproductive Health Center
- Allentown Health Center (Planned Parenthood)
- Allentown Women’s Center
- Berger and Benjamin
- Mazzoni Center Family and Community Medicine
- Planned Parenthood of Central Pennsylvania, York
- Planned Parenthood of Key-Reading
- Planned Parenthood Southeastern Pennsylvania – Far Northeast Health Clinic
- Planned Parenthood Southeastern Pennsylvania – Locust Street Health Center
- Planned Parenthood Southeastern Pennsylvania – Norristown
- Planned Parenthood Southeastern Pennsylvania – West Chester Health Center
- Planned Parenthood – Warminster Medical Center

### SOUTH CAROLINA

- Columbia Health Center (Planned Parenthood)
TEXAS

Alamo Women’s Reproductive Services Clinic, San Antonio

West Side Clinic, Fort Worth

Whole Woman’s Health, Beaumont

VIRGINIA

Alexandria Women’s Health Clinic

Annandale Women and Family Center

Charlottesville Medical Center for Women

Charlottesville Planned Parenthood

Falls Church Healthcare Center

Hillcrest Clinic

NOVA Women’s Healthcare

Peninsula Medical Center for Women

Planned Parenthood, Blacksburg

Planned Parenthood, Roanoke

Richmond Medical Center for Women

Roanoke Medical Center for Women

Virginia Health Group

Virginia Women’s Wellness
FAILURE TO PURCHASE AND MAINTAIN REQUIRED EQUIPMENT

At least 74 abortion facilities in at least 11 states did not purchase and/or failed to maintain all required medical equipment. States implicated include Alabama, California, Florida, Illinois, Louisiana, Maryland, Mississippi, North Carolina, Pennsylvania, Texas, and Virginia. The most common violations included not having defibrillators, cardiac monitors, or crash carts, and failing to perform preventive maintenance on ultrasound machines, defibrillators, and autoclaves.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

ALABAMA

Beacon Women’s Center, Montgomery
Planned Parenthood of Alabama, Birmingham
Planned Parenthood of Mobile
Reproductive Health Services, Montgomery

CALIFORNIA

Clinica Para La Mujer and Lars Erik Hanson

FLORIDA

A Choice for Women, Miami
A Medical Office for Women, North Miami Beach
A Woman’s Care, Miami
A Woman’s Choice, LLC, Hialeah
A Woman’s Option, Hialeah
A Woman’s World Medical Center
### Florida (Cont.)

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<td>All Women’s Health Center of Orlando, Inc., Altamonte Springs</td>
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<td>All Women’s Health Center of Tampa, Inc.</td>
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<td>Blue Coral Women’s Care</td>
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<td>Hialeah Women’s Center</td>
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<td>LOUISIANA</td>
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<td>Causeway Medical Clinic</td>
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<td>Delta Clinic of Baton Rouge</td>
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<td>Associates in OB/GYN Care, Cheverly</td>
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<tr>
<td>Associates in OB/GYN Care, Silver Spring</td>
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<tr>
<td>Metropolitan Family Planning Clinic, College Park</td>
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<td>Metropolitan Family Planning Clinic, Suitland</td>
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<tr>
<td>Potomac Family Planning</td>
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<td>Prince Georges Reproductive Health Services</td>
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<td>Silver Spring Family Planning (aka American Women’s Center)</td>
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<td>A Woman’s Choice of Raleigh</td>
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<td>Carolina Women’s Clinic</td>
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<td>Crist Clinic for Women</td>
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<td>Planned Parenthood of Winston-Salem</td>
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**PENNSYLVANIA**

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<tr>
<td>Abortion as an Alternative, Inc. - Germantown</td>
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<td>Allentown Health Services (Planned Parenthood)</td>
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<td>Allentown Medical Services</td>
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<td>Drexel OB/GYN Associates, Philadelphia</td>
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<td>Hillcrest Women’s Medical Center</td>
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<tr>
<td>Planned Parenthood of Central Pennsylvania – York</td>
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<td>Planned Parenthood of Reading</td>
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<td>Planned Parenthood of Southeastern Pennsylvania – Norristown</td>
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<td>Planned Parenthood - Warminster Medical Center</td>
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<td>Women’s Medical Society</td>
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**TEXAS**

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<td>Suburban Women’s Medical Center, Houston</td>
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<tr>
<td>Whole Woman’s Health, Beaumont</td>
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### VIRGINIA

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<td>A Tidewater Women’s Health Clinic</td>
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<tr>
<td>Charlottesville Medical Center for Women</td>
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<td>Annandale Women and Family Center</td>
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<td>Falls Church Healthcare Center</td>
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<td>Hillcrest Clinic</td>
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<td>Planned Parenthood of Metropolitan Washington – Falls Church</td>
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<td>Richmond Medical Center for Women</td>
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<tr>
<td>Virginia Women’s Wellness</td>
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#### 8 Failure to Properly Handle Medications

At least 62 abortion facilities in 16 states failed to properly handle medications and correctly document the administration of medications, including controlled substances and narcotics, in patient medical records. The states implicated include Alabama, Arkansas, California, Delaware, Florida, Illinois, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, and Virginia.

Among the noted violations were:

- Failure to accurately count and document narcotic drugs and other controlled substances;
- Failure to properly store narcotic drugs;
• Allowing unauthorized personnel to access drug cabinets and dispense controlled substances;
• Failure to prepare and administer drugs according to facility policies and accepted standards of care;
• Failure to maintain written policies on the handling of narcotic drugs and controlled substances;
• Making use of pre-printed drug orders and signed prescription pads and allowing any staff member at the facility to access them; and
• Failure to periodically inventory narcotic drugs and other controlled substances for expiration and other issues.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

ALABAMA

Alabama Women’s Center for Reproductive Alternatives\textsuperscript{826}

Beacon Women’s Center, Montgomery\textsuperscript{827,828}

ARKANSAS

Little Rock Family Planning Services, PA\textsuperscript{829,830}

CALIFORNIA

Planned Parenthood – Chula Vista Center\textsuperscript{831}

DELAWARE

Planned Parenthood of Delaware\textsuperscript{832}
## FLORIDA

- Orlando Women’s Center
- Planned Parenthood of Greater Orlando, South Tampa

## ILLINOIS

- Forest View Medical Center
- Hope Clinic for Women
- Whole Woman’s Health of Peoria
- Women’s Aid Clinic (reopened and operating as Women’s Aid Center)

## LOUISIANA

- Bossier City Medical Suite
- Delta Clinic of Baton Rouge
- Hope Medical Group for Women

## MARYLAND

- Associates in OB/GYN Care, Baltimore
- Germantown Reproductive Health Services
- Gynemed Surgical Center
- Hillcrest Clinic, Baltimore
- Planned Parenthood of Baltimore
- Potomac Family Planning
- Prince Georges Reproductive Health Services
- Silver Spring Family Planning (aka American Women’s Center)
### MICHIGAN

- Heritage Clinic for Women
- Northland Family Planning Centers
- Summit Medical Center
- Woman Care of Southfield
- Women’s Center of Flint
- Women’s Center of Saginaw
- Women’s Medical Services, Muskegon

### MISSISSIPPI

- Jackson Women’s Health Organization

### NORTH CAROLINA

- A Preferred Women’s Health Center
- A Woman’s Choice of Greensboro
- Planned Parenthood South Atlantic, Wilmington
- Planned Parenthood of Winston-Salem
- Women’s Health Alliance/Chapel Hill Obstetrics and Gynecology

### OHIO

- East Health Central Ohio (Planned Parenthood)
PENNSYLVANIA

Allegheny Reproductive Health Center

Allentown Health Services (Planned Parenthood)

Allentown Medical Services

Allentown Women’s Center

Berger and Benjamin

Philadelphia Women’s Center

Planned Parenthood of Key-Reading

Planned Parenthood Southeastern Pennsylvania – Far Northeast Health Center

Planned Parenthood Southeastern Pennsylvania – Locust Street Health Center

Planned Parenthood Southeastern Pennsylvania – West Chester Health Center

Planned Parenthood of Western Pennsylvania

Women’s Medical Society

SOUTH CAROLINA

Columbia Health Center (Planned Parenthood)

Greenville Women’s Clinic

TEXAS

AAA Concerned Women’s Center

Abortion Advantage, Dallas

Houston Women’s Clinic

Paul Fine
FAILURE TO COMPLY WITH PHYSICAL PLANT STANDARDS

At least 41 abortion facilities in at least 6 states, including Florida, Illinois, Michigan, Mississippi, Pennsylvania, and Virginia, were not in compliance with physical plant standards. Among the violations were failures to provide private rooms for patient evaluations and counseling, failure to have handwashing stations in procedure rooms, failure to maintain fire emergency systems, and general, facility-wide deterioration and dangerous conditions.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

FLORIDA

A Medical Office for Women

A Woman’s Choice of Hialeah

A Woman’s World Medical Center, Inc.
<table>
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**PENNSYLVANIA (CONT.)**

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<tr>
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**VIRGINIA**

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<tr>
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<tr>
<td>A Capitol Women’s Health Clinic</td>
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<td>Virginia Health Group</td>
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<td>Virginia League for Planned Parenthood</td>
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<td>Virginia Women’s Wellness</td>
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At least 30 abortion facilities in at least 10 states were cited for not having qualified medical professionals monitoring the vital signs of patients during the abortion procedures and/or during the recovery period. The states implicated include Arizona, Delaware, Florida, Louisiana, Maryland, North Carolina, Ohio, Pennsylvania, South Carolina, and Texas.

THE CITED ABORTION BUSINESSES AND INDIVIDUAL ABORTIONISTS WERE:

**ARIZONA**

Camelback Family Planning

**DELAWARE**

Planned Parenthood of Wilmington and Timothy Liveright

**FLORIDA**

A Woman’s Choice, Hialeah

A Woman’s World Medical Center, Inc., Fort Pierce

A-1 Women’s Health Care, Inc., Miami

All Women’s Health Center of Jacksonville, Inc.

Blue Coral Women’s Care, Inc., Miami

Orlando Women’s Center, LLC, Orlando

EPOC Clinic, LLC, Orlando
LOUISIANA

Bossier City Medical Suite

Causeway Medical Clinic

Delta Clinic of Baton Rouge

Gentilly Medical Clinic for Women

Hope Medical Group for Women

MARYLAND

Associates in OB/GYN Care, Silver Spring

Hagerstown Reproductive Health

NORTH CAROLINA

Crist Clinic for Women

Hallmark Women’s Clinic

Planned Parenthood South Atlantic, Fayetteville

OHIO

Capital Care Network

PENNSYLVANIA

Allegheny Reproductive Health Center

Planned Parenthood of Central Pennsylvania – York

Planned Parenthood of Key-Reading
PENNSYLVANIA (CONT.)

Planned Parenthood Southeastern Pennsylvania – Locust Street Health Center

Planned Parenthood - Warminster Medical Center

Women’s Medical Society and Kermit Gosnell

SOUTH CAROLINA

James Pendergraft

TEXAS

West Side Clinic, Fort Worth
CASE STUDY

FLORIDA
OF FLORIDA’S 82 ABORTION FACILITIES:

- 14 abortion facilities were repeat offenders, having been cited for multiple violations of a similar nature in multiple years;

- 15 abortion facilities were cited for expired medications;

- 8 abortion facilities were cited for having unqualified and/or unlicensed staff providing patient care;

- 8 abortion facilities were cited for other deficiencies regarding patient care;

- 6 abortion facilities were cited for having no defibrillator on site or for a non-functioning defibrillator;

- 2 abortion facilities were cited for having rusty surgical instruments or having residue resembling rust or blood on instruments;

- 19 abortion facilities were cited for failing to meet standards for equipment maintenance, including patient monitoring equipment, surgical equipment, and emergency equipment. In fact, the most cited violation of this type was failure to maintain emergency equipment;

- 18 abortion facilities failed to meet clinic personnel standards;

- 3 abortion facilities were cited for failing to provide documentary evidence that they retained a medical director;

- 8 abortion facilities failed to meet physical plant standards;

- 12 abortion facilities were cited for failing to meet standards for documenting and maintaining patient medical records;

- 1 abortion facility was cited for failing to provide parental notice before an abortion procedure;

- 1 abortion facility was cited for failing to report serious injury to the Florida Agency for Health Care Administration;

- 4 abortion facilities were cited for failing to follow up with second trimester abortion patients within 24 hours of the procedure;

- 9 abortion facilities were cited for failing to meet minimum requirements for written policies and procedures, including the requirement that these standards be approved by each facility’s medical director; and

- 4 four abortion facilities were cited for failing to conspicuously post the facilities’ licenses so that patients could see them easily.
Florida provides an excellent case study for trends regarding abortion facility conditions because it is a large state with a significant number of abortion providers and a state that makes all of its abortion facility inspection reports available to the public.

A review of abortion facility inspection reports from 2009 to 2014 reveals numerous and serious violations of basic health and safety standards, including allowing unlicensed staff to provide patient care, failing to have a defibrillator on site in case of emergency, keeping expired medications including expired emergency medications, lacking a medical director, and having dirty or rusty surgical equipment.

Many of Florida’s abortion facilities have been cited for multiple violations over the years, and 14 of them have been cited repeatedly for violations of the same nature. However, state officials are allowing these facilities to operate, even as they continue to endanger the health and safety of women.

A careful review of the available evidence from Florida also accurately paints a picture of the American abortion industry as a whole. It reveals a profit-motivated business that cavalierly ignores the law, discounts the documented dangers inherent in abortion, perpetuates and defends its dangerous practices, and endangers the lives and the health of women.

**DOCUMENTED HEALTH AND SAFETY STANDARD VIOLATIONS (2009 – 2014)**

There are 82 abortion facilities on file with the Florida Agency for Health Care Administration. Thirty-one (or 38 percent) of these facilities were cited for violations of the state’s health and safety standards between 2009 and 2014.

**FLORIDA’S “REPEAT OFFENDERS”**

What might be most alarming is that 14 of the state’s abortion facilities are chronic offenders, having been cited multiple times, in multiple years for violations of the same nature. Florida officials allow these abortion providers to continue to endanger women’s lives even after acknowledging their refusal or inability to meet accepted standards of patient care.

**A Medical Office for Women**

Deficiency reports for A Medical Office for Women in North Miami Beach from April 2009, June 2010, April 2011, September 2011, and March 2014 all cited the facility for expired medications and supplies. The April 2009 report noted that the “crash cart” contained expired and outdated medications and supplies, but did not include any resuscitative medications. The April 2011 inspection noted that expired emergency medications were still stored in the “crash cart.”
Deficiency reports from June 2010 and September 2011 cited the facility for rusty surgical equipment. During the June 2010 inspection, state officials found rust on surgical instruments stored in the sterilization room and rust on surgical instruments in the procedure room, despite the fact that these instruments were enclosed in clear packaging indicating that they had been sterilized. The September 2011 inspection revealed seven rusty curettes stored on a shelf next to the surgical examination table.

Deficiency reports from June 2010, April 2011, and September 2011 noted the facility’s repeated failure to properly maintain required equipment including emergency equipment, while the reports from June 2010 and April 2011 observed that the facility did not have a defibrillator.

**A Woman’s Care**

Deficiency reports for A Woman’s Care in Miami, dated April 2010 and March 2013 noted that the facility did not meet standards for equipment maintenance and had failed to comply with requirements for annual in-service training for facility personnel.

The April 2010 inspection found a broken defibrillator, while the March 2013 inspection found that the defibrillator, cardiac monitoring machine, adjustable examination light, sterilization equipment, suction machine, and surgical table had not been calibrated in two years.

**A Woman’s Choice, LLC.**

Deficiency reports for A Woman’s Choice LLC, dated November 2009 and March 2014 cited the facility for having expired medications and medical supplies, while deficiency reports from September 2010 and March 2014 revealed that the facility failed to meet clinical personnel standards with regard to in-service training.

**A Woman’s Option/A Woman’s Option, Inc.**

Deficiency reports for A Woman’s Option/A Woman’s Option, Inc. in Hialeah, dated December 2012 and April 2014 cited the facility for failing to remove expired emergency medications from the “crash cart,” while an August 2009 inspection revealed that the facility did not even have a “crash cart” on the premises.

Deficiency reports from August 2009 and May 2010 revealed that the facility failed to meet minimum standards for clinic personnel.

**A Woman’s World Medical Center, Inc.**

A Woman’s World Medical Center, Inc., in Fort Pierce, performs second-trimester abortions. Deficiency reports from August 10, 2010 and November 17, 2011 noted that the facility allowed unlicensed and/or unqualified staff to provide patient care including ultrasound examinations.
The report from August 2010 noted that an administrative assistant and the clinic administrator (neither of whom was a qualified health professional) took the blood pressure of patients in the recovery room. The November 2011 report also revealed that the facility failed to ensure the post-procedure recovery rooms were supervised by licensed and qualified staff with documented training in the management of recovery areas.

The report from November 2011 also noted that unqualified staff members were conducting Rh testing and were assisting the physician during abortion procedures. Among the staff members assisting during an abortion were the clinic administrator, a previously employed “lab tech,” an administrative assistant, and a licensed practical nurse whose license was suspended.

Deficiency reports from August 2010 and November 2011 noted that the facility did not meet minimum physical plant standards, including failing to maintain sufficient private space for interviewing, counseling, and conducting medical evaluations.

A July re-inspection report noted that violations of basic health and safety standards that were identified in an April inspection [of A-1 Woman’s Health Care, Inc.] were not corrected.

A-1 Woman’s Health Care, Inc.

A July 2009 re-inspection report for the A-1 Women’s Health Care, Inc. of Miami noted that violations of basic health and safety standards that were identified in an April 2009 inspection were not corrected. These violations included:

- Failure to meet standards for emergency equipment including not having a defibrillator or cardiac monitor;
- Failure to complete preventive maintenance on multiple pieces of equipment;
- Failure to adopt written policies required by law of all facilities performing second-trimester abortions;
- Failure to have written policies reviewed by the medical director;
- Failure to ensure that anesthesia services followed written policies and procedures; and
- Failure to properly document vital signs of the patients receiving general anesthesia.
All Women’s Health Center of Jacksonville, Inc.

Among other violations noted for the All Women’s Health Center of Jacksonville, Inc. was its failure, in both 2010 and 2013, to document the results of a patient’s physical examination/assessment before a second-trimester abortion. An April 2013 inspection revealed that records of patient examinations/assessments were missing from all six of the medical records sampled for review. Failing to physically examine a woman prior to an abortion is a serious problem that endangered the lives and health of women undergoing abortions at this facility.

Review of a sample of patient medical records during a February 2010 inspection revealed that the facility failed to perform a physical examination of the women prior to the abortion procedure.

Blue Coral Women’s Care, Inc.

A September 29, 2014 inspection of the Blue Coral Women’s Care abortion facility revealed that violations identified in a May 1, 2014 inspection had not been corrected. One uncorrected violation concerned a hand-washing station in the procedure room that did not meet minimum physical plant standards to prevent contamination of hands prior to an abortion procedure. An inspection on February 16, 2009 also cited the facility for failing to meet physical plant standards.

The facility also had repeat offenses concerning equipment maintenance. Deficiency reports from February 16, 2009 and May 22, 2013 noted that the facility failed to ensure preventive maintenance was completed on several pieces of surgical equipment and patient-monitoring equipment.

Florida Women’s Center, Inc.

Inspection reports for the Florida Women’s Center, Inc. in Jacksonville from 2009, 2011, and 2014 all revealed, among other problems, that the facility failed to ensure that the facility’s staff was adequately trained, especially on infection control standards.

Specifically, during an April 2009 inspection, health investigators found no training documentation for the facility’s medical assistants. Further, the facility could not substantiate that it had assessed or determined the medical competencies of its staff.

Record reviews in 2009, 2011, and 2014 revealed systematic failures to ensure that the staff at the facility received annual in-service training, including training on infection control, patient safety, and patient rights. Having untrained medical staff providing patient care is a gross violation of medical standards. This combined with the abortion clinic’s failure to ensure that all staff were trained in infection control standards and patient safety demonstrates the reckless disregard that the Florida Women’s Center has for the health and safety of its patients.
Planned Parenthood of Greater Orlando, Inc.

A March 2009 re-inspection report for Planned Parenthood of Greater Orlando revealed that deficiencies identified in a January 2009 inspection concerning a lack of in-service training for clinic personnel were not corrected at the time of re-inspection.

Deficiency reports from January 2009 and May 2013 both revealed that the facility failed to keep and label injectable medications in a proper and safe manner.

Planned Parenthood of Southwest and Central Florida

Inspection reports from November 2010 and September 2014 for Planned Parenthood of Southwest and Central Florida in Sarasota revealed that the facility failed to meet personnel standards, including those concerning new employee orientation and in-service training.

Southwest Florida Women’s Clinic

May and August 2012 inspection reports for the Southwest Florida Women’s Clinic in North Fort Myers revealed, among other things, that the facility failed to meet equipment maintenance standards, including those for the autoclave (sterilization machine). The clinic failed to demonstrate that it had complied with the autoclave manufacturer’s specifications for periodic testing and failed to provide documentation or a written policy for the machine’s required maintenance program. Ensuring that an autoclave is properly maintained is essential for meeting infection control standards.

Today’s Women Medical Center

Deficiency reports from April 1, 2009 and September 20, 2011 revealed that the facility failed to meet minimum standards for equipment maintenance, while deficiency reports from April 1, 2009 and June 17, 2010 noted that the facility failed to meet minimum standards for in-service medical training.

Deficiency reports from April 1, 2009 and September 20, 2011 revealed that the facility did not meet minimum standards for abortion procedures. The April 2009 report also noted that the facility’s written policies and procedures did not meet the minimum standards.

The September 2011 deficiency report revealed that the facility failed to meet health and safety standards for patient screening/evaluation and post-procedure care, as well as clinical record requirements. A clinical record review revealed that a patient was given a second surgical abortion procedure even though her urine test indicated that she was not pregnant. Her records did not include a signed consent form for the second abortion procedure.
PREVALENCE OF LICENSE SUSPENSIONS AND REVOCATIONS

When medical deficiencies and violations of health and safety regulations are uncovered, some abortion businesses are permitted to remain in operation, subject to a documented plan to correct the deficiencies and violations. In some instances, however, the abortion facility is closed and its license to operate is revoked. This typically occurs when deficiencies and violations present an immediate and serious threat to patient health and safety or when the business has refused to remedy dangerous conditions. In one notorious instance, Planned Parenthood of Alabama employees were discovered selling abortion-inducing drugs in the clinic’s parking lot.

At least 34 abortion businesses in at least 16 states have had their licenses suspended or revoked or were otherwise closed by state officials. States implicated include Alabama, California, Delaware, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Virginia, and Wyoming. Some providers such as Michael Basco and Nicola Riley had their licenses revoked or suspended in more than one state.

ABORTION BUSINESSES AND ABORTIONISTS THAT LOST THEIR ABILITY TO OPERATE:

**ALABAMA**

| New Woman All Women | Planned Parenthood of Alabama, Birmingham |

**CALIFORNIA**

| Michael Basco |
### DELAWARE

- Albert Dworkin\(^{1042}\)
- Arturo Apolinario\(^{1043}\)
- Atlantic Women’s Medical Services, Dover and Wilmington\(^{1044}\)
- Michael Basco\(^{1045}\)
- Premier OB/GYN, Wilmington\(^{1046}\)

### ILLINOIS

- Women’s Aid Clinic (reopened and operating as Women’s Aid Center)\(^{1047}\)

### KANSAS

- Ann Kristin Neuhaus\(^{1048}\)

### KENTUCKY

- EMW Women’s Surgical Center, Louisville\(^{1049}\)

### LOUISIANA

- Gentilly Medical Clinic for Women\(^{1050}\)

### MARYLAND

- Abolghassem Gohari \(^{1051}\)
- Associates in OB/GYN Care, Baltimore, Cheverly, Frederick, and Silver Spring\(^{1052}\)
- George Shepard\(^{1053}\)
MARYLAND (CONT.)

Harold Alexander

Iris Dominy

Mansour Panah

Michael Basco

Nicola Riley

MICHIGAN

Alberto Hodari

Womancare of Southfield, P.C., Lathrup Village

Women’s Medical Services, Muskegon

NEW JERSEY

Vikram Kaji

NEW YORK

Robert Hosty

NORTH CAROLINA

A Preferred Women’s Health Center, Charlotte

Baker Clinic for Women, Durham
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<tr>
<td>David M. Burkons¹⁰⁶⁷</td>
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<td>Lebanon Road Surgery Center¹⁰⁶⁸</td>
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<td>Allentown Medical Services¹⁰⁷⁰</td>
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<td>Michael Basco¹⁰⁷¹</td>
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<td>Nicola Riley¹⁰⁷²</td>
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James Pendergraft owns and operates four abortion businesses in Florida: EPOC Clinic, LLC in Orlando; Orlando Women’s Center, LLC; Ocala Women’s Center, LLC; and Fort Lauderdale Women’s Center, LLC. Shockingly, Pendergraft has had his Florida medical license suspended four times: in November 2009, January 2010, August 2010, and April 2013. However, sanctions have not halted his disregard for the law and affinity for money-making abortion schemes that put women at risk.

In November 2009, the Florida Board of Medicine suspended Pendergraft’s medical license after he performed an illegal third-trimester abortion on patient R.W. Florida law requires that a third-trimester abortion be performed in a hospital to protect the health and safety of the woman undergoing this significantly more dangerous and complicated procedure. It also requires that two physicians certify that the abortion is necessary to preserve the life or health of the pregnant woman or that a single physician certify that the abortion was performed because of a legitimate medical emergency and another physician was not available to consult. Pendergraft violated both of these requirements.

In January 2010, the Florida Board of Medicine again suspended Pendergraft’s medical license for actions surrounding a botched abortion. In this case, Pendergraft did not wait for proper dilation of the patient’s cervix before performing the abortion and lacerated the cervix. Pendergraft had also dispensed controlled medications even though he did not have a valid DEA number permitting such action.

In August 2010, the Florida Board of Medicine suspended Pendergraft’s medical license for the third time in 12 months. Pendergraft had authorized an unlicensed staff member to dispense controlled medications without supervision and allowed her to have full access to narcotic drugs despite her addiction history. Further, he allowed her to use his DEA number to order anabolic steroids for herself even though there was no medical reason to do so.
The Florida Board of Medicine finally indefinitely suspended Pendergraft’s medical license in April 2013.\footnote{1077} Pendergraft had failed to pay the fines and costs surrounding his prior license suspensions, totaling $121,303.21.

Not only has Pendergraft run afoul of the state medical board, he has also been sued for malpractice and been implicated in illegal abortion schemes in other states. For example, in July 2011, a jury ordered him to pay $36.7 million in damages for a botched abortion that resulted in the live birth of a child who was crippled by the procedure.\footnote{1078}

In October 2015, Pendergraft was arrested in South Carolina by the Spartanburg County Sheriff after being stopped for a traffic violation. The deputy inspected Pendergraft’s vehicle and discovered illegal drugs, as well as surgical instruments covered in blood and human tissue. At a subsequent press conference, Sheriff Chuck Wright alleged that Pendergraft was operating an illegal mobile abortion business out of his vehicle.\footnote{1079} The Sheriff alleged that Pendergraft traveled around the state, performing in-home abortions without a valid medical license. Pendergraft was not licensed in South Carolina and his Florida medical license was suspended.

Further, Pendergraft has also been implicated in a late-term abortion scheme in the Maryland/Washington D.C. area. Pendergraft would allegedly inject the heart of the unborn child with poison and then send the woman back to her personal doctor or allow her to present herself to an emergency room where she would then deliver a dead child.\footnote{1080}

Pendergraft is not Florida’s only illegal late-term abortion provider. America’s biggest abortionist, Planned Parenthood, has been implicated in providing second-trimester abortions in Florida without the proper state-issued licenses.

In 2015, Florida officials launched an investigation in response to the videos released by the Center for Medical Progress that highlighted top Planned Parenthood officials discussing fetal tissue procurement practices within the organization. Florida’s investigation is ongoing, but at least three Planned Parenthood facilities, in Fort Myers, Naples, and St. Petersburg, were subsequently cited for performing second-trimester abortions without the proper licenses.\footnote{1081} Further, another Planned Parenthood facility in Pembroke Pines was cited for failing to adhere to its own policies regarding the disposition of fetal remains.\footnote{1082}
FAILURE TO COMPLY WITH OTHER STATE ABORTION LAWS

Not only did hundreds of abortion facilities and abortionists fail to comply with widely accepted health and safety regulations and requirements, they also systematically failed to comply with other abortion-related laws. Among the laws that these providers chose to ignore were mandates to report the sexual abuse of children, informed (medical) consent requirements, and duties to report demographic information on women undergoing abortions and information on abortion complications.

FAILURE TO REPORT SUSPECTED SEXUAL ABUSE OR TO IMPLEMENT POLICIES TO PROTECT MINORS

At least 13 abortion facilities in at least 6 states – Alabama, Colorado, Indiana, Louisiana, Pennsylvania, and Texas – either failed to report suspected sexual abuse of a minor or failed to implement practices to protect minors from ongoing sexual abuse.

THE CITED ABORTION BUSINESSES AND ABORTIONISTS:

**ALABAMA**

Beacon Women’s Center, Montgomery

Planned Parenthood of Alabama, Mobile

**COLORADO**

Planned Parenthood of the Rocky Mountains

**INDIANA**

Ulrich Klopfer
At least 30 abortion facilities in at least 8 states failed to provide or post all required informed consent information. The implicated states include Alabama, Florida, Illinois, North Carolina, Ohio, Pennsylvania, Texas, and Virginia.

Among the information that was not provided to patients was:

- All elements of informed (medical) consent (as required by state laws);
- Discharge instructions;
- Whether abortionists had admitting privileges at a local hospital; and
- Patient’s right to make complaints and report suspected abuse and fraud.
Among the information that was not posted inside the abortion facilities was:

- Licensure information;
- State Department of Health contact information; and
- Facility evacuation plans and instructions.

THE CITED ABORTION BUSINESSES AND ABORTIONISTS:

**ALABAMA**

Planned Parenthood of Alabama

**FLORIDA**

A Medical Office for Women, Miami Beach

A Woman’s World Medical Center

All Women’s Health Center of Tampa, Inc.

Bread and Roses, Clearwater

East Cypress Women’s Center

EPOC Clinic, LLC, Orlando

Fort Lauderdale Women’s Center

Planned Parenthood of South Florida & the Treasure Coast

**ILLINOIS**

Advantage Health Care
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<td>A Woman’s Choice of Raleigh[^1107]</td>
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<td>Family Reproductive Health[^1108]</td>
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<td>Planned Parenthood South Atlantic of Central North - Chapel Hill[^1109]</td>
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<tr>
<td>Founder’s Women’s Health Center[^111, 1112]</td>
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<tr>
<td>Planned Parenthood - Bedford Heights[^113]</td>
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<td>Planned Parenthood of Western Pennsylvania[^117]</td>
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<th>TEXAS</th>
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<tr>
<td>Paul Fine[^118]</td>
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<td>Whole Woman’s Health, Beaumont[^119]</td>
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FAILURE TO FOLLOW ABORTION REPORTING REQUIREMENTS

More than two dozen abortion facilities in at least 11 states, including Florida, Illinois, Indiana, Louisiana, Michigan, Nebraska, Ohio, Pennsylvania, South Carolina, Texas, and Virginia, failed to comply with abortion reporting requirements. These providers failed to submit required reports in a timely manner and/or failed to ensure that all required data was collected.

THE CITED ABORTION BUSINESSES AND ABORTIONISTS:

FLORIDA

Numerous abortion clinics failed to submit required reports

ILLINOIS

Advantage Health Care

Albany Medical Surgical Center

Whole Woman’s Health of Peoria
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<tr>
<td>Louisiana</td>
<td>Hope Medical Group for Women</td>
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<td></td>
<td>Women’s Health Center</td>
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<td>Michigan</td>
<td>Scotsdale Women’s Center in Michigan and Franklin Seabrooks</td>
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<td></td>
<td>Drexel OB/GYN Associates, Philadelphia</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Columbia Health Center (Planned Parenthood)</td>
</tr>
<tr>
<td></td>
<td>Greenville Women’s Clinic</td>
</tr>
</tbody>
</table>
**TEXAS**

- Planned Parenthood Northeast Sexual Healthcare, San Antonio
- Planned Parenthood Southeast Sexual Healthcare, San Antonio

**VIRGINIA**

- Annandale Women and Family Center
- Falls Church Healthcare Center
- Planned Parenthood - Blacksburg
- Virginia Health Group
Inexplicably for an industry that publicly claims that its primary concern is for women’s health and safety, abortion businesses routinely refuse or fail to remedy deficiencies or violations identified by state health officials during routine inspections. Whether they are unwilling or unable to address the medical deficits, these failures put untold numbers of American women at increased risk.

“Repeat offenders” are prevalent in at least 11 states including Alabama, Florida, Illinois, Louisiana, Maryland, Michigan, Mississippi (where the state’s only abortion clinic regularly violates health and safety standards), North Carolina, Ohio, Pennsylvania, and Virginia. At least 65 chronic offenders were identified in these states.

**REPEAT OFFENDERS**

**ALABAMA**

Beacon Women’s Center

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2013</td>
<td>Incomplete documentation in patient records</td>
</tr>
<tr>
<td>2010</td>
<td>2013</td>
<td>Infection control committee not convened and procedures not implemented</td>
</tr>
<tr>
<td>2010</td>
<td>2013</td>
<td>Narcotics not locked up or documented accurately</td>
</tr>
</tbody>
</table>

Planned Parenthood of Alabama

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2015</td>
<td>Recordkeeping failures</td>
</tr>
<tr>
<td>2014</td>
<td>2015</td>
<td>Failure to provide patients with discharge instructions</td>
</tr>
</tbody>
</table>

West Alabama Women’s Center

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2016</td>
<td>Failure to wash hands</td>
</tr>
<tr>
<td>2009</td>
<td>2016</td>
<td>Expired supplies</td>
</tr>
</tbody>
</table>
### FLORIDA

#### A Medical Office for Women

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Issue</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2014</td>
<td>Expired medications and supplies</td>
<td></td>
</tr>
<tr>
<td>2010-2011</td>
<td>Rusty surgical equipment</td>
<td></td>
</tr>
<tr>
<td>2010-September 2011</td>
<td>Failure to maintain equipment</td>
<td></td>
</tr>
</tbody>
</table>

#### A Woman’s Care

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Issue</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2013</td>
<td>Failure to meet standards for equipment maintenance and annual in-service training for clinic personnel</td>
<td></td>
</tr>
</tbody>
</table>

#### A Woman’s Choice

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Issue</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2014</td>
<td>Expired medications and medical supplies</td>
<td></td>
</tr>
<tr>
<td>2010-2014</td>
<td>Failure to meet in-service training standards</td>
<td></td>
</tr>
</tbody>
</table>

#### A Woman’s Option

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Issue</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>Failure to ensure crash cart was ready for emergency (it contained expired medical supplies and a defibrillator that had not been inspected within last year)</td>
<td></td>
</tr>
<tr>
<td>2009-2010-2013</td>
<td>Failure to meet personnel standards</td>
<td></td>
</tr>
</tbody>
</table>

#### A Woman’s World Medical Center

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Issue</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>Failure to meet basic standards for patient care; allowed unlicensed and/or unqualified staff to provide patient care</td>
<td></td>
</tr>
<tr>
<td>2010-2011</td>
<td>Unqualified staff (including administrative assistants) conducted ultrasound examinations, took patients’ blood pressure, conducted Rh testing, supervised recovery room, and assisted during abortion procedures</td>
<td></td>
</tr>
<tr>
<td>2010-2011</td>
<td>Failure to ensure appropriate monitoring of patients’ vital signs by professionals licensed and qualified to assess their condition throughout the abortion procedure and during the recovery period</td>
<td></td>
</tr>
<tr>
<td>2010-2011</td>
<td>Failure to meet minimum physical plant standards</td>
<td></td>
</tr>
<tr>
<td>2009-2011</td>
<td>Failure to adopt and implement adequate written policies and procedures concerning patient care</td>
<td></td>
</tr>
<tr>
<td>2009-2011-2014</td>
<td>Failure to annually review facility’s written policies and procedures</td>
<td></td>
</tr>
<tr>
<td>2010-2011-2014</td>
<td>Failure to meet minimum standards for preventive equipment maintenance</td>
<td></td>
</tr>
<tr>
<td>August 2010-September 2010-2014</td>
<td>Revisit report from September 27, 2010 revealed that deficiencies cited on inspection a month earlier had not been corrected: the facility still had not provided an orientation program, job descriptions, and in-service training related to confidentiality and incident reporting for each of the eight staff members employed by the facility; a deficiency report from June 30, 2014 showed that the facility still did not meet standards for in-service training</td>
<td></td>
</tr>
</tbody>
</table>
FLORIDA (CONT.)

### A-1 Women’s Health Care

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2009</td>
<td>Facility was inspected in April 2009 and multiple deficiencies noted; a July 2009 revisit revealed these violations had not been corrected including a failure to meet emergency equipment standards, failure to have a defibrillator or cardiac monitor on the premises, failure to ensure preventive maintenance was completed, failure to have written policies for second-trimester abortions, failure to have policies reviewed by facility’s medical director, failure to meet standards for anesthesia services, and failure to meet the required standard for clinical records (especially concerning documentation demonstrating the patient’s vitals were being monitored while under general anesthesia)</td>
</tr>
</tbody>
</table>

### All Women’s Health Center of Jacksonville

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2013</td>
<td>Failure to document if there was a physical examination before the performance of a second-trimester abortion</td>
</tr>
</tbody>
</table>

### Blue Coral Women’s Care

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 May 2014 September 2014</td>
<td>September 29, 2014 re-inspection revealed that deficiency identified during May 1, 2014 inspection had not been corrected; uncorrected deficiency concerned a handwashing station in the procedure room which did not meet minimum physical plant standards to prevent contamination of hands prior to the abortion procedure (the facility had been previously cited for physical plant deficiencies in February 2009)</td>
</tr>
<tr>
<td>2009 2013</td>
<td>Failure to ensure preventive maintenance was completed on several pieces of surgical equipment and patient monitoring equipment</td>
</tr>
</tbody>
</table>

### Bread and Roses - Gainesville

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2013</td>
<td>Failure to ensure medical records were complete</td>
</tr>
</tbody>
</table>

### Eve of Kendall - Miami

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2016</td>
<td>Expired medications on crash cart</td>
</tr>
</tbody>
</table>

### Florida Women’s Center

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>2011</td>
<td>2013</td>
<td>Failure to ensure that the facility staff was adequately trained, especially on infection control standards</td>
</tr>
</tbody>
</table>
**FLORIDA (CONT.)**

Planned Parenthood of Greater Orlando - South Tampa Florida Women’s Center

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2009</td>
<td>Revisit report revealed that deficiencies from January 2009 regarding in-service training of clinic personnel had not been corrected</td>
</tr>
<tr>
<td>2009-2013</td>
<td>Failure to keep and label injectable medications in a proper and safe manner</td>
</tr>
</tbody>
</table>

Planned Parenthood of Southwest and Central Florida

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2014</td>
<td>Failure to meet standards for orientation and in-service training for clinic personnel</td>
</tr>
</tbody>
</table>

Southwest Florida Women’s Clinic, LLC

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2012-August 2012</td>
<td>Failure to meet standards for equipment maintenance</td>
</tr>
</tbody>
</table>

**ILLINOIS**

Today’s Women Medical Center

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2011</td>
<td>Failure to meet minimum standards for equipment maintenance</td>
</tr>
<tr>
<td>2009-2010</td>
<td>Failure to meet minimum standards for in-service training for clinic personnel</td>
</tr>
<tr>
<td>2009-2011</td>
<td>Failure to meet minimum standards for health and safety protocols</td>
</tr>
</tbody>
</table>

Whole Woman’s Health of Peoria (formerly, National Health Care Services)

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2013</td>
<td>Failure to implement and maintain an ongoing preventive maintenance program for equipment</td>
</tr>
<tr>
<td>2011-2013</td>
<td>Expired medications</td>
</tr>
<tr>
<td>2011-2013</td>
<td>Medication not kept in locked cabinet</td>
</tr>
<tr>
<td>2011-2013</td>
<td>Failure to follow infection control procedures</td>
</tr>
<tr>
<td>2011-2013</td>
<td>Failure to ensure physician had practice privileges at licensed hospital</td>
</tr>
</tbody>
</table>
**LOUISIANA**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Years</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causeway Medical Center</td>
<td>2009, 2011, 2012</td>
<td>Failure to follow infection control procedures</td>
</tr>
<tr>
<td></td>
<td>2009, 2013</td>
<td>Expired supplies and medications</td>
</tr>
<tr>
<td>Delta Clinic of Baton Rouge</td>
<td>2009, 2013</td>
<td>Expired supplies and medications</td>
</tr>
<tr>
<td>Hope Medical Group for Women</td>
<td>2011, 2012</td>
<td>Failure to ensure a system was in place to evaluate nursing competencies</td>
</tr>
<tr>
<td></td>
<td>2010, 2011</td>
<td>Failure to comply with abortion reporting requirements</td>
</tr>
<tr>
<td></td>
<td>2009, 2011</td>
<td>Failure to properly handle medications</td>
</tr>
<tr>
<td></td>
<td>2011, 2012</td>
<td>Failure to adopt and follow required health and safety protocols</td>
</tr>
</tbody>
</table>

**MARYLAND**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Years</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hagerstown Reproductive Health</td>
<td>2013, 2015</td>
<td>Failure to implement infection control policies and to provide training for emergency patient transfers</td>
</tr>
<tr>
<td>Hillcrest Clinic of Baltimore</td>
<td>2013, 2015</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td></td>
<td>2013, 2015</td>
<td>Failure to properly handle medications</td>
</tr>
<tr>
<td></td>
<td>May 2015, September 2015</td>
<td>Expired supplies and medications</td>
</tr>
<tr>
<td>Metropolitan Family Planning Clinic - College Park</td>
<td>2013, 2015</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td>Metropolitan Family Planning Clinic - Suitland</td>
<td>2013, 2015</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility; expired supplies and medications</td>
</tr>
</tbody>
</table>
MARYLAND (CONT.)

### Potomac Family Planning
- **July 2015** Failure to handle medications properly; expired supplies and medications

### Prince Georges Reproductive Health Services
- **2013, 2015** Failure to adopt or follow required health and safety protocols

### Silver Spring Family Planning
- **2013, 2015** Failure to handle medication properly; failure to purchase and maintain required equipment; and failure to adopt or follow health and safety protocols

MICHIGAN

### Women’s Center of Flint
- **2014, 2015** Failure to follow infection control policies and ensure a safe and sanitary facility
- **2014, 2015** Failure to properly handle medications

### Women’s Center of Saginaw
- **2014, 2015** Failure to follow infection control policies and ensure a safe and sanitary facility
- **2014, 2015** Failure to properly handle medications

MISSISSIPPI

### Jackson Women’s Health Organization
- **2009, 2011** Failure to meet standards for emergency power
- **2009, 2010** Failure to meet standards for sanitation
- **2009, 2011** Failure to meet clinic personnel standards
- **2009, 2010, 2011** Failure to meet standards for structural soundness
- **2009, 2011** Failure to adopt or follow health and safety protocols
### NORTH CAROLINA

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Years</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Preferred Women’s Health Center</td>
<td>2012–13</td>
<td>Failure to properly handle medications</td>
</tr>
<tr>
<td>A Woman’s Choice of Raleigh</td>
<td>2014-15</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>A Woman’s Choice of Greensboro</td>
<td>2011–13</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>Crist Clinic for Women</td>
<td>2014-15</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>Hallmark Women’s Clinic</td>
<td>2014-15</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td>Planned Parenthood of Winston-Salem</td>
<td>2015-16</td>
<td>Failure to properly handle patient medical records</td>
</tr>
</tbody>
</table>

### OHIO

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Years</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akron Women’s Medical Group</td>
<td>2011–12</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td>East Health Central Ohio (Planned Parenthood)</td>
<td>2012-13</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td></td>
<td>2012-13</td>
<td>Failure to follow medication protocols</td>
</tr>
</tbody>
</table>
### OHIO (CONT.)

**Founder’s Women’s Health Center**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2013</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>2012</td>
<td>2013</td>
<td>Failure to ensure all staff were trained and had proper certifications</td>
</tr>
<tr>
<td>2012</td>
<td>2013</td>
<td>Failure to post required information</td>
</tr>
<tr>
<td>2012</td>
<td>2013</td>
<td>Failure to adopt or follow required health and safety protocols</td>
</tr>
</tbody>
</table>

**Planned Parenthood - Bedford Heights**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2014</td>
<td>Failure to adopt and follow required health and safety protocols</td>
</tr>
</tbody>
</table>

### PENNSYLVANIA

**Allegheny Reproductive Health Center**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2012</td>
<td>Failure to follow infection control standards</td>
</tr>
</tbody>
</table>

**Allentown Health Center (Planned Parenthood)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>May 2012</td>
<td>June 2012</td>
<td>Failure to follow infection control standards</td>
</tr>
<tr>
<td>2012</td>
<td>2014</td>
<td></td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>May 2012</td>
<td>June 2012</td>
<td>2013</td>
<td>Failure to follow medication protocols and to maintain required equipment</td>
</tr>
<tr>
<td>2012</td>
<td>2013</td>
<td>2015</td>
<td>Failure to ensure all staff were trained and had proper certifications</td>
</tr>
<tr>
<td>2011</td>
<td>May 2012</td>
<td>June 2012</td>
<td>2013</td>
</tr>
<tr>
<td>May 2012</td>
<td>June 2012</td>
<td></td>
<td>Failure to adopt or follow required health and safety protocols</td>
</tr>
</tbody>
</table>

**Allentown Women’s Clinic**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>April 2012</td>
<td>June 2012</td>
<td>Failure to follow infection control standards</td>
</tr>
</tbody>
</table>

**Berger and Benjamin**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>Failure to follow infection control standards</td>
</tr>
</tbody>
</table>
### PENNSYLVANIA (CONT.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Date(s)</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillcrest Women’s Clinic</td>
<td>2012, 2013</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>Philadelphia Women’s Center</td>
<td>2012, 2014</td>
<td>Failure to follow infection control standards</td>
</tr>
<tr>
<td></td>
<td>2012, 2014, 2015</td>
<td>Failure to properly handle patient medical records</td>
</tr>
<tr>
<td>Planned Parenthood of Central Pennsylvania - York</td>
<td>2011, 2012</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td>Planned Parenthood Key – Reading</td>
<td>2011, 2012</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility</td>
</tr>
<tr>
<td></td>
<td>2011, 2012</td>
<td>Failure to follow medication protocols</td>
</tr>
<tr>
<td>Planned Parenthood Southeastern Pennsylvania – Locust Street Health Center</td>
<td>2011, 2013</td>
<td>Failure to follow infection control procedures</td>
</tr>
<tr>
<td></td>
<td>2012, 2013</td>
<td>Failure to follow medication protocols</td>
</tr>
<tr>
<td></td>
<td>2012, 2013</td>
<td>Failure to monitor patient vital signs</td>
</tr>
<tr>
<td></td>
<td>2012, 2013</td>
<td>Failure to adopt or follow required health and safety protocols</td>
</tr>
<tr>
<td>Planned Parenthood Southeastern Pennsylvania – Norristown</td>
<td>2012, 2013</td>
<td>June 7, 2013 re-inspection noted failure to purchase and maintain required equipment (as originally noted in May 2012 inspection)</td>
</tr>
<tr>
<td>Planned Parenthood Southeastern Pennsylvania – West Chester Health Center</td>
<td>2011, 2012</td>
<td>Failure to follow infection control protocols</td>
</tr>
<tr>
<td></td>
<td>2012, 2014</td>
<td>Failure to follow medication protocols</td>
</tr>
<tr>
<td>Planned Parenthood – Warminster Medical Center</td>
<td>2011, 2012</td>
<td>Failure to follow infection control standards; expired medication and supplies</td>
</tr>
</tbody>
</table>
### VIRGINIA

**Alexandria Women’s Health Clinic**

- **2012-2013**: Ten repeat violations, including failure to meet personnel requirements, infection standards, medication standards, equipment requirements, and emergency requirements

**Charlottesville Medical Center for Women**

- **August 2012 - December 2012**: Five repeat violations, including failure to follow infection control protocols and properly train staff
- **2012-2014**: Failure to properly handle patient medical records
- **2012-2014**: Failure to follow medication protocols
- **2012-2014**: Expired medical supplies

**Falls Church Healthcare Center**

- **2012-2013**: Failure to follow infection control policies and ensure a safe and sanitary facility
- **August 2012 - December 2012 - 2013**: Failure to ensure all staff were trained and had proper certification; expired medical supplies

**NOVA Women’s Healthcare**

- **July 2012 - December 2012**: December 5, 2012 re-inspection found 7 repeat violations from July 2012 inspection

**Planned Parenthood of Southeastern Virginia**

- **March 2012 - December 2012 - 2014**: An unannounced revisit on December 3, 2012 found the same failures to comply with infection prevention protocols and to properly maintain equipment as noted during a March 2012 inspection, the facility was still out of compliance with infection control protocols in 2014
- **2012-2014**: Failure to follow medication protocols
- **2012-2014**: Failure to ensure all staff were trained and had proper certifications
## VIRGINIA (CONT.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Parenthood - Roanoke</td>
<td>2012-2014</td>
<td>Failure to ensure all staff were trained and had proper certifications</td>
</tr>
<tr>
<td>Peninsula Medical Center</td>
<td>2012-2014</td>
<td>Failure to ensure all staff were trained and had proper certifications</td>
</tr>
<tr>
<td>Richmond Medical Center for Women</td>
<td>2012-2013</td>
<td>Failure to follow infection control protocols and to properly train staff; expired medications</td>
</tr>
<tr>
<td>Roanoke Medical Center for Women</td>
<td>July 2012 - December 2012</td>
<td>Four repeat violations, including failure to follow infection control protocols, failure to ensure staff were trained and had proper certifications and failure to adopt or follow required health and safety protocols</td>
</tr>
<tr>
<td></td>
<td>2012-2013</td>
<td>Failure to follow infection control protocols; expired medications</td>
</tr>
<tr>
<td>Virginia Women’s Wellness</td>
<td>2012-2014</td>
<td>Failure to follow infection control policies and ensure a safe and sanitary facility; failure to follow medication protocols; failure to purchase and maintain required equipment; and failure to adopt or follow required health and safety protocols</td>
</tr>
</tbody>
</table>
THE PERILOUS PREVALENCE OF “CIRCUIT RIDER” ABORTIONISTS

In recent years, some journalists have romanticized travelling abortionists who do not reside in the communities in which they perform abortions, portraying the abortionists’ commutes as acts of heroism and overlooking the paychecks that provide the motivation for their multi-state businesses. More disturbing than the false insinuation of altruism is the general inattention to the lack of care available to patients when the abortionists cut-and-run across the country after they have been paid for an abortion procedure. Some of these “circuit rider” abortionists fly in and out of town the same day that they perform abortions. Circuit rider abortionists present distinct risks to women’s lives and the healthcare system.

The rising prevalence of circuit rider abortionists shatters the myth that abortion is “between a woman and her doctor.” While an in-town abortionist rarely has any meaningful doctor-patient relationship with a woman seeking an abortion, fly-in abortionists utterly disprove the U.S. Supreme Court’s presumption in Roe v. Wade that abortion decisions would be made by a “physician, in consultation with his patient.”

The problem goes far beyond the fact that the reality does not match the rhetoric. Women’s health pays a high price for the abortion industry’s preferred practice. Without time to establish relationships with the women they operate on, many of these abortionists are also absent, unavailable, or unqualified to care for their patients’ post-abortive needs.

Even a competent abortionist cannot overcome the fact that abortions—both surgical and chemical—carry inherent risks to women’s health. When his patients inevitably experience complications but the abortionist lacks local hospital admitting privileges or he has already skipped town, women are left to suffer the consequences of delayed care. For a circuit rider abortionist, the inability to provide his patients optimal post-abortive care is the unfortunate norm.

Nicola Moore, a fly-in abortionist who uses the alias “Clara Taylor,” began performing abortions at a Planned Parenthood in Lincoln, Nebraska after the facility’s previous abortionist retired at the end of April 2015. “Less than two weeks after Moore, whose Nebraska medical license [had been] recently reinstated, began performing abortions at the facility, a patient suffered a medical emergency and was transported to a local hospital by ambulance.” Moore was not available to care for her patient.
There are several abortionists like Moore who are hundreds—and even thousands—of miles away from their patients and unavailable immediately after performing abortions when counsel and care may be most needed.

Abortion facilities “increasingly rely on itinerant providers, a.k.a. fly-ins or circuit providers.” For example, court documents reveal that “Dr. A” flies from her home in Nigeria to perform abortions in Montgomery, Alabama, where she will not even stay overnight, instead choosing to stay two hours away in Atlanta, Georgia. Willie Parker returns to his home in Chicago, 750 miles away from his abortion patients in Alabama and Mississippi. Susan Wicklund, who makes a home in Montana, has traveled 200 miles a day “for a weekly five-city Midwest circuit (St. Paul, Milwaukee, Appleton, Duluth, and Fargo).” For over a decade, Planned Parenthood in South Dakota has been unable to recruit any South Dakota doctors to work at its facility, so Carol Ball, who lives over 250 miles away in Minnesota, is one of several out-of-state doctors Planned Parenthood imports.

Compounding the problem of precious time lost when women face post-abortive complications, as this special report aptly documents, the abortion profession attracts many incompetent and nefarious doctors to its ranks. Although Nicola Riley and Steven Brigham’s names did not make the cut for New York Magazine’s profile, “The Heroic Commutes of Abortion Providers,” these dangerous abortionists have eagerly taken their profitable business on the road.

Ignoring any financial incentive these abortionists have to set up multi-state, long-distance practices, abortion advocates cite the decades-long decline in doctors willing to perform abortions as evidence for the “need” for circuit rider abortionists.
A lawsuit brought by Planned Parenthood against an Alabama law requiring its abortionists to have admitting privileges at a local hospital disclosed that the abortion industry in Alabama is comprised predominantly of circuit rider abortionists. According to court filings, there are five facilities with seven abortionists that perform “the vast majority” of abortions in the state. None of the four abortionists who practice at the Montgomery, Birmingham, or Mobile abortion facilities live in the geographic area of their businesses or within the State of Alabama, and in one instance, an abortionist practicing in the state does not even live in the United States.

Two abortionists, identified by the court as “Dr. A” and “Dr. B,” perform abortions at the abortion facility operated by Reproductive Health Services in Montgomery, Alabama. Not only is it a fact, as the court observed, that “neither doctor resides in the Montgomery area,” neither abortionist resides in the State of Alabama. In fact, Dr. A “flies from her permanent home in Nigeria to Alabama to perform abortions,” and does not even stay in the state of Alabama during her trips to the United States to perform abortions. She chooses instead to leave town and stay in Atlanta, Georgia. The court found that “for family reasons, she will not relocate to Alabama.”

While perhaps a bit closer than an ocean away, Dr. B “lives and has her primary practice in Chicago, Illinois...” The court found that “there was insufficient evidence at trial to conclude that she will move to Alabama in the foreseeable future.”

Likewise, the Birmingham and Mobile abortion facilities employ out-of-state abortionists. Mary Roe resides in Atlanta, Georgia and “for personal reasons she will not move to Birmingham.” Identified by the court as “Dr. P1,” the Mobile abortionist also lives in Atlanta and “is not willing to move to Mobile....”

The unwillingness to live in proximity to abortion businesses where he or she practices creates a challenge to an abortionist’s ability to obtain admitting privileges at a local hospital which, in turn, compromises the continuity of care for their patients. Admitting privileges optimize patient information transfer and complication management and help prevent patient abandonment.
A procession of cars drove south from Voorhees, New Jersey, through Delaware and across the Maryland border. Among the passengers was an eighteen-year-old African-American girl who was twenty-one weeks’ pregnant. The convoy stopped outside an unmarked storefront in Elkton, Maryland. Inside, Nicola Riley, a physician the girl had never met before, performed an abortion while another doctor—Steven Brigham—observed. Riley seemed to be training on the job, the patient later told a Maryland investigator. During the surgery, the girl’s uterus was perforated and her bowel was damaged, and she was taken by car to a local hospital. She eventually had to be airlifted to Johns Hopkins Hospital. Nicola Riley was commuting from her home in Utah across the country to Maryland to perform abortions every other weekend when she seriously injured the teenager identified as “D.B.” in August 2010. After D.B.’s mother fervently rejected the abortionist’s plan to walk her daughter to the hospital and begged that an ambulance be called, Riley and her business partner, out-of-town-abortionist Steven Brigham, drove D.B. in a private car.

Brigham, a circuit rider abortionist since the early 1990s, has a history of abuse as long as his years in practice—both injuring women by performing dangerous abortions and owning shoddy abortion businesses where he employs other abortionists who provide substandard care. Brigham’s medical license has been revoked by New York, New Jersey, and Florida. He surrendered his license in Pennsylvania. Brigham has also performed abortions and owned facilities in Delaware, Maryland, and Virginia where he is not licensed.

D.B.’s dangerous cross-state abortion experience was not an anomaly. According to a review of recovery room logs at Brigham’s Elkton, Maryland location, between September 2009 and August 2010, at least 241 women were initially seen by Brigham in Voorhees, New Jersey, all with pregnancies greater than 14 weeks’ gestation and had their abortions completed in Elkton, Maryland.

In November 2014, the New Jersey Board of Medical Examiners found Brigham guilty of several counts of gross negligence; “dishonesty, deception or misrepresentation;” and “professional misconduct.” The Board concluded that Brigham engaged in the unlicensed practice of medicine in Maryland and noted that “every patient treated in New Jersey by Dr. Brigham was placed in harm’s way” by his illegal practice.
The Board concluded that Brigham’s patients “were further exposed to substantial risk of harm because Dr. Brigham held no hospital or [licensed ambulatory care facility (LACF)] privileges.” Lacking privileges meant that Brigham “had nowhere in New Jersey (or any other state) where he could go to complete the termination procedures in the event of any emergency or unforeseen complications.” The Board found that Brigham had no contingency plan for his patients “beyond possibly assuming that the patient would then be rushed to a hospital emergency room and have her care (and, presumably, their abortion procedures) completed by a physician who had no relationship with Dr. Brigham or the patient.” The Board categorized Brigham’s failure as “a clear abrogation of his responsibility as a treatment provider that placed every patient at substantial risk of suffering grave harm.”

Prior to the New Jersey Board’s final order to revoke Brigham’s license, in February 2014, Eyal Press, the son of a former abortionist, detailed Brigham’s disreputable career and known infractions in an article at the New Yorker aptly titled “A Botched Operation.” His headline observes that “Steven Brigham’s abortion clinics keep being sanctioned for offering substandard care” and asks, “Why is he still in business?”

Brigham’s ability to exploit and harm women for decades has been enabled by both the silence and the defense of his peers in the abortion industry. In 1991, a Planned Parenthood representative visited Brigham’s facility and found among its deficiencies that it lacked important equipment and had no written agreement with a local hospital for treating complications. Planned Parenthood was reportedly “disturbed” by these findings but apparently took no action beyond refusing to put Brigham’s clinic on its referral list.

In 1996, a judge ruled against revoking Brigham’s New Jersey license. In that case, Michael Policar, a gynecologist and former national spokesperson for Planned Parenthood, testified on Brigham’s behalf. “The injuries that the New York board [which revoked Brigham’s license in 1994 after he injured two women during late-term abortions] had attributed to negligence, Policar said, could have happened to patients ‘in the best of hands.’”

Twenty years and countless injured women later, Brigham’s abortion industry peers still vouch for him at trial. As Press reported, “[a]mong the expert witnesses at his trial was Gary Mucciolo, an abortion provider and an associate professor of obstetrics and gynecology at N.Y.U.; he argued that Brigham’s conduct did not deviate from medical norms. During a break in the proceedings, Mucciolo, who received fifteen hundred dollars from the defense, told me that he considered the trial ‘a witch hunt.’ (Later, he added, ‘Does Brigham have a good track record? Frankly, I don’t know.’)”
While highlighting many of Brigham’s known transgressions, Press held a somewhat sympathetic view towards those whose silence, and even active defense, aided Brigham’s ability to stay in business. “[P]ro-choice activists understood the potential dangers of drawing attention to any facility that might reinforce this stereotype” that abortion businesses were “run by venal profiteers.”

Brigham’s sordid and dangerous practice is not a mere or undeserved “stereotype.” The findings of fact by the New Jersey Board of Medical Examiners include that Brigham estimated that he had performed approximately 40,000 abortions. In practice for a quarter century and operating in seven states, Brigham’s dangerous circuit rider practice is the unfortunate and ugly reality of the abortion industry.
LeRoy Carhart may be most infamously known as the lead plaintiff who filed lawsuits against both a Nebraska law\(^{189}\) and the federal law\(^{190}\) that prohibited the barbaric practice of partial-birth abortion. While the U.S. Supreme Court upheld the federal Partial-Birth Abortion Ban Act against Carhart’s challenge, he continues to run a multi-state, late-term abortion practice. Today, Carhart operates late-term abortion businesses in Nebraska and Maryland, and has in the past practiced in several other states. The concerns for the health of women who have abortions performed by the circuit-rider Carhart are elevated by the fact that they are undergoing late-term abortions.

The facts are undisputed that the later in pregnancy an abortion occurs, the riskier it is and the greater the chance for significant complications. Even the abortion industry readily acknowledges this fact. For example, a well-respected, peer-reviewed journal that is frequently cited by abortion advocates documents that late-term abortions carry “exponentially” higher risks:

> Abortion has a higher medical risk when the procedure is performed later in pregnancy. Compared to abortion at eight weeks of gestation or earlier, the relative risk increases exponentially at higher gestations.\(^{191}\)

> The relative risk of mortality increases by 38 percent for each additional week after 8 weeks’ gestation.\(^{192}\)

That means a woman seeking an abortion at 20 weeks (five months) is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from abortion than she was in the first trimester.

Researchers have concluded that it may not be possible to reduce the risk of death in late-term abortions because of the “inherently greater technical complexity of later abortions.”\(^{193}\) This is because later-term abortions require a greater degree of cervical dilation (with an increased blood flow in a later-term abortion which predisposes the woman to hemorrhage) and because the myometrium is relaxed and more subject to perforation.\(^{194}\)
The known complications experienced by patients at Carhart’s facilities\textsuperscript{1195} include the tragic death of Jennifer Morbelli, a patient at his Germantown, Maryland abortion center. On February 7, 2013, Jennifer died of complications from a third-trimester (33-week) abortion. After her abortion, Jennifer suffered from chest pain and shortness of breath, and was unable to reach Carhart.\textsuperscript{1196} Reportedly, Jennifer’s family members “told hospital personnel they had tried to reach Carhart several times, but he did not return their calls.”\textsuperscript{1197} The emergency room that treated Jennifer was also unsuccessful at reaching Carhart.\textsuperscript{1198} Jennifer suffered massive internal bleeding in her abdominal cavity and slipped into a Code Blue condition approximately six times before dying.\textsuperscript{1199} The Chief Medical Examiner ruled that she died because amniotic fluid from her womb spilled into her bloodstream, making her blood unable to clot.\textsuperscript{1200}

It was known at the time of Jennifer’s death that Carhart typically left Maryland soon after completing his abortion procedures, flying to Nebraska or, at that time, Indiana where Carhart also ran a late-term abortion business.\textsuperscript{1201} Remaining in town would not have undone the initial harm Carhart inflicted; however, Carhart’s unavailability to aid in the crisis he created cost precious time and, perhaps, Jennifer’s life.
AUL’s Women’s Protection Project

The Best Response to Abortion Industry Abuses

Abortion is dangerous on many levels; not only are there inherent risks, but these risks are exacerbated by America’s epidemic of dangerous and substandard abortion practices.

AUL has long championed our uniquely effective “mother-child” strategy, which seeks to legally protect both a mother and her unborn child. This approach recognizes that abortion harms both mother and child, and exposes the lie propagated by the abortion industry that a woman’s interests are often at odds with those of her unborn child. It further affirms that to effectively protect women, you must legally protect the unborn. Similarly, to protect the unborn, you must protect their mothers.

Through our more than 45 years of strategic legal expertise, including our expansive catalogue of model legislation, AUL remains the leading advocate for laws protecting women and girls from the physical and psychological harms of abortion and from the dangerous and substandard facilities and practices that are all too common in America’s abortion industry, as well as for laws providing legal recognition and protection for unborn infants.

AUL’s “mother-child” strategy is encapsulated in our Women’s Protection Project, launched in December 2013, and our Infants’ Protection Project, introduced in December 2015. These two complementary projects are perfectly positioned to advance pro-life objectives after Hellerstedt.

AUL’s Women’s Protection Project is the premier legal blueprint for protecting women and their children from an increasingly under-regulated and rapacious abortion industry. American women deserve more than the abortion industry’s false promises that “mere access” to abortion guarantees their health and well-being. After all, Kermit Gosnell’s squalid facility provided “mere access” to abortion, and women paid the price for this “access” with their lives, with their fertility, and with their future physical and mental health.

The Hellerstedt decision and its application by federal and state courts will certainly make it more difficult to enact laws addressing the epidemic of substandard abortion practice in America. However, it also provides some implicit guidance for pro-life efforts to protect women and their unborn children from the scourge of abortion.
The *Hellerstedt* majority suggested that states may still regulate abortion facilities to ensure some degree of patient safety and to address problems with substandard abortion providers, like those featured in this special report. Importantly, the Court acknowledged that the “Kermit Gosnell scandal” was “terribly wrong” and involved “deplorable crimes.” The Court also specifically acknowledged the importance of abortion facilities being “inspected at least annually” and the need to include appropriate enforcement mechanisms, such as civil and criminal penalties, in state abortion laws and regulations.

As we enter the upcoming state legislative sessions, AUL has re-envisioned the *Women’s Protection Project* to showcase our groundbreaking Enforcement Module, which promotes comprehensive inspections for abortion facilities and includes the strongest enforcement options for pro-life laws. The new *Women’s Protection Project* also promotes abortion regulations and restrictions that will survive judicial review under *Hellerstedt*.

Fully informed consent for abortion has been a bedrock principle since the Supreme Court’s 1992 decision in *Planned Parenthood v. Casey*. The *Women’s Protection Project* promotes comprehensive informed consent through the *Women’s Right to Know Act* and the *Coercive Abuse Against Mothers Prevention Act*, which prohibits coercing a woman to undergo an abortion and requires abortion facilities to post informational signs about coercion and to report suspected cases of coercive abuse.

While the *Hellerstedt* decision invalidated a requirement that abortion facilities meet the same comprehensive health and safety standards as other outpatient surgical facilities, it also implicitly recognized that states may still regulate abortion businesses to ensure maternal health. An effective strategy for doing so is AUL’s *Women’s Health Protection Act*, which requires abortion facilities to meet medically appropriate health and safety standards designed specifically for such facilities and based on the abortion industry’s own treatment protocols. State laws based on and similar to the *Women’s Health Protection Act* have been upheld by federal appellate courts.

A growing number of international medical studies prove that abortion harms women. However, we do not yet know the full extent or breadth of this harm. The *Women’s Protection Project* seeks to remedy this deficiency by mandating comprehensive abortion reporting. AUL’s *Abortion Reporting Act* requires abortion providers to report demographic information about women undergoing abortions and mandates that any medical provider treating abortion-related complications report information about these complications to state officials.

In March 2016, the U.S. Food & Drug Administration (FDA), at the behest of the abortion industry, changed its guidelines for the administration of the abortion drug RU-486. By weakening the medical constraints on the provision of RU-486, these new guidelines will put more women at risk. AUL’s new *Abortion-Inducing Drugs Information and Reporting Act* takes this expanded threat into account, requiring abortion providers to inform women about the efficacy and dangers of abortion-inducing
drugs and mandating that women be told that drug-induced abortions can be reversed. It also requires the reporting of complications related to drug-induced abortions.

A cornerstone of the *Women’s Protection Project* is the protection of minor girls and respect for the right of parents to be directly involved in the abortion decisions of their daughters – a right recognized by the Supreme Court in *Casey*. Specifically, the *Parental Involvement Enhancement Act* strengthens existing state parental involvement laws with, among other elements, requirements for notarized consent forms and for identification and proof of relationship for a parent or guardian providing the requisite consent, as well as more stringent standards for judicial bypass proceedings. Further, the *Child Protection Act* strengthens requirements that abortion facilities report all cases of suspected statutory rape and sexual abuse, mandates the collection of forensic evidence for certain abortions performed on minors, and prohibits a third party from aiding or abetting a minor in circumventing her state’s parental involvement law.

Finally, a new resolution included in the *Women’s Protection Project* permits Americans and their elected representatives to express displeasure with the Supreme Court’s decision in *Hellerstedt* and draw attention to the national epidemic of substandard abortion practices. The *Joint Resolution on the Epidemic of Substandard Abortion Practices and Abortion Industry Efforts to Mainstream Dangerous Abortion Facilities* is designed to provide statistics on and state-specific evidence of dangerous abortion practices and medically substandard abortion facilities; specifically criticizes the Supreme Court’s decision to ignore such evidence in *Hellerstedt*; and calls on Congress to reject any future federal legislation that prioritizes “mere access” to abortion over women’s health and safety.

In response to the well-documented risks of abortion and the epidemic of substandard “care” in abortion facilities, AUL attorneys and experts have drafted the *Women’s Protection Project*, which focuses on legislation and policy that will best protect women from the profit-driven business model of the abortion industry. Since *Roe*, it has become clear that the abortion industry cannot be self-policied. It is an industry bent on profit, to the detriment of women and their unborn children.
CONCLUSION

Following the Supreme Court’s ruling in *Whole Woman’s Health v. Hellerstedt*, abortion advocates claimed it was “game over” for health and safety standards designed to protect women from abortion industry abuses. Headlines like “Abortion Restrictions Poised to Fall Like Dominoes in Wake of SCOTUS Ruling” littered the Internet. How wrong they were.

The pro-life movement will never abandon women to the whims of an under-regulated, predatory abortion industry. In fact, the Supreme Court’s recent decision is not a censure of legislative efforts to expose and remedy abortion’s negative maternal health consequences; instead, it is an implicit “stamp of approval” on the strategic effectiveness of the movement’s dominant “mother-child” strategy which seeks to protect and advance the interests of both a mother and her unborn child.

The well-documented evidence featured in this Special Report is an important tool for effectively countering abortion industry propaganda that “abortion is safer than childbirth” and that “abortion is between a woman and her doctor.”

In the years to come, this same evidence will also provide support for AUL’s strategic, highly effective, and legally sound model legislation including medically appropriate health and safety standards for abortion facilities, rigorous inspection and investigation protocols for abortion businesses, and enhanced penalties for violations of these and other life-affirming laws.
Editor’s Note: AUL acknowledges that many of the official, state-produced abortion facility deficiency reports cited in Unsafe report were accessed from www.AbortionDocs.org which compiles and stores copies of official state documents related to abortion facilities.
4. Casey, 505 U.S. at 847.
9. See Final Order, New Jersey State Board of Medical Examiners, In the matter of the Suspension or Revocation of the License of Steven C. Brigham, M.D., to Practice Medicine and Surgery in the State of New Jersey (November 12, 2014).
15. Id. at 7-8.
20. Id.
See also Order for Summary Suspension of License to Practice Medicine, In the Matter of Mansuor G. Panah, M.D., Md. State Bd. Of Physicians, Case No. 2013-0854 (May 29, 2013) (documenting that on February 26, 2013, two weeks after Maria Santiago’s death, another abortionist at the Baltimore clinic left a sedated patient unattended in violation of health and safety standards).


Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, Beacon Women’s Center, dated February 1, 2010.

Violations included pre-filled, unlabeled, and undated syringes; failure to have infection control committee and procedures to govern use of sterile and aseptic techniques; and failure to follow safety protocols when prescribing birth control pills. Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, Beacon Women’s Center, dated August 2, 2013.


Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, West Alabama Women’s Center, dated November 12, 2009.


Arizona Department of Health Services Division, Medical Facilities Report, dated March 6, 2014.

37. Letter from Arkansas Department of Health to Lori Williams, Administrator, Little Rock Family Planning Services, PA, dated May 22, 2013 (discussing deficiencies found during licensing survey and report of deficiencies).


42. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, dated June 8, 2010.

43. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, dated September 15, 2011.

44. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN’S WORLD MEDICAL CENTER, INC., dated October 7, 2009.

46. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ALL WOMEN’S HEALTH CENTER OF ORLANDO, INC., dated November 2, 2009.

47. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BLUE CORAL WOMEN’S CARE, INC., dated March 23, 2015.


51. Georgia Department of Public Health, Statements of Deficiencies and Plans of Correction, Atlanta Women’s Medical Center, dated November 22, 2011.


58. In 2011, facility was issued emergency license suspension and $36,000 fine. Owner changed the name, moved to different location, and paid only $77 of the fine. Letter from Illinois Department of Public Health to Larisa Razansky, March 7, 2012.


60. According to Courier-Journal, the Kentucky Secretary of the State, Cabinet for Health and Family Services, Vickie Yates Brown Glisson, said a recent inspection found the clinic to be “unsanitary” and that it had not been inspected since 2006. A lawsuit claimed inspectors found poor conditions including dust and grime in patient areas and expired or improperly stored medications. See, e.g., “Bevin Administration Sues 2d Abortion Clinic,” Courier-Journal, March 4, 2016, available at http://www.courier-journal.com/story/news/politics/2016/03/03/bevin-administration-sues-2nd-abortion-clinic/81263130/ (last visited Oct. 4, 2016).

61. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Bossier City Medical Suite, dated July 2, 2009.


63. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated January 27, 2011.

64. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated May 15, 2012.


73. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hagerstown Reproductive Health, dated February 28, 2013.
74. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hagerstown Reproductive Health, dated August 14, 2015.
75. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hillcrest Clinic of Baltimore, dated February 12, 2013.
76. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hillcrest Clinic of Baltimore, dated May 20, 2015.
78. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning – College Park, dated October 14, 2015.
79. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic - Suitland, dated March 5, 2013.
84. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Potomac Family Planning Center, dated October 19, 2015.
86. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Silver Spring Family Planning, dated August 18, 2015.
91. Letter from State of Michigan, Department of Licensing and Regulatory Affairs, dated February 6, 2015, State Licensure Survey Findings for Planned Parenthood of Mid and South Michigan, Flint.


95. Letter from State of Michigan, Department of Licensing and Regulatory Affairs, dated August 5, 2014, State Licensure Survey Findings for Women’s Center of Flint.

96. Letter from State of Michigan, Department of Licensing and Regulatory Affairs, dated January 9, 2015, State Licensure Survey Findings for Women’s Center of Flint.


98. Letter from State of Michigan, Department of Licensing and Regulatory Affairs, dated January 16, 2015, Follow up Report for Women’s Center of Saginaw.


106. Violations included dirty forceps, use of rusty crochet hooks to remove IUDs, and red “dirt and debris” under an examination table. The facility also settled a claim for a botched 2007 abortion for $1.9 million. See, e.g., http://www.lifenews.com/2011/05/12/planned-parenthood-abortion-biz-in-new-jersey-violating-laws/ (last visited November 8, 2017).


128. Id.


143. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Hillcrest Women’s Medical Center, dated April 27, 2011.


166. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Aaron’s Women’s Center, dated November 5, 2010.

167. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Alamo Women’s Reproductive Services Clinic, dated May 23, 2013.

168. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Houston Women’s Clinic, dated September 23, 2015.

169. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Planned Parenthood Babcock Sexual Health, dated August 1, 2012.


171. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Whole Women’s Health of San Antonio, dated August 29, 2011.


188. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, NOVA Women’s Healthcare, dated December 5, 2012.


214. Arizona Department of Health Services Division of Licensing, Medical Facilities Report, Camelback Family Planning, dated March 6, 2014.

215. Medical Board of California, Citation Order, Vahe T. Azizian, dated February 13, 2009.

216. Before the Medical Board of California Department of Consumer Affairs State of California, In the Matter of the Accusation Against Lars Erik Hanson, Case No. 04-2009-202592, Decision and Order, dated August 9, 2011.


218. Complaint by Delaware Board of Medical Licensure and Disciple against Timothy Fouch Liveright, M.D., dated May 2013.


221. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN’S CHOICE, LLC, dated September 26, 2011.


231. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BREAD AND ROSES WELL WOMAN CARE, dated March 25, 2011.


235. Georgia Department of Public Health, Statements of Deficiencies and Plans of Correction, Atlanta Women’s Medical Center, dated November 22, 2011.


239. Illinois Department of Public Health, Division of Health Facilities Standards, Statement of Deficiencies and Plan of Correction, Forest View Medical Center, dated June 1, 2011.


244. Illinois Department of Public Health, Division of Health Facilities Standards, Statement of Deficiencies and Plan of Correction, Women’s Aid Clinic, dated September 7, 2011.


259. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic – Suitland, dated March 5, 2013.


266. Letter from State of Michigan, Department of Licensing and Regulatory Affairs, dated May 20, 2015, State Licensure Survey Findings for Summit Women's Center.


299. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Mazzoni Center Family and Community Medicine, dated April 8, 2014.


338. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, Advance Woman’s Care Center, dated March 15, 2016.


Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, PLANNED PARENTHOOD OF GREATER ORLANDO INC (726 SOUTH TAMPA AVENUE), dated March 4, 2009.

Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA (SARASOTA), dated November 30, 2010.

Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA (SARASOTA), dated September 19, 2014.


Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, TODAY’S WOMEN MEDICAL CENTER, dated April 1, 2009.

Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, TODAY’S WOMEN MEDICAL CENTER, dated June 17, 2010.

Illinois Department of Public Health, Division of Health Facilities Standards, Statement of Deficiencies and Plan of Correction, Forest View Medical Center, dated June 1, 2011.


Illinois Department of Public Health, Division of Health Facilities Standards, Statement of Deficiencies and Plan of Correction, Northern Illinois Women’s Center, dated June 8, 2011.


Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated January 27, 2011.


Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Hope Medical Group for Women, dated May 27, 2011.


Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Germantown Reproductive Services, dated February 13, 2013.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Germantown Reproductive Services, dated September 25, 2015.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Gynemed Surgical Center, dated March 25, 2009.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hagerstown Reproductive Health, dated February 28, 2013.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hagerstown Reproductive Health, dated August 14, 2015.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hillcrest Clinic of Baltimore, dated February 12, 2013.


373. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic – Suitland, dated October 6, 2015.


381. Michigan Department of Community Health, Statement of Deficiencies and Plan of Correction, WomanCare of Southfield, dated October 20, 2009.


415. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Alamo Women's Reproductive Services Clinic, dated May 23, 2013.


441. Virginia Department of Public Health, Department of Public Health, Statement of Deficiencies and Plan of Correction, Richmond Medical Center for Women, dated March 26, 2013.


448. Arizona Department of Health Services, Camelback Family Planning, Medical Facilities Report, dated March 6, 2014.

449. Before the Medical Board of California Department of Consumer Affairs State of California, In the Matter of the Accusation Against Lars Erik Hanson, Case No. 04-2009-202592, Decision and Order, dated August 9, 2011.


452. Complaint, Delaware Board of Medical Licensure and Disciple against Timothy Fouch Liveright, M.D., filed May 2013.


482. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated October 19, 2010.

483. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated November 14, 2012.

484. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Hope Medical Group for Women, dated May 27, 2011.


Maryland Department of Health and Mental Hygiene, Notice of Current Violations, Imposition of Administrative Penalty Under State Regulations, Associates in OB/GYN Care, Baltimore, dated March 26, 2013; Maryland Department of Health and Mental Hygiene, Summary Suspensions of License Nos. SA 000006, 000007 and 000009 for Associates in OB/GYN Care, LLC, dated March 5, 2013; Consent Order, In the Matter of Iris E. Dominy, M.D., supra, at 5 (state officials investigated another incident that same month where a patient was left unattended after administering conscious sedation and performing an abortion at the Silver Spring Clinic).


Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Germantown Reproductive Services, dated February 13, 2013.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Germantown Reproductive Services, dated April 16, 2014.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hillcrest Clinic of Baltimore, dated May 20, 2015.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning – College Park, dated October 14, 2015.

Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic – Suitland, dated October 6, 2015.


Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Silver Spring Family Planning, dated February 27, 2013.

Order for Summary Suspension of License to Practice Medicine at 6, In the Matter of Michael A. Basco, M.D., License Number: D72935, Before the Maryland State Board of Physicians.


Consent Order, In the Matter of Iris E. Dominy, M.D. at 3, fn 1, Before the Maryland State Board of Physicians.

Consent Order at 1-2, In the Matter of Abolghassem M. Gohari, M.D., License No.: D18165, Before the Maryland State Board of Physicians.

Consent Order, In the Matter of George Shepard, Jr., M.D., License No.: D48352, Before the Maryland State Board of Physicians.

In the Matter of Martin Dennis Ruddock, M.D. Administrative Complaint, dated December 1, 2014.


Complaint filed by Dr. Joseph Booker vs Jackson Women’s Health, filed August 1, 2011.

Administrative Action Complaint, In the Matter of the Suspension or Revocation of the License of Vickram H. Kaji, M.D. to Practice Medicine or Surgery in the State of New Jersey, dated June 16, 2015.


541. Letter from Arkansas Department of Health to Lori Williams, Administrator, Little Rock Family Planning Services, PA, dated May 22, 2013.

542. Before the Medical Board of California, Department of Consumer Affairs, State of California, In the Matter of the Accusation Against Lars Erik Hanson, Case No. 04-2009-202592, Decision and Order, dated August 9, 2011, available at http://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20110809%5cDMRAAADE2%5c&did=AAADE11080923110406.DID&licenseType=G&licenseNumber=79925#page=1 (last visited Oct. 6, 2016).


545. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, Inspection, dated April 21, 2011.


548. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, dated April 1, 2009.


552. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN'S CHOICE, LLC, dated March 26, 2014.


554. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN'S OPTION, dated April 24, 2014.


558. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ALL WOMEN’S HEALTH CENTER OF ORLANDO, INC., dated November 2, 2009.

559. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BLUE CORAL WOMEN’S CARE, INC, dated January 4, 2011.


566. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, TODAY’S WOMEN MEDICAL CENTER, dated April 1, 2009.


570. According to Courier-Journal, Secretary of the state Cabinet for Health and Family Services, Vickie Yates Brown Glisson, said a recent inspection found the clinic to be “unsanitary” and that it has not been inspected since 2006. A lawsuit claimed that inspectors found poor conditions including dust and grime in patient areas and expired or improperly stored medications. See, e.g., “Bevin Administration Sues 2d Abortion Clinic,” Courier-Journal, March 4, 2016, available at http://www.courier-journal.com/story/news/politics/2016/03/03/bevin-administration-sues-2nd-abortion-clinic/81263130/ (last visited Oct. 4, 2016).


573. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated July 2, 2009.

574. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated May 15, 2012.


578. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic – Suitland, dated March 5, 2013.


581. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Potomac Family Planning Center, date October 19, 2015.

582. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Prince Georges Reproductive Health, Inspection.


591. Id.


610. South Carolina Health, Department Bureau of Health Facilities Licensing, Statement of Deficiencies and Plan of Correction, Columbia Health Center (Planned Parenthood).

611. South Carolina Health Department, Bureau of Health Facilities Licensing, Statement of Deficiencies and Plan of Correction, Greenville Women’s Clinic, dated September 2, 2016.


613. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Whole Woman’s Health – Beaumont, dated October 2, 2013.

614. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Whole Women’s Health of Fort Worth, LLC, dated March 15, 2011.


620. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated August 1, 2012.


634. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Roanoke Medical Center for Women, dated December 19, 2012; and Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Roanoke Medical Center for Women, dated March 27, 2013.


639. Arizona Department of Health Services, Camelback Family Planning, Division of Licensing.


671. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic - Suitland, dated October 6, 2015.


676. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Silver Spring Family Planning, dated February 27, 2013.


701. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Mazzoni Center Family and Community Medicine, dated April 8, 2014.


711. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Alamo Women’s Reproductive Services Clinic, dated May 23, 2013.

712. See, e.g., Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, West Side Clinic, dated June 11, 2013.

713. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, Whole Women’s Health – Beaumont, dated October 2, 2013.


Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated August 1, 2012.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated December 12, 2012.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated July 10, 2014.


Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, NOVA Women’s Healthcare, dated December 5, 2012.


Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Richmond Medical Center for Women, dated May 16, 2012.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Roanoke Medical Center for Women, dated July 18, 2012.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Roanoke Medical Center for Women, dated December 19, 2012.


Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, Beacon Women’s Center, dated February 1, 2010.

Fire extinguisher in the laboratory had not been inspected since 2003. Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, Beacon Women’s Center, dated August 2, 2013.


Before the Medical Board of California, Department of Consumer Affairs State of California, In the Matter of the Accusation Against Lars Erik Hanson, Case No. 04-2009-202592, Decision and Order, dated August 9, 2011.


756. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ALL WOMEN’S HEALTH CENTER OF ORLANDO, INC., dated November 2, 2009.


768. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, SOUTHWEST FLORIDA WOMEN’S CLINIC, dated August 14, 2012.

769. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, TODAY’S WOMEN MEDICAL CENTER, dated April 1, 2009.


774. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated July 2, 2009.


780. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Metropolitan Family Planning Clinic – Suitland, dated October 6, 2015.


783. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Silver Spring Family Planning, dated February 27, 2013.


Id.

Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Planned Parenthood of Northeast and Mid-Penn Allentown Health Center, dated May 1, 2012.


Pennsylvania Department of Health, Health Inspection Results, Allentown Medical Services, dated March 2, 2012.


Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Hillcrest Women's Medical Center, dated April 27, 2011.

Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Hillcrest Women’s Medical Center, dated March 14, 2012.


Id.; Texas Department of State Health Services Statement of Deficiencies and Plan of Correction, Suburban Women's Clinic, dated April 10, 2013.

Texas Department of State Health Services Request, Statement of Deficiencies and Plan of Correction, Whole Women's Health Beaumont, dated October 2, 2013.


829. Letter from Arkansas Department of Health to Lori Williams, Administrator, Little Rock Family Planning Services, PA, dated July 27, 2012 (discussing deficiencies found during complaint investigation conducted in June and July 2012).

830. Letter from Arkansas Department of Health to Lori Williams, Administrator, Little Rock Family Planning Services, PA, dated May 22, 2013 (discussing deficiencies found during licensing survey).


835. Illinois Department of Public Health, Division of Health Facilities Standards, Statement of Deficiencies and Plan of Correction, Forest View Medical Center, dated June 1, 2011.


857. State of Michigan, Department of Licensing and Regulatory Affairs, Statement of Deficiencies and Plan of Correction, WomanCare of Southfield, dated October 20, 2009.


859. State of Michigan, Department of Licensing and Regulatory Affairs, State Licensure Survey Findings for Women’s Center of Flint, dated January 9, 2015.

860. State of Michigan, Department of Licensing and Regulatory Affairs, State Licensure Survey Findings for Women’s Center of Saignaw, dated August 5, 2014.


South Carolina Bureau of Health Facilities Licensing, Statement of Deficiencies and Plan of Correction, Greenville Women’s Clinic, dated December 12, 2012.


Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated December 12, 2012.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated July 10, 2014.

Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, NOVA Women’s Healthcare, dated December 5, 2012.


915. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BLUE CORAL WOMEN’S CARE, INC., dated February 16, 2009.

916. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BLUE CORAL WOMEN’S CARE, INC., dated May 1, 2014.


918. Michigan Department of Community Health, Statement of Deficiencies and Plan of Correction, WomanCare of Southfield, dated October 20, 2009.


926. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Hillcrest Women’s Medical Center, dated April 27, 2011.


928. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Philadelphia Women’s Center, multiple dates.


942. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Charlottesville Medical Center for Women, dated August 1, 2012.


949. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Planned Parenthood of Metropolitan
Washington - Falls Church, dated June 29, 2012.

950. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Planned Parenthood - Roanoke,

951. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Richmond Medical Center for
Women, dated May 16, 2012.

952. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Richmond Medical Center for
Women, dated March 26, 2013.

953. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Virginia Health Group, dated
August 7, 2012.

954. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Virginia League for Planned
Parenthood, dated May 18, 2012.

955. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Virginia Women’s Wellness, dated
May 6, 2012.

956. Virginia Department of Public Health, Statement of Deficiencies and Plan of Correction, Virginia Women’s Wellness, dated
March 19, 2014.

957. Arizona Department of Health Services, Division of Licensing, Medical Facilities Report, Camelback Family Planning, dated
March 6, 2014.

958. Complaint, Delaware Board of Medical Licensure and Disciple against Timothy Fouch Liveright, M.D., May 2013.

959. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN’S CHOICE,
LLC, dated March 26, 2014.

960. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN’S WORLD
MEDICAL CENTER, INC., dated August 10, 2010; and Florida Agency for Health Care Administration, Statement of Deficiencies
and Plan of Correction, A WOMAN’S WORLD MEDICAL CENTER, INC., dated November 17, 2011.

961. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A-1 WOMAN’S HEALTH
CARE, INC., dated April 20, 2009; Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of
Correction, A-1 WOMAN’S HEALTH CARE, INC., dated July 23, 2009; and Florida Agency for Health Care Administration,

962. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ALL WOMEN’S HEALTH
CENTER OF JACKSONVILLE, INC., dated April 11, 2013.

963. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, BLUE CORAL WOMEN’S
CARE, INC, dated January 4, 2011; and Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of
Correction, BLUE CORAL WOMEN’S CARE, INC, dated May 22, 2013.

964. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ORLANDO WOMEN’S
CENTER, LLC, dated August 12, 2013.

965. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, EPOC CLINIC, LLC,
dated March 10, 2009.

966. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Bossier City Medical

967. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical
Clinic, dated July 2, 2009.

968. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Delta Clinic of Baton
Rouge, dated December 7, 2009.

969. “DHH Immediately Suspends License of New Orleans Abortion Clinic,” Louisiana Department of Health and Hospitals,
May 26, 2011.

970. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Hope Medical Group for


973. Maryland Department of Health and Mental Hygiene, Statement of Deficiencies and Plan of Correction, Hagerstown Reproductive Health, dated August 14, 2015.


986. Texas Department of State Health Services, Statement of Deficiencies and Plan of Correction, West Side Clinic, dated June 11, 2013.


989. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, dated April 21, 2011.


995. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A MEDICAL OFFICE FOR WOMEN, dated April 21, 2011.


1000. Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, A WOMAN’S CHOICE, LLC, dated March 26, 2014.


1006. Id.


1015. 6 of 6 sampled patient medical records revealed that the surgical procedure forms were missing required patient assessments:

- 6 of 6 records failed to include the required physical examination/general assessment prior to surgical procedure (to include assessment of heart, lungs, abdomen, uterus, and pelvis).
- 2 of 6 records failed to include the required “conditions on discharge.”

Florida Agency for Health Care Administration, Statement of Deficiencies and Plan of Correction, ALL WOMEN’S HEALTH CENTER OF JACKSONVILLE, INC., dated April 11, 2013.
In March 2013, Alabama took legal action against the clinic for continuing to operate after its license had been revoked in 2012. See “Abortion clinic’s website history is latest focus in state’s shutdown attempt,” Spotnews, May 14, 2013, available at http://blog.al.com/spotnews/2013/05/abortion_clinics_website_histo.html (last visited Oct. 6, 2016).
1040. Facility suspended its operations when employees were discovered selling abortion-inducing drugs to a patient in the parking lot. Clinic failed to notify the state Department of Public Health of the suspension of operations. The Planned Parenthood of Alabama clinic also withheld information from Department surveyors. Alabama Department of Public Health, Statement of Deficiencies and Plan of Correction, Planned Parenthood of Alabama, dated March 4, 2014.


1052. Summary Suspensions of Licenses for OB/GYN Care Baltimore, Silver Spring, and Landover (Cheverly).

1053. Final Order of Discipline, In the Matter of the License of George Shepard, Jr., M.D. License No. MA14988 To Practice Medicine and Surgery in the State of New Jersey, filed April 4, 2011.


1067. Ohio State Medical Board Case against David M. Burkons, dated December 9, 2016.

1068. Clinic failed to have required transfer agreement to facilitate patient hospital admissions and post-abortive care. Ohio Department of Health, Report and Recommendation, In the Matter of Lebanon Road Surgery Center, dated October 10, 2013.


1072. Order, In the Matter of the Voluntary Relinquishment of the Medical License of Nicola Riley, MD, No. 11-10, dated April 15, 2011.

1073. James Pendergraft has had his medical license suspended by the State of Florida four times: Final Order, State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft I.V. M.D., DOH Case Nos: 2004-39923, 2005-67224, DOAH Case NO: 06-4288PL, November 4, 2009; Final Order, State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2006-05930, DOAH Case NO: 08-4197 PL, January 26, 2010; Final Order, State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2001-04256, DOAH Case NO: 07-3396 Pl, August 27, 2010; Final Order State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2010-04621, April 19, 2013.


1075. Final Order, State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2006-05930, DOAH Case NO: 08-4197 PL, January 26, 2010.

1076. Final Order, State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2001-04256, DOAH Case NO: 07-3396 Pl, August 27, 2010.

1077. Final Order State of Florida Board of Medicine, Department of Health vs. James S. Pendergraft, I.V. M.D., DOH Case NO: 2010-04621, April 19, 2013.


• The Planned Parenthood in St. Petersburg: 25 second-trimester abortions were performed at this facility between July 1, 2014 and June 30, 2015. The facility is not licensed for second-trimester abortions.

• The Planned Parenthood in Fort Myers: 21 second-trimester abortions were performed between July 1, 2014 and June 30, 2015. The facility is not licensed for second-trimester abortions.

• The Planned Parenthood in Naples: 19 second-trimester abortions were performed between July 2014 and June 2015. The facility is not licensed for second-trimester abortions.

1082. Id. The Planned Parenthood in Pembroke Pines failed to adhere to its own policy regarding the disposition of fetal remains, specifically regarding the labeling and dating of the fetal remains. This occurred at least 25 times.


1085. Complaint and Jury Demand, Smith v. Doctor for Planned Parenthood of the Rocky Mountains, Inc. and Planned Parenthood of the Rocky Mountains, Inc.


1087. Causeway Medical Center abortion facility in Metairie is a repeat offender. This abortion facility was cited in 2011 and in 2013 for failing to implement policies that would protect underage girls from sexual abuse. Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated January 27, 2011; Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Causeway Medical Clinic, dated May 30, 2013.


1092. Id.

1093. Id.

1094. Id.

1095. Id.


1116. Pennsylvania Department of Public Health, Statement of Deficiencies and Plan for Correction, Hillcrest Women’s Medical Center, dated April 27, 2011.


Department of Public Health State of Illinois v. Albany Medical Surgical Center, Notice of Revocation of License, Fine, served March 11, 2015.


State of Indiana, Administrative Complaint Against Ulrich Klopfer, filed September 17, 2014.

Louisiana Department of Health and Hospitals, Statement of Deficiencies and Plan of Correction, Hope Medical Group for Women, dated May 27, 2011.


Michigan Department of Community Health, Department of Licensing and Regulatory Affairs, State Licensure Survey Findings for Summit Women’s Center, dated May 20, 2015.


Pennsylvania Department of Public Health, Statement of Deficiencies and Plan of Correction, Planned Parenthood of Northeast and Mid-Penn Allentown Health Center, dated April 1, 2014.


South Carolina Bureau of Health Facilities Licensing, Statement of Deficiencies and Plan of Correction, Greenville Women’s Clinic, dated September 2, 2015.

Texas Department of State Health Services, Health Facility Licensing and Compliance Enforcement Actions, Abortion Facilities, December 2008—October 2009.

Id.


1149. See, e.g., Kat Stoeffel, “The Heroic Commutes of Abortion Providers,” NEW YORK MAGAZINE THE CUT, Dec. 13, 2013, available at http://nymag.com/thecut/2013/12/heroic-commutes-of-abortion-providers.html# (last visited Nov. 25, 2015), highlighting seven abortionists living 250 to 1,400 miles away from clinics in Alabama, Kansas, Mississippi, Minnesota, North Dakota, and South Dakota where they perform abortions. The article utterly failed to question the profit motive that may be driving these abortionists’ demanding travel schedule.

1150. According to the most recent survey conducted by the pro-abortion Guttmacher Institute, in 2011 only 1 percent of abortions were performed at a physician’s office and only 4 percent were performed at hospitals. The vast majority (63 percent of abortions) were performed at clinics where at least 50 percent of patient visits are for abortion services. Jones & Jerman, Abortion Incidence and Service Availability in the United States 2011, 46(1) PERSP. ON SEXUAL & REPROD. HEALTH (2014).


1156. Id.


1159. Id. at 11.

1160. Id. at 42.

1161. Id.

1162. Id.

1163. Id.

1164. Id.

1165. Id. at 46.

1166. Id. at 50.


1169. Id.

1170. For more information on the known violations of Steven Brigham and his affiliates, see THE PERILOUS PREVALENCE OF “CIRCUIT RIDER” ABORTIONISTS, supra.

1171. See State of New York: Department of Health Administrative Review Board for Professional Medial Conduct, In the Matter of Steven Brigham, M.D., Administrative Review Board Decision and Order Number ARB No. 94-98 (Nov. 1994). “The Review Board sustains the Hearing Committee’s Determination to revoke the Respondent’s license to practice medicine in New York. The Hearing Committee’s Determination is consistent with the Hearing Committee’s Findings and Conclusions and is appropriate considering the hazard which the Respondent poses to the public.” Id. at 4.
1172. See Final Order, New Jersey State Board of Medical Examiners, In the matter of the Suspension or Revocation of the License of Steven C. Brigham, M.D., to Practice Medicine and Surgery in the State of New Jersey, 13 (Nov. 12, 2014).


1174. See Final Order, New Jersey State Board of Medical Examiners, In the matter of the Suspension or Revocation of the License of Steven C. Brigham, M.D., to Practice Medicine and Surgery in the State of New Jersey, 13 (Nov. 12, 2014).

1175. Id. at 7.

1176. Id. at 5.

1177. Id. at 48.

1178. Id. at 49.

1179. Id.

1180. Id.

1181. Id.


1183. Id.

1184. Id.

1185. Id.

1186. Id.

1187. Id.

1188. See Final Order, New Jersey State Board of Medical Examiners, In the matter of the Suspension or Revocation of the License of Steven C. Brigham, M.D., to Practice Medicine and Surgery in the State of New Jersey, 13 (Nov. 12, 2014).


1191. L.A. Bartlett et al., Risk factors for legal induced abortion-related mortality in the United States, OBSTETRICS & GYNECOLOGY 103(4):729-37 (2004). “The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks’ gestation to one per 29,000 abortions at sixteen to twenty weeks and one per 11,000 abortions at twenty-one or more weeks.”

1192. See Id. at 729, 731.

1193. Id. at 735.

1194. Id.

1195. For more information on the known violations of LeRoy Carhart, see THE PERILOUS PREVALENCE OF “CIRCUIT RIDER” ABORTIONISTS, supra.


1199. Id.


1207. See, e.g., Letter from NC Values Coalition to North Carolina Department of Health and Human Services, Division of Health Service Regulation, dated Jan. 30, 2015.


JOINT RESOLUTION No. ___________________
By Representatives/Senators __________________

WHEREAS, the [majority] of all abortions in this State are performed in clinics or facilities devoted primarily to providing abortions and family planning services;

WHEREAS, there are approximately [Insert number] abortion clinics or facilities in this State;

WHEREAS, recent [annual] inspections of the abortion clinics or facilities in this State have revealed that [Insert summary of the results of recent inspections, focusing on serious and/or repeated health and safety violations or concerns];

WHEREAS, [Insert a summary of any specific recent incident(s) involving dangerous or substandard abortion practices that deserve specific mention];

[OPTIONAL: WHEREAS, the full extent of the potentially serious health and safety violations at abortion facilities and clinics within this State is unknown because of a lack of [regular and comprehensive] inspections;]

[OPTIONAL: WHEREAS, a recent report issued by Americans United for Life (AUL) has detailed hundreds of incidents in which abortion clinics or facilities and individual abortion providers from across the nation have been cited by state officials for violating health and safety standards and other abortion-related laws, been sued for deficient care, or otherwise been investigated for substandard practices.]

WHEREAS, these unsafe conditions and practices are evidence of an epidemic of substandard abortion practice in this State [and across the nation];

WHEREAS, health and safety violations at abortion clinics and facilities are known to be underreported because of a lack of comprehensive incident reporting by abortion clinics and facilities, a failure of some states to adequately enforce their abortion laws, and the burden that the current complaint process often places on women—many of whom find telling their abortion stories too personally difficult;
WHEREAS, the Supreme Court of the United States has specifically acknowledged that the State of [Insert name of State] has “a legitimate interest in seeing to it that abortion, like any other medical procedure, is performed under circumstances that insure maximum safety for the patient. This interest obviously extends at least to the performing physician and his staff, to the facilities involved, to the availability of after-care, and to adequate provision for any complication or emergency that might arise.” *Roe v. Wade*, 410 U.S. 113, 150 (1973).

WHEREAS, the Supreme Court of the United States in *Whole Woman’s Health v. Hellerstedt*, 136 S.Ct. 994 (2016), ignored both the growing evidence of substandard and dangerous abortion practices and its own legal precedents, striking down a Texas law requiring abortion clinics or facilities to meet the same health and safety standards as any facility performing other invasive, outpatient surgical procedures and mandating that individual abortion providers maintain admitting privileges at local hospitals to facilitate both emergency care and the treatment of post-abortive complications;

WHEREAS, in striking down the Texas law, the Supreme Court of the United States superseded the legal authority of state lawmakers, including this [Legislature], and reinforced its self-appointed role as a “National Abortion Control Board,” improperly assuming the unilateral right to decide which restrictions and regulations on abortion will be permitted;

WHEREAS, the Supreme Court of the United States declined an important opportunity in *Whole Woman’s Health v. Hellerstedt* to strike a decisive blow for women’s health and safety and to ensure that abortion providers comply with medically endorsed and widely implemented standards of patient care;

WHEREAS, the Supreme Court of the United States in *Whole Woman’s Health v. Hellerstedt* uncritically adopted the abortion industry’s arguments that mere access to an abortion clinic or facility is sufficient to protect maternal health and safety, and that American women have come to rely on the ready availability of abortion to ensure their positions in society and their legal, social, and financial rights;

WHEREAS, the late Supreme Court Chief Justice William Rehnquist called this “reliance argument” “undeveloped and totally conclusory,” writing “[s]urely it is dubious to suggest that women have reached their ‘places in society’ in reliance upon *Roe*, rather than as a result of their determination to obtain higher education and compete with men in the job market, and of society’s increasing recognition of their ability to fill positions that were previously thought to be reserved only for men.” *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 956-57 (1992);

WHEREAS, the Supreme Court of the United States’ decision in *Whole Woman’s Health v. Hellerstedt* could jeopardize both the future enactment and the continued enforcement of protective, duly enacted, and well-supported abortion laws in the State of [Insert name of State] and in other States;
WHEREAS, the [Insert number] United States Congress has introduced the [federal Women’s Health Protection Act], [H.R. _____ /S._____] which would strip this [Legislature] and Legislatures in other States of their ability to enact even minimal legal protections, including health and safety standards for abortion clinics or facilities, for women and their unborn children;

WHEREAS, the [federal Women’s Health Protection Act] is strongly supported by [President of the United States; members of the current Administration; members of Congress, and] national and state abortion-advocacy groups;

WHEREAS, the 10th Amendment to the Constitution of the United States provides that “[t]he powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people”;

WHEREAS, the power to determine an individual State’s abortion-related laws and policies including the delineation of appropriate medical requirements and standards for its provision has not been delegated in any manner to the federal government;

WHEREAS, beginning with Roe v. Wade in 1973, the Supreme Court of the United States has repeatedly recognized the right and authority of the States to regulate the provision of abortion;

WHEREAS, the State of [Insert name of State] and the other States thus retain the authority to regulate the provision of abortion and, in the interest of protecting both women and the unborn, have acted accordingly and appropriately;

WHEREAS, the [federal Women’s Health Protection Act] would potentially invalidate hundreds of federal and state abortion-related laws, laws supported by the majority of the American public;

WHEREAS, the [federal Women’s Health Protection Act] could specifically invalidate the following commonsense, protective laws duly enacted by the State of [Insert name of State]:

[Drafter’s Note: Insert bulleted list of state laws that would be invalidated by the federal Women’s Health Protection Act or similar legislation. AUL is available for assistance in compiling a complete list of affected state laws.]

WHEREAS, the [federal Women’s Health Protection Act] will protect and promote the abortion industry, sacrifice women and their health to a radical political ideology of unregulated abortion-on-demand, and silence the voices of everyday Americans who want to engage in a meaningful public discussion and debate over the availability, safety, and even desirability of abortion.

NOW, THEREFORE, BE IT RESOLVED BY THE [Legislature] OF THE STATE OF [Insert name of State]:
Section 1. That the [Legislature] condemns the [substandard] practices and [dangerous] conditions in abortion clinics and facilities in [Insert name of State] and across the nation.

Section 2. That the [Legislature] strongly supports medically appropriate health and safety standards for abortion clinics and facilities and recognizes that it is the responsibility of the [Legislature] to regulate the provision of abortion in [Insert name of State].

Section 3. That the [Legislature] strongly disagrees with the decision of the Supreme Court of the United States in Whole Woman’s Health v. Hellerstedt which may make it more difficult for this [Legislature] and those in other States to appropriately regulate the provision of abortion and effectively respond to the national epidemic of [substandard] abortion care.

Section 4. That the [Legislature] is deeply concerned that the Supreme Court of the United States in its decision in Whole Woman’s Health v. Hellerstedt ignored evidence of [substandard] practices and dangerous conditions in abortion clinics and facilities in [Insert name of State] and across the nation.

Section 5. That the [Legislature] strongly opposes [H.R. ____ /S.____], [the federal Women’s Health Protection Act], and urges the United States Congress to summarily reject it.

Section 6. That the [Legislature] strongly opposes the [federal Women’s Health Protection Act] because it seeks to circumvent the States’ general legislative authority as guaranteed by the 10th Amendment to the United States Constitution.

Section 7. That the [Legislature] strongly opposes the [federal Women’s Health Protection Act] because it seeks to undermine the right and responsibility of the States and the people to debate, vote on, and determine abortion-related laws and policies.

Section 8. That the [Legislature] strongly opposes the [federal Women’s Health Protection Act] because the protection of women’s health through state regulations and limitations on abortion is a compelling state interest that should not be nullified or limited by Congress.

Section 9. That the [Legislature] strongly opposes the [federal Women’s Health Protection Act] because its enactment would potentially nullify [Insert appropriate number] laws in the State of [Insert name of State], laws that the [Legislature] and the people of [Insert name of State] strongly support.

Section 10. That the Secretary of State of [Insert name of State] transmit a copy of this resolution to the Governor, to the President of the United States, and to the President of the Senate and the Speaker of the House of Representatives of the United States Congress.
AUL’S WOMEN’S PROTECTION PROJECT

The pro-life movement will never abandon women to the whims of an under-regulated, predatory abortion industry. Even in the face of a controversial Supreme Court decision prioritizing abortion industry profits over women’s health and safety and new federal legislation seeking to invalidate hundreds of life-affirming state laws, pro-life Americans remain committed to protecting women and their unborn children from abortion industry profiteers like Planned Parenthood and from the well-documented physical and psychological harms of abortion.

The Supreme Court’s June 2016 decision in Whole Woman’s Health v. Hellerstedt invalidated a Texas law mandating that abortion clinics meet the same patient care standards as other facilities performing invasive, outpatient surgeries and requiring that individual abortion providers maintain admitting privileges at local hospitals to facilitate emergency care and the treatment of post-abortive complications. In striking down the law, the five-justice majority placed a clear priority on “mere access” to abortion facilities, accepting at face value the self-serving claims of abortion advocates that enforcement of the Texas requirements would force abortion facilities to close.

The Hellerstedt decision and its application by federal and state courts will make it more difficult to enact laws addressing the epidemic of substandard abortion care in America. However, it also provides implicit guidance for pro-life efforts to protect women and their unborn children from the scourge of abortion.

The Hellerstedt majority suggests that states may still regulate abortion facilities to ensure some degree of patient safety and to address problems with substandard abortion providers. Importantly, the Court acknowledged that the “Kermit Gosnell scandal,” where a Philadelphia abortionist operated a dangerous and unsanitary clinic for years before being investigated and prosecuted for homicide and more than 200 violations of state abortion laws, was “terribly wrong” and involved “deplorable crimes.” The Court also specifically acknowledged the importance of abortion facilities being “inspected at least annually” and the inclusion of appropriate enforcement mechanisms, such as civil and criminal penalties, in state abortion regulations.

Importantly, AUL’s “mother-child” strategy, which seeks to legally protect and advance the interests of both a mother and her unborn child, is perfectly positioned to advance pro-life objectives in a post-Hellerstedt world. The “mother-child” strategy is encapsulated in the Women’s Protection Project, launched in December 2013, and the Infants’ Protection Project, introduced in December 2015.
In the wake of *Hellerstedt* and as we enter the 2017 legislative season, AUL has re-envisioned the *Women’s Protection Project* to showcase our groundbreaking *Enforcement Module* which promotes comprehensive inspections for abortion facilities and includes the strongest enforcement options for pro-life laws. The new *Women’s Protection Project* also promotes abortion regulations and restrictions that will survive judicial review under *Hellerstedt*, specifically:

**Enforcement Module** provides options for the criminal, civil, and administrative enforcement of all abortion-related statutes and details enhanced inspection requirements for abortion facilities.

**Women’s Right to Know Act** provides a woman, at least twenty-four (24) hours before an abortion, with detailed information regarding her medical and psychological risks, her child’s gestational age, development, and pain capability; and the abortion procedure itself.

**Coercive Abuse Against Mothers Prevention Act** prohibits coercing a woman to undergo an abortion, as well as requires abortion facilities to post signs concerning coercion and to report suspected cases of coercive abuse.

**Women’s Health Protection Act** requires abortion facilities to meet medically appropriate health and safety standards designed specifically for such facilities and based on the abortion industry’s own treatment protocols. State laws based on and similar to the *Women’s Health Protection Act* have been upheld by federal courts.

**Abortion Reporting Act** requires abortion providers to report demographic information about women undergoing abortions and mandates that any medical provider treating abortion-related complications report information about those complications to state officials.

**Abortion-Inducing Drugs Information and Reporting Act** requires abortion providers to inform women about the efficacy and dangers of abortion-inducing drugs and mandates that women be told that drug-induced abortions can be reversed. The Act also requires the reporting of complications related to drug-induced abortions.

**Parental Involvement Enhancement Act** strengthens state parental involvement laws with, among other elements, requirements for notarized consent forms and for identification and proof of relationship for a parent or guardian providing the requisite consent, as well as more stringent standards for judicial bypass proceedings.

**Child Protection Act** strengthens requirements that abortion facilities report all cases of suspected statutory rape and sexual abuse, mandates the collection of forensic evidence for certain abortions performed on minors, and prohibits a third party from aiding or abetting a minor in circumventing her state’s parental involvement law.
Joint Resolution on Epidemic of Substandard Abortion Practices and Efforts by Abortion Industry to Mainstream Dangerous Abortion Facilities provides statistics on and state-specific evidence of dangerous abortion care and medically substandard abortion facilities; criticizes the Supreme Court’s decision to ignore such evidence in *Hellerstedt*; and calls on Congress to reject any federal legislation that prioritizes “mere access” to abortion over women’s health and safety.

Unfortunately, the Supreme Court’s anti-woman decision in *Hellerstedt* is not the only potential obstacle that we face. In January 2015, America’s abortion industry and its supporters in Congress introduced federal legislation that would ensure that butchers like Kermit Gosnell enjoy the prerogative to set up shop anywhere in the country and ply their grisly trade without interference or oversight from state officials and without accountability to the women they harm.

The misnamed federal *Women’s Health Protection Act* prioritized abortion-industry profits and provider convenience over women’s health and safety and allowed a self-interested abortion industry to set its own “standards” of practice without regard to prevailing, medically appropriate standards of patient care. In the wake of the *Hellerstedt* decision, it is likely that we will see this dangerous legislation introduced again when Congress re-convenes in January 2017.

Sadly, while claiming to condemn Gosnell’s atrocities, supporters of the federal *Women’s Health Protection Act* will actually enable future tragedies. Under this dangerous proposal, state or federal abortion restrictions and regulations will not be enforced if they “interfere with an abortion provider’s ability to provide care and render services in accordance with his or her good-faith medical judgment.”

In other words, abortionists like Gosnell and abortion-industry bureaucrats at Planned Parenthood would have unfettered control over how they run their deadly businesses. The standard of care will be based on what is in the abortion industry’s — not women’s — best interests. The victimization of women will continue, and state officials will be virtually powerless to protect them.

Along with fictitious and politically motivated assertions that this legislation will advance women’s health, abortion advocates conveniently ignore one of the most important lessons learned from Gosnell and his West Philadelphia abortion “house of horrors.” As the Gosnell grand jury emphasized, to prevent future abortion tragedies, we “must find the fortitude to enact and enforce the necessary regulations. Rules must be more than words on paper.”

AUL’s *Women’s Protection Project* is the legal blueprint for protecting women and their children from an increasingly under-regulated and rapacious abortion industry. American women deserve more than the abortion industry’s false promises that “mere access” to abortion guarantees their health and well-being. After all, Gosnell’s squalid clinic provided “mere access” to abortion, and women paid the price for this “access” with their lives, with their fertility, and with their future physical and mental health.
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With the generous support of Our Sunday Visitor